DIU de CANCEROLOGIE des V.A.D.S. 2009

IMAGERIE

D. BOSSARD. RADIOLOGIE.
Hôpital Privé JEAN MERMOZ LYON

www.sfrra.com

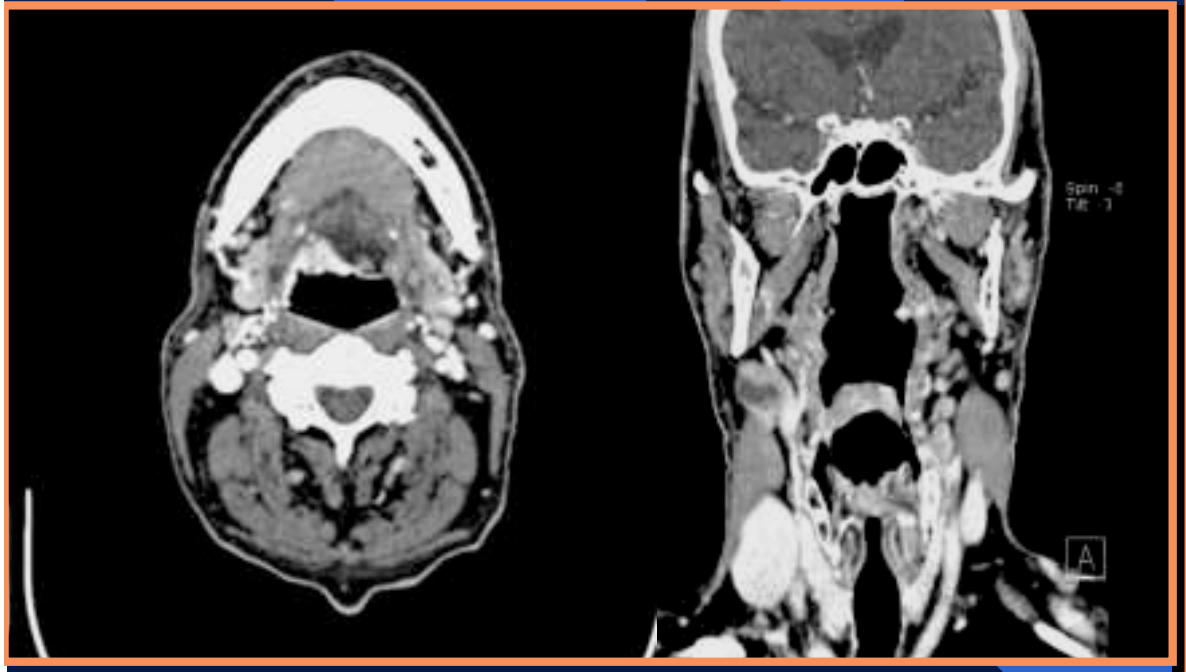
TECHNIQUES D' IMAGERIE

- SCANNER
- IRM
- ECHOGRAPHIE
- RADIOGRAPHIES
- PET-SCAN

SCANNER SPIRALE

(= hélicoïdal)

- EXAMEN RAPIDE (20 sec.)
- MOINS D' ARTEFACTS
  - DEGLUTITION
  - RESPIRATION
- OPTIMISATION DE L' INJECTION
- COUPES FINES (0,3 à 1 mm.)
- EXPLORATION EXHAUSTIVE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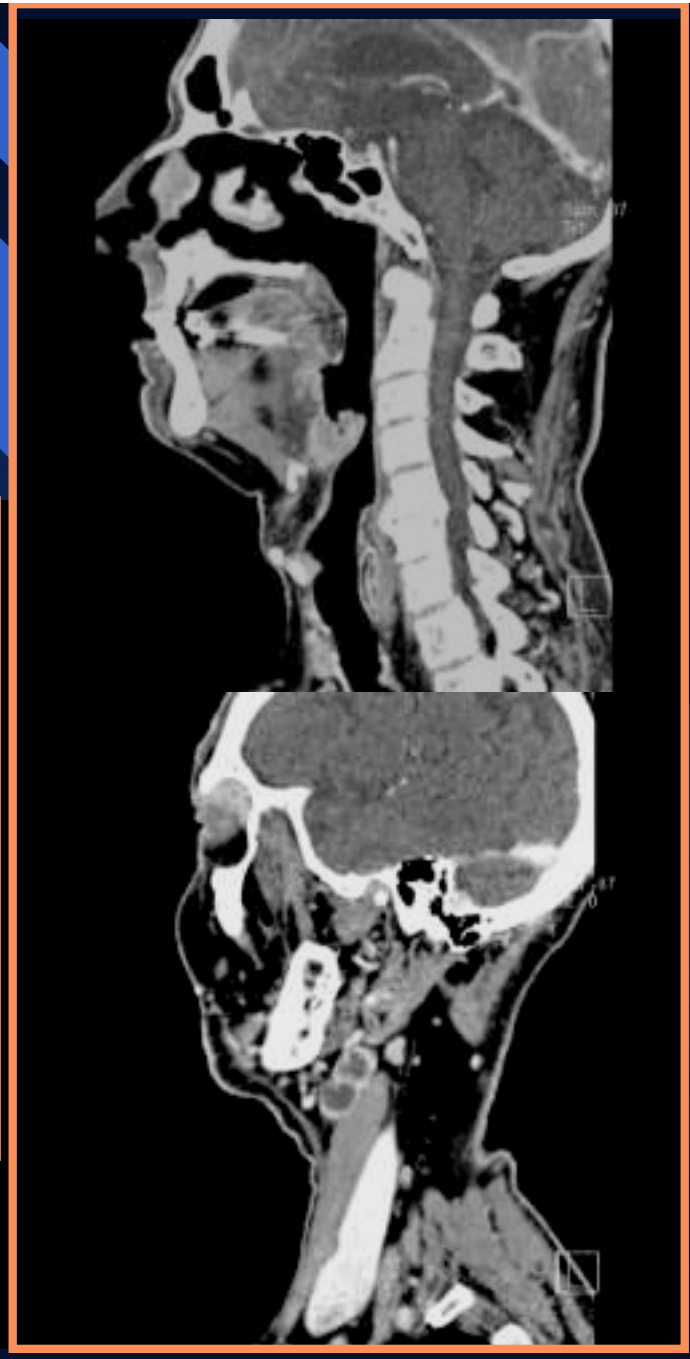
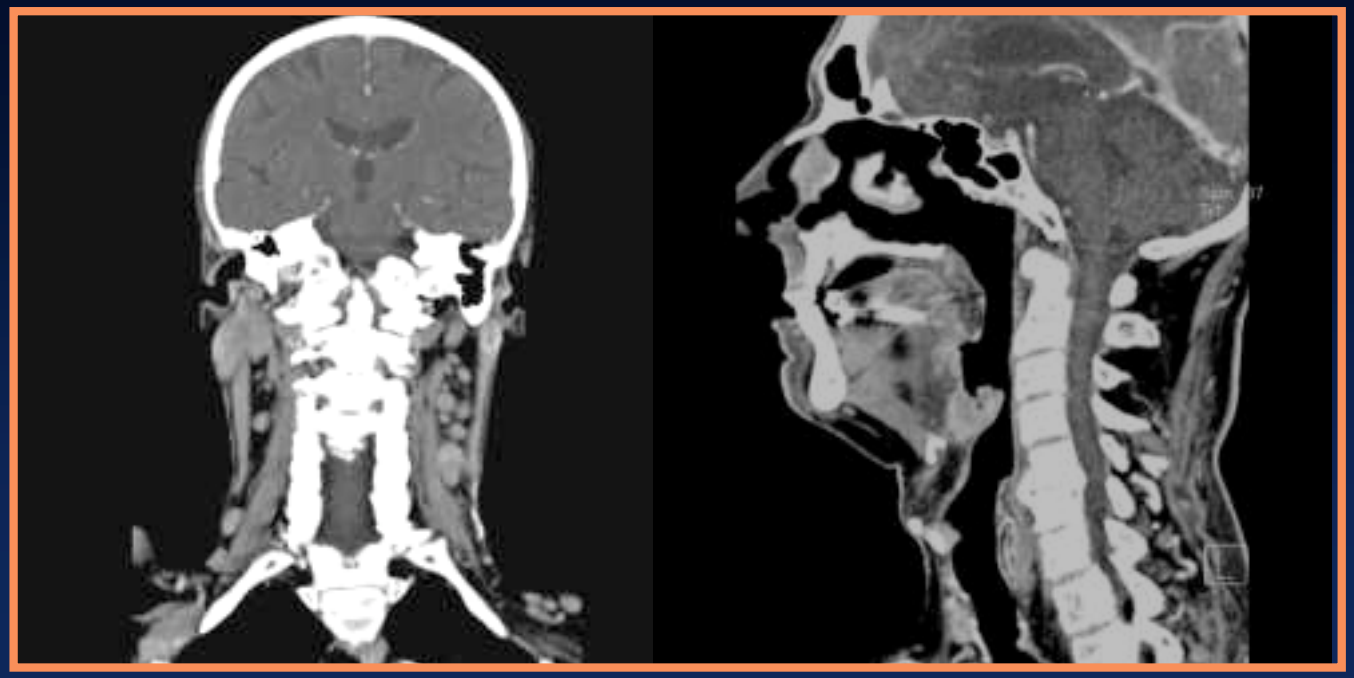
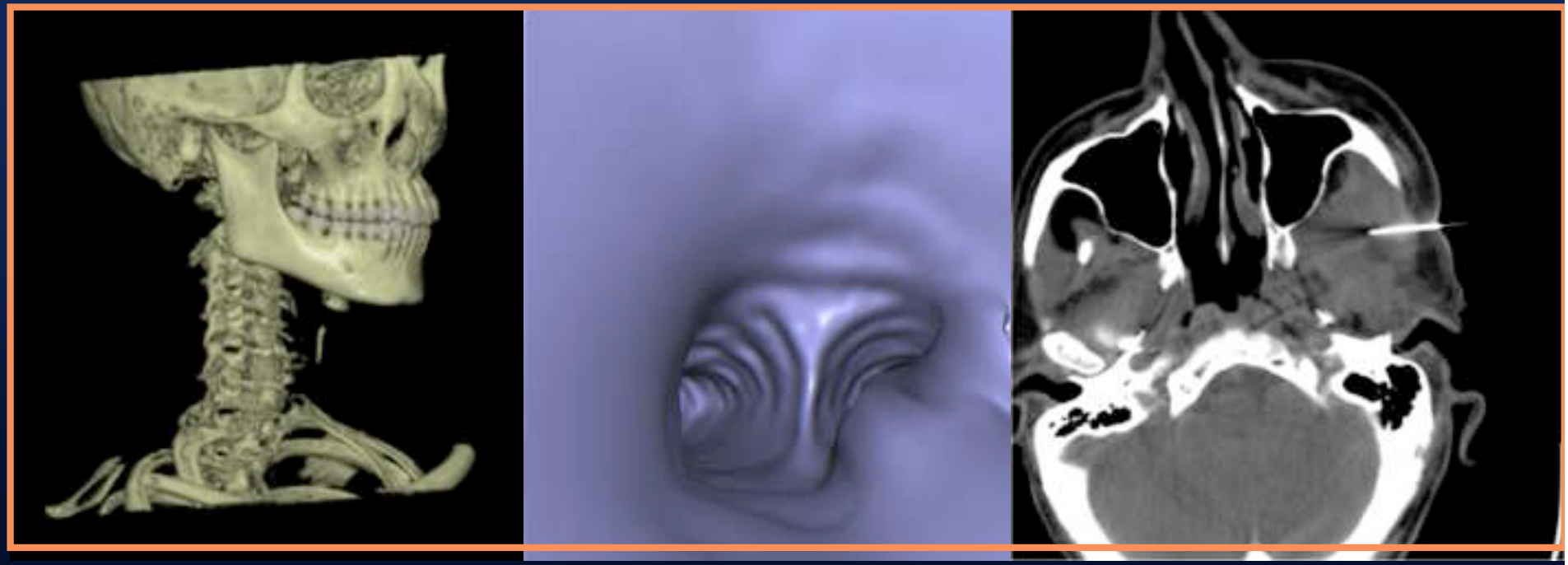
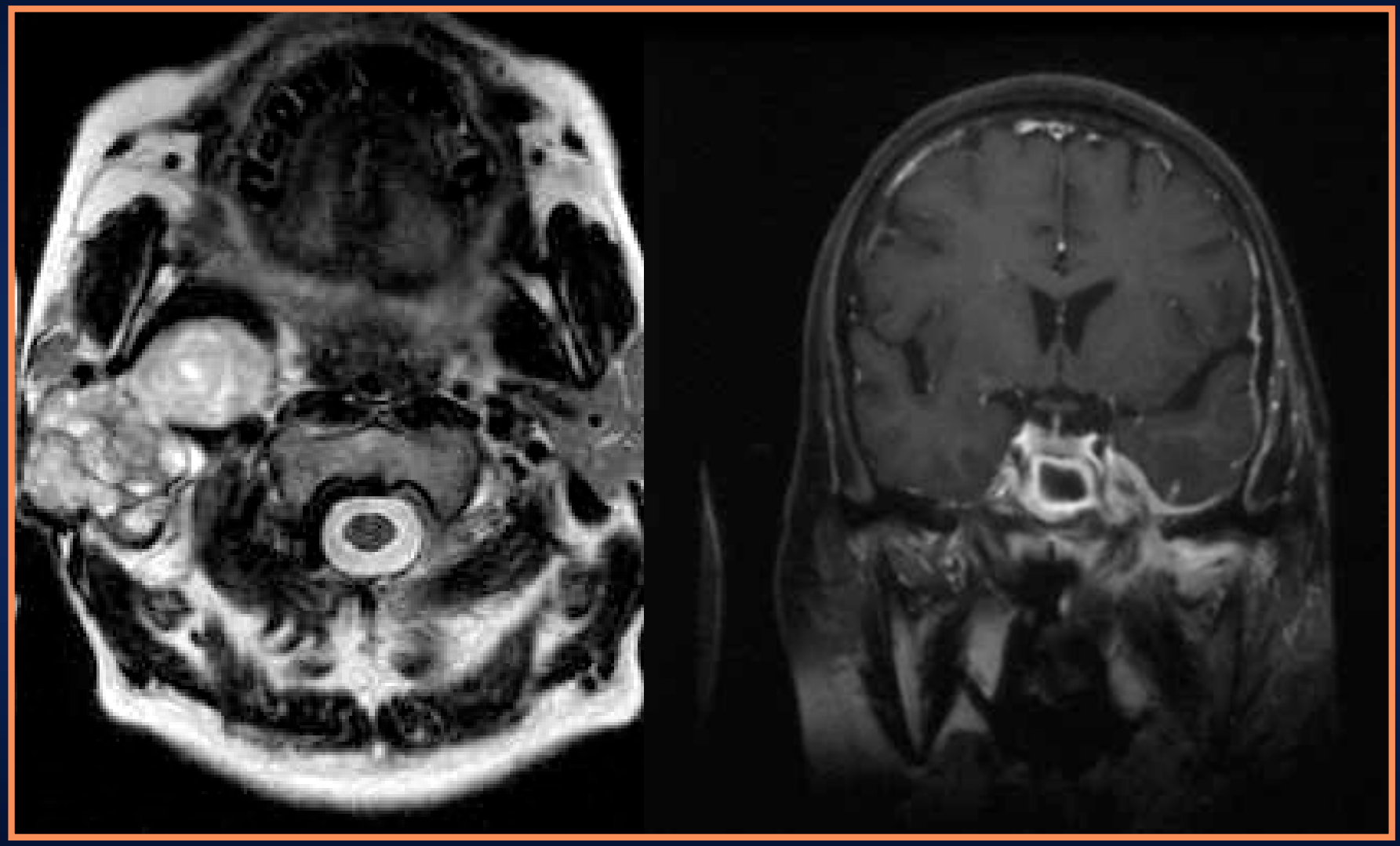






IRM

- ETUDE MULTIPLANNAIRE
- CONTRASTE TISSULAIRE
- SEQUENCES RAPIDES
- INJECTION + SUPPRESSION DE GRAISSE

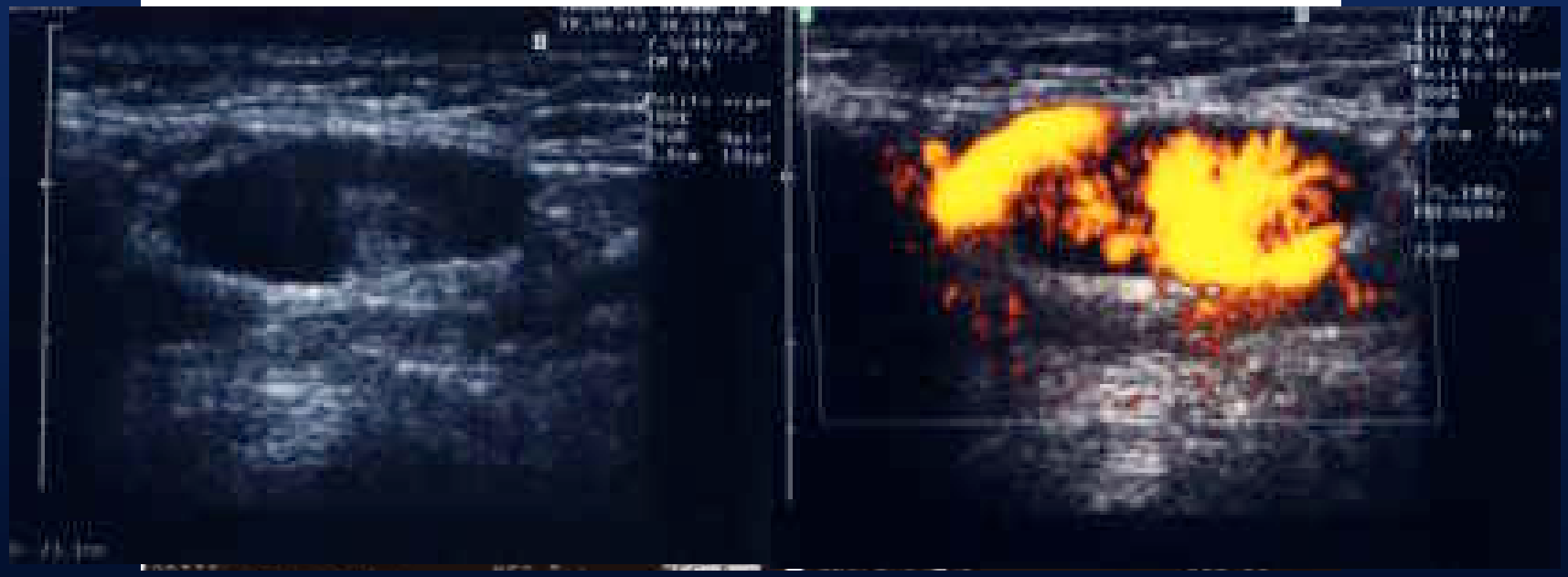


ECHOGRAPHIE

- SONDES DE HAUTE RESOLUTION
- DOPPLER COULEUR

ECHOGRAPHIE

DOPPLER
COULEUR

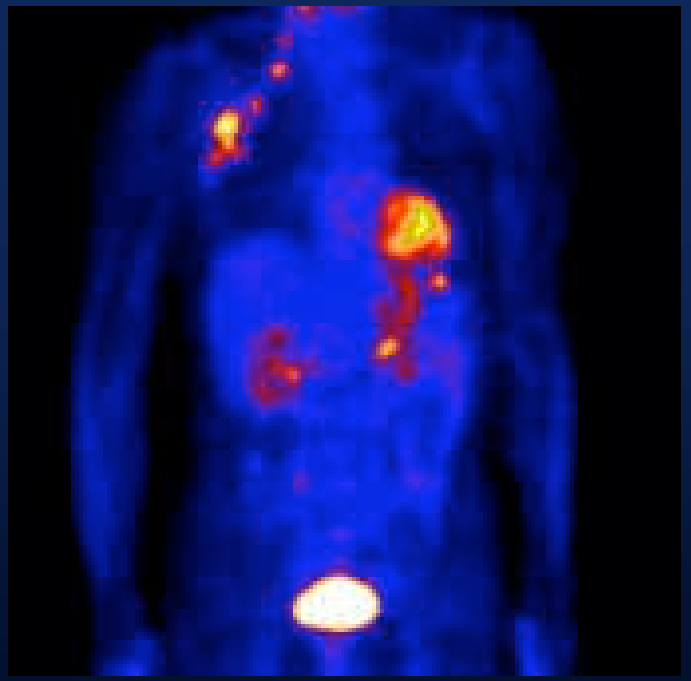


RADIOGRAPHIE

- *Panoramique dentaire*
- *Poumons*

PET-SCAN

- *Fusion TDM et SCINTI*



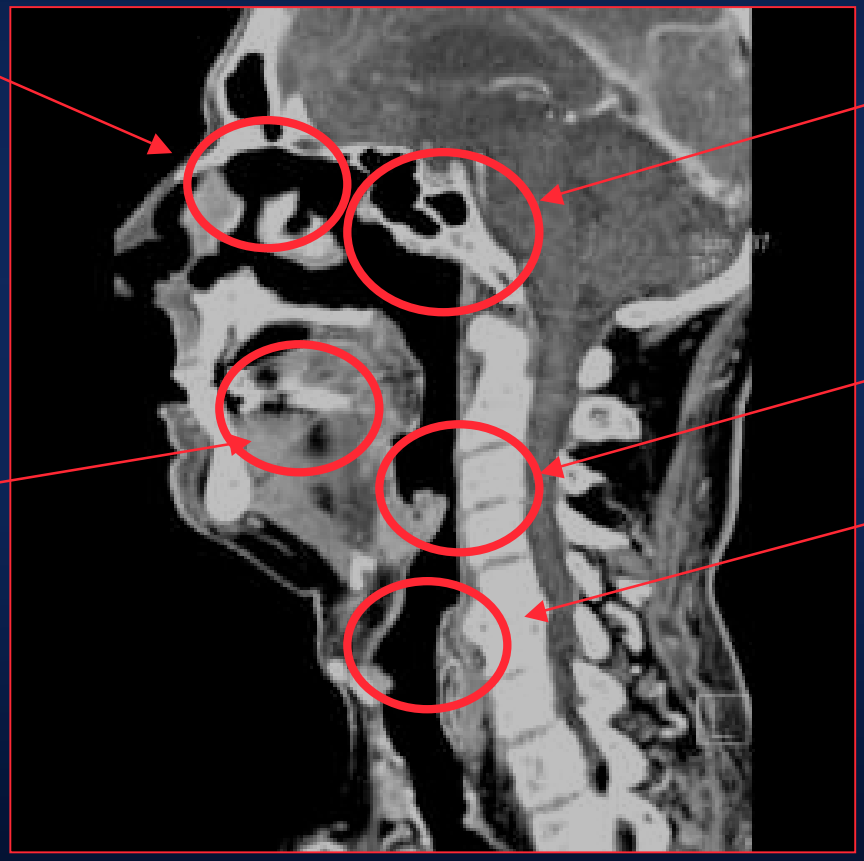
PET-SCAN

- *Bilan d'extension (+)*
- *Recherche de 2ème localisation*
- *ADP néo. Sans primitif connu (++)*
- *Surveillance (?)*

LOCALISATIONS

SINUS

CAVUM



OROPHARYNX

CAVITE BUCCALE

LARYNX + HYPOPHARYNX

La SEQUENCE DIAGNOSTIQUE

- *Diagnostic clinique*
- *Endoscopie (ou exam.direct)*
  - *Lésion maligne à l'évidence:*
  - *Biospie: lésion maligne:*
- *Imagerie (TDM/IRM)*
- *Panendoscopie+biopsie*
- *Décision (concertation).*

L'IMAGERIE

- ***En général:***

SCANNER CERVICAL ET THORACIQUE

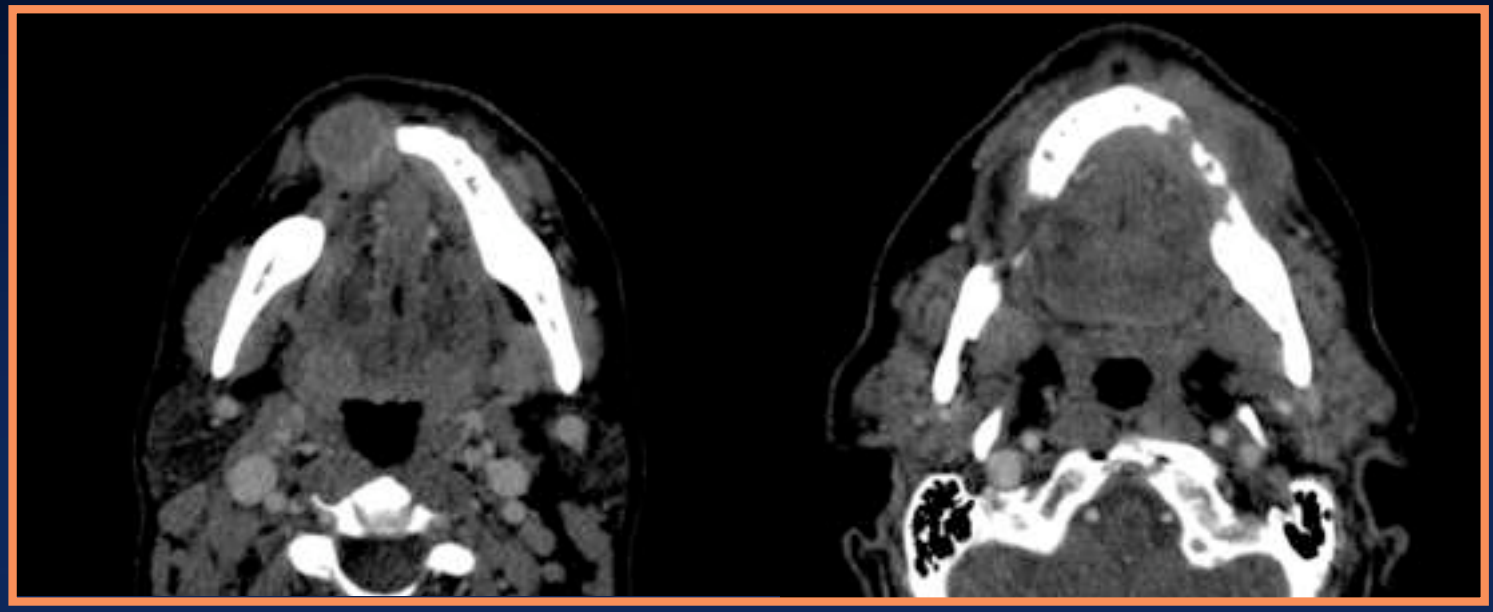
(cavité buccale, oropharynx, <u>larynx, hypopharynx).</u>

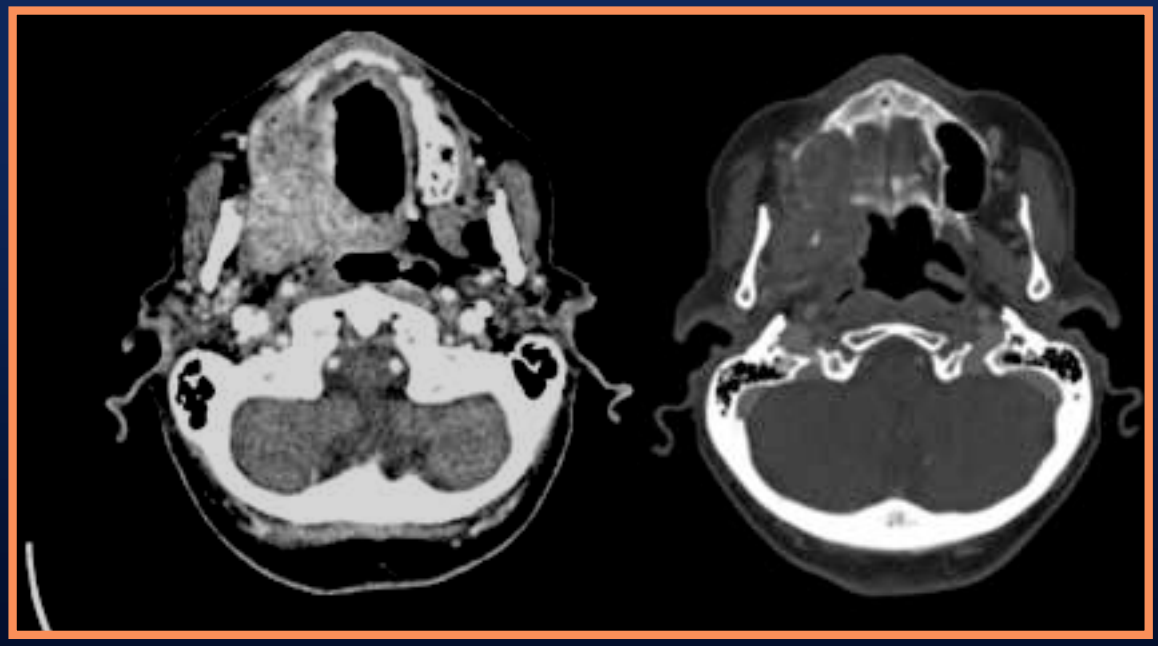
  - ***Taille tumorale***
  - ***Extension locale***
  - ***ADP***
  - ***Meta pulmonaire.***

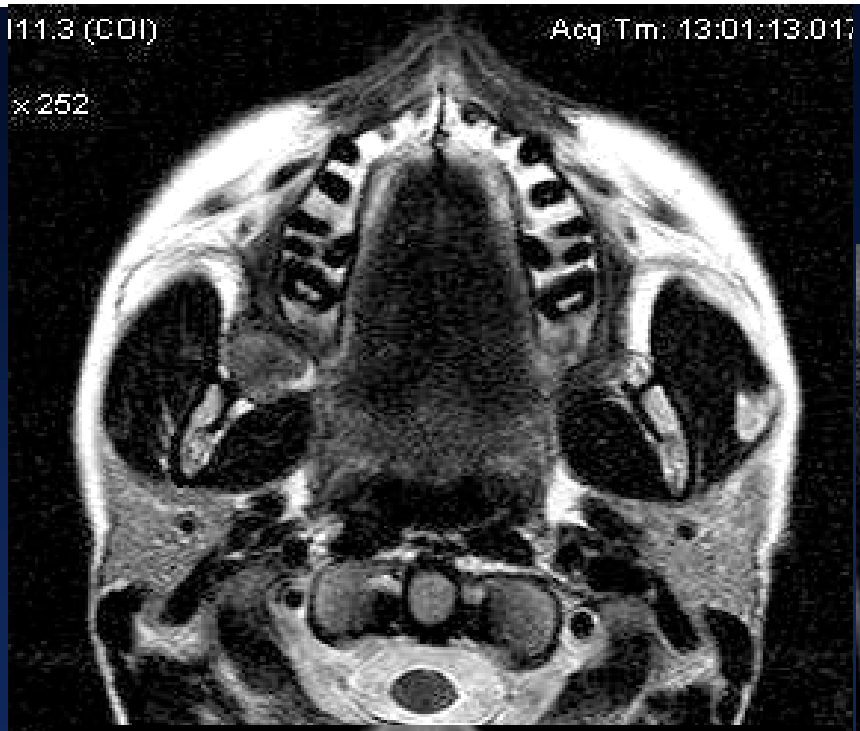
CAVITE BUCCALE

GENCIVE,
TRIGONE RETRO-MOLAIRE

- *ATTEINTE OSSEUSE,*
- *EXTENSION PROFONDE (SCANNER /IRM)*
- *extension REGIONALE (ADP/Poumons)*



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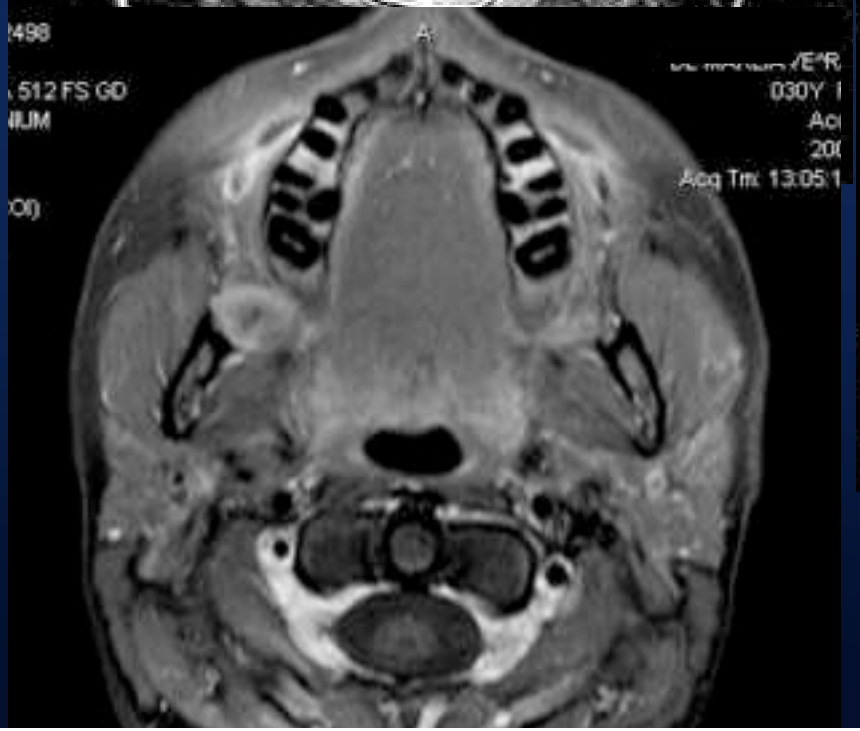
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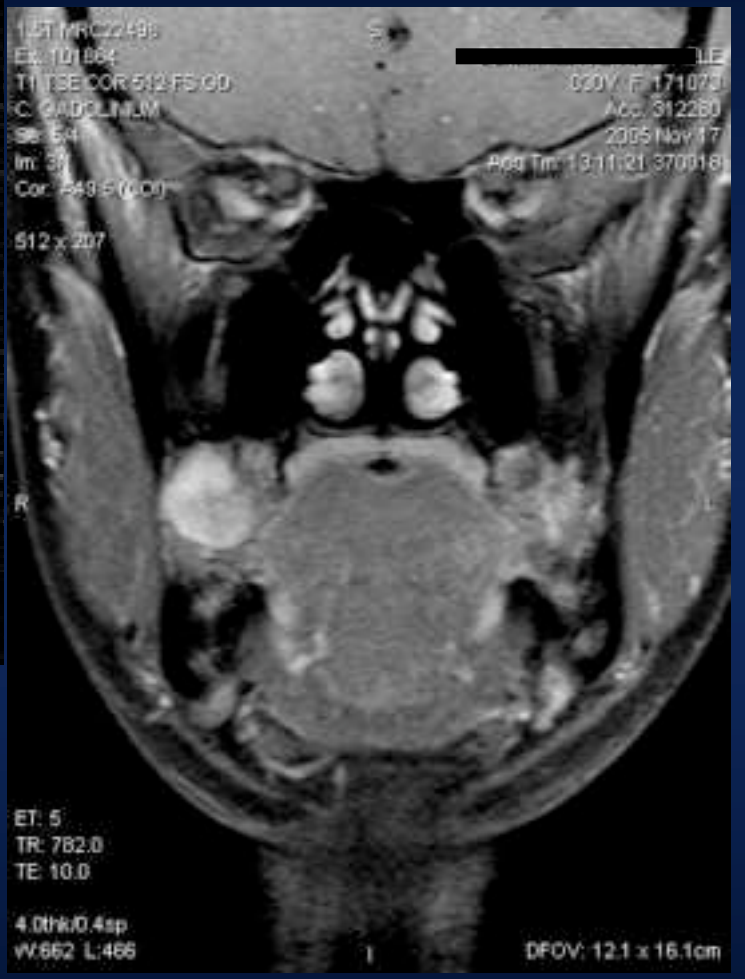
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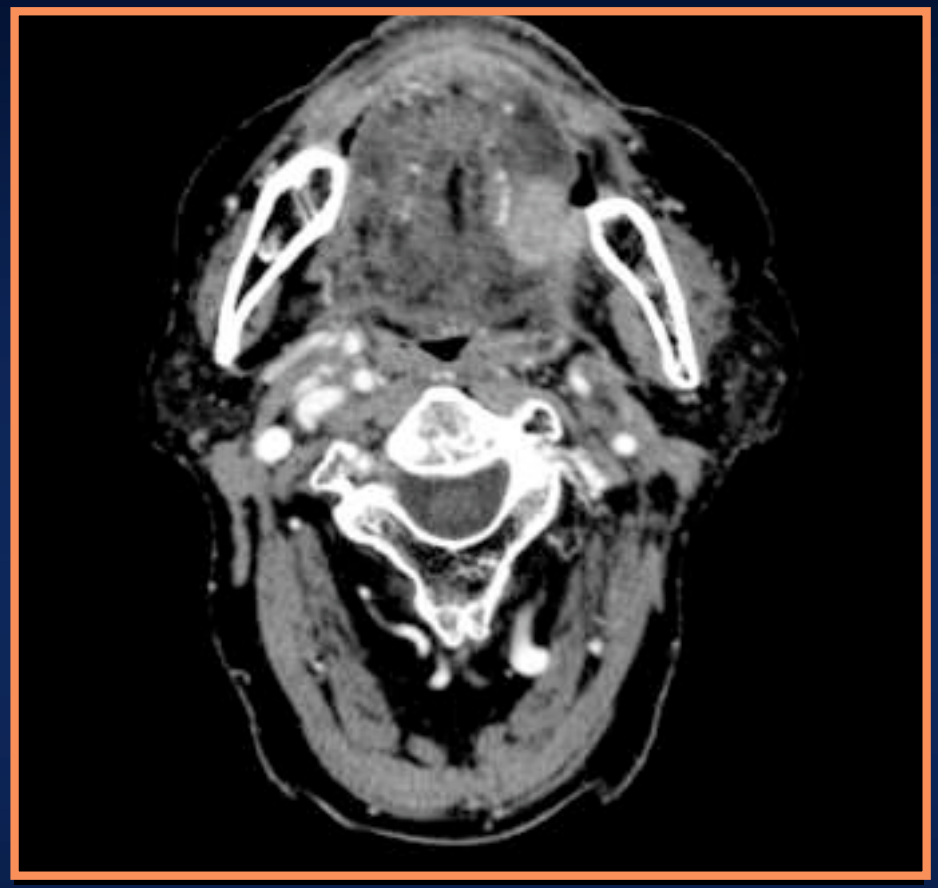
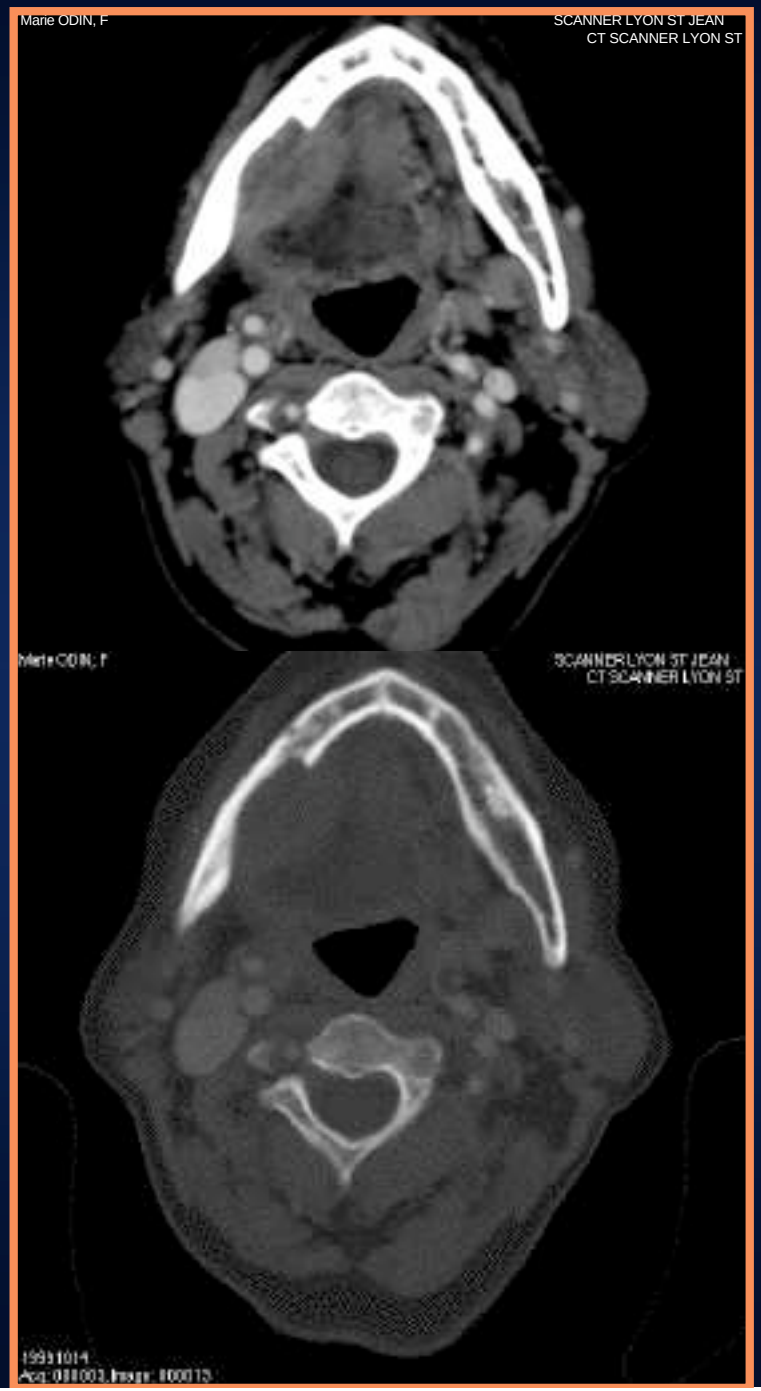
TR: 782.0
TE: 10.0
4.0thk/0.4sp
WW:662 L:466
DFOV: 12.1 x 16.1cm

CAVITE BUCCALE

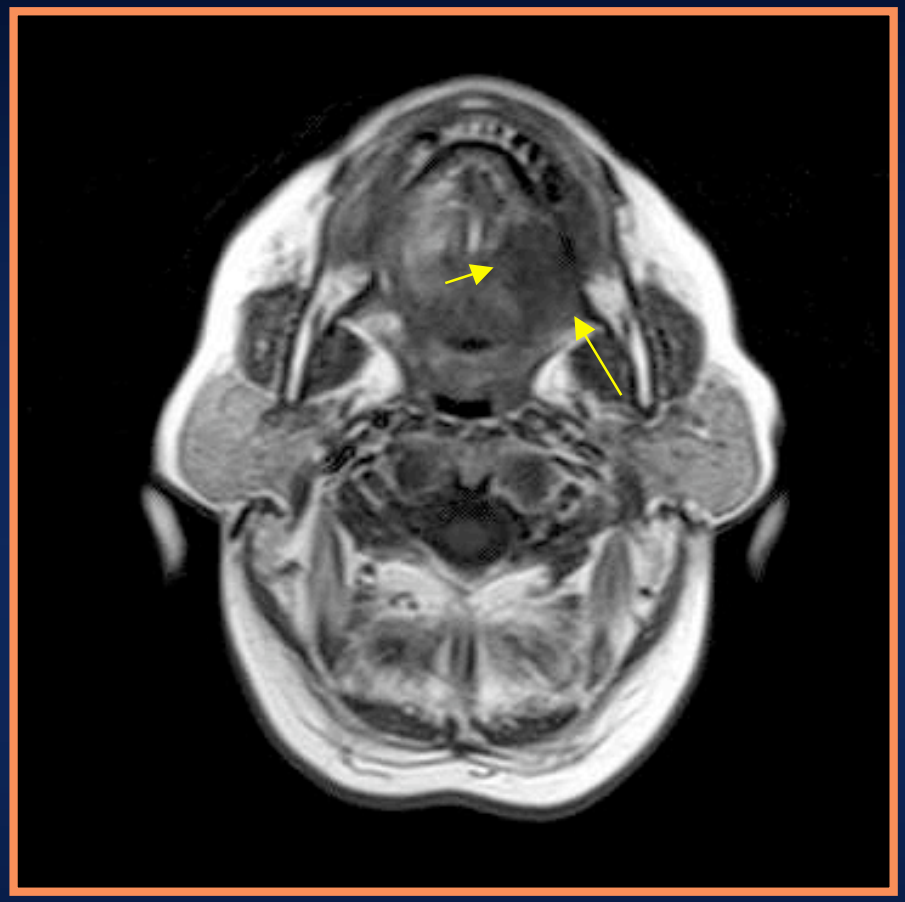
- LESIONS DE LA LANGUE MOBILE
- TUMEURS DU PLANCHER

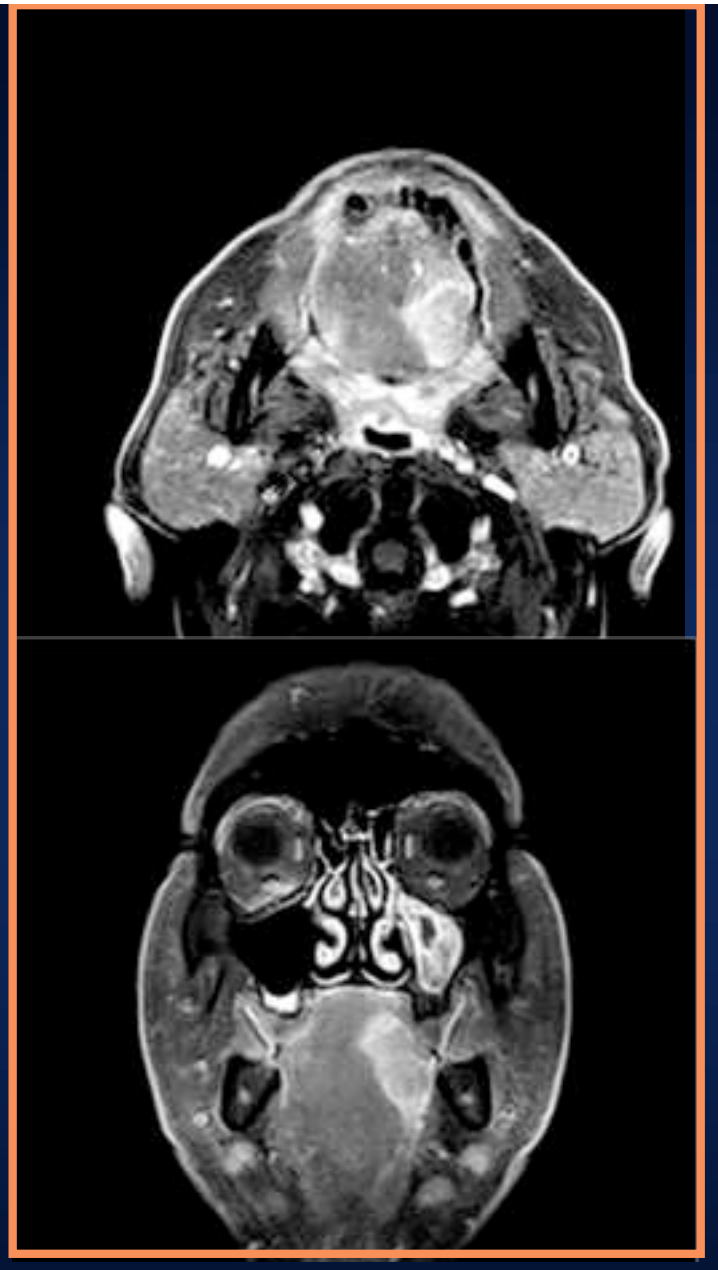
- SCANNER SPIRALE
- IRM +++



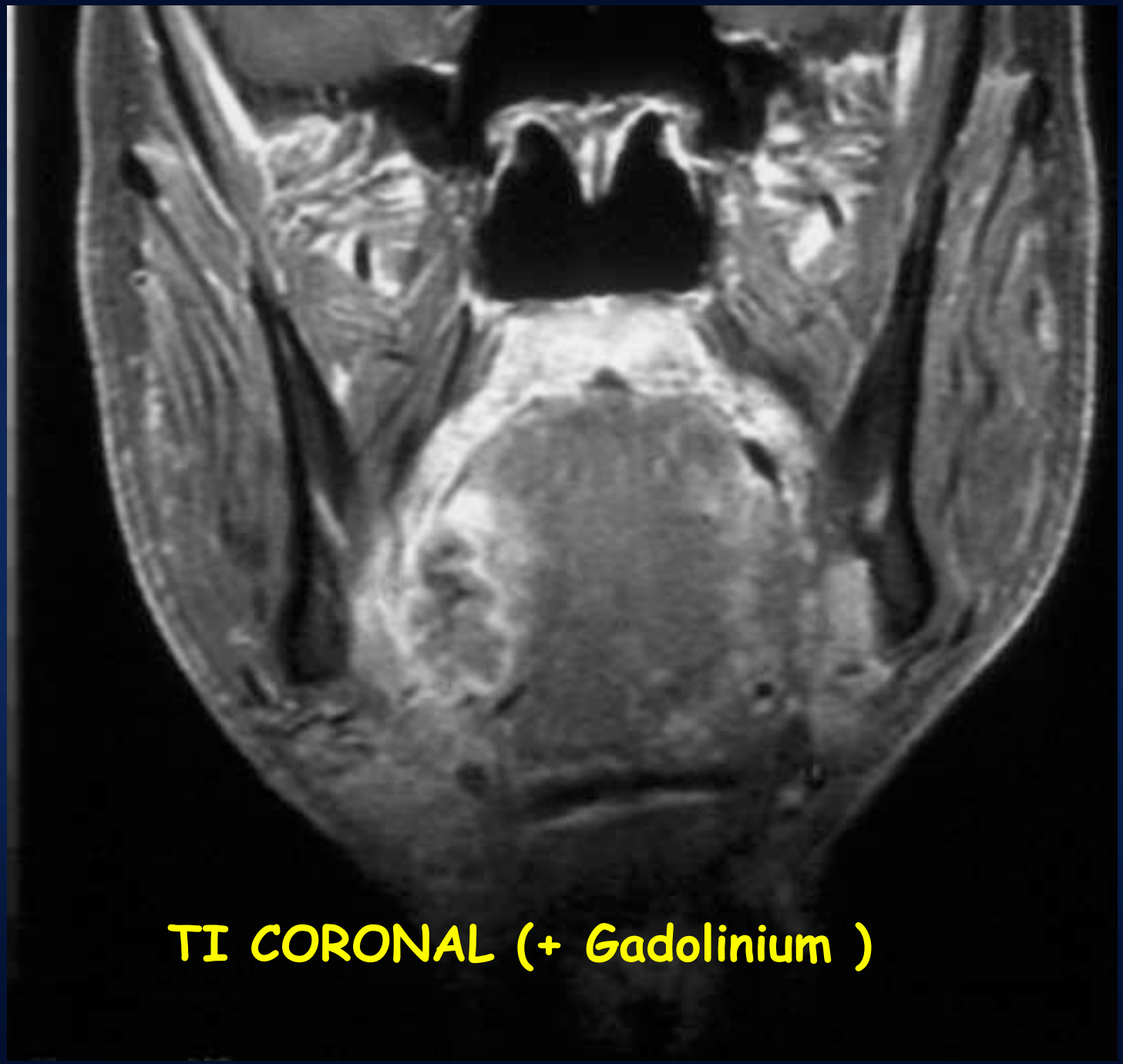


- *Taille*
- *Ligne mediane*
- *Paquet vasc.nerv.XII*
- *Os*





TUM. LANGUE MOBILE: IRM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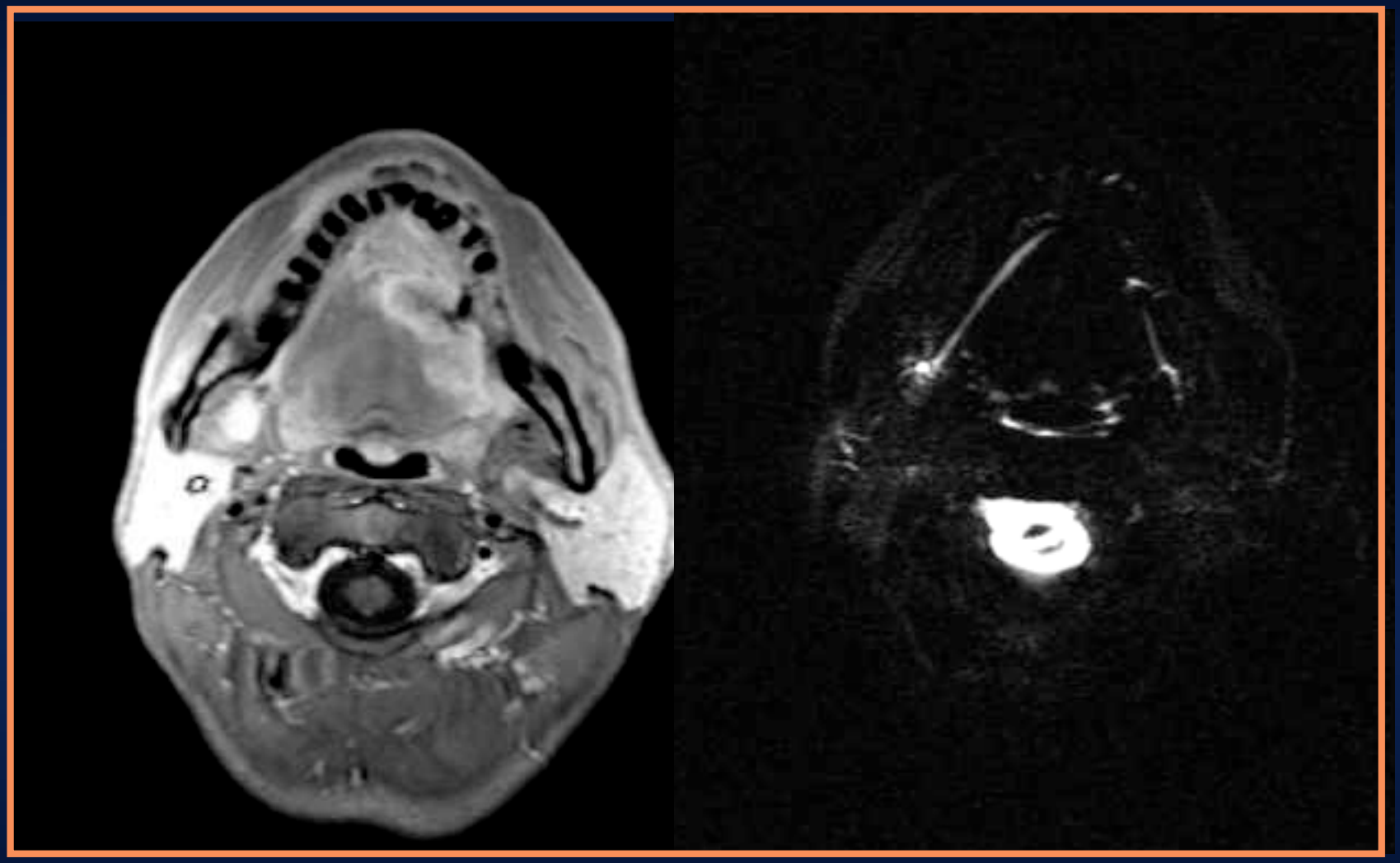
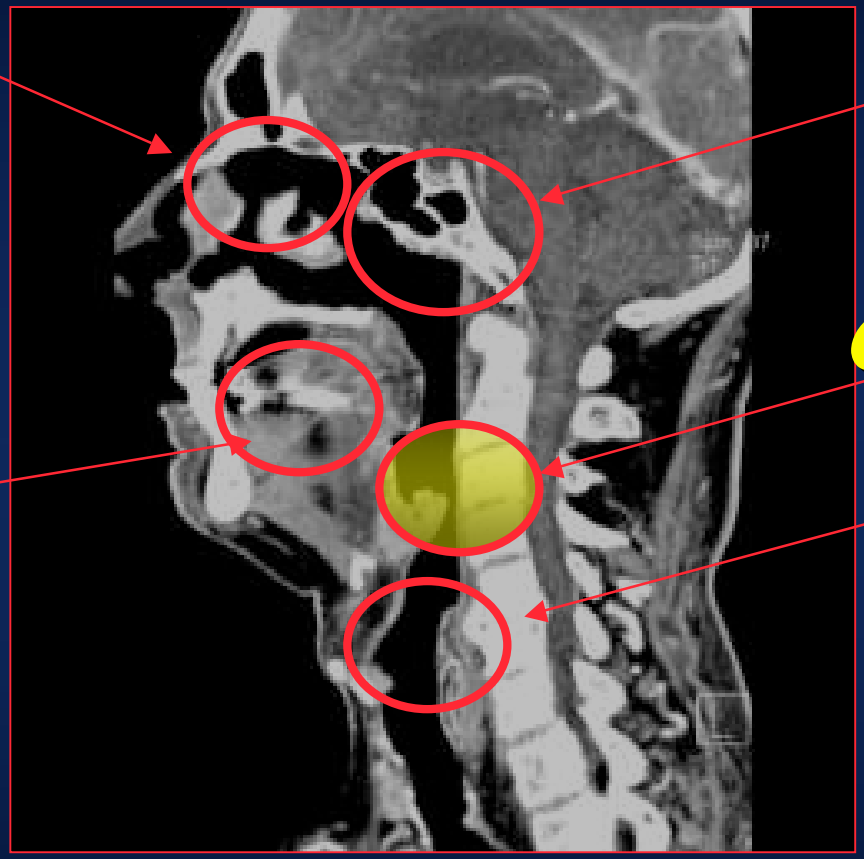


SINUS

CAVUM



OROPHARYNX

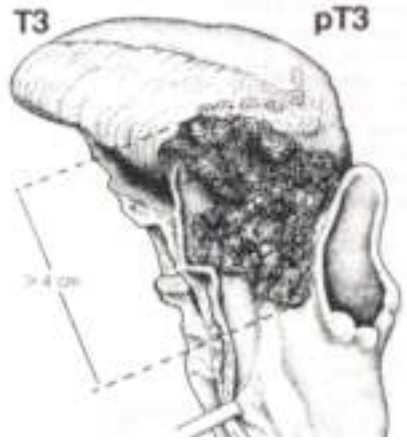
CAVITE BUCCALE

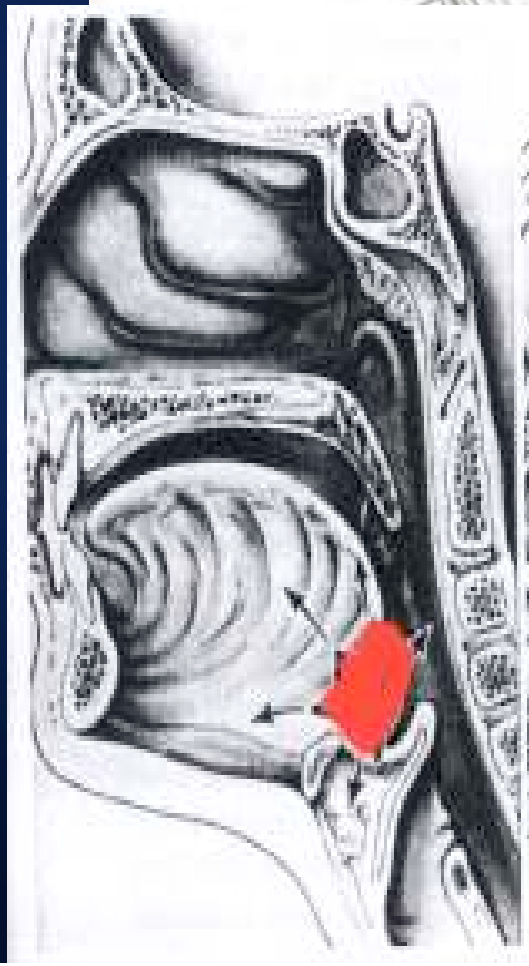
LARYNX + HYPOPHARYNX

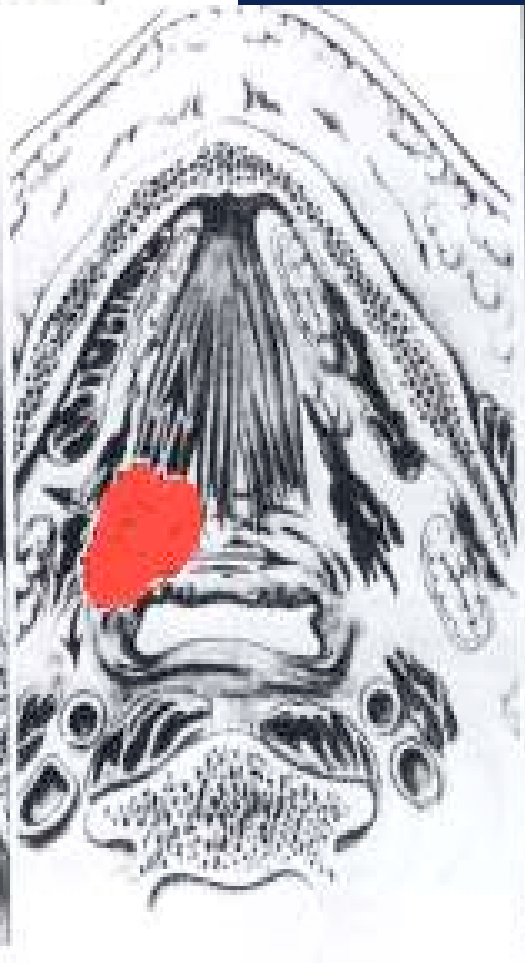
OROPHARYNX:

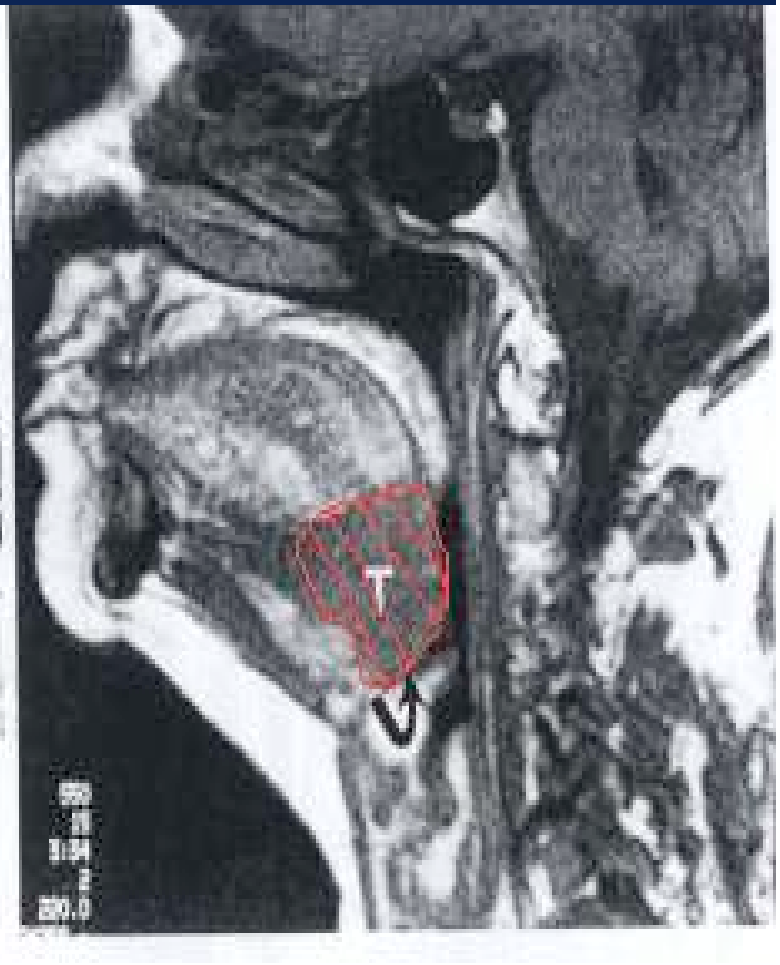
- BASE DE LANGUE
- LOGE AMYGDALIENNE
- SAG
- VOILE
- PAROI PHARYNGEE POST

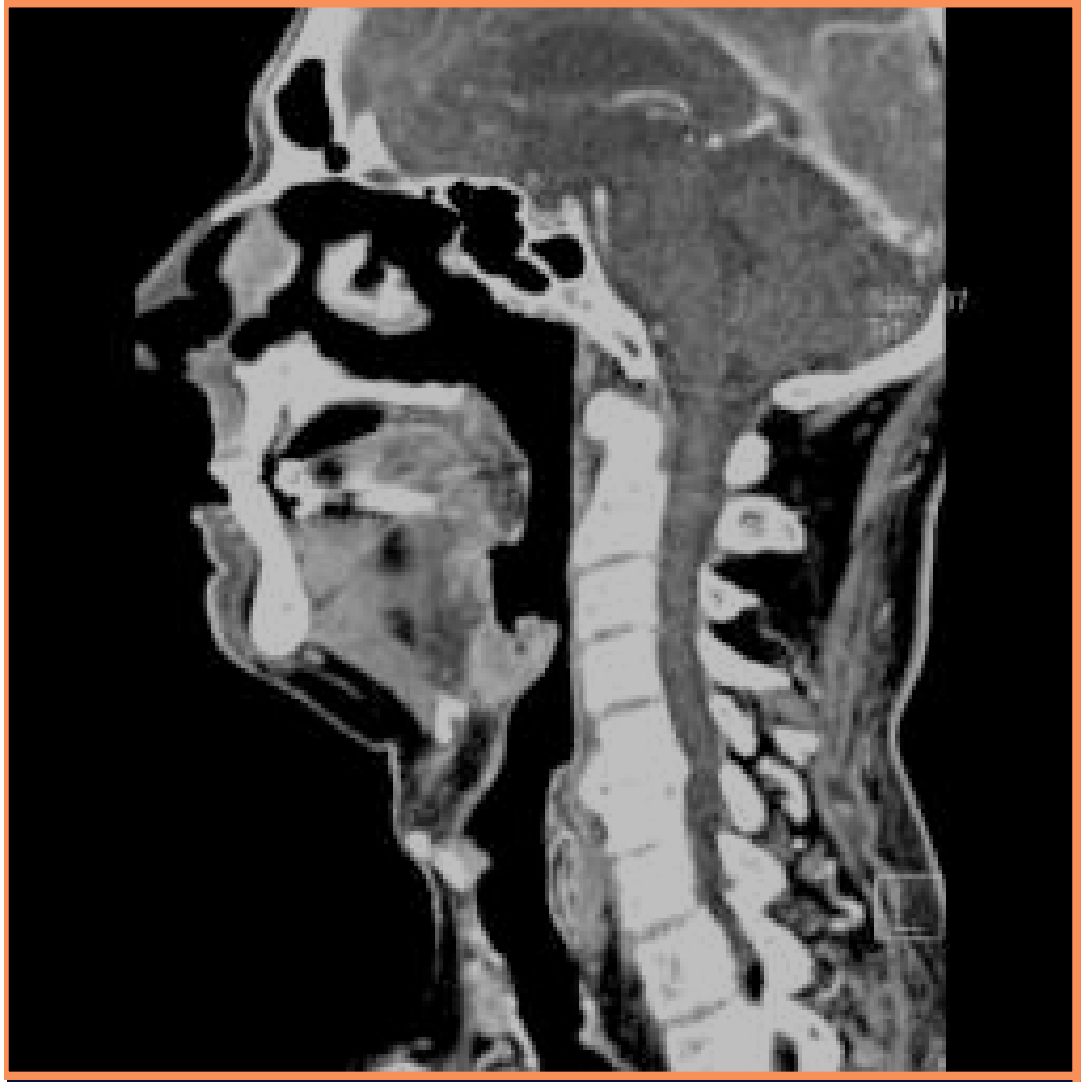
BASE DE LANGUE

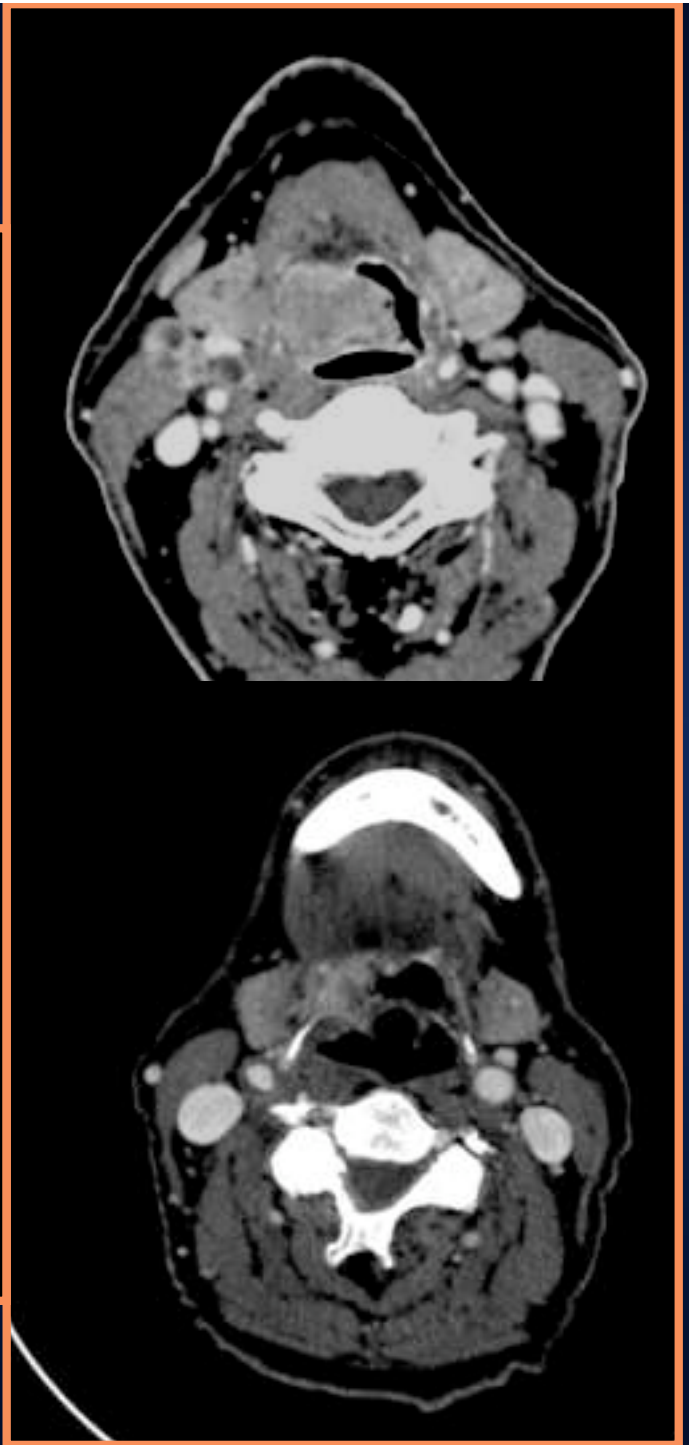


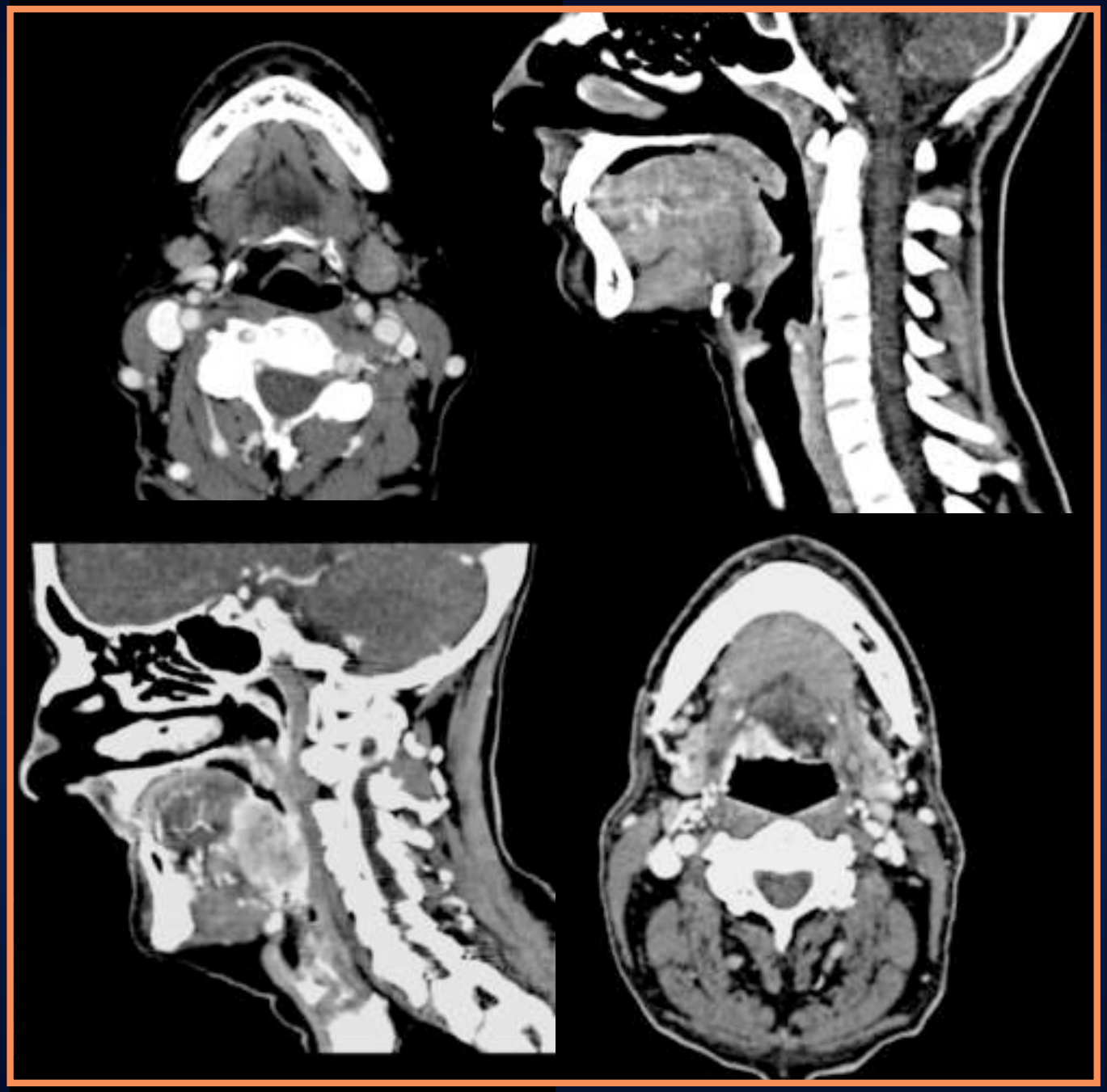




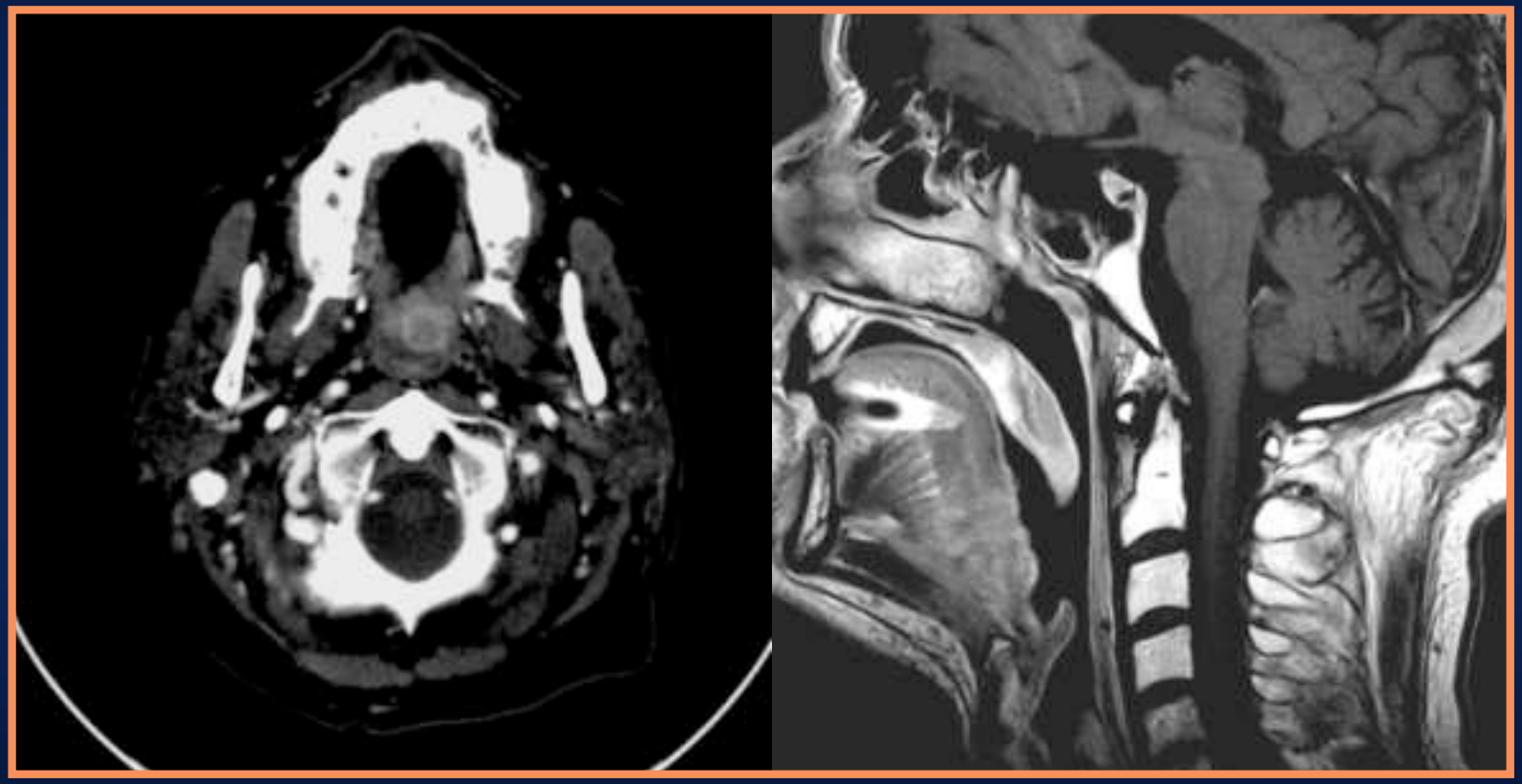




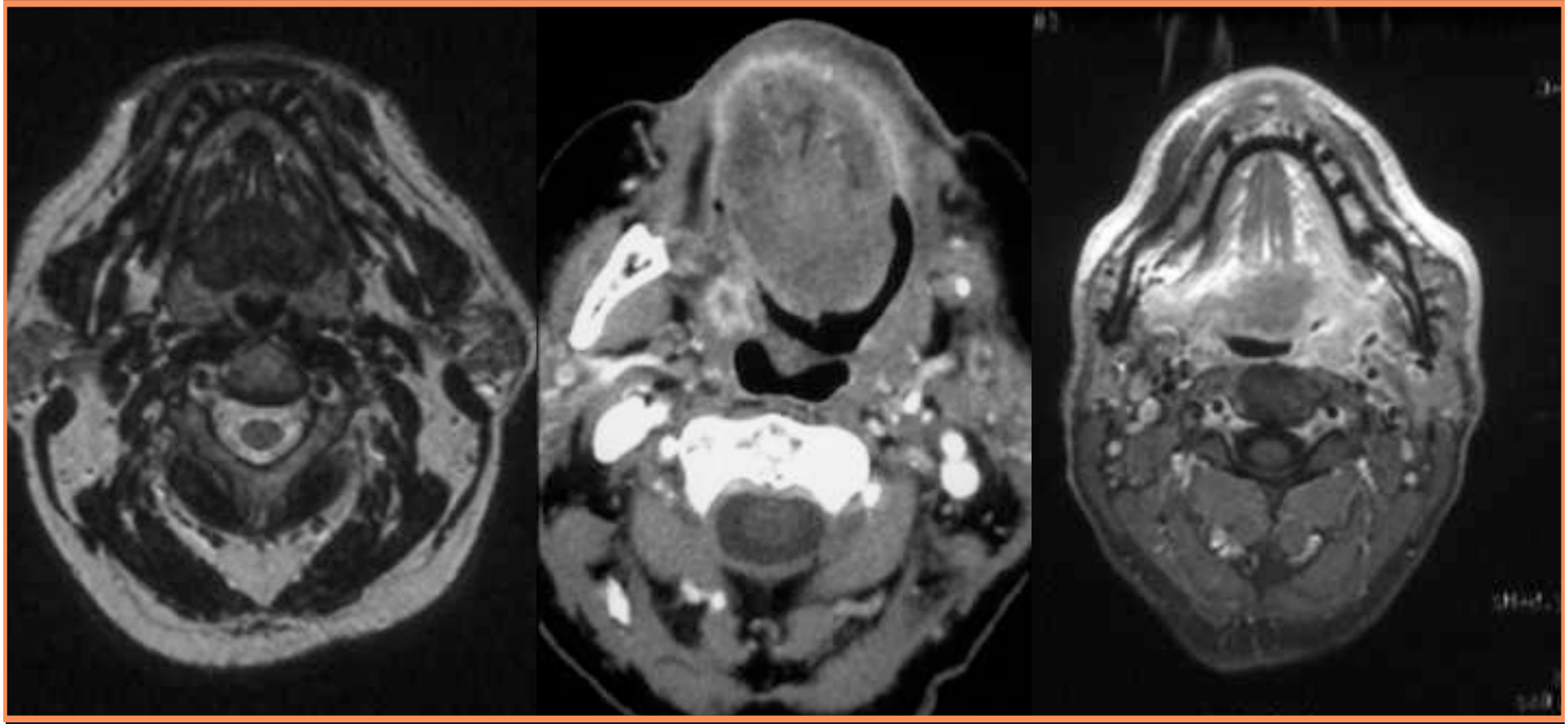




Tumeur du VOILE

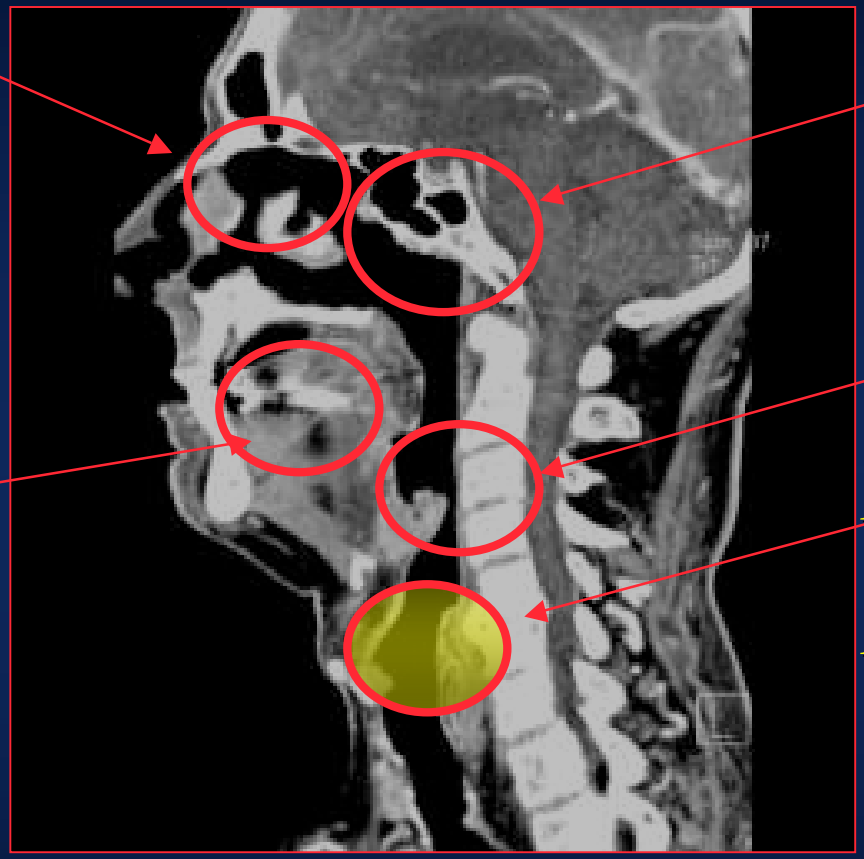


Amygdale



SINUS

CAVUM



OROPHARYNX

CAVITE BUCCALE

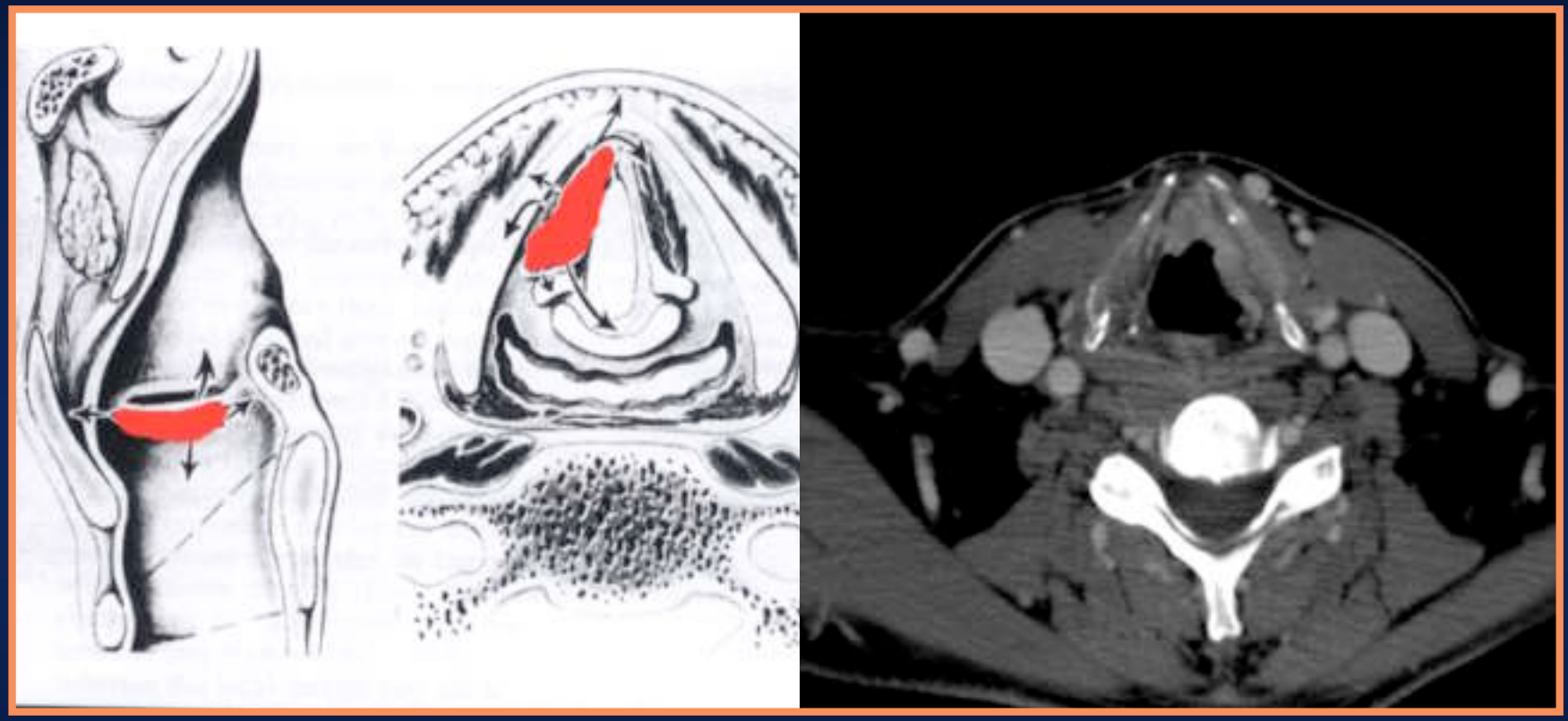
LARYNX +

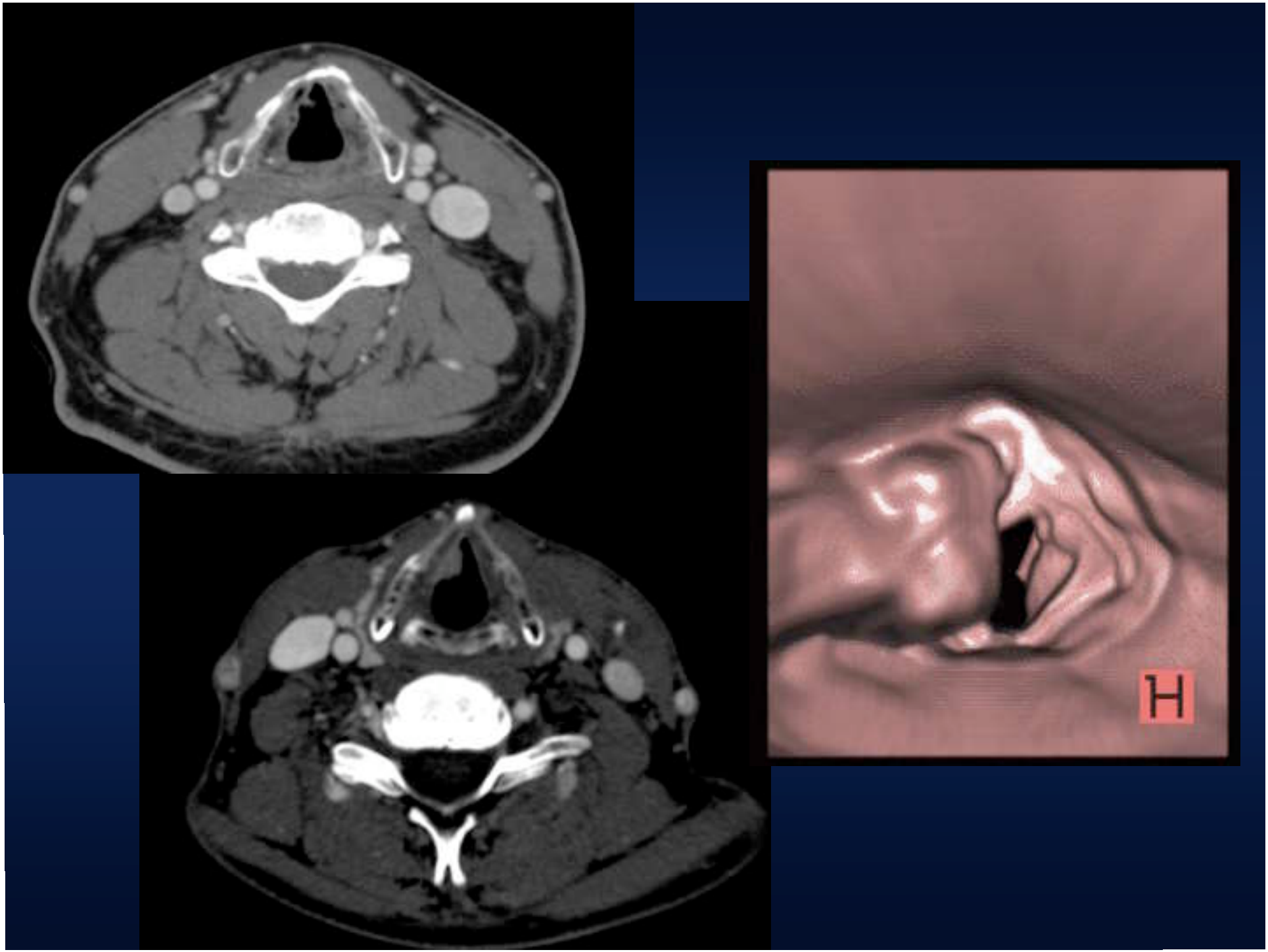
HYPOPHARYNX

HYPOPHARYNX et LARYNX:

evaluation de la taille de la lésion :
chirurgie conservatrice de la voix ?

- **SCANNER SPIRALE +++**
- **IRM**

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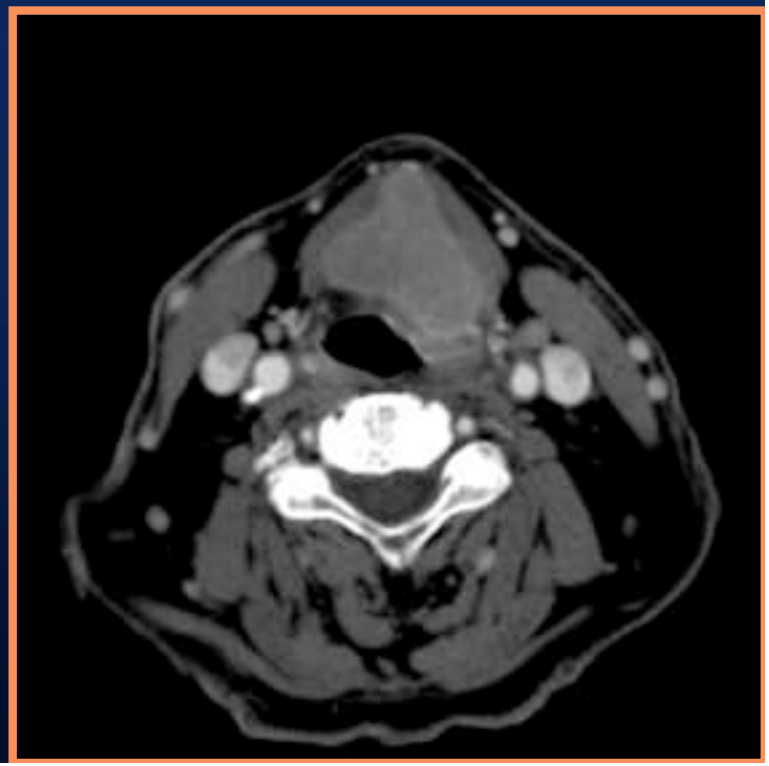
- LOGE PRE-EPIGLOTTIQUE
- ESPACE PARA-GLOTTIQUE
- REGION SOUS-GLOTTIQUE
- TISSUS MOUS EXTRA-LARYNGES
- CARTILLAGES



- LOGE PRE-EPIGLOTTIQUE
- ESPACE PARA-GLOTTIQUE
- REGION SOUS-GLOTTIQUE
- TISSUS MOUS EXTRA-LARYNGES
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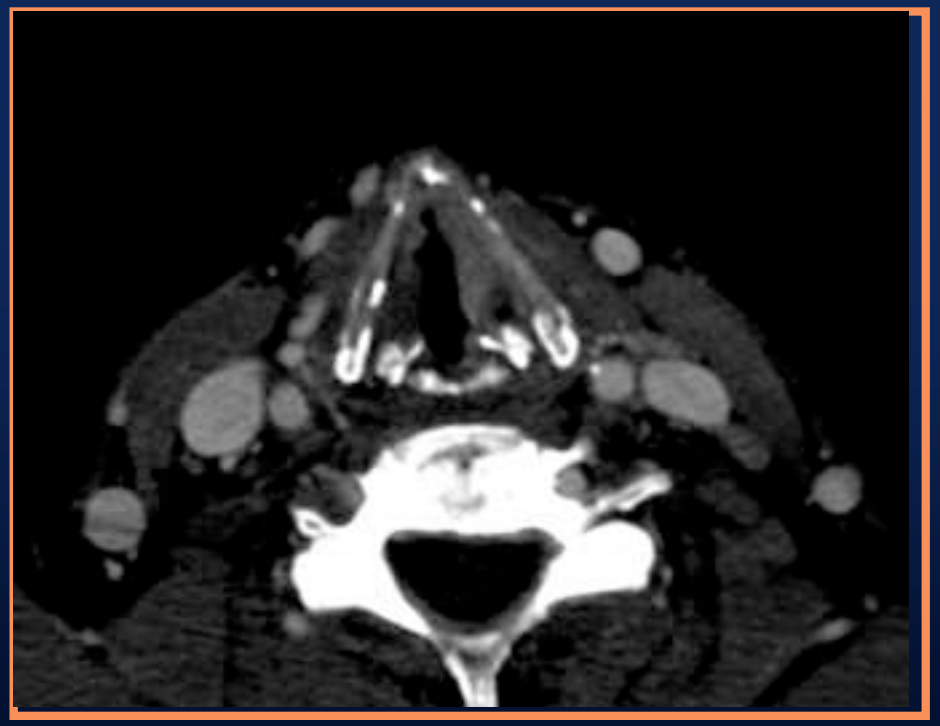
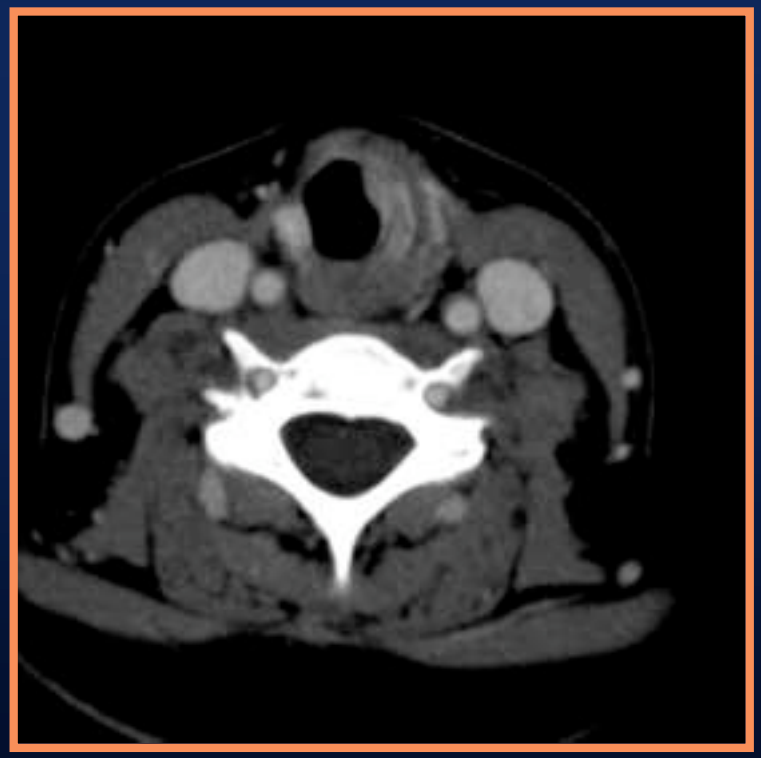
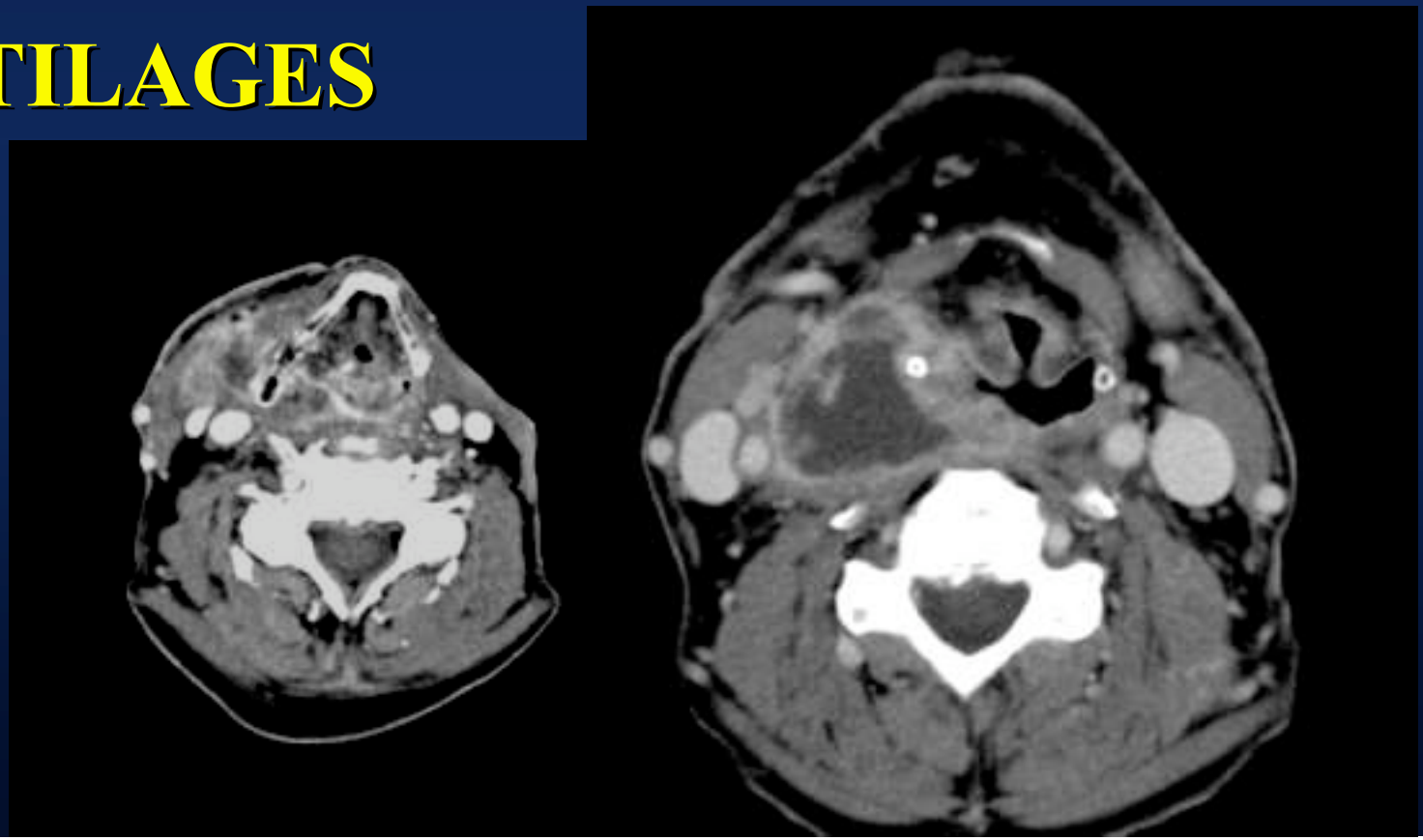


- LOGE PRE-EPIGLOTTIQUE
- ESPACE PARA-GLOTTIQUE
- REGION SOUS-GLOTTIQUE
- TISSUS MOUS EXTRA-LARYNGES
- CARTILAGES



- LOGE PRE-EPIGLOTTIQUE
- ESPACE PARA-GLOTTIQUE
- REGION SOUS-GLOTTIQUE
- TISSUS MOUS EXTRA-LARYNGES
- CARTILAGES



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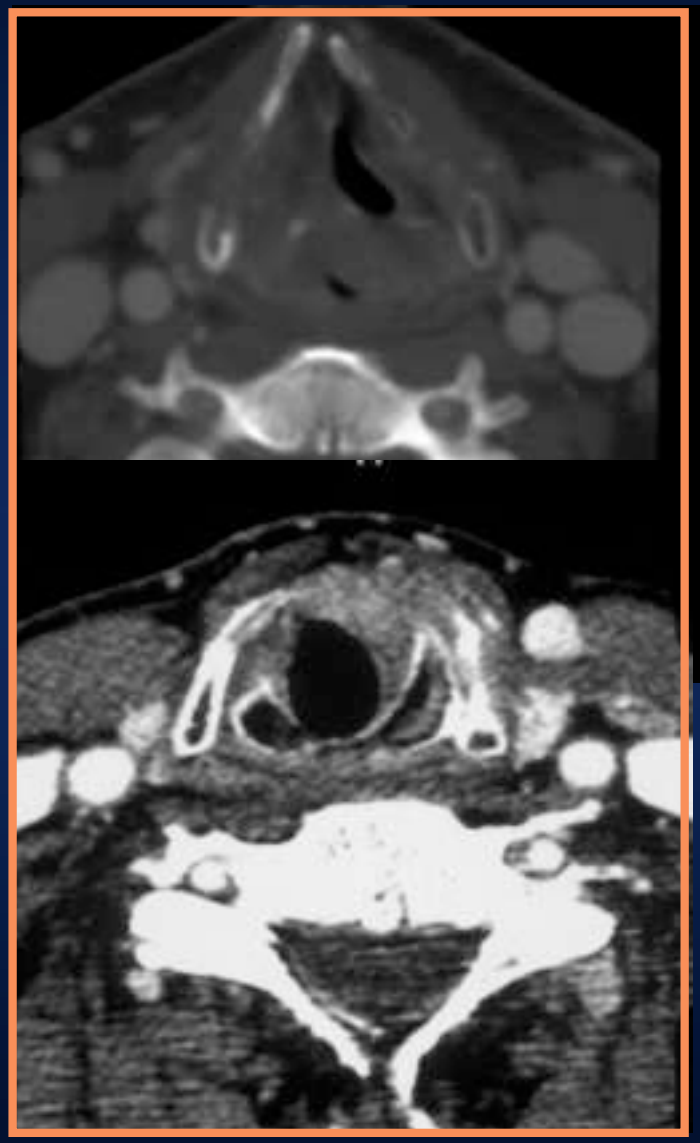

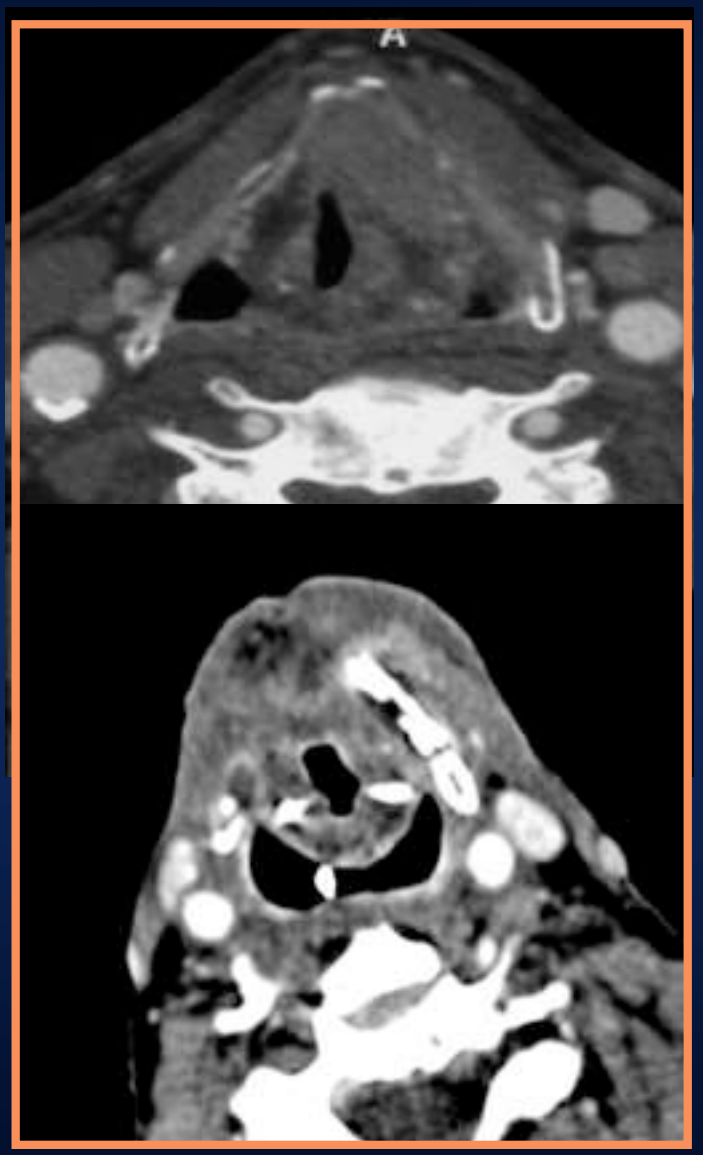
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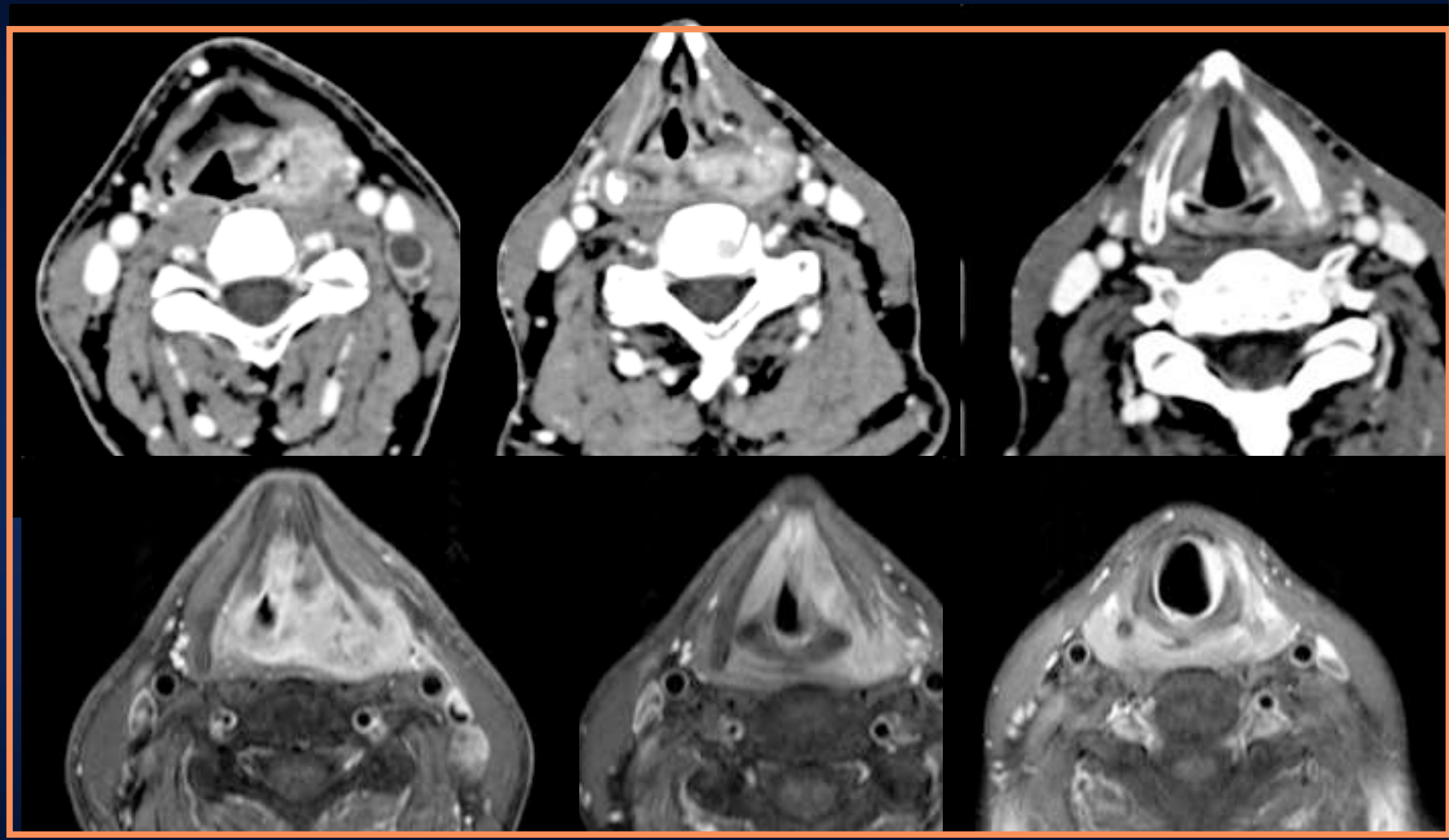
- **IRM COMPLEMENTAIRE**:

SI LE NIVEAU LESIONNEL INFERIEUR EST MAL EVALUE PAR L' ENDOSCOPIE ET LE SCANNER.

(corde vocale ou espace para-glottique en regard)



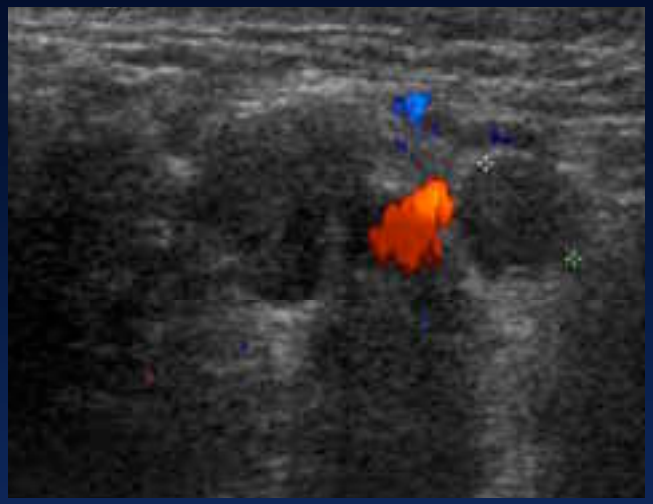
T . N. M.

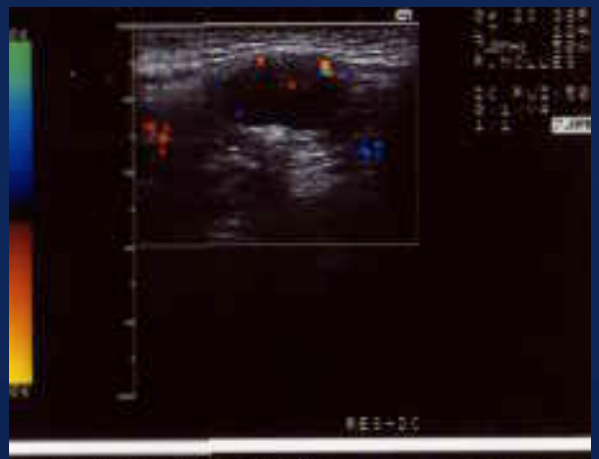
COMMENT RECHERCHER LES ADENOPATHIES ?

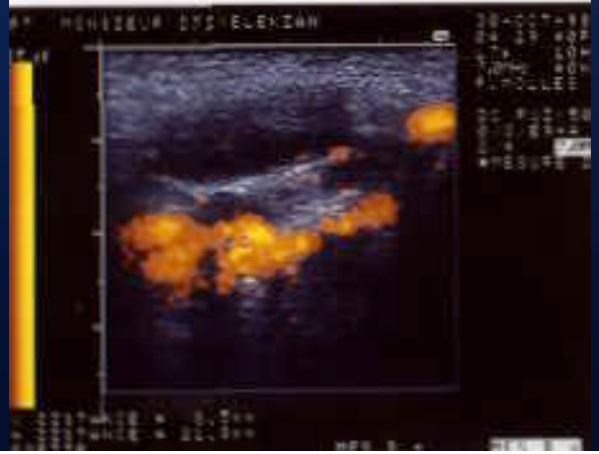
- ECHOGRAPHIE
- SCANNER SPIRALE
- IRM

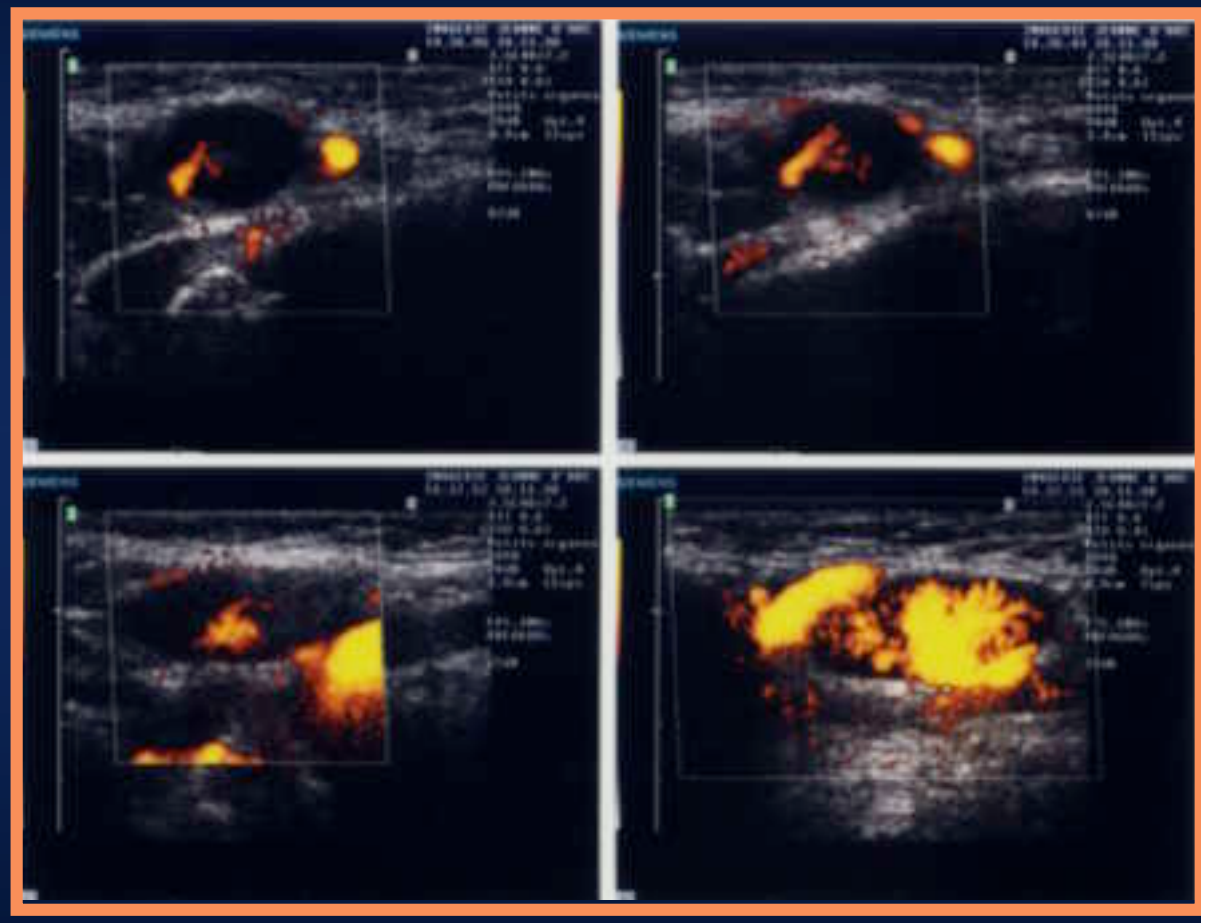
ADP et ECHOGRAPHIE:

- TAILLE SUP. A 10 MM.
- ASPECT ARRONDI (D/d < 1,5)
- DIPARITION DU HILE CENTRAL
- ADHERENCE VASCULAIRE, TROMBOSE +
- NECROSE ++++
- DOPPLER COULEUR (?)



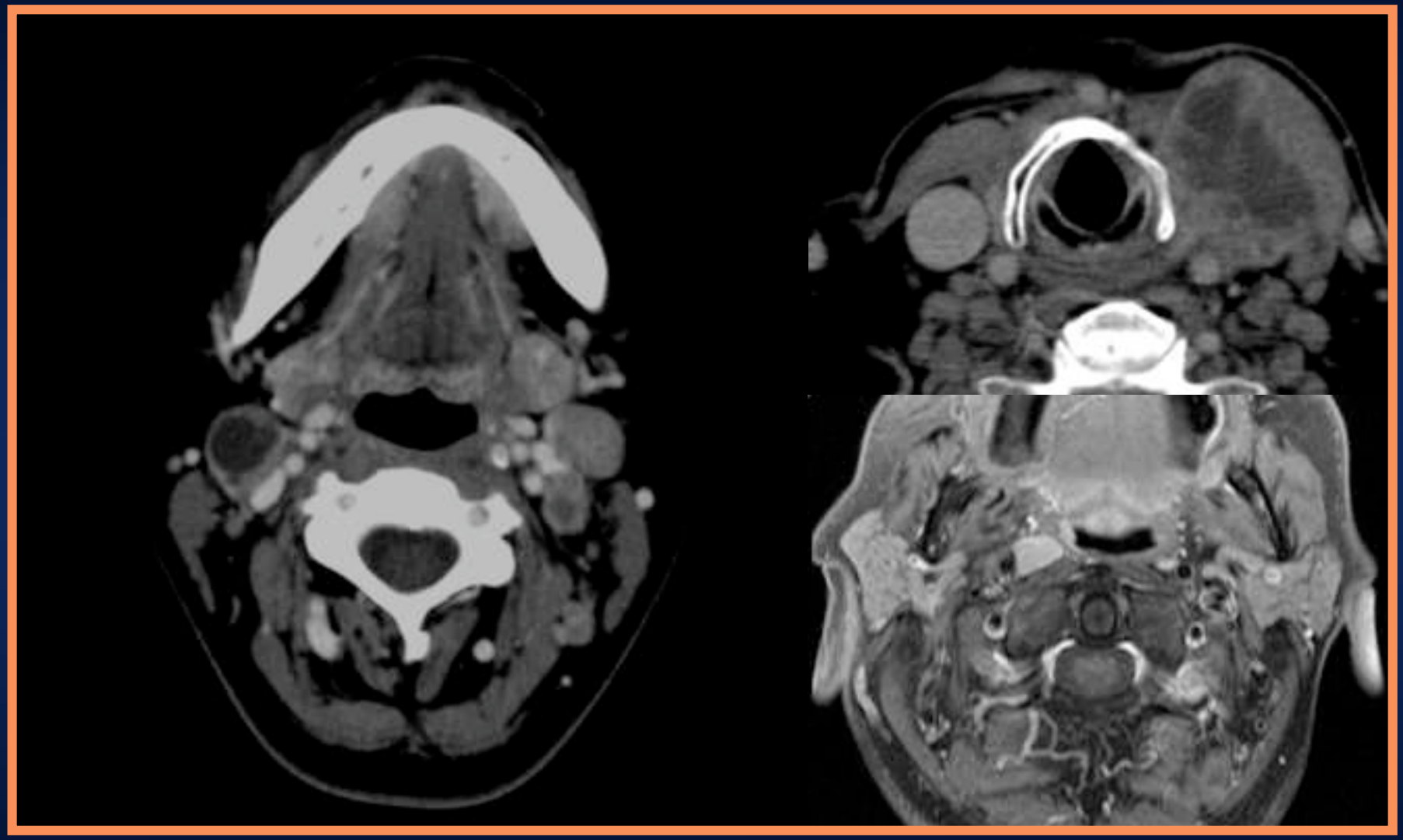


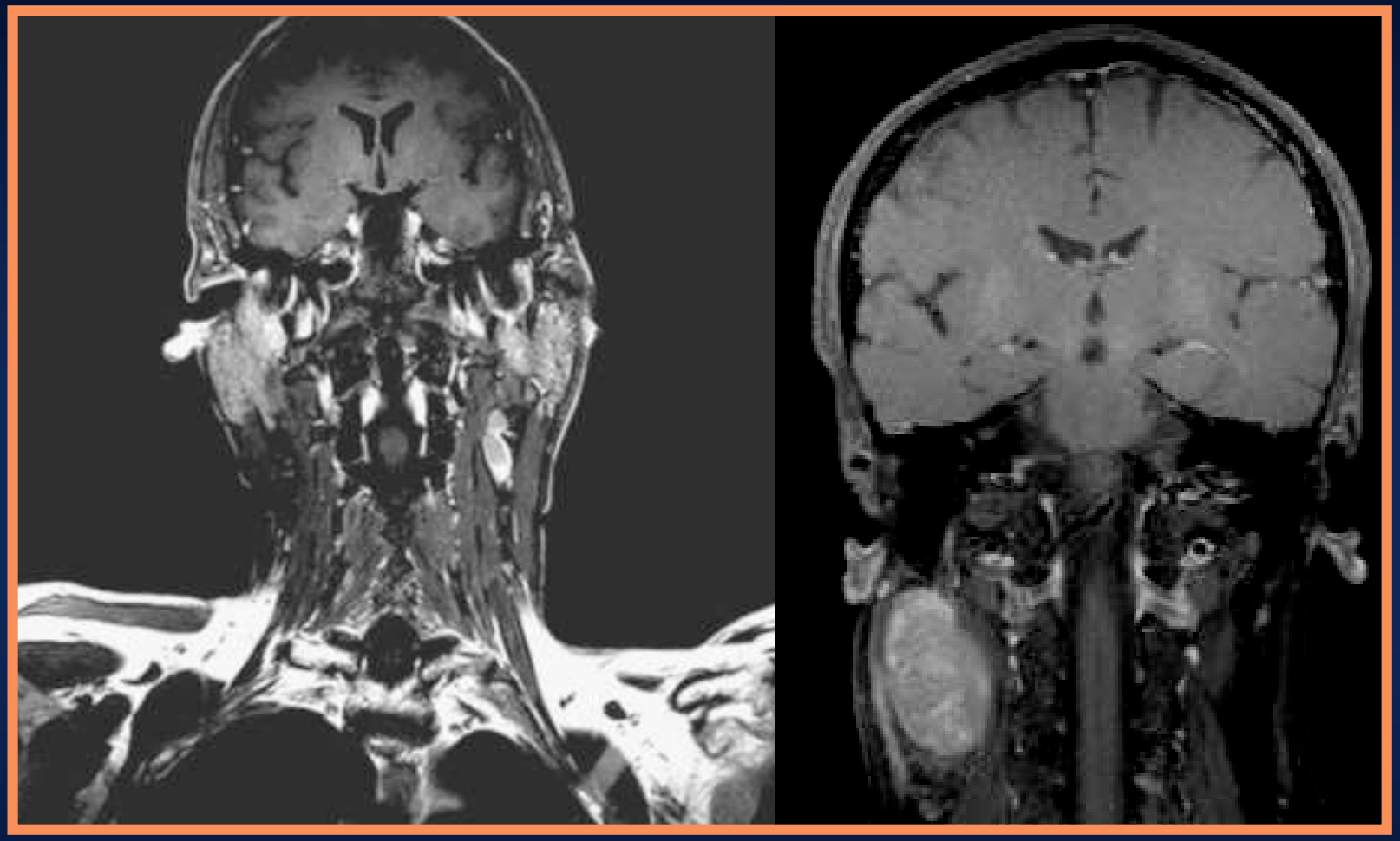


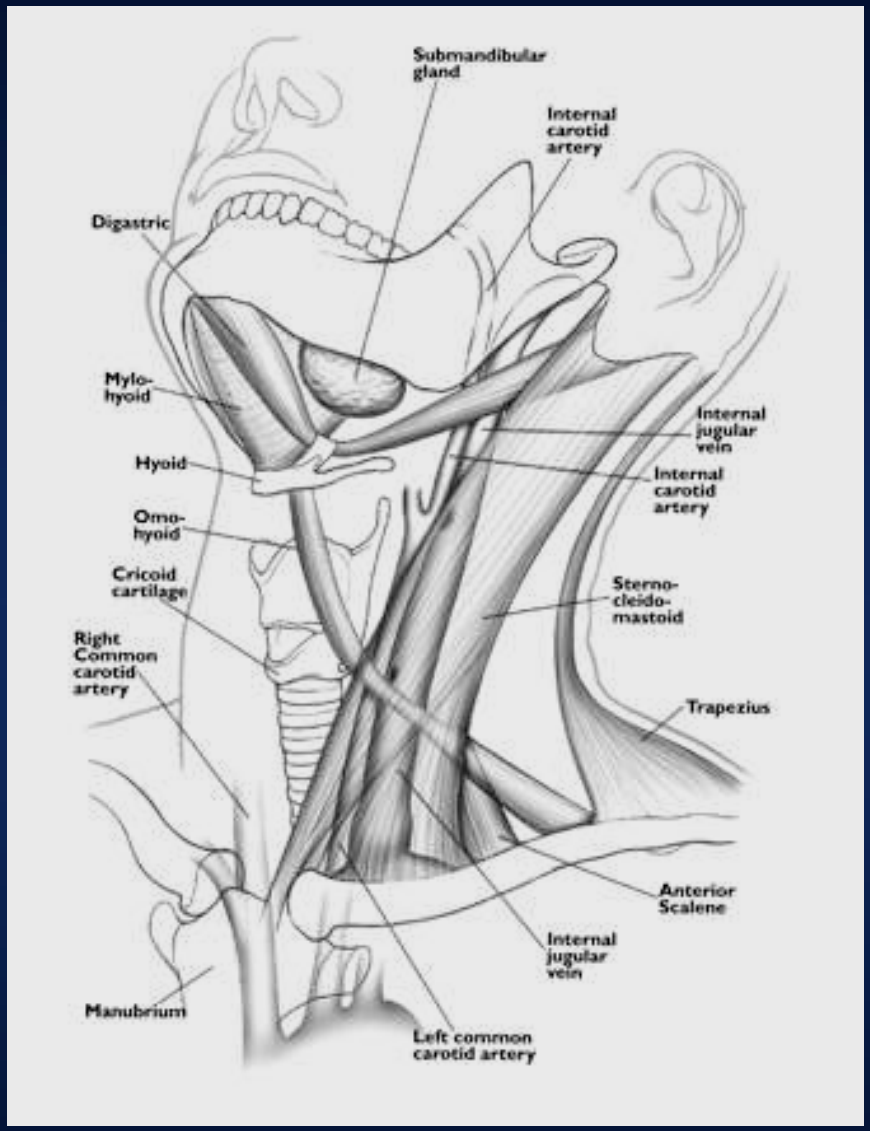


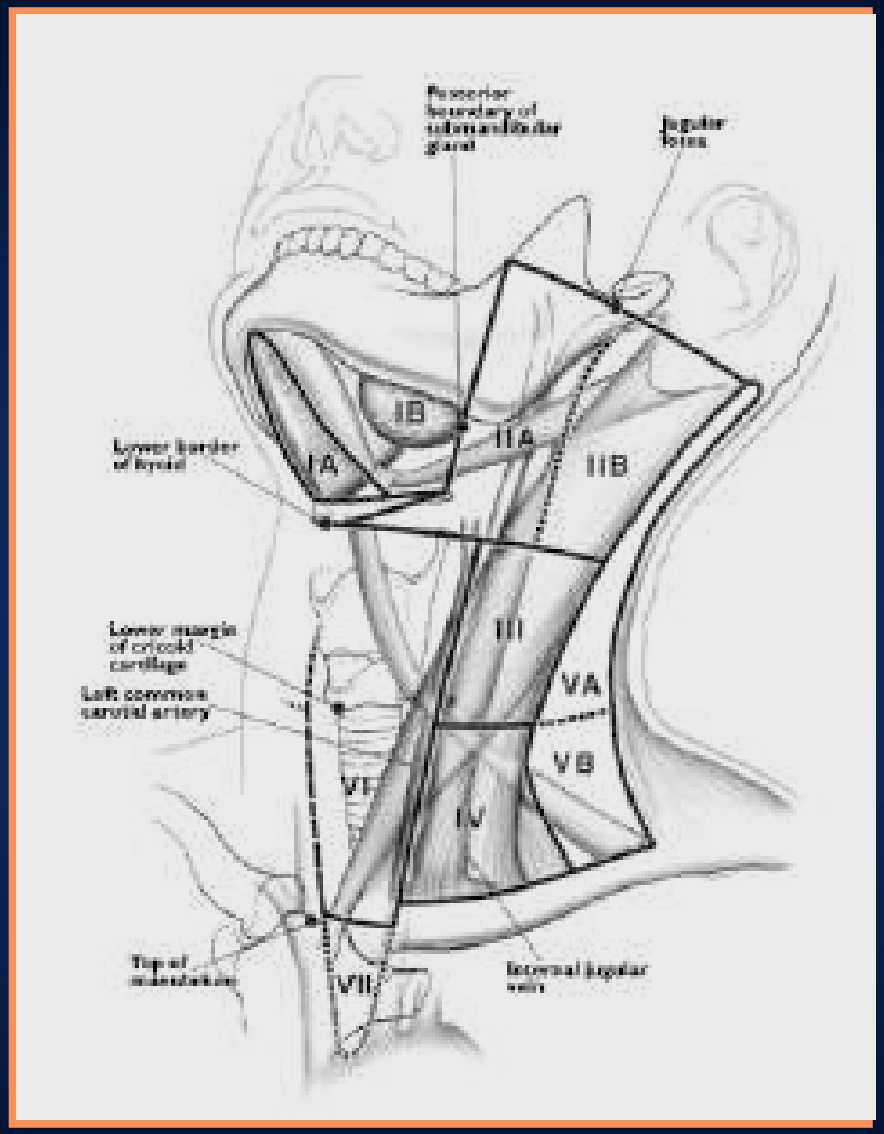
ADP et SCANNER ou IRM:

- TAILLE SUP. A 10 MM.
- TROMBOSE VEINEUSE
- NECROSE ++++
- DIFFUSION EXTRACAPSULAIRE









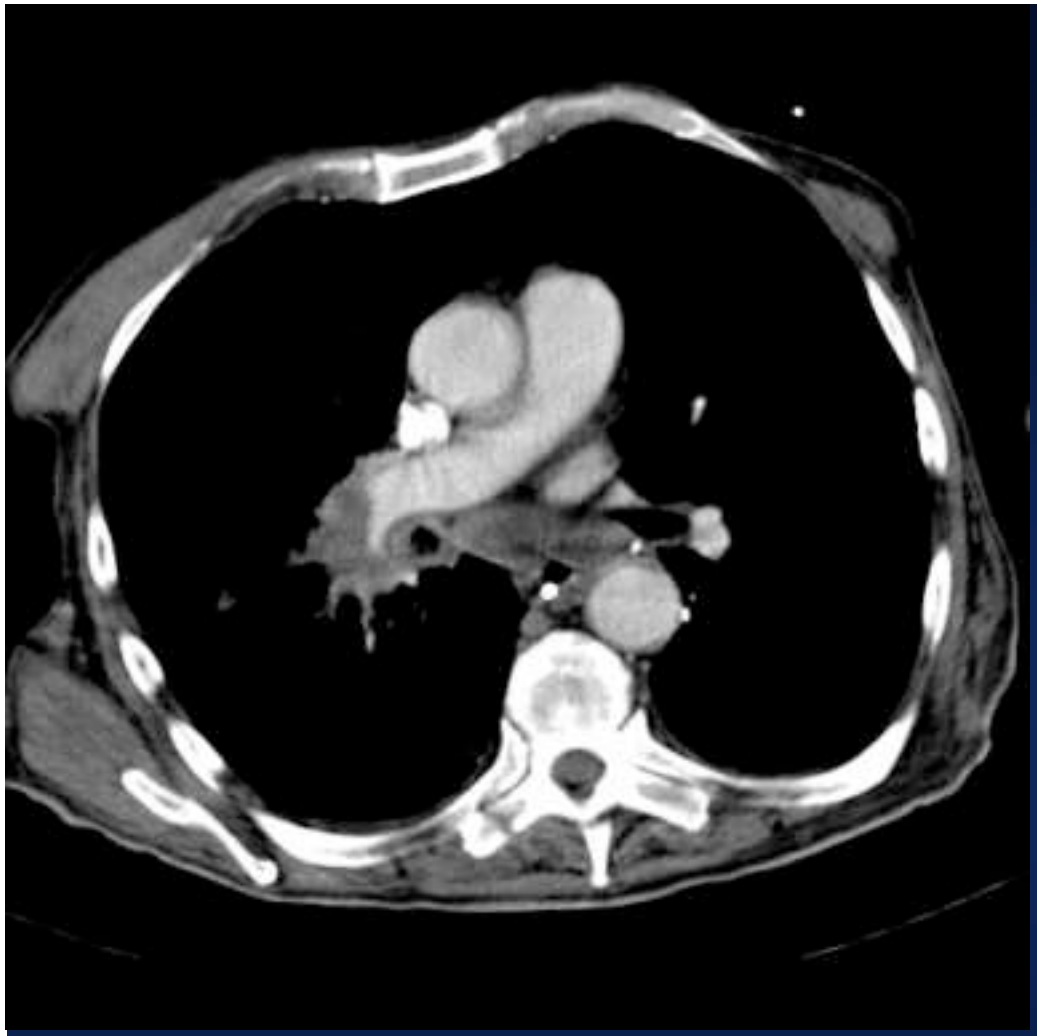
Rouviere

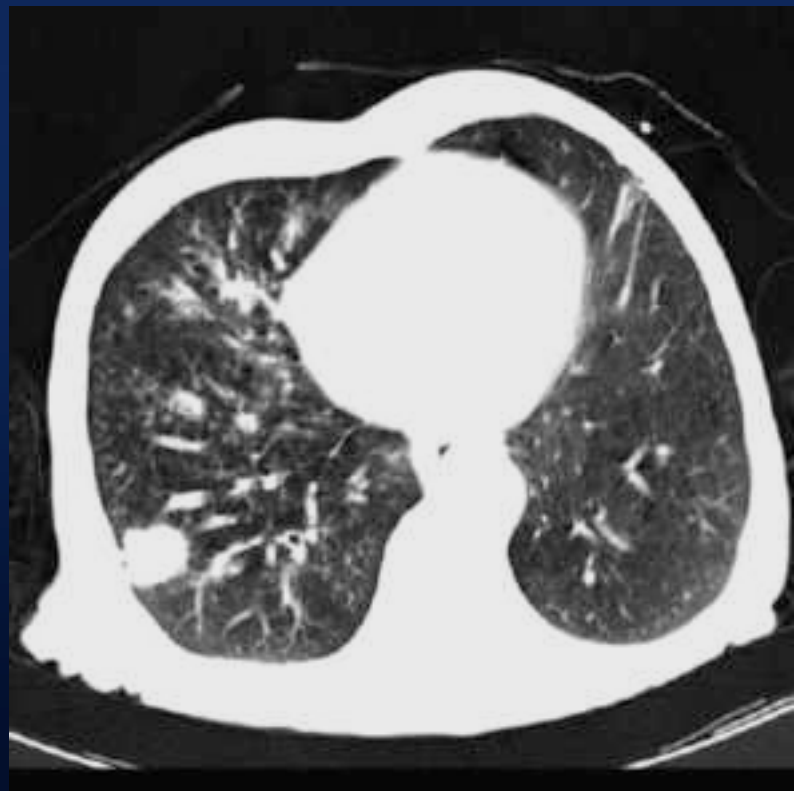
AJCC

T . N. M.

SCANNER THORACIQUE : SYSTEMATIQUE ?:

- 189 PATIENTS: DECOUVERTE D' UN CANCER DES V.A.S.
- TDM THORAX SYSTEMATIQUE.
- 20 % DE LESIONS NEOPLASIQUES
  - 1 / 3 CANCERS PULM. ASSOCIES
  - 2 / 3 METASTASES
- < 1/3 LESIONS VUES EN RADIO



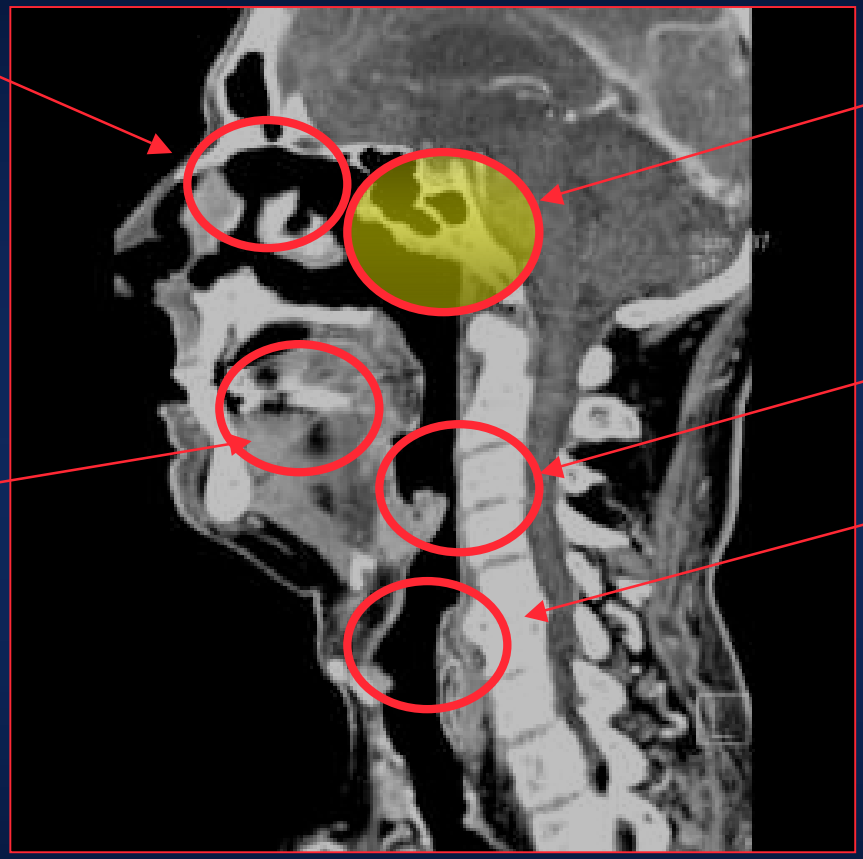


L'IMAGERIE

- *Cas Particulier 1: le CAVUM*

  - *IRM CERVICO-FACIALE*
  - *SCANNER CERVICAL , THORACIQUE et ABDO-PELVIEN*

SINUS



CAVUM

OROPHARYNX

CAVITE BUCCALE

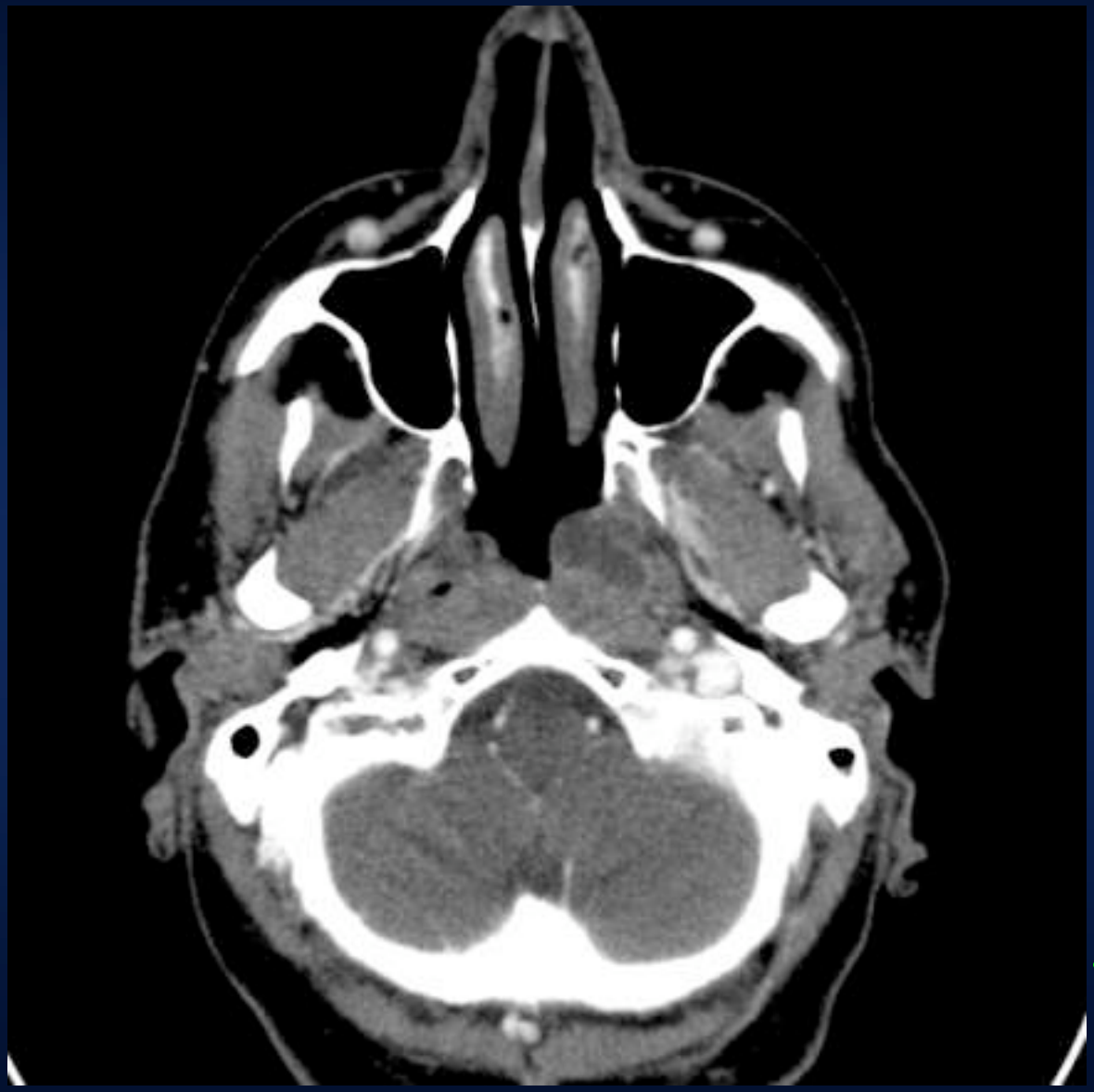
LARYNX + HYPOPHARYNX

TUMEURS DU CAVUM

Le + souvent carcinome épidermoïdes +/- différentiés (=UNCT)

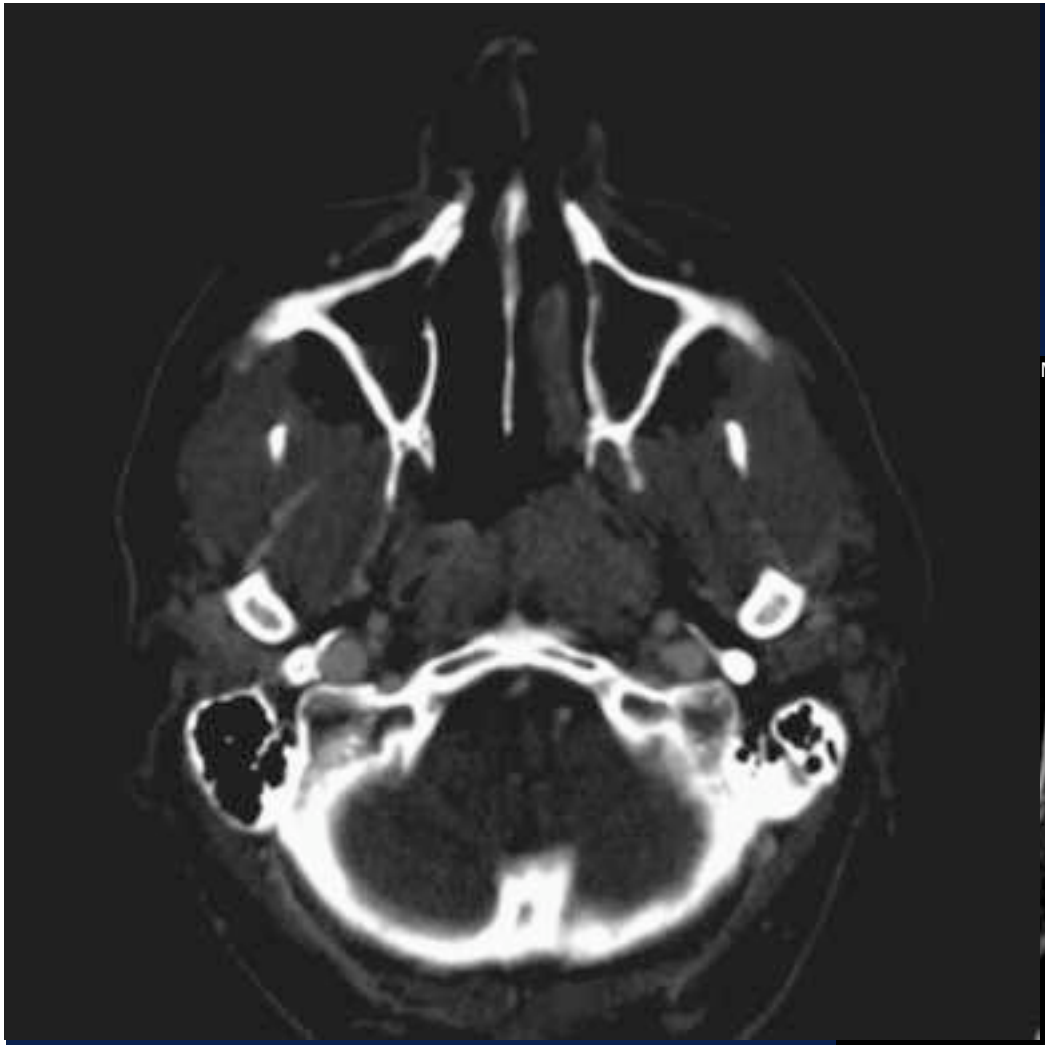
Tum. primitive affectant le + souvent la base du crâne.

Tumeurs du cavum

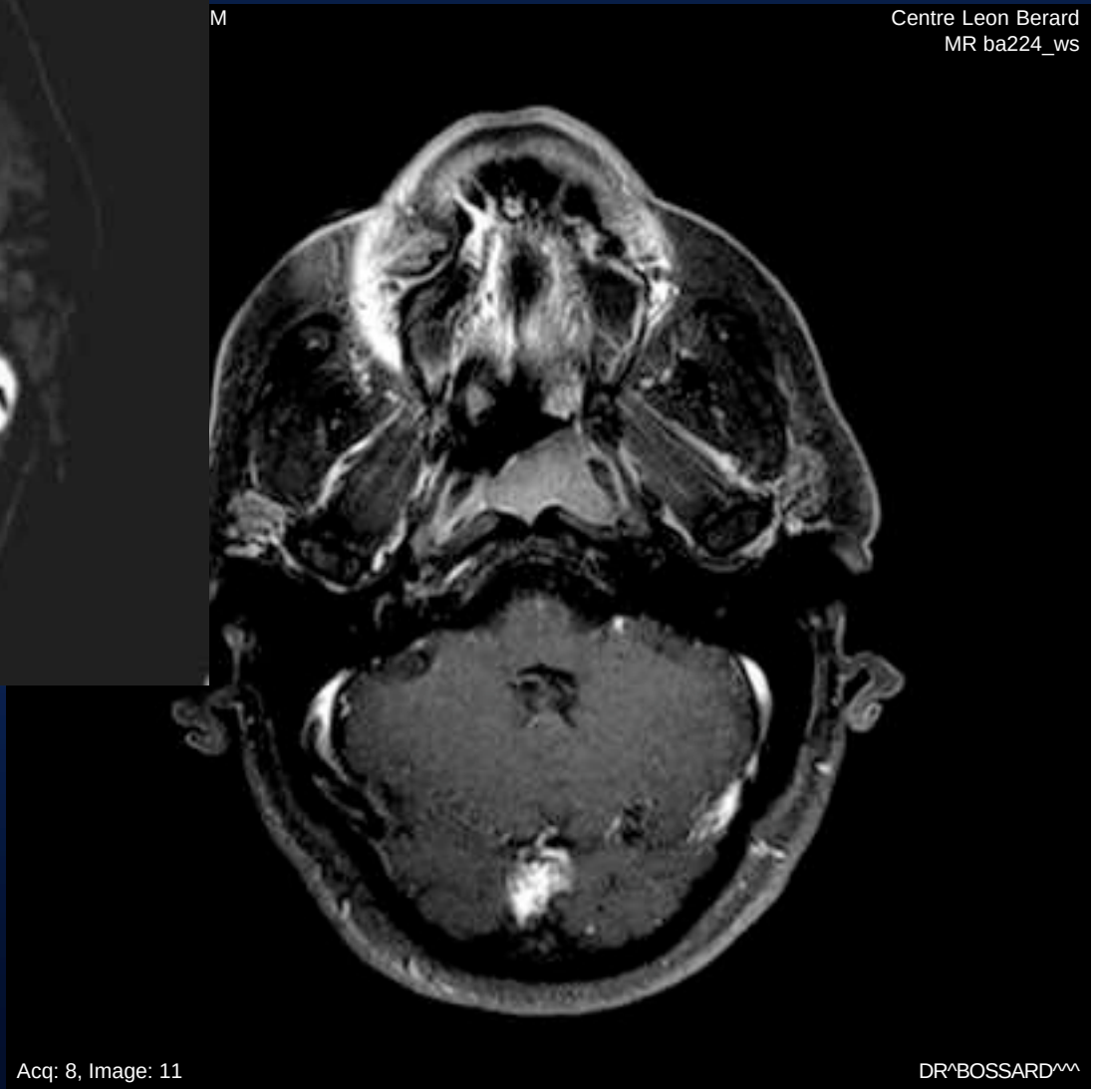


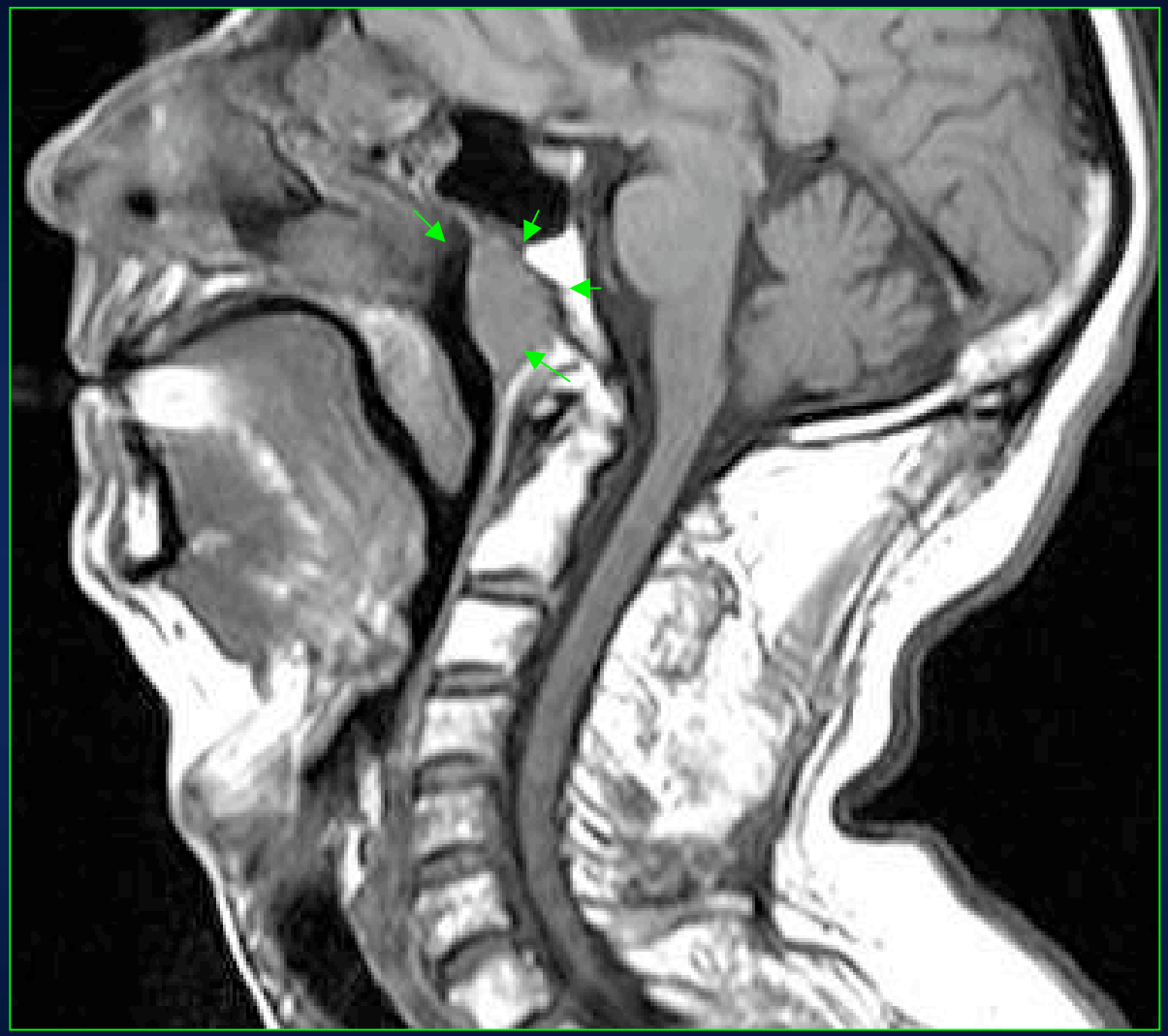
limites
du
scanner

IRM



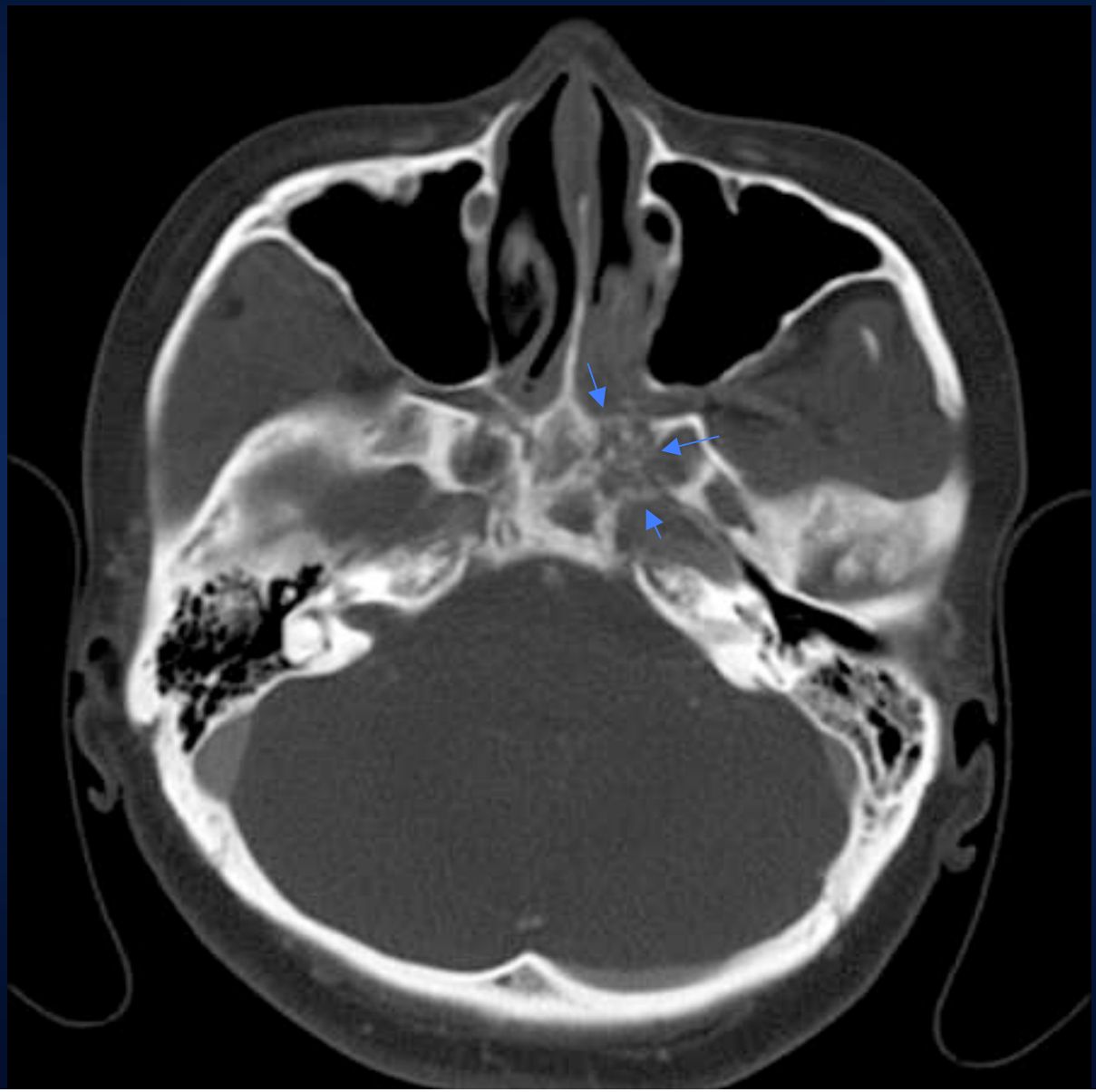
T1 Gado Fat-Sat



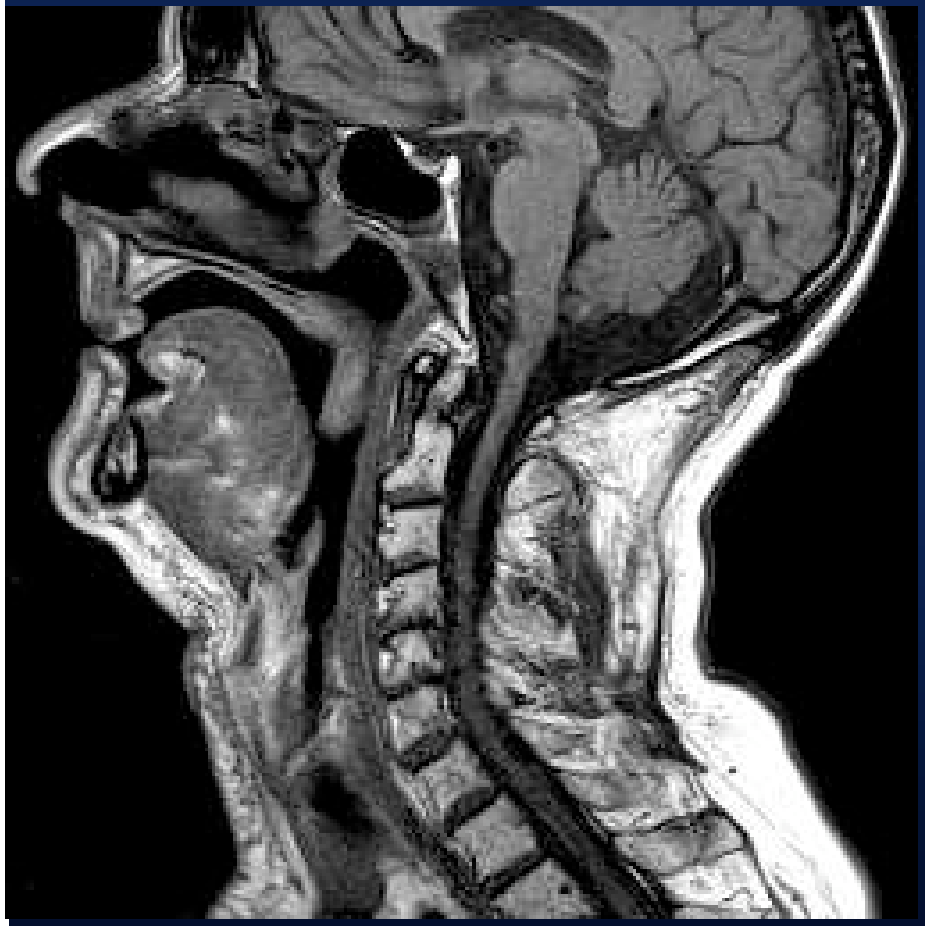


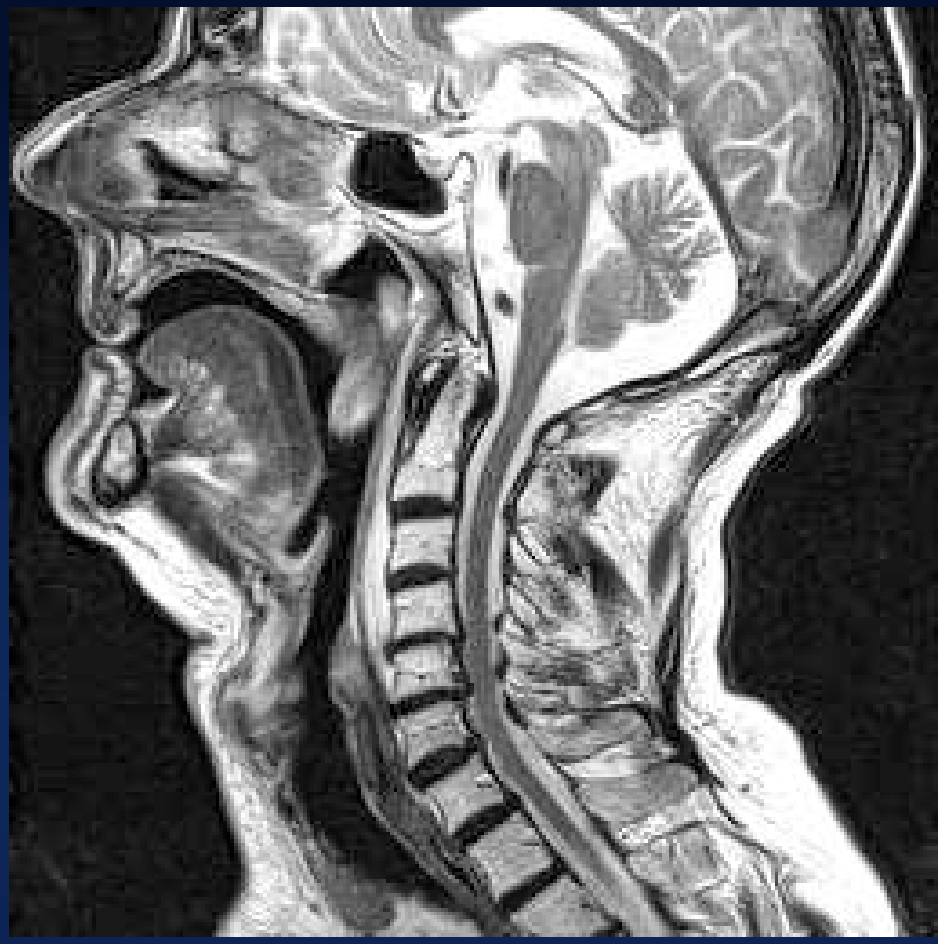
Intérêt du scanner:

l ’ atteinte osseuse



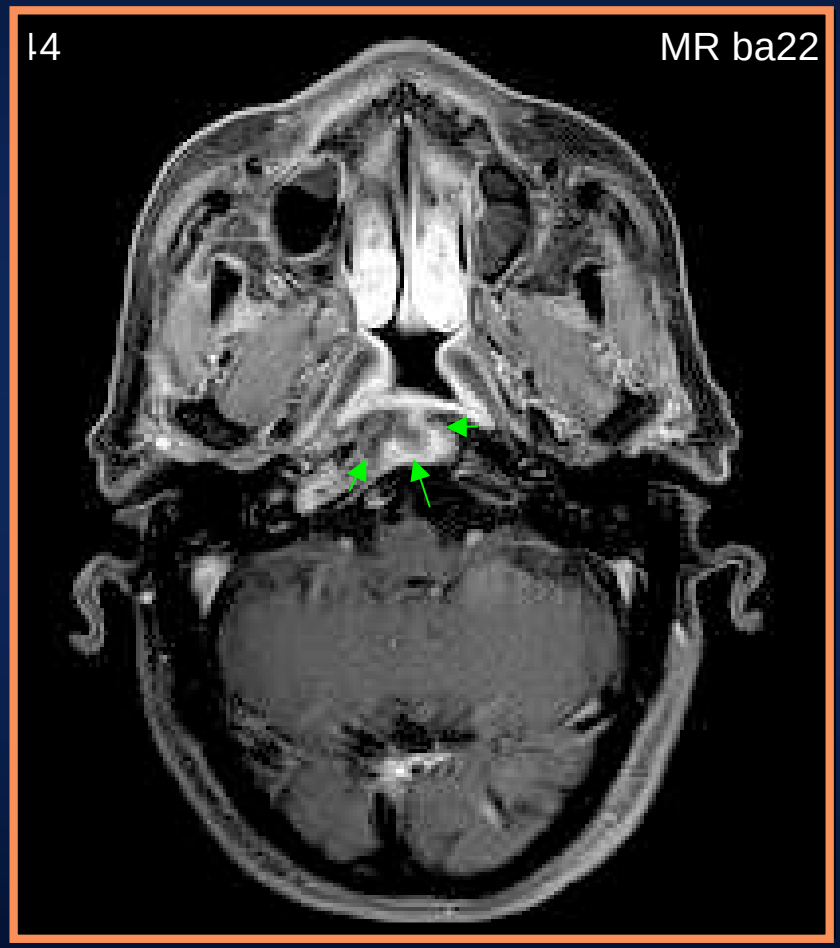
T1



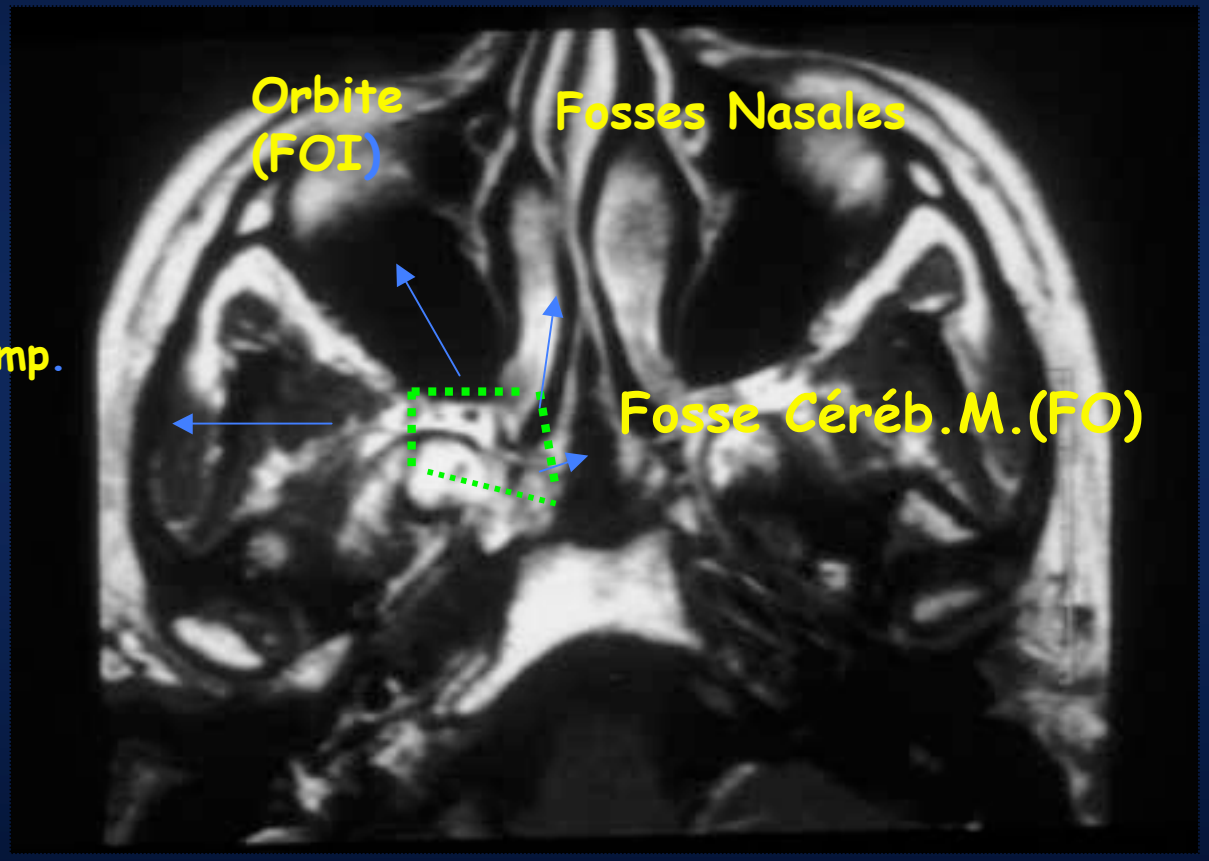


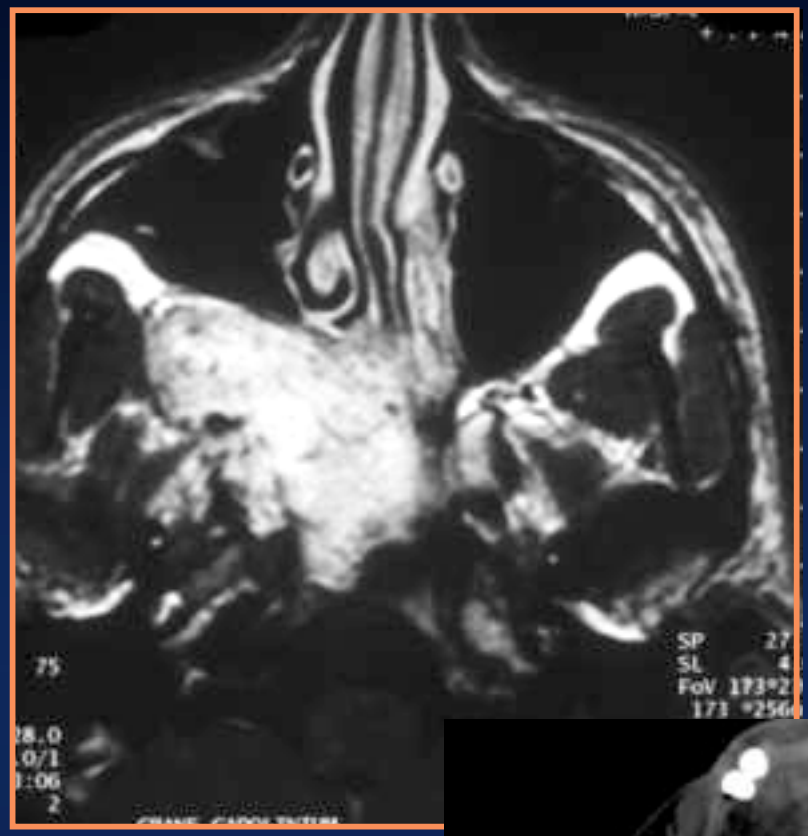
T2

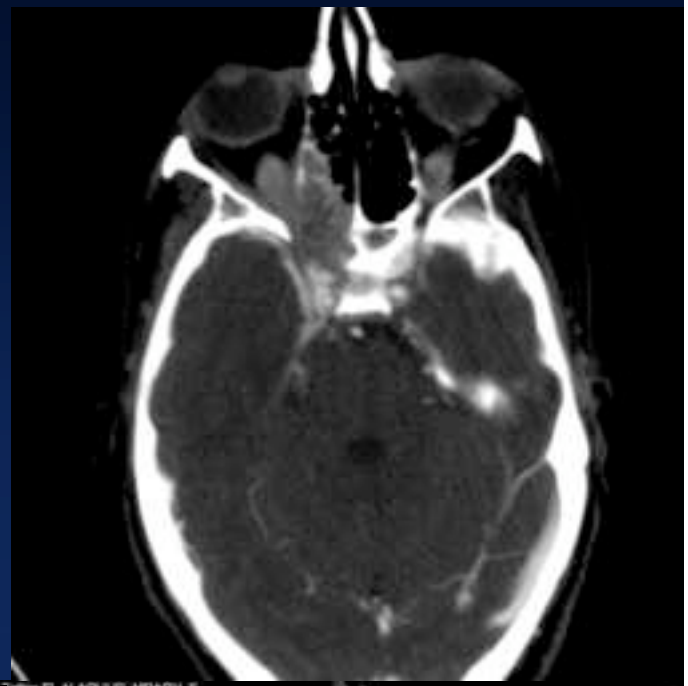
Atteinte OSSEUSE

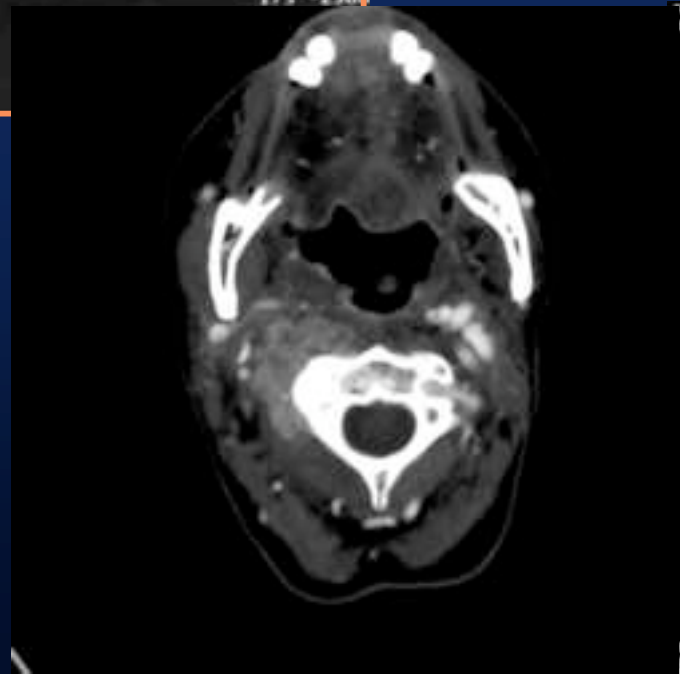


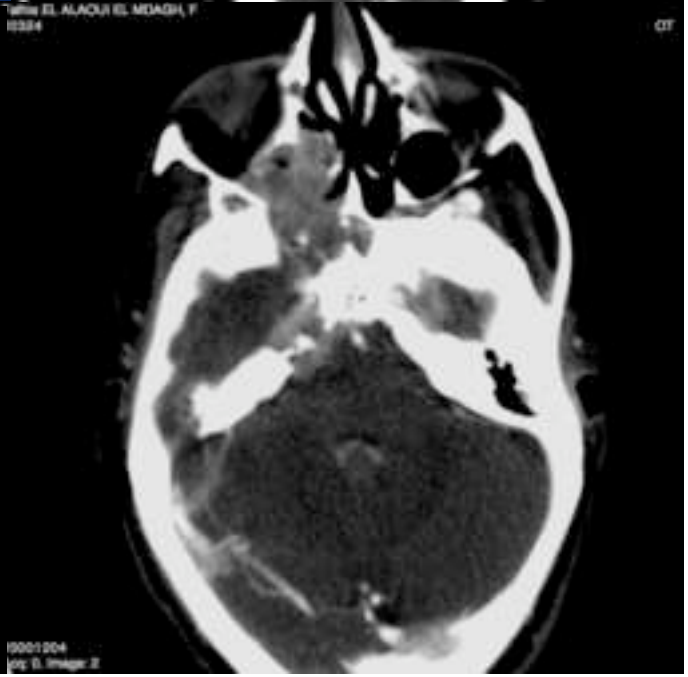
EXTENSION LOCALE



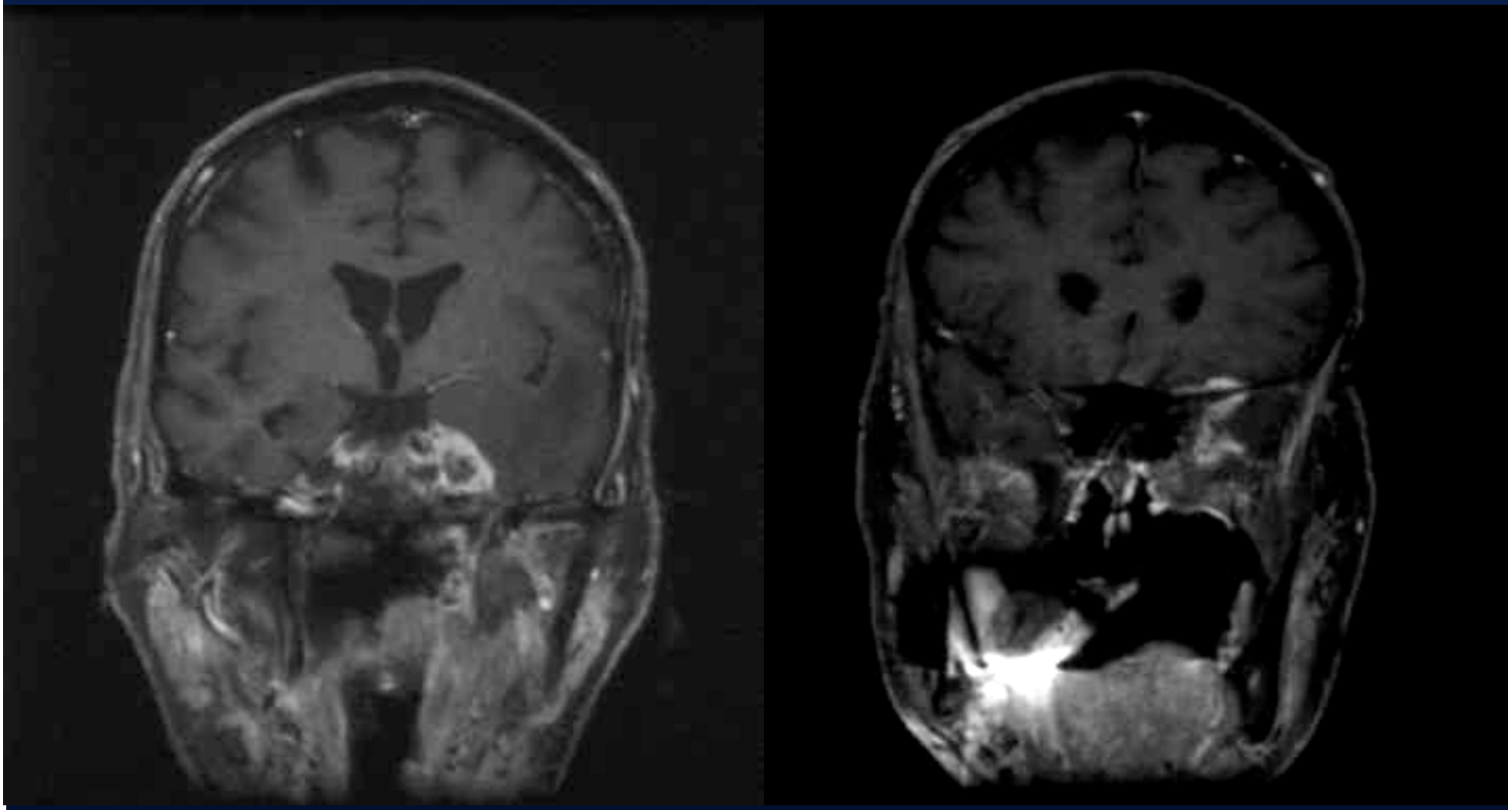

SP
SL
FoV

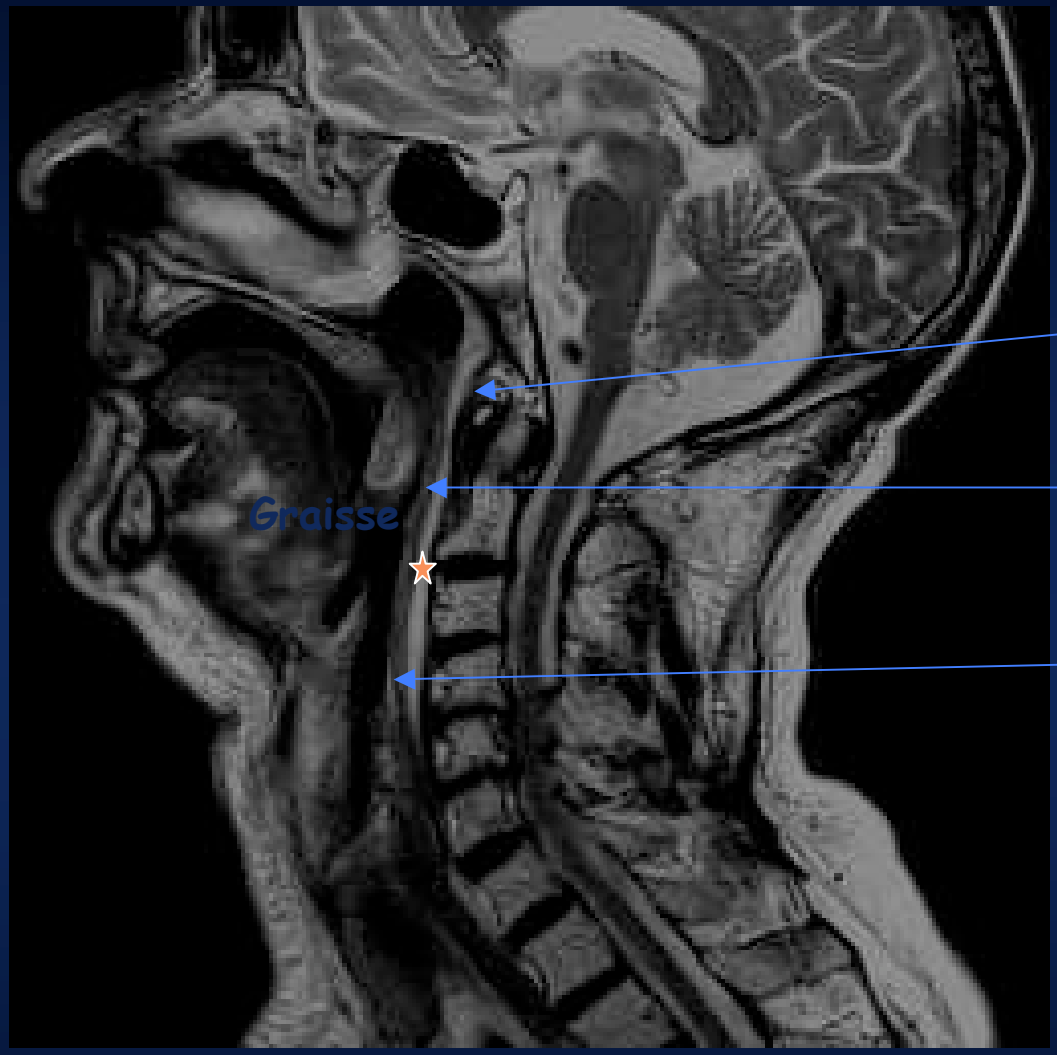






Extension supéro-latérale
(foramen ovale)





Feuillet profond

Feuillet moyen

Feuillet superficiel

Le FASCIA CERVICAL PROFOND

Extension à l ’espace retro-pharyngé

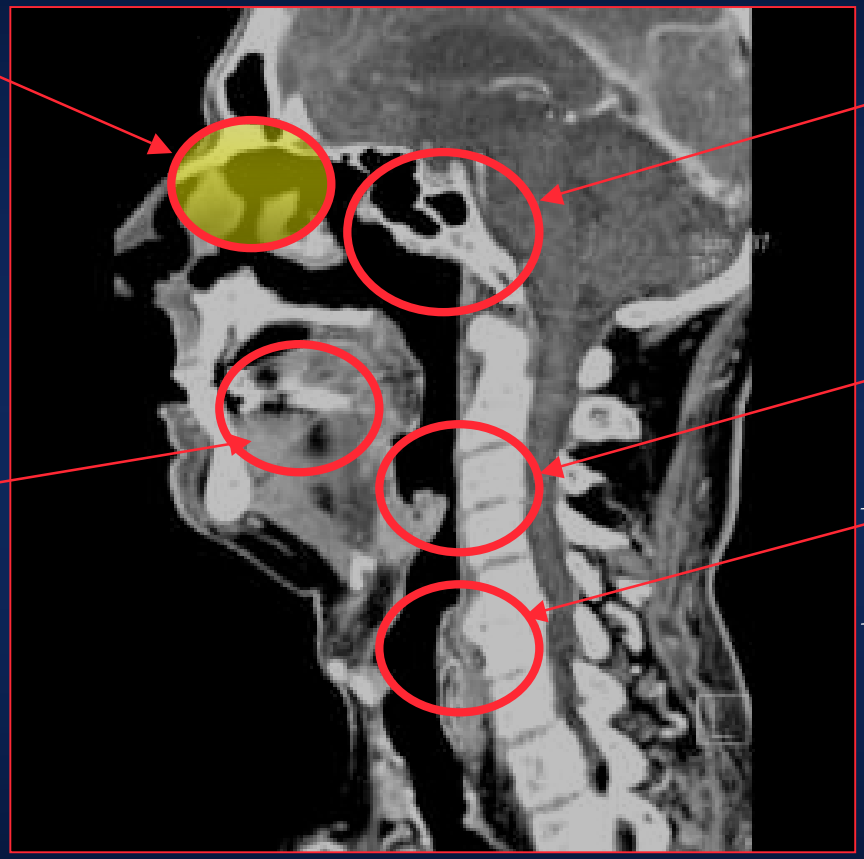
L'IMAGERIE

- *Cas Particulier 2:*

Les TUMEURS DES SINUS

  - *SCANNER CERVICO-THORACIQUE*
  - *IRM FACIALE*

SINUS



CAVUM

OROPHARYNX

CAVITE BUCCALE

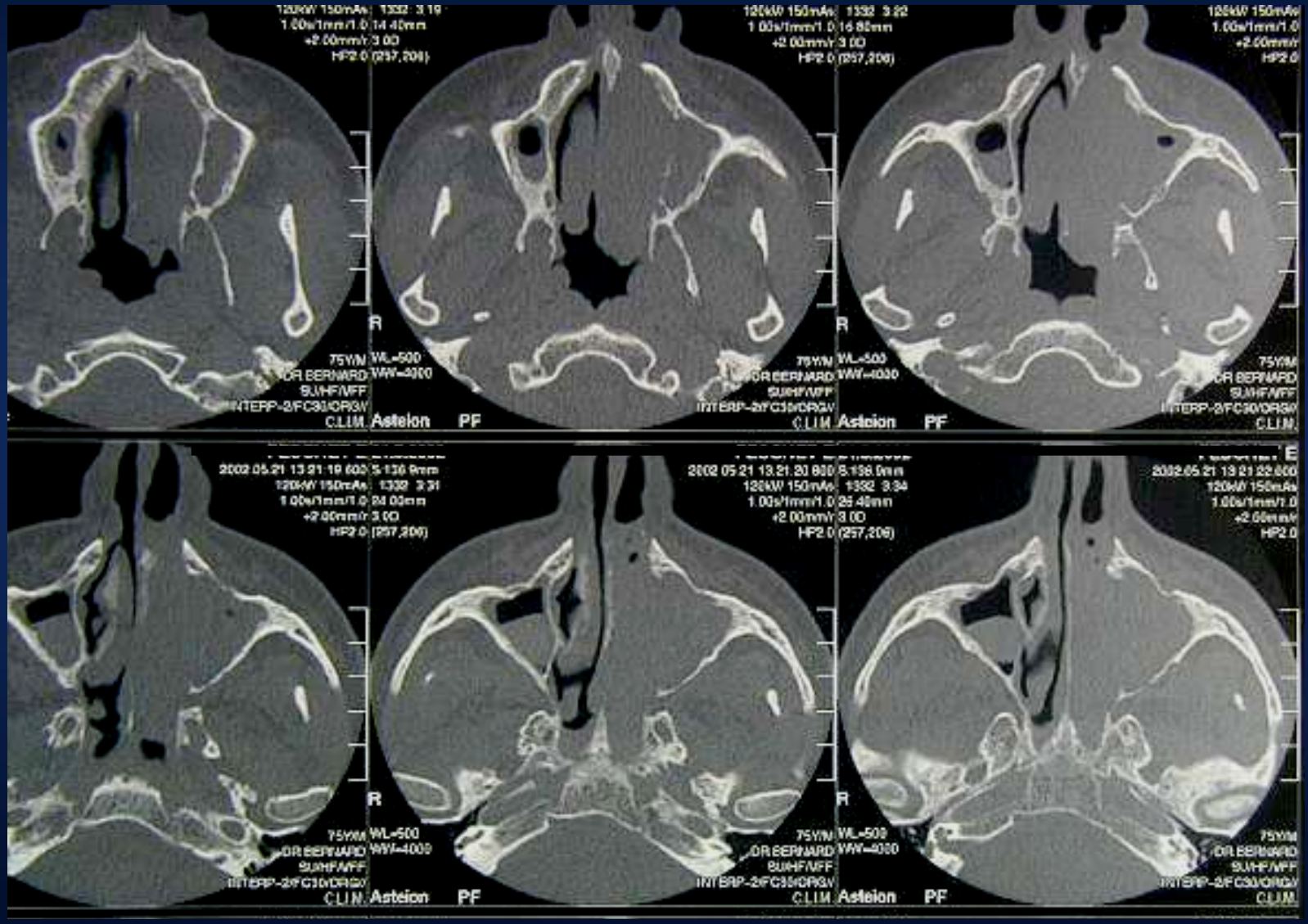
LARYNX + HYPOPHARYNX

Tumeurs des Sinus de la Face.

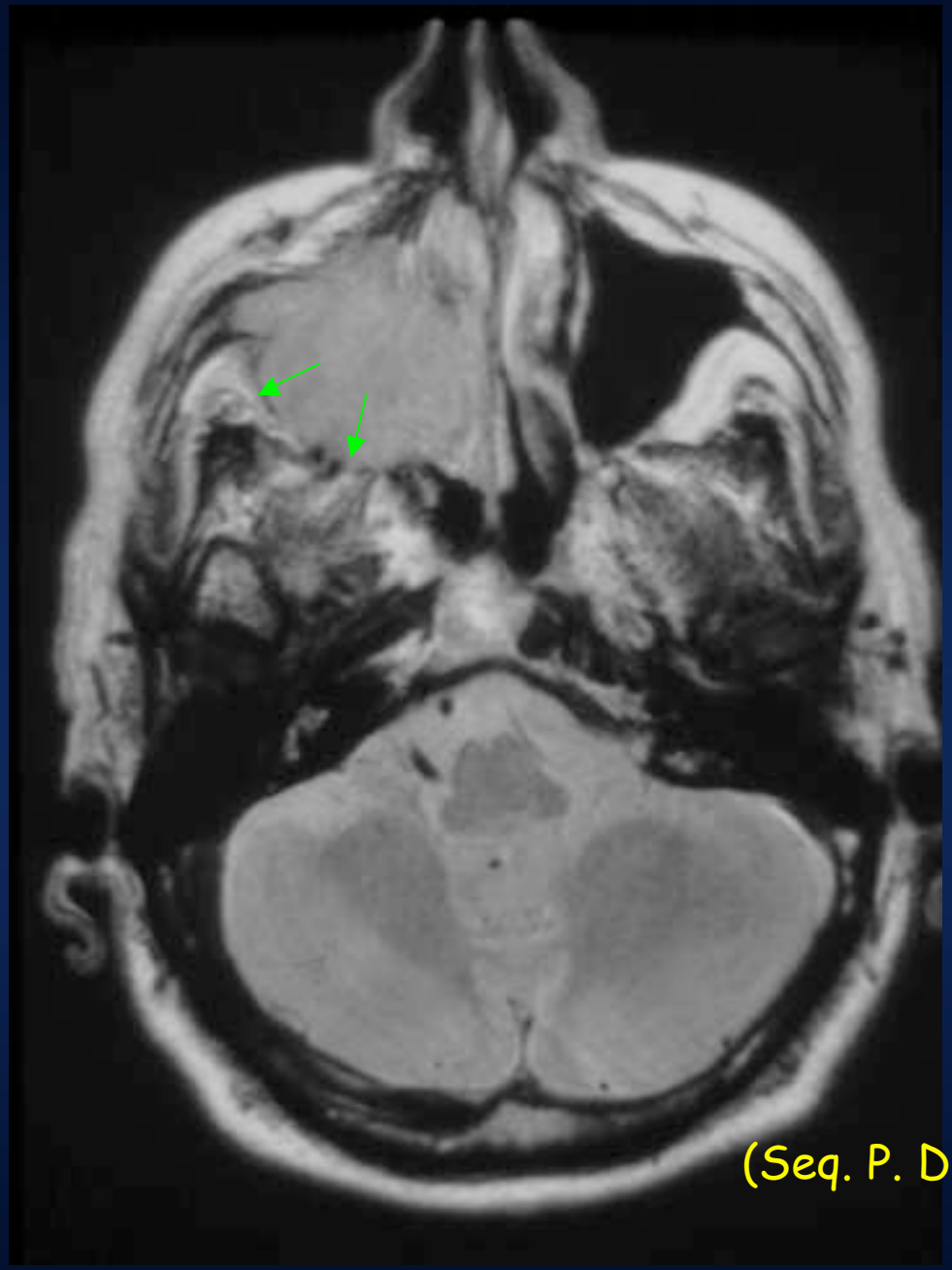
- Rares (- de 1% des cancers et 3% des Tumeurs ORL)
- Carcinome Epidermoïdes

(+ AdenoK, Carc.adenoïdes kystiques, Lymphomes, Sarcomes, Neuroblastomes olfactifs…)

Scanner

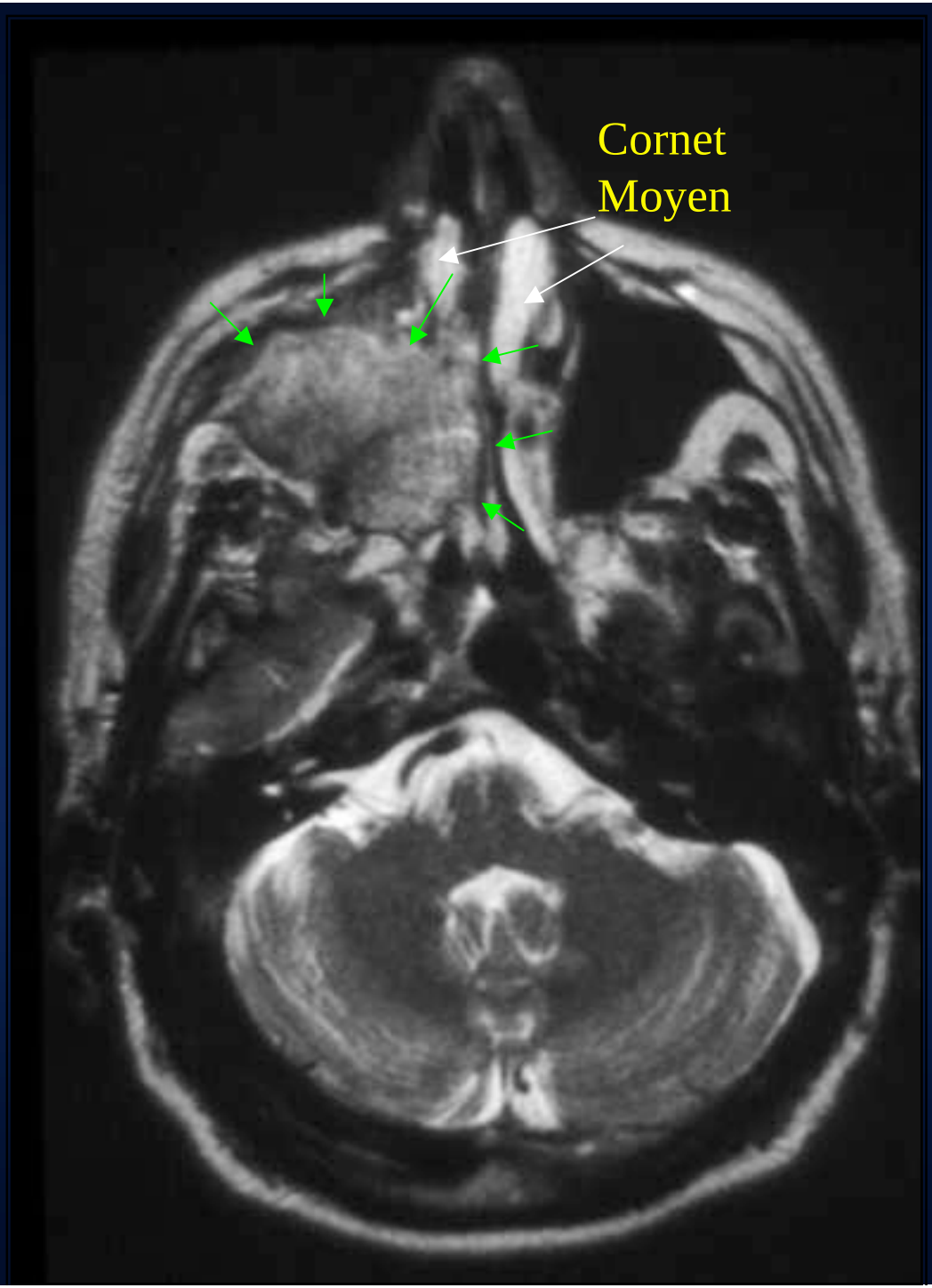


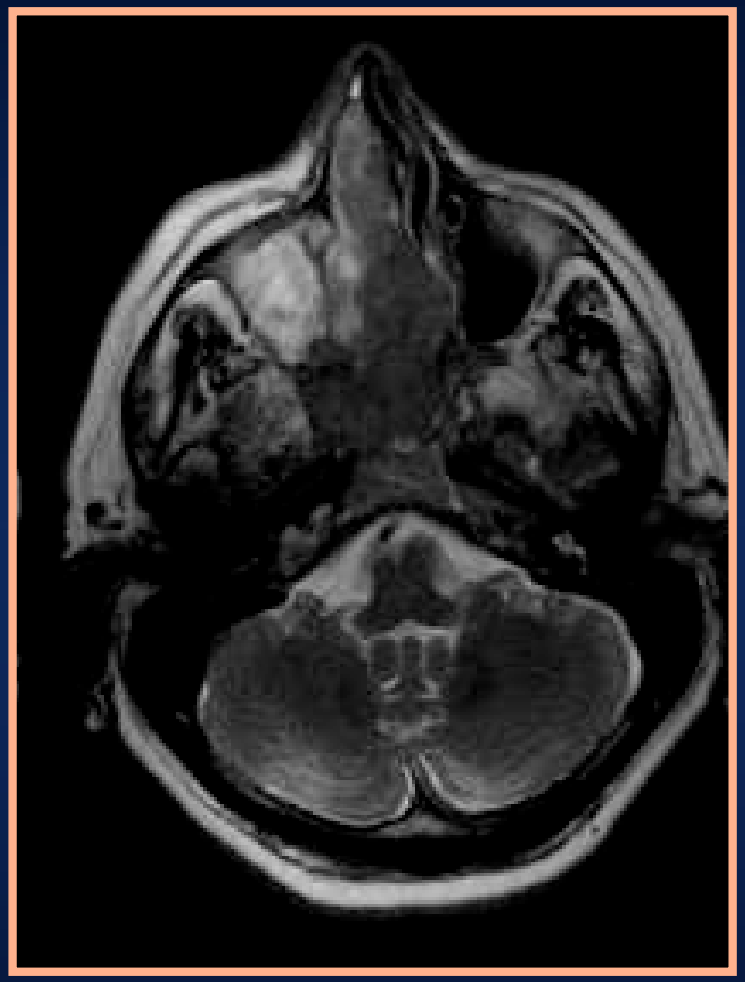
IRM

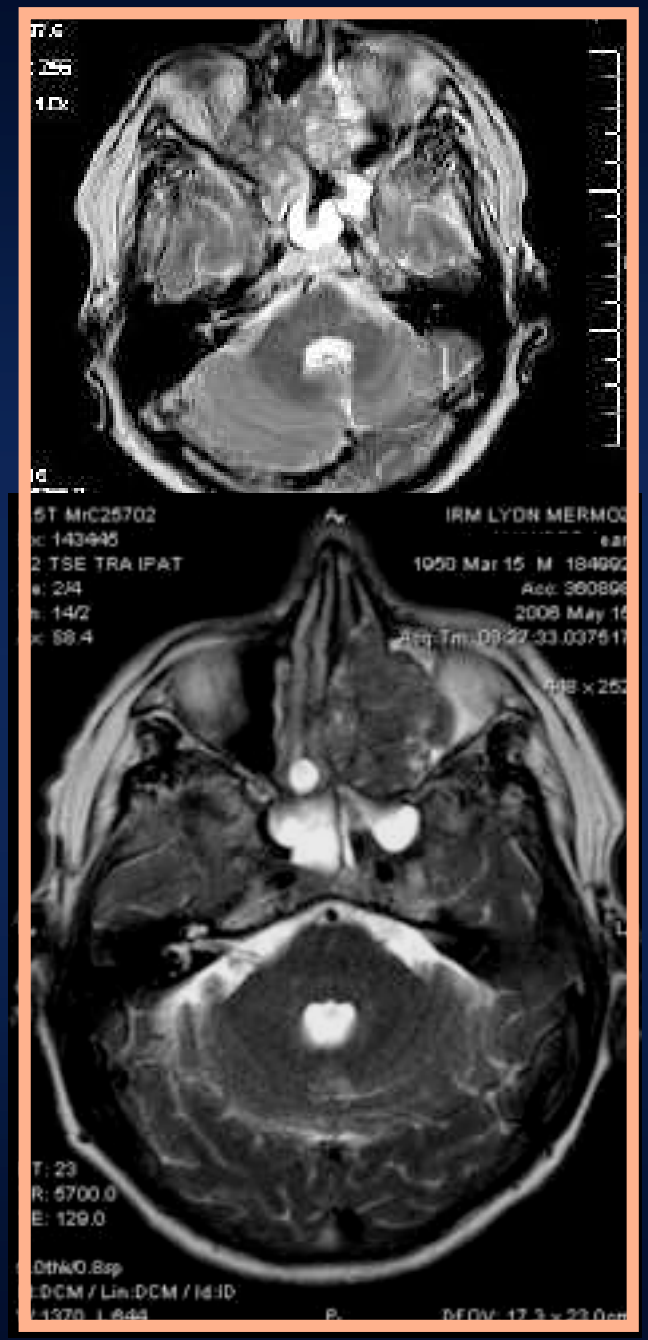


(Seq. P. Densite de protons)

IRM (T2)






1.0x
1950 Mar 15 M
2006 May

IRM

des Tumeurs des Sinus de la Face.

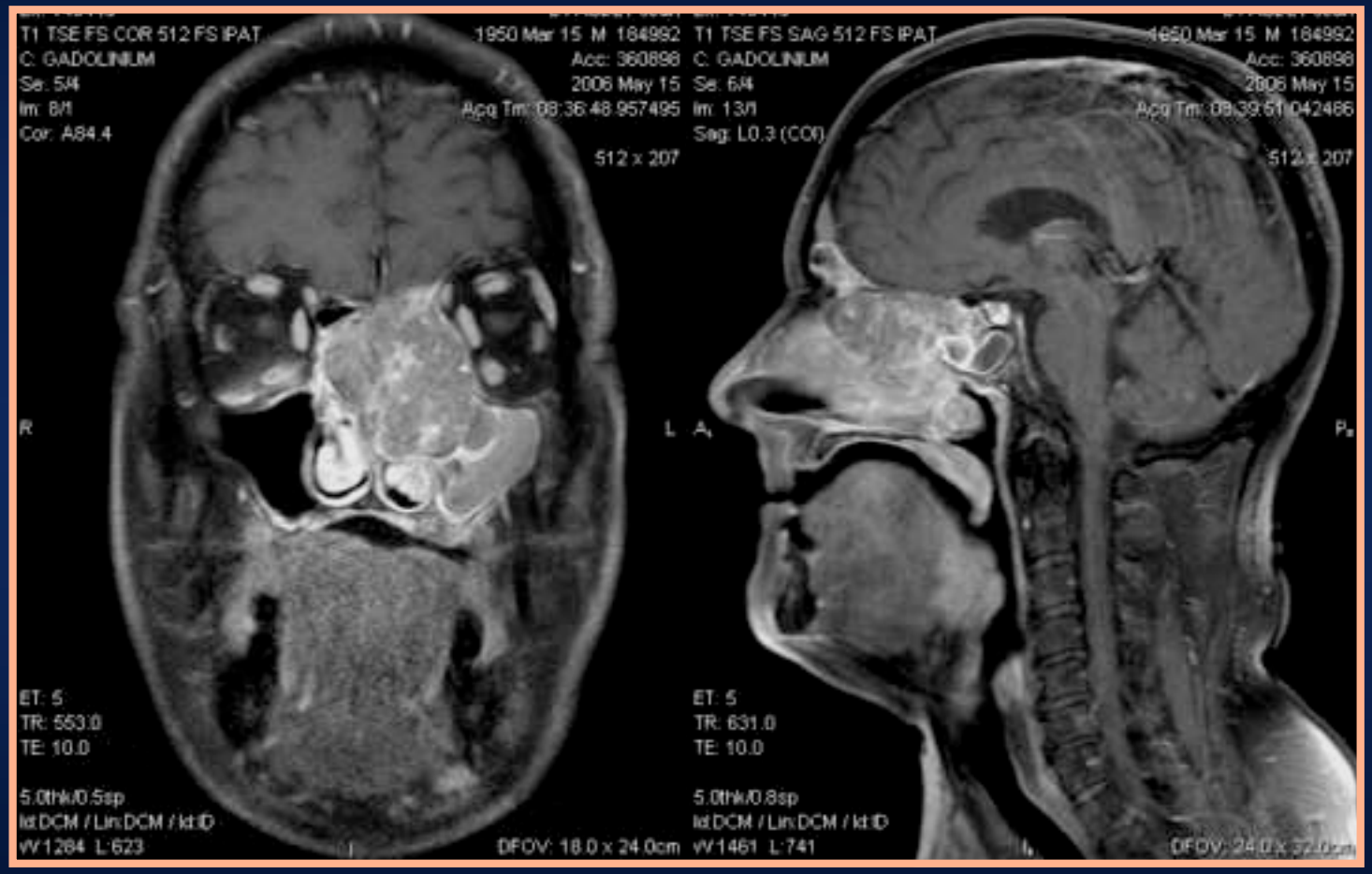
Peu intenses enT2

(cellulaires++)

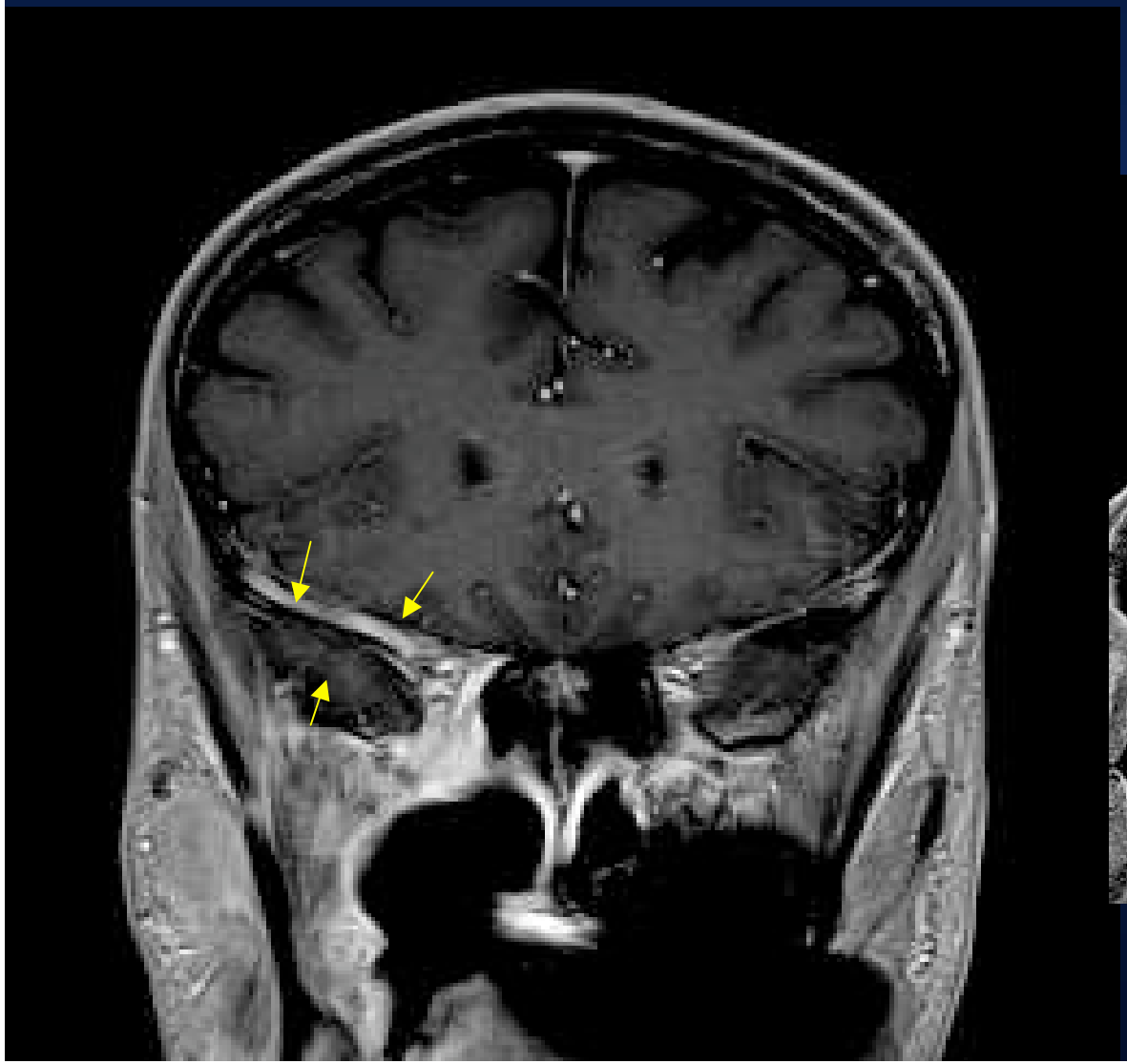
- intenses que l 'inflammation

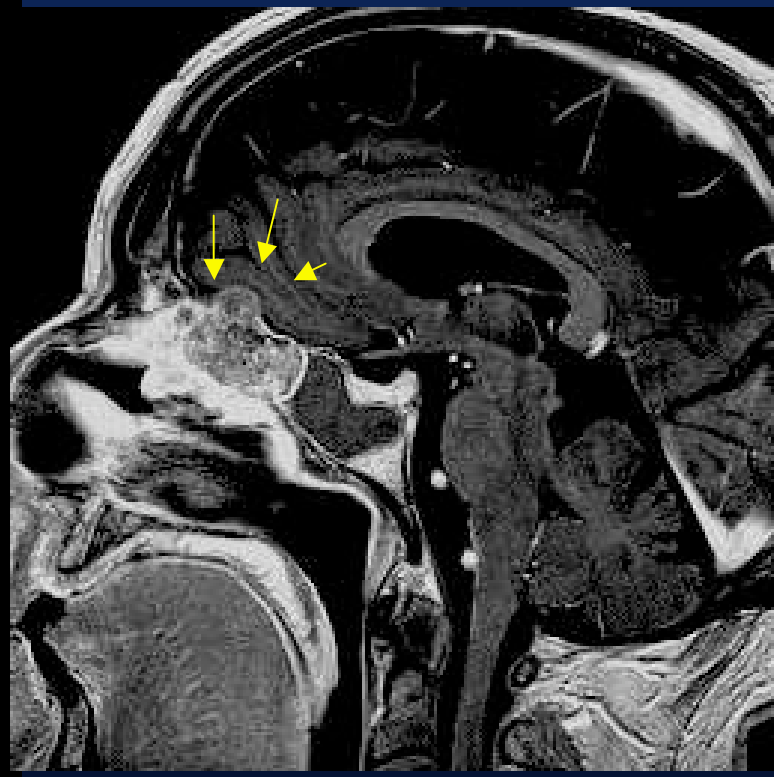
(muqueuses ou retentions liquides... très riches en eau)

Adenocarcinome de l ’ Ethmoïde



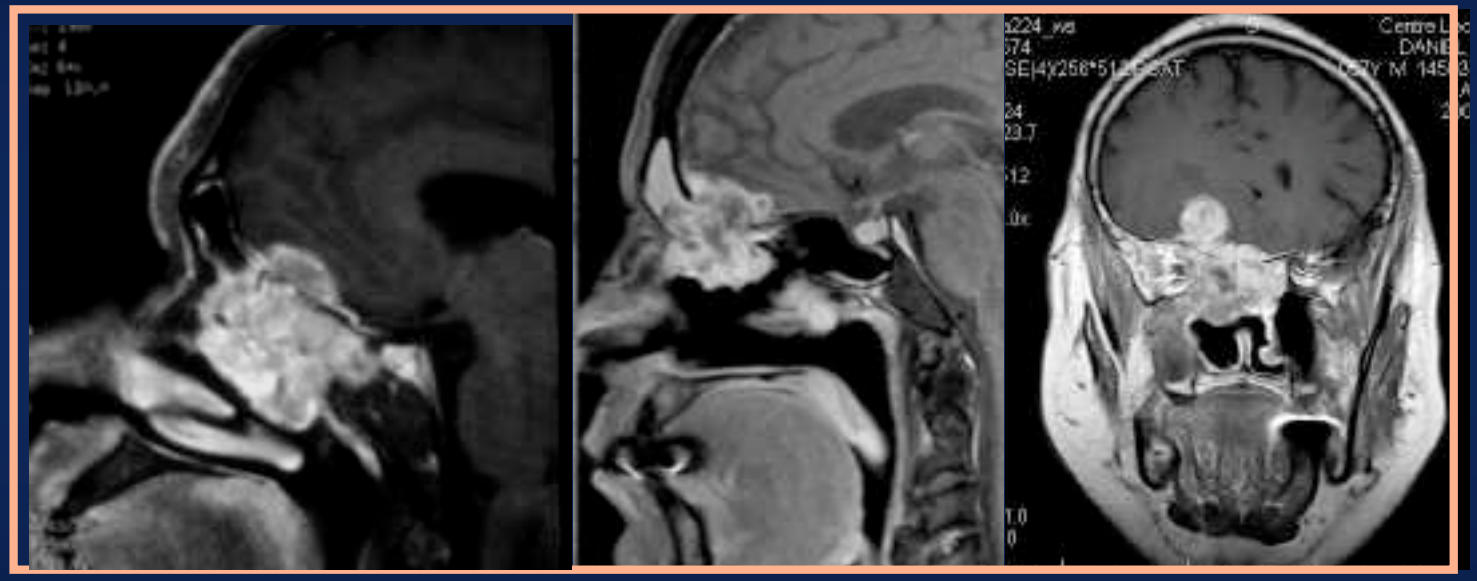
Extension endo-cranienne



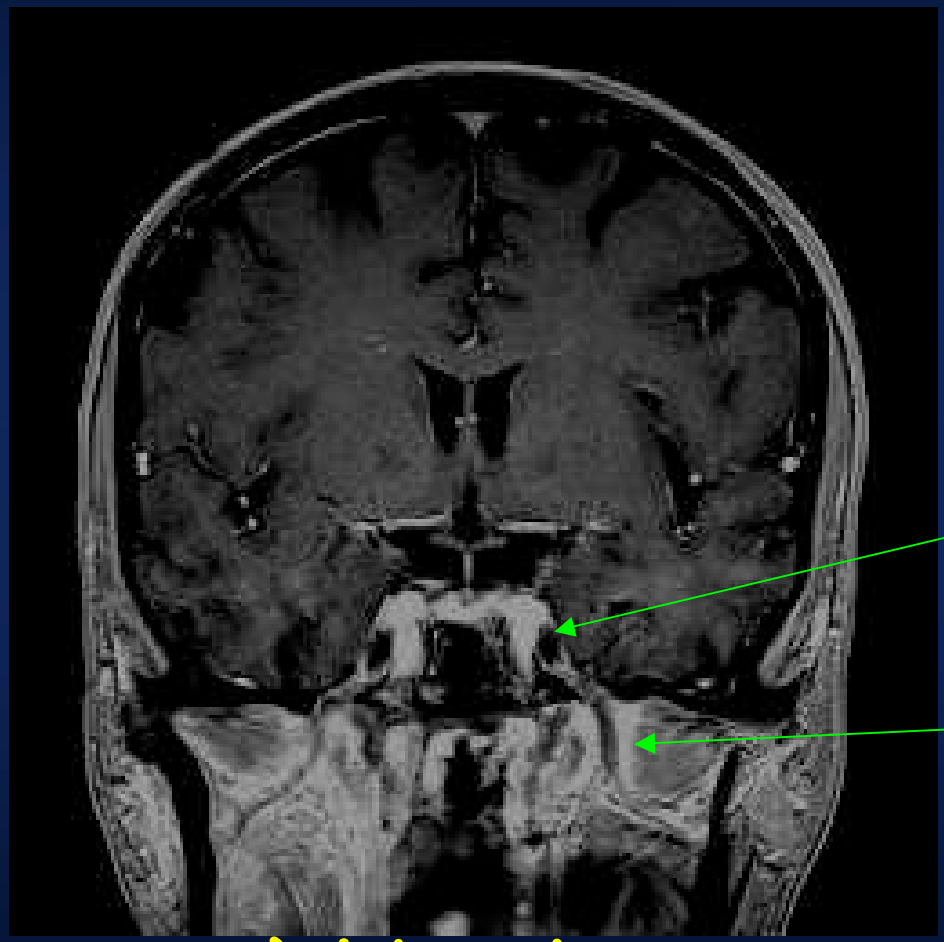


ETAGE ANTERIEUR

Adenocarcinome de l ’ Ethmoïde



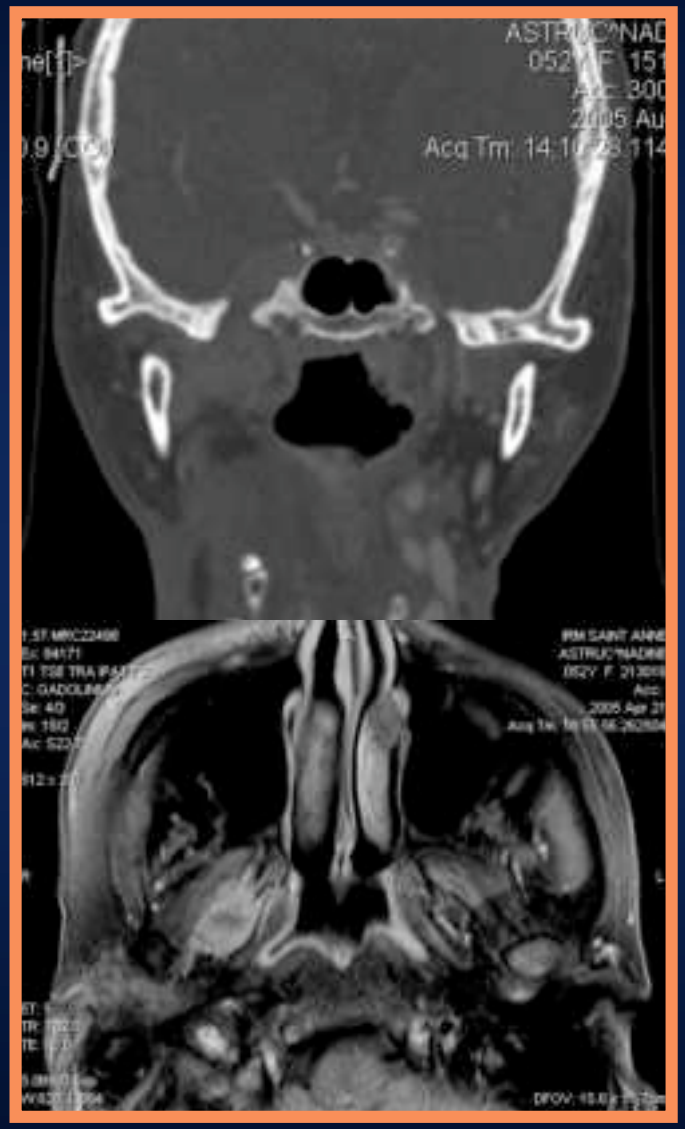
ATTEINTE DE L ' ETAGE MOYEN

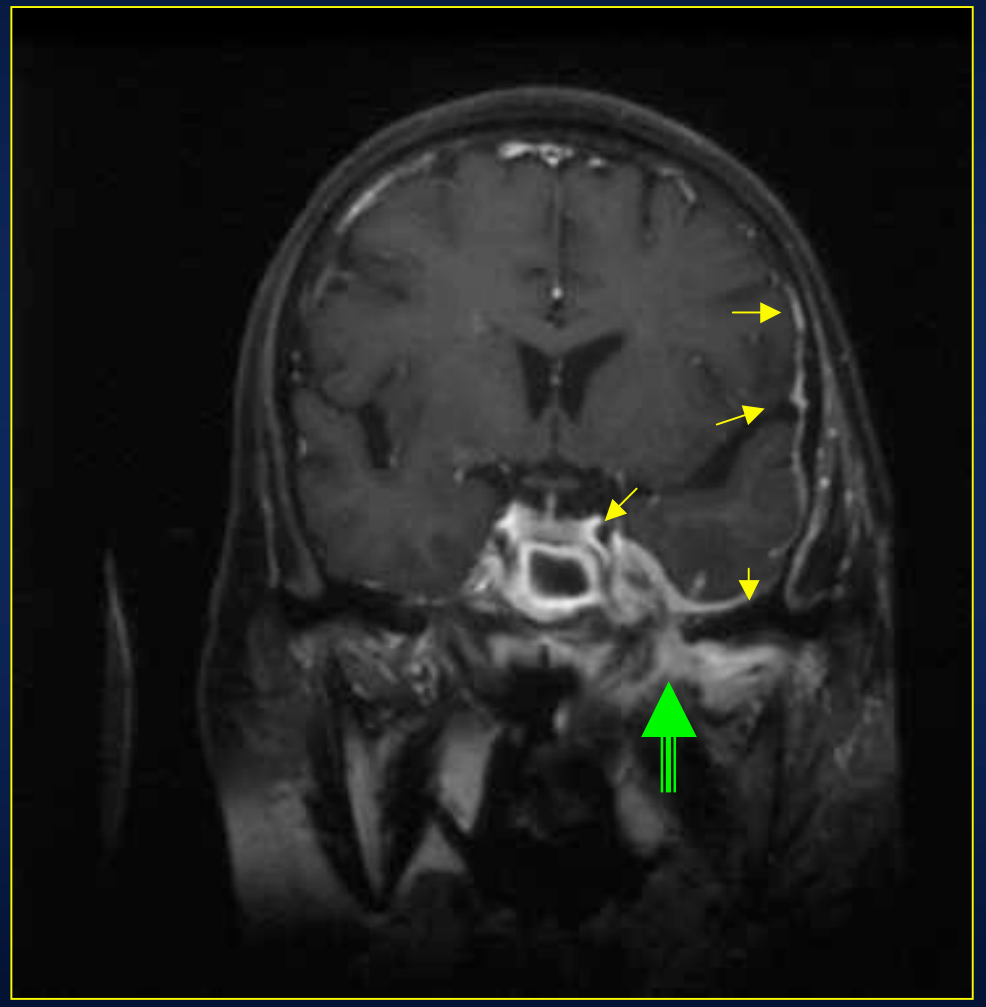


Gg de Gasser

! V 3

Extension à l ' endo-crane par les orifices nerveux de la base





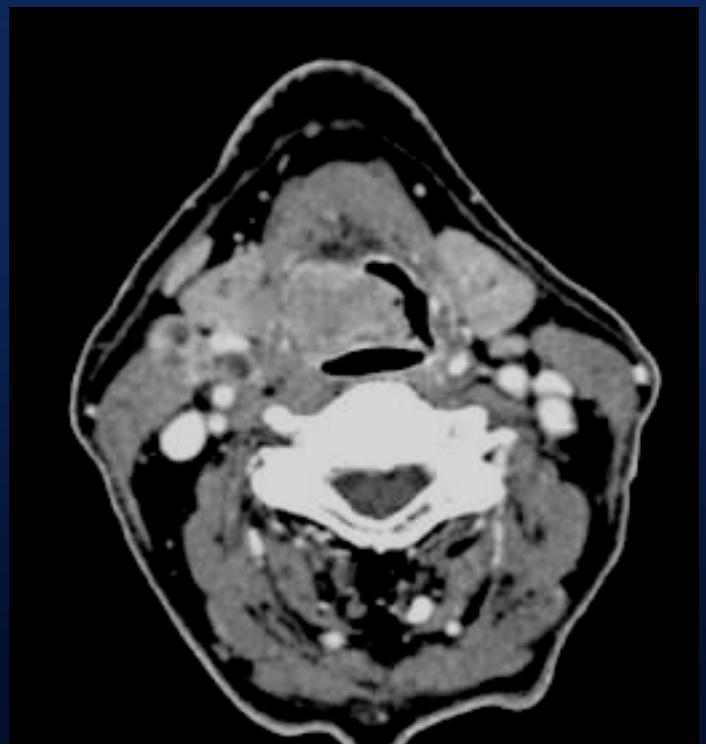
L'IMAGERIE

- *Cas Particulier 3:*

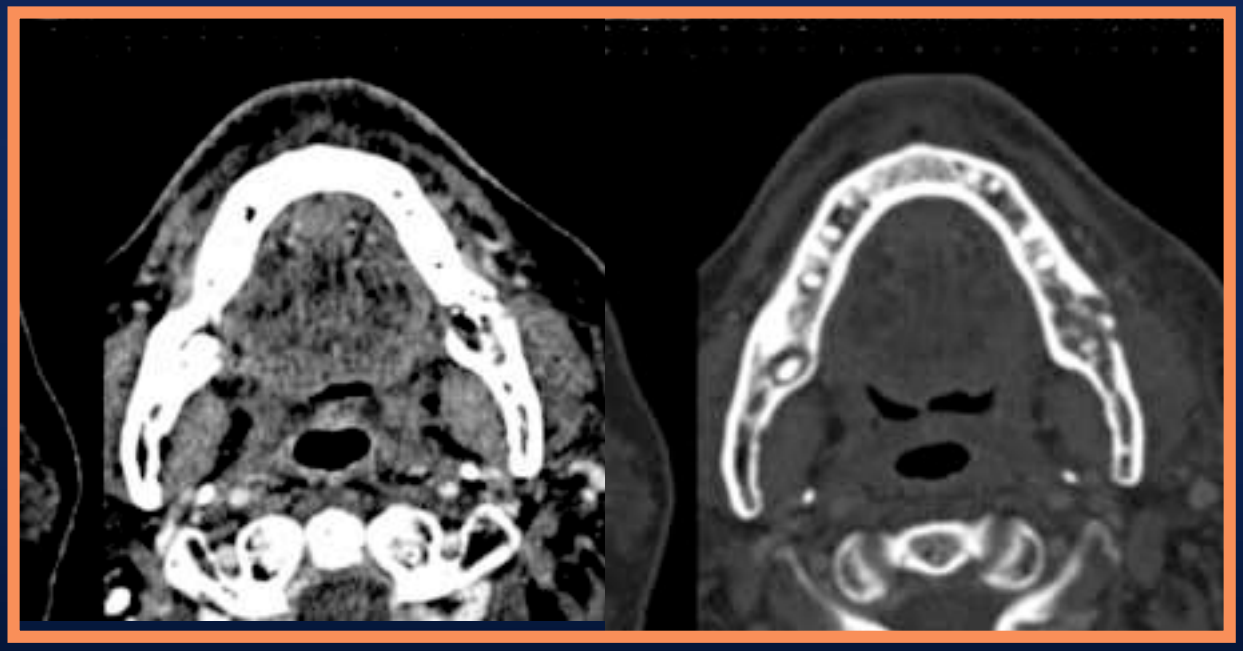
La SURVEILLANCE

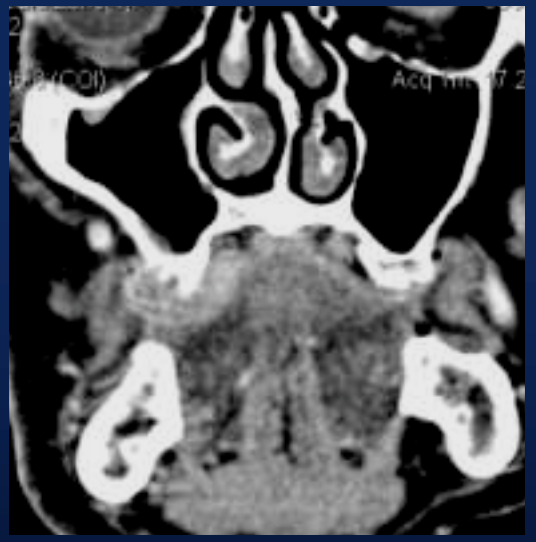
  - *Réponse au traitement*
  - *Complications du traitement*
  - *Récidive*
  - *Seconde localisation.*

1-Efficacité du traitement: Protocoles chimio: évaluation de la taille tumorale (3 Diam.).



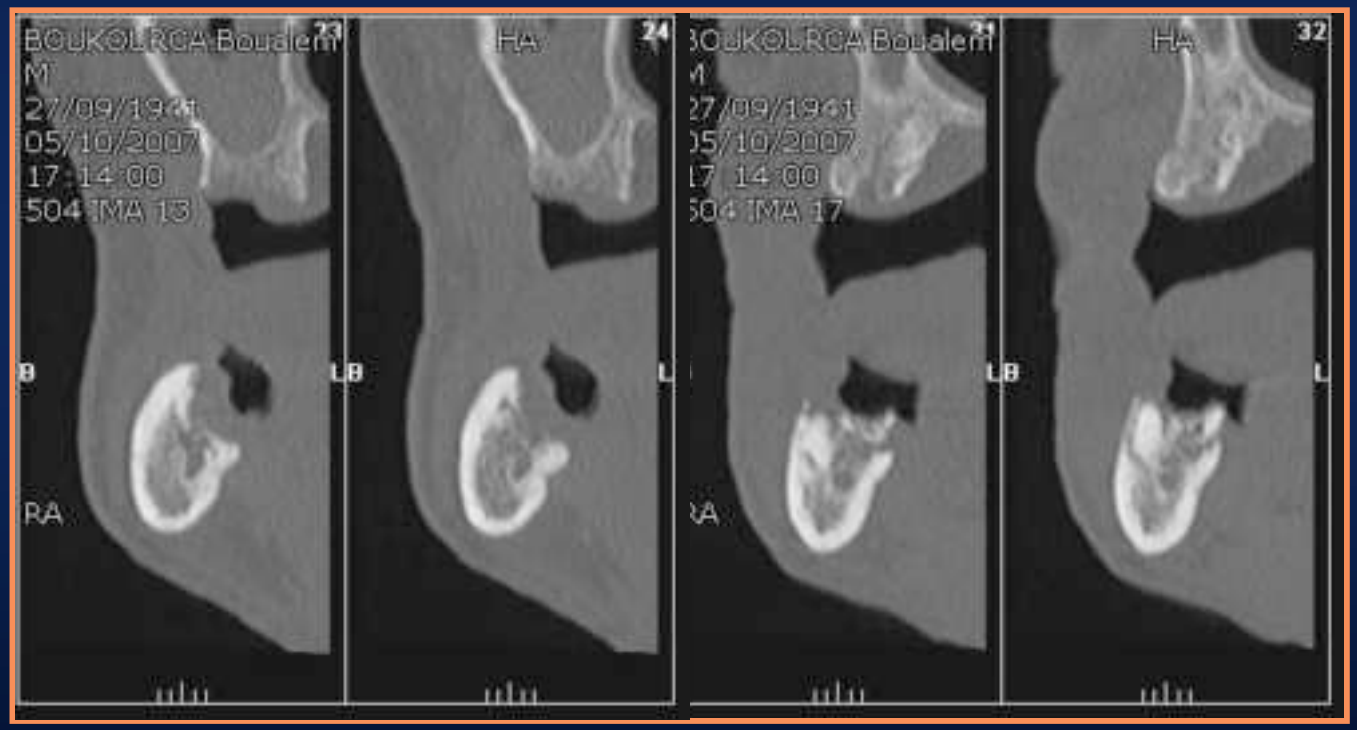
2-COMPLICATIONS du traitement





Ostéo-Radio-Nécrose

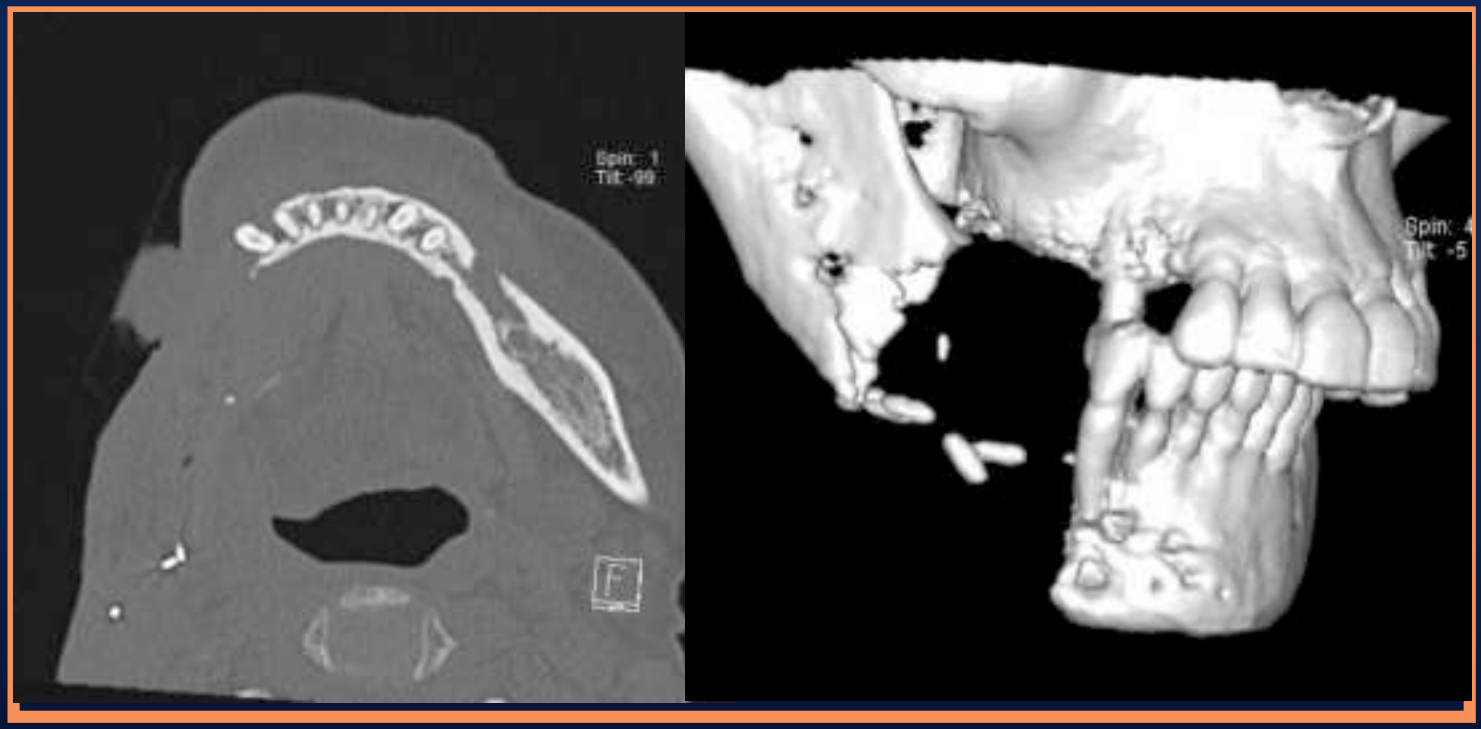
2-COMPLICATIONS du traitement



Ostéo-Radio-Nécrose (Denta Scanner)

2-COMPLICATIONS du traitement

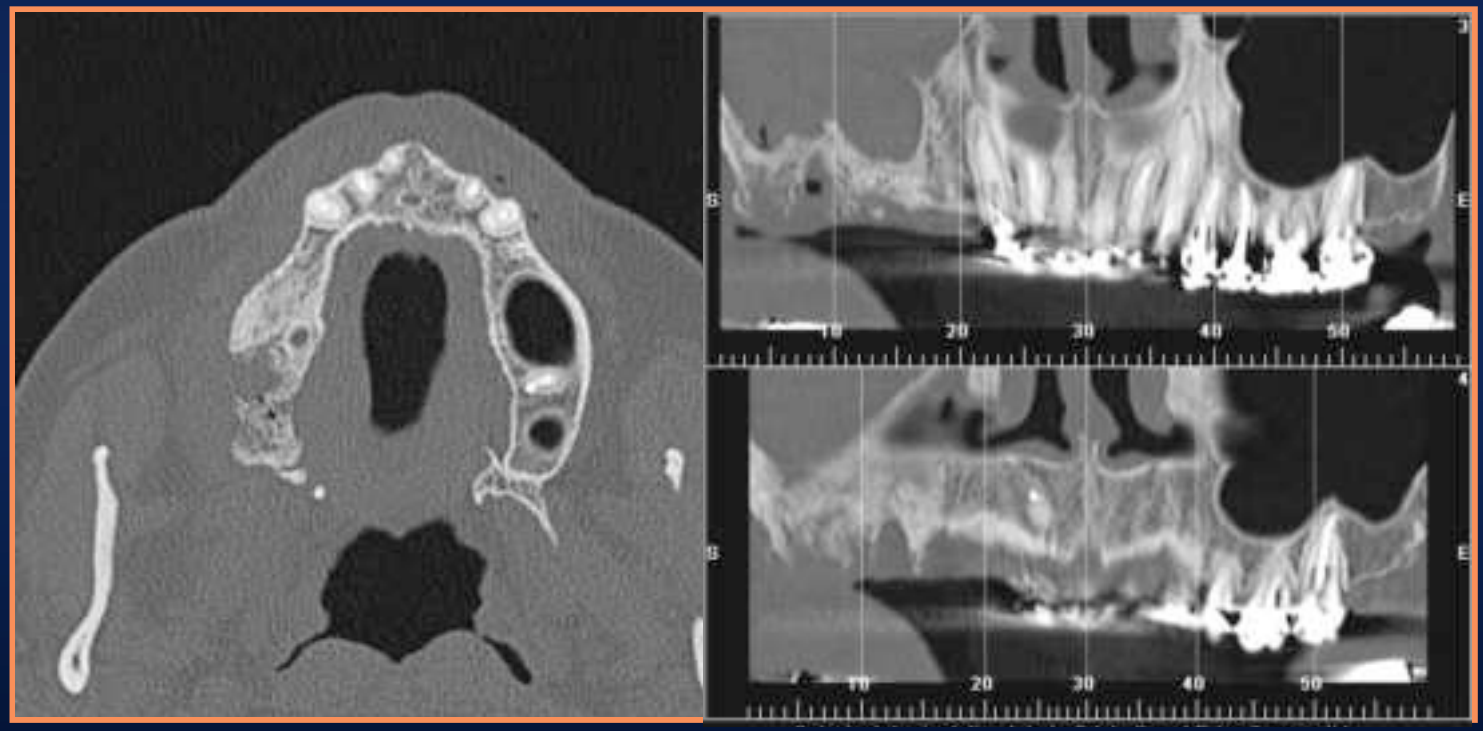
≠



Ostéolyse métastatique

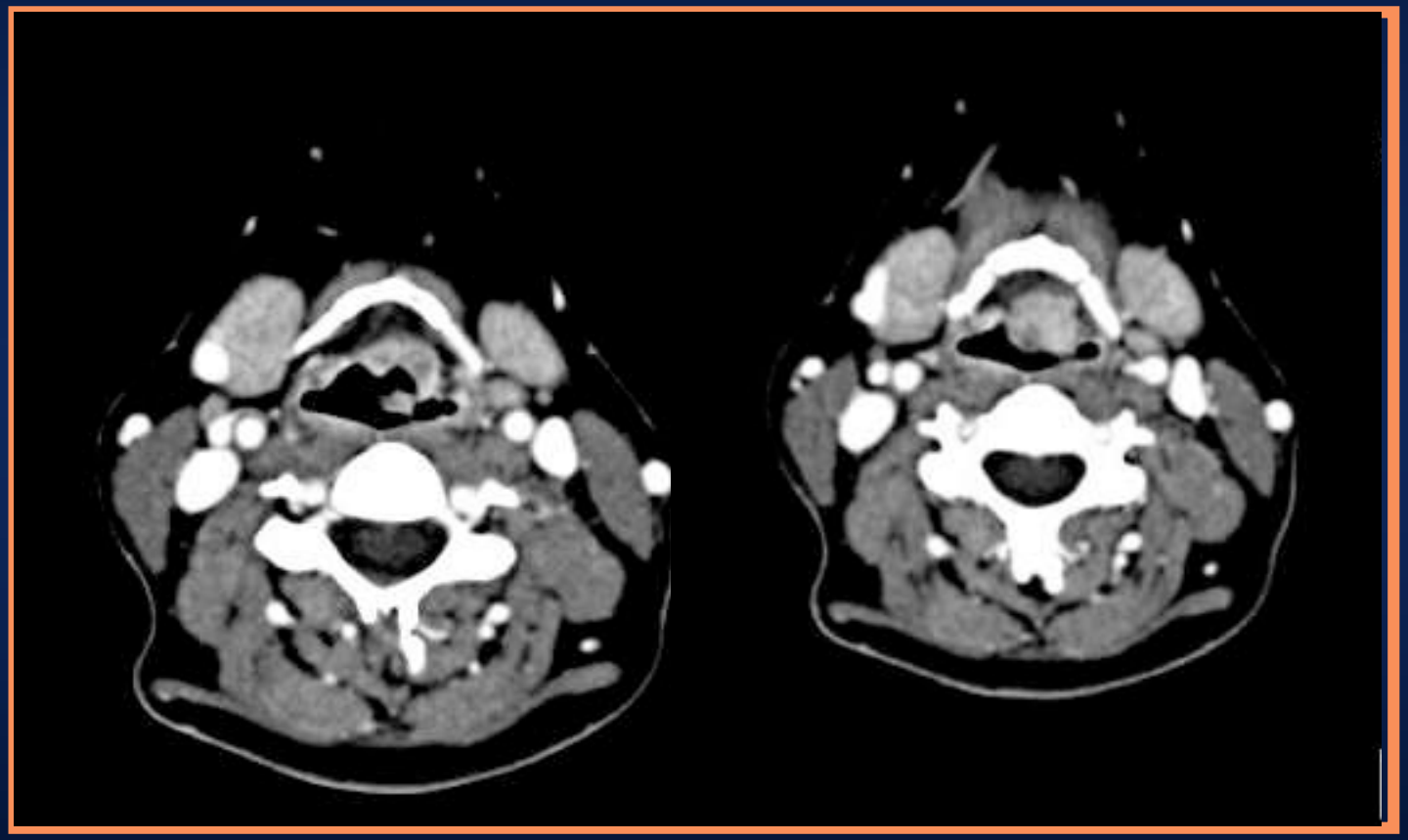
2-COMPLICATIONS du traitement

≠

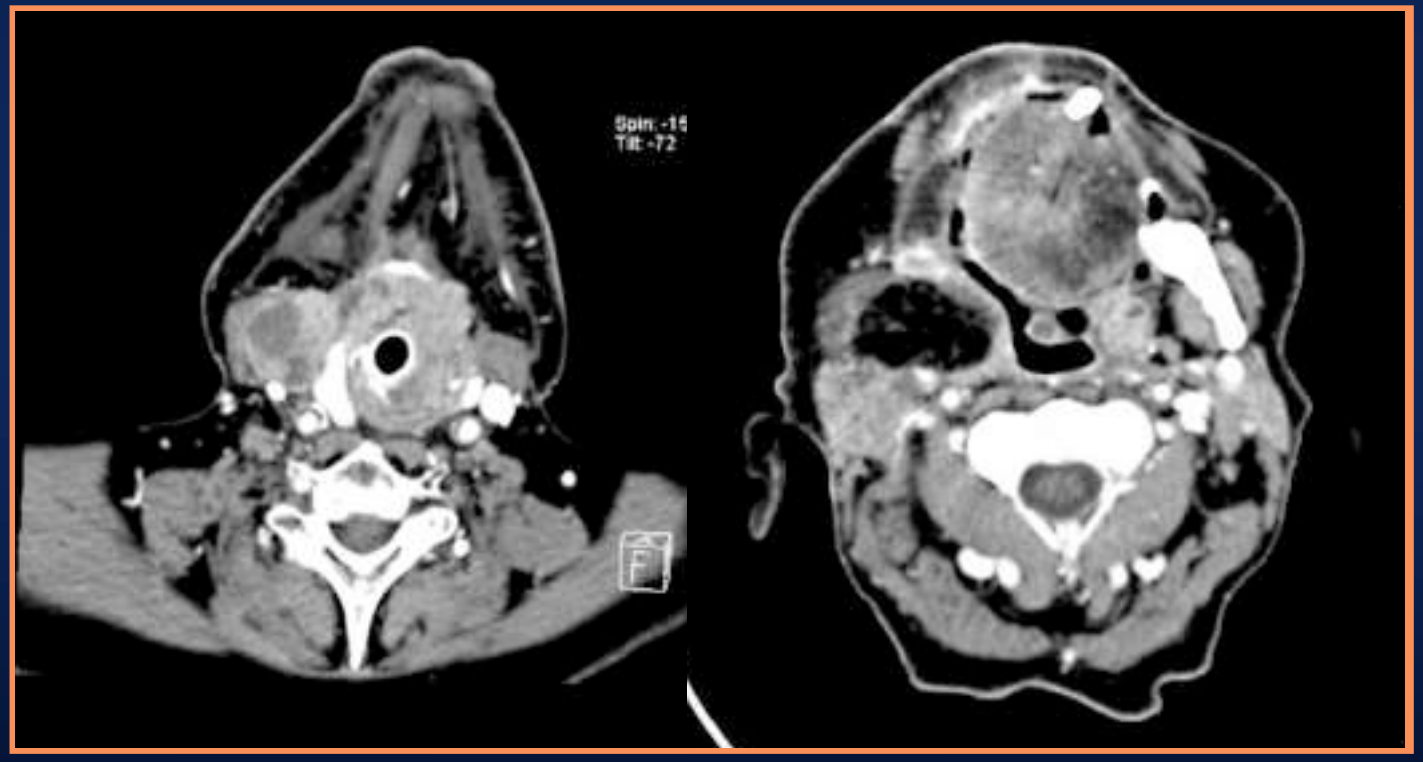


Ostéonécrose aux Diphosphonates

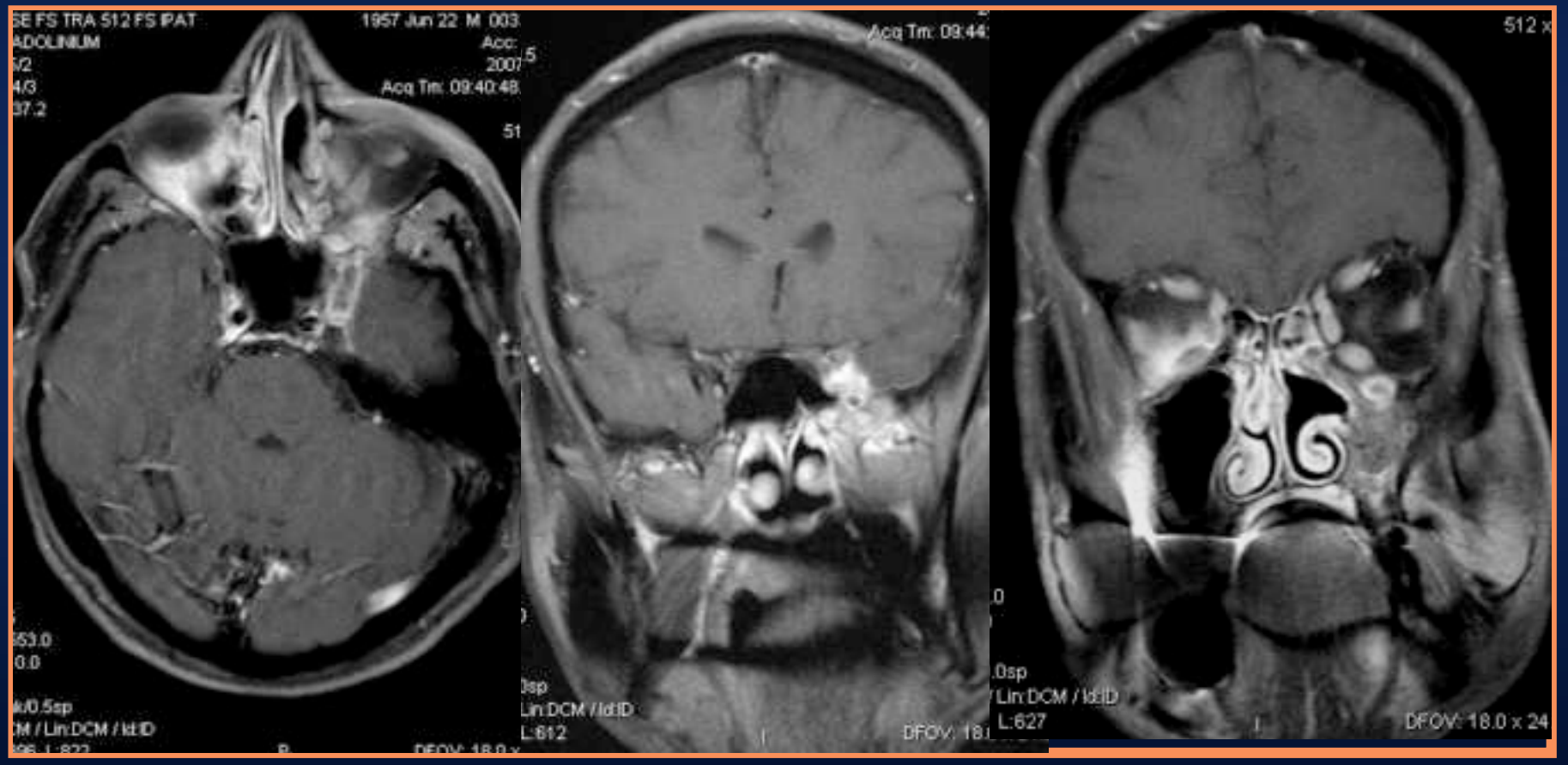
3- Dépistage des RECIDIVES



3- Dépistage des RECIDIVES



3- Dépistage des RECIDIVES



4- Dépistage des SECONDES LOCALISATIONS

- VADS
- POUMONS …

SYNTHESE (1)

- **Cancers du CAVUM**
  - Biopsie
  - IRM CAVUM (Crane/ cou)
  - SCANNER (TAP)

SYNTHESE (2)

- **Cancers de la CAVITE BUCCALE, de l'OROPHARYNX*, du LARYNX*, de l' HYPOPHARYNX**
  - Endo
  - SCANNER CERVICO-THORACIQUE (* IRM)
  - Panendo (AG) + Biopsie

SYNTHESE (3)

- **Cancers des SINUS de la face:**
  - Biopsie
  - SCANNER + IRM

SYNTHESE (4)

- **SURVEILLANCE:**
  - SCANNER CERVICO-THORACIQUE
  - ECHO + PK (ganglions)
  - PET ?

FIN....

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denis.bossard@radiologie-lyon.com