Cancers du larynx et de l'hypopharynx

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Anatomie endoscopique





Anatomie endoscopique

Techniques d'imagerie: scanner Scanner double injection: examen de première intention

- Scanner thoracique dans le même temps
- Acquisition rapide
- Manœuvres Vasalva et phonation
- Reconstructions multiplanaires

Techniques d'imagerie: IRM (1)

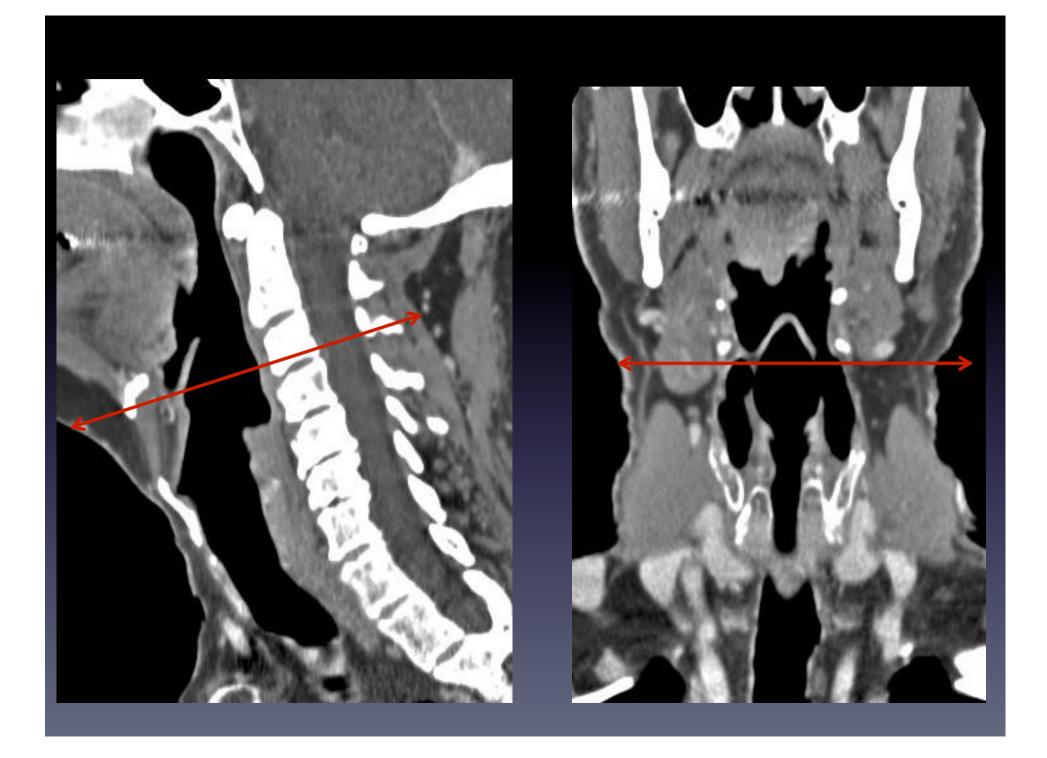
IRM: en deuxième intention

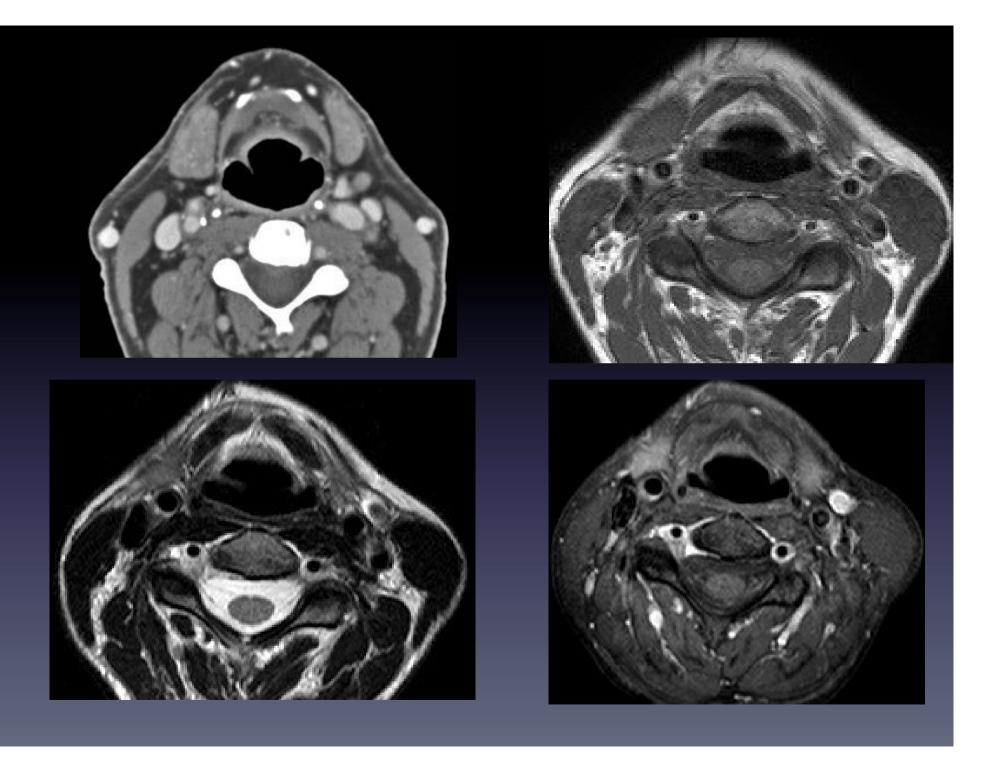
- > Très bonne caractérisation tissulaire
- > Artéfacts vasculaires et de mouvement du larynx
- ➤ Séquences d'écho de spin +++
- Séquences rapides d'écho de gradient: non
- > Optimiser les paramètres

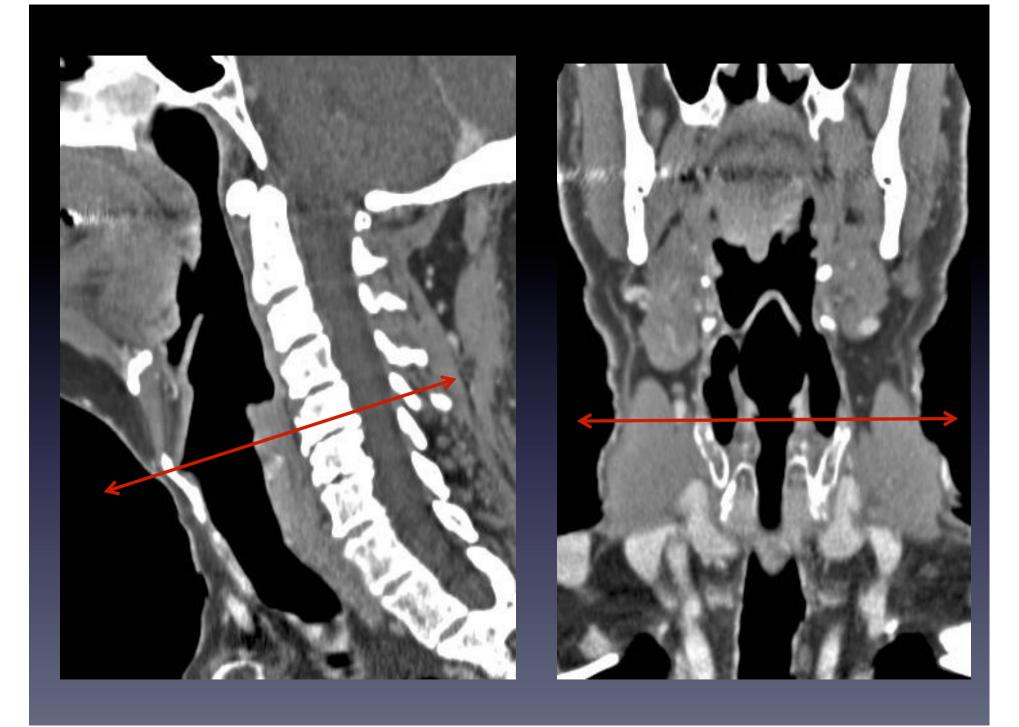
Techniques d'imagerie: IRM (2)

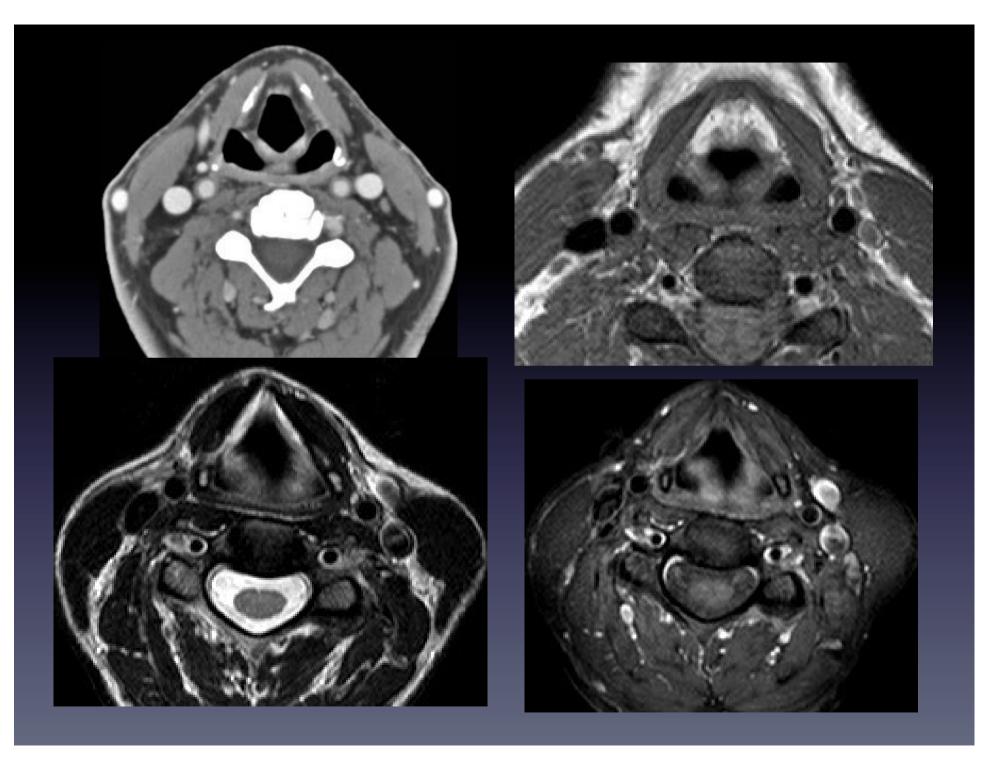
séquences

- Axial T2 GG ép. 4mm
- > Axial T1 TSE ép. 3,5 mm
- ➤ Diffusion epi b800 ép.3,5 mm
- > Axial T1 Gado Fat Sat ép. 3,5 mm
- Coro T1 Gado Fat Sat ép. 3,5 mm
- > +/- sag T1 Gado Fat Sat ép. 3,5 mm



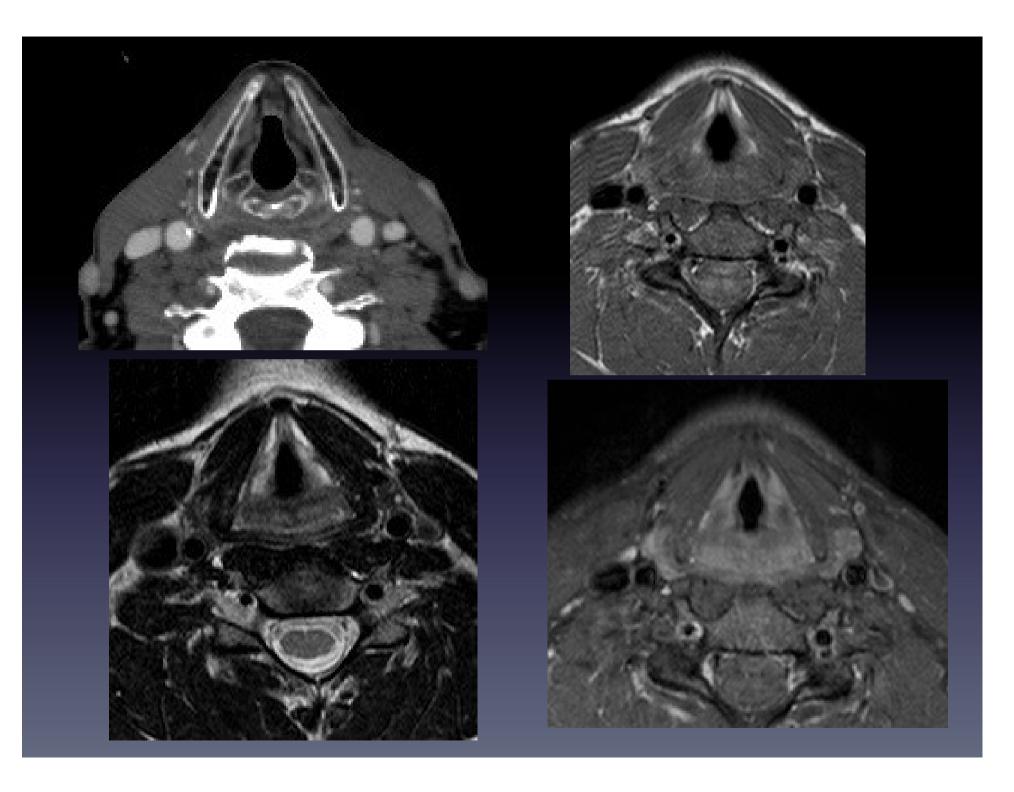




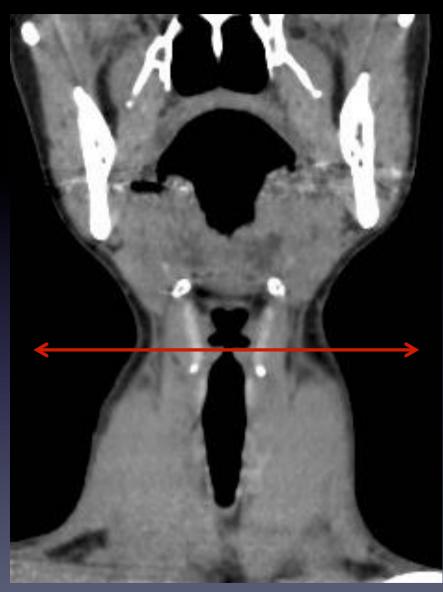


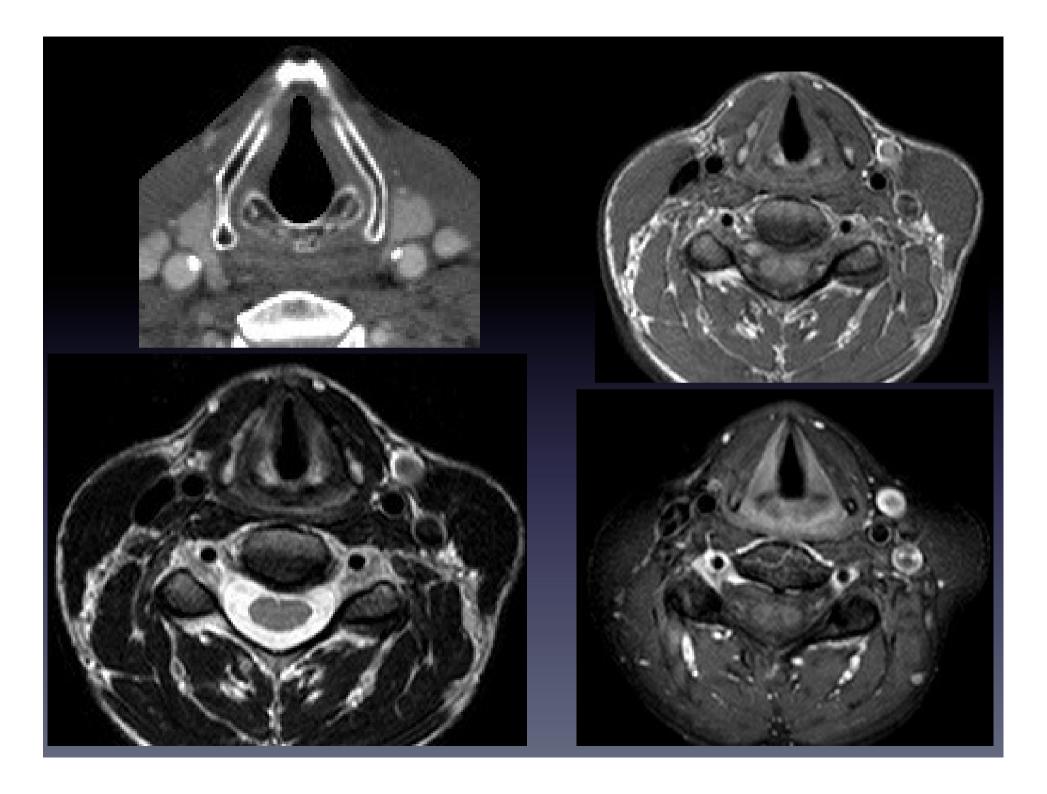


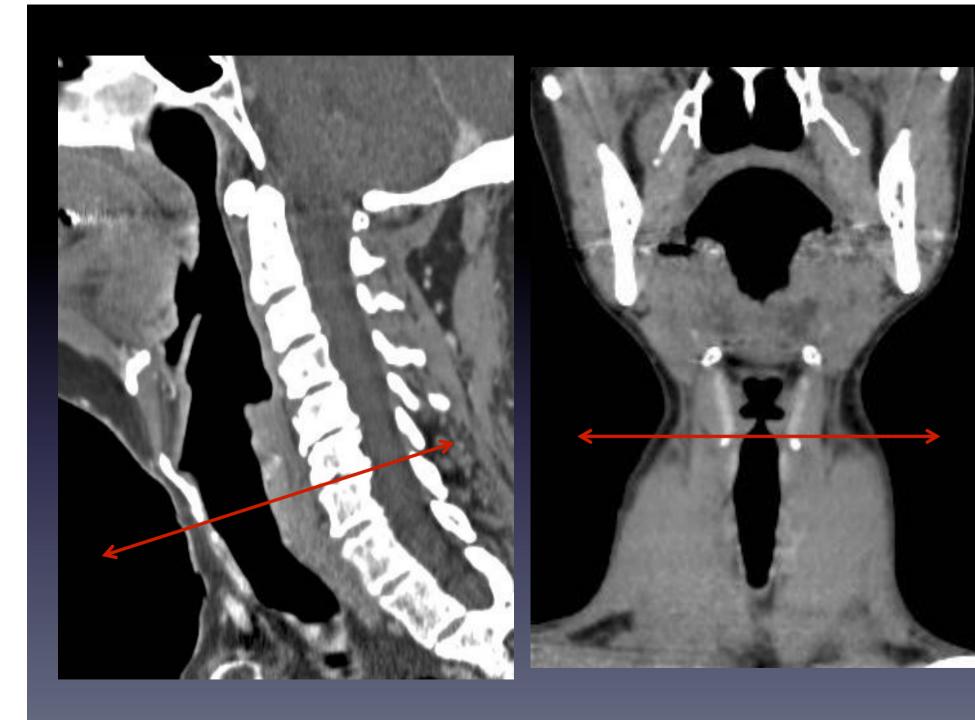




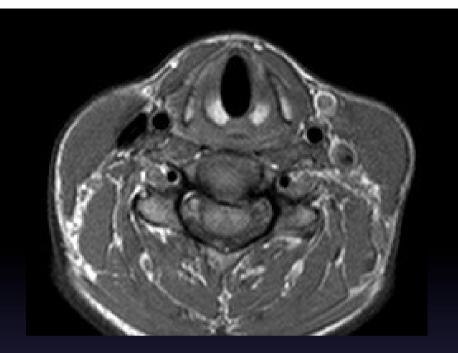


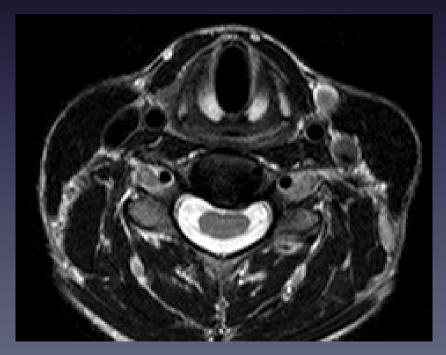


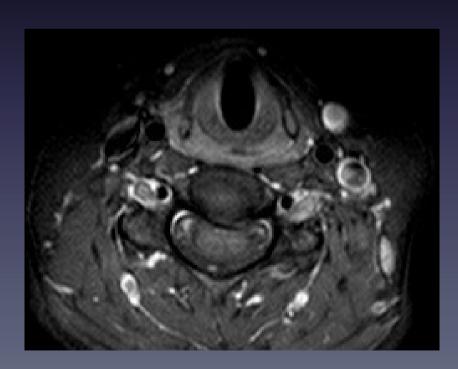




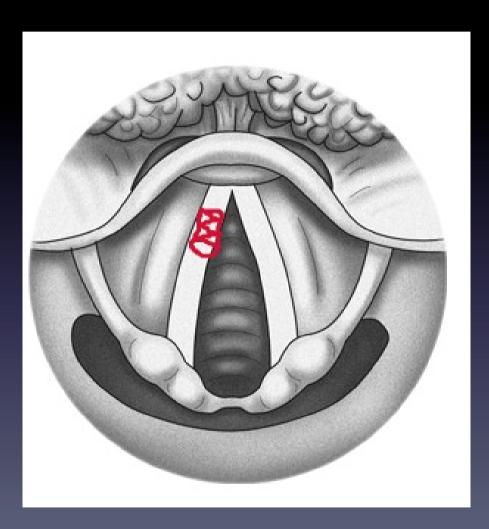




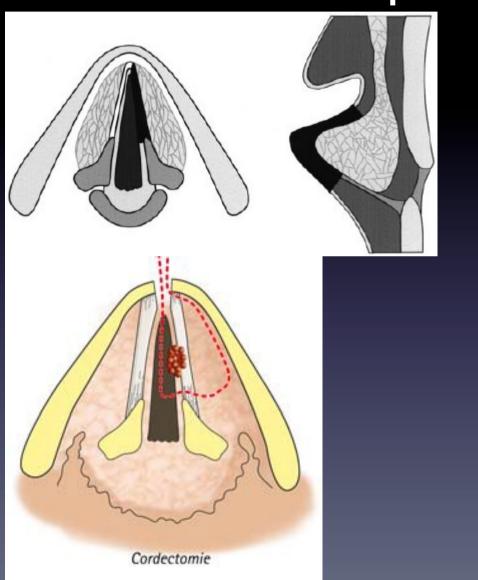


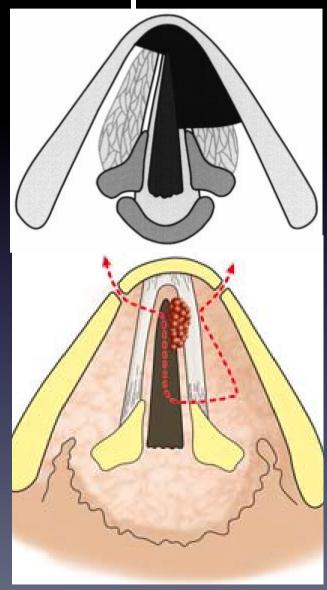


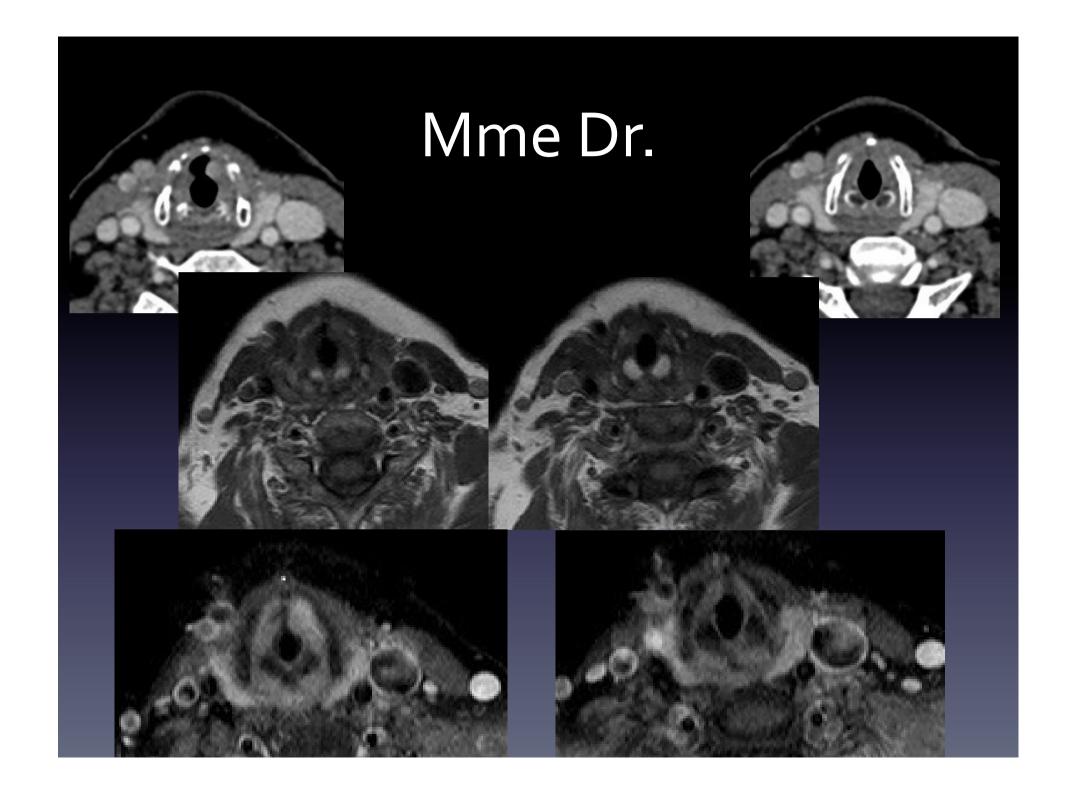
Mme Dr...Ray

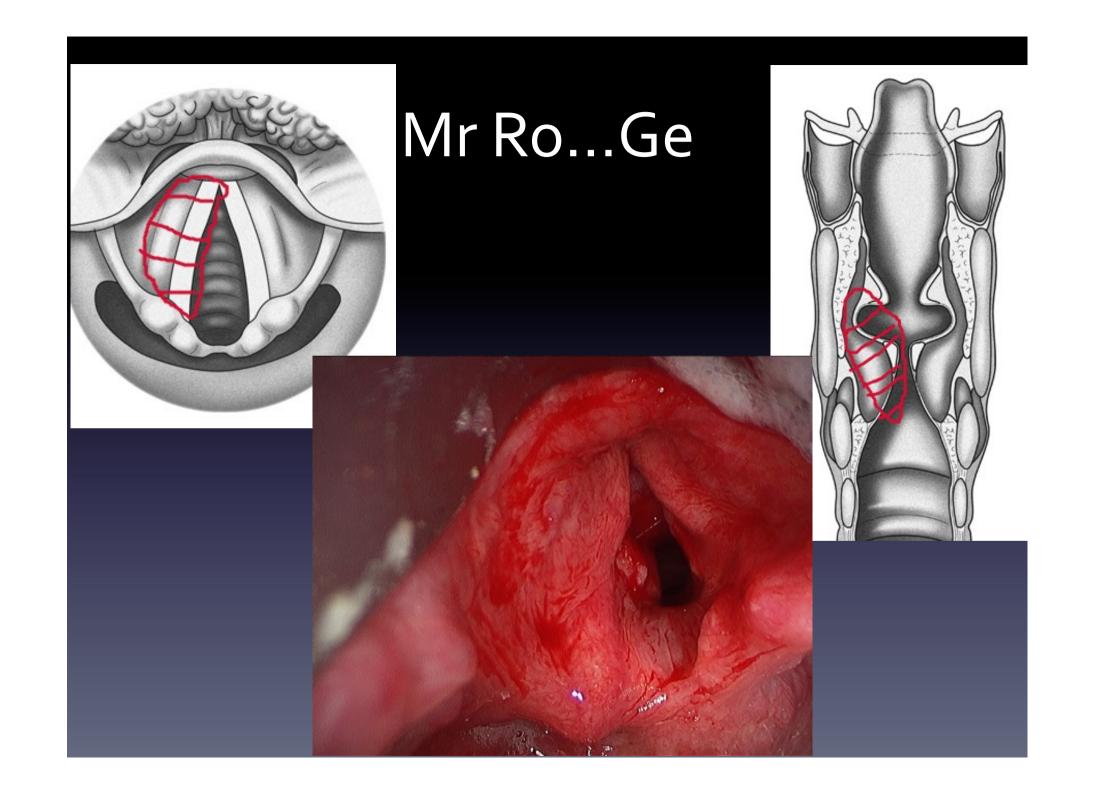


T1a/b du plan glottique

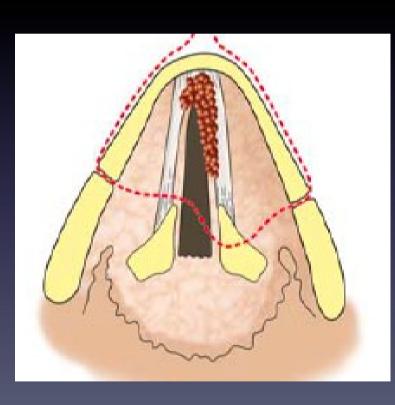


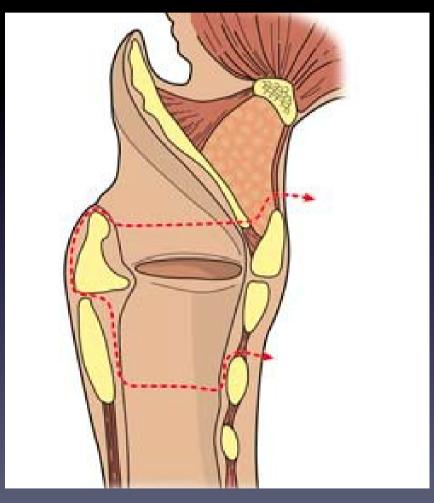




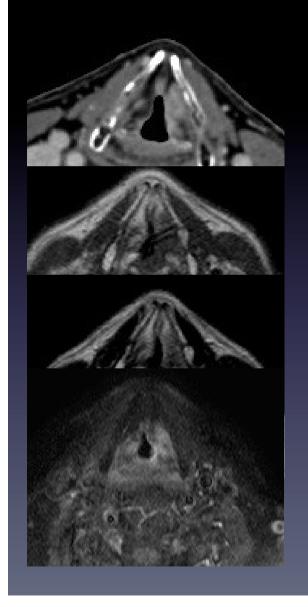


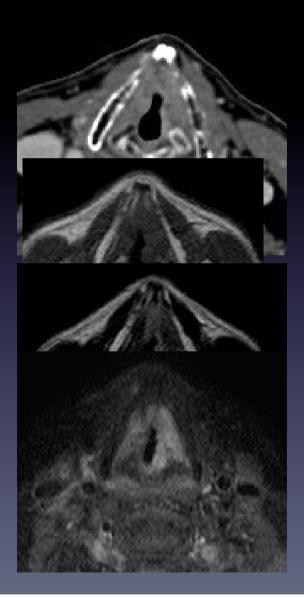
T2/T3 plan glottique

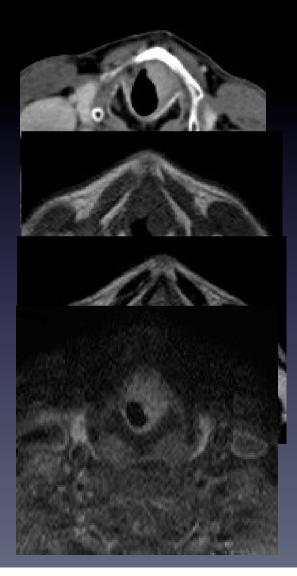




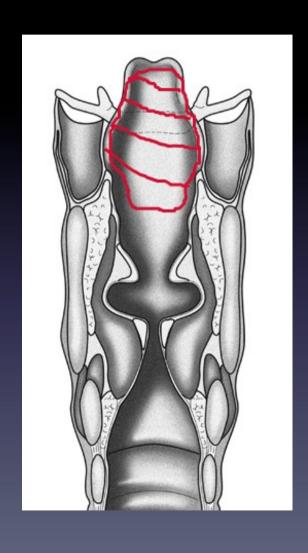
Mr Ro.

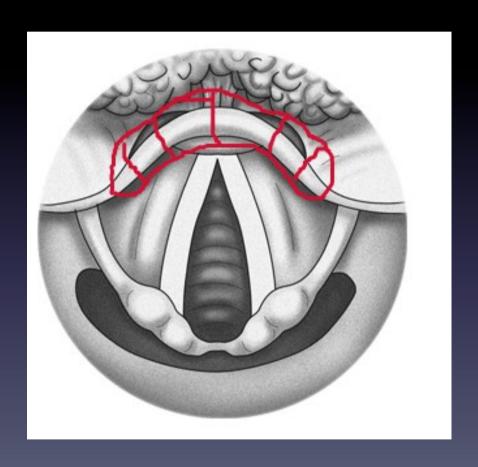




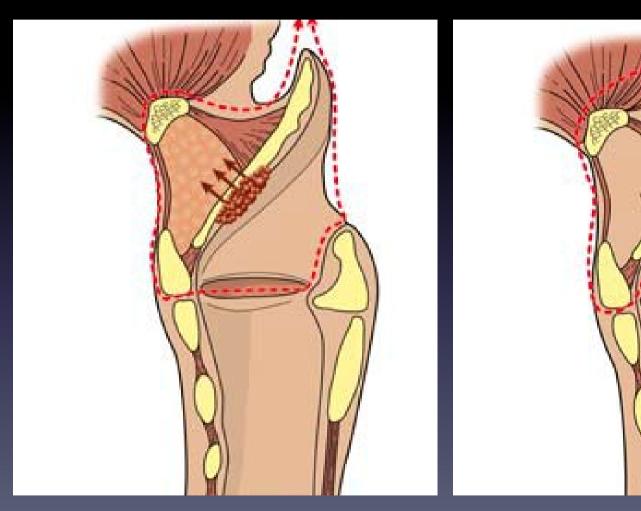


Mr Gro...Th





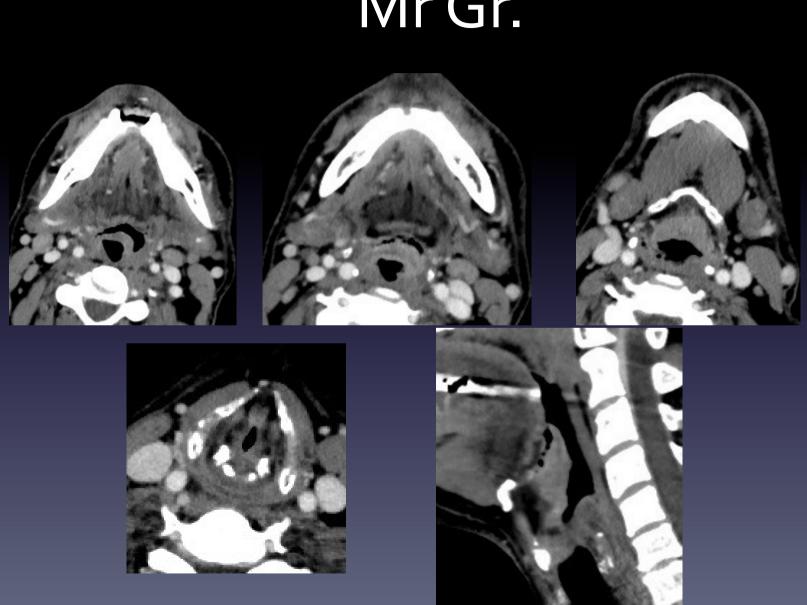
T2/T3 supra glottique



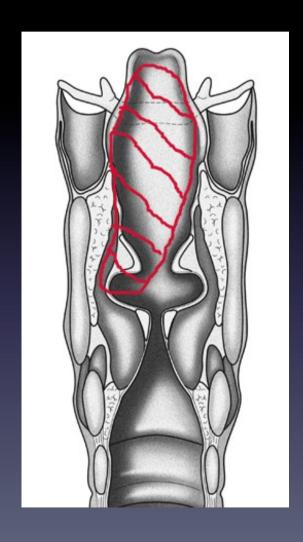


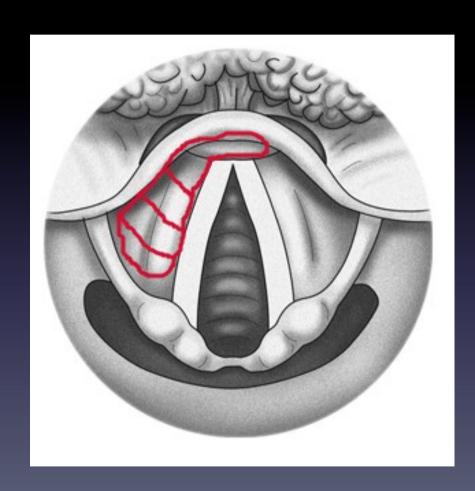
Chirurgie robot assistée

Mr Gr.



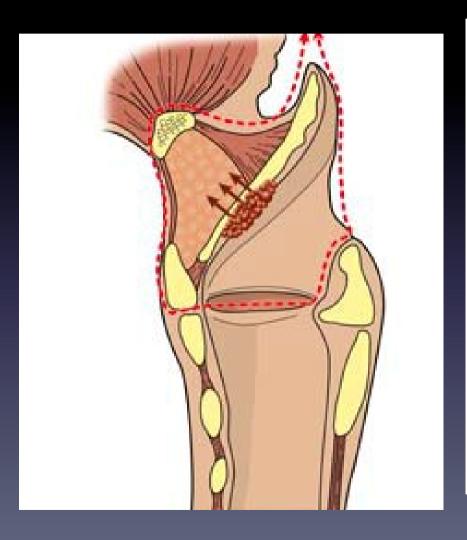
Mr May...Ge

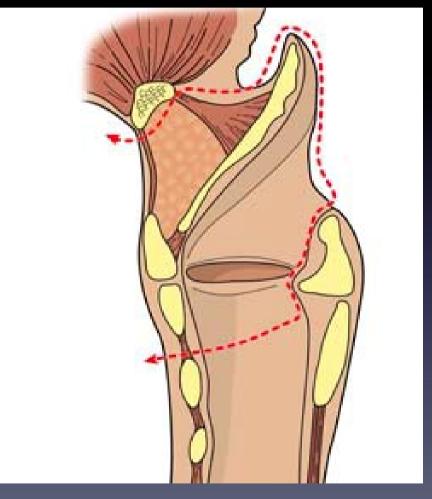


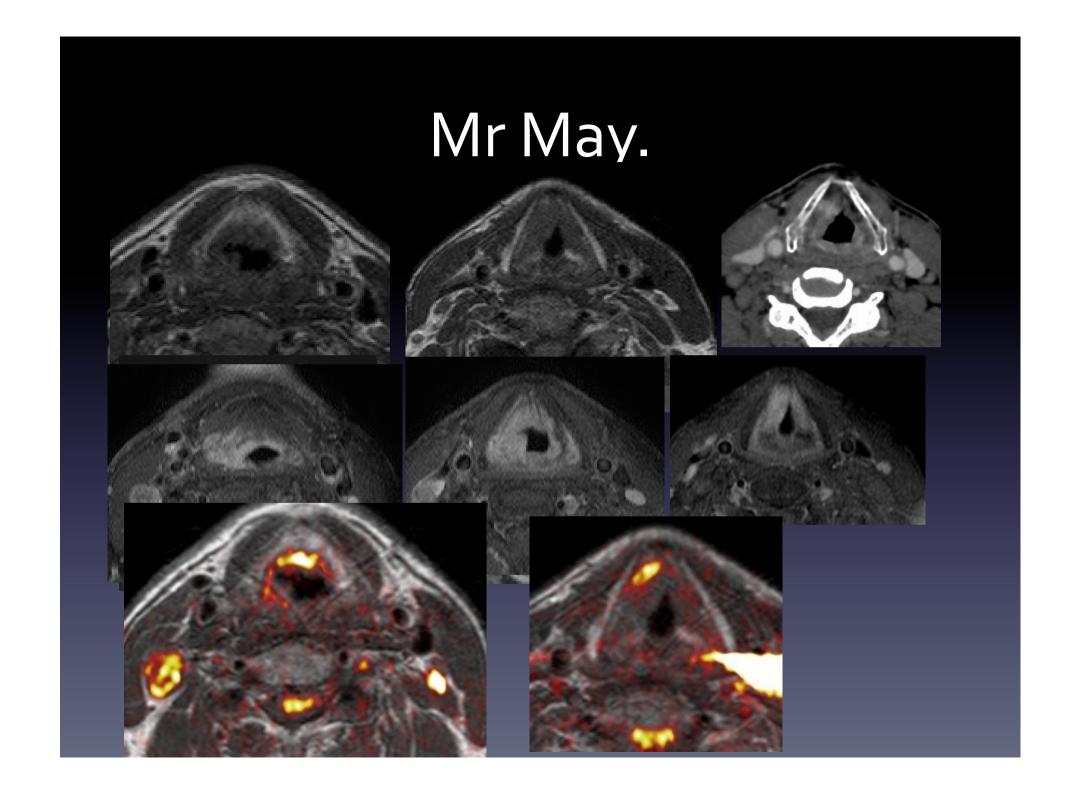


Mr May...Ge

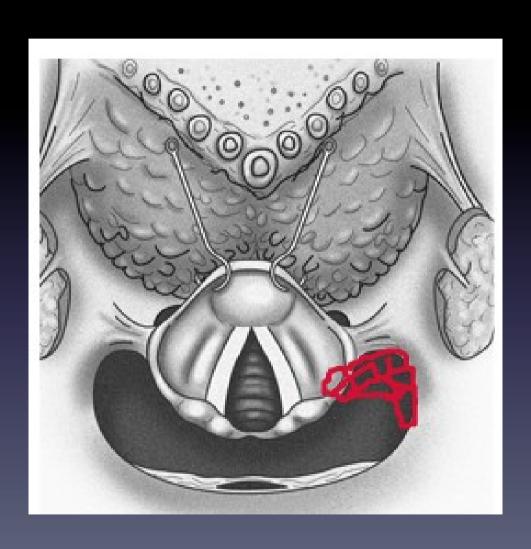
T2/T3 glotto sus glottique



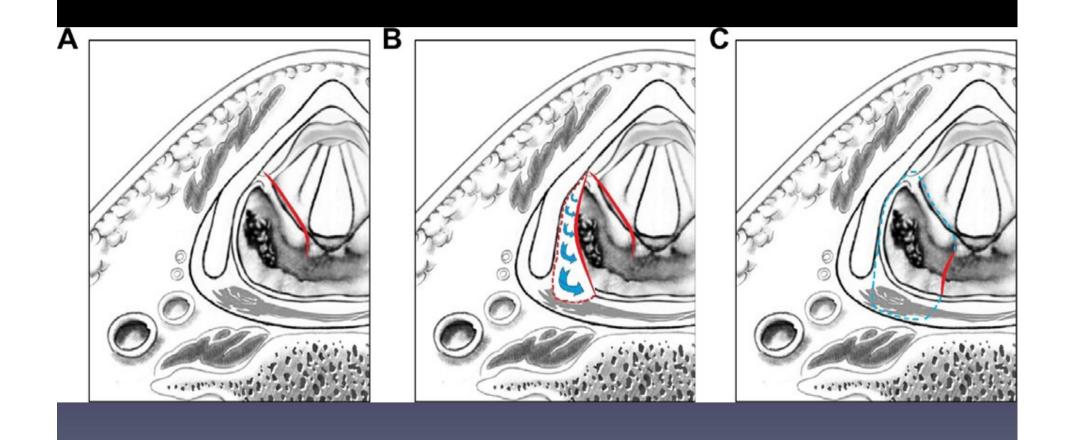




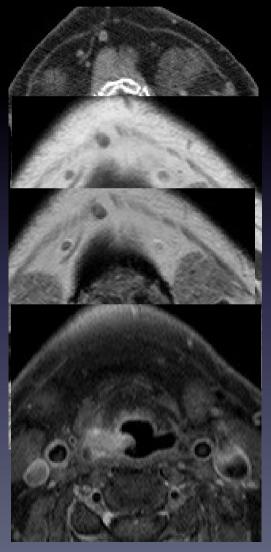
Mr Pot...Fr



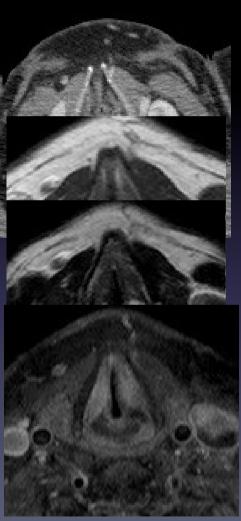
T1/T2 Hypopharynx



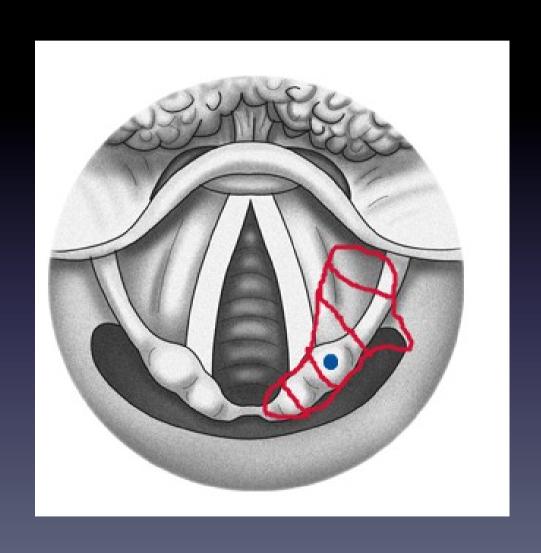
Mr Po.



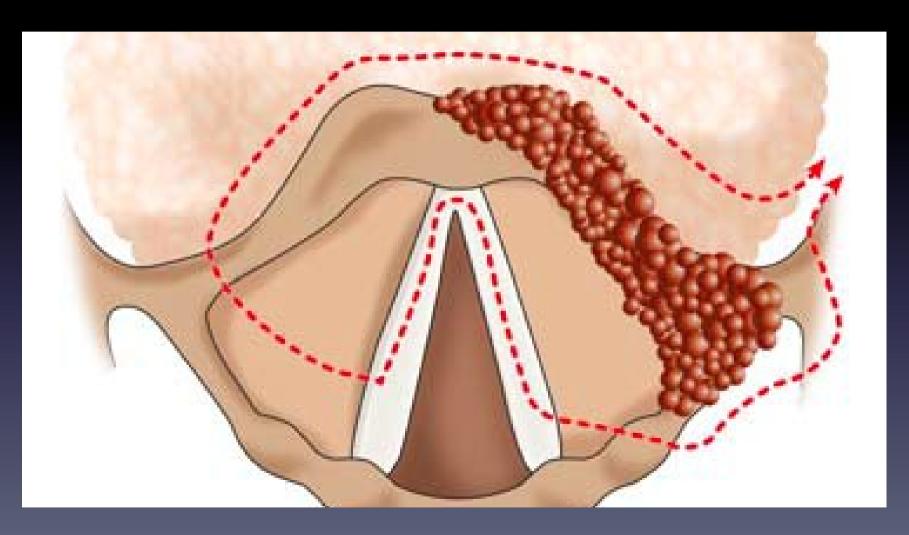




Mme Za...Ma

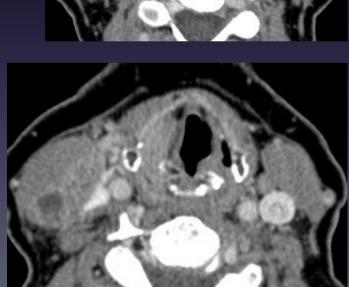


T1/T2 margelle latérale



Mme Za.



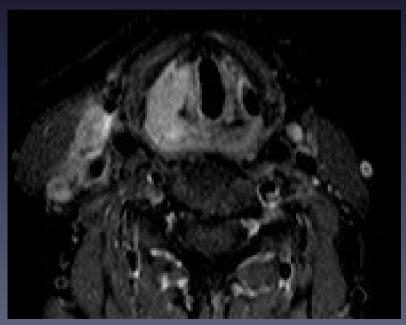


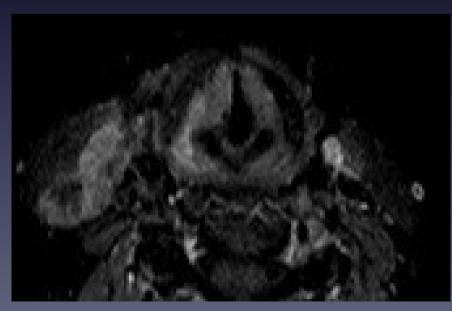


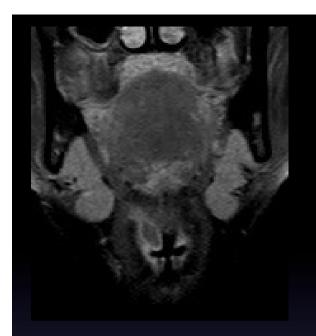






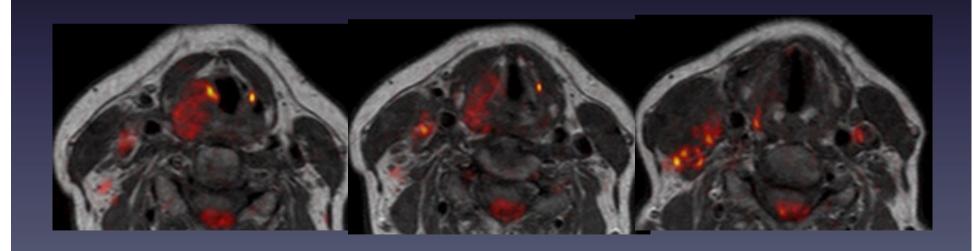












Conclusion

- Comprendre les enjeux thérapeutiques/RCP
- Quelle imagerie?
- Avenir