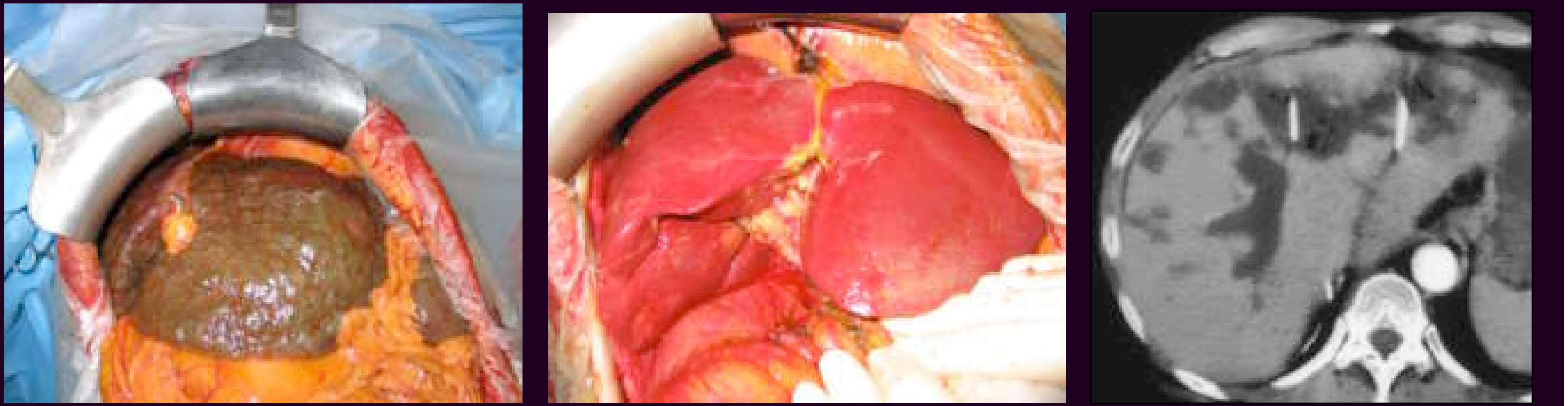


PATIENT TRANSPLANTE HEPATIQUE:
ce que le radiologue doit savoir

Agnès RODE
Service d'Imagerie Médicale
Hôpital Croix Rousse LYON

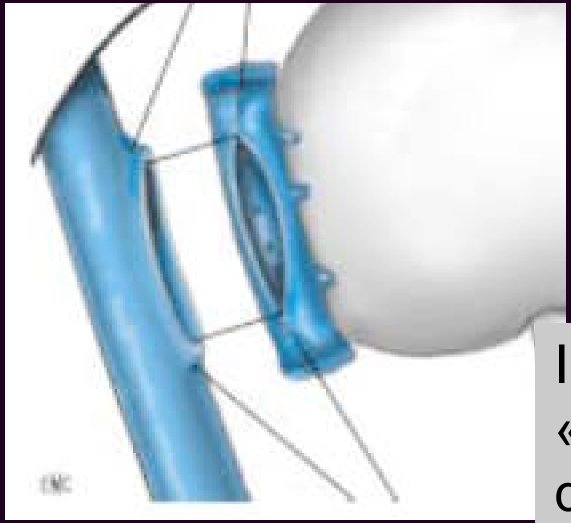
Hôpitaux de Lyon

SFR Rhône Alpes 15 Décembre 2007

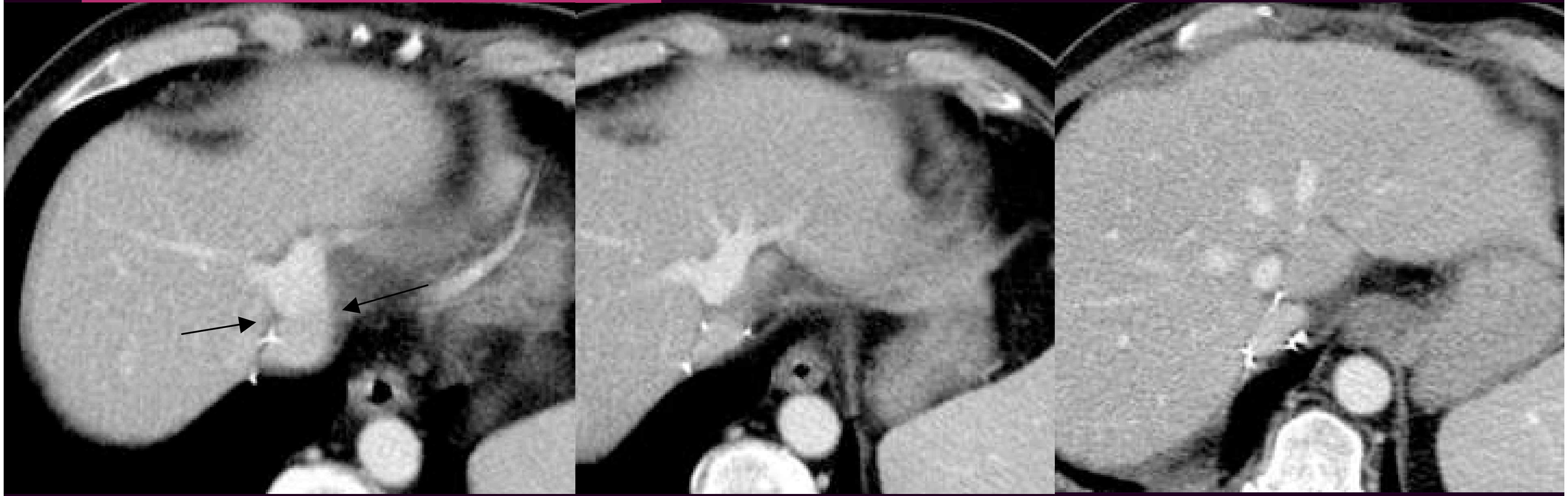
Région Rhône-Alpes:

- 2006: 147 transplantations hépatiques
  (dont 104 à Lyon)
- ces 10 dernières années: 1328 greffes

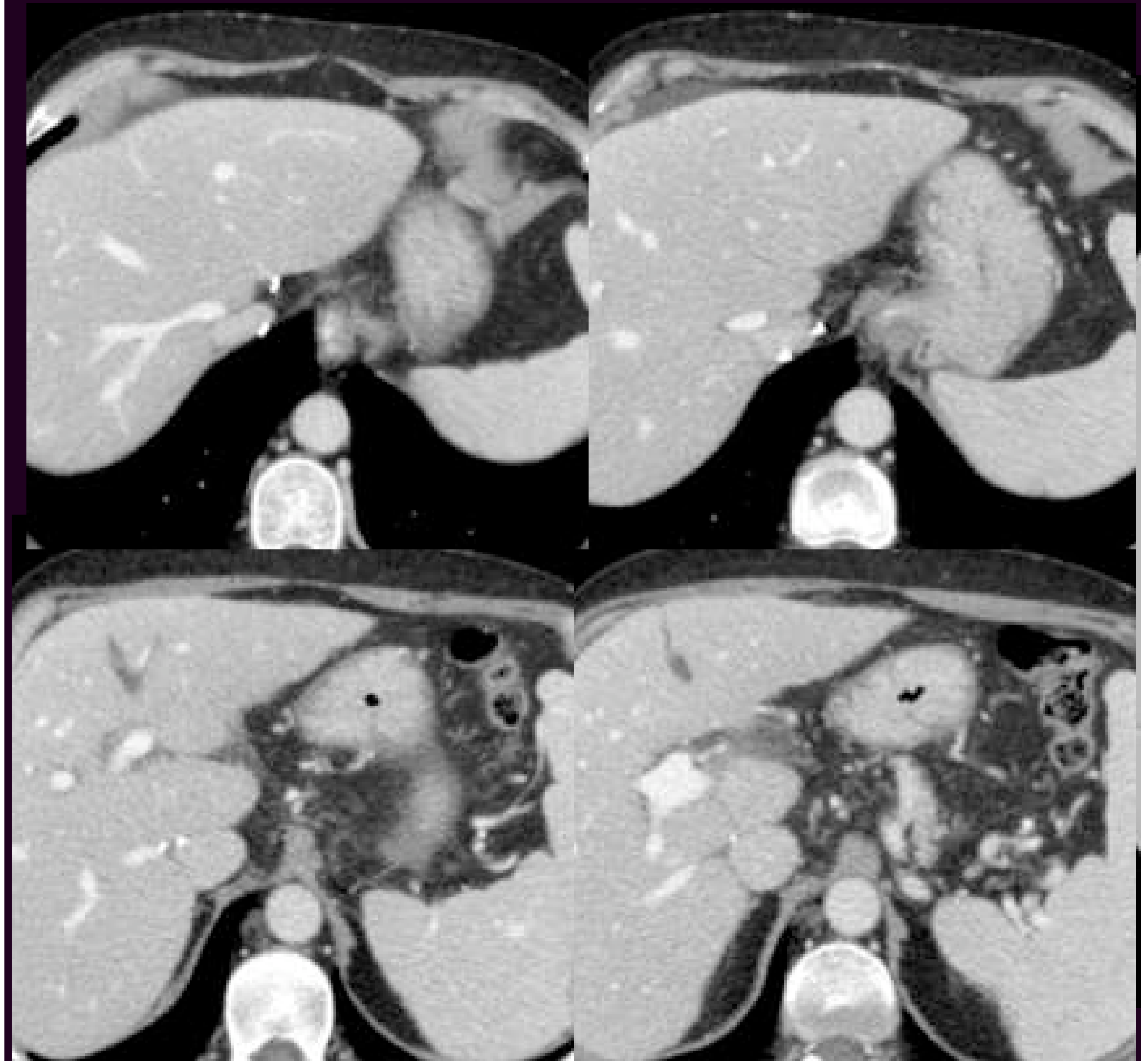
Anastomose cavo-sus-hépatique

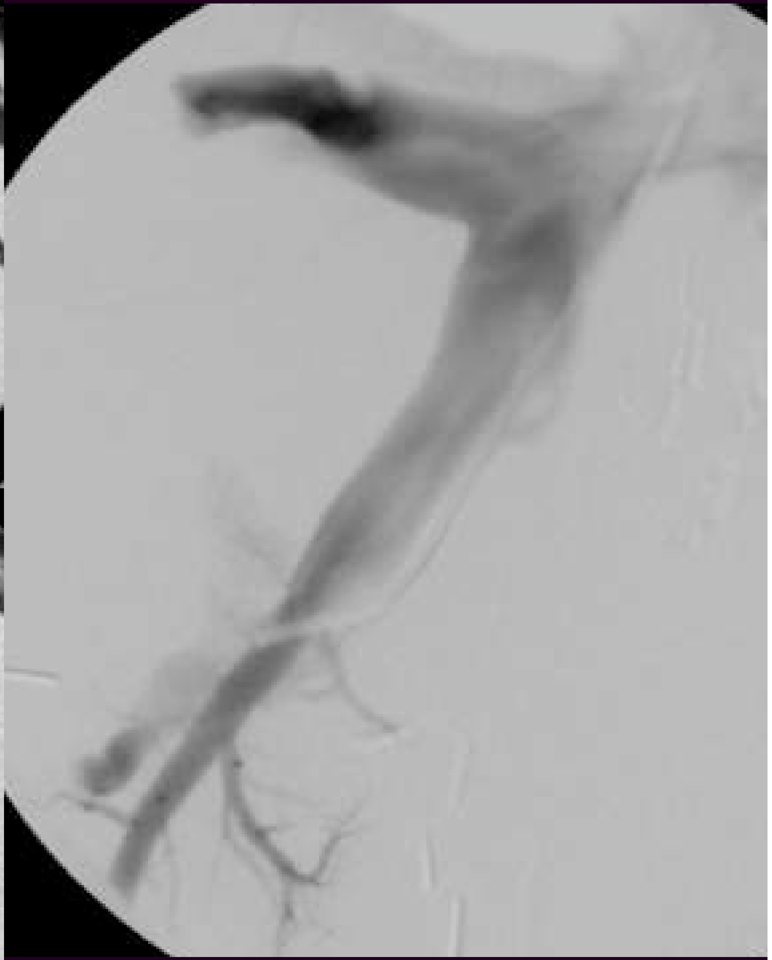


Implantation
« piggy back »
du greffon

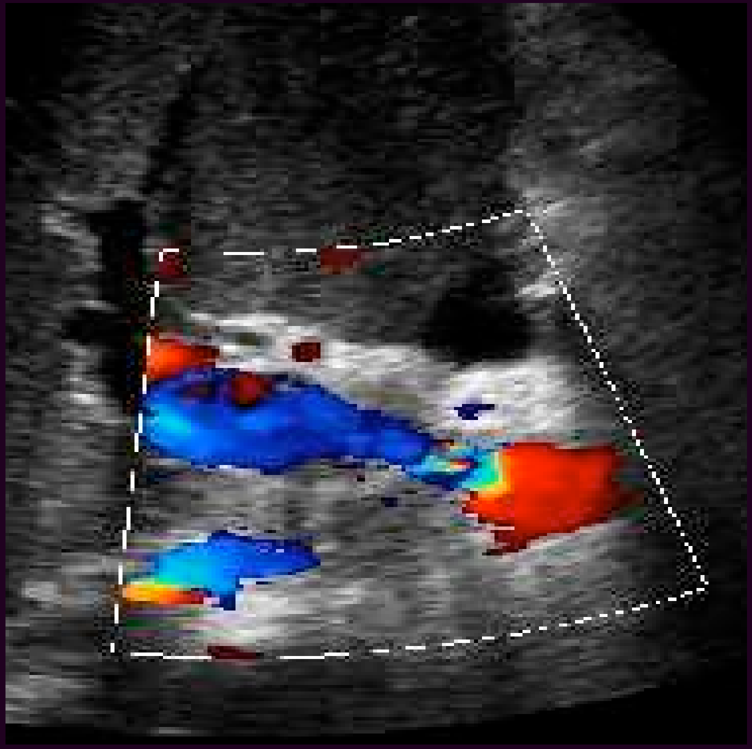


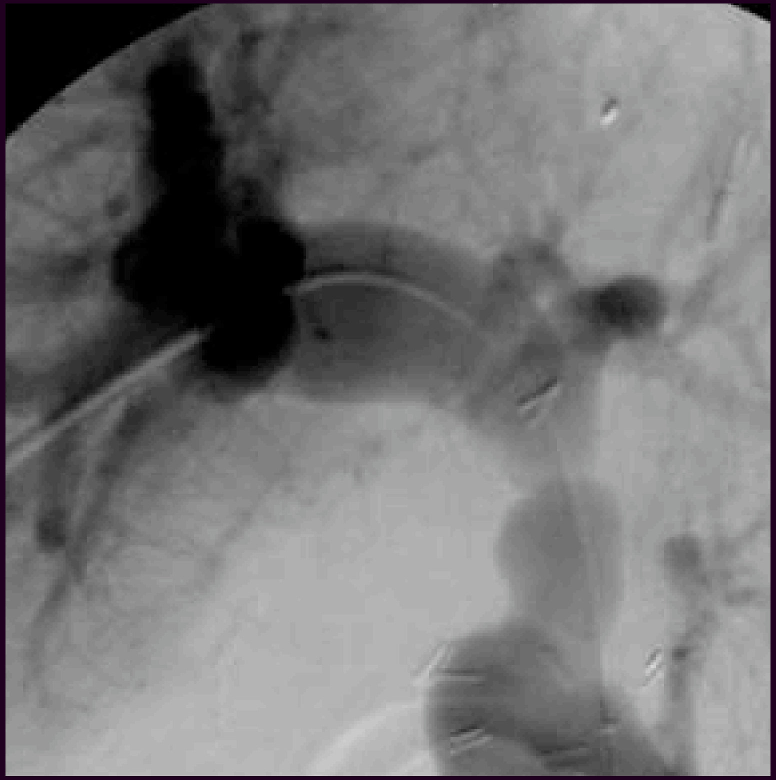
Anastomose cavo-sus-hépatique



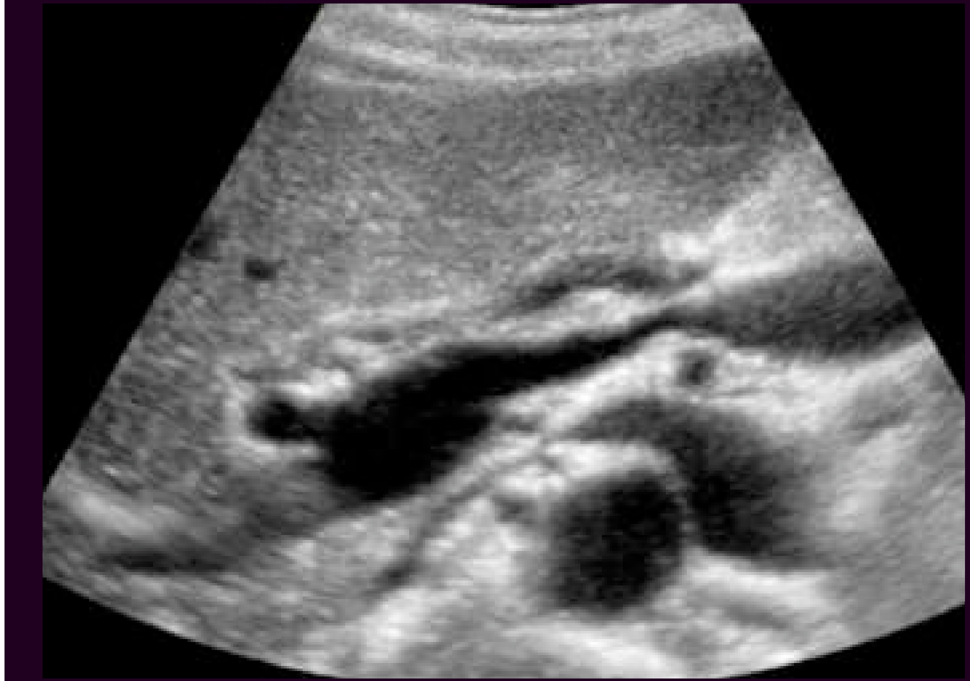


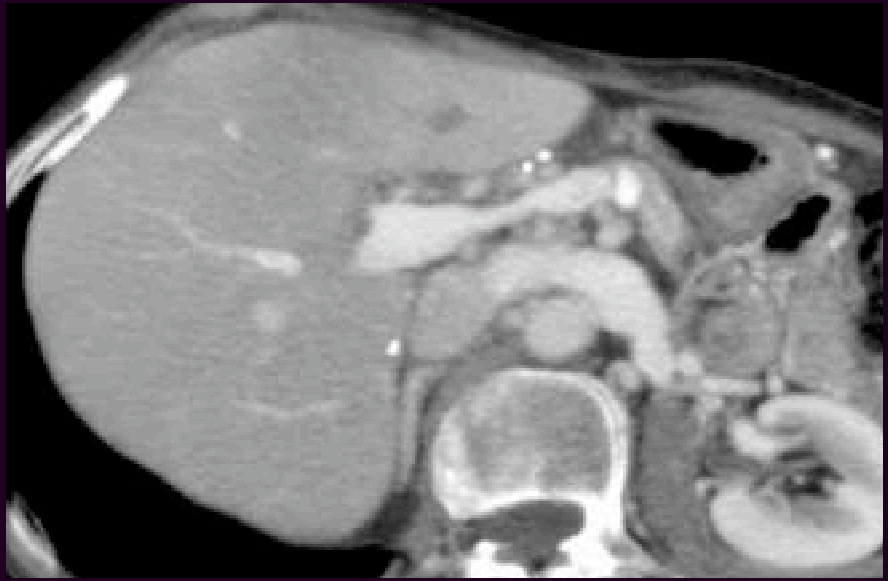
Anastomose portale

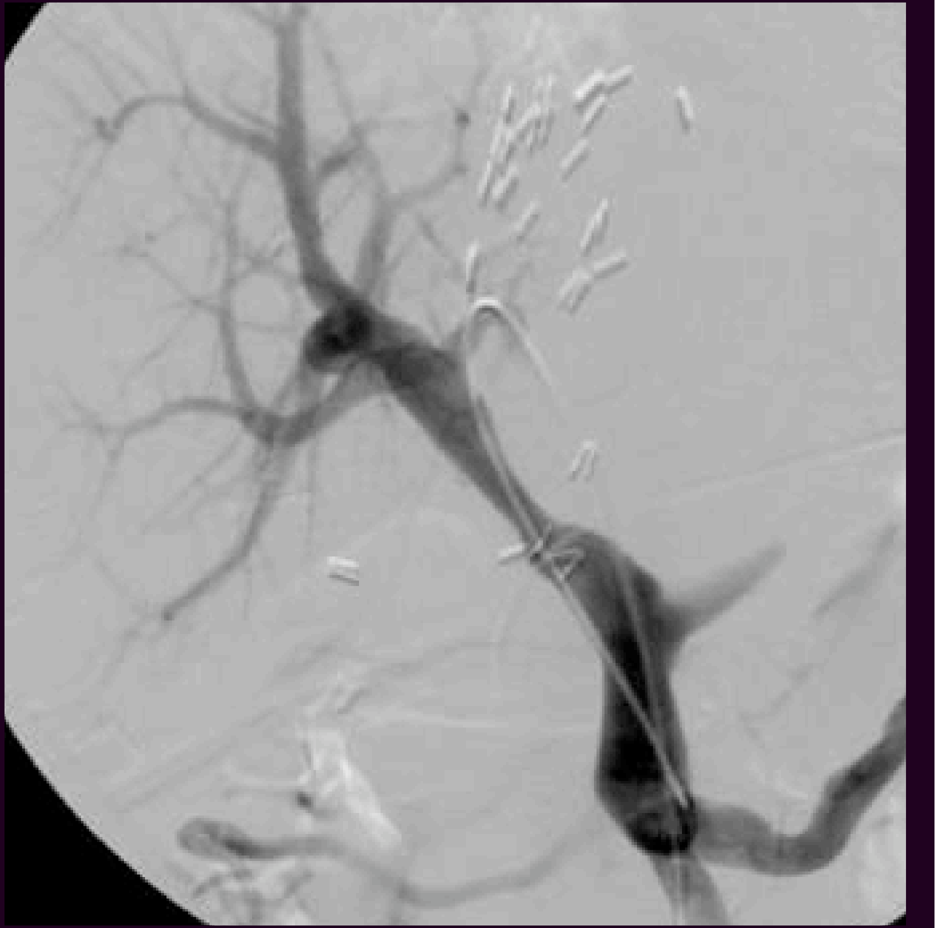




Les sténoses anastomotiques et thromboses sont rares.
A rechercher si ascite inexpliquée ou réapparition de signes d'HTP.

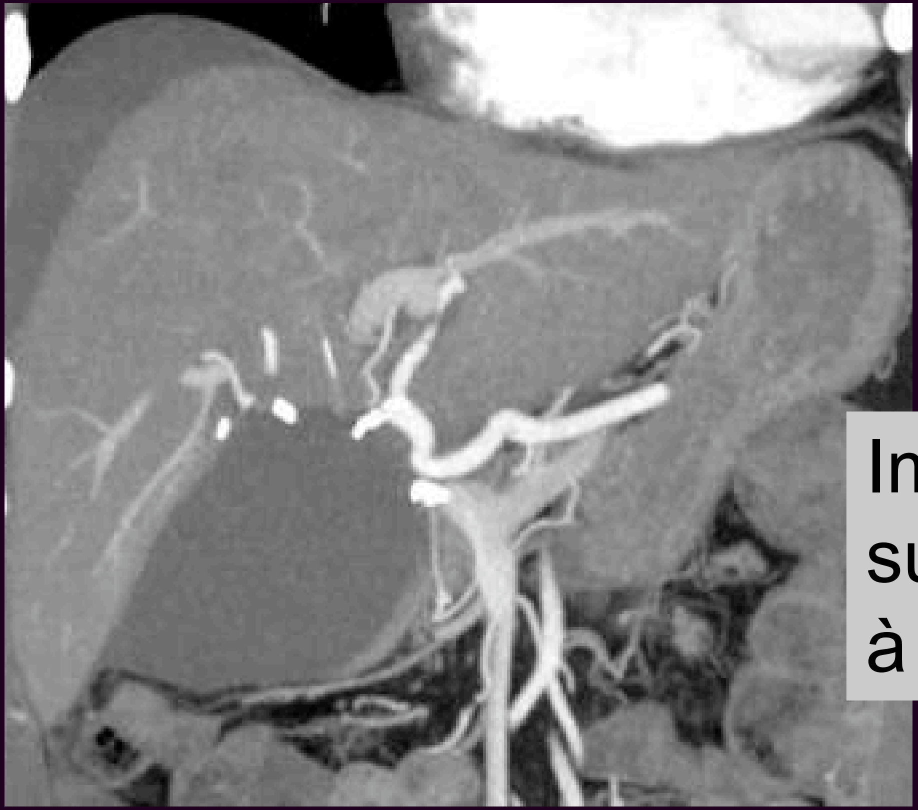






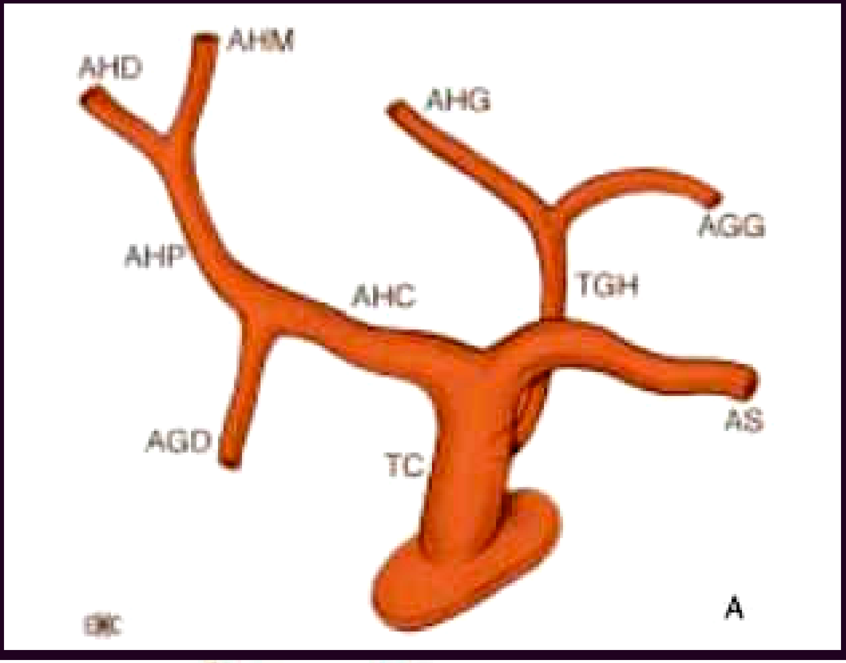
Pas de gradient de pression significatif

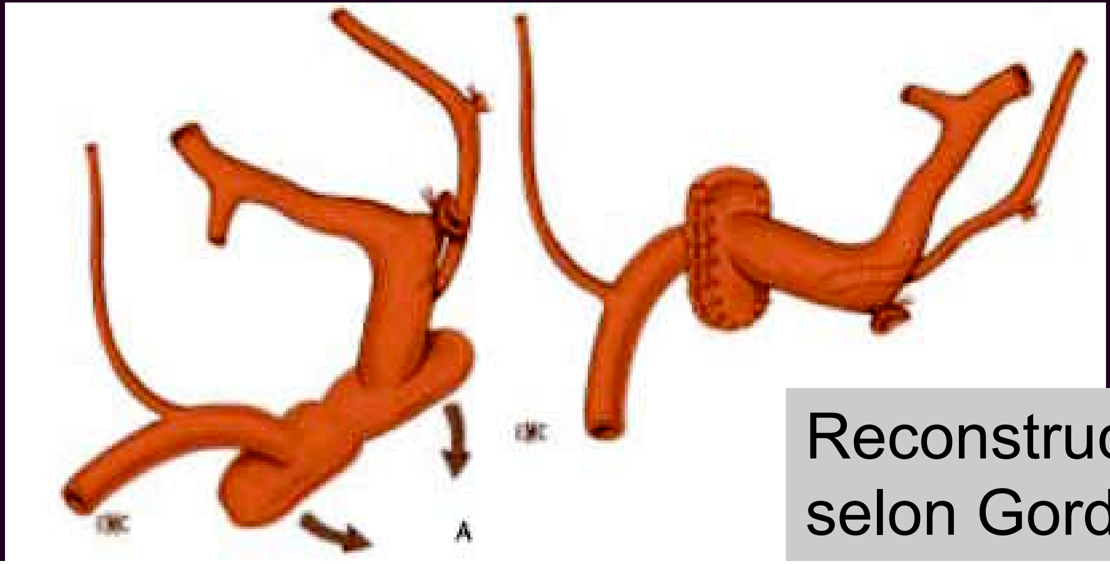
Anastomose artérielle hépatique



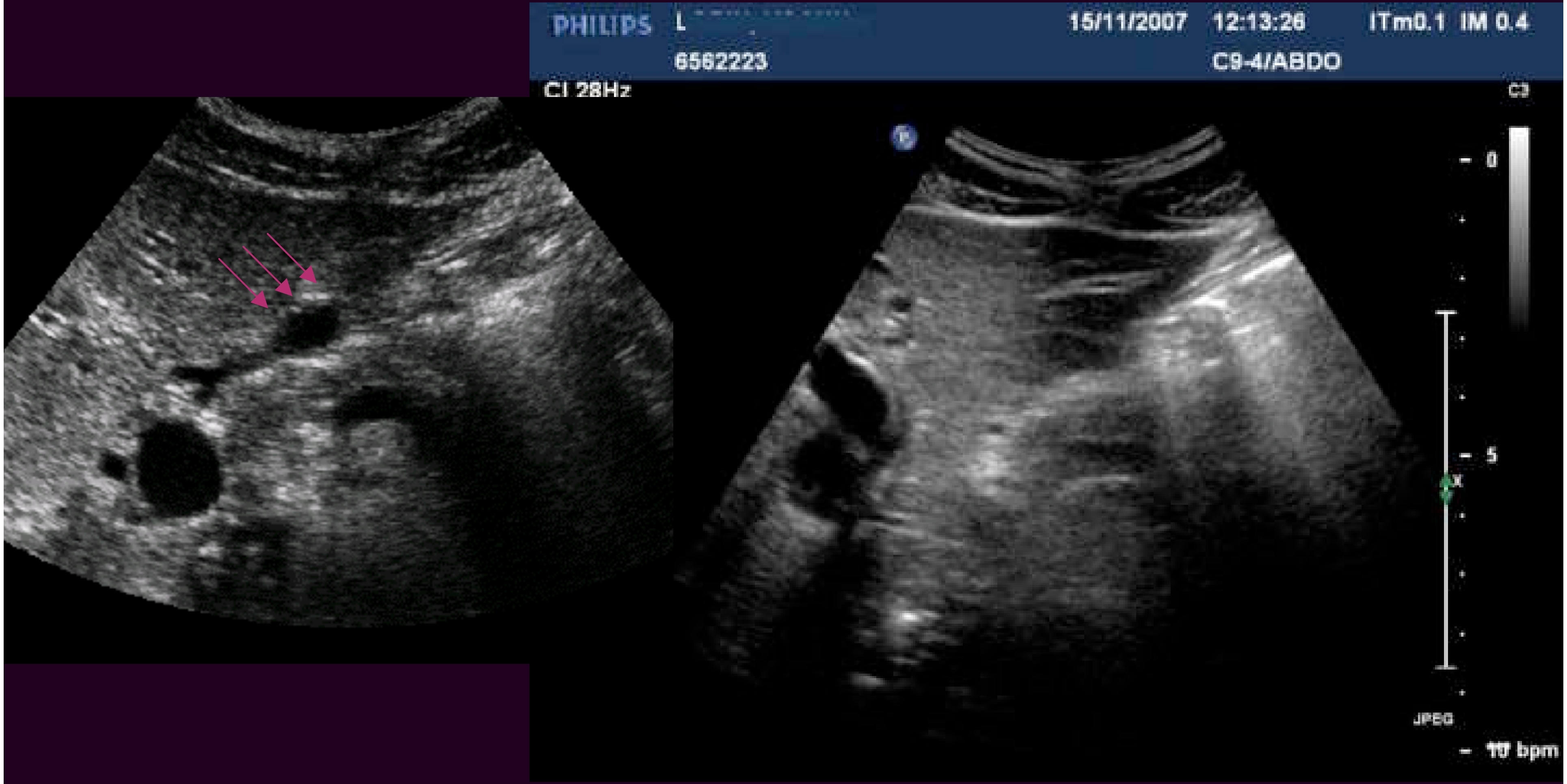
Implantation artérielle:
sur l'a. hépatique propre
à l'origine de l'a. gastroduod.

Variantes anatomiques chez le donneur


AHM
AHD
AHG
AGG
AHP
TGH
AHC
AS
AGD
TC
A
EMC



Reconstruction artérielle selon Gordon


PHILIPS
L [redacted]
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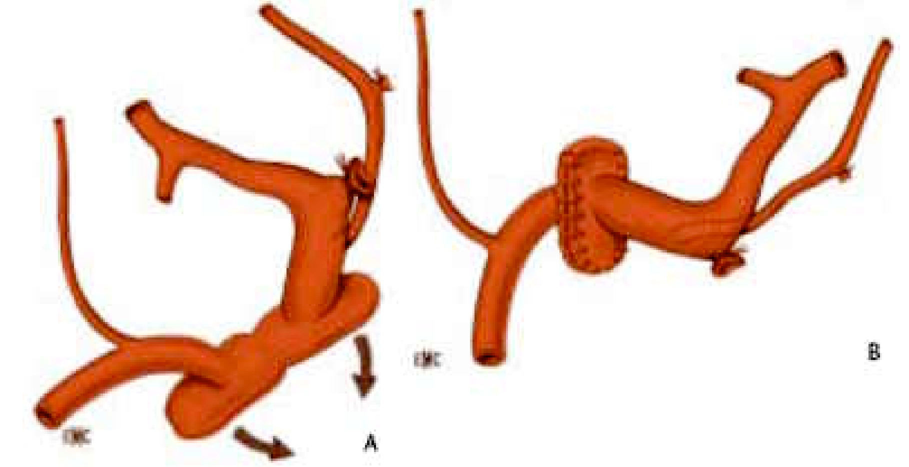
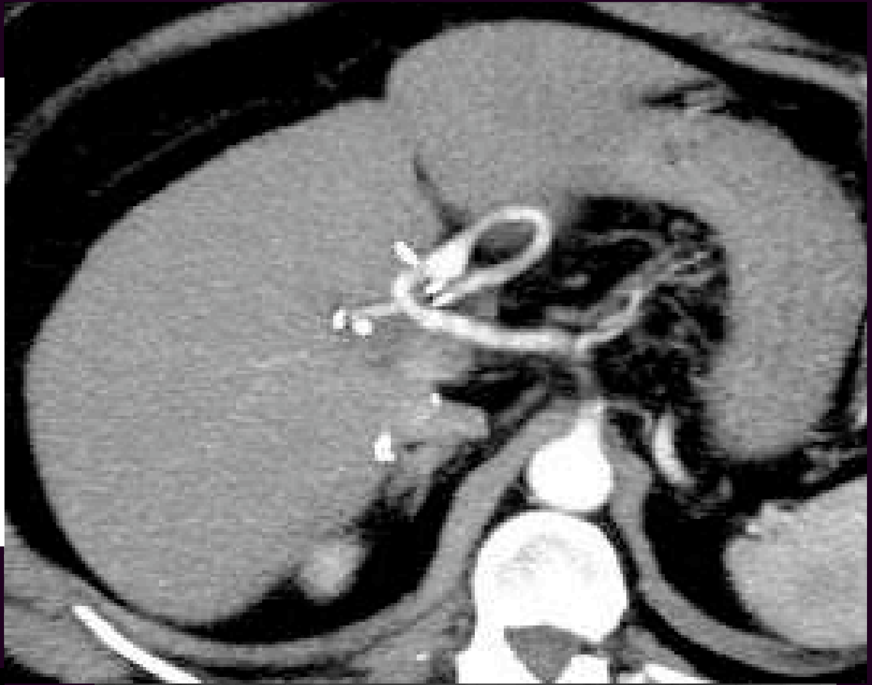
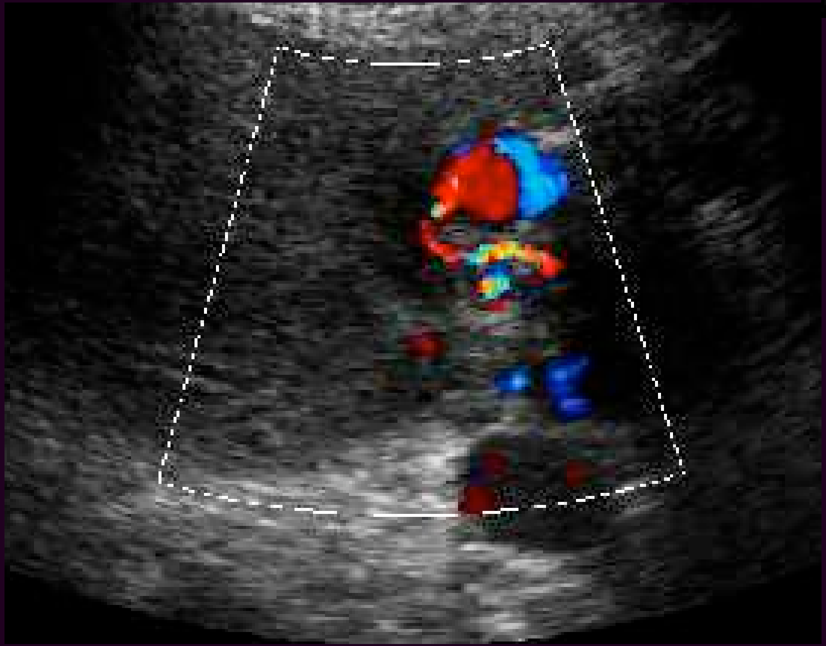
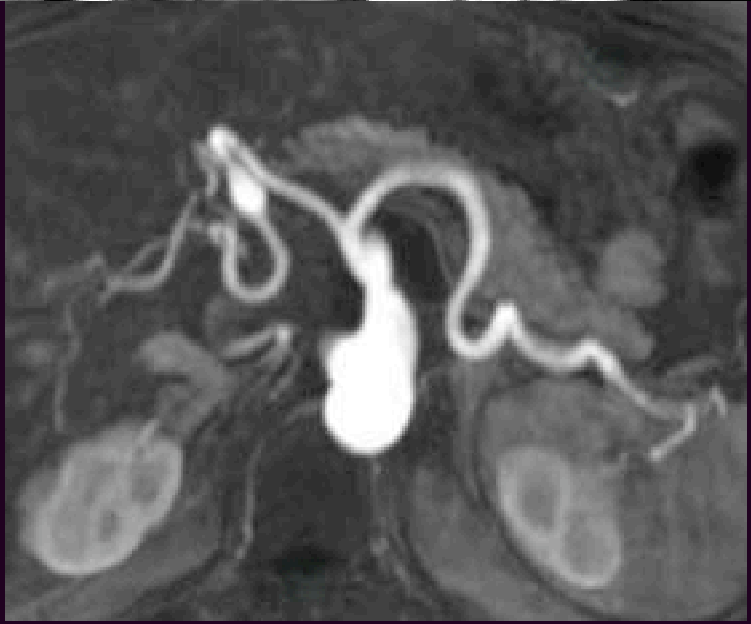
6562223
C9-4/ABDO
CI 28Hz
C3
0
5
JPEG
bpm


A
B



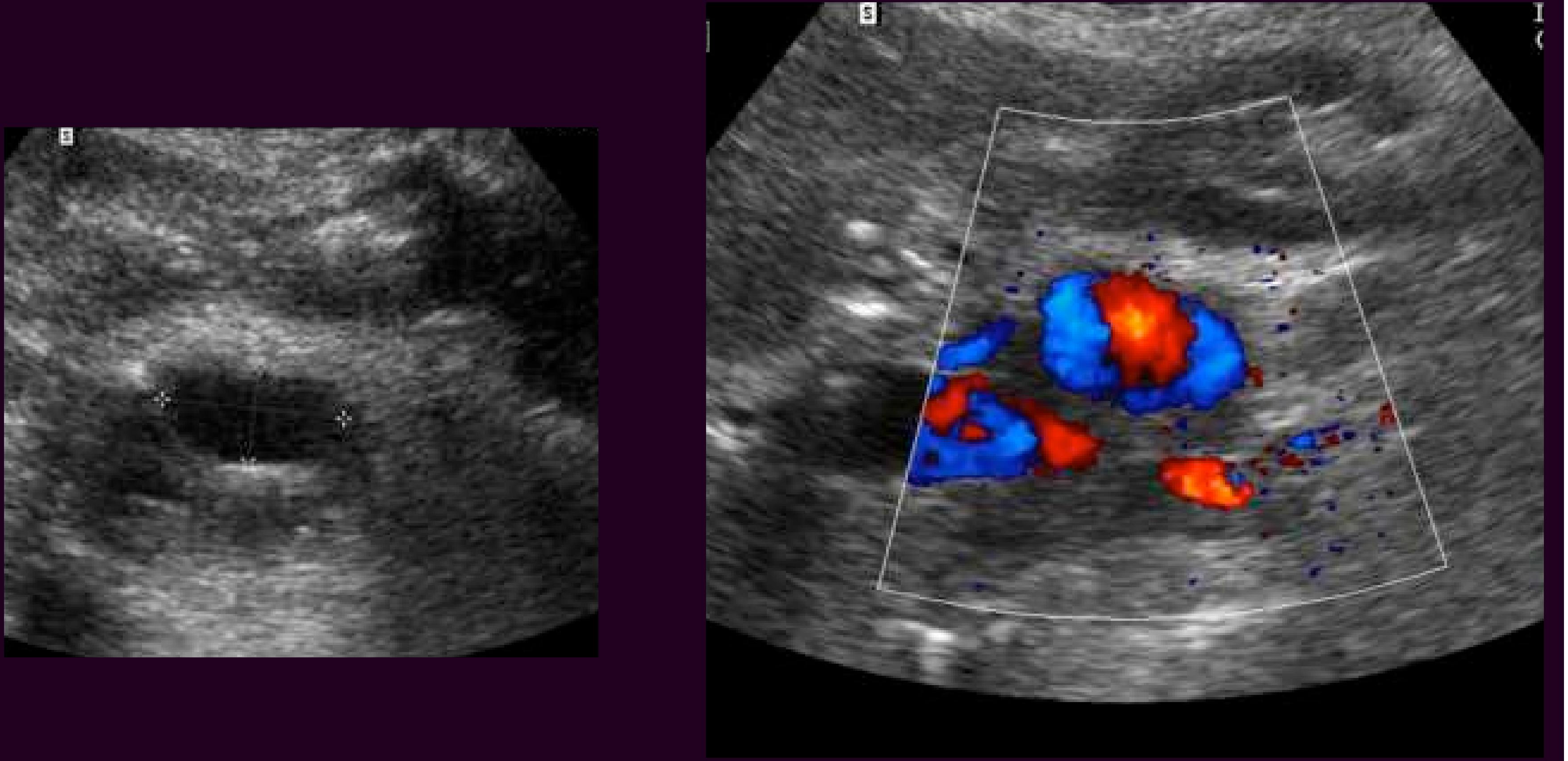




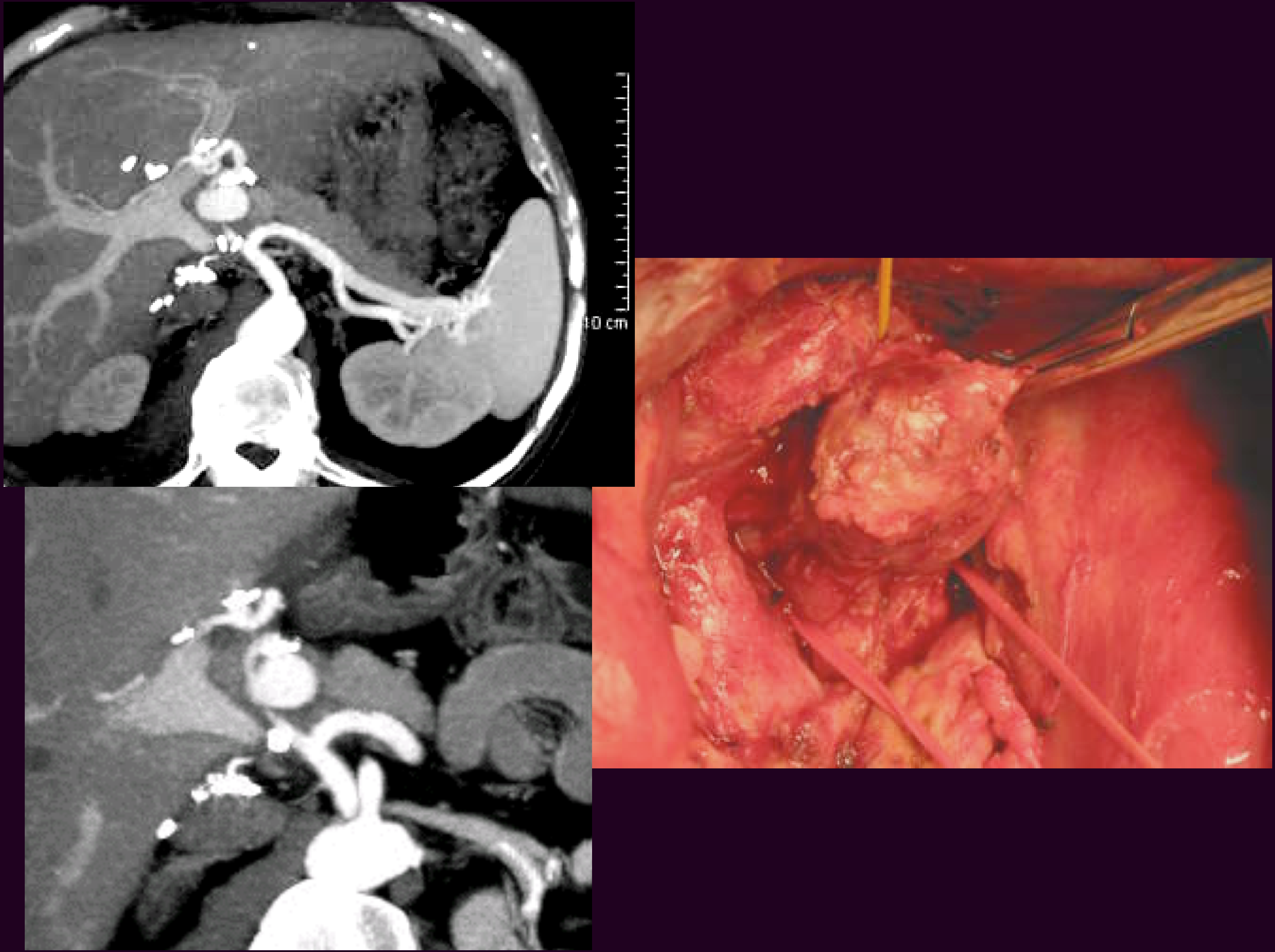
Diagnostic differentiel = pseudo-anevrysme anastomotique mycotique ou non

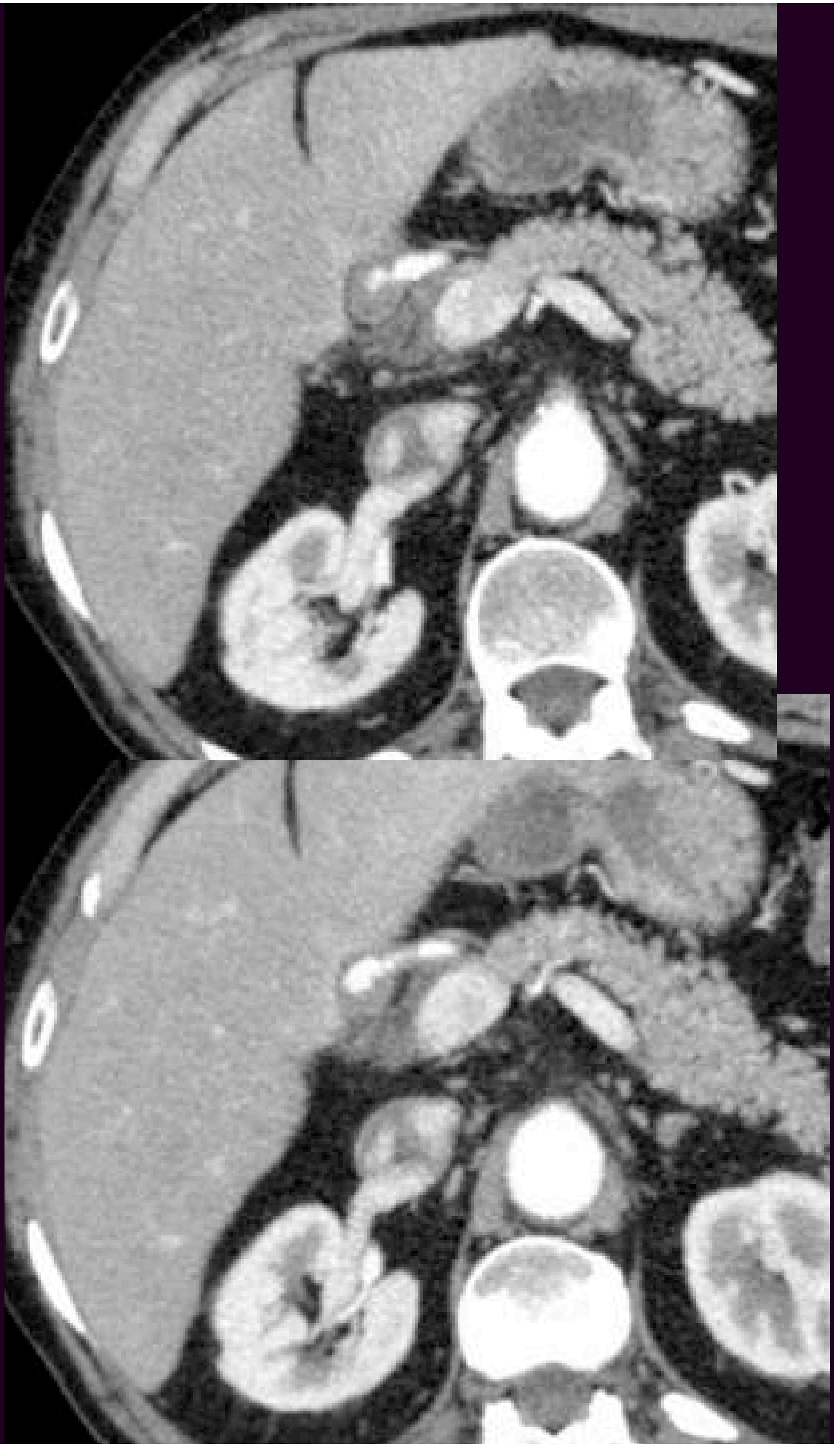
- Rare
- Parfois découverte fortuite ou en urgence: tableau de rupture intrapéritonéale , fissuration dans les voies biliaires

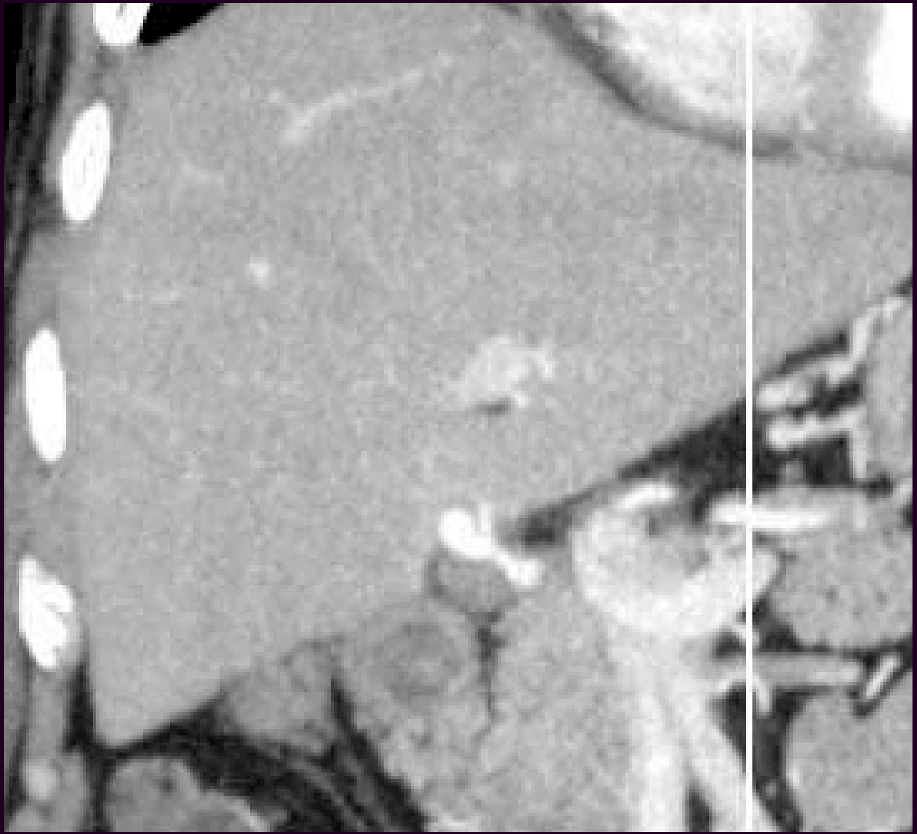
(mélaenas)



Découverte fortuite
sur écho-doppler de contrôle
à 1 an de la greffe

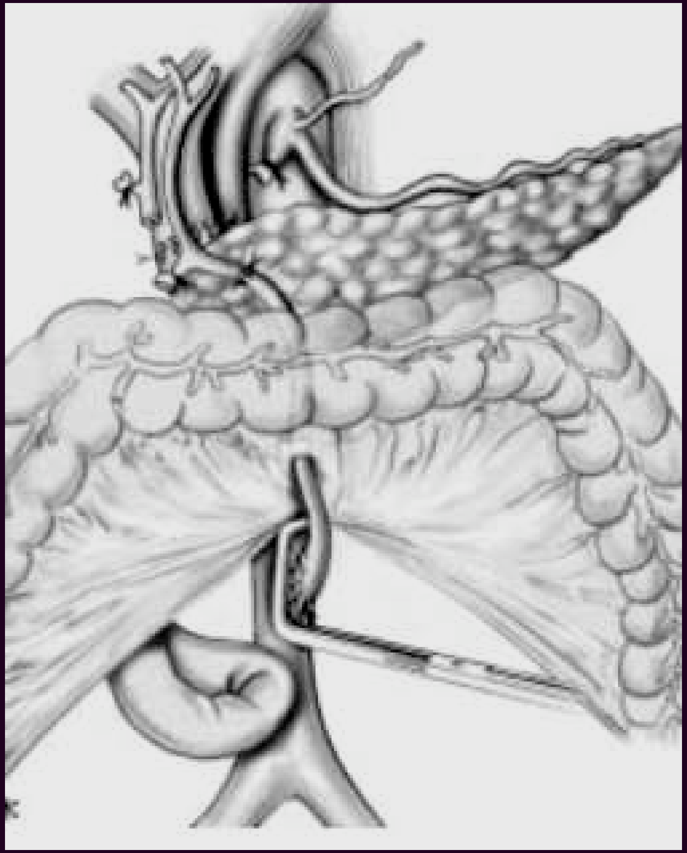

10 cm

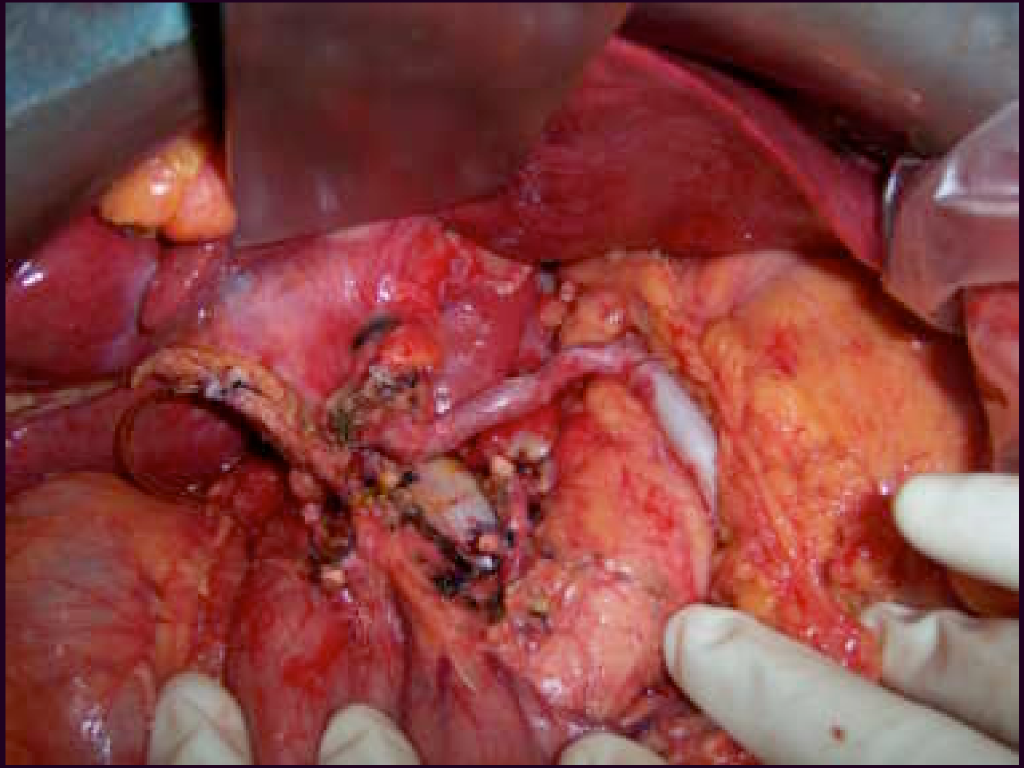


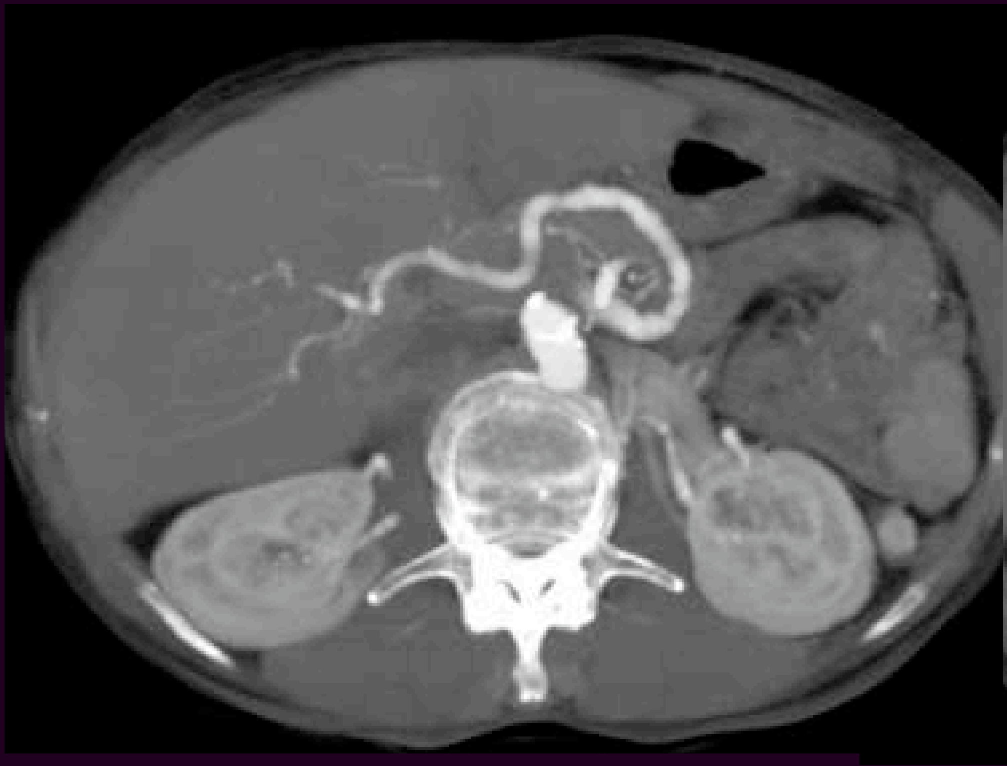


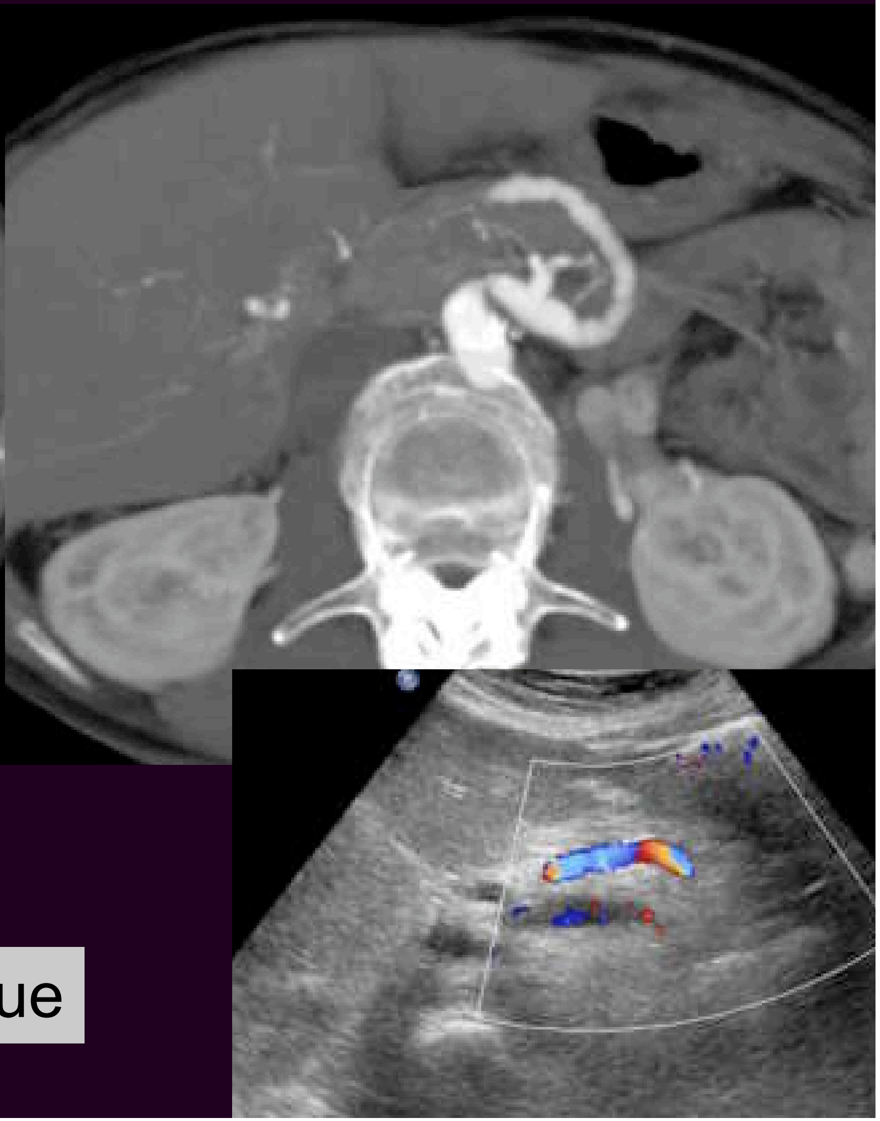
Pseudoanevrysme anastomotique sacciforme (7 ans post-greffe)

Pontage aorto-hépatique



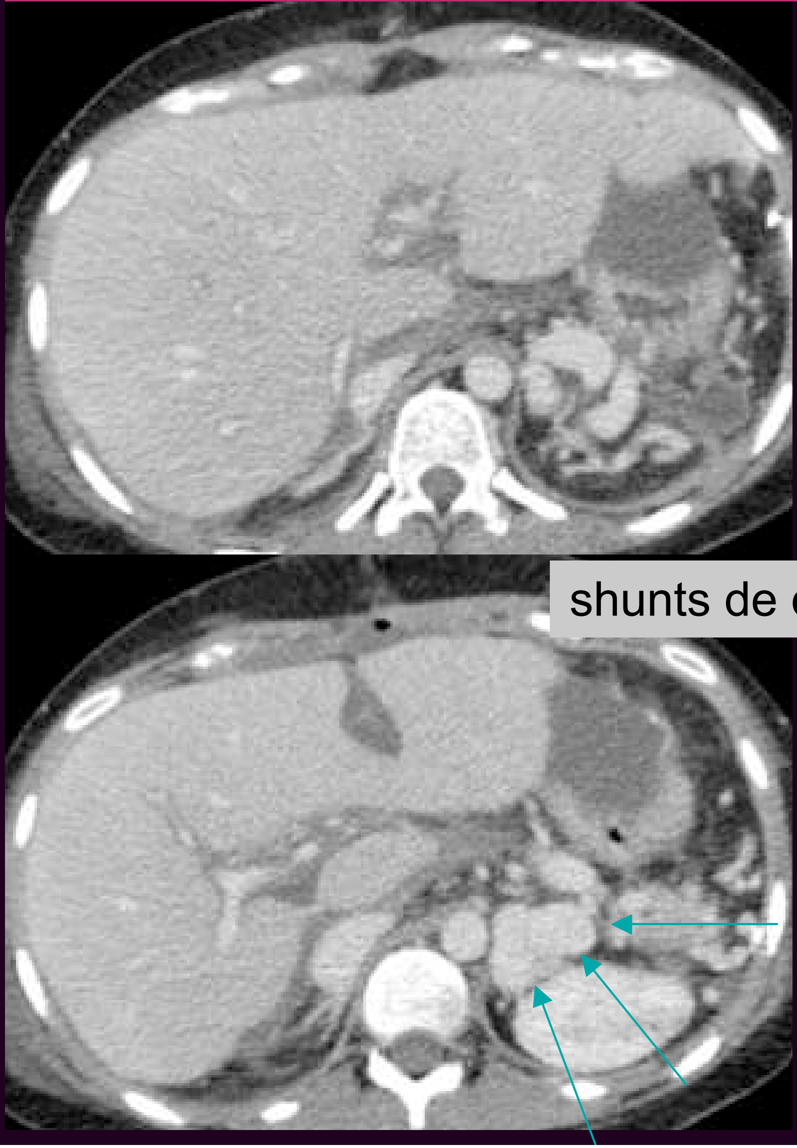




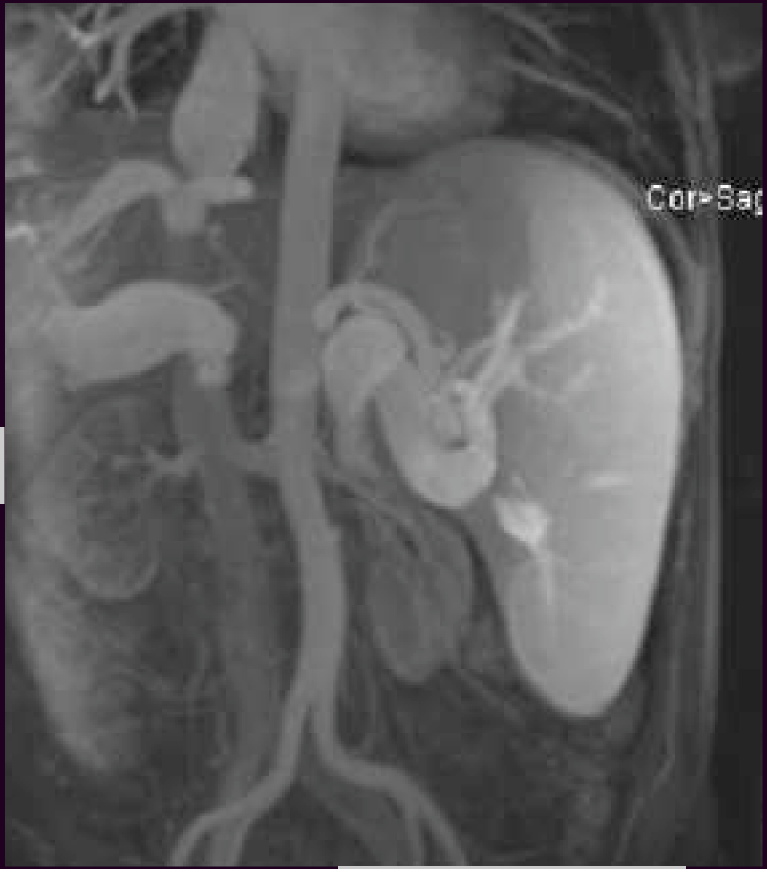


Pontage aorto-hépatique

Persistance des stigmates de l’HTP:



shunts de dérivation



splénomégalie

LE DOPPLER DU GREFFON

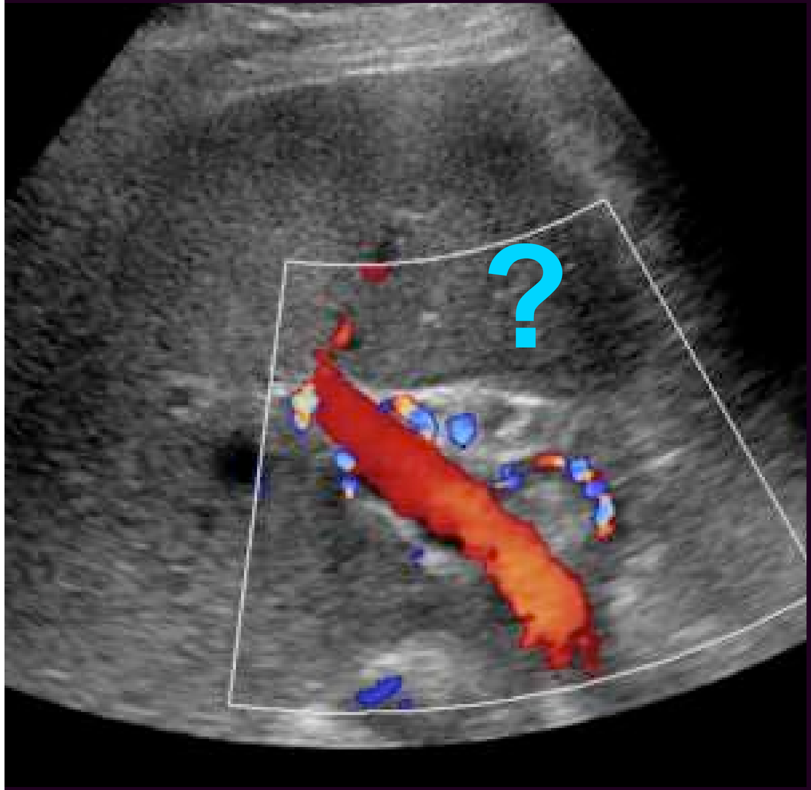
ARTERE HEPATIQUE

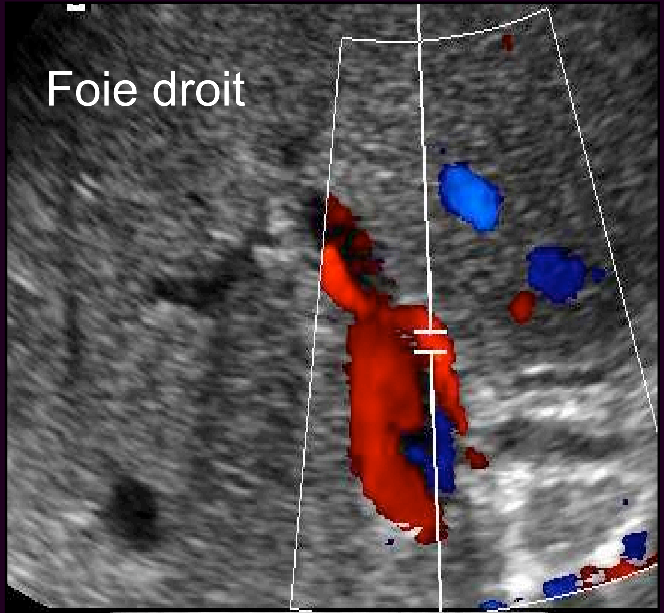
VEINE PORTE
V SUS HEPATIQUE

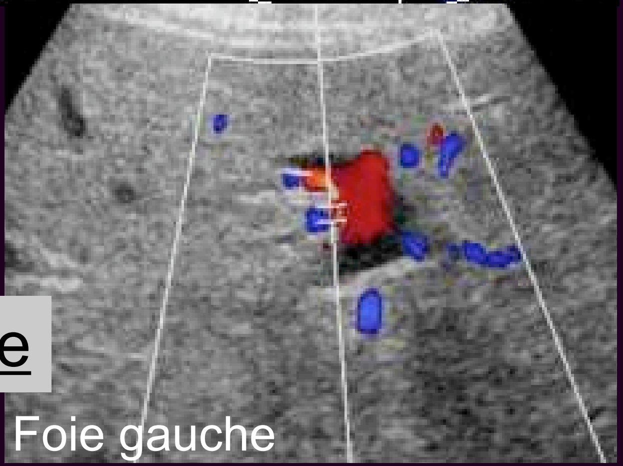
↕

ETUDE des VOIES BILIAIRES

LE DOPPLER DU GREFFON



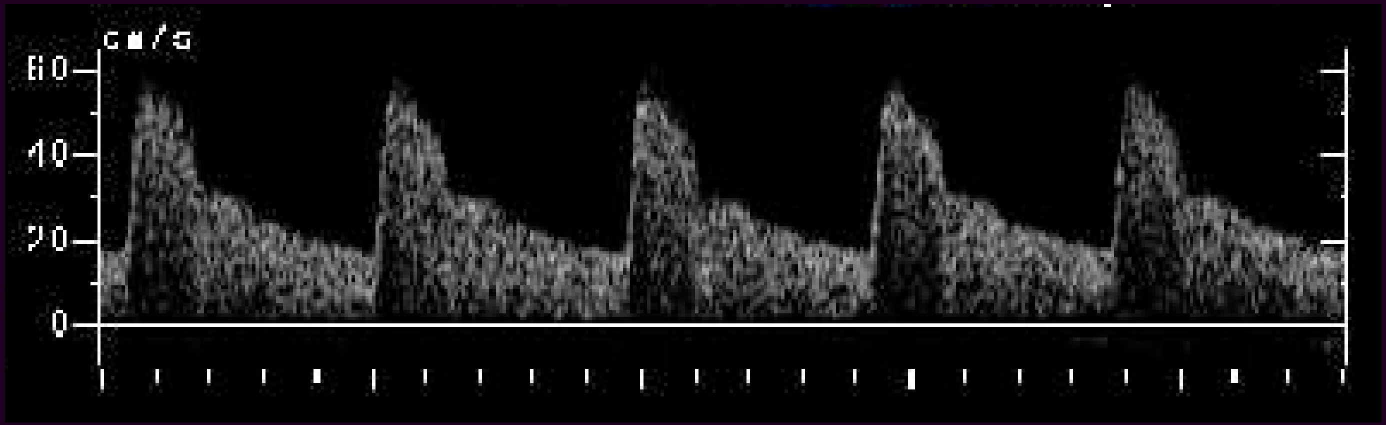



Foie gauche

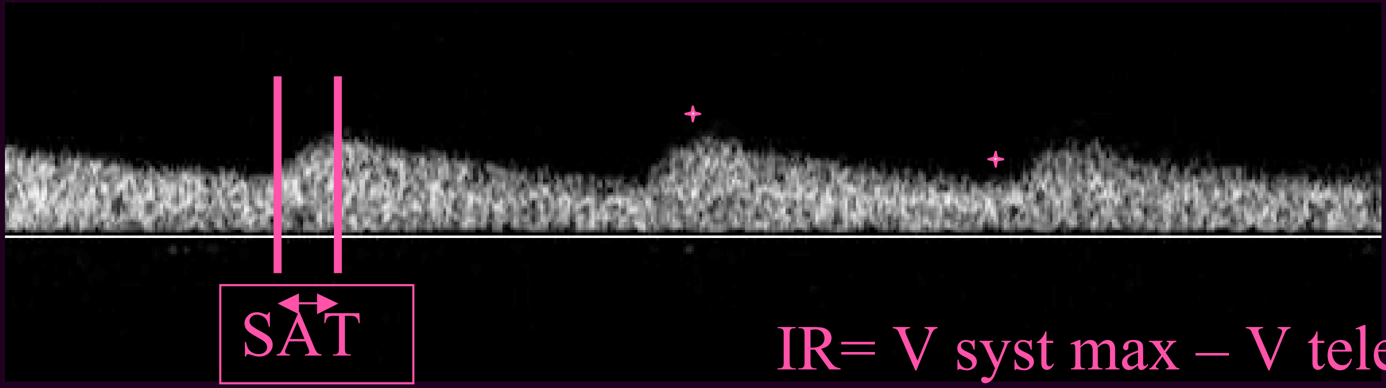
Analyse artérielle intra-parenchymateuse

LE DOPPLER DU GREFFON

Doppler normal


cm/s
60
40
20
0

Doppler pathologique



$$IR = \frac{V\ \text{syst max} - V\ \text{telediast}}{V\ \text{syst max}}$$

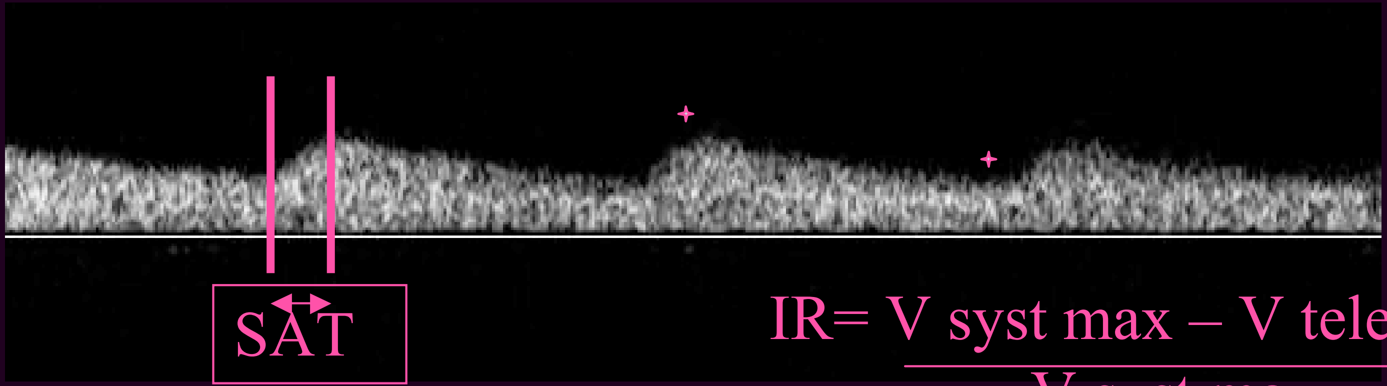
LE DOPPLER DU GREFFON

SPECTRE PATHOLOGIQUE

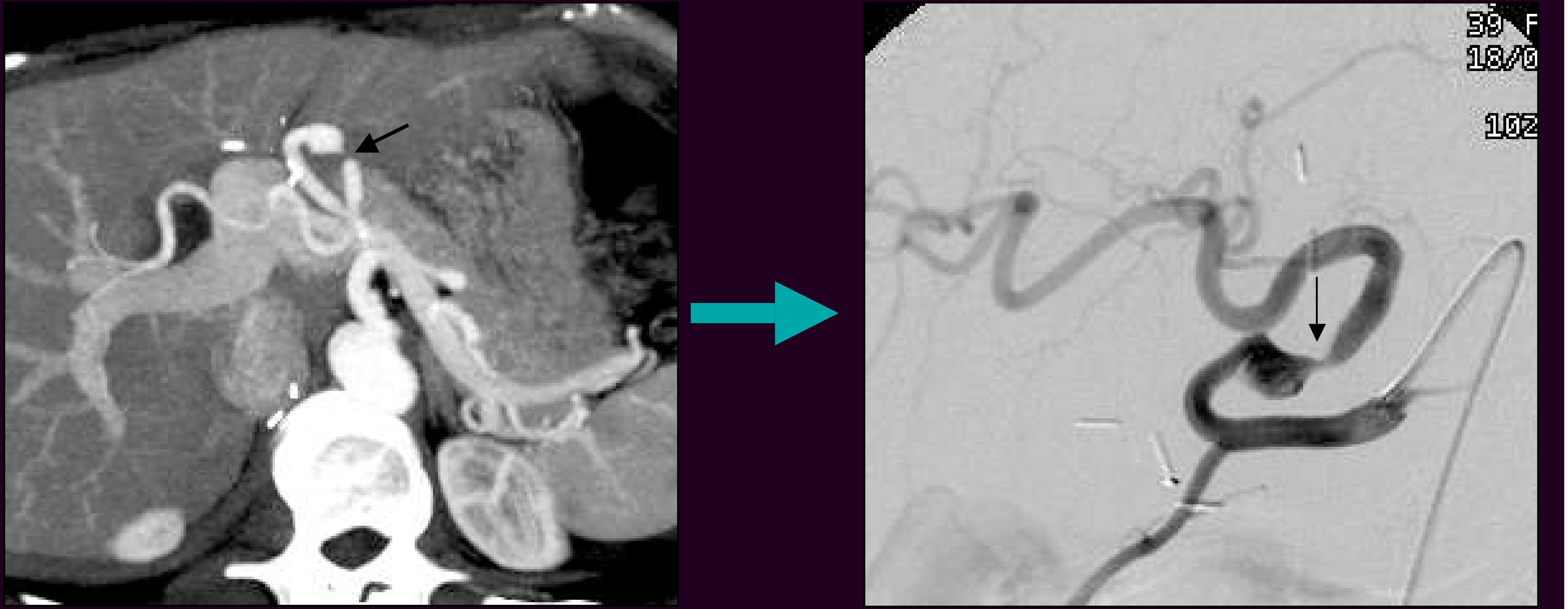
IR < 0.50 et/ou SAT > 0,08 s

Dodd Radiology 94

Doppler pathologique



$$IR = \frac{V\ syst\ max - V\ telediast}{V\ syst\ max}$$

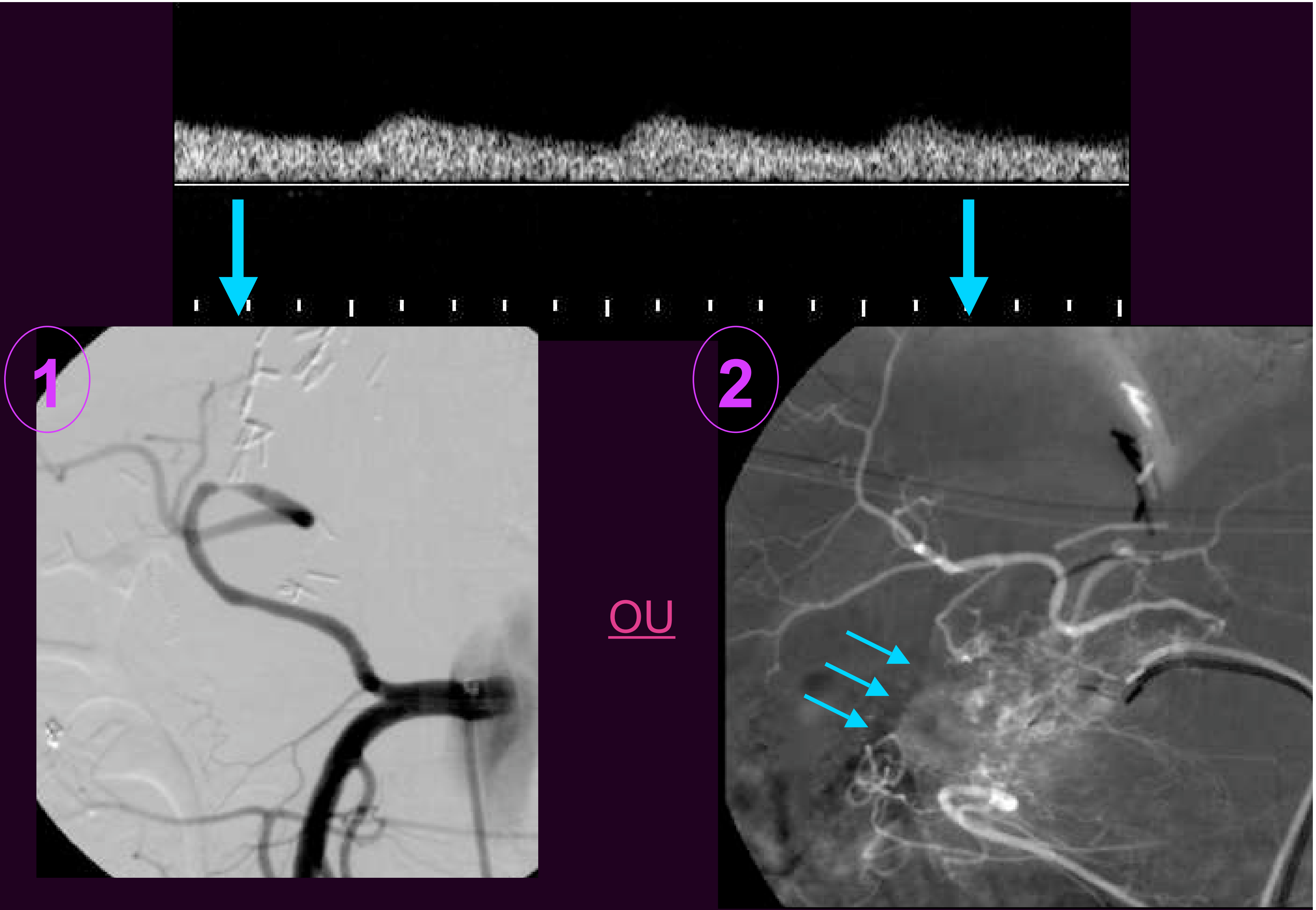


13 ANS après la greffe

Sténose de l’artère hépatique:

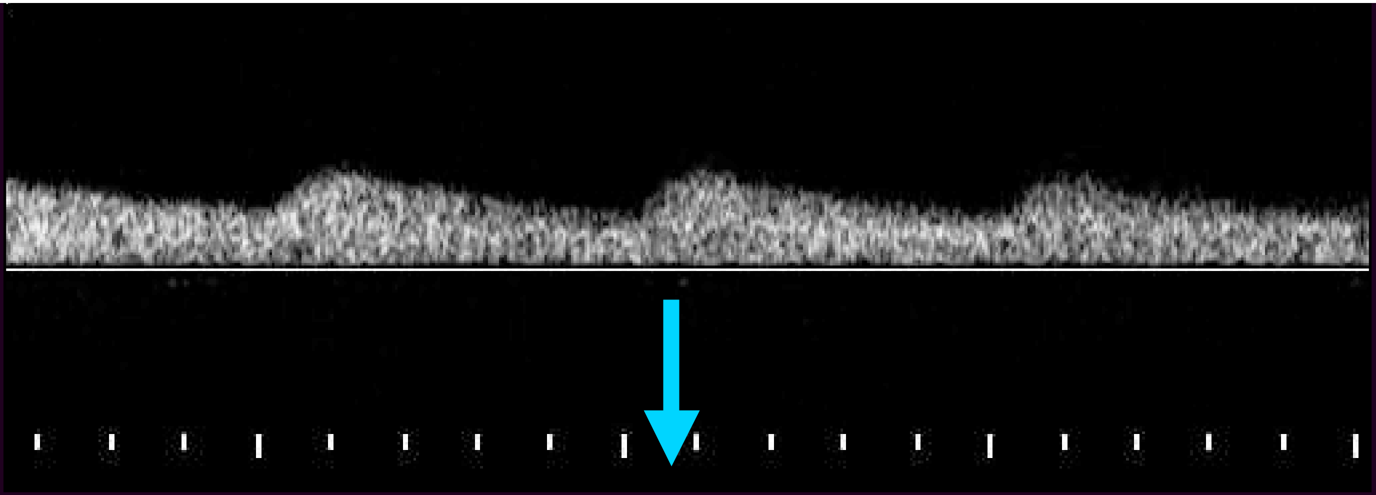
le bilan hépatique et la PBF ne se modifient que lorsque la thrombose apparaît.

Doppler pathologique → scanner et/ou artériographie

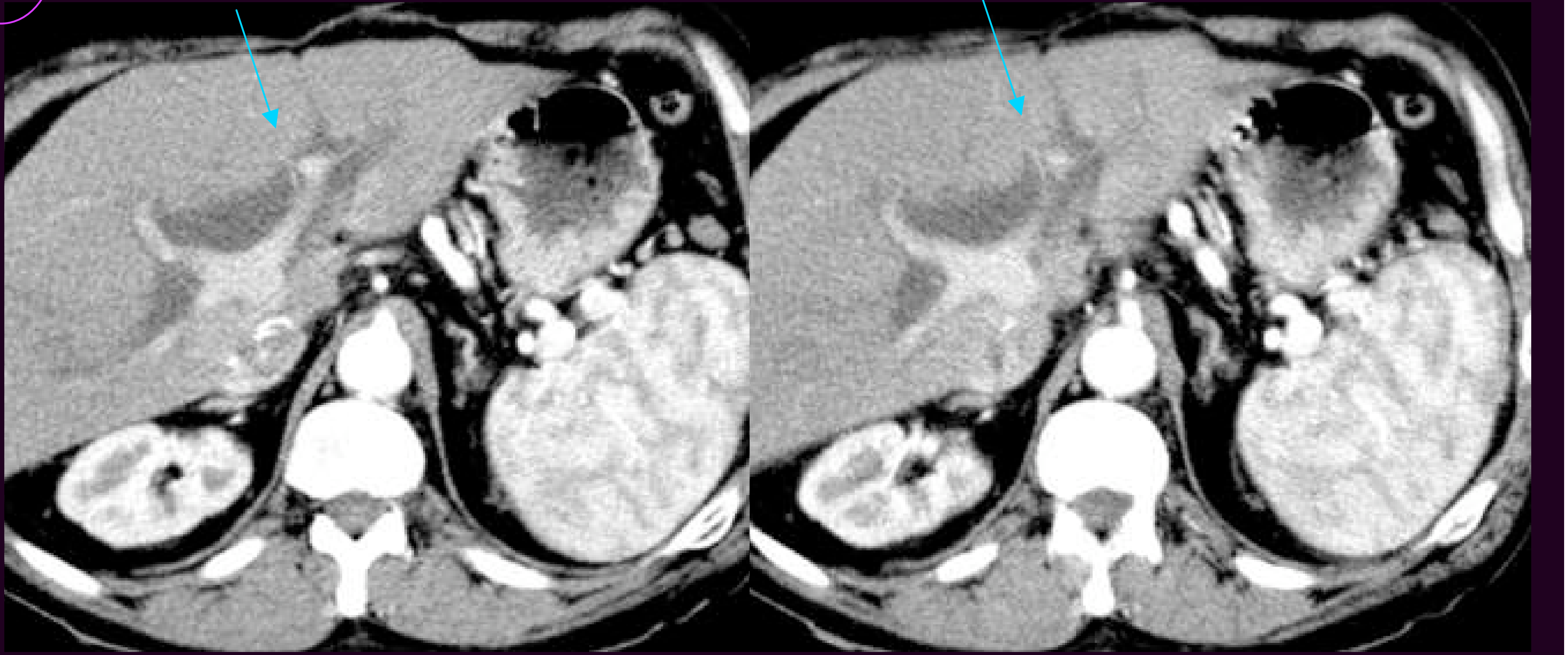


OU

Patient asymptomatique, VBIH normales, bilan hépatique normal.

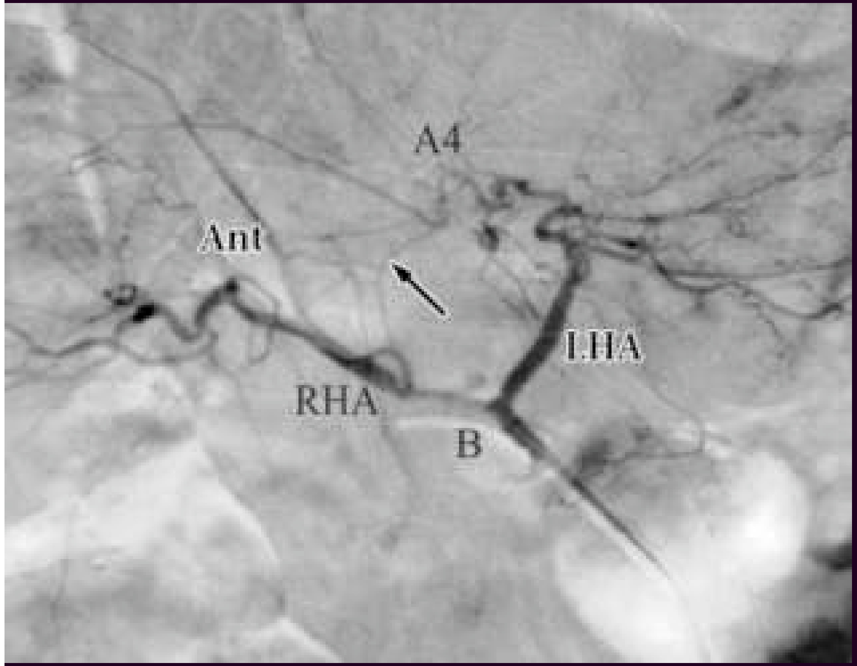


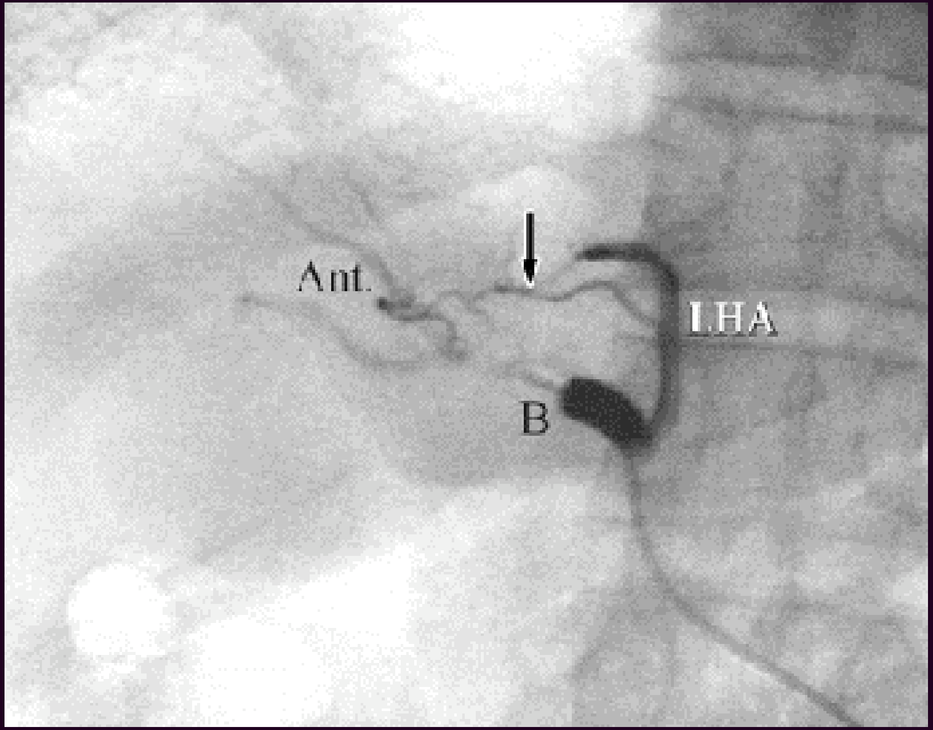
③



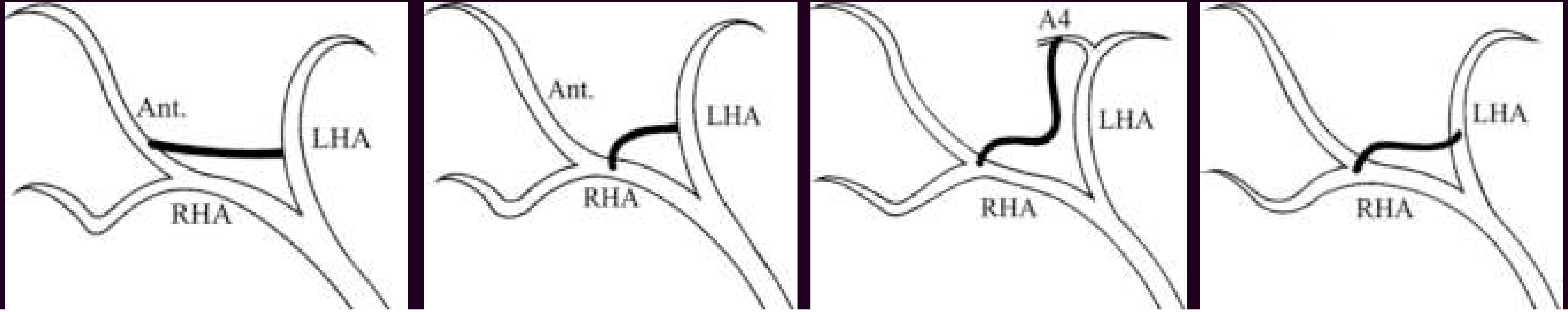
Nécrose ischémique des VBIH, bilan hépatique pathologique

Asymétrie doppler foie droit/ foie gauche

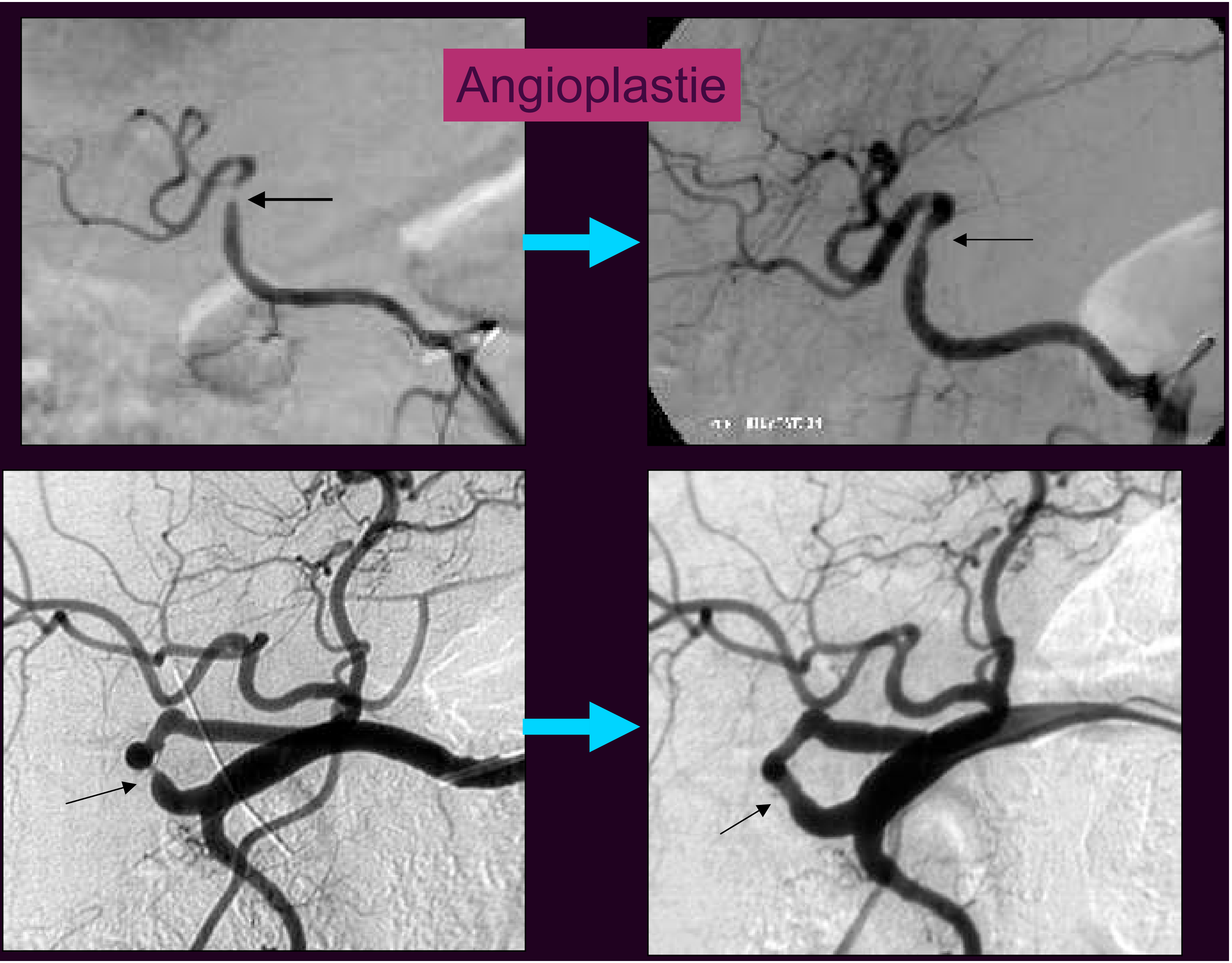

A4
Ant
LHA
RHA
B



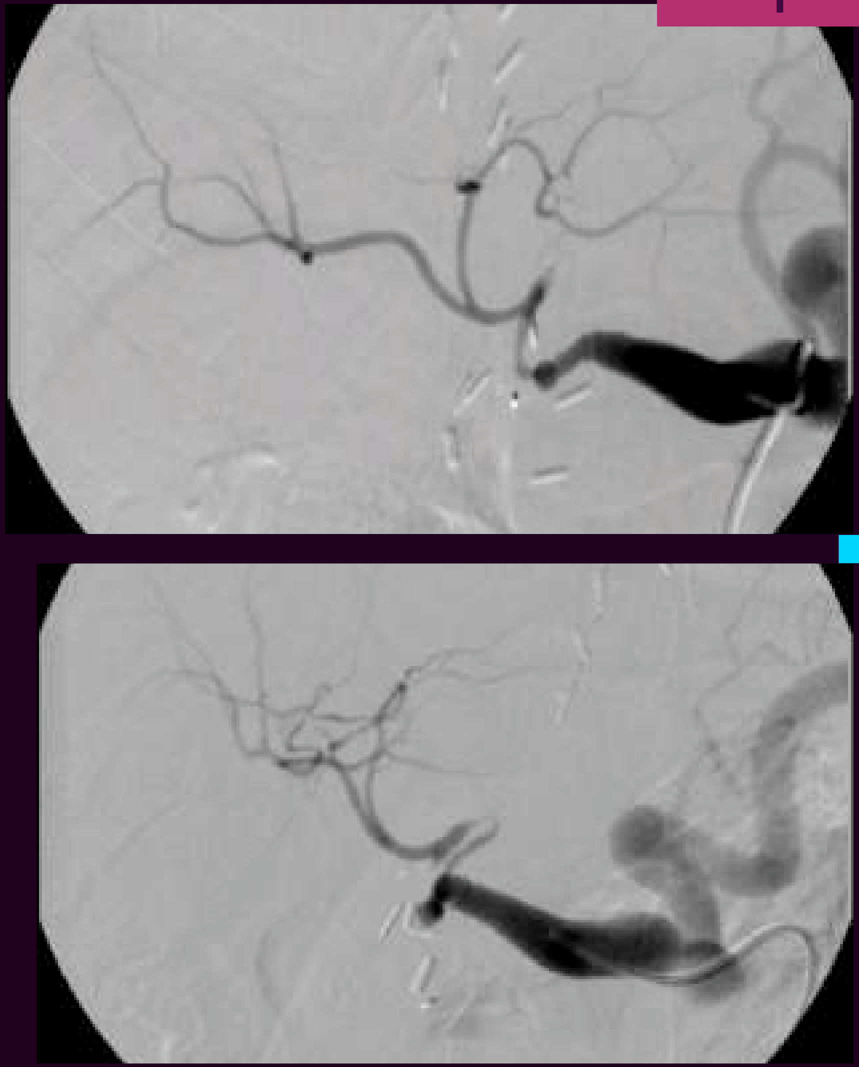
Takayuki Tohma *Radiology 2005 237: 361-365*


Ant.
LHA
RHA
Ant.
LHA
RHA
A4
LHA
RHA
LHA
RHA

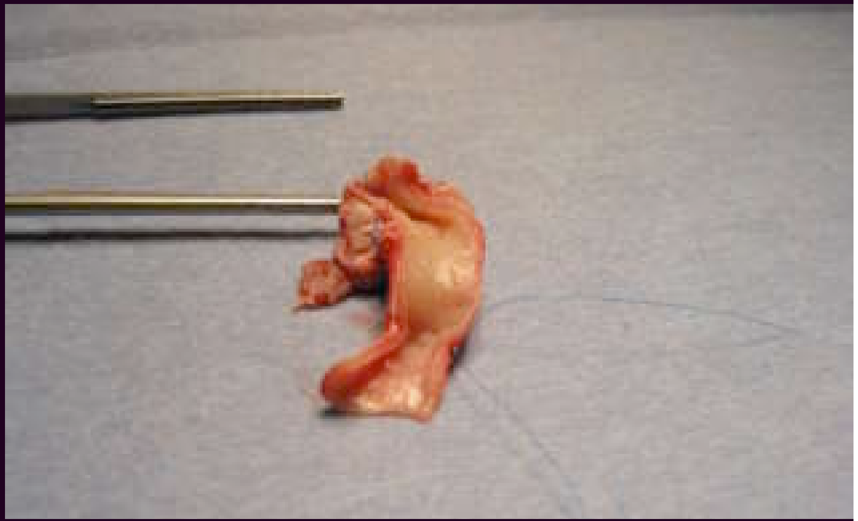
Angioplastie



Reprise chirurgicale



Sténose complexe



Thromboses de l'artère hépatique

(2.5 à 9%) :

complications BILIAIRES

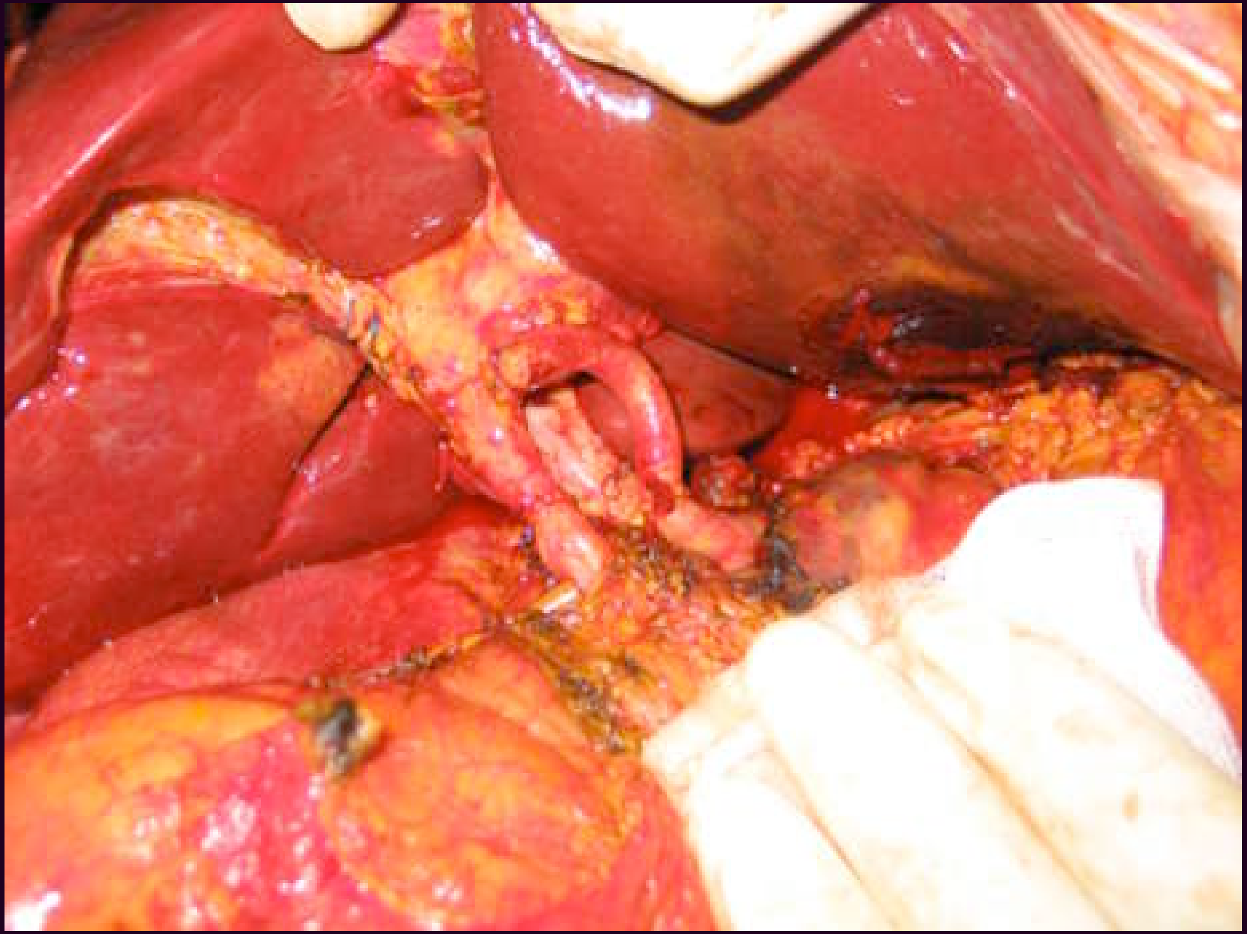
=

cholangite ischémique

(30 % mortalité)

PRECOCES **TARDIVES**

- sepsis répétés
- perte du greffon
- retransplantation

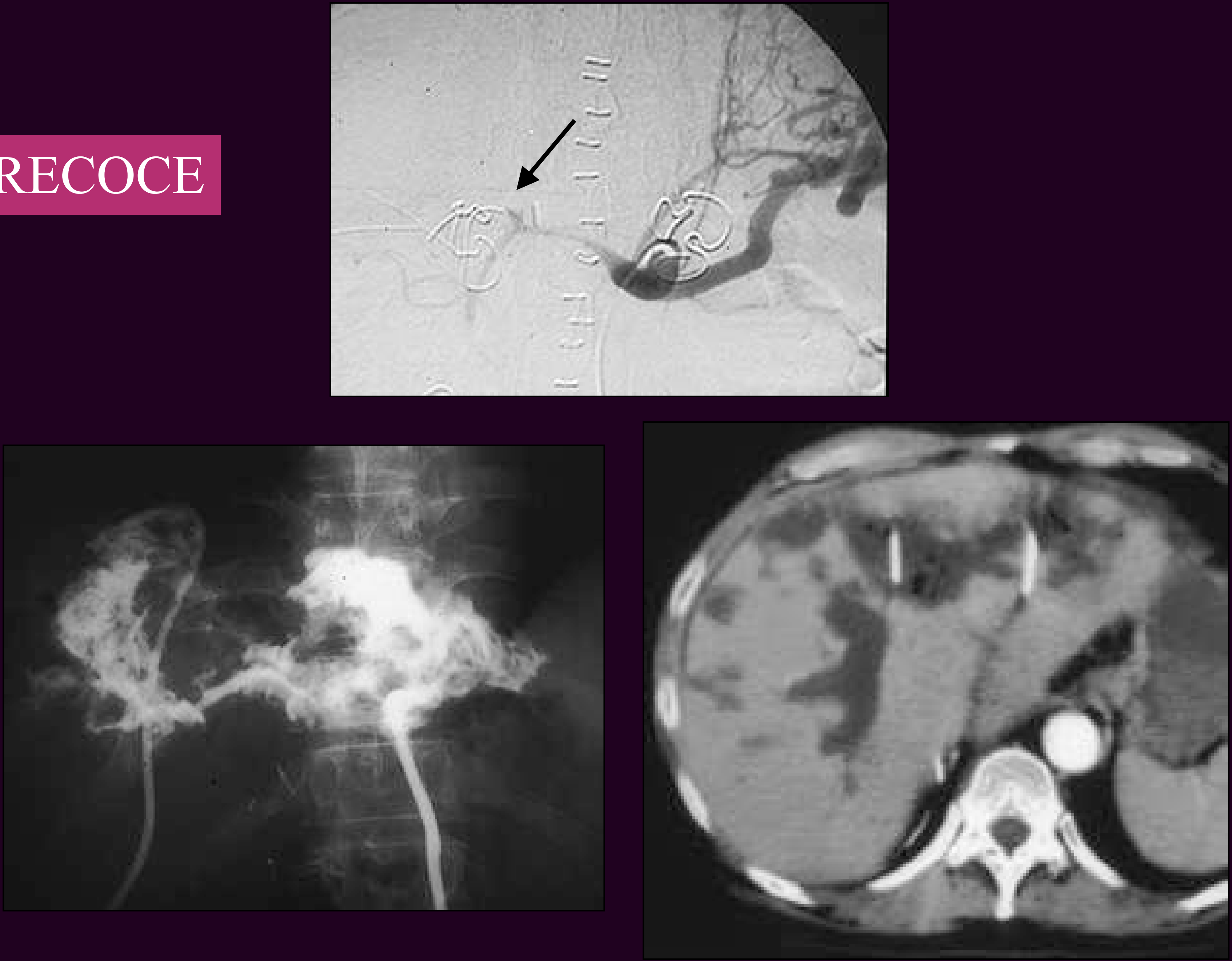


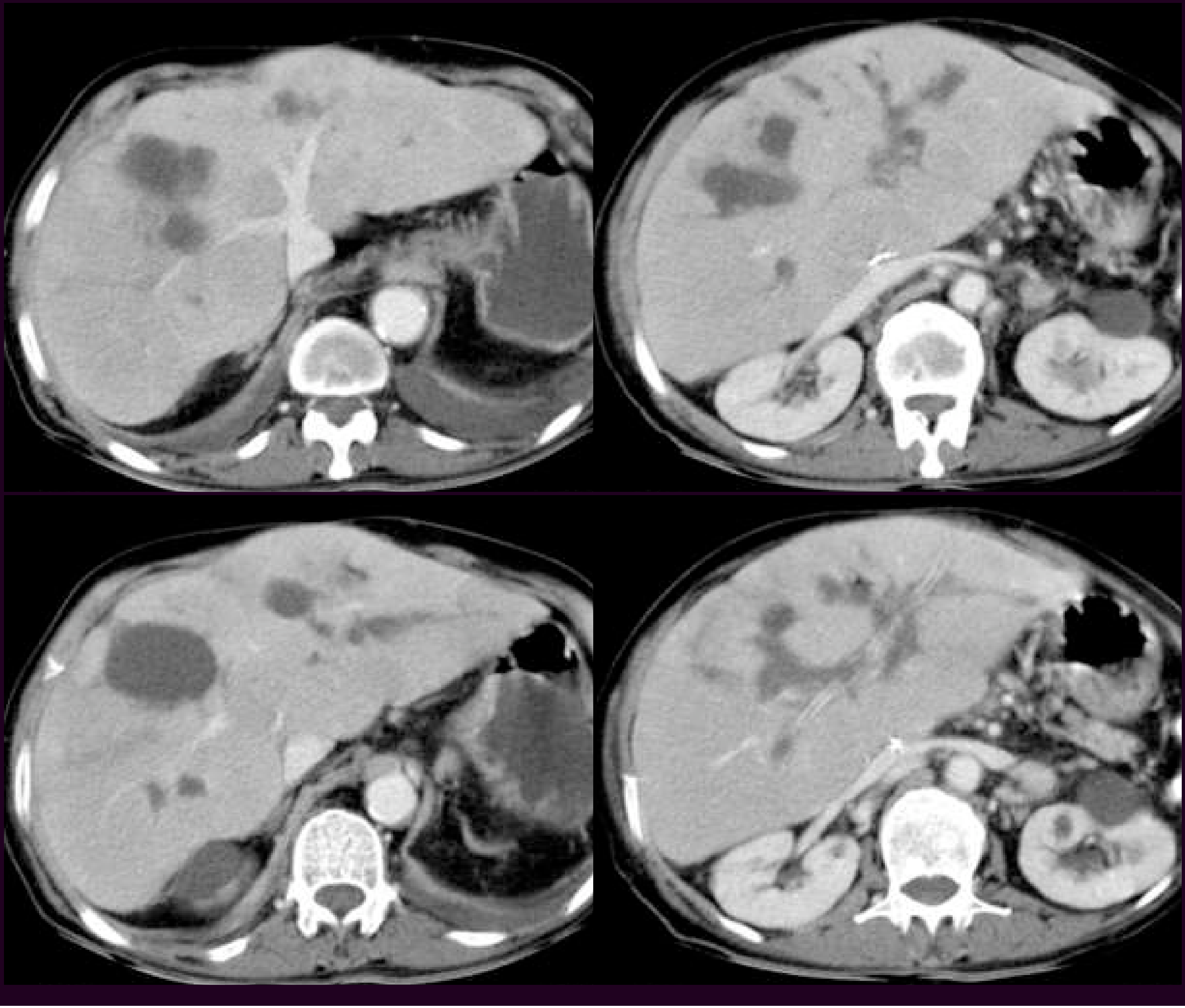
FACTEURS FAVORISANTS de la thrombose de l'artère hépatique

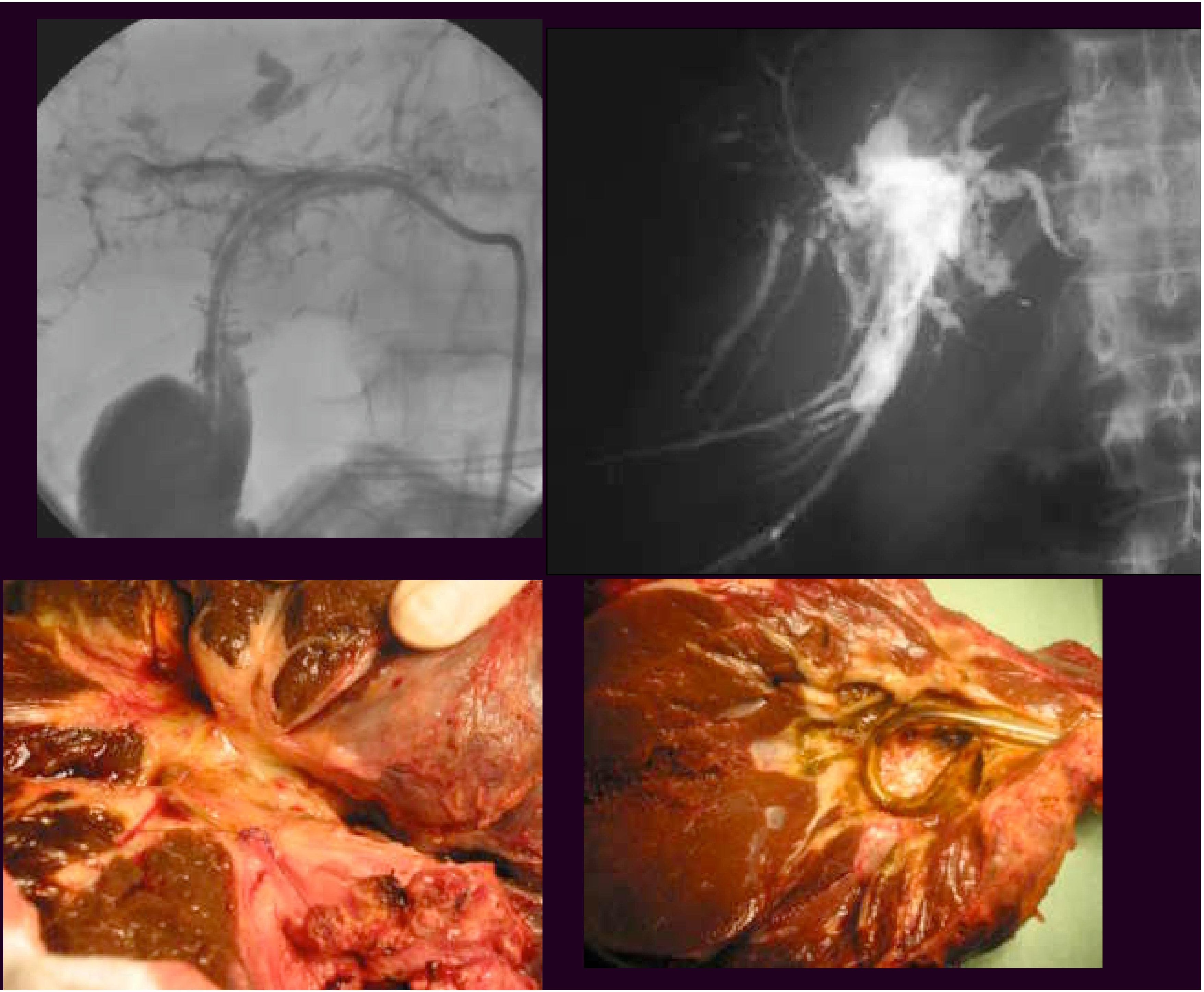
- Difficultés techniques (enfant, donneur vivant..),
- Anastomose artérielle (pontage, variante anatomique, athérome…)
- Épisodes de rejets sévères
- Infection à CMV
- Récurrence du virus C
- Tabagisme post-greffe
- ….

Leonardi, Transpl Proc 2004
Stange, Liver Transpl 2003

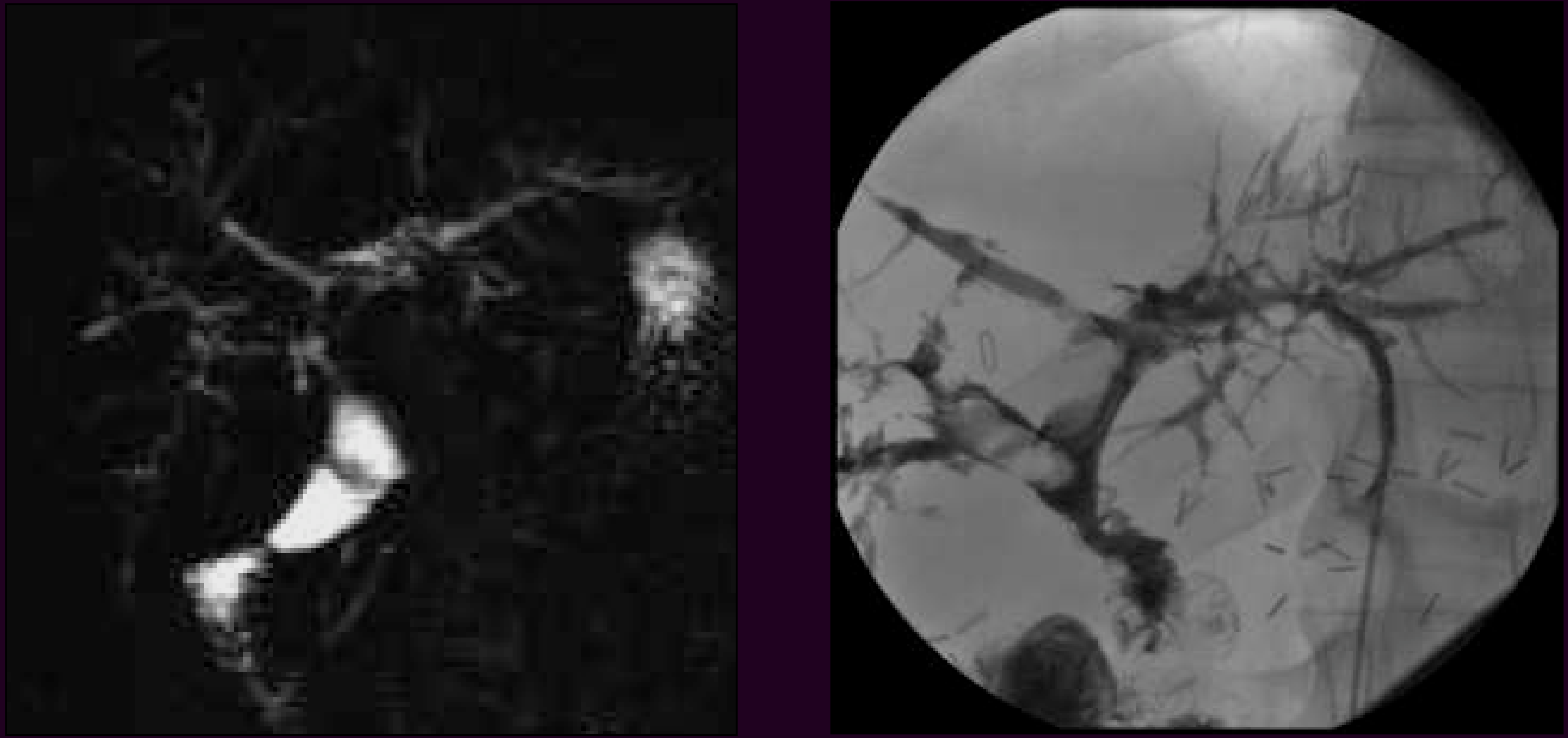
PRECOCE





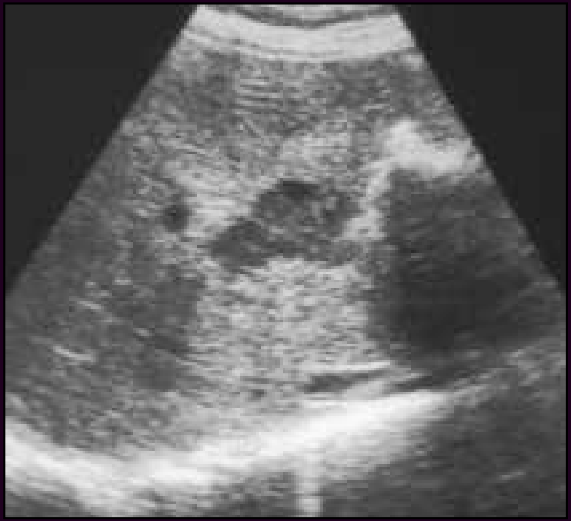


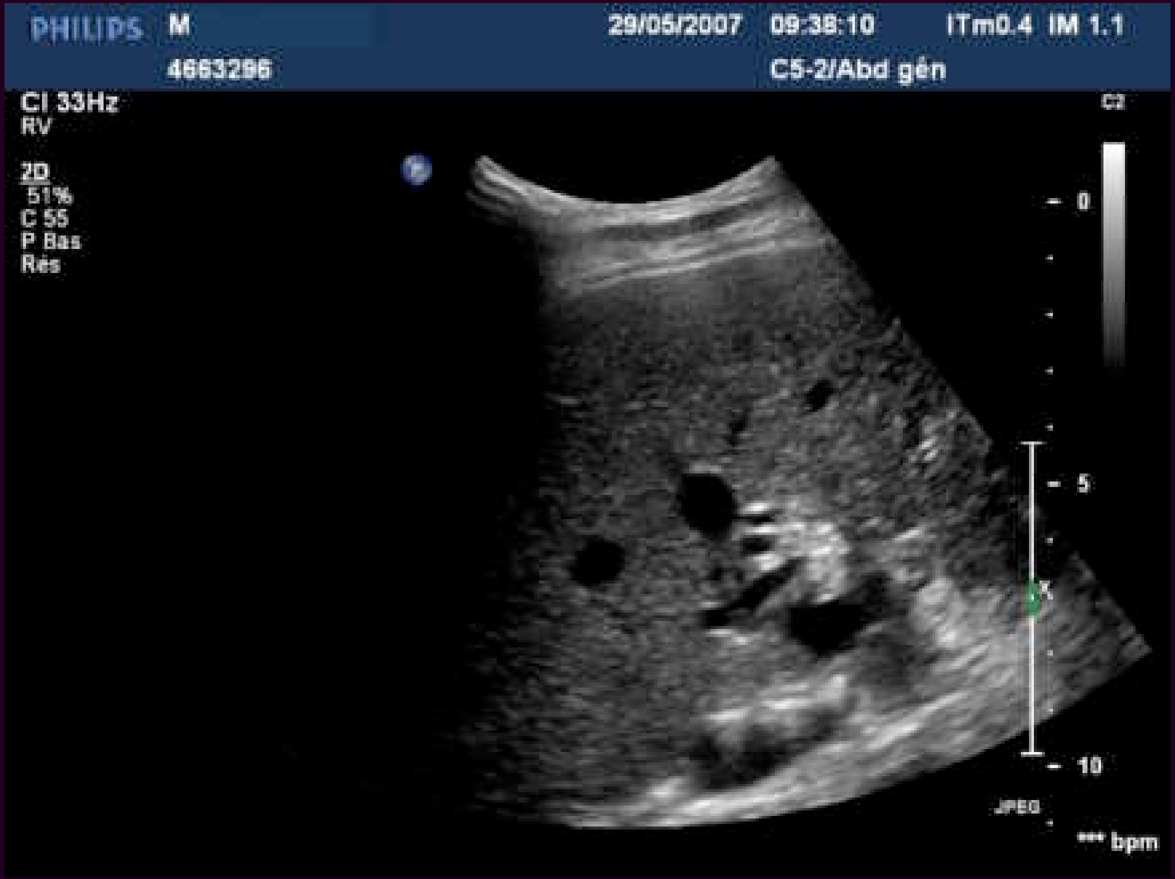
TARDIVE



Thrombose de l’artère hépatique 5 ans auparavant

Nécrose ischémique des voies biliaires à l'échographie :





PHILIPS
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29/05/2007
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CI 33Hz
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51%
C 55
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C2
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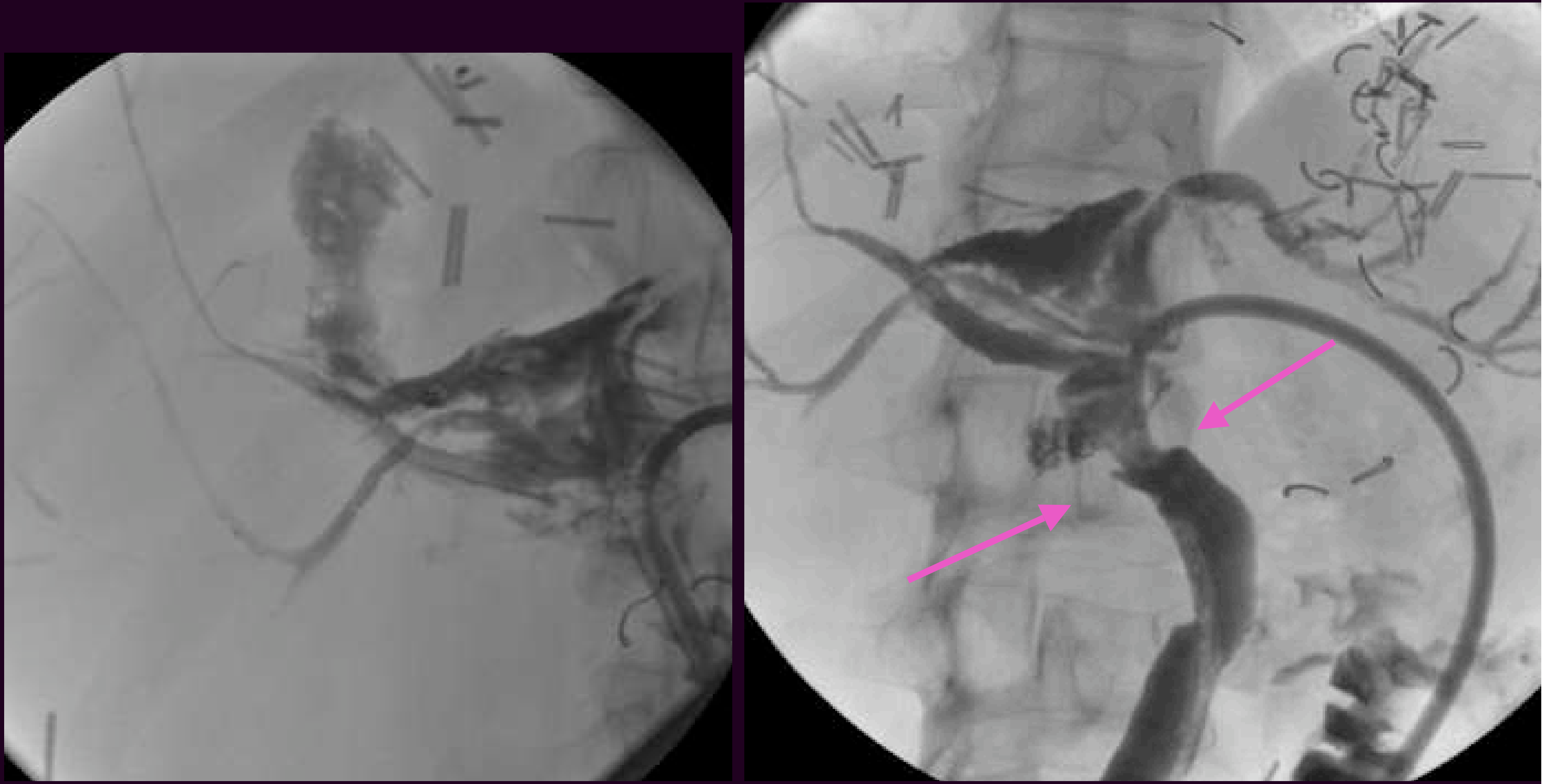
5
10
JPEG
*** bpm



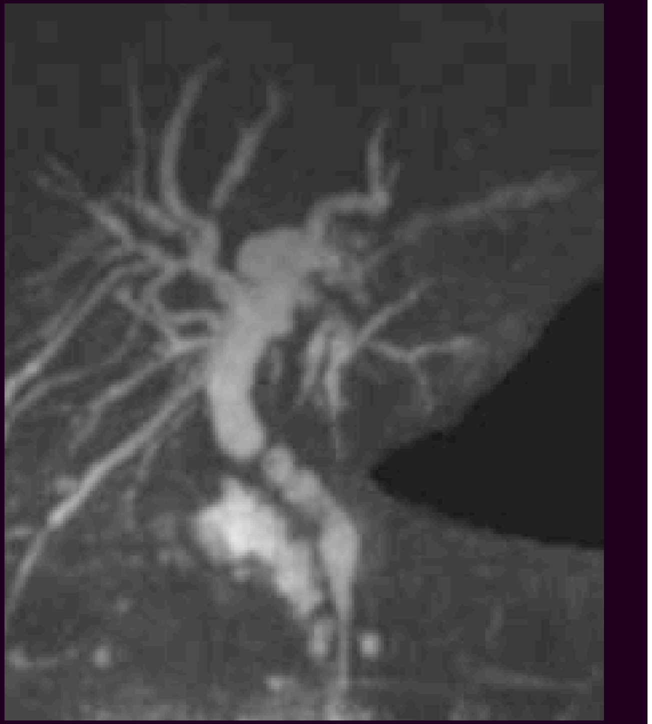
COMPLICATIONS BILIAIRES

plus fréquentes que chez non-transplantés (atteinte ischémique de la muqueuse biliaire)

↓

échographie, bili-IRM :

longueur de la sténose? calculs?

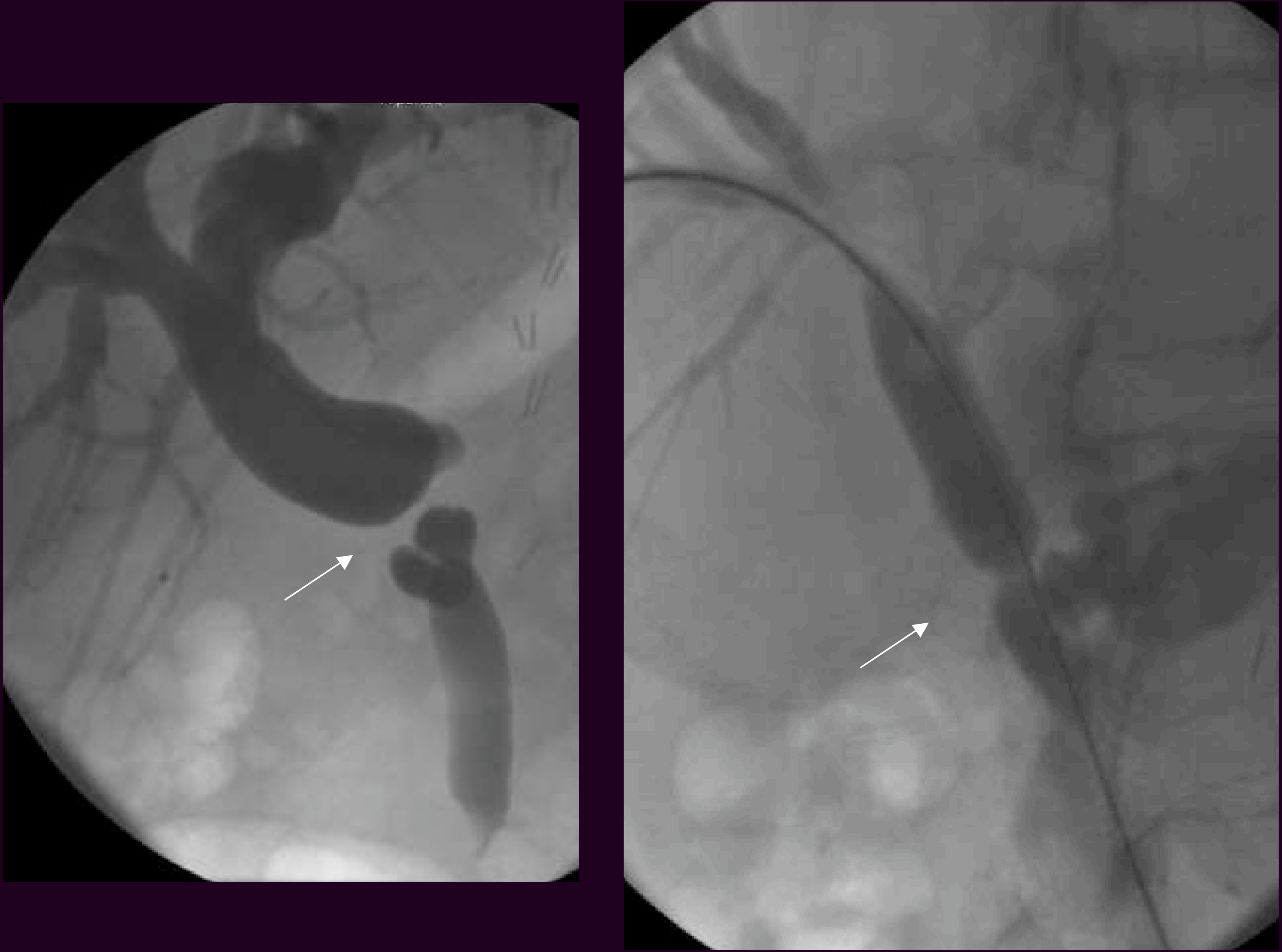


Sténoses biliaires:

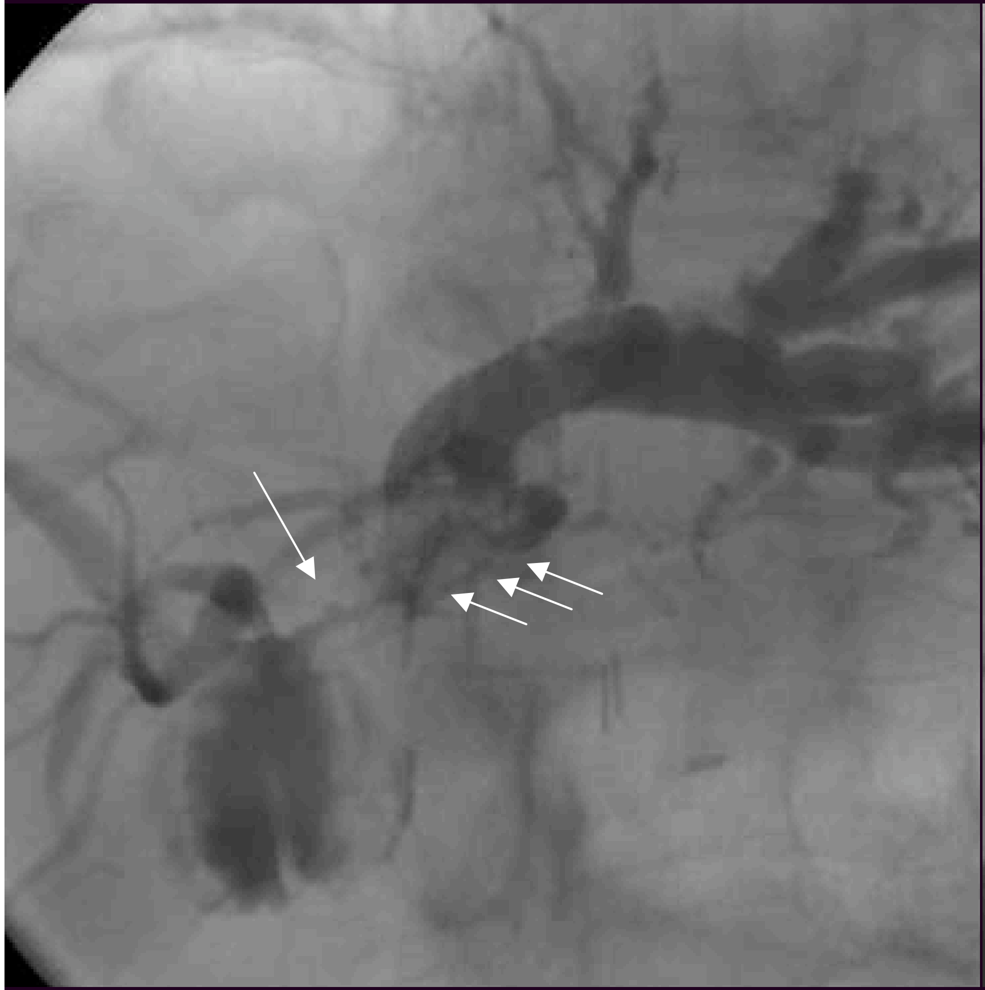
- anastomotique: ischémie du choledoque du donneur lors du prélèvement, fibrose post-opératoire, incongruence des 2 choledoques

(+ fquente si anastomose bilio-digestive)

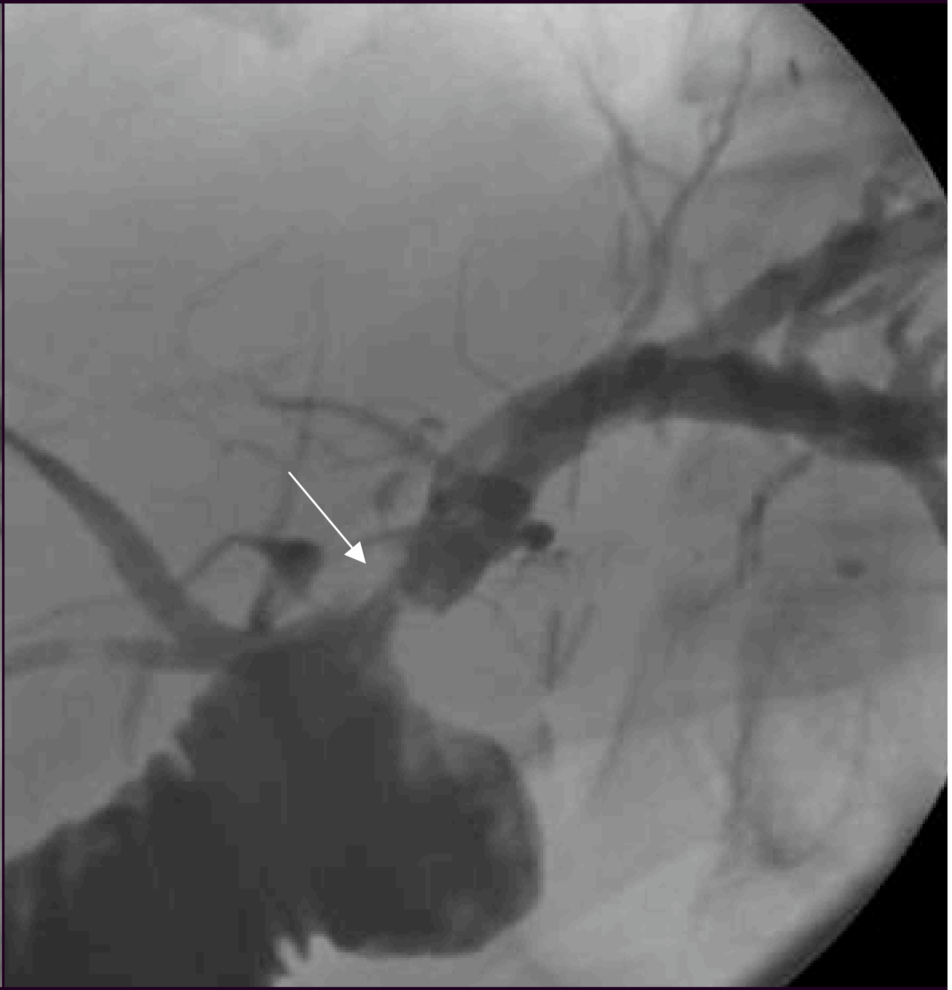
- non-anastomotique: ischémie artérielle, rejet chronique, infection à CMV…



Sténose anastomotique

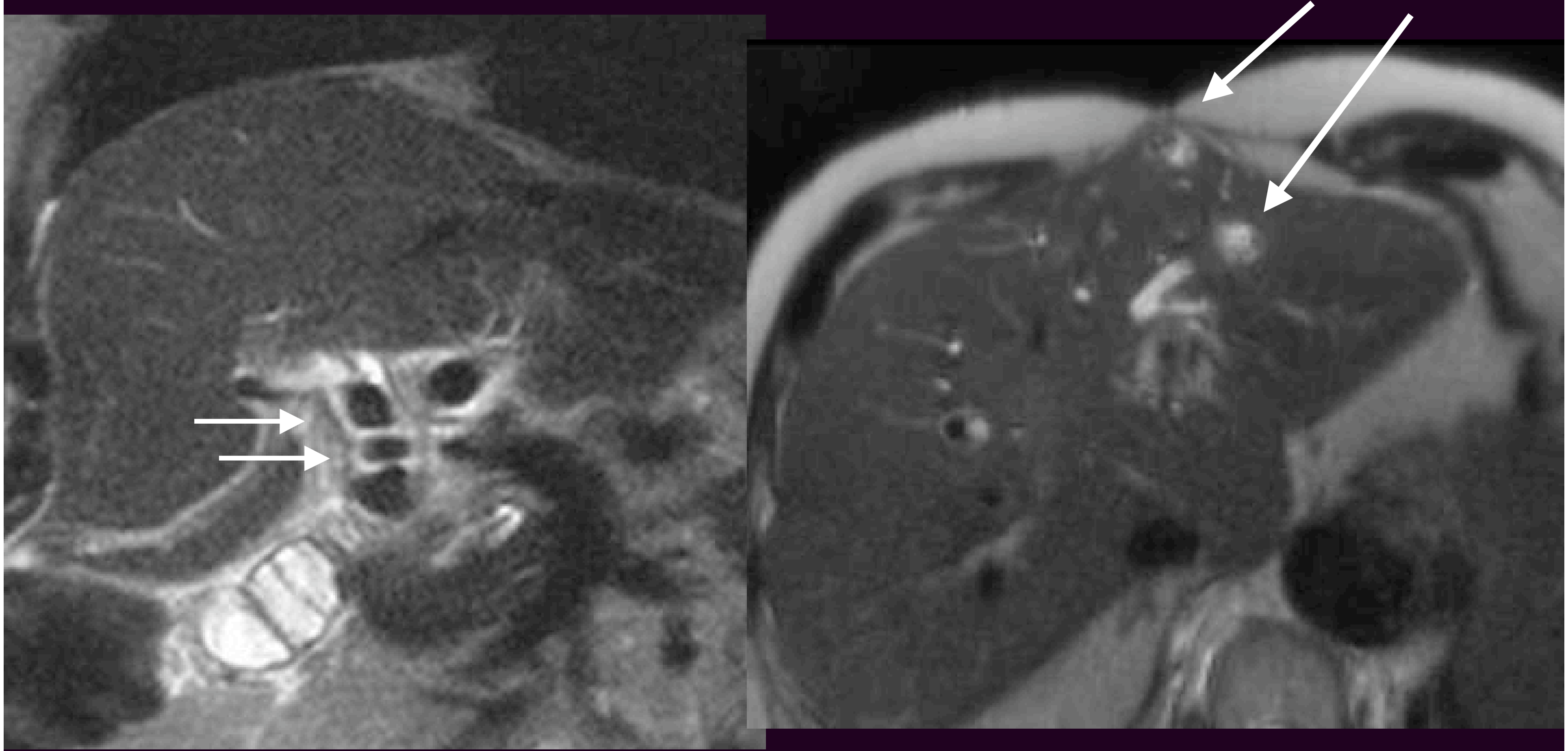


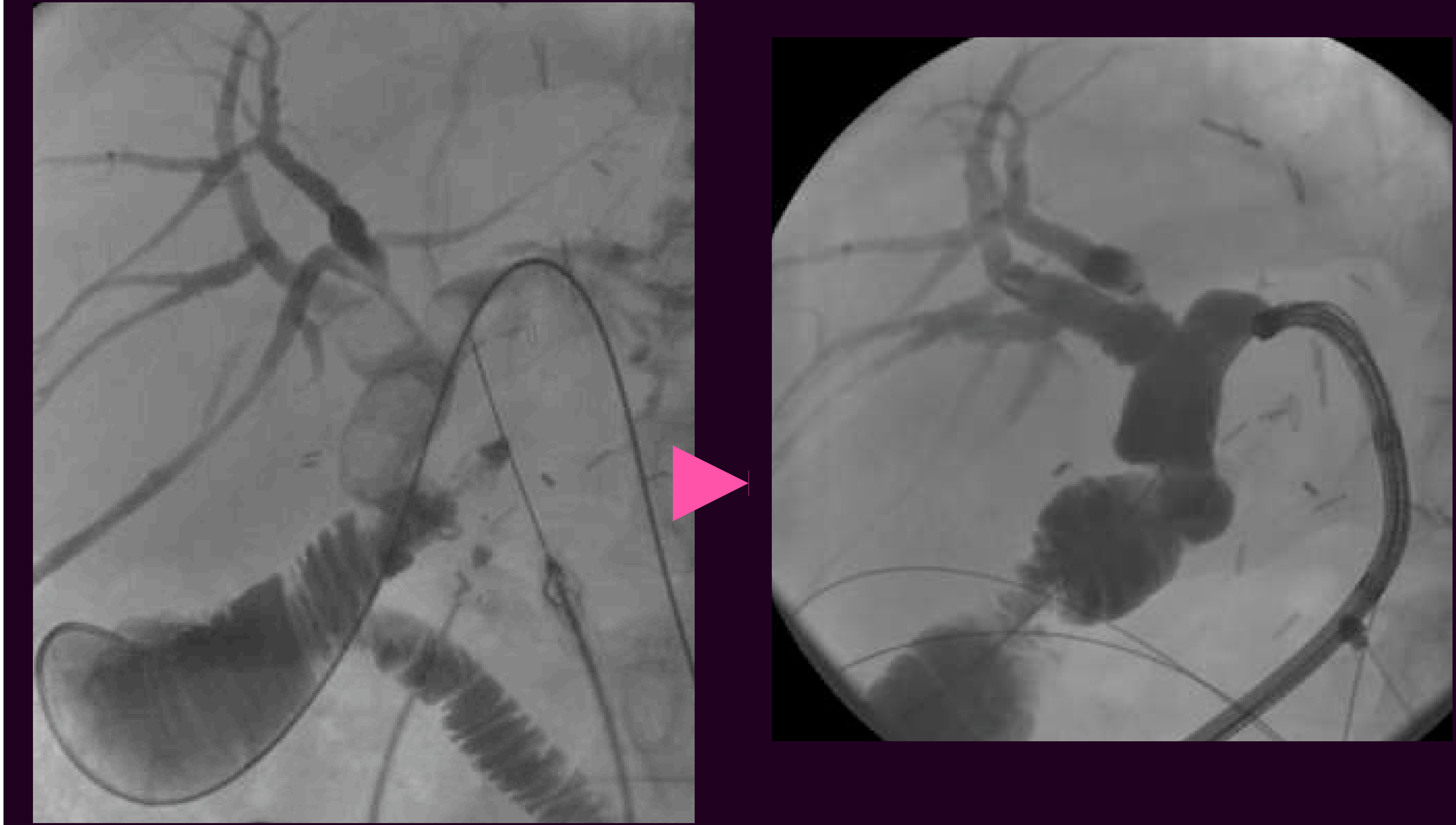
Sténose implantation
canal hépatique gauche



Après dilatation et calibrage

Greffe avec anastomose bilio-digestive > 10 ans

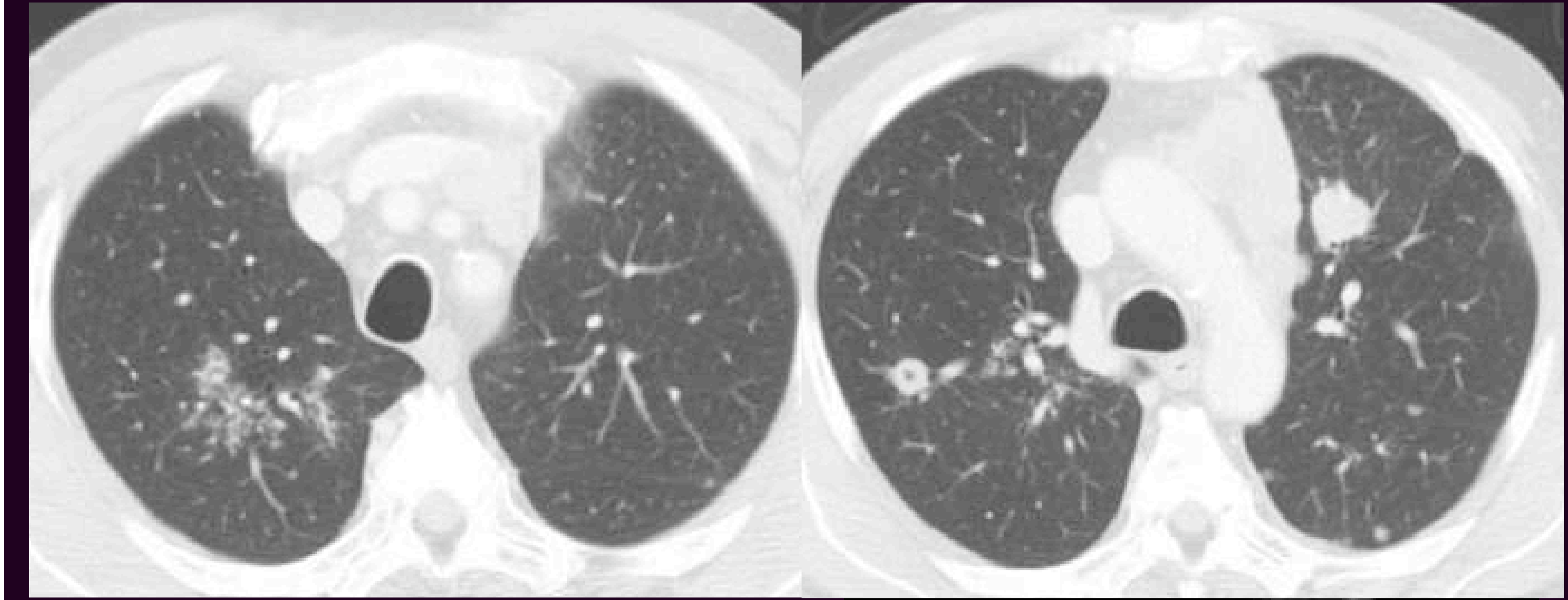


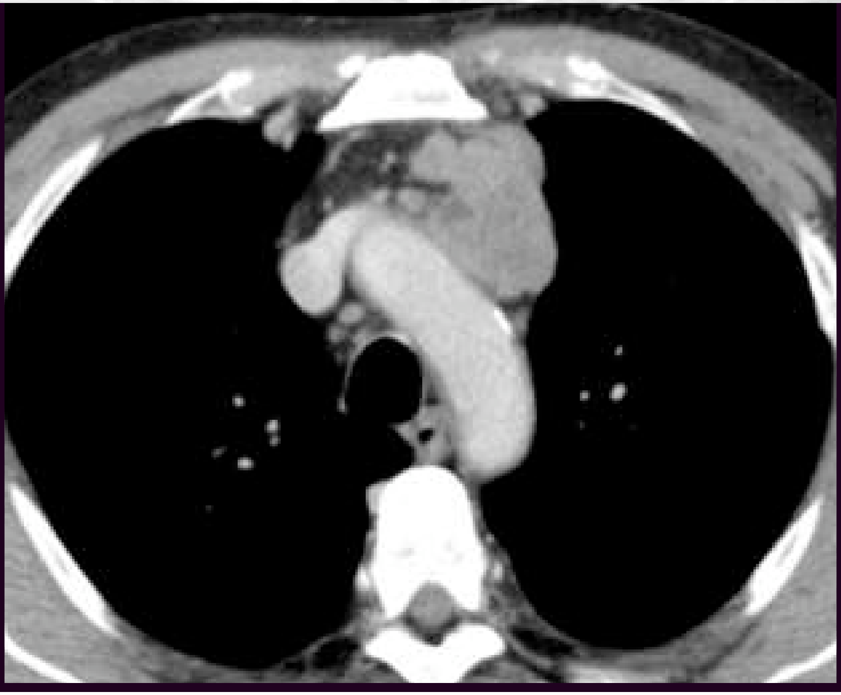


NEOPLASMES

- Ancien éthylo-tabagique (poumon, ORL, oeosphage..)
- Transplantation pour CHC

- Patient immunodéprimé (lymphome…)
- Cancers cutanés (mélanome…)



Association
d’une tuberculose pulmonaire
et
d’un cancer
non à petites cellules