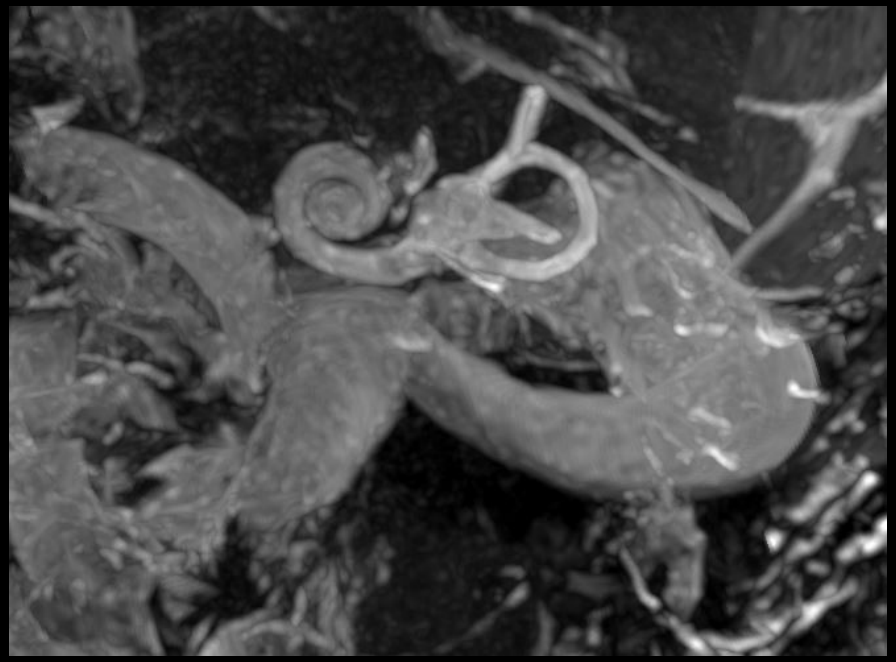
IMAGERIE DU MAI ET DU LABYRINTHE EN IRM 3T HR

EVOLUTIONS ET PERSPECTIVES

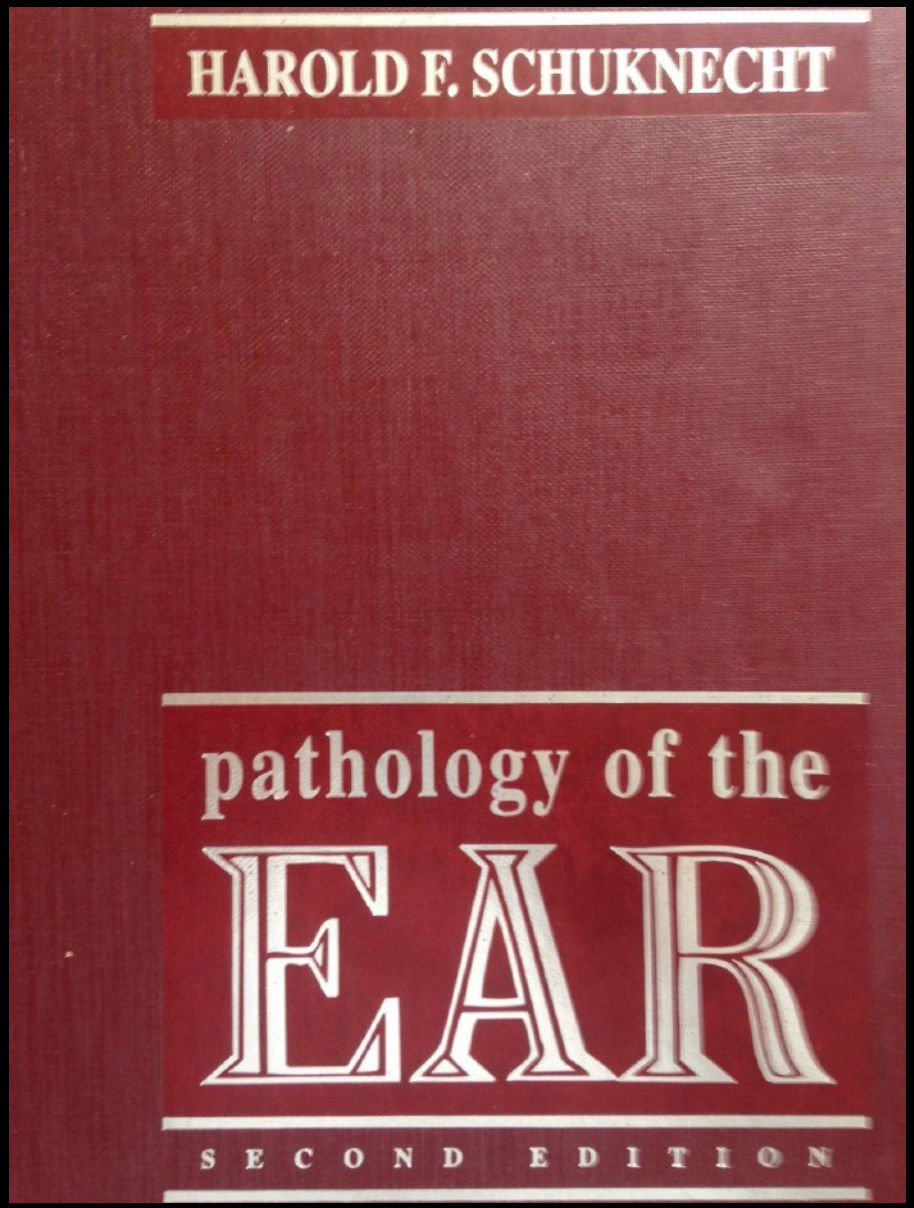


JOURNEE DU 9 SEPTEMBRE CIREOL ET SFRRA

JF POUGET (1,3,4),M BARMA (2),M PARET(4),S CHATARD-BAPTISTE (3,4),C BOUTET (1,2,4)

SAINBIOSE INSERM U 1059 (1) , CHU SAINT ETIENNE (2), CLINIQUE MUTUALISTE SAINT ETIENNE (3), IRMAS SAINT ETIENNE (4) .

AUCUN CONFLIT D' INTERET

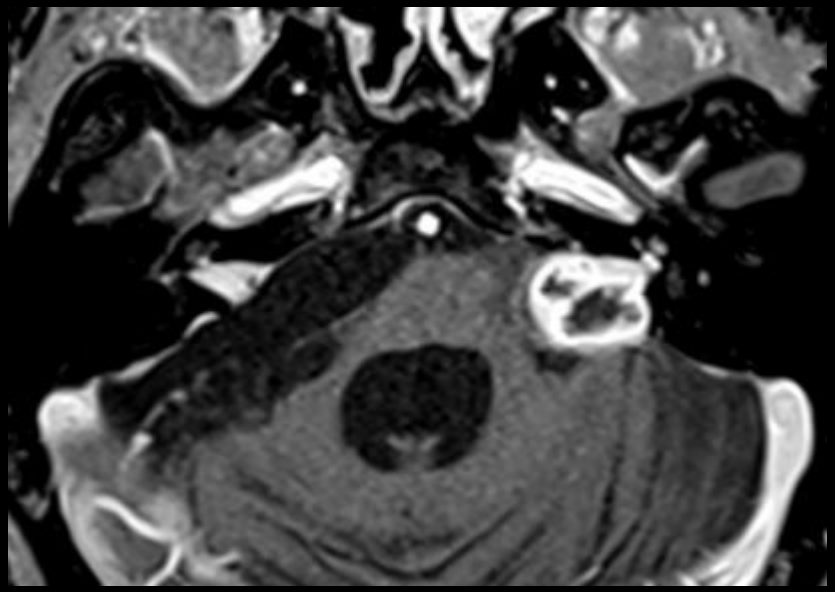


OUVRAGES INDISPENSABLES

1,5 T HR

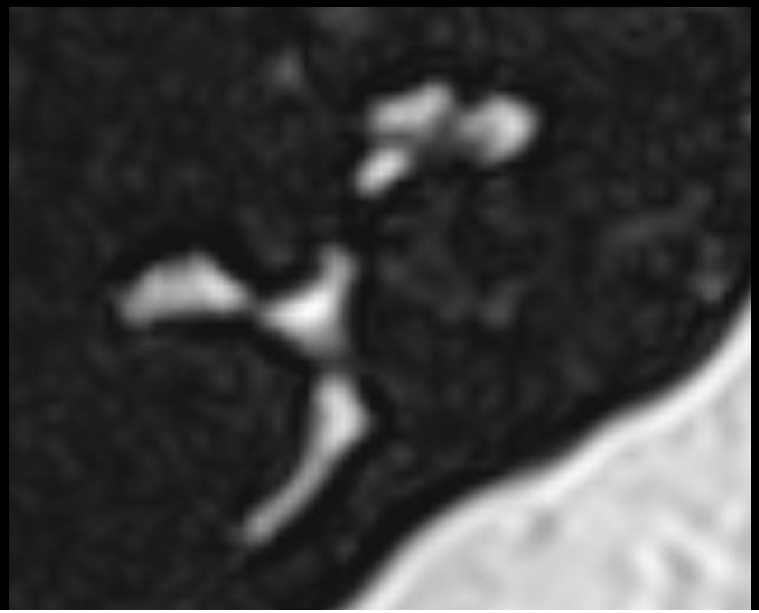
SIEMENS
Siemens Healthcare
Diagnostics

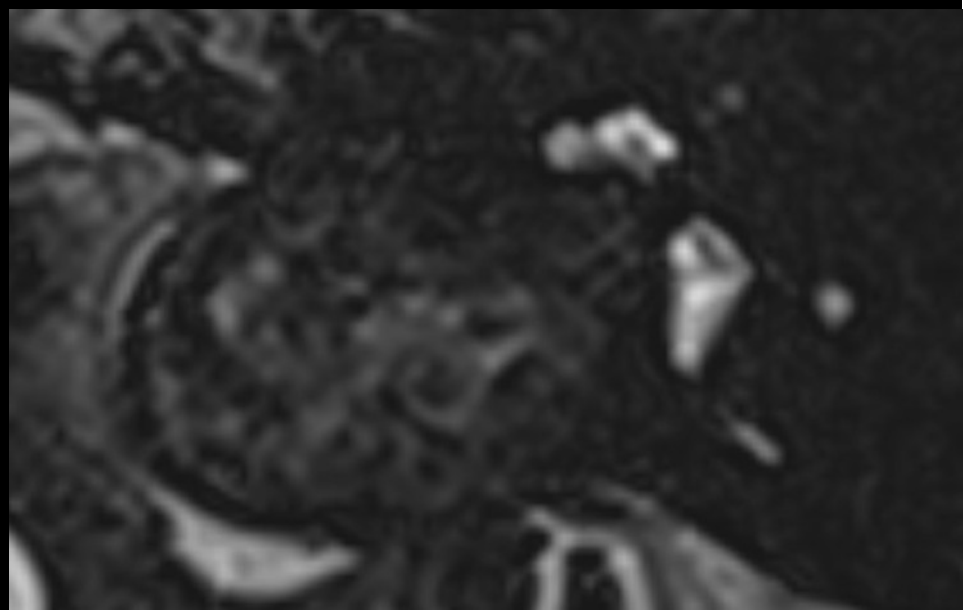
1,5 T magnetom Aera
HAUTS GRADIENTS



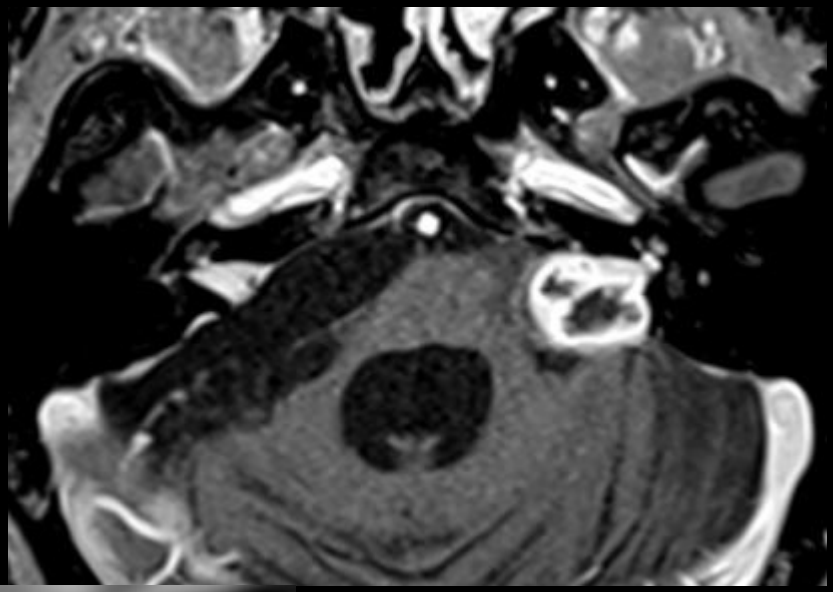
NEUROFIBROMATOSE
DE TYPE 2 OPEREE

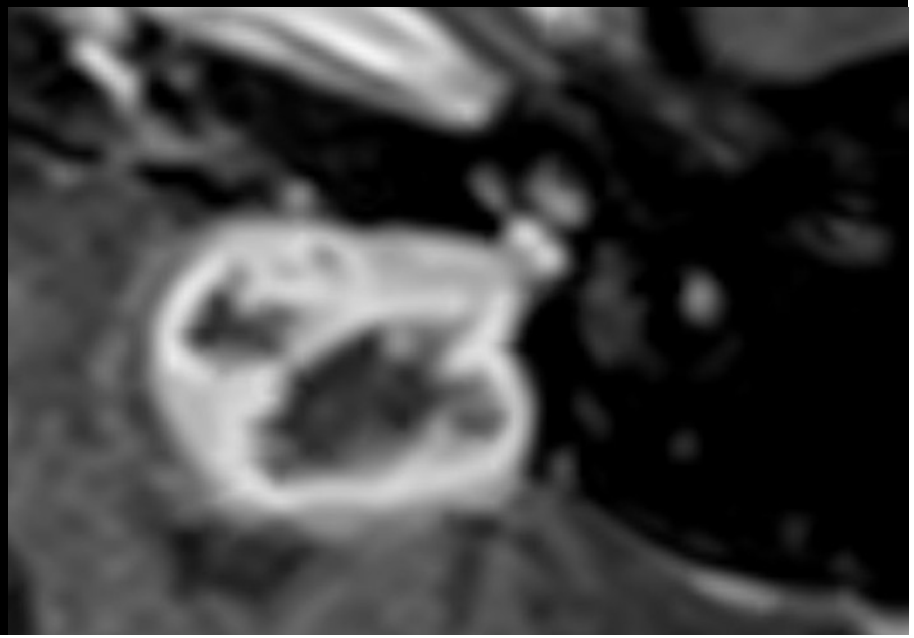
Antenne crâne 20 canaux





1,5 T HR

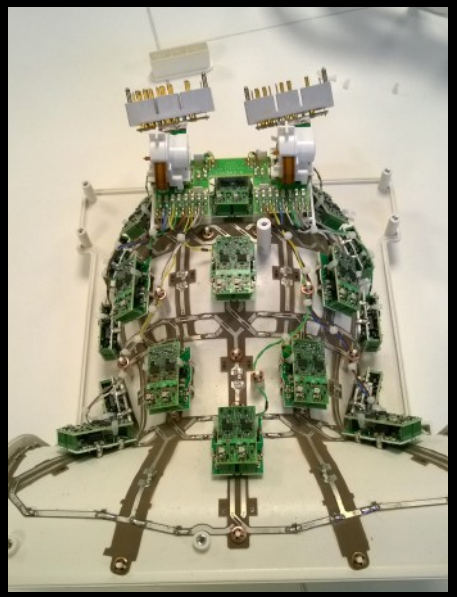


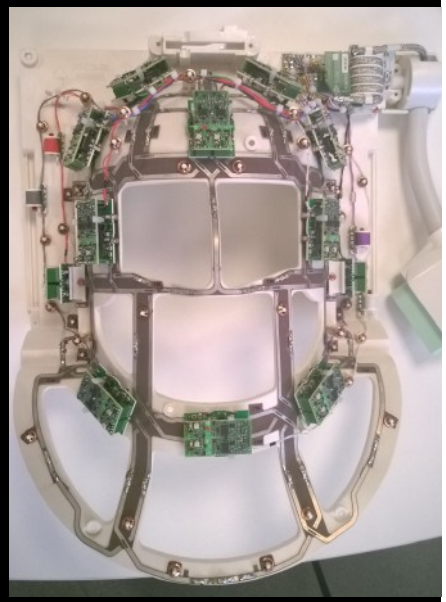


3 T HR

3 Teslas Hauts Gradients Magnetom Prisma

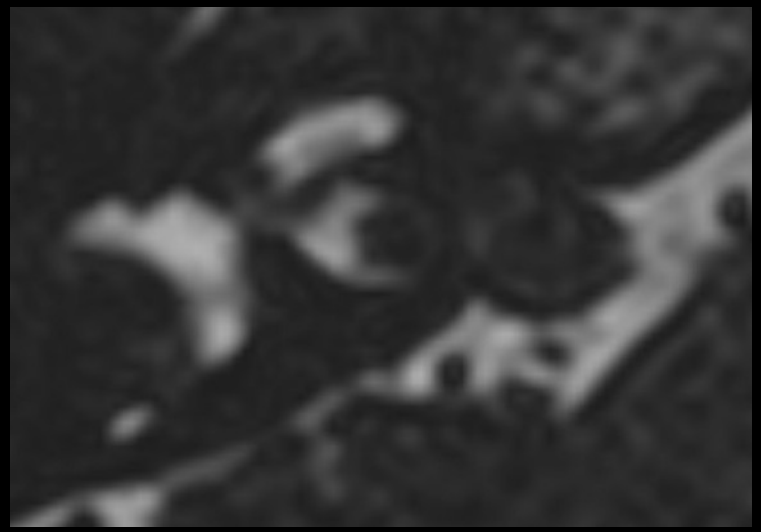
Antenne Crâne 64 Canaux

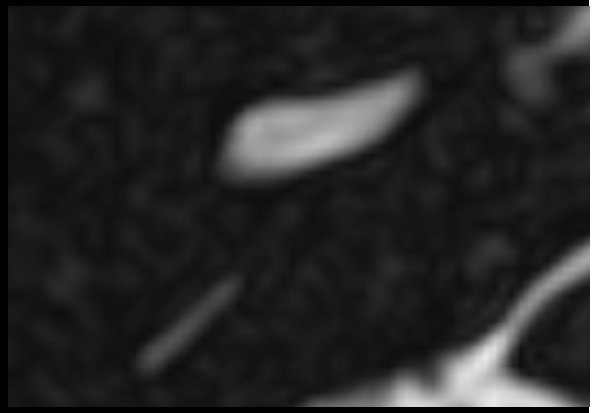


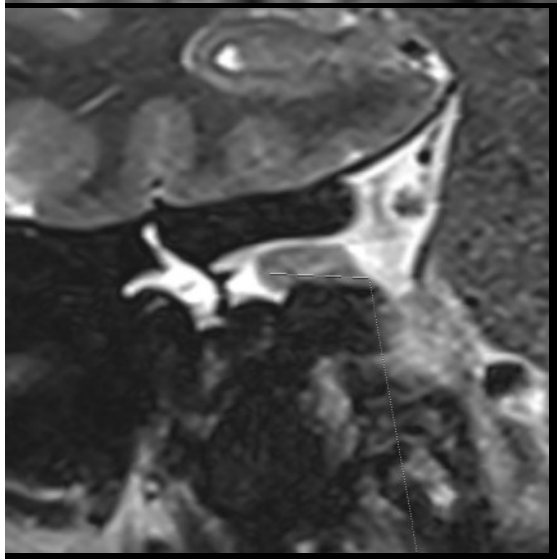


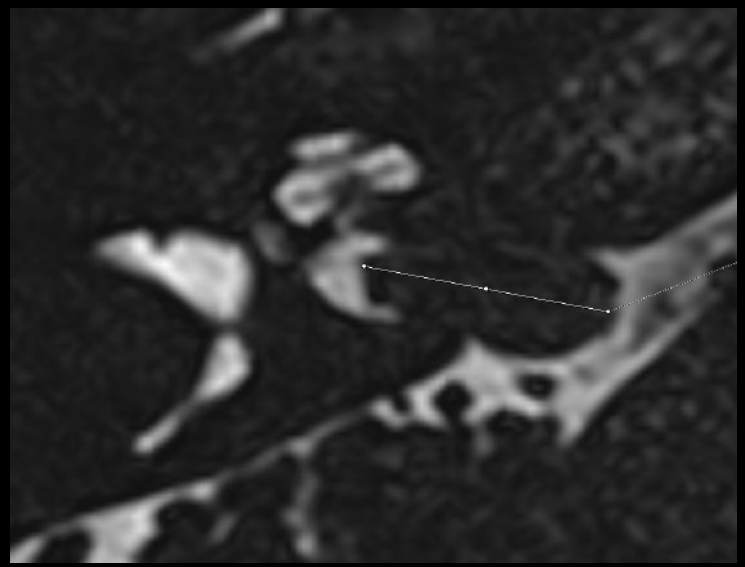
SIEMENS
Siemens Healthcare
Diagnostics

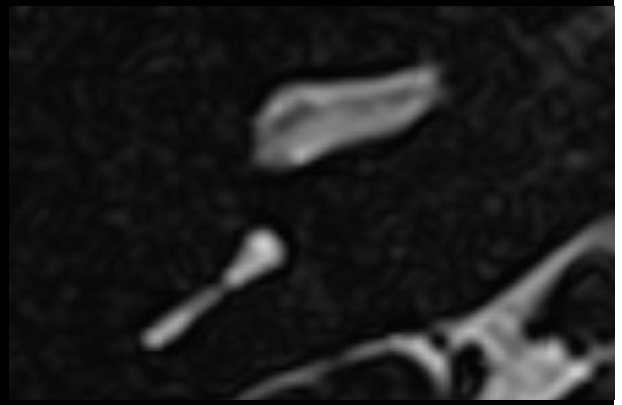
1,5 T HR versus 3 T HR



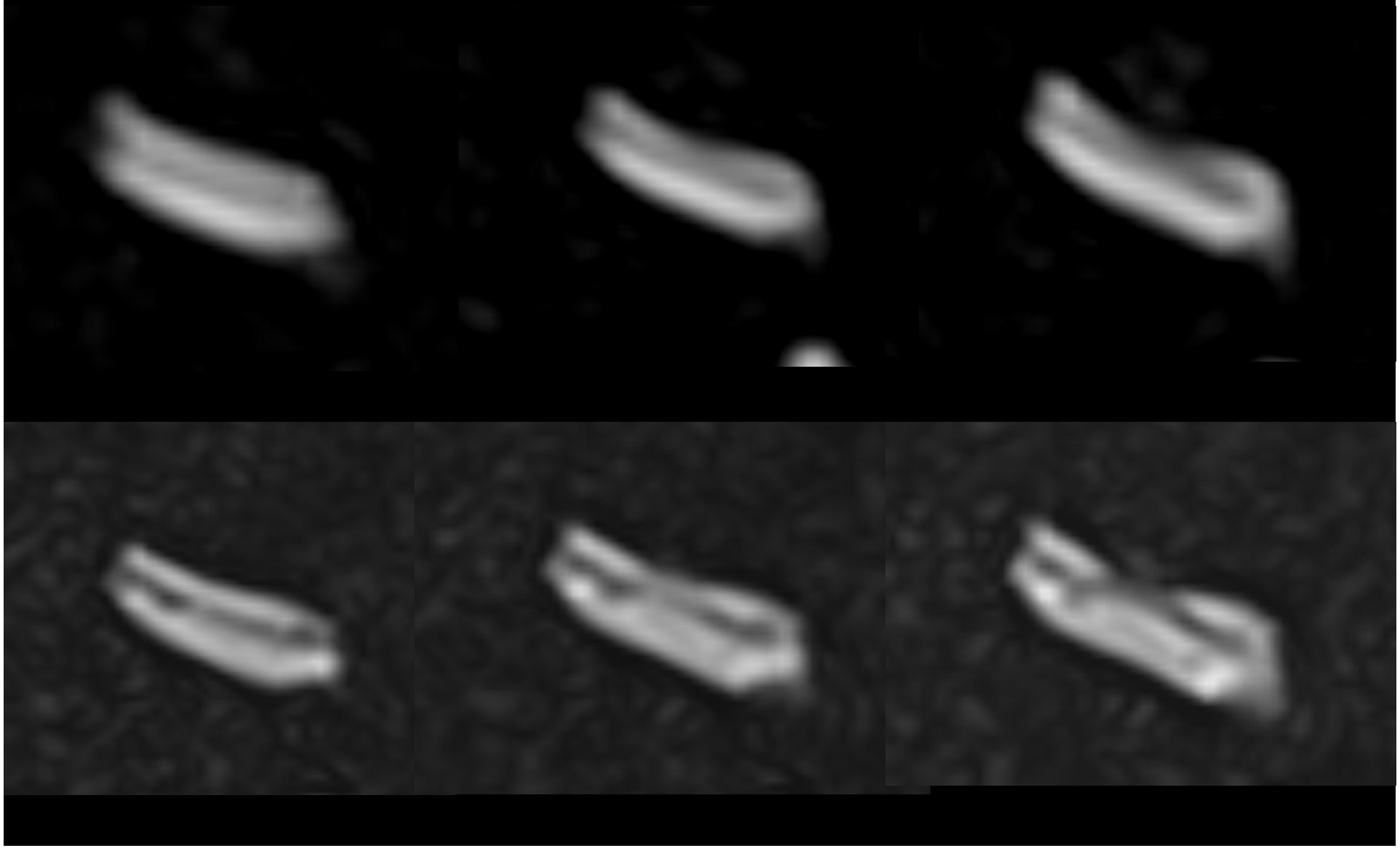




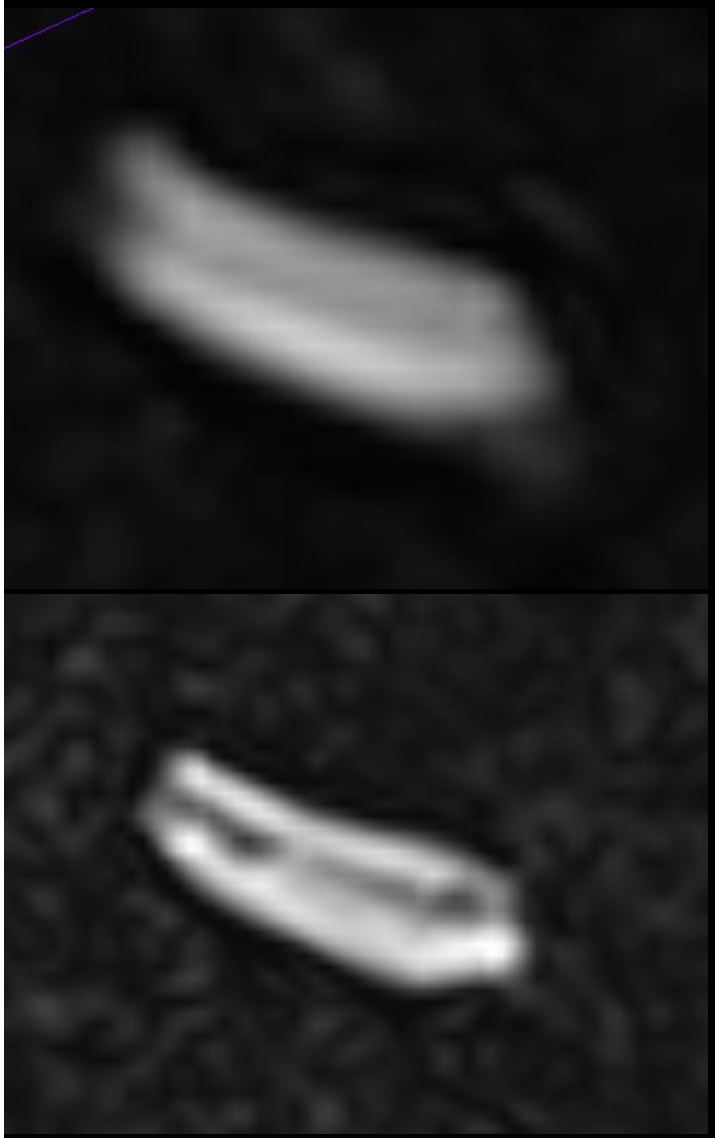


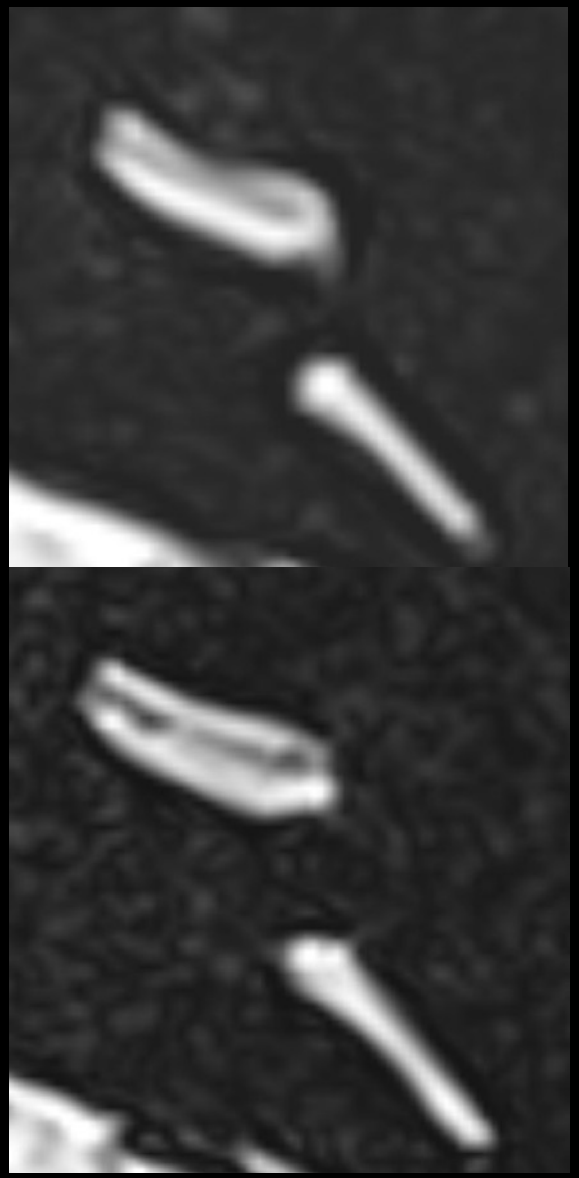


1,5 T HR versus 3 T HR



1,5 T HR versus 3 T HR





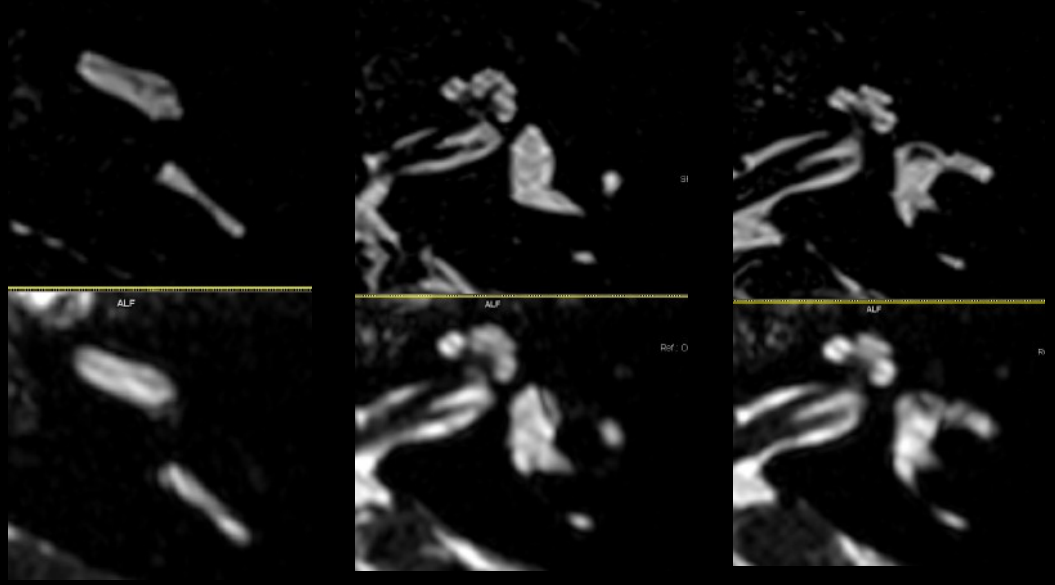
PROTOCOLE DE BASE

- T2 CORONAL 3mn42 1mm
- T2 SPACE 6mn08 0,2X0,2X0,3 mm
- T1 VIBE sans et avec gadolinium 4 mn19 X 2

0,3X0,3x0,5 mm

T2 space

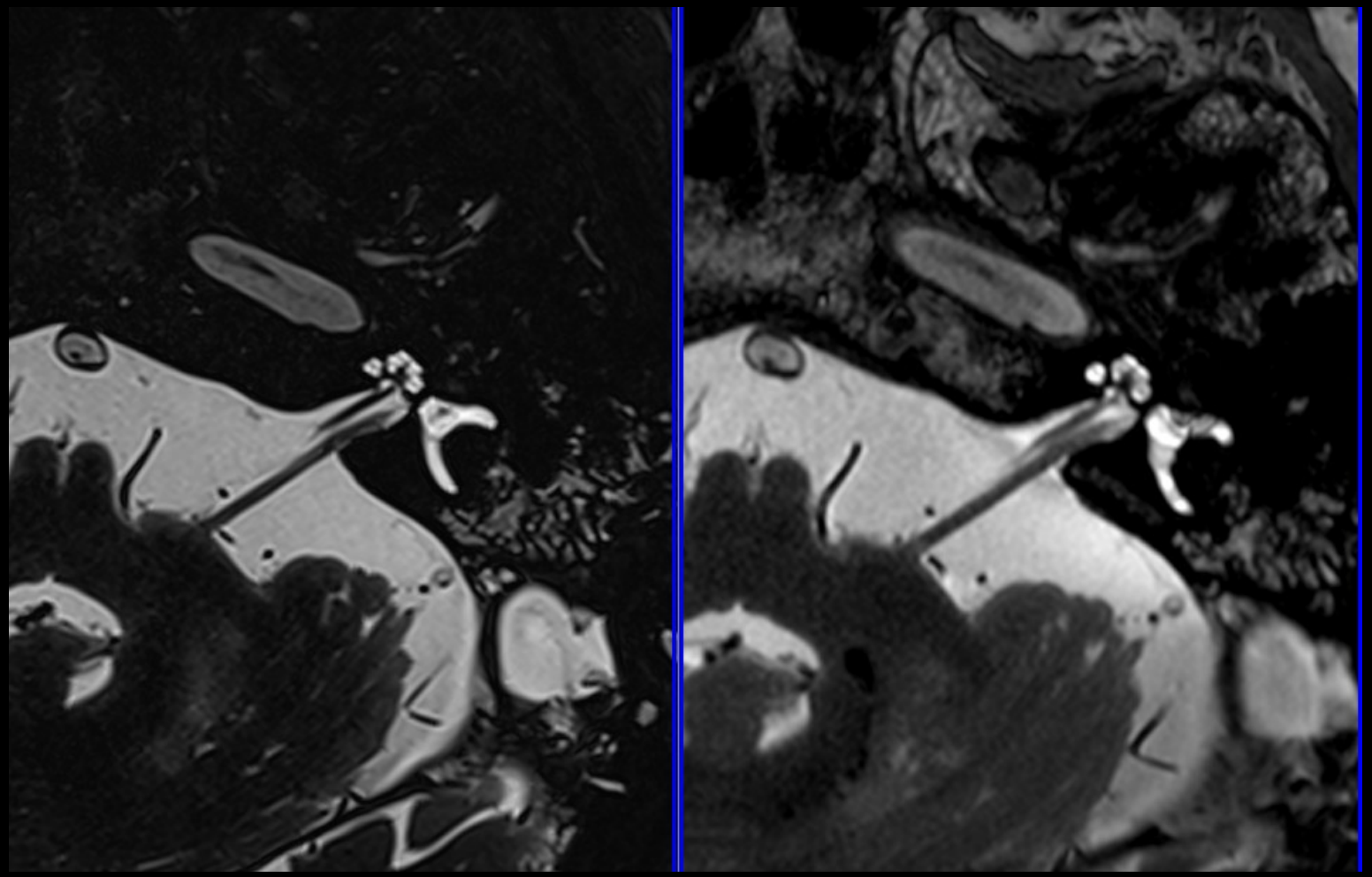
CISS



Echo de Spin

Echo de gradient

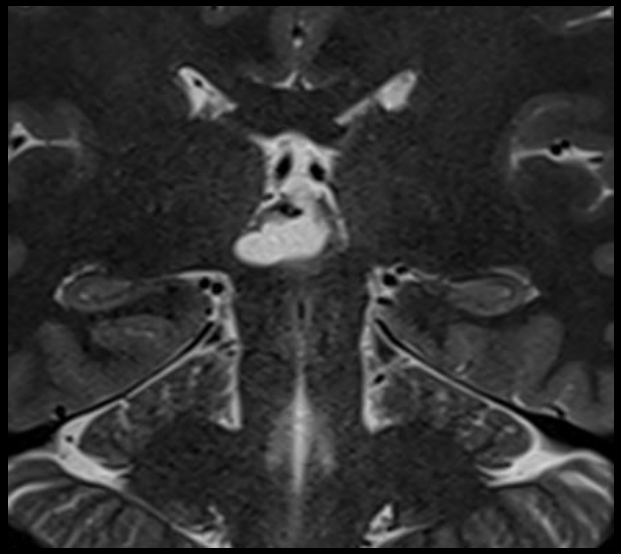
T2 SPACE versus CISS 3T HR



PIECE ANATOMIQUE

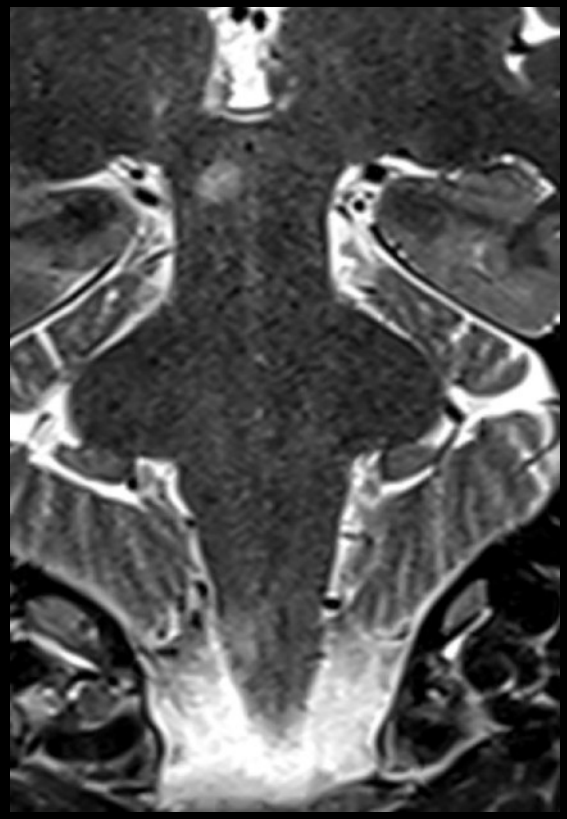
AIRES CORTICO AUDITIVES

T2 CORONAL



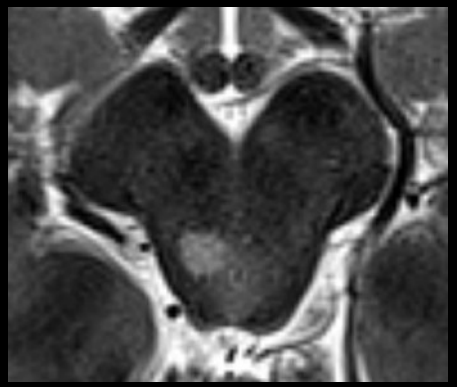
CORPS GENOUILLE MEDIAL

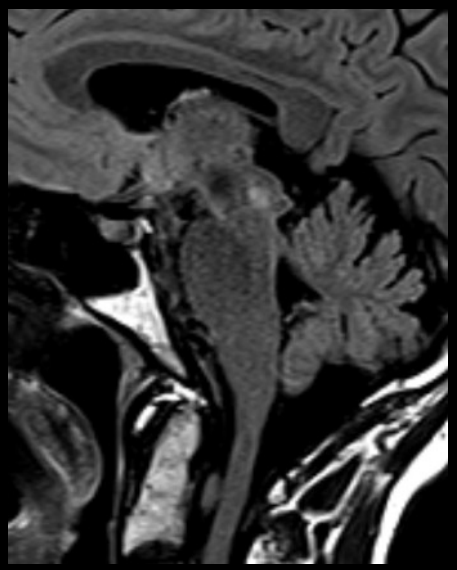
KYSTE A DROITE



COLLICULUS INFERIEUR

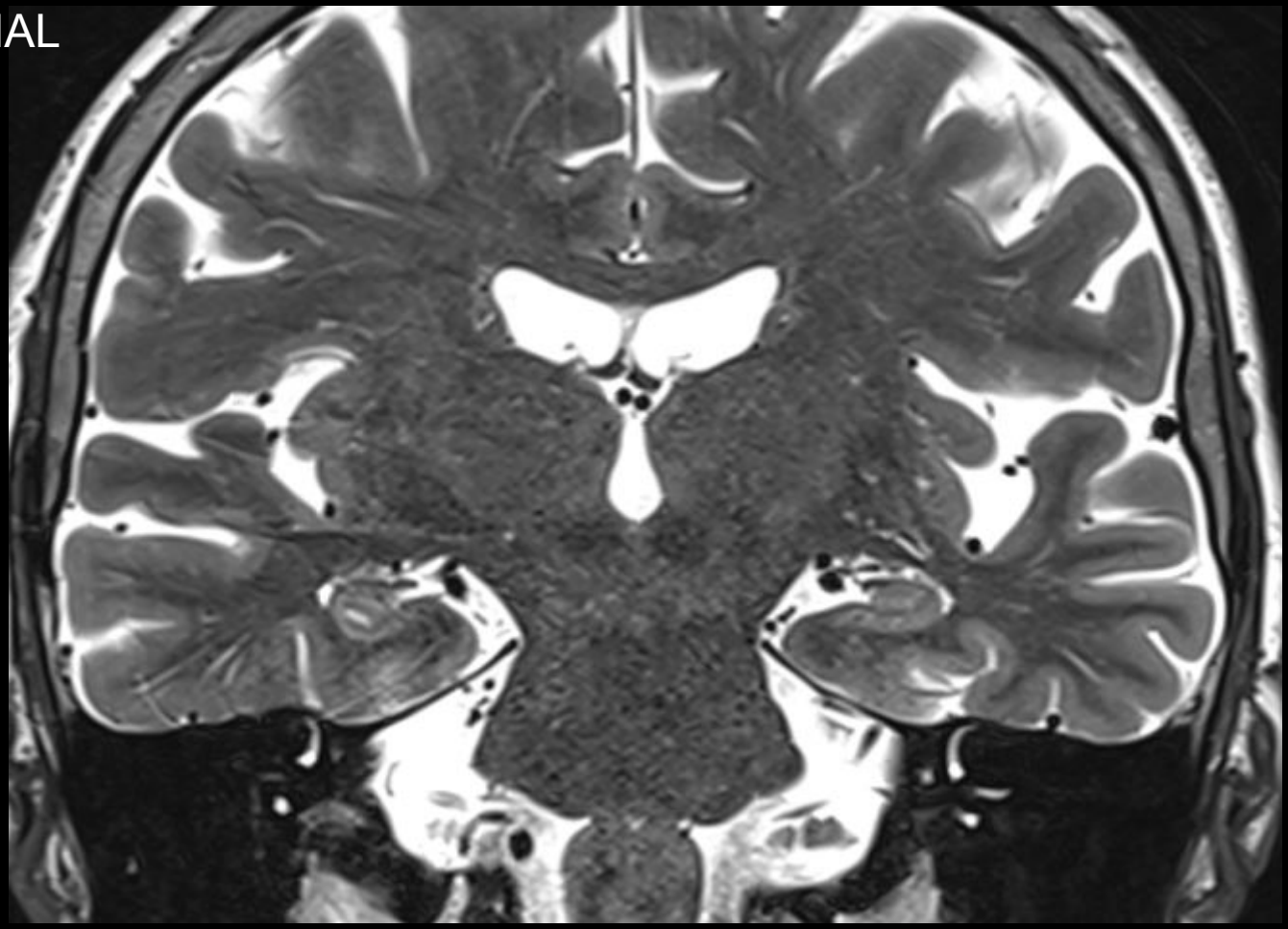
SEP





AIRES CORTICO AUDITIVES

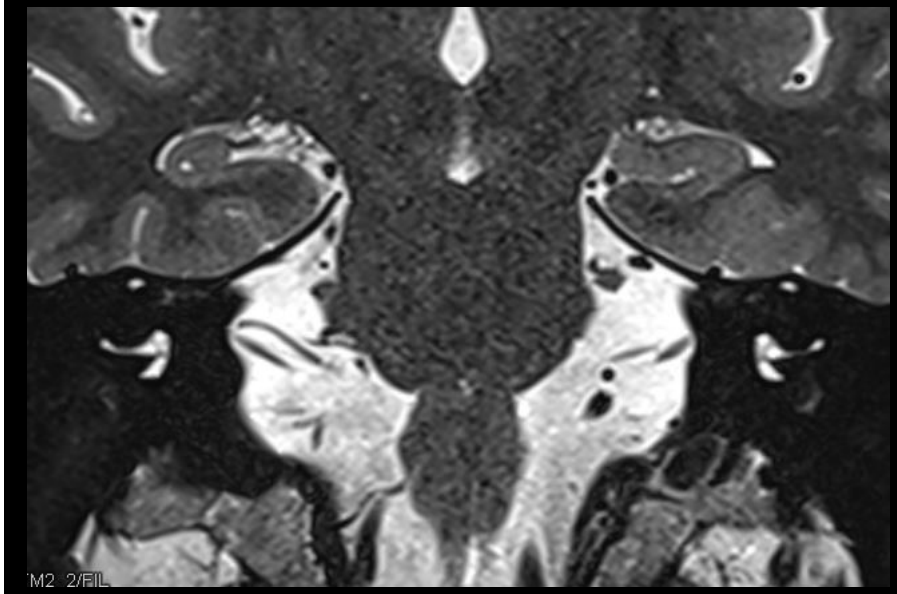
T2 CORONAL

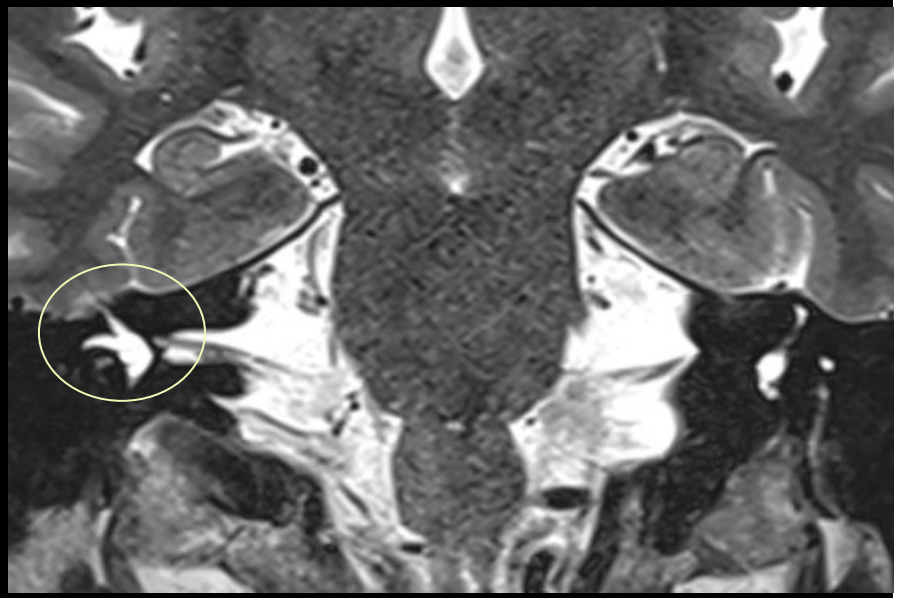


ATROPHIE AIRE CORTICO AUDITIVE GAUCHE

DEHISCENCE

T2 CORONAL

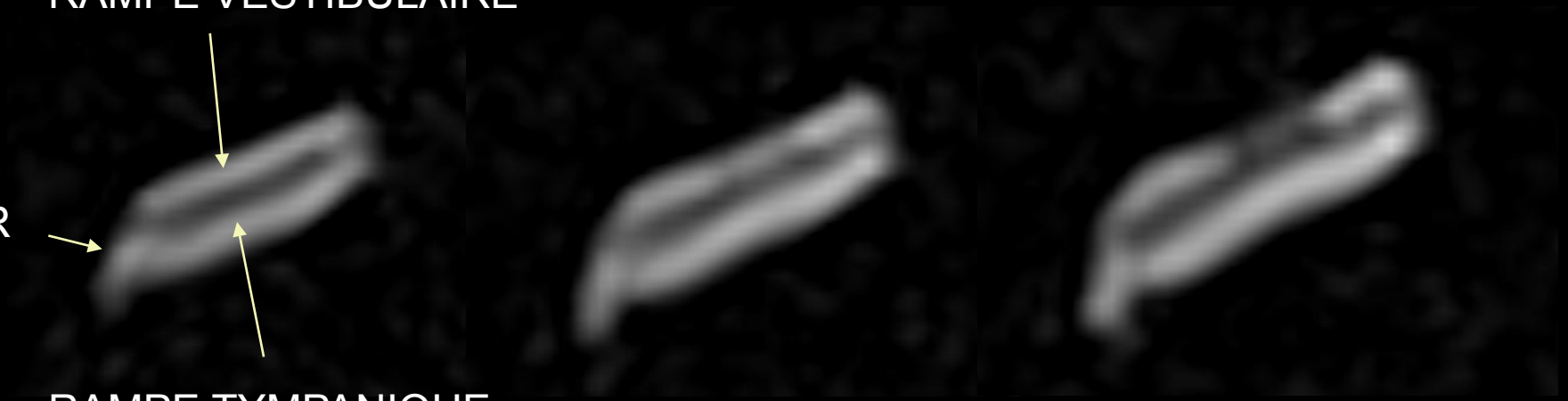


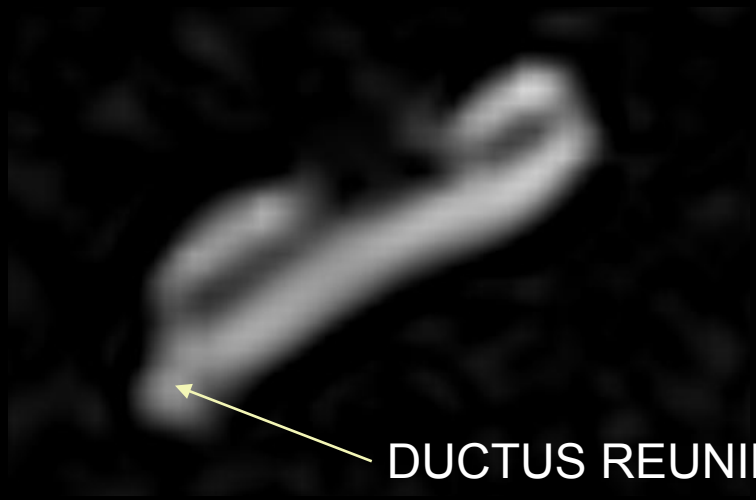


DEHISCENCE DU CANAL
SEMI CIRCULAIRE SUPERIEUR DT

T2 SPACE

3 T HR

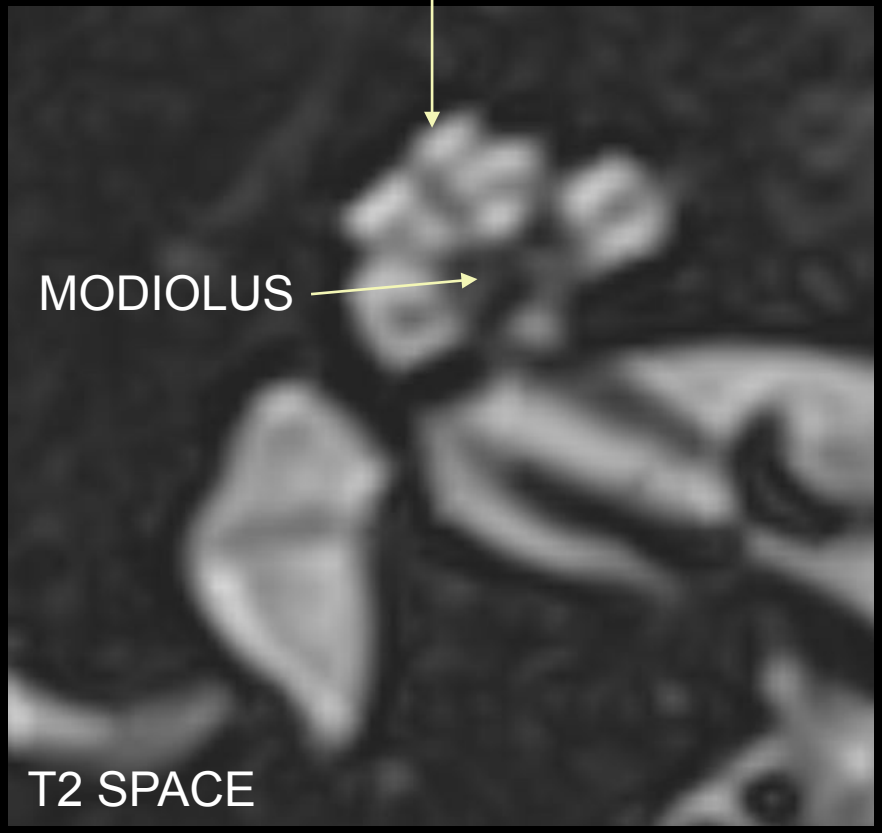


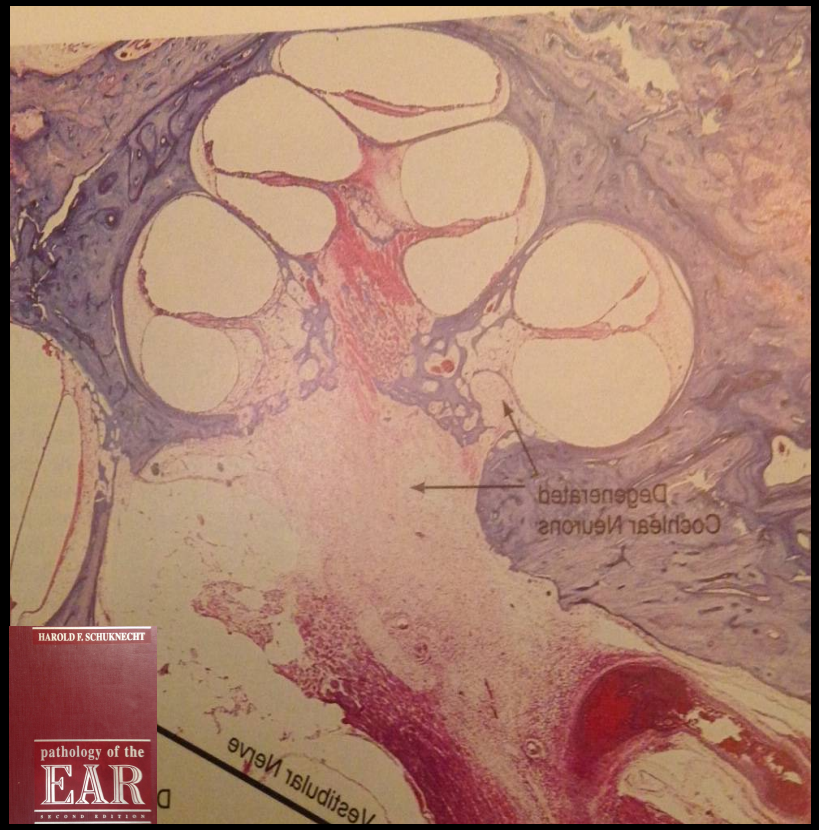


COCHLEE

LAME SPIRALE TOUR BASAL NORMAL

3 T HR

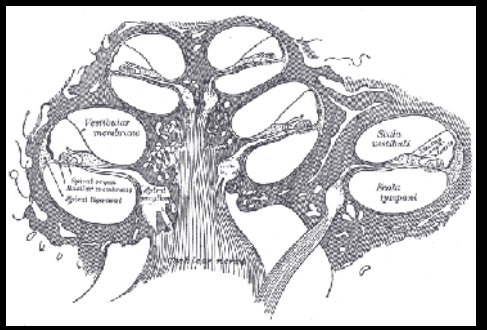


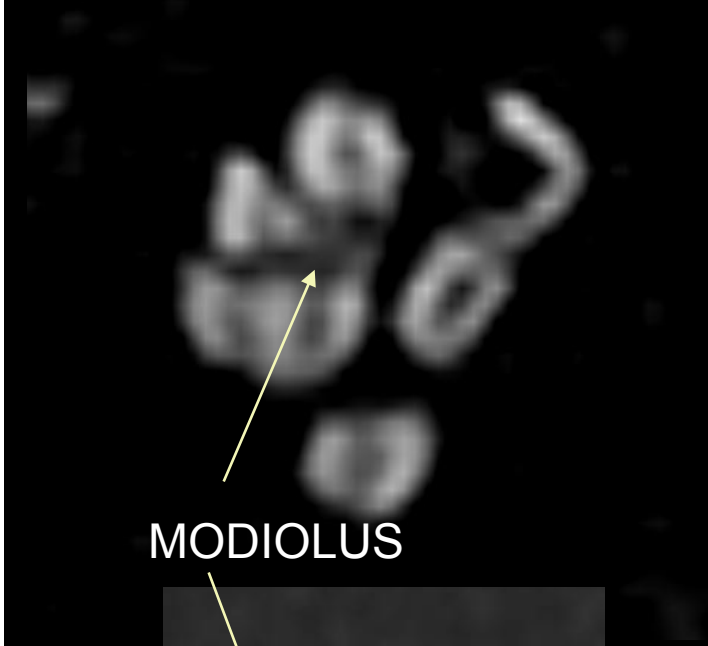


PARTITION COCHLEAIRE NORMALE

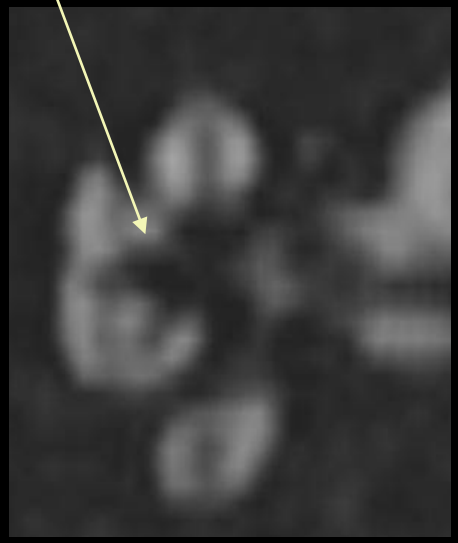
T2 SPACE

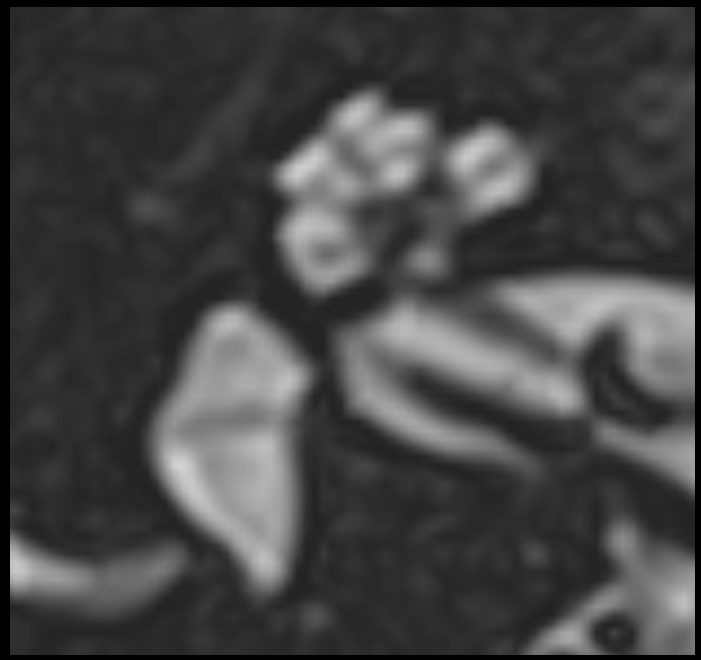
3 T HR





MODIOLUS



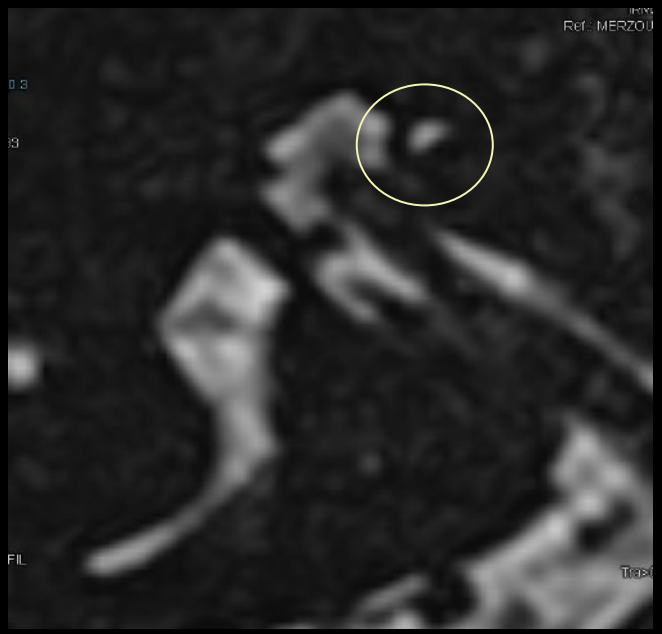


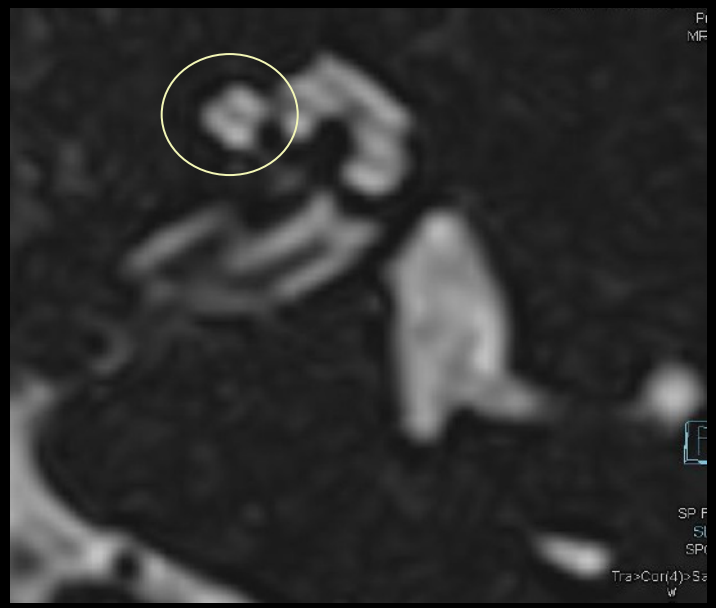
PARTITION COCHLEAIRE NORMALE

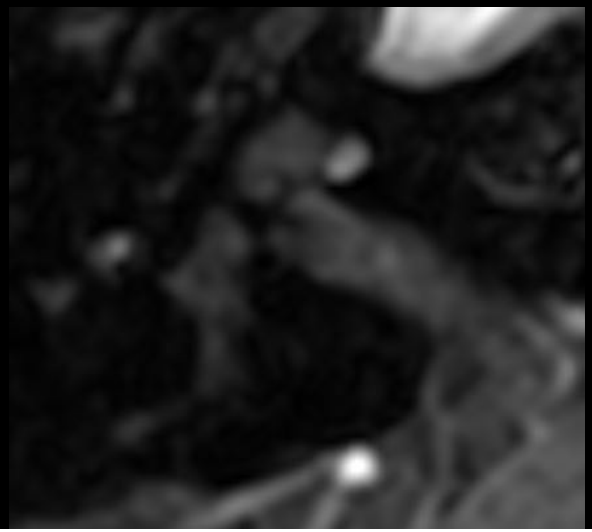
RECONSTRUCTIONS

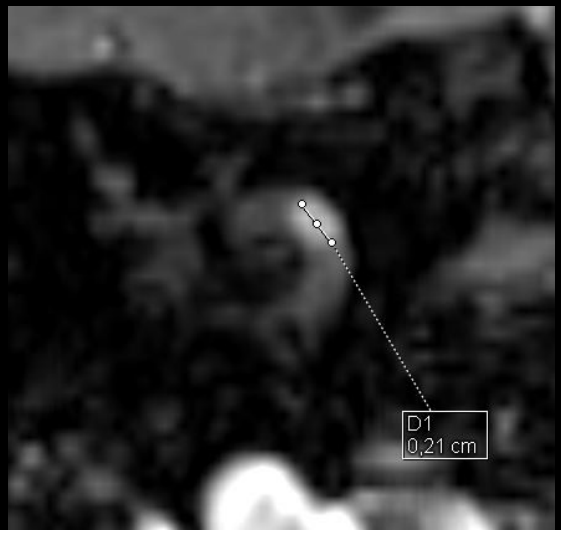
3THR

Amputation de la rampe tympanique



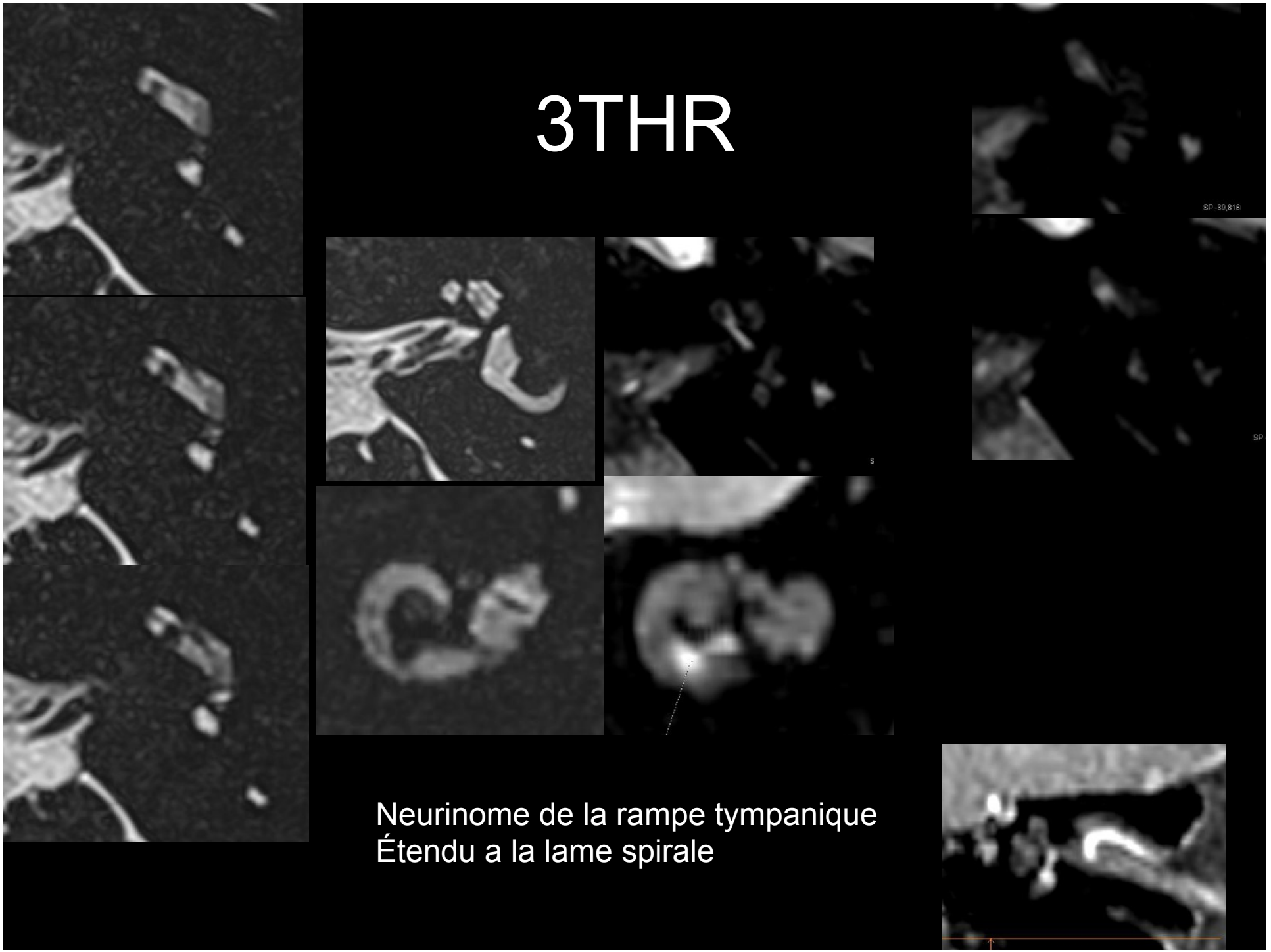




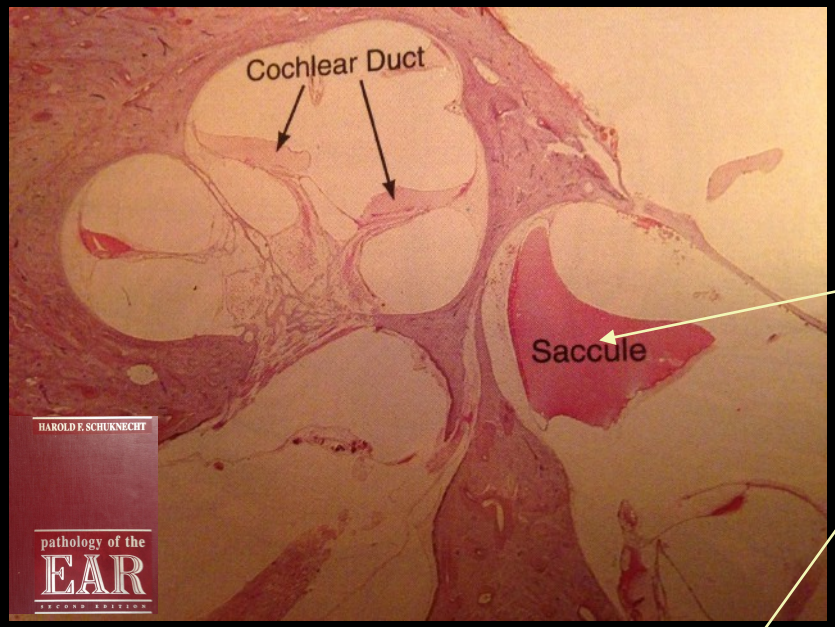


Neurinome
Intra cochléaire

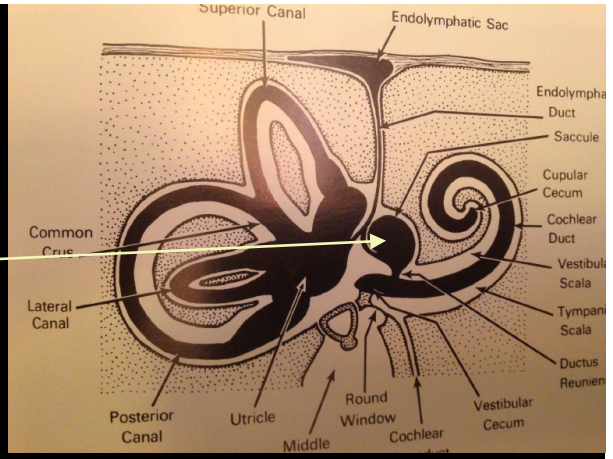
3THR

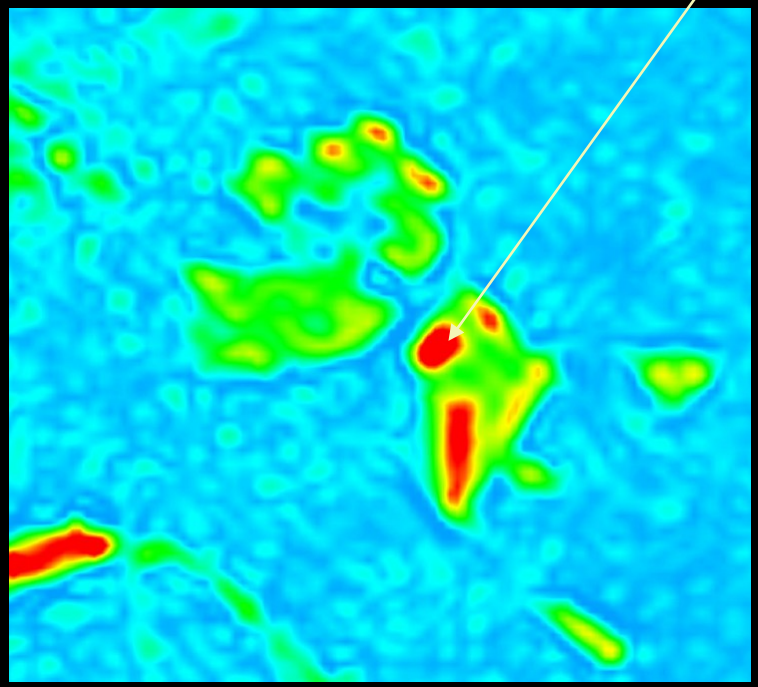


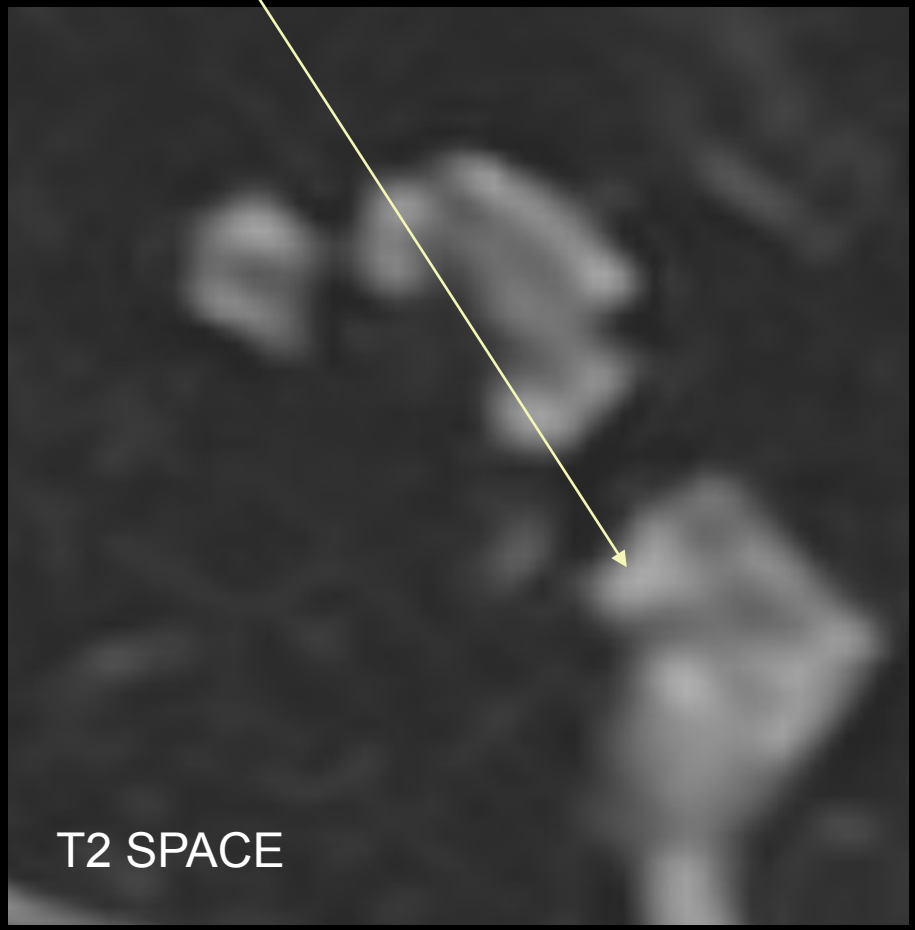
Neurinome de la rampe tympanique
Étendu a la lame spirale

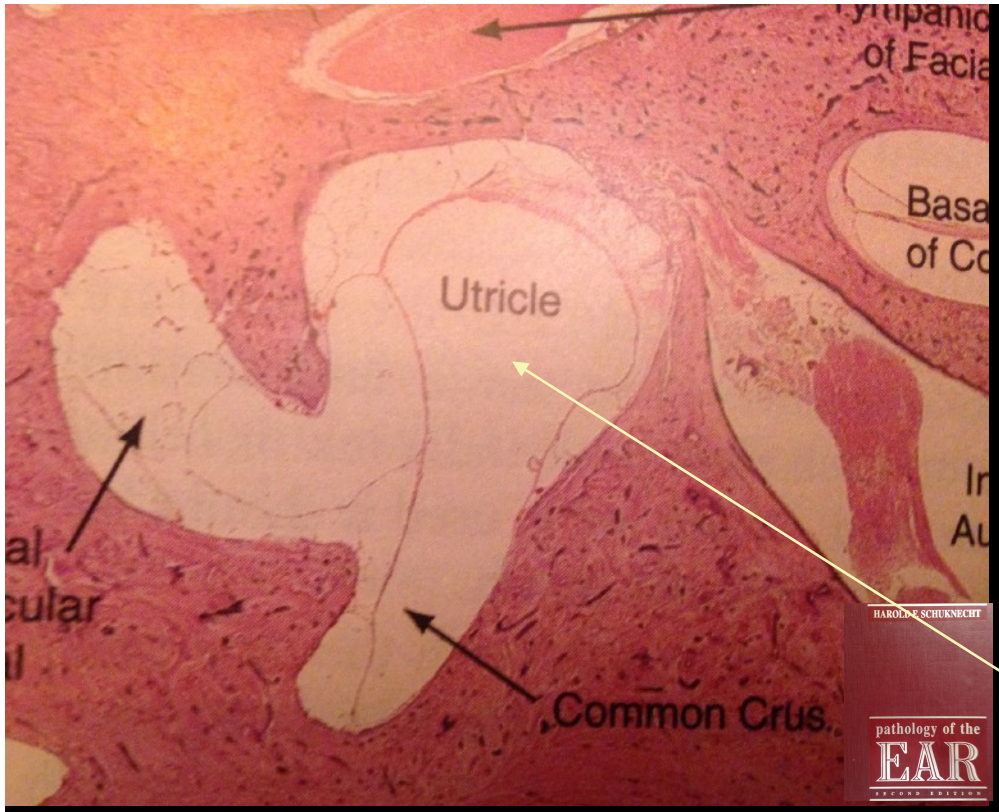

Cochlear Duct
Saccule
HAROLD F. SCHUKNECHT
pathology of the
EAR

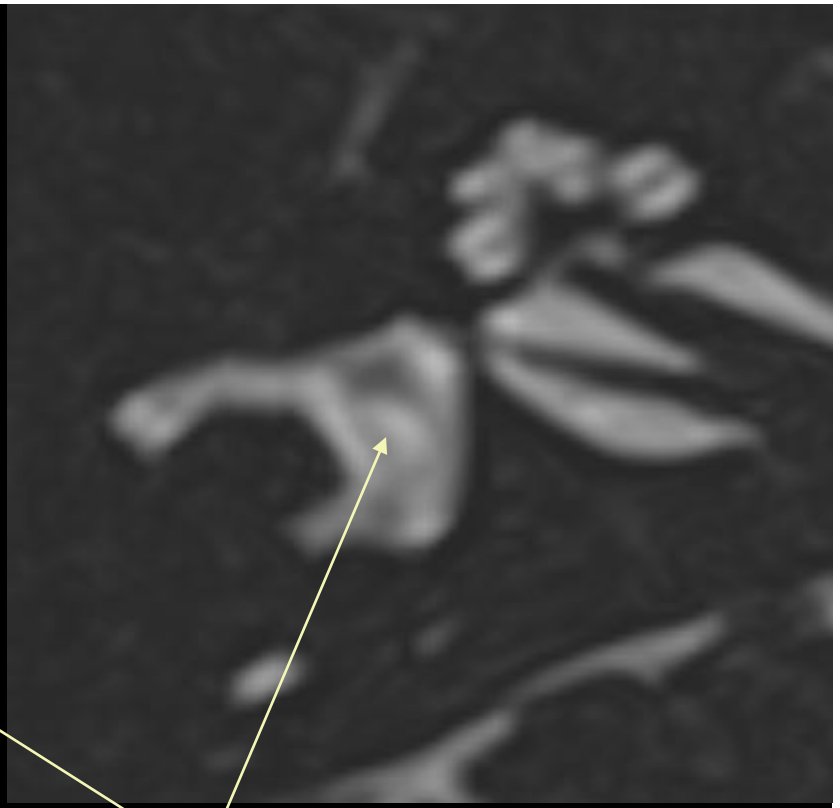
SACCULE


Superior Canal
Endolymphatic Sac
Duct
Saccule
Cupular
Cecum
Cochlear
Duct
Common
Lateral
Canal
Scala
Scala
Posterior
Canal
Utricle
Round
Window
Middle
Cochlear
Vestibular
Cecum




T2 SPACE

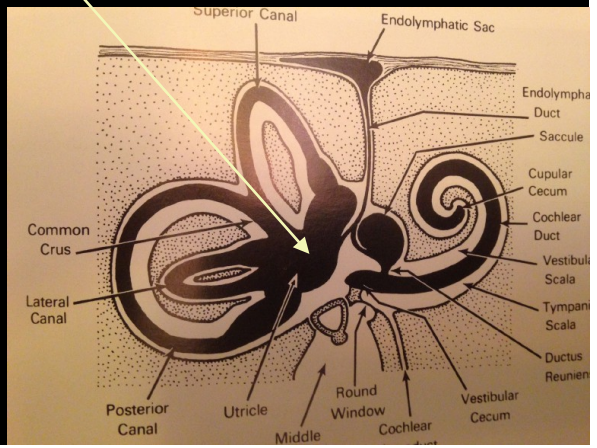




MACULE

UTRICULE

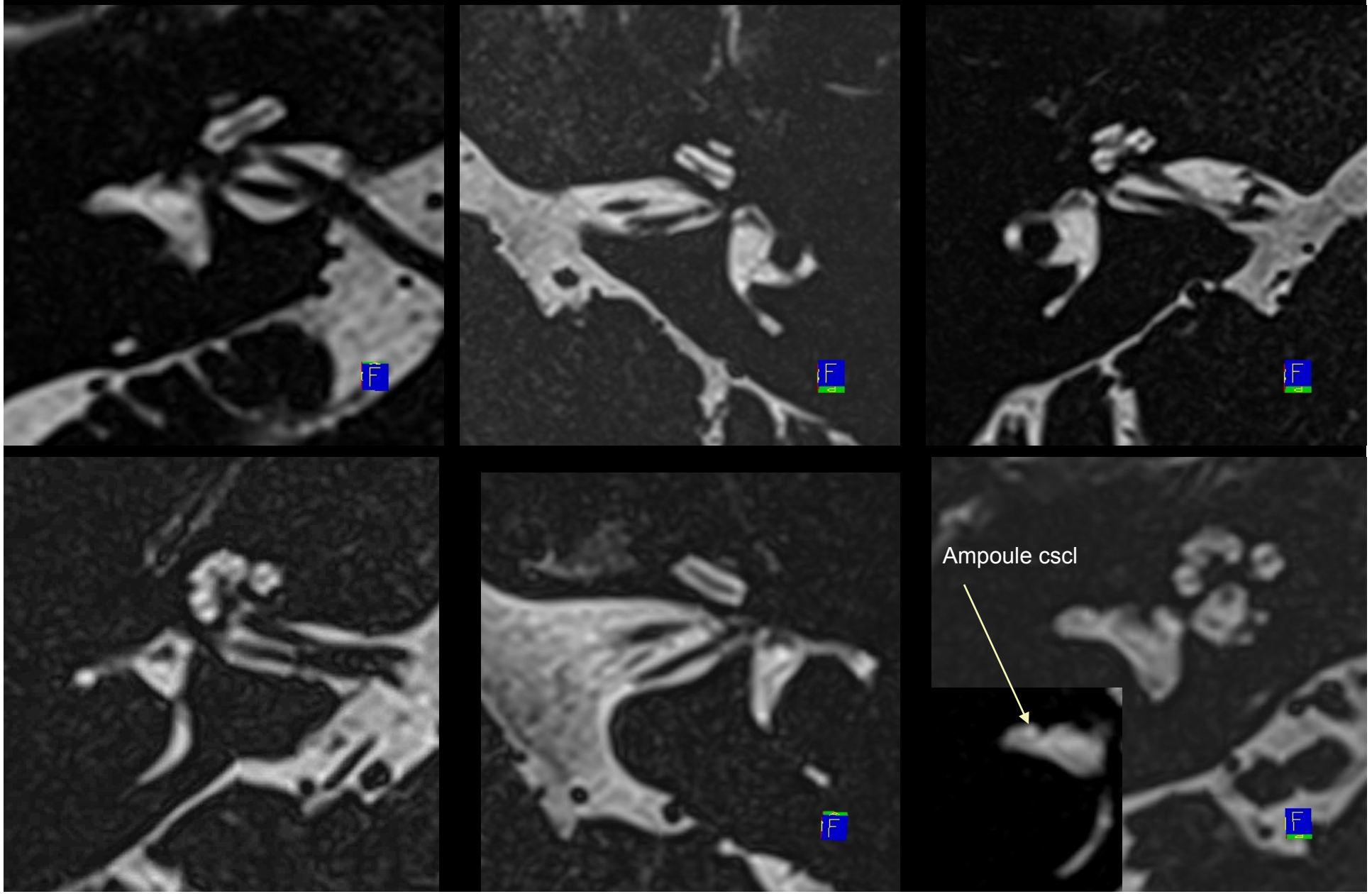
T2 SPACE



3 T HR

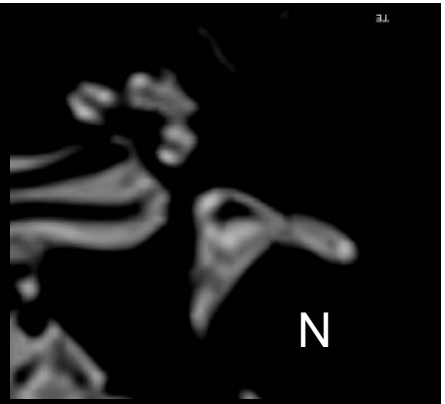
VARIANTES DE LA MACULE UTRICULAIRE ET DE L'UTRICULE

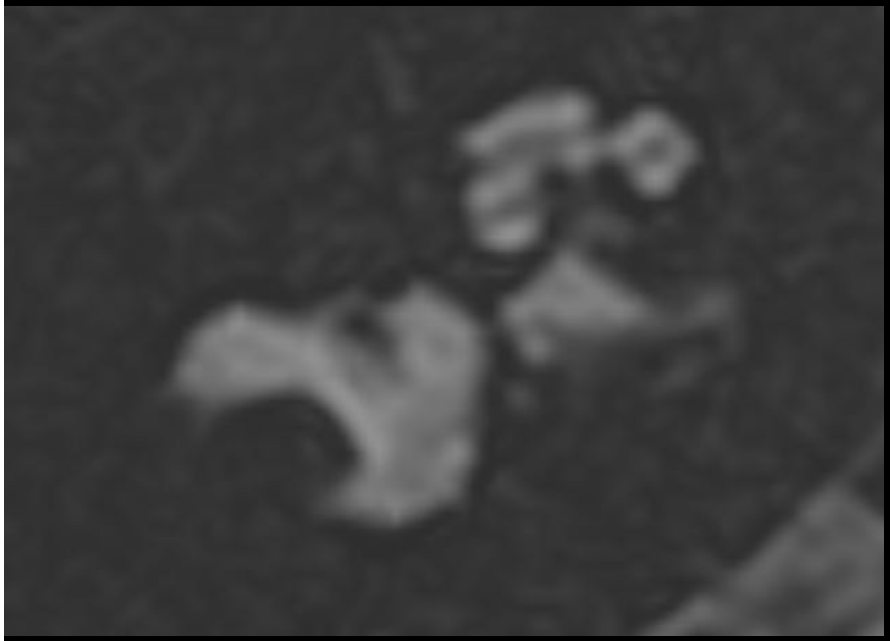
T2 SPACE

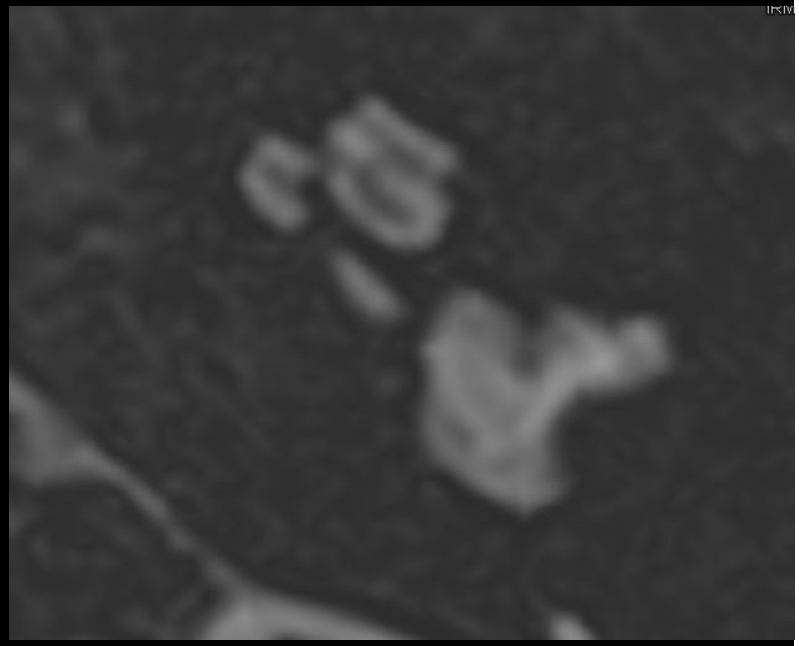


3 T HR

T2 SPACE



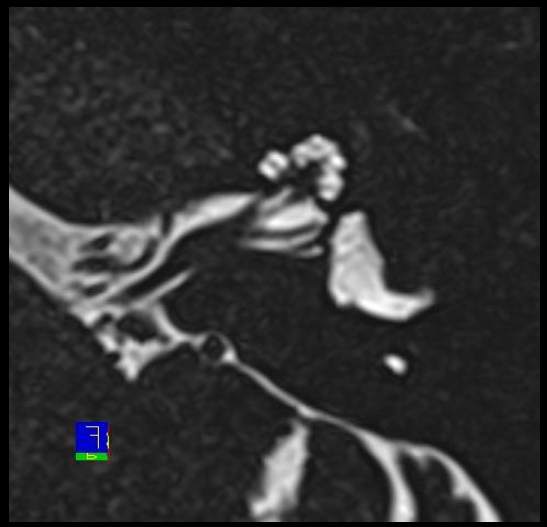


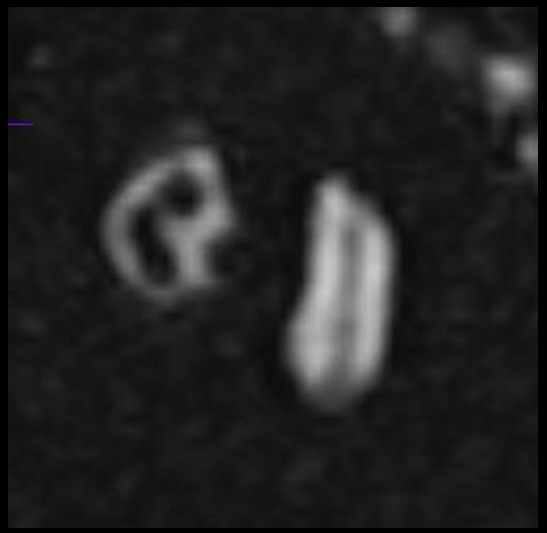


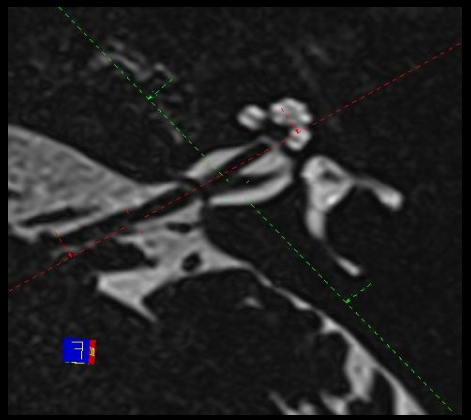
MICROMALFORMATION DU LABYRINTHE POSTERIEUR
Malformation de la macule utriculaire et de l’utricule ?

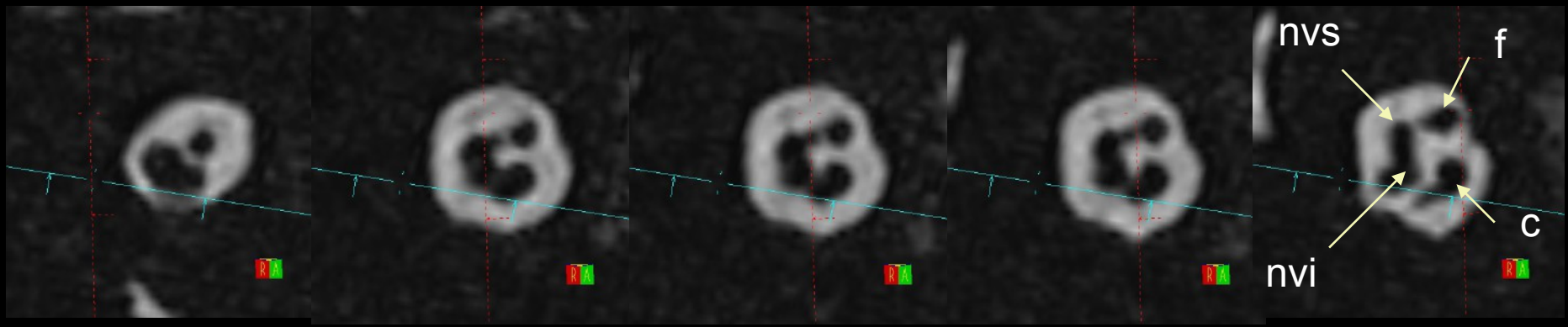
T2 SPACE

3 T HR









PAQUET ACOUSTICO FACIAL

3THR

Macule utriculaire

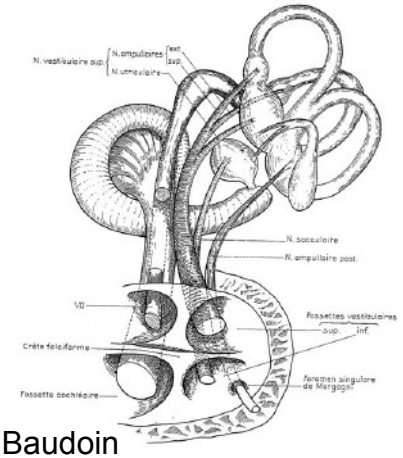
nvs

Macule utriculaire

helicotreme

modiolus

Fond du Conduit Auditif Interne



Alexandrie Baudoin

Macule sacculaire

utricule

nap

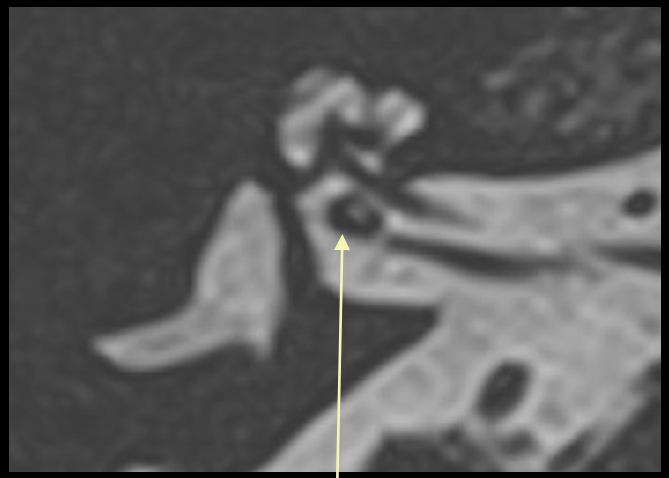
Nerf cochleaire

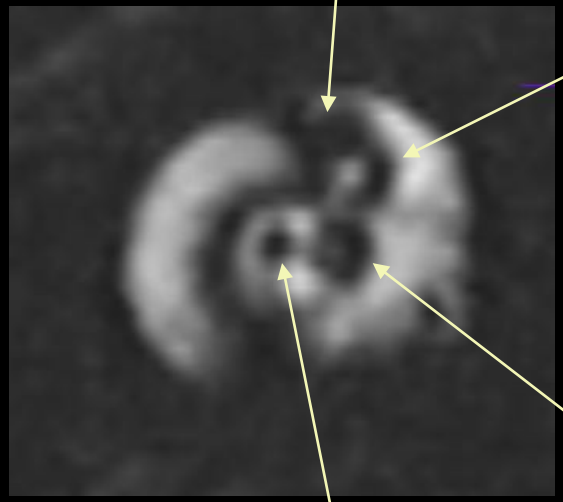
nvi

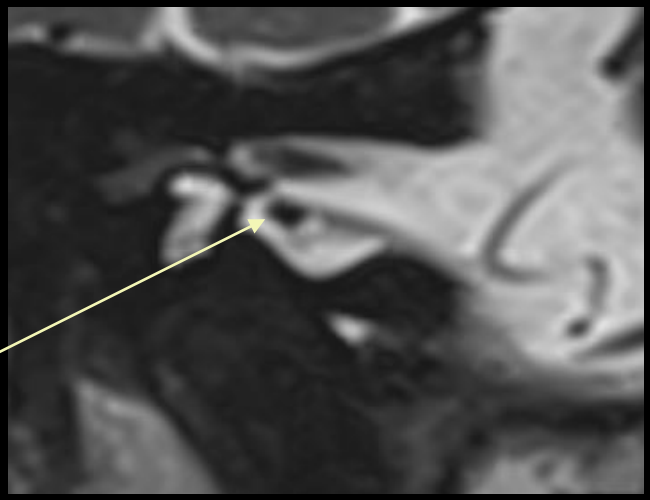
Ganglion de scarpa

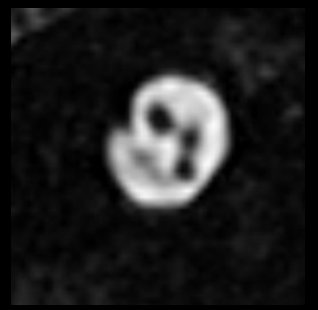
T2 SPACE

3 T HR





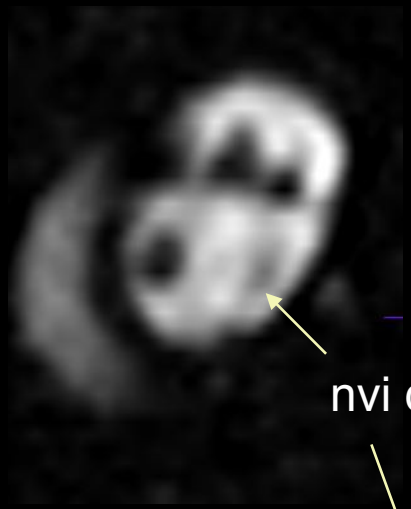


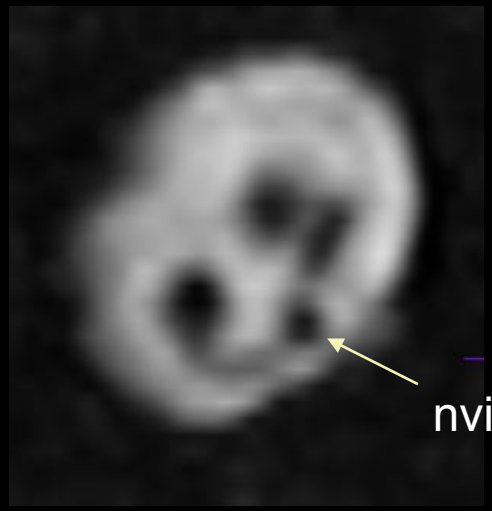


SCHWANNOME DU NERF VESTIBULAIRE INFERIEUR
HYPOPLASIE DU NERF COCHLEAIRE

T2 SPACE

3 T HR

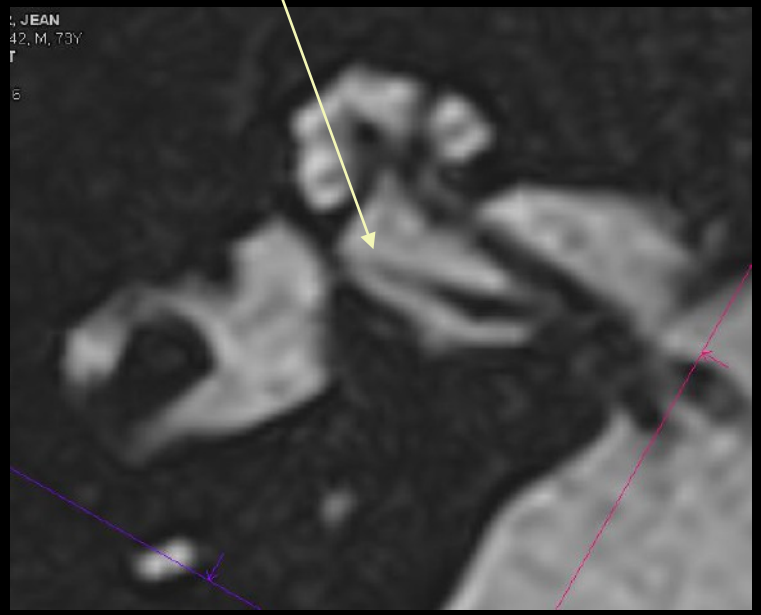


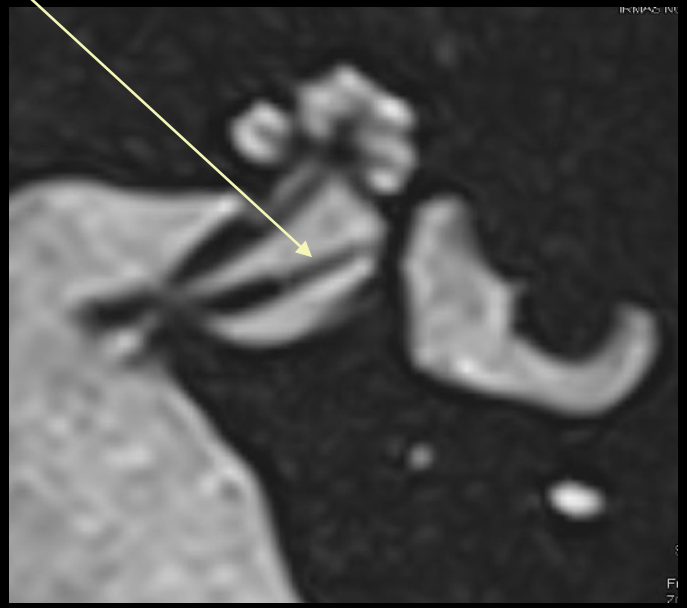


ATROPHIE DU NERF
VESTIBULAIRE INFERIEUR DROIT

nvi dt

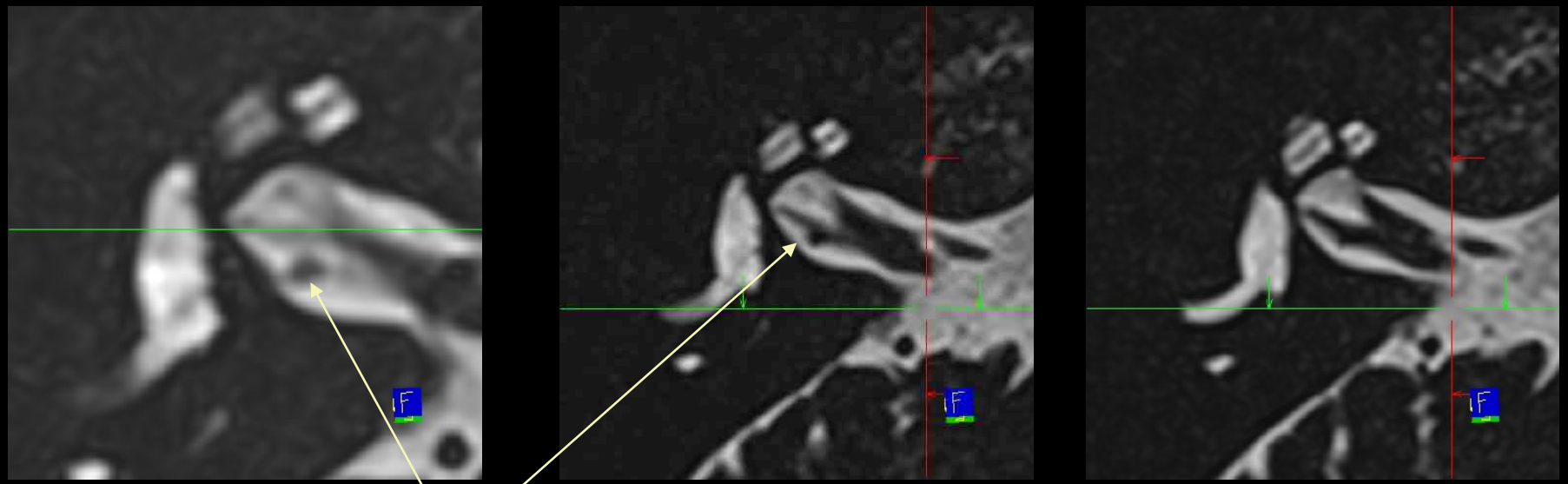
nvi g



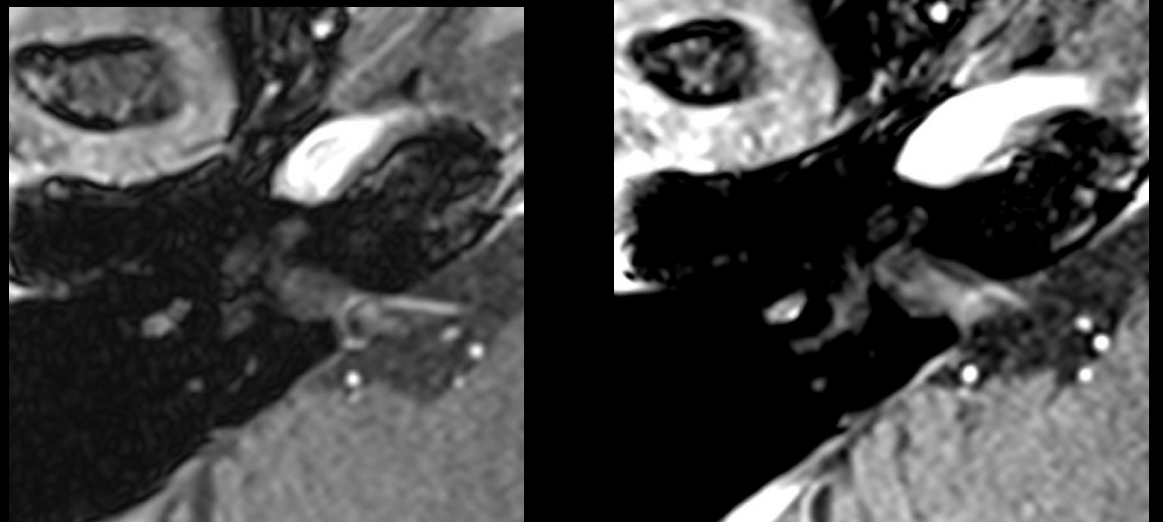


T2 SPACE

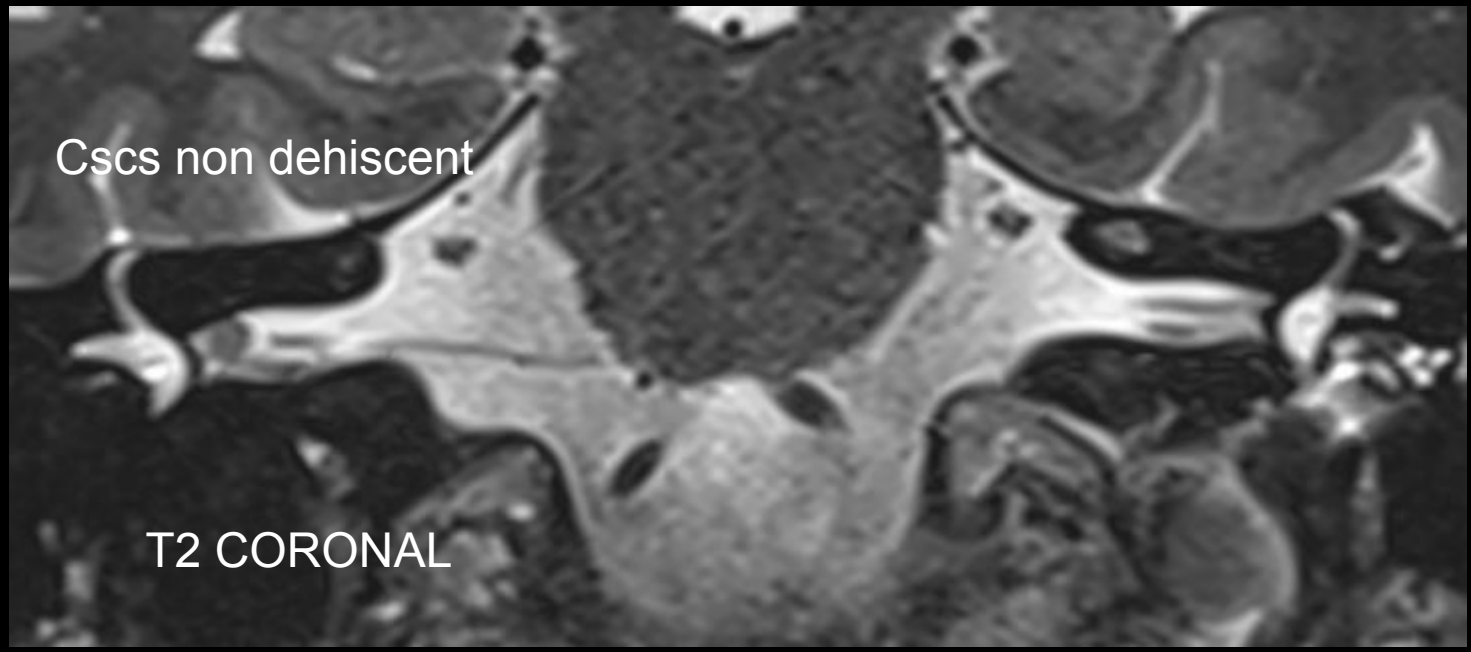
3 T HR

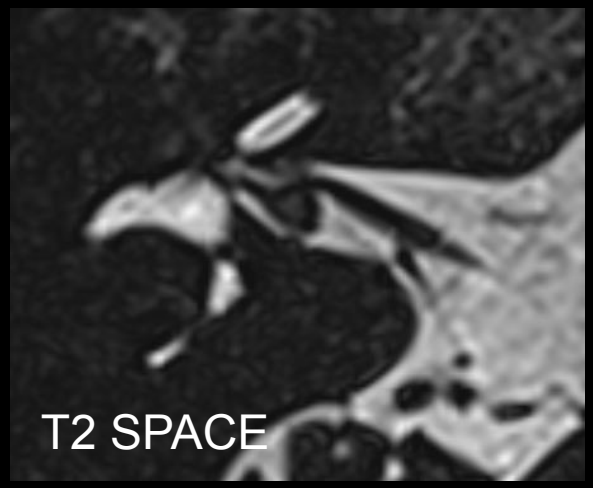


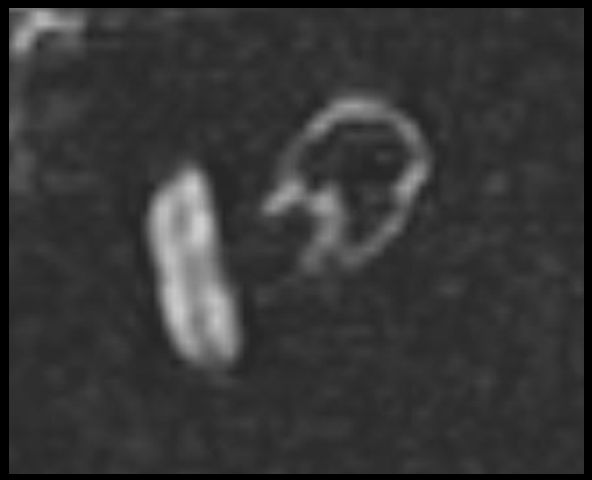
SCHWANNOME DU NERF
AMPULLAIRE POST

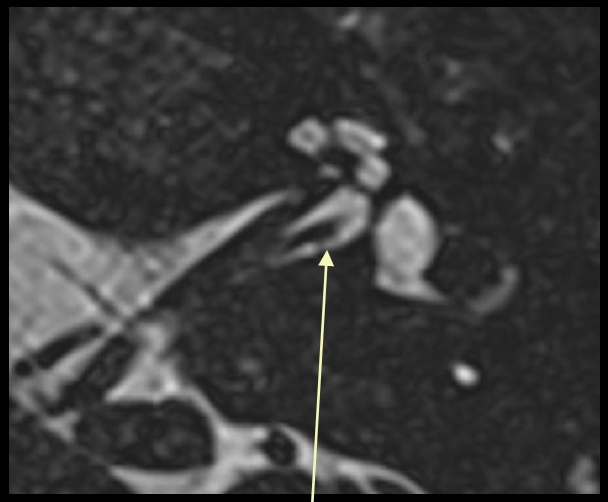


Vertiges,Surdité,Tympan bleu G



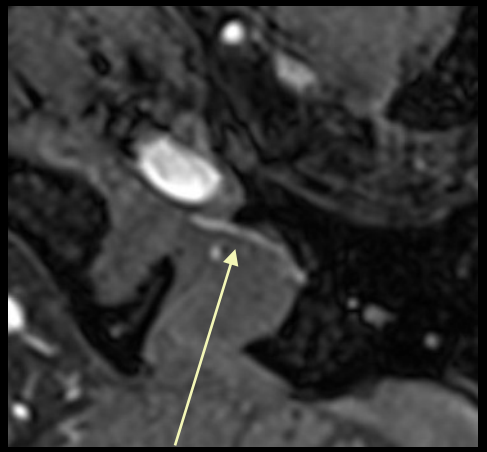




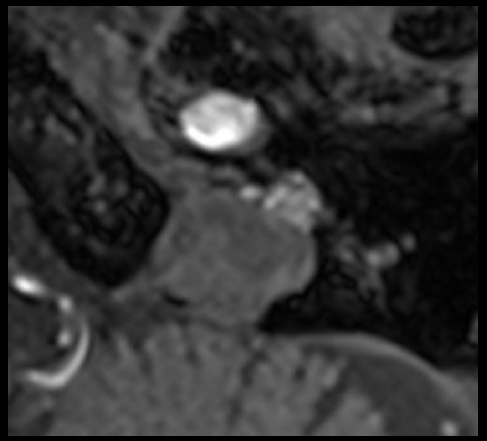


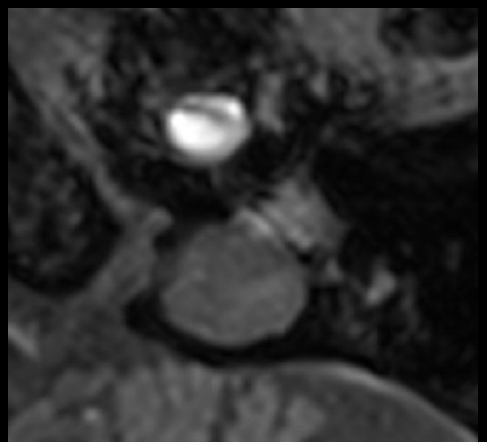
3 T HR

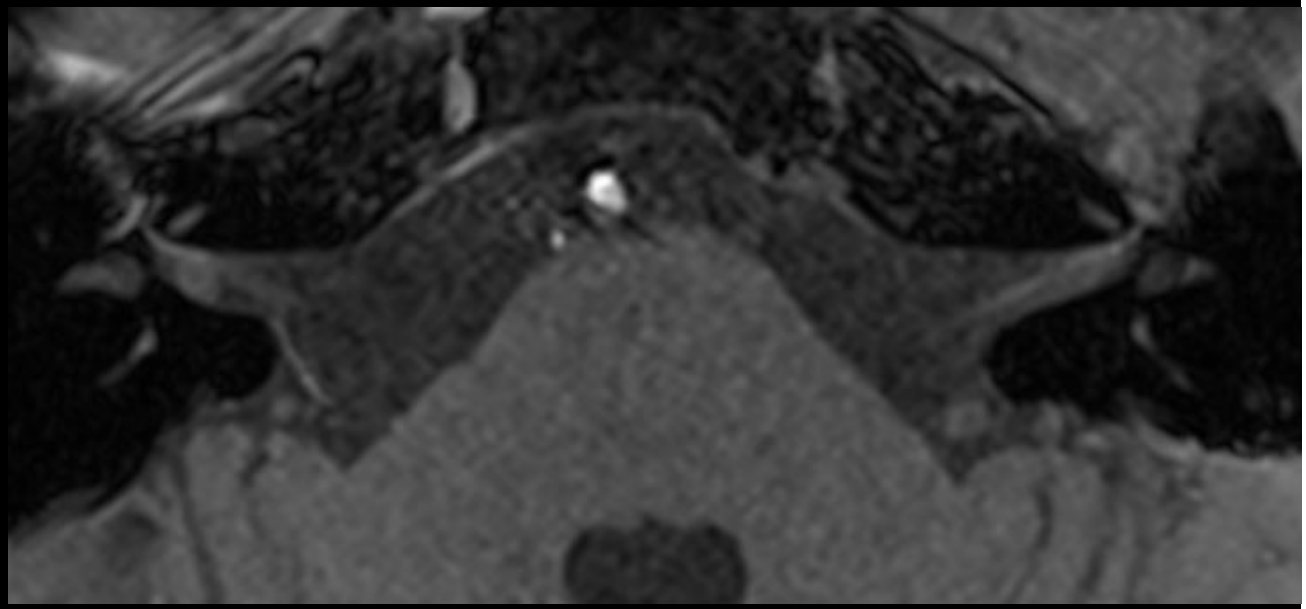
T1 VIBE

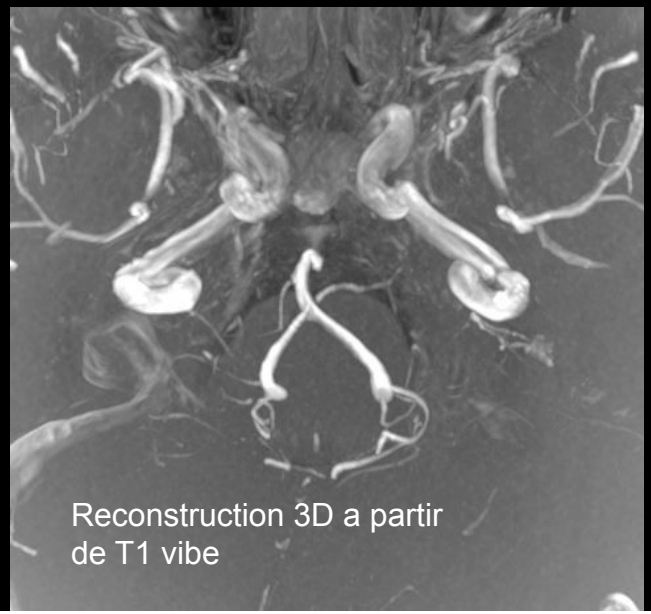


Artére pharyngienne ascendante

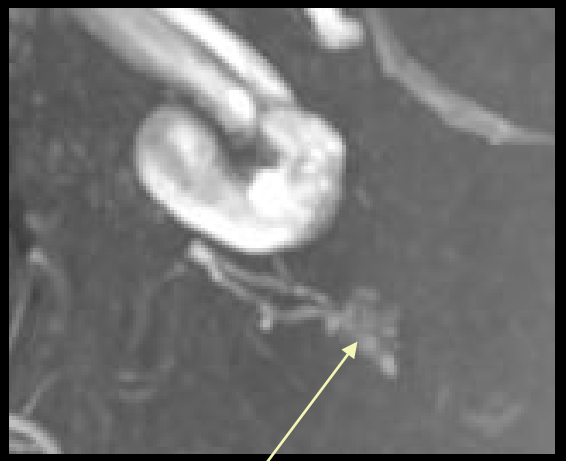






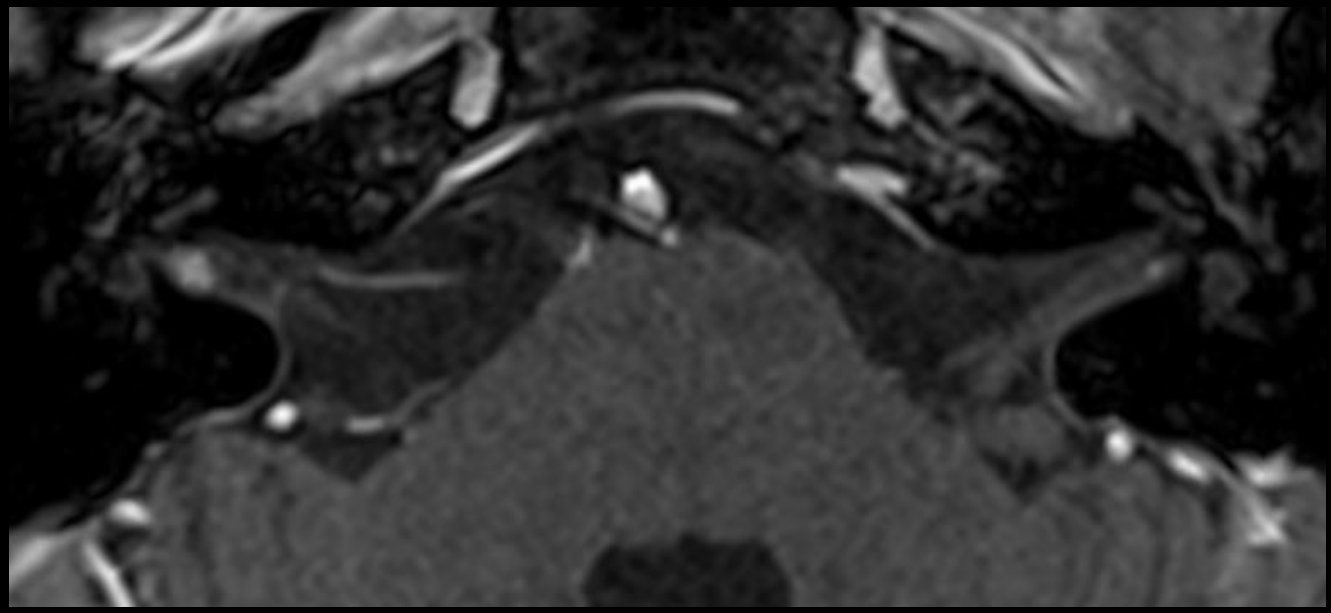


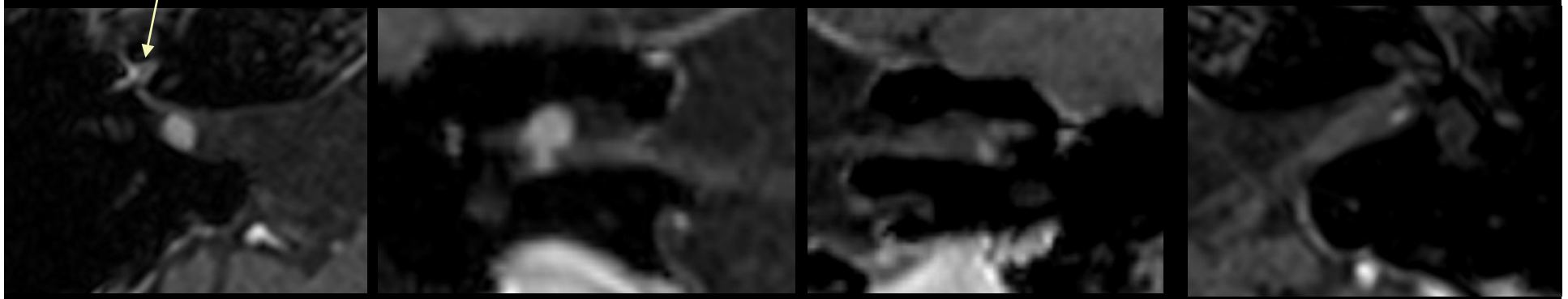
Reconstruction 3D a partir
de T1 vibe



Hypervascularisation au niveau de la pars nervos

3 T HR

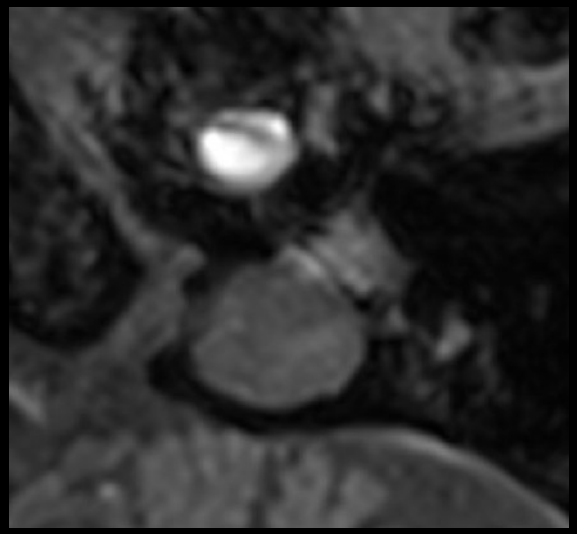


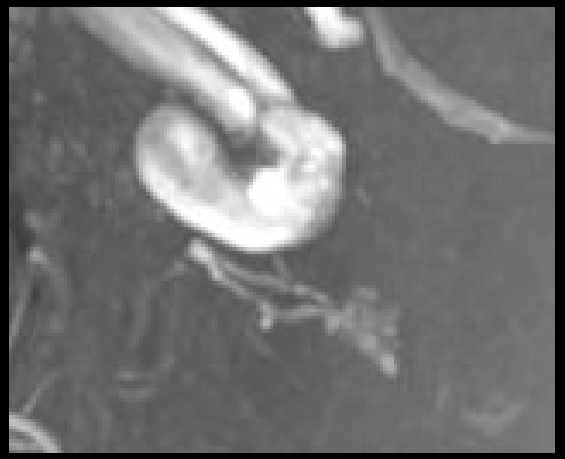


T1 VIBE gadolinium

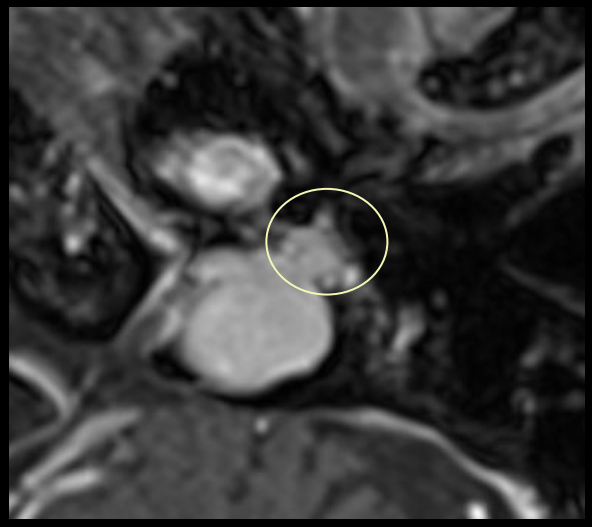
SCHWANNOME DU NVSup DROIT ET DU NVInf GAUCHE

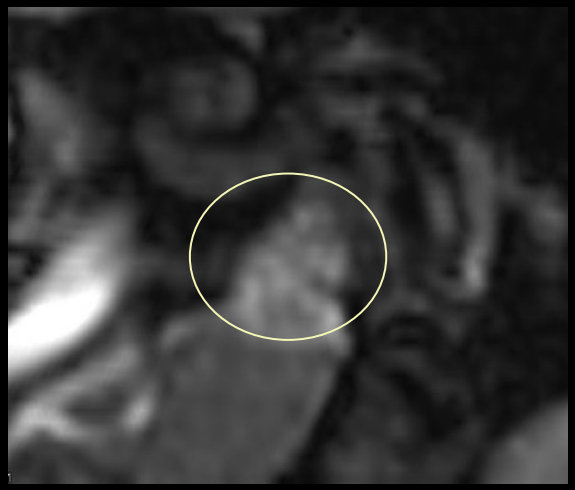
3 T HR



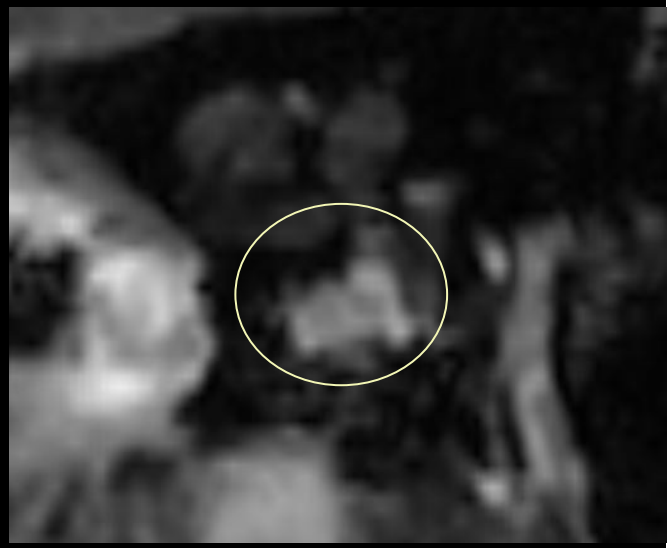


SANS GADOLINIUM





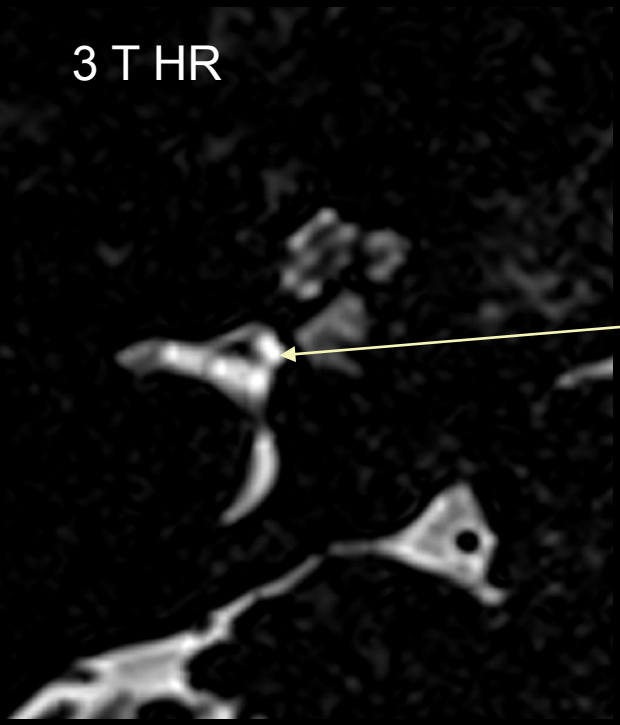
AVEC GADOLINIUM

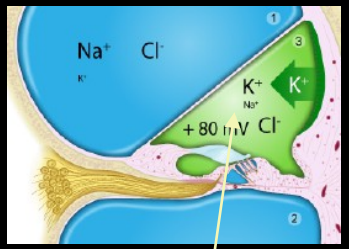


CHEMODECTOME

SCHWANNOME OBSTRUCTIF

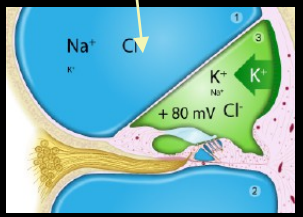
3 T HR

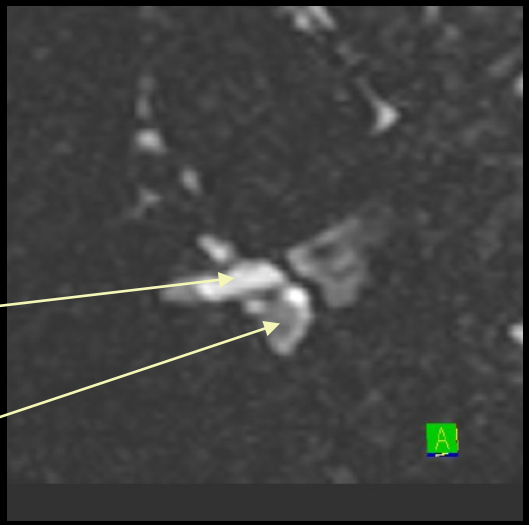


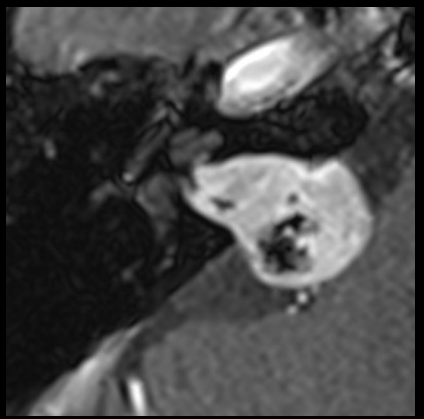


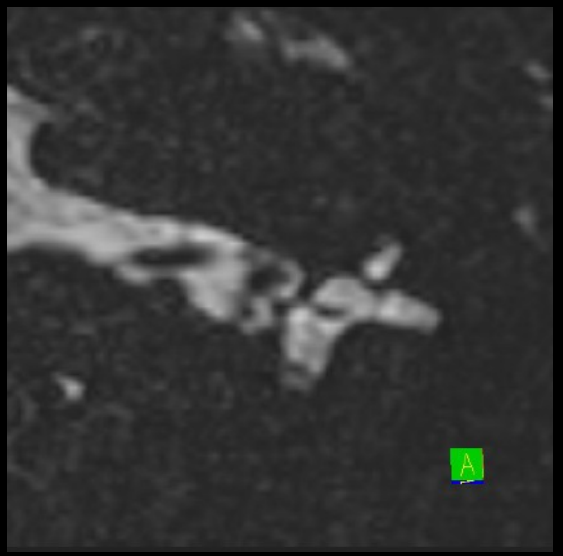
ENDOLYMPHE

PERILYMPHE







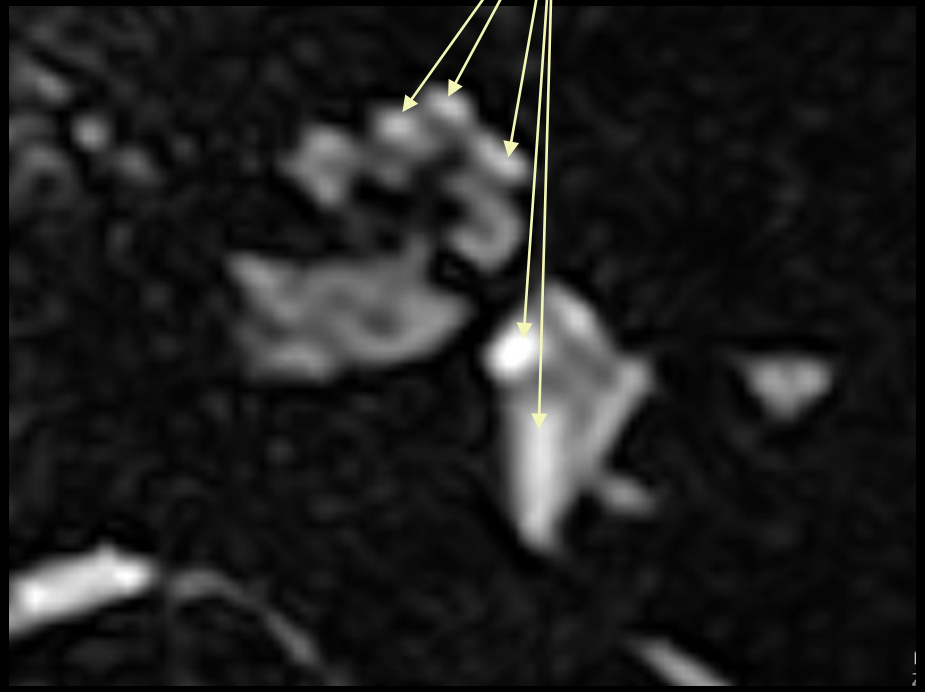


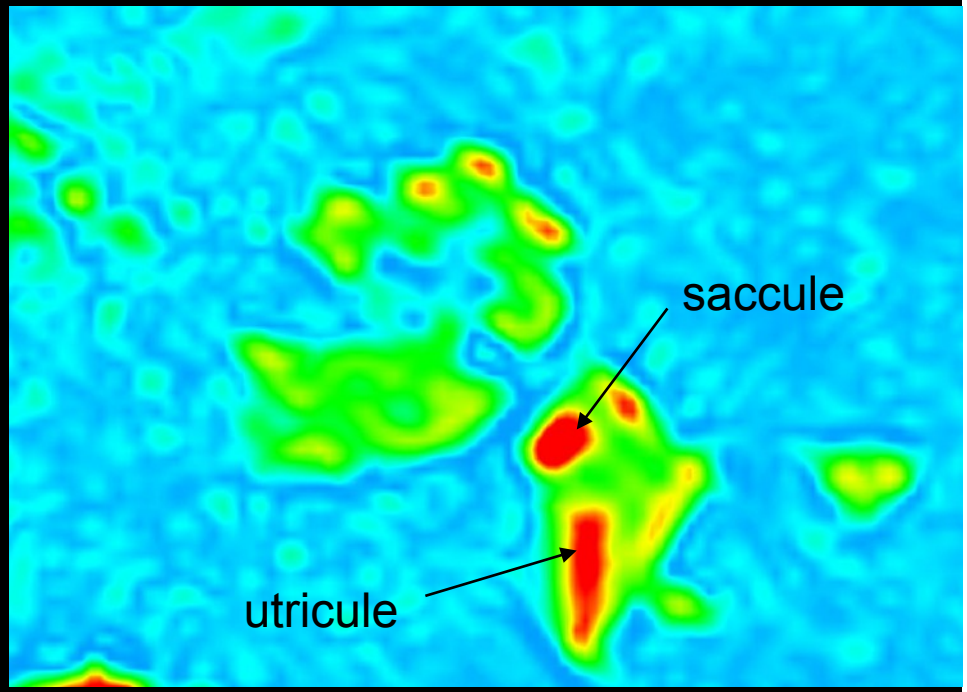
NORMAL

SCHWANNOME OBSTRUCTIF

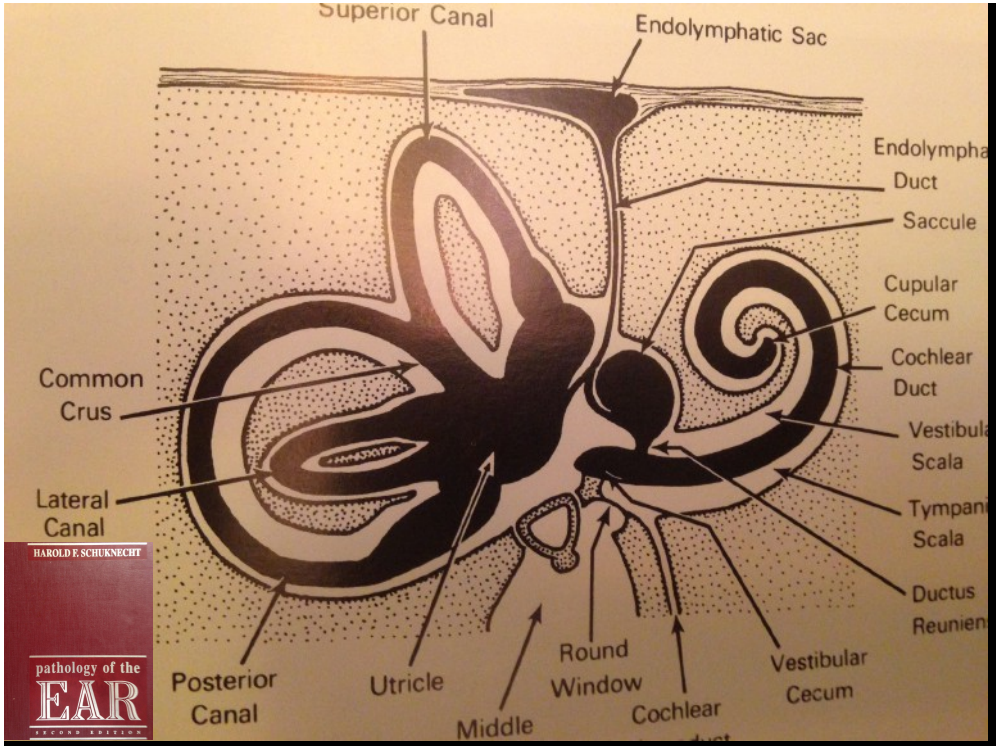
3 T HR

ENDOLYMPHE

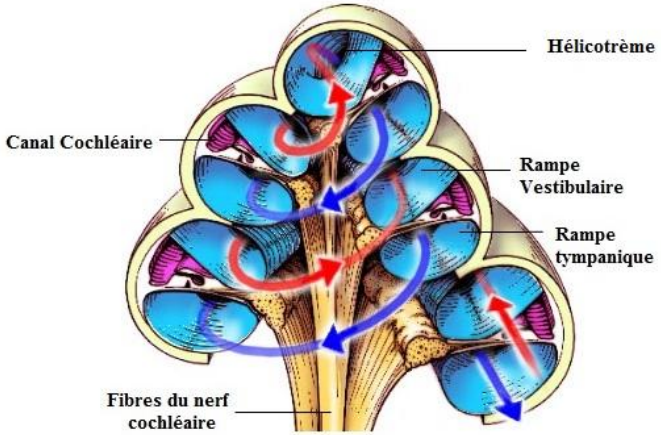




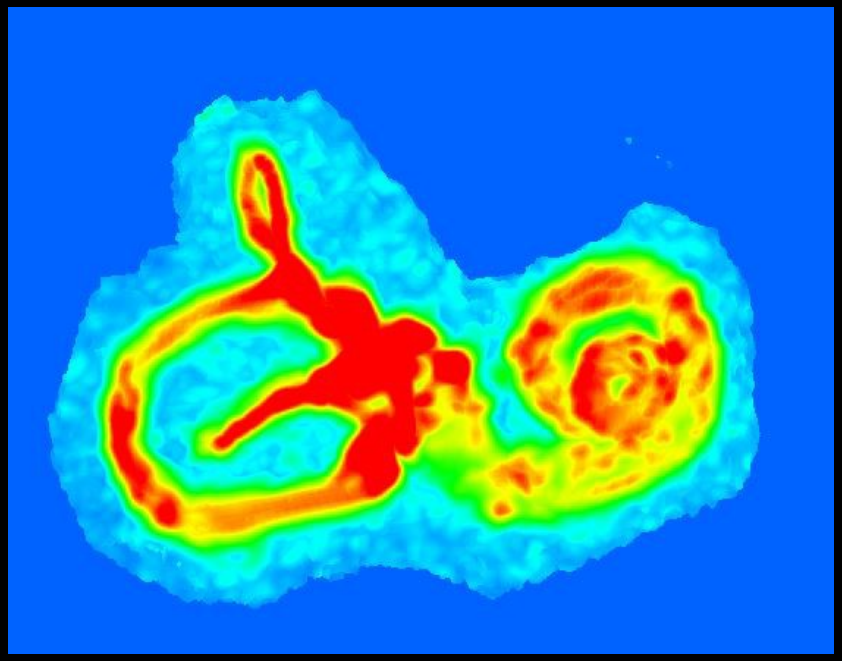
PASSER EN ECHELLE DE COULEUR

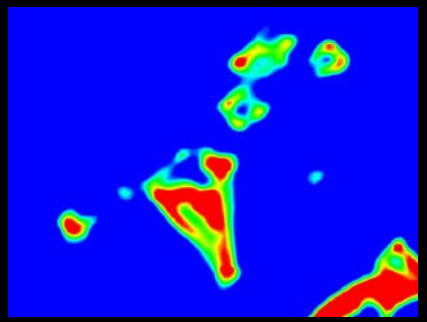


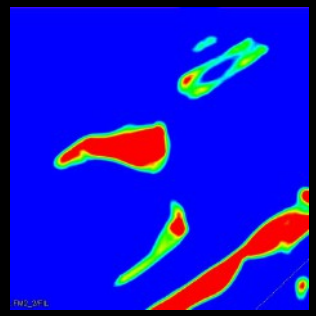
3 T HR

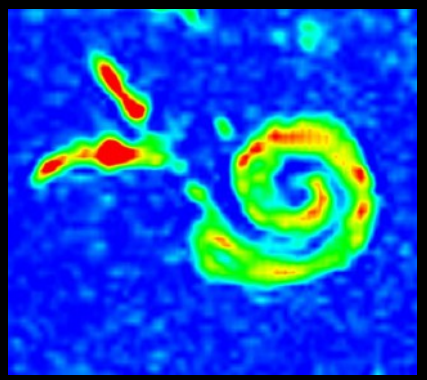


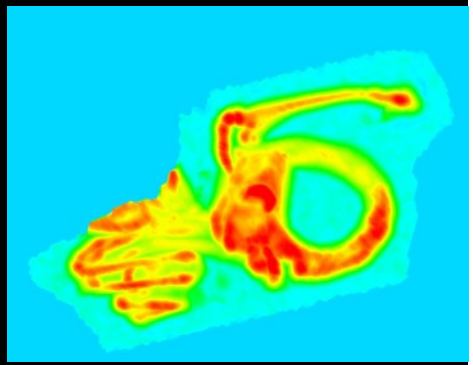
APPRENTISSAGE A LA VISUALISATION
ENDOLYMPHE PERILYMPHE

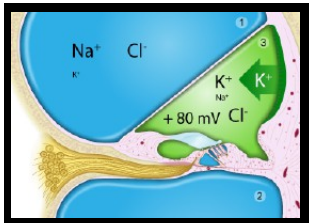






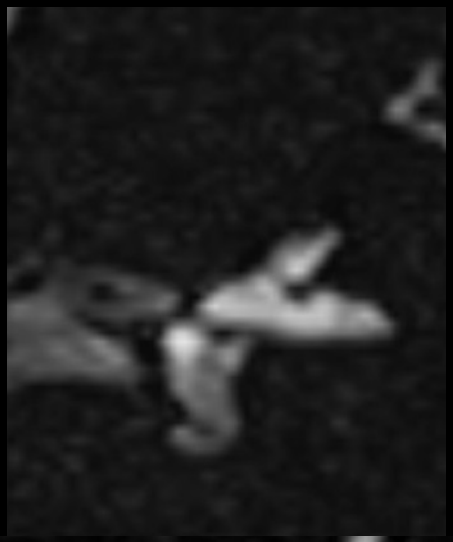


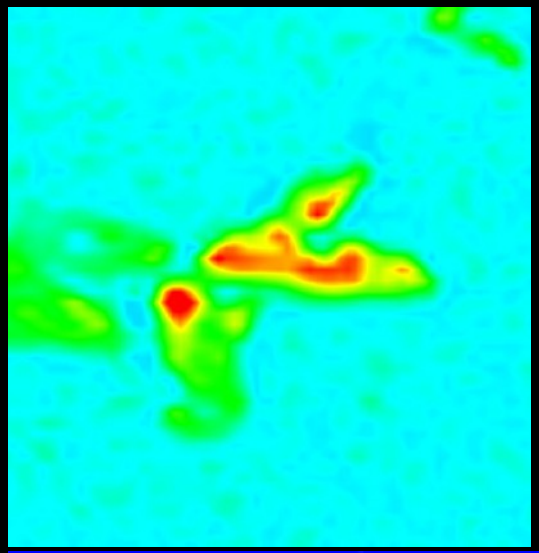




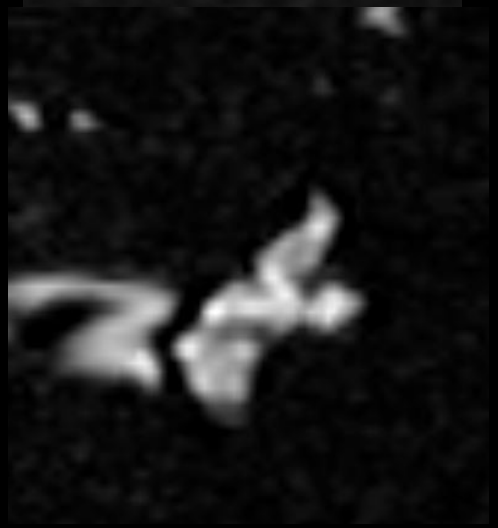
MALADIE DE MENIERE

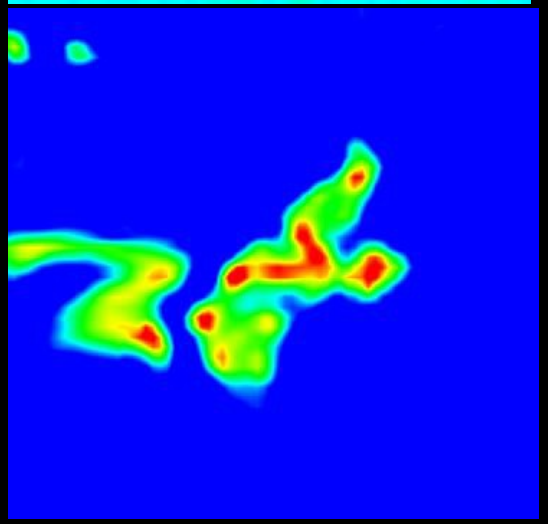
3 T HR





Dilatation saccule
Et utricule

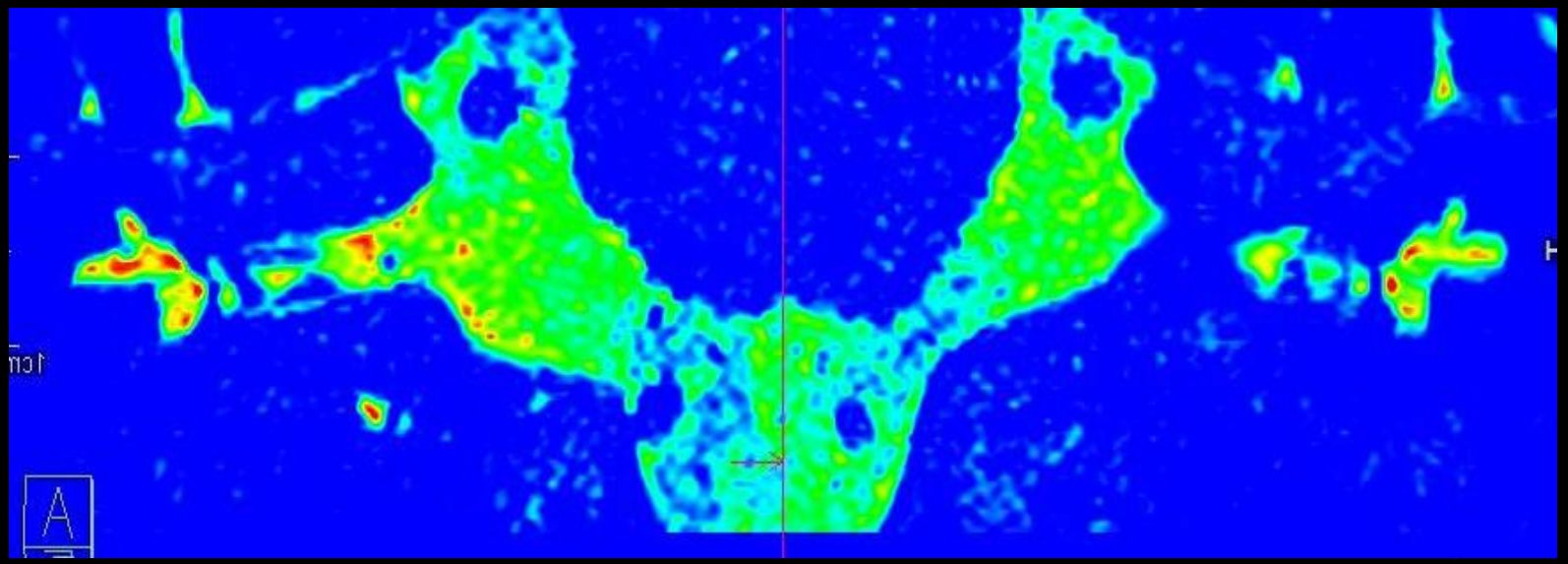


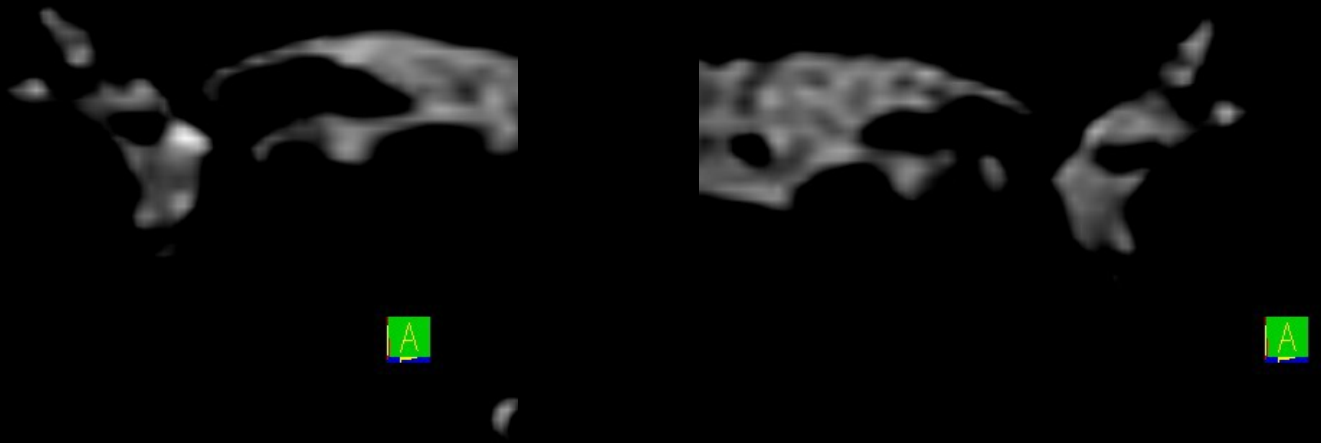


Normal

3 T HR

MALADIE DE MENIERE

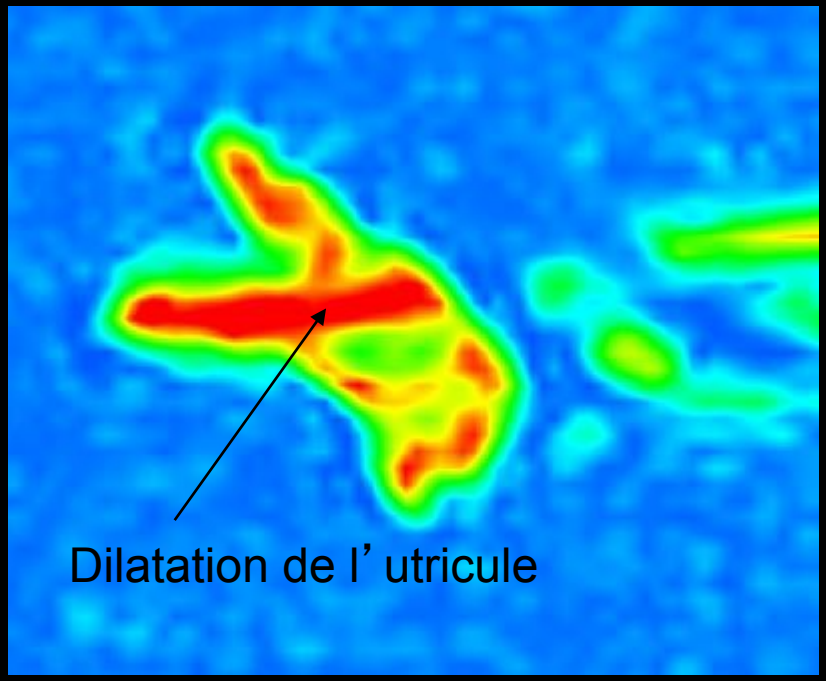


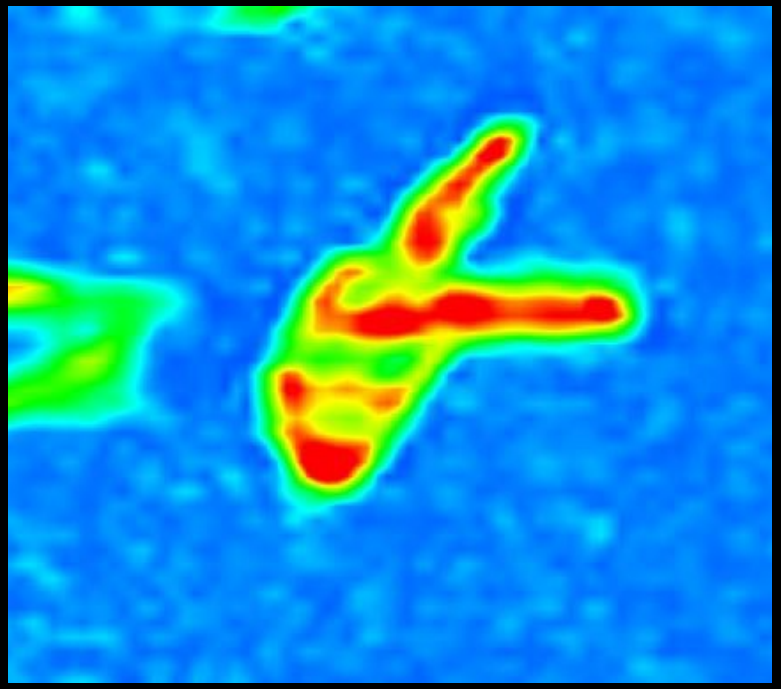


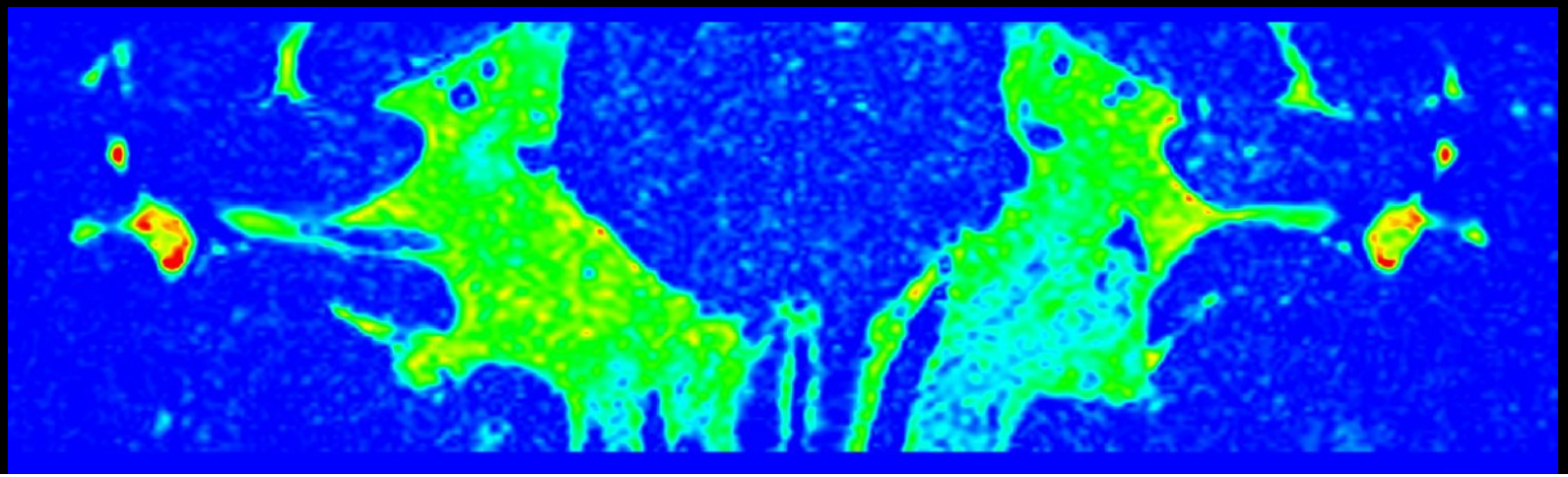
SACCULE DILATE A DROITE

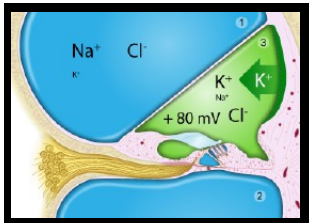
3 T HR

MALADIE DE MENIERE





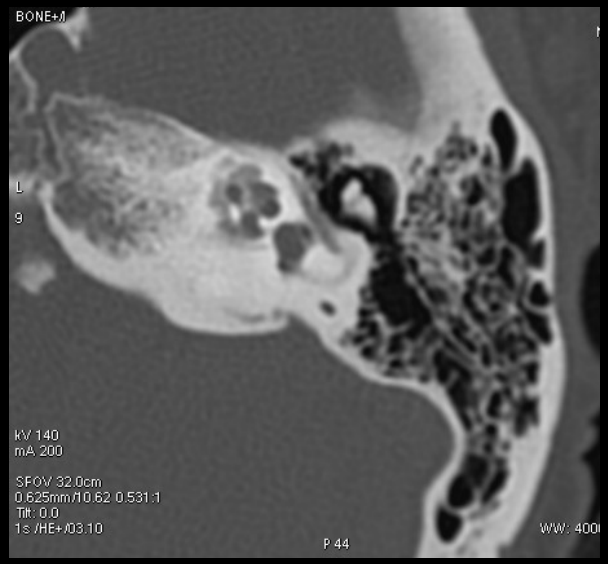


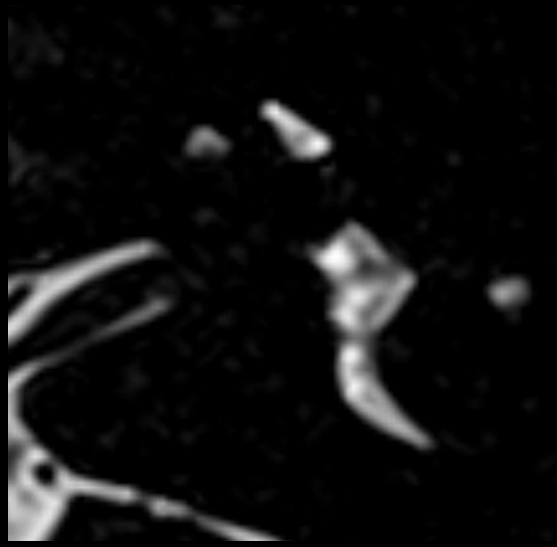


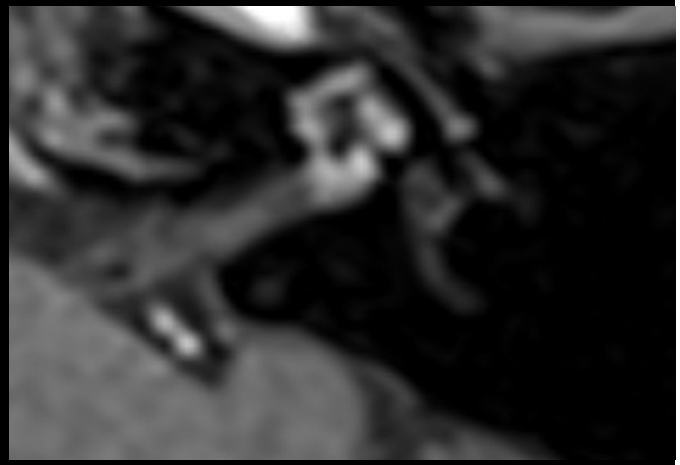
OTOSPONGIOSE

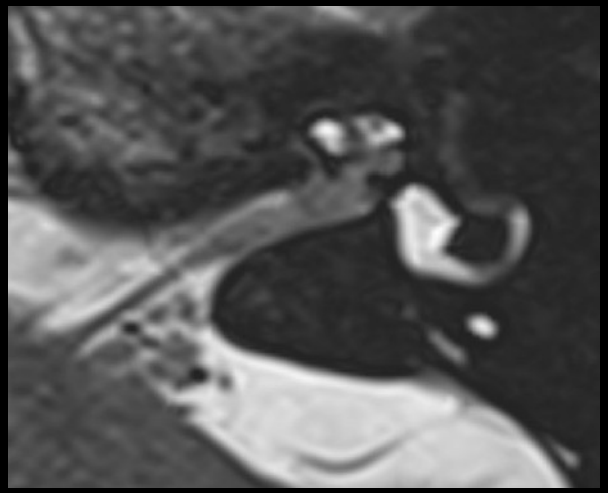
FORME ENDO ET PERICOCHLEAIRE

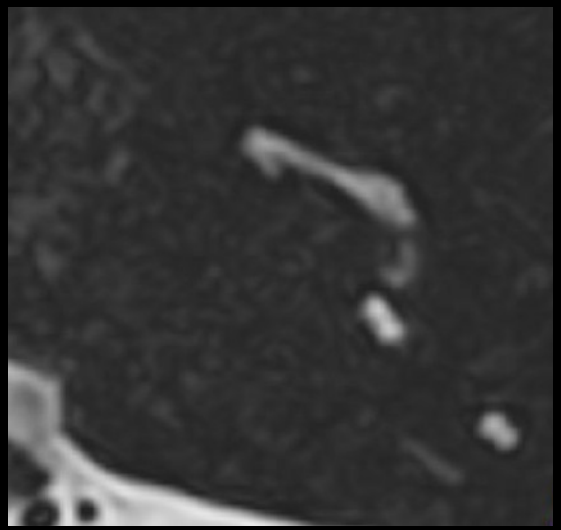
3 T HR

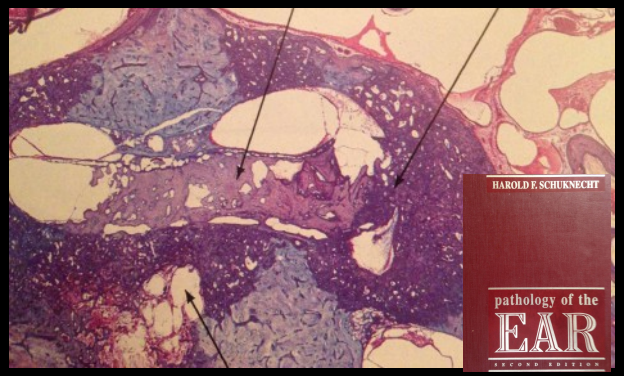








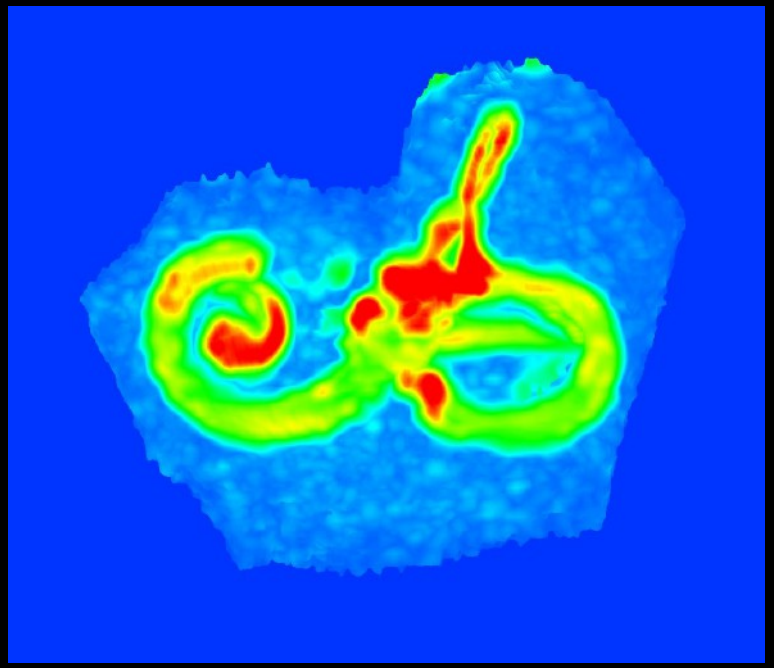


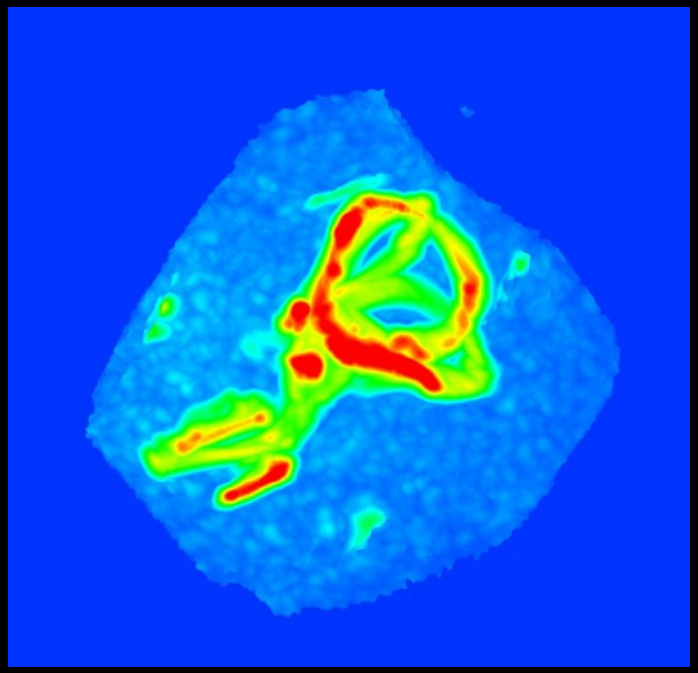


3 T HR

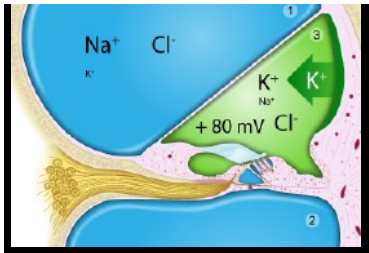
OTOSPONGIOSE

FORME ENDO ET PERICOCHLEAIRE





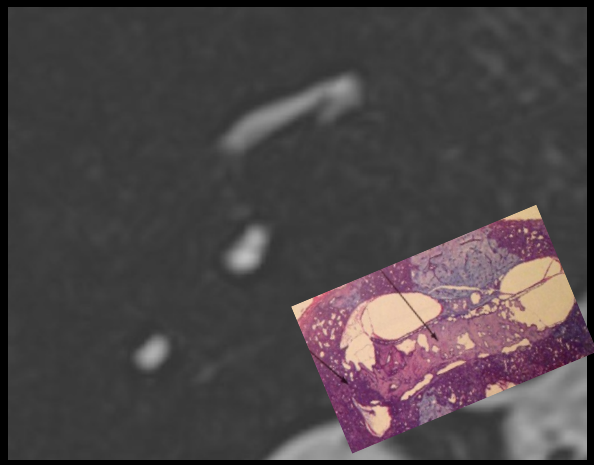
DEGRE D'AMPUTATION DE L'ENDOLYMPHE

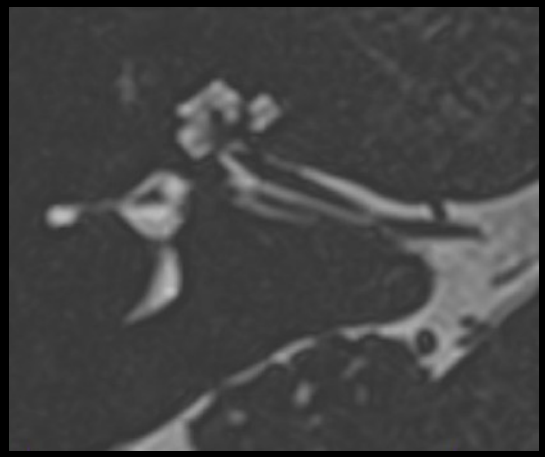


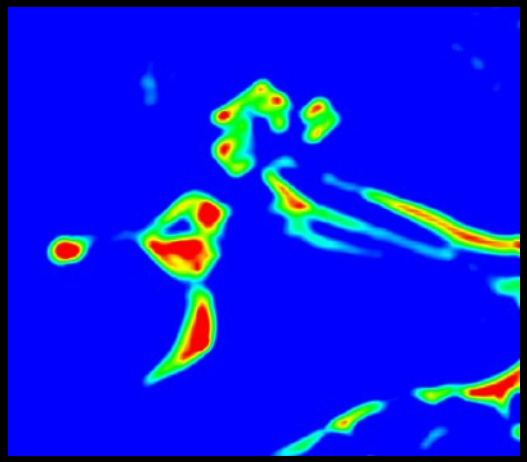
OTOSPONGIOSE

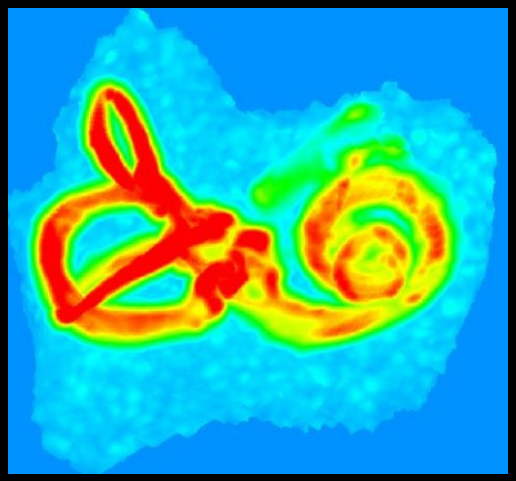
3 T HR

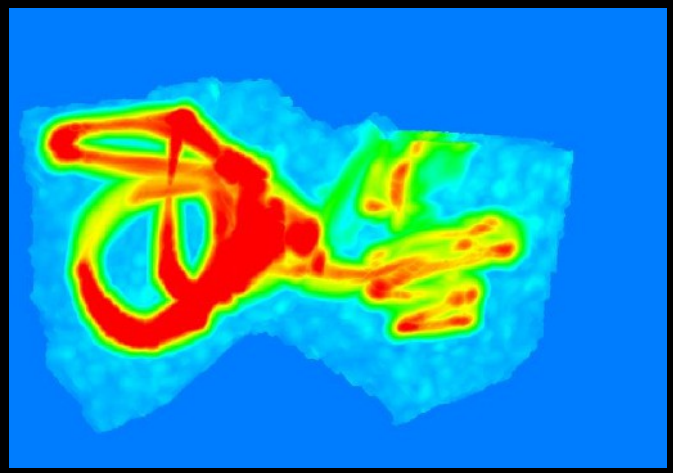
OSSIFICATION DE LA RAMPE TYMPANIQUE AU TOUR BASAL









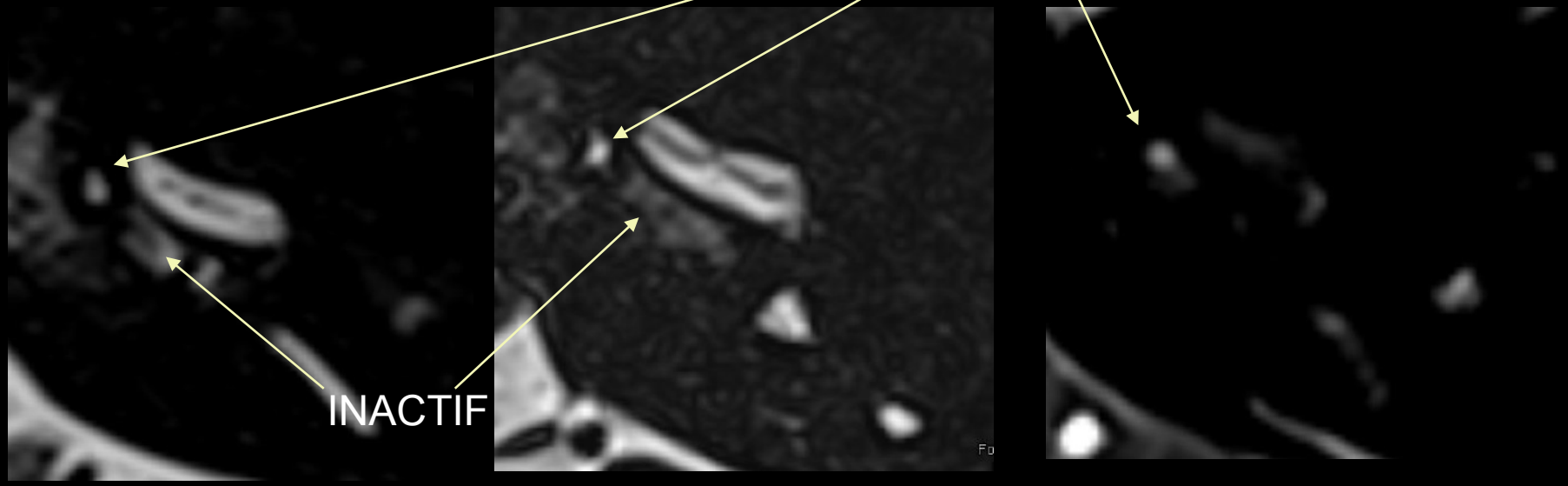


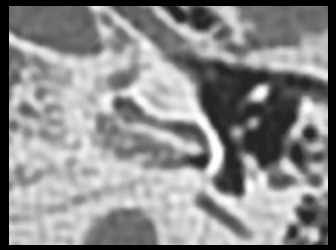
MODIFICATION DU SIGNAL DE L'ENDO ET DE LA PERILYMPHE

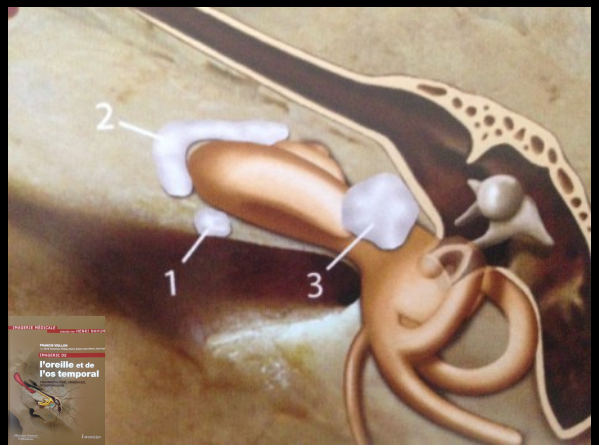
3 T HR

OTOSPONGIOSE

FOYERS OTOSPONGIEUX PERI COCHLEAIRES ACTIFS ET INACTIFS

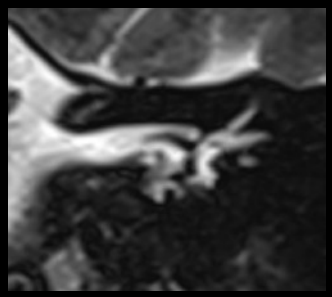


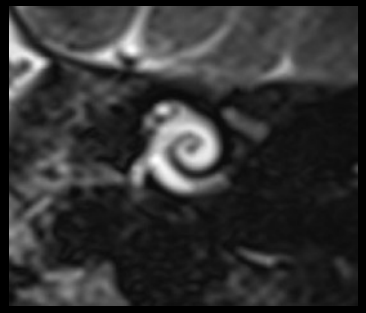


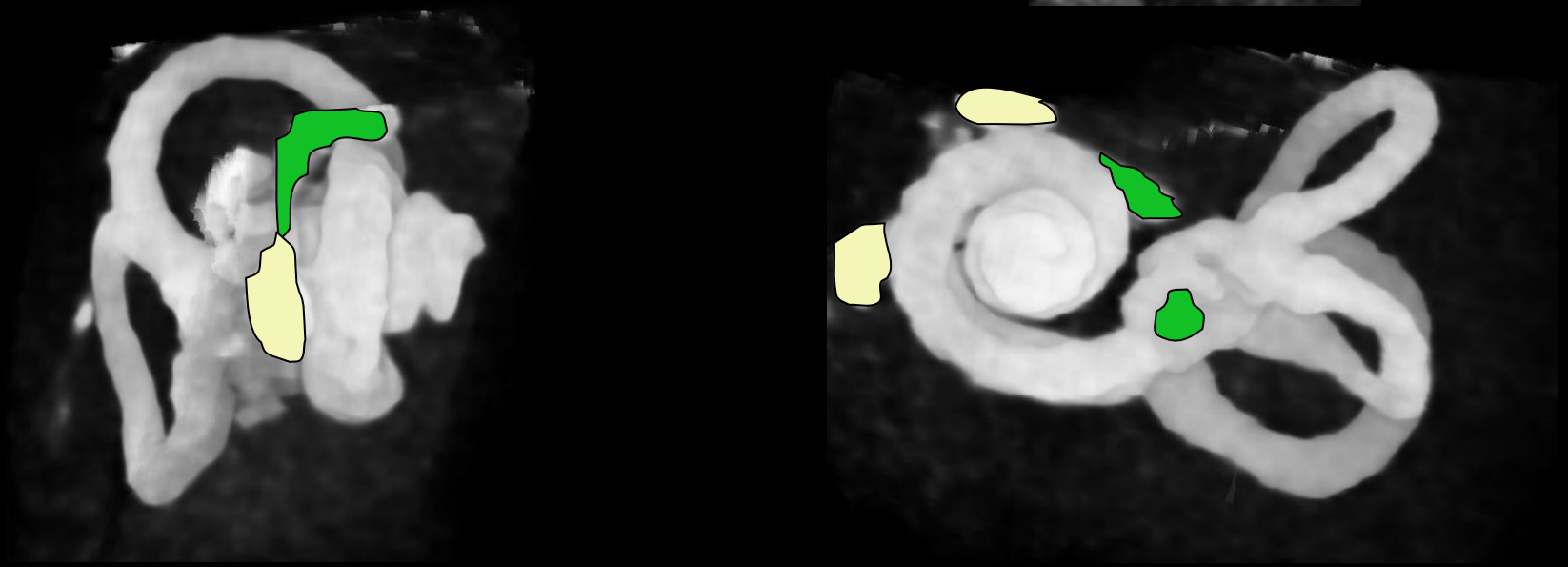


3 T HR

OTOSPONGIOSE



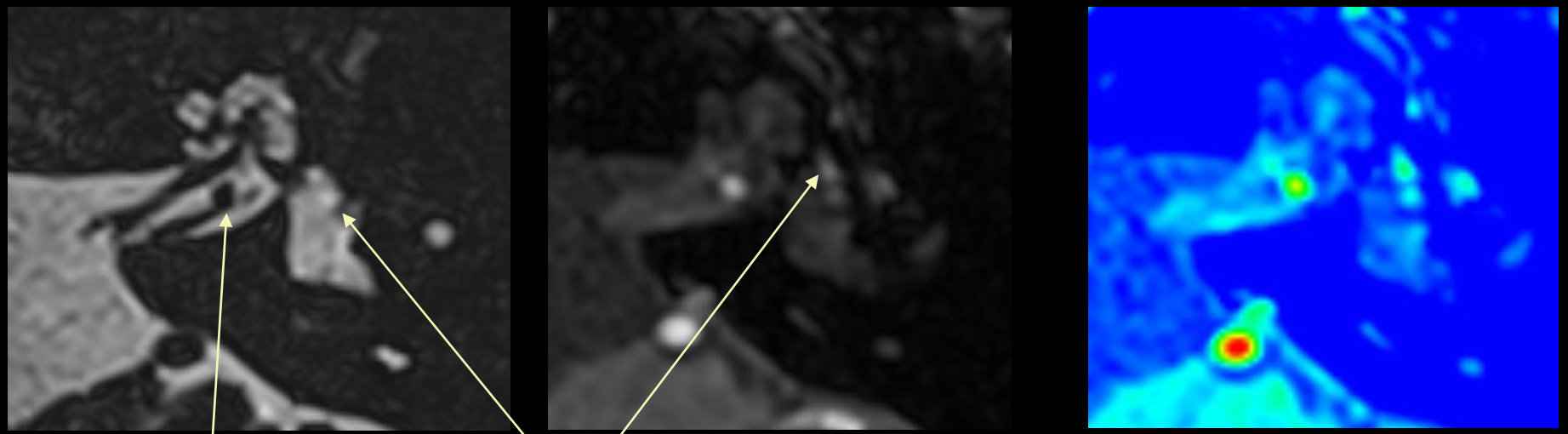




CARTOGRAPHIE 3D DES FOYERS ACTIFS ET INACTIFS

3 T HR

OTOSPONGIOSE



FOYERS ACTIFS PERIPLATINAIRES

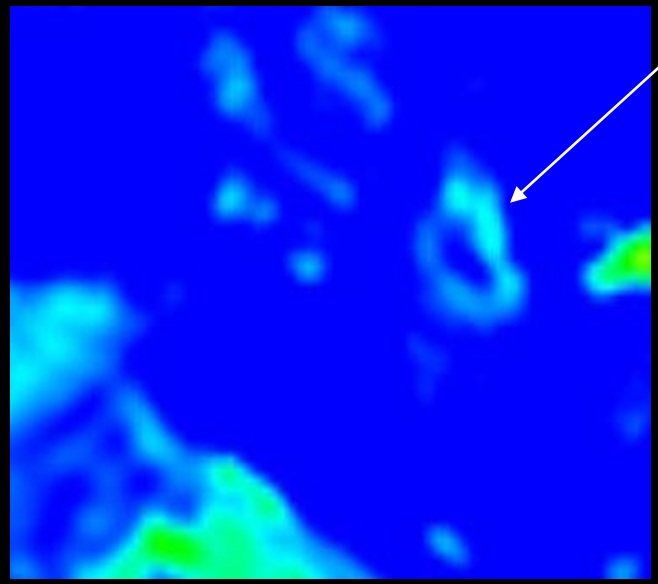
MICRO SCHWANNOME DU NERF VESTIBULAIRE SUPERIEUR

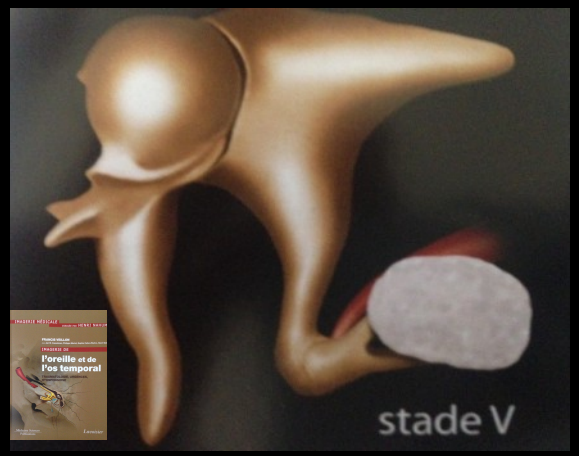
3 T HR

OTOSPONGIOSE

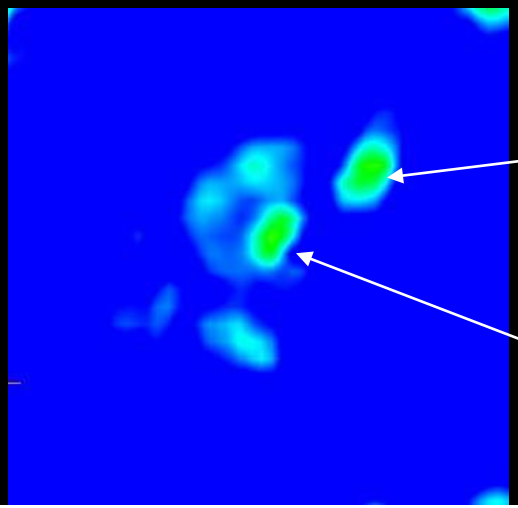
FOYER PLATINAIRE ET PERIPLATINAIRE ACTIF

TRANSVERSE





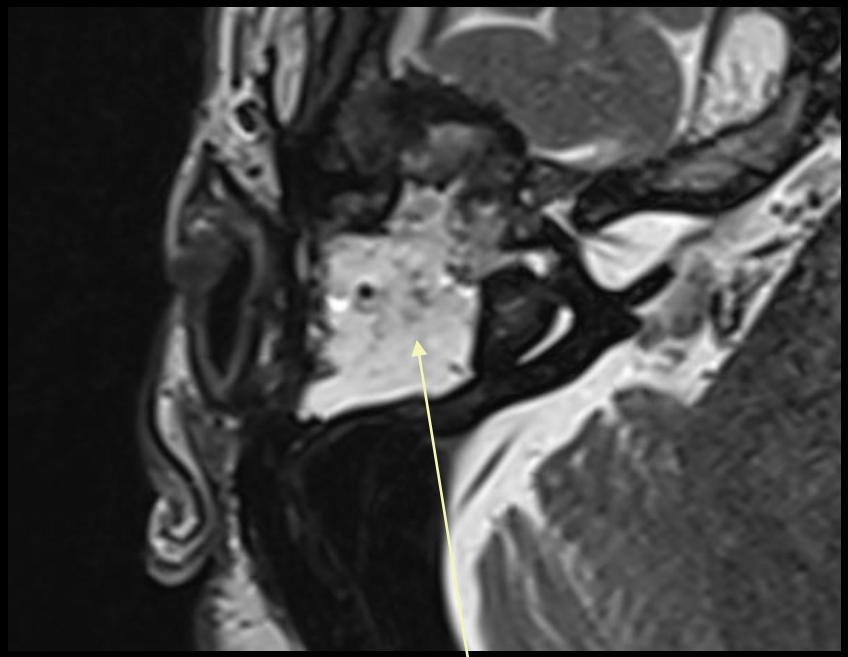
CORONAL

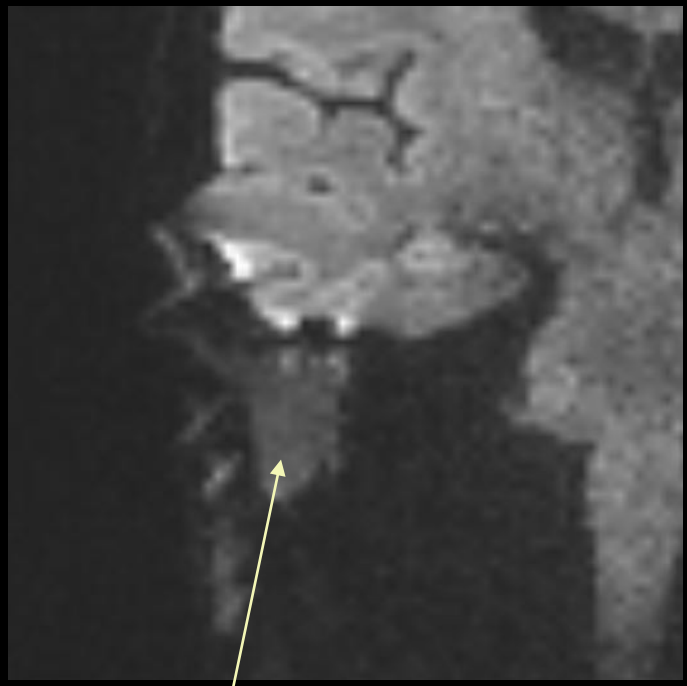


3 T HR

RESOLVE

DIFFUSION



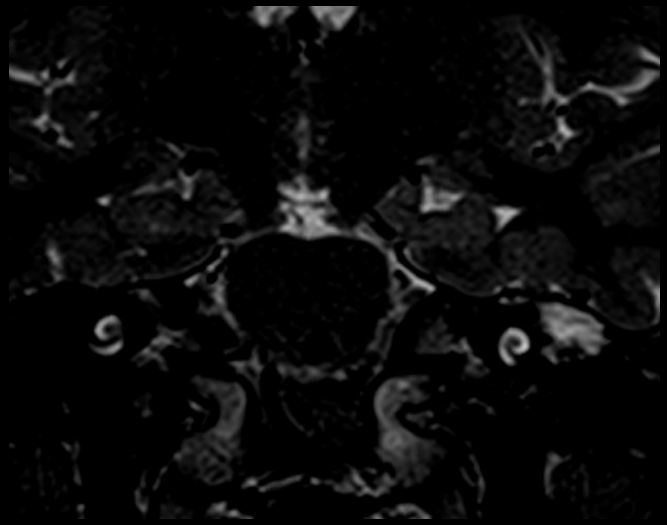


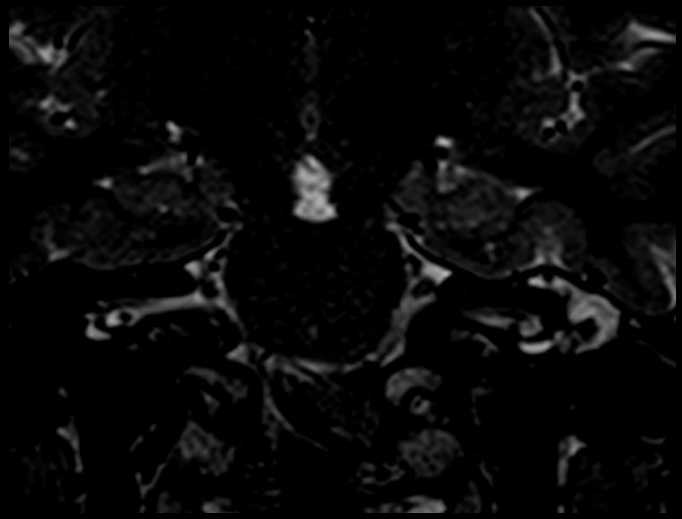
MATERIEL DE COMBLEMENT TECHNIQUE FERMEE

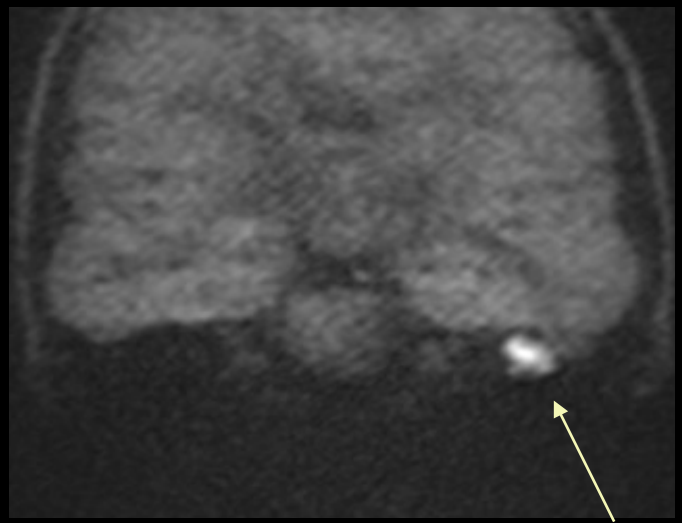
1,5 T HR

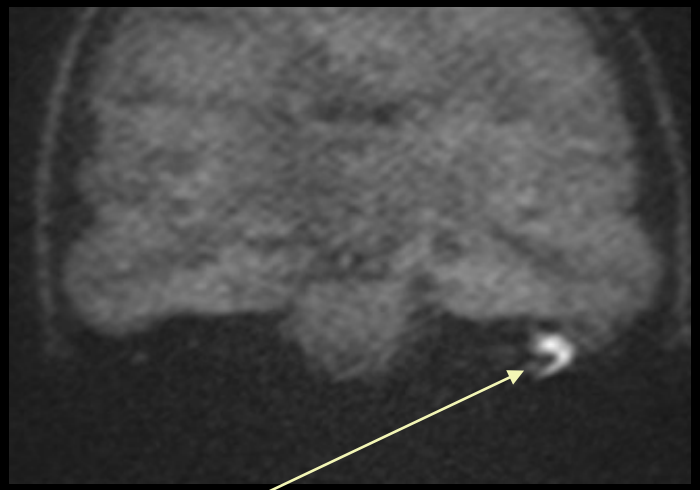
CHOLESTEATOME

HASTE DIFFUSION





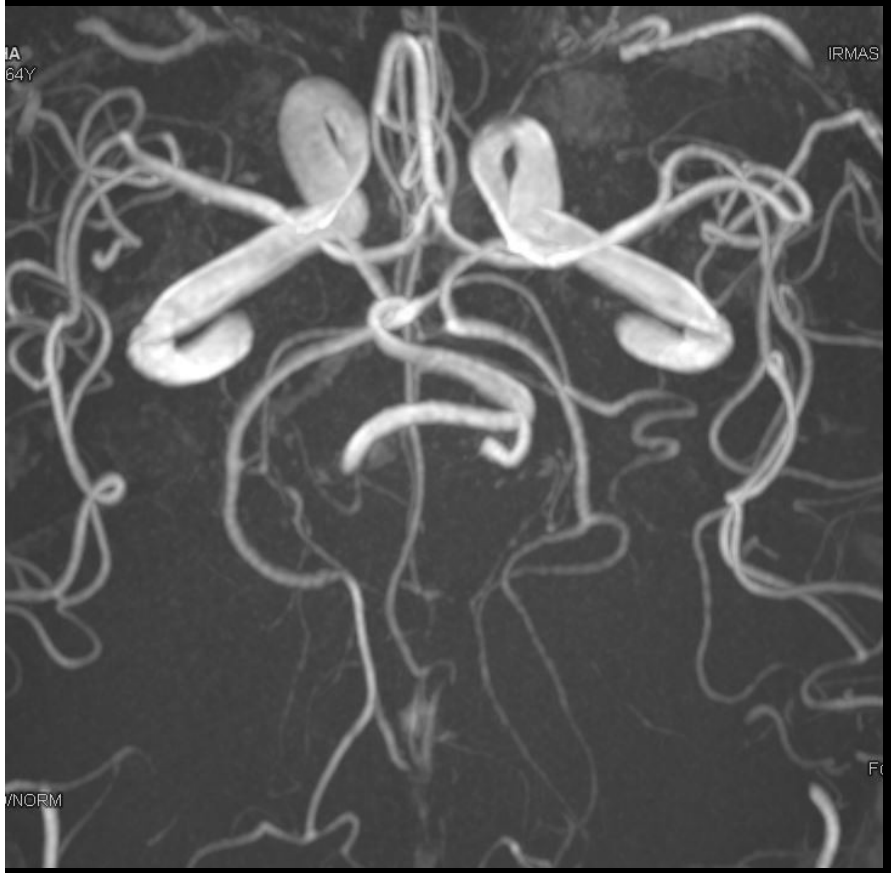


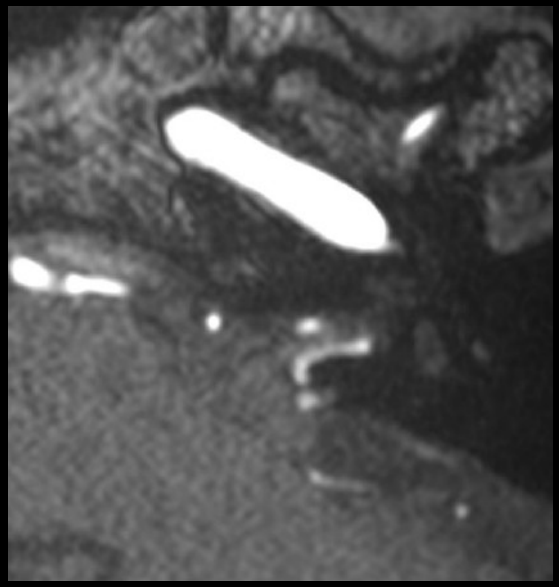


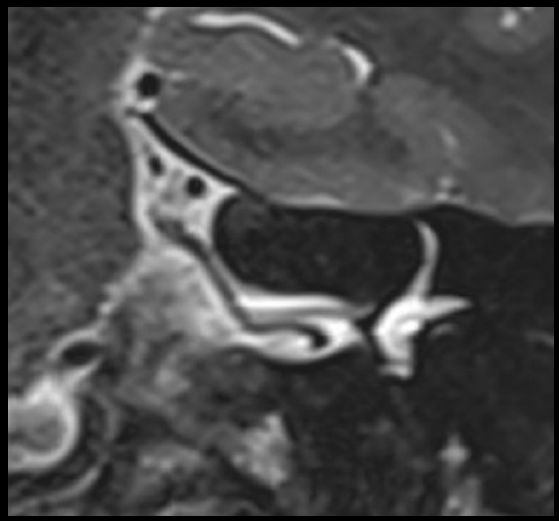
HYPERSIGNAL EN DIFFUSION

3 T HR

ACOUPHENES



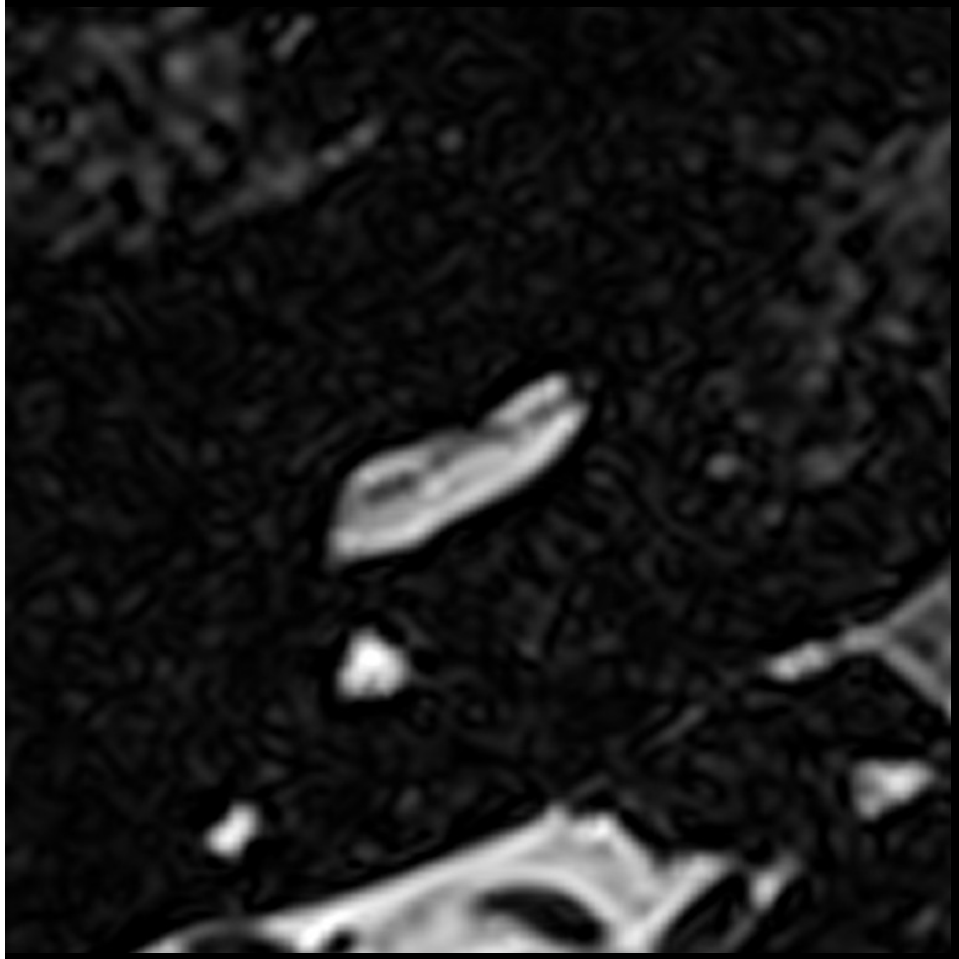


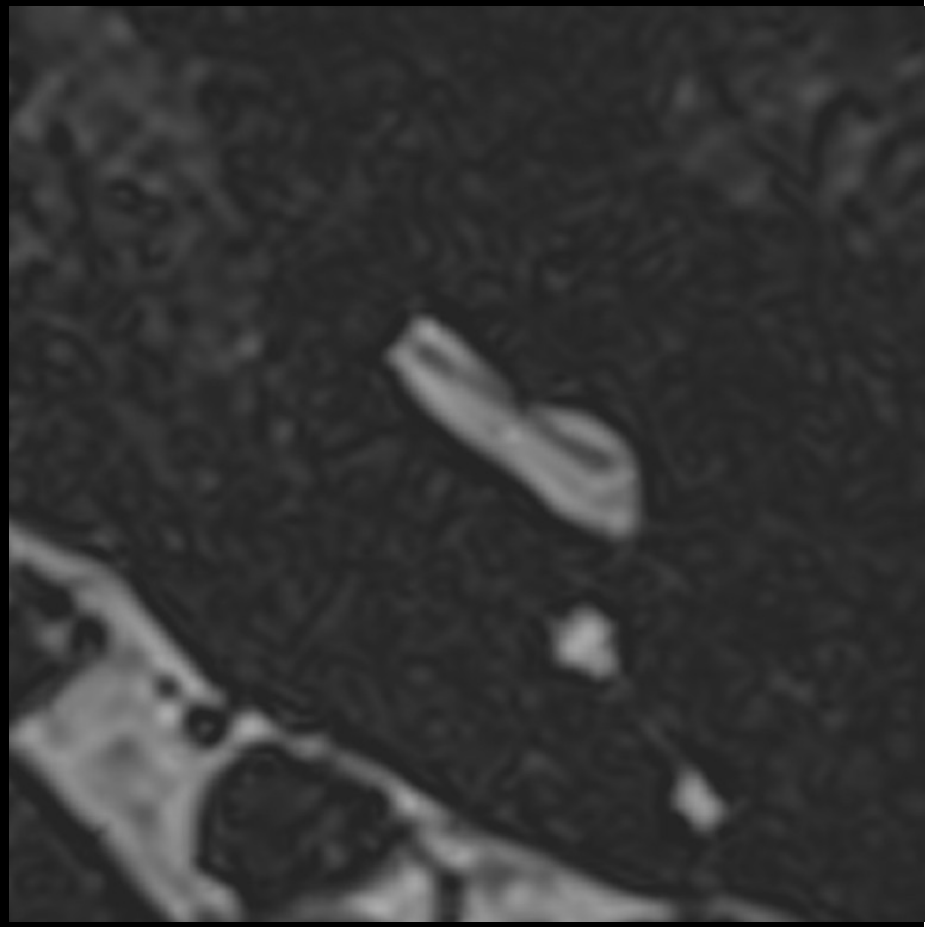


AICA volumineuse au sein du MAI gauche

PATHOLOGIE DE LA LAME SPIRALE AU TOUR BASAL ?

3 T HR





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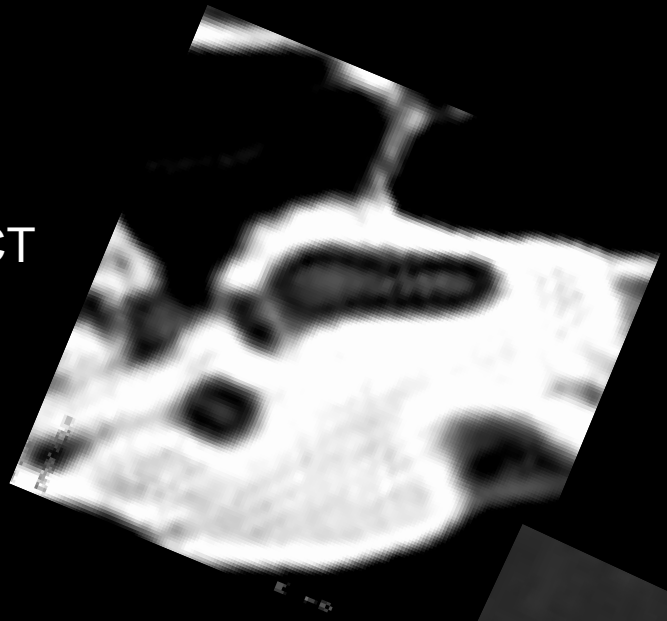
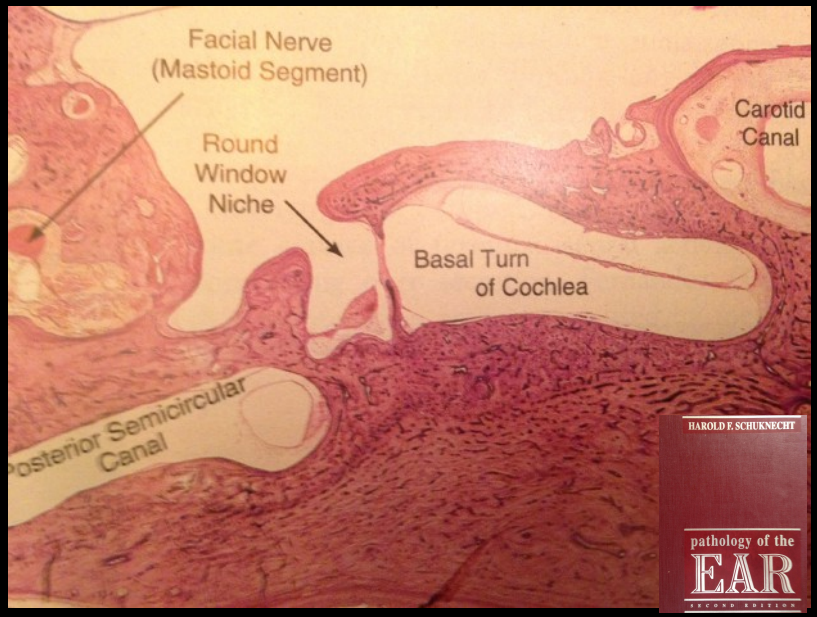
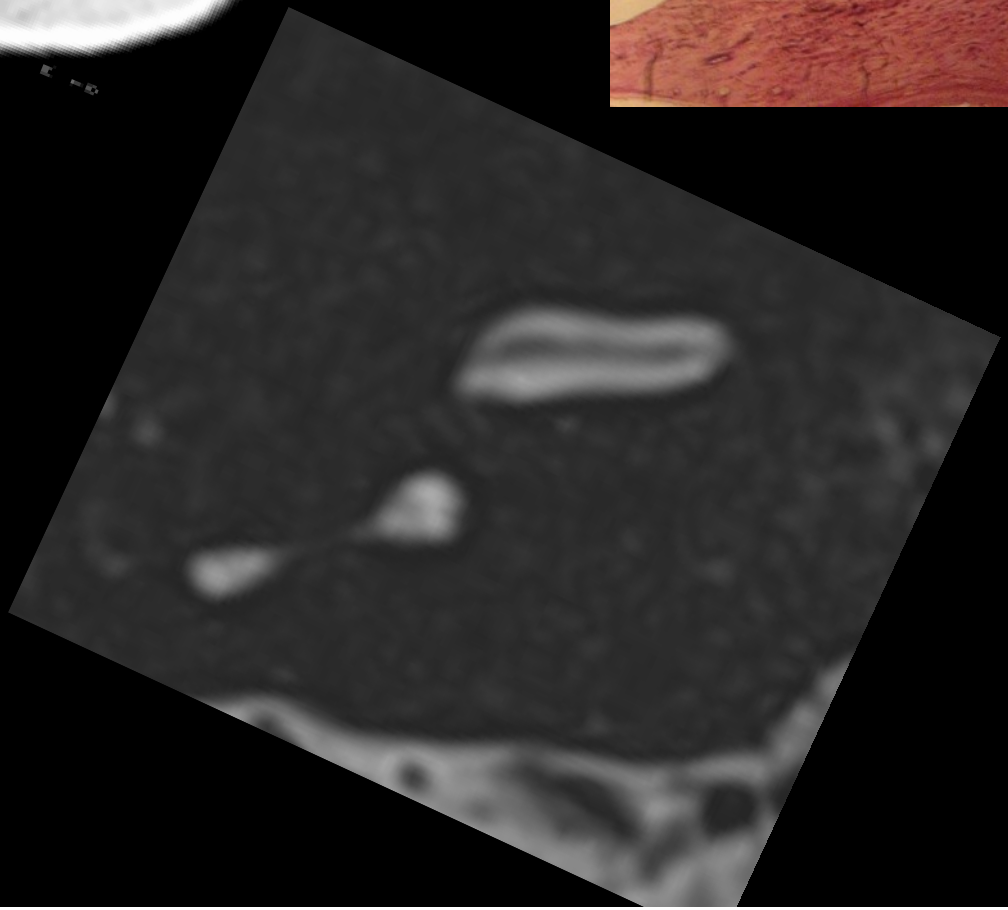




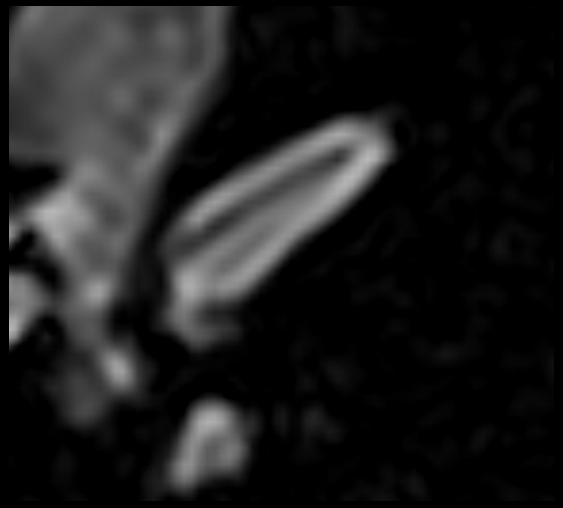
3 T HR

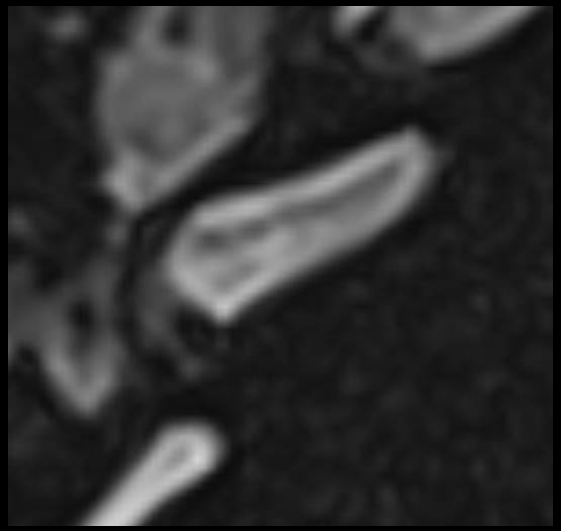


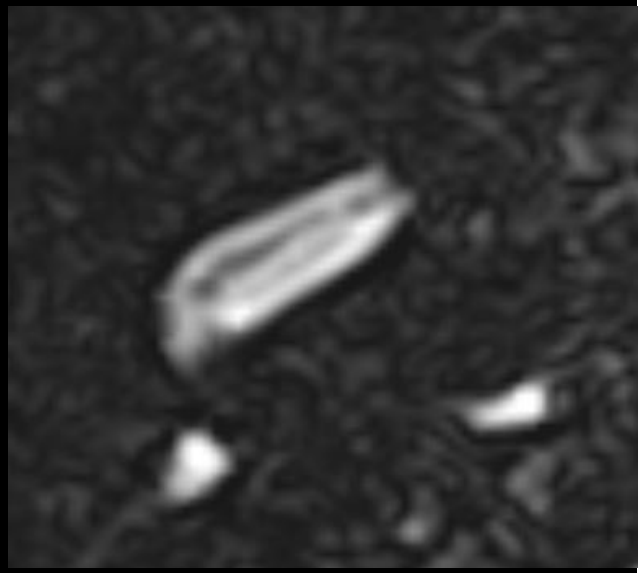
ASPECT NORMAL

3 T HR

N

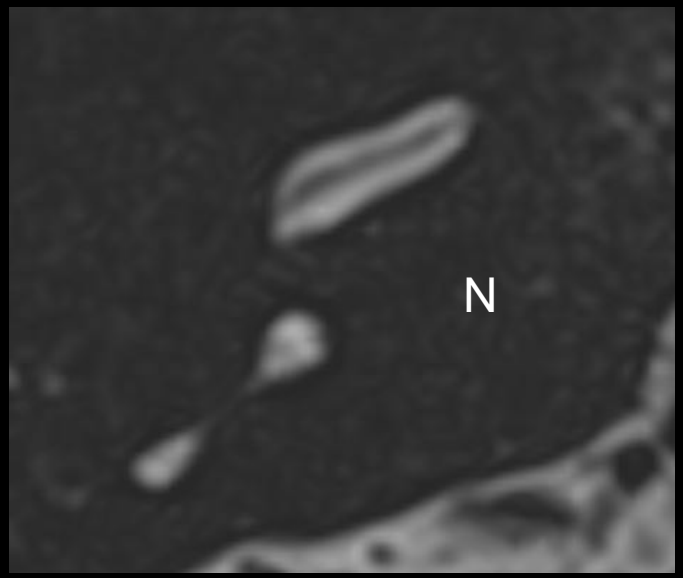






DEDOUBLE

3 T HR



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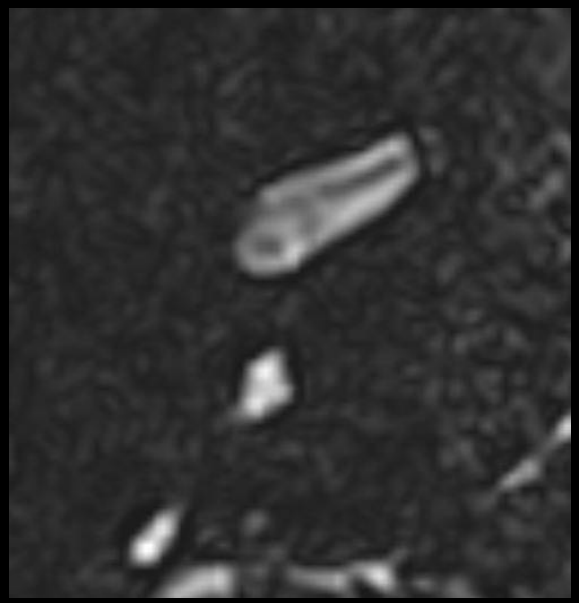
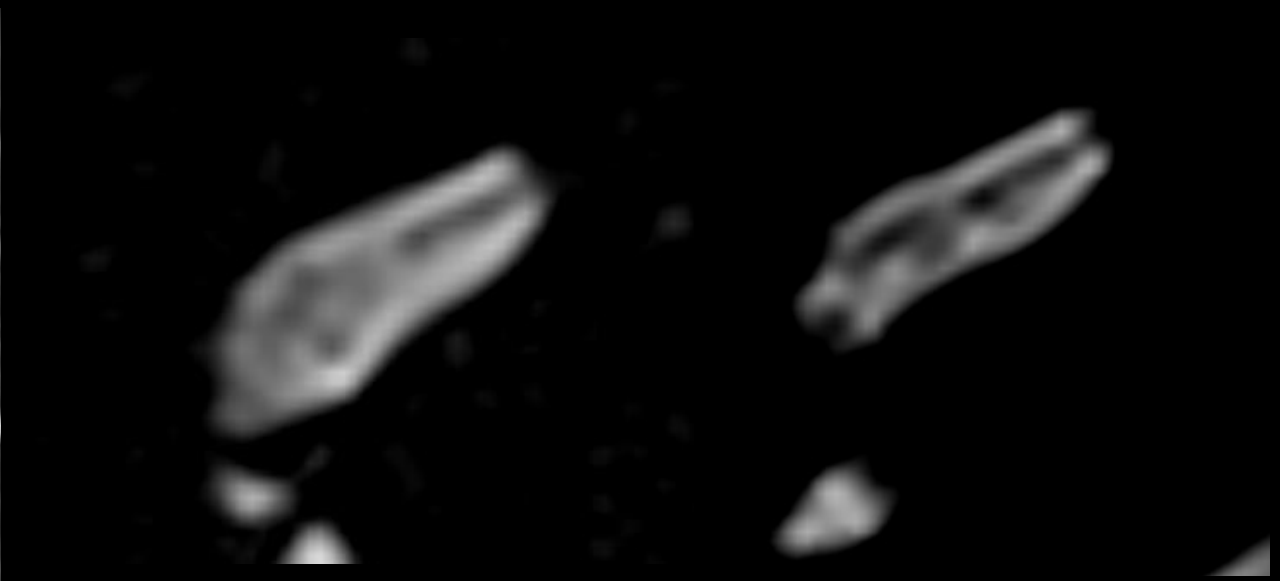
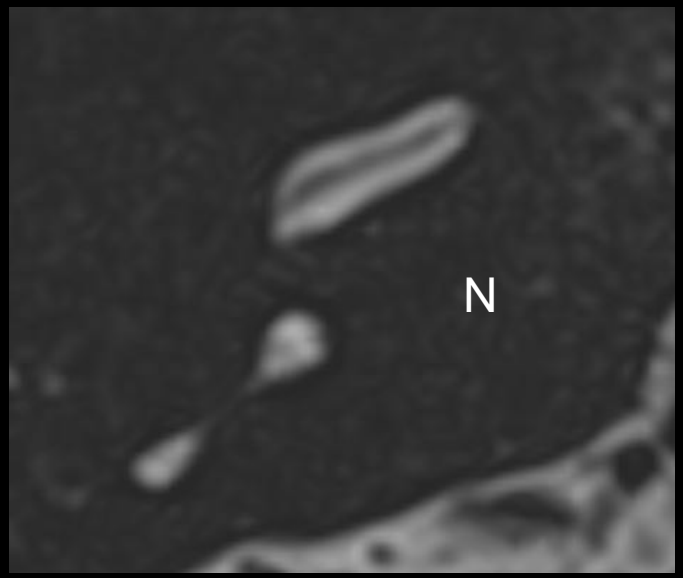




DEDOUBLE EPAISSI

3 T HR



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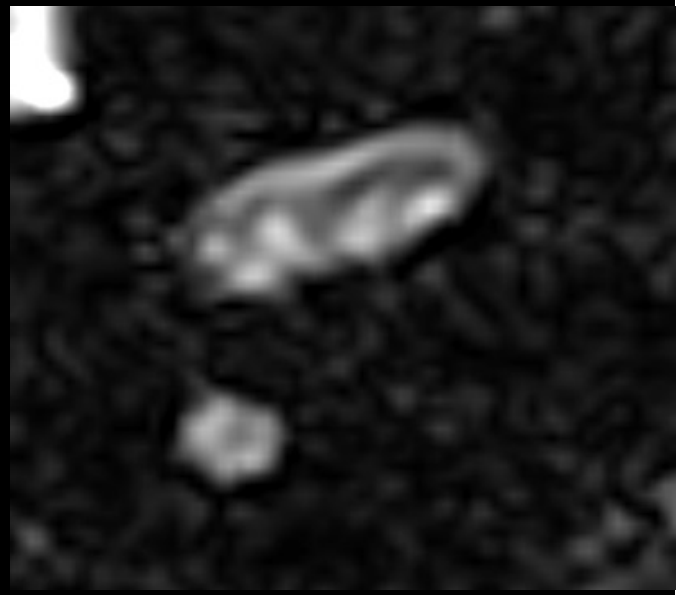
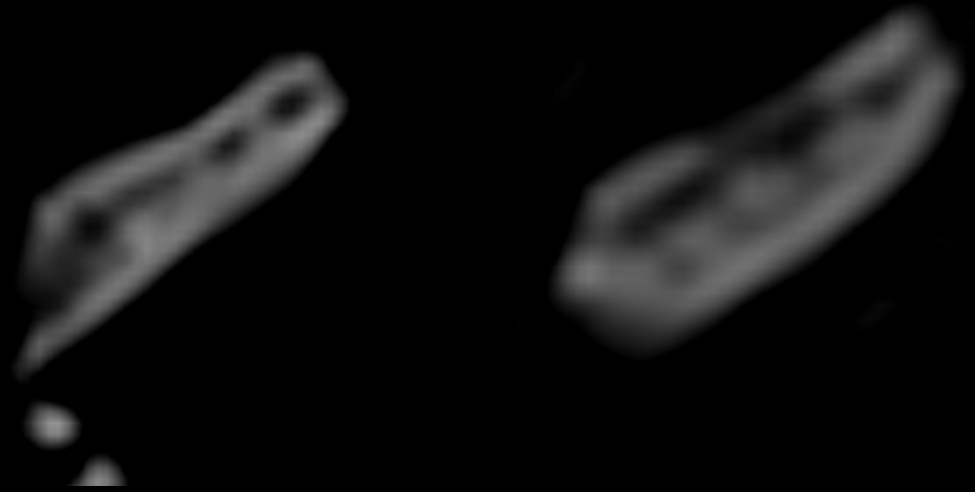
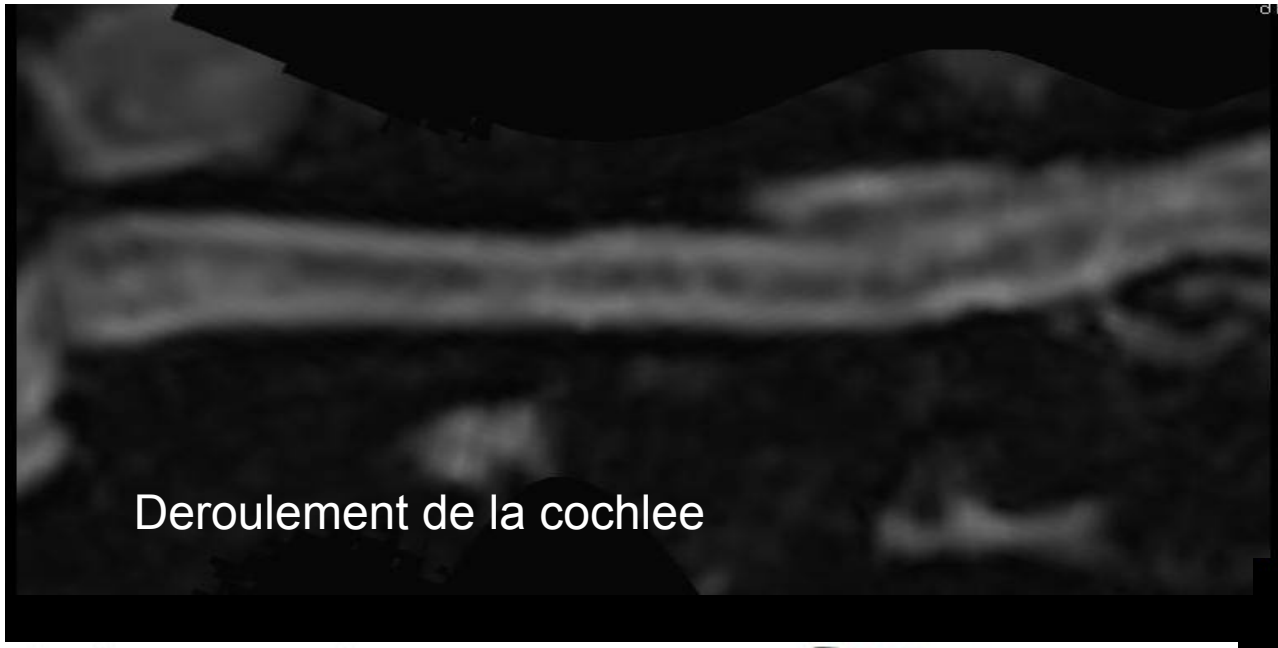
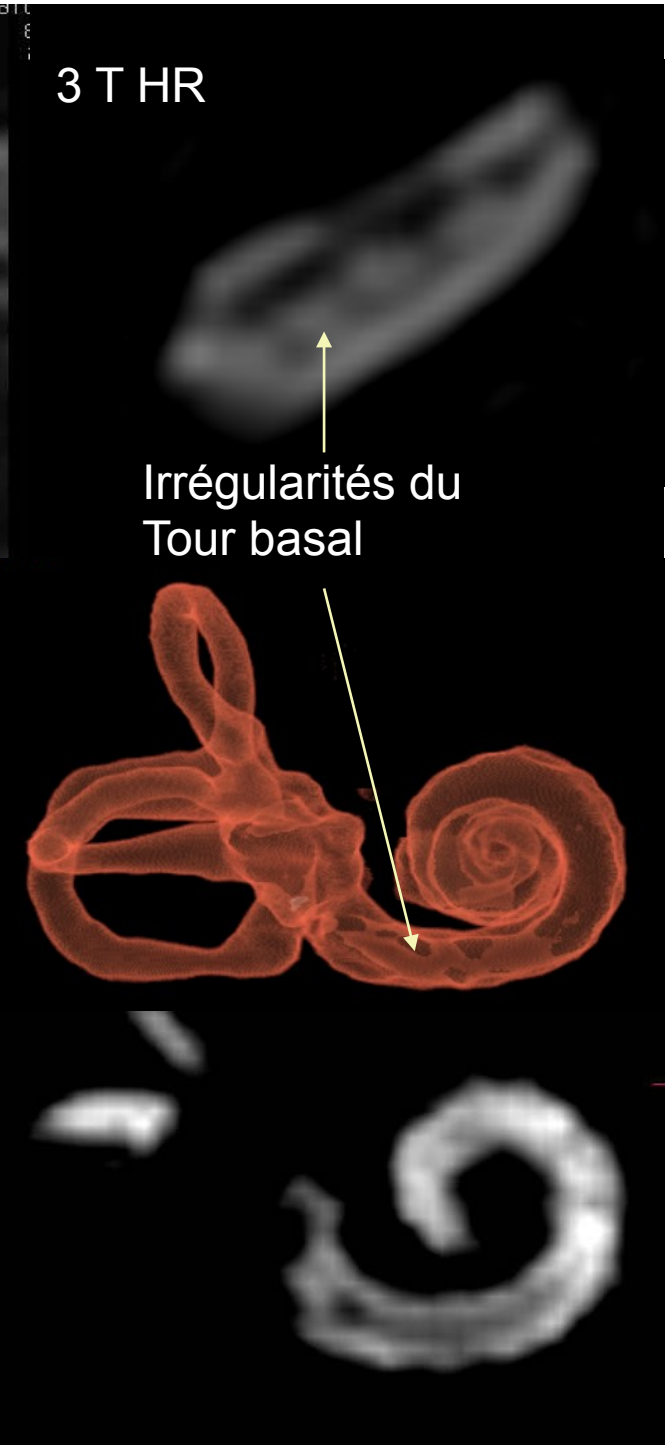
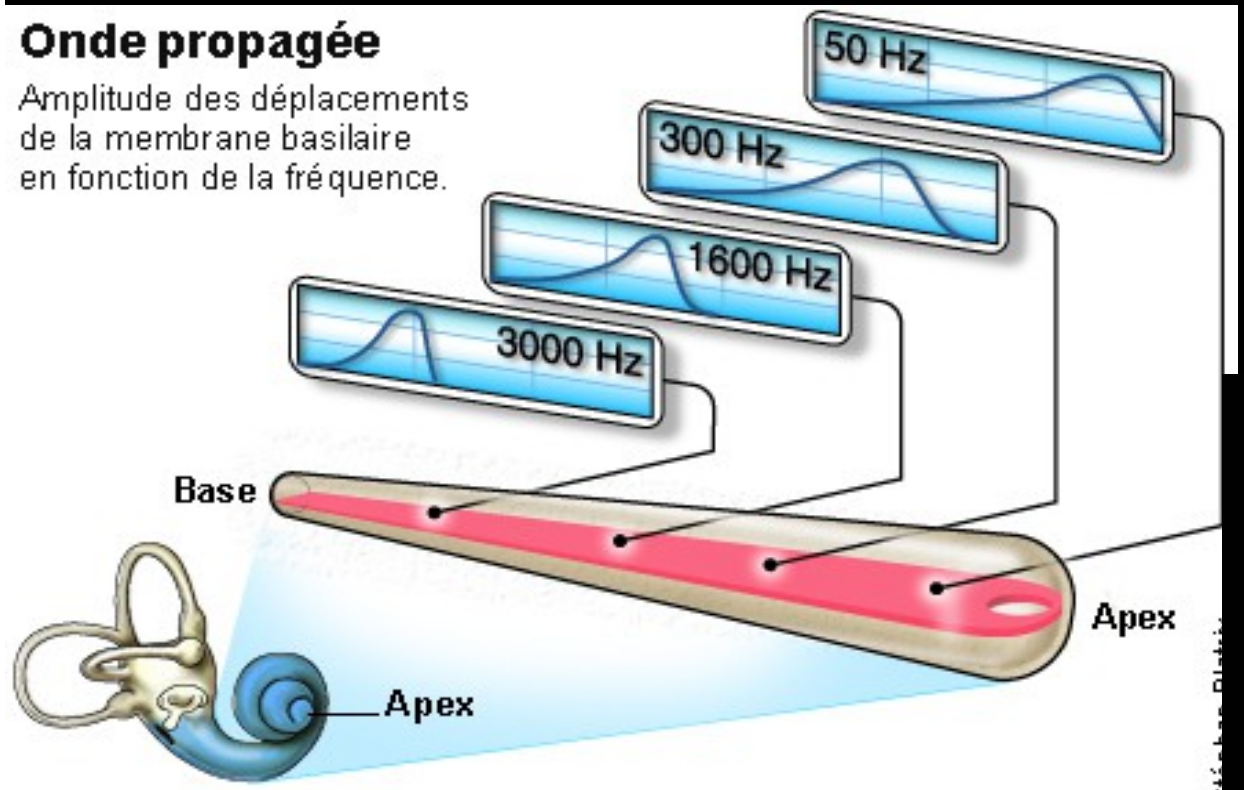


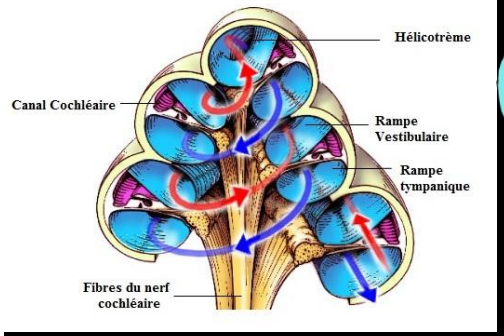


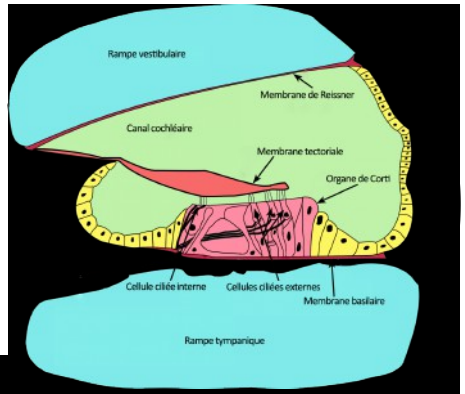
FRAGMENTE PSEUDOKYSTIQUE

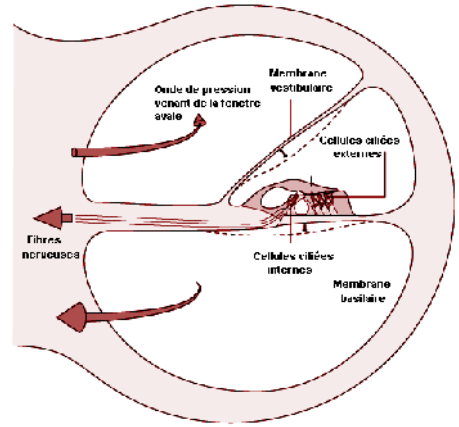

Deroulement de la cochlee


3 T HR
Irrégularités du
Tour basal

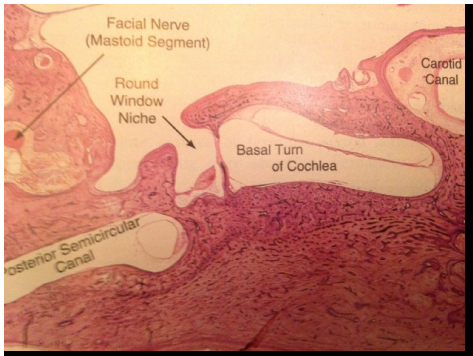

Onde propagée
Amplitude des déplacements
de la membrane basilaire
en fonction de la fréquence.
50 Hz
300 Hz
1600 Hz
3000 Hz
Base
Apex
Apex

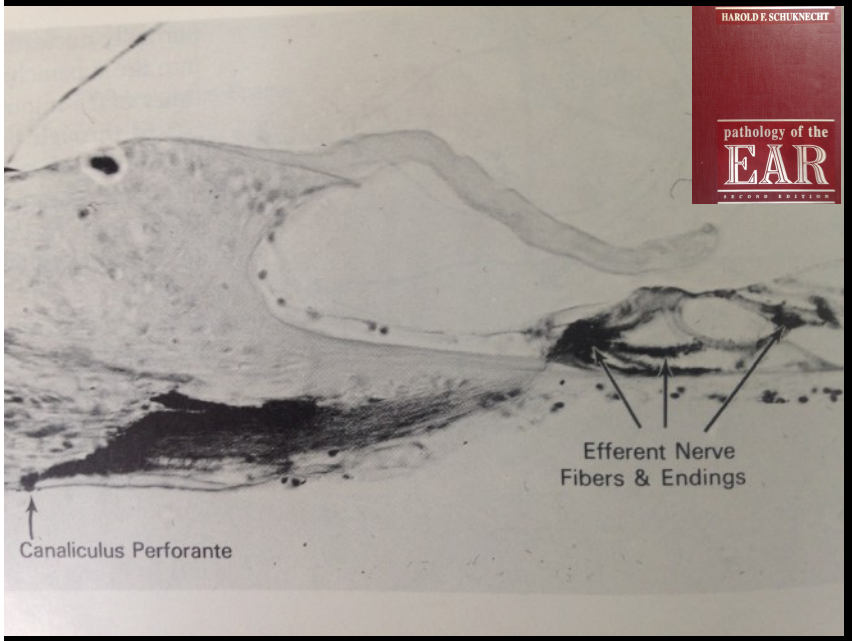


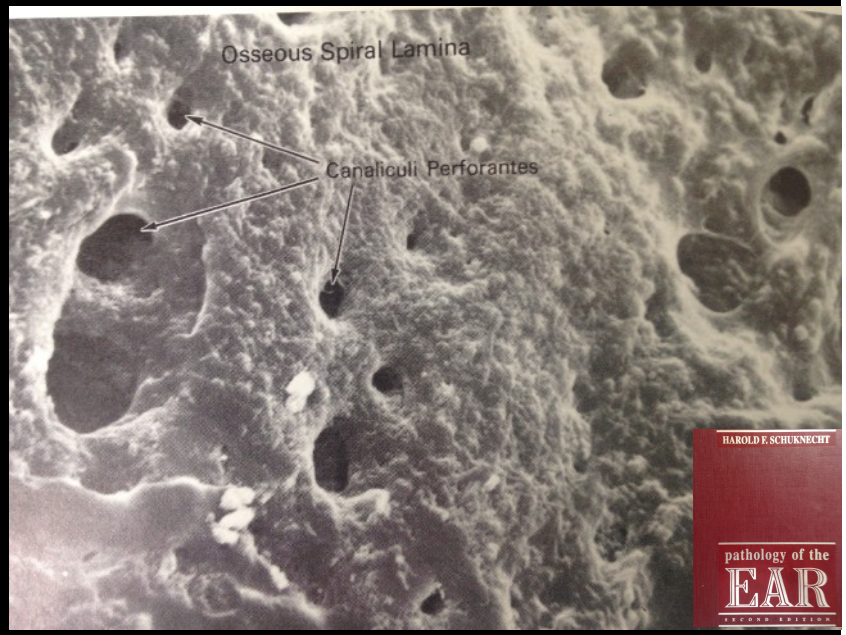


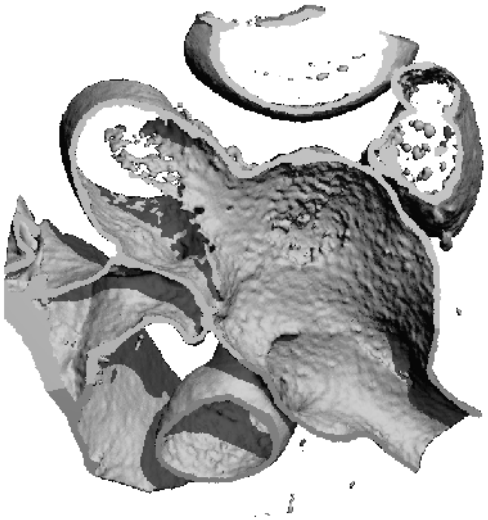


Source: Hohmann et Schmucki, 1989.

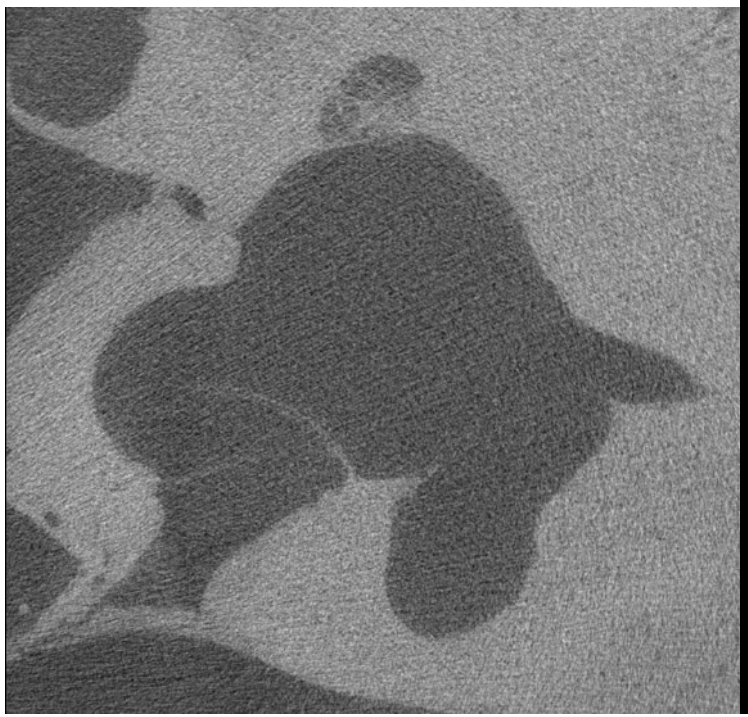


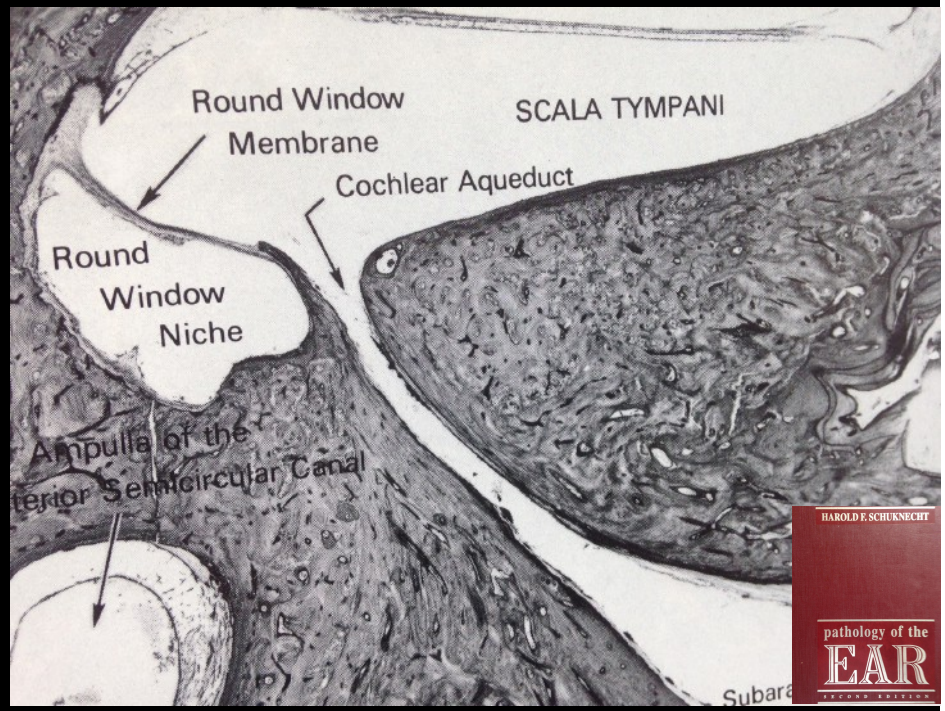


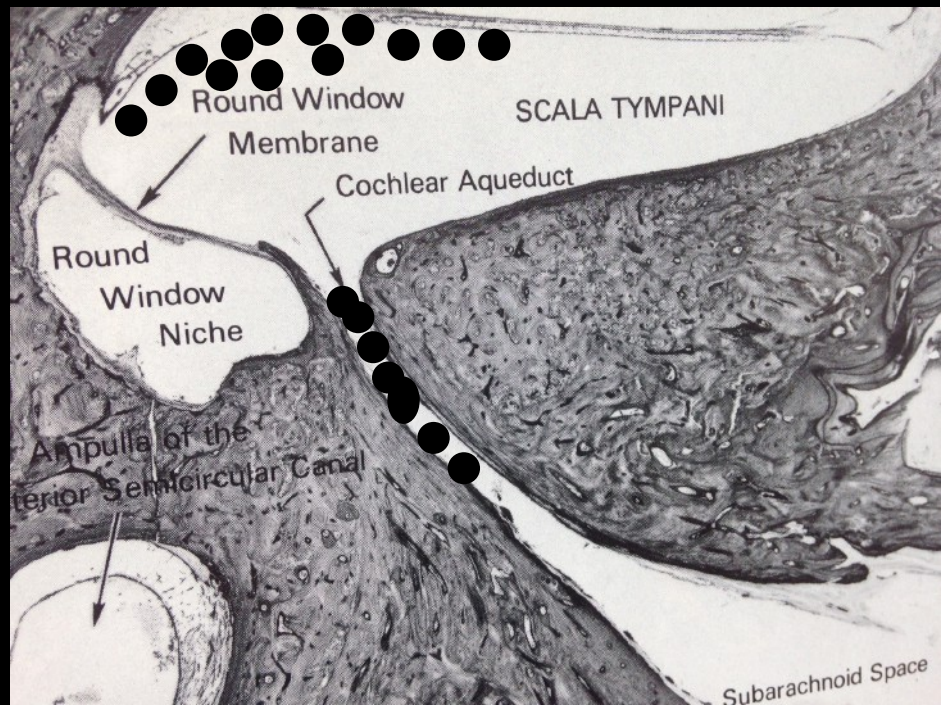




VIVA CT 40 LBTO SAINBIOSE Inserm U 1069



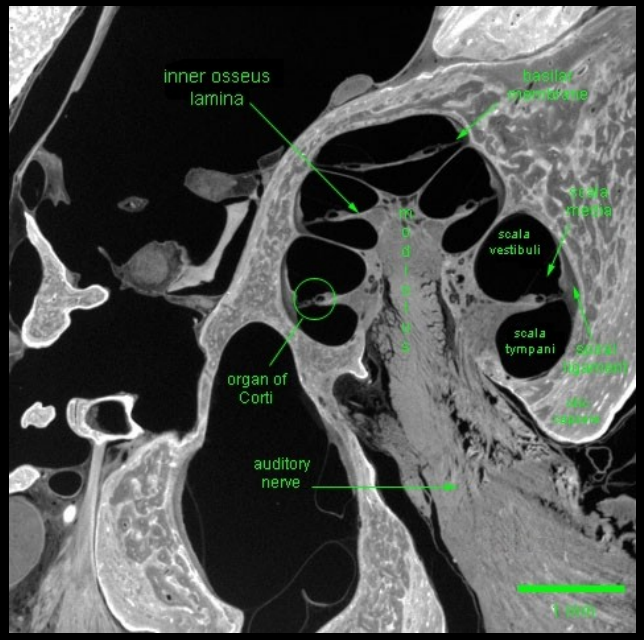




OBSTRUCTION DE
L'AQUEDUC DE LA COCHLEE
(PIECE ANATOMIQUE)

VIVA CT40 LBTO SAINBIOSE Inserm U 1069

JE VOUS REMERCIE



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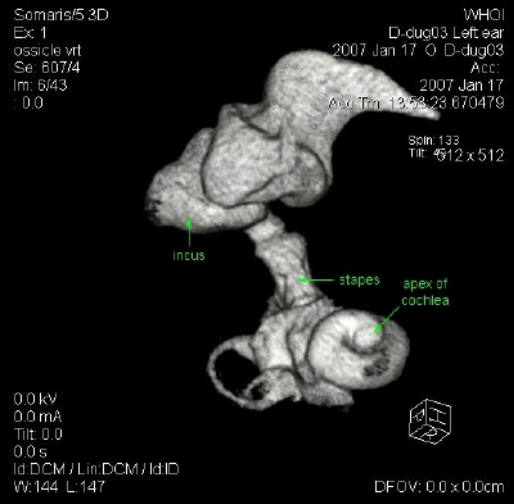

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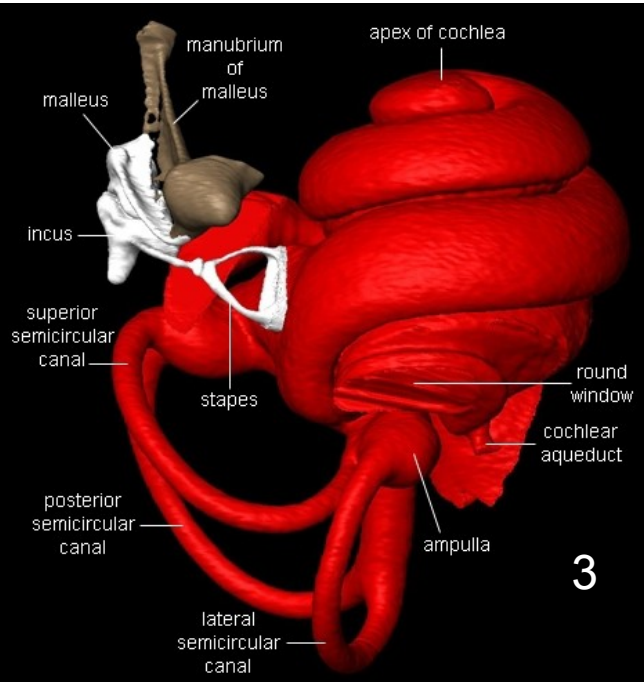

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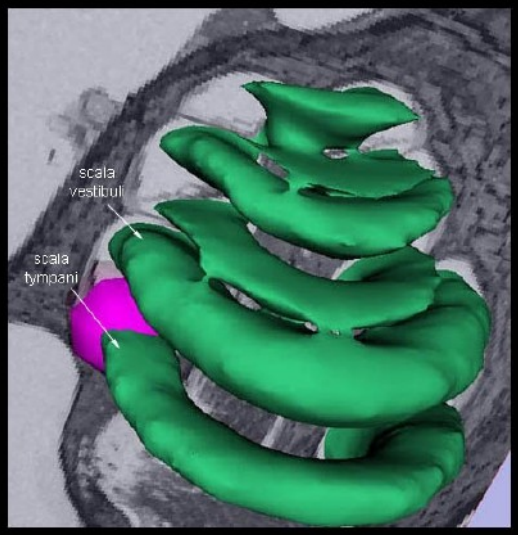

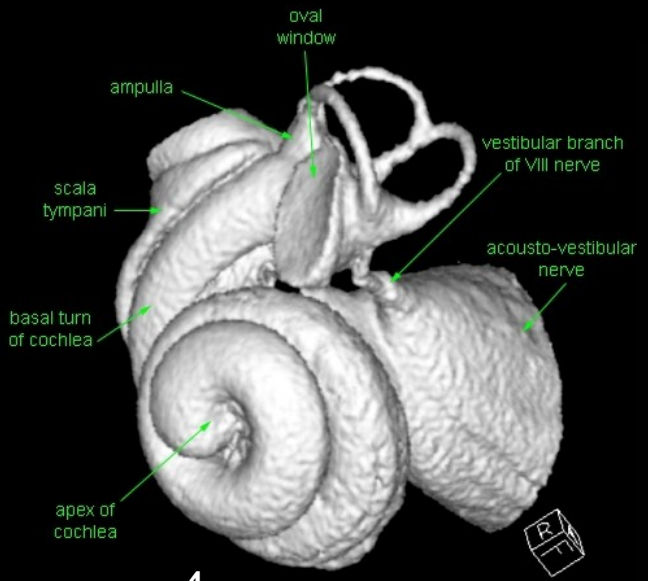

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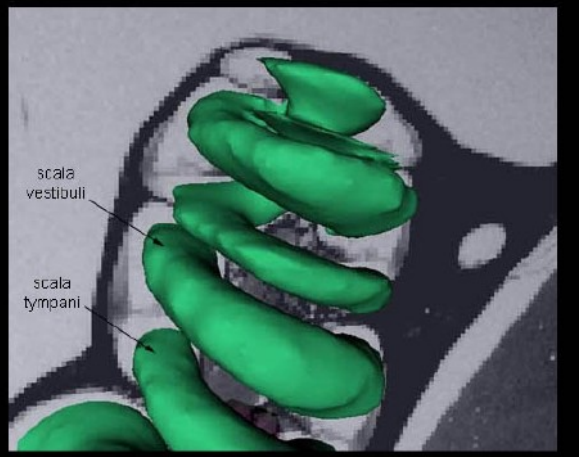

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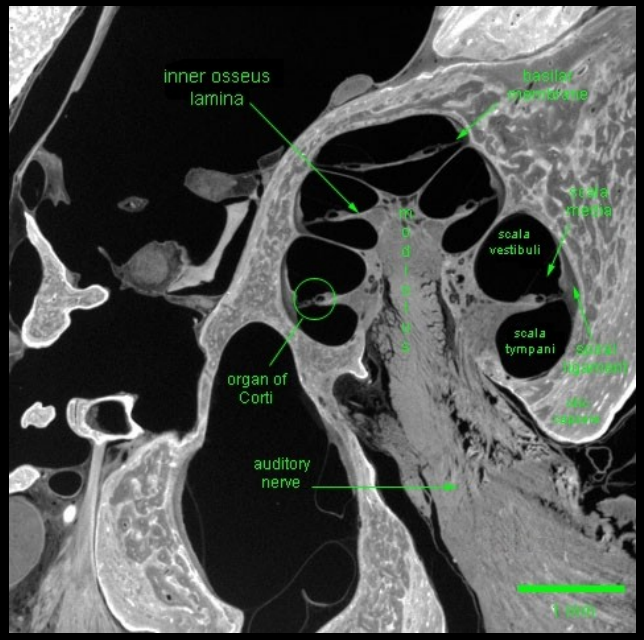
CSI Computerized Scanning and Imaging Facility of woods hole oceanographic institution U.S.A



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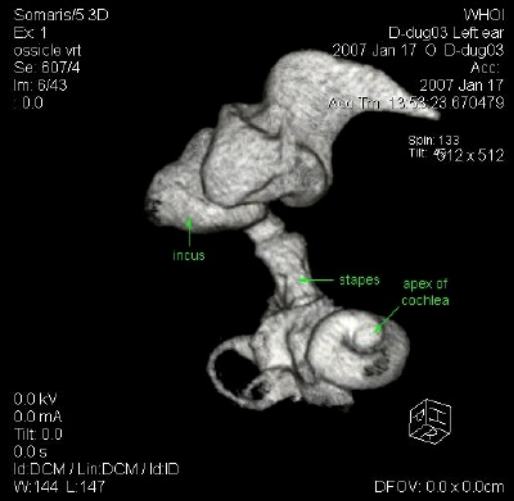

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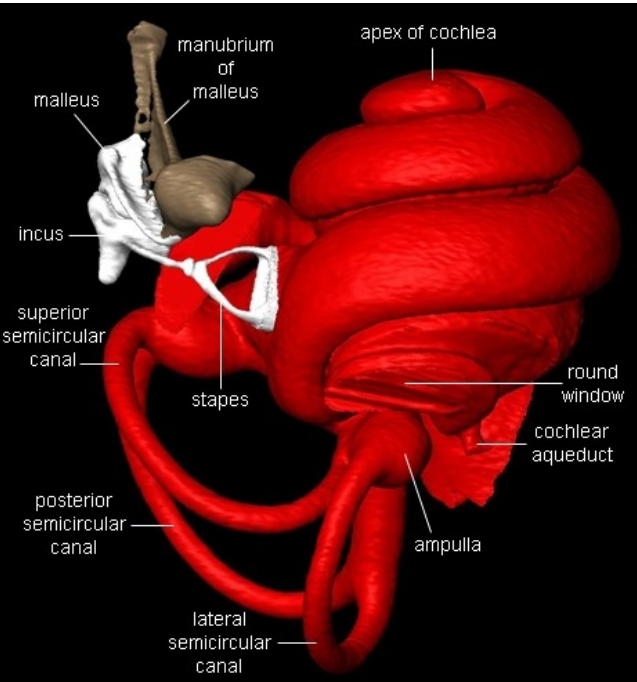

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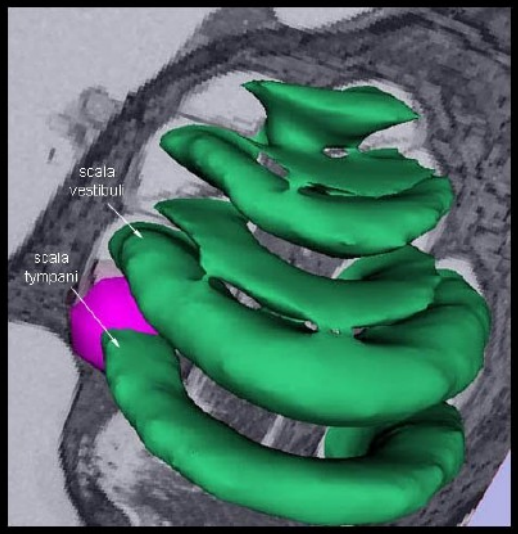

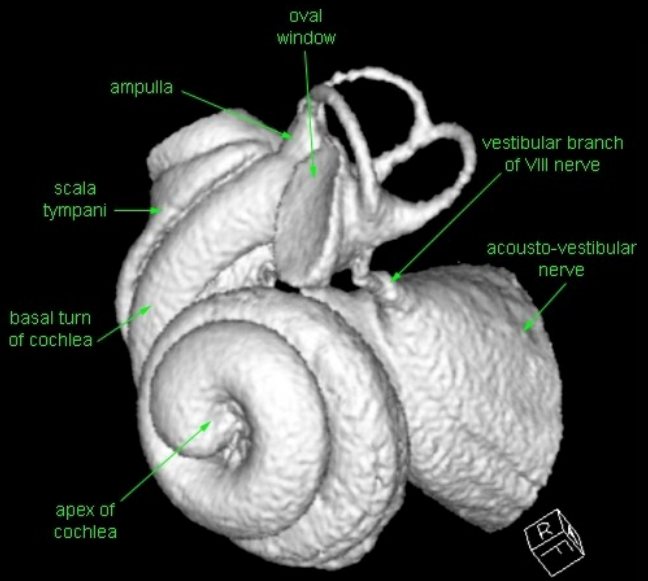

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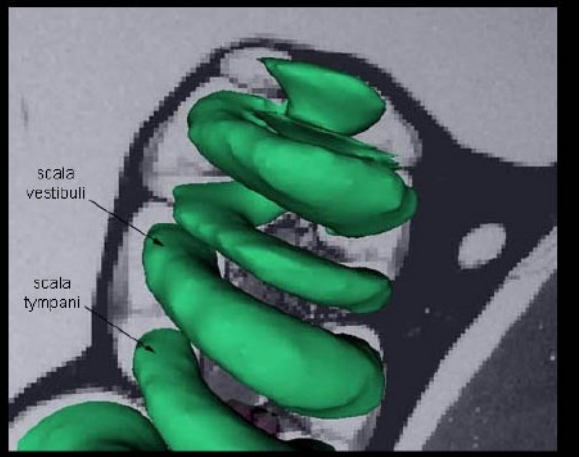

CHINCHILLA