

IMAGERIE DES TENDONS

- Méthodes d'Imagerie
- Anatomie normale
- Pathologie
 - *Rupture
 - *Atteinte inflammatoire
 - *Tumeur

- RADIOGRAPHIES STANDARDS
- ECHOGRAPHIE

technique peu coûteuse, non invasive,
facile d'accès

ETUDE DYNAMIQUE en temps réel
très opérateur dépendante +++

IRM

Plus contraignante: accessibilité aux machines, durée d'examen, position inconfortable, claustrophobie

IMAGES ANATOMIQUES lisibles par tous

Matériel adapté: antenne spécifique

Examen adapté à la question posée +++

Technique

Procubitus, bras tendu en avant

Main dans une antenne en forme d'Y inversé

pb des grosses mains, des doigts longs, des
plâtres

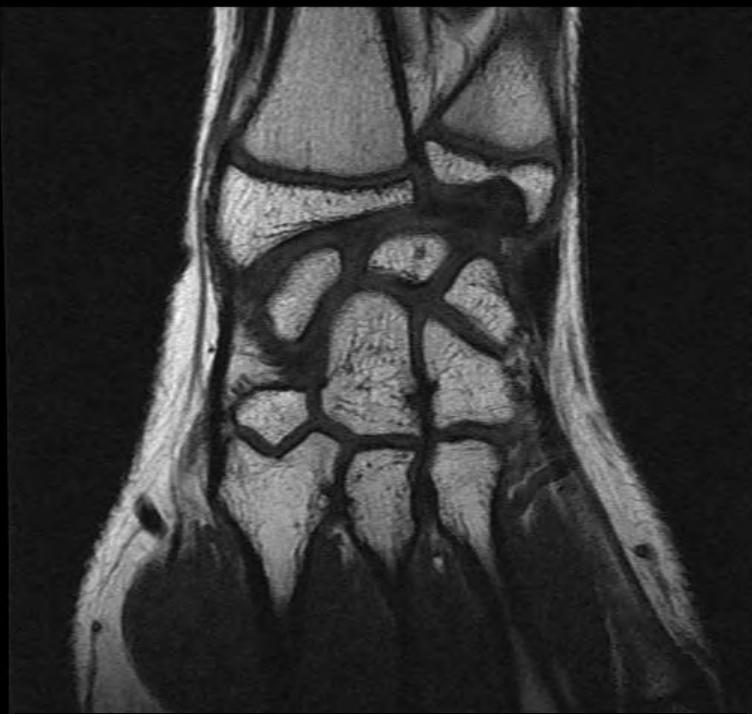
Durée de 10 à 25 mn

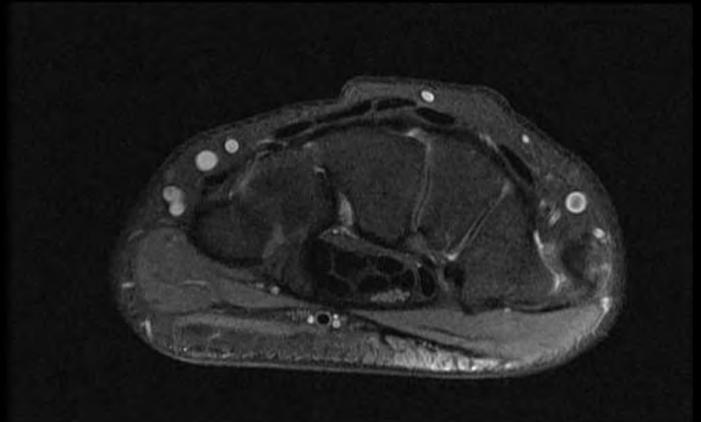
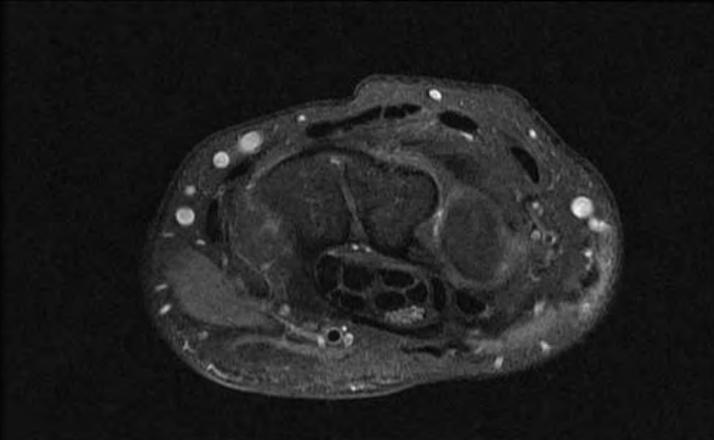
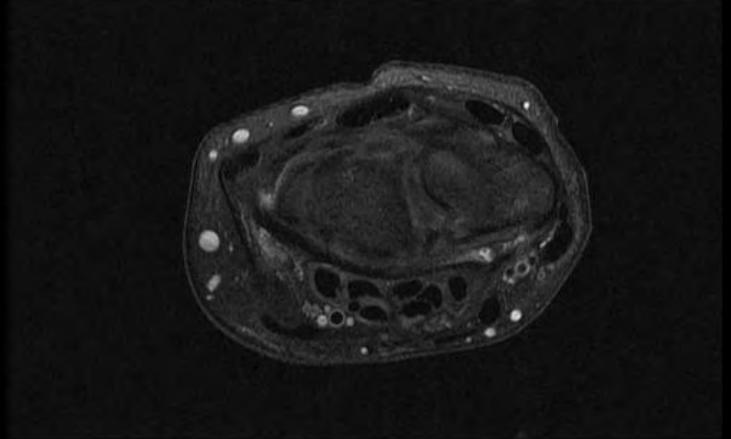
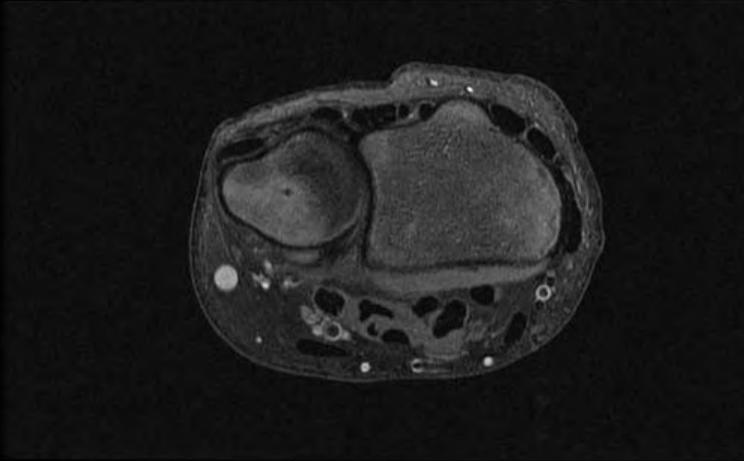
Voie d'abord veineuse non systématique

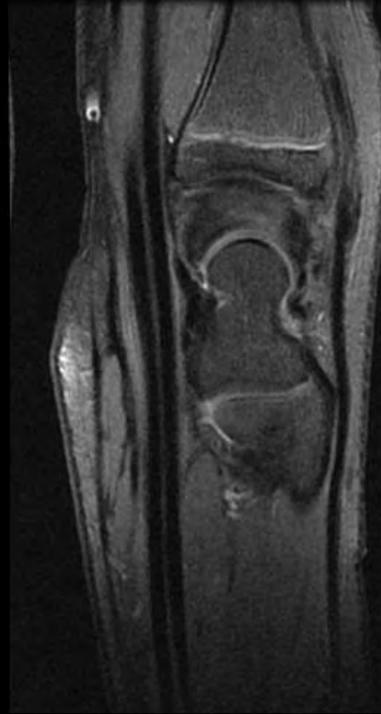
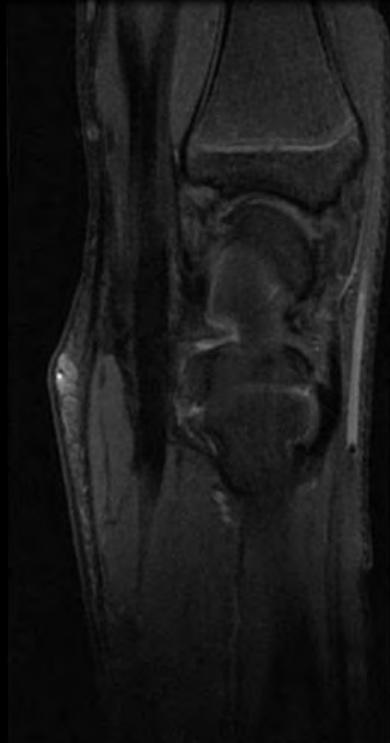
Bonne contention: artéfacts de mouvements

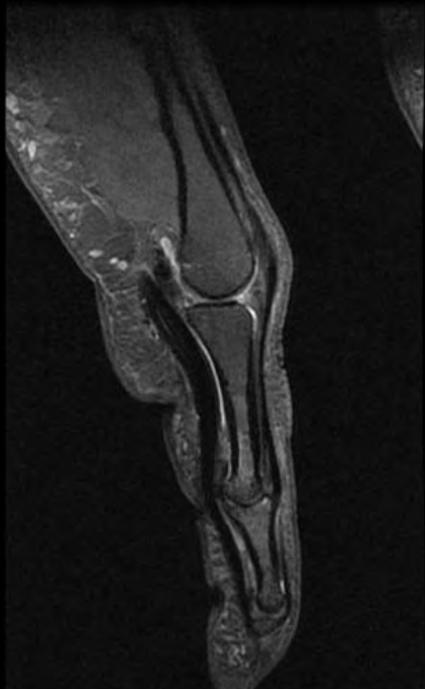
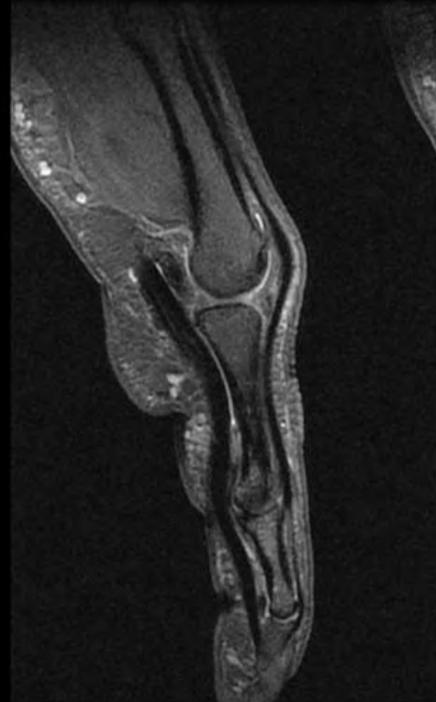
Cuisine

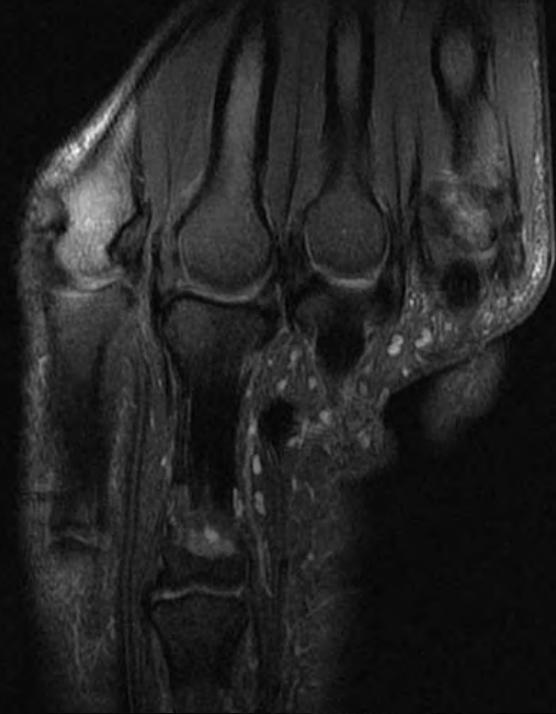
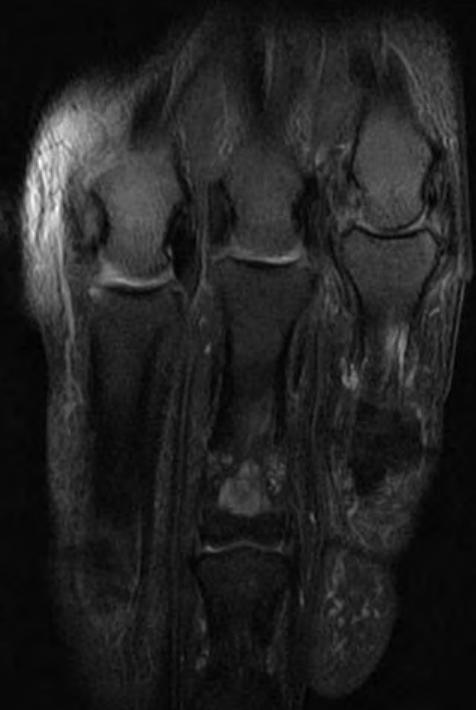
- Séquences anatomiques : pondération T1
belles images, peu informatives
moëlle osseuse+++
- Séquences 'fonctionnelles': pondération T2
épanchements, kystes, œdème, cartilage,
étude des ligaments et des tendons
- Injection de contraste: tumeur, synovite, tendons
opérés
séquences T1 avec suppression de la graisse
- Coupes dans les 3 plans

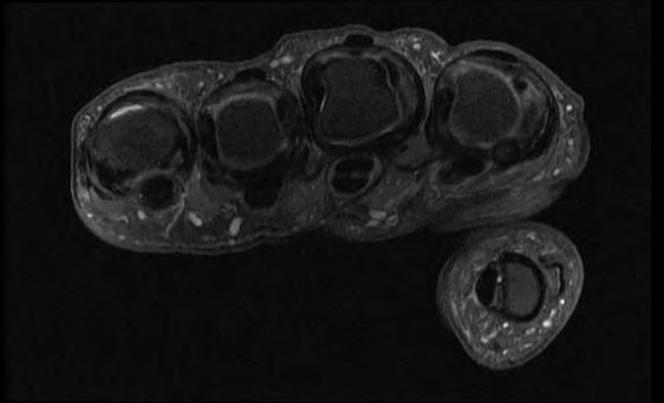
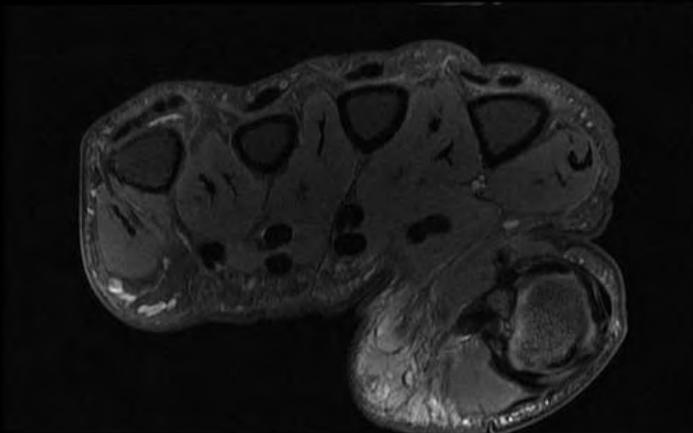
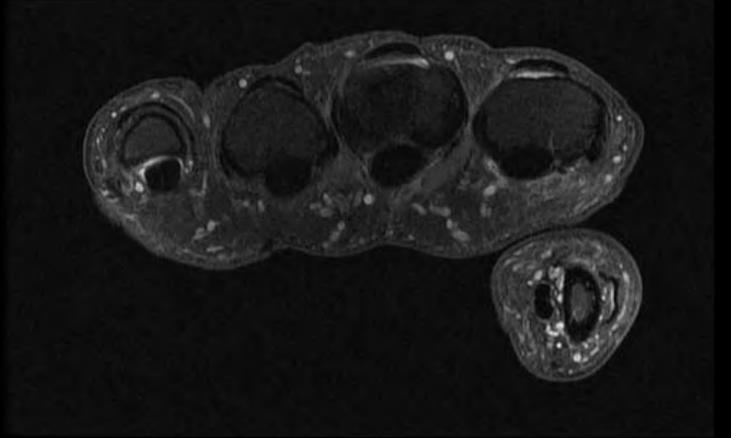
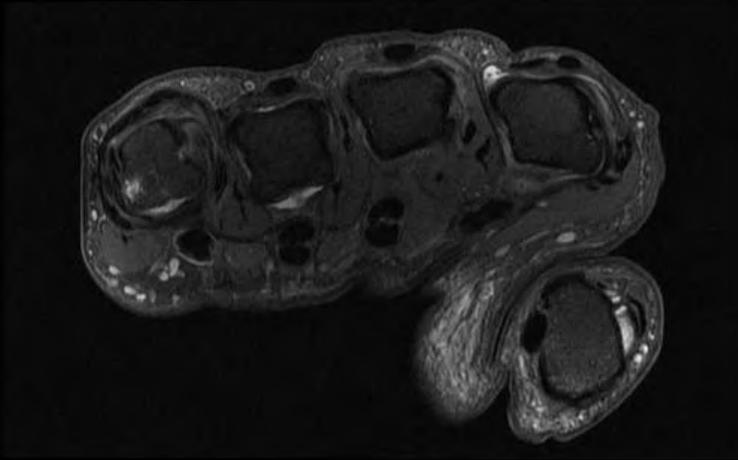


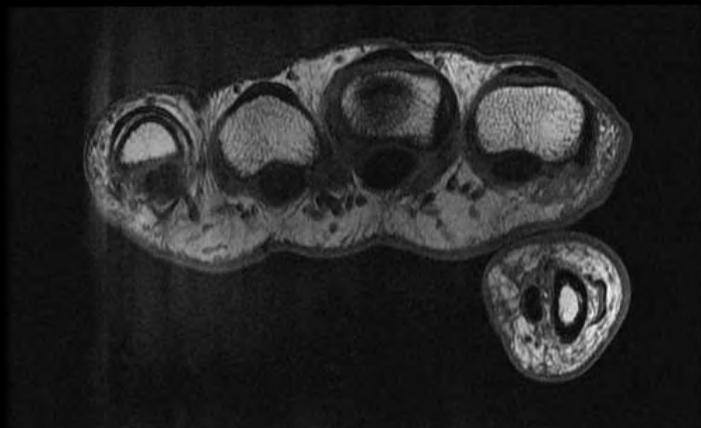
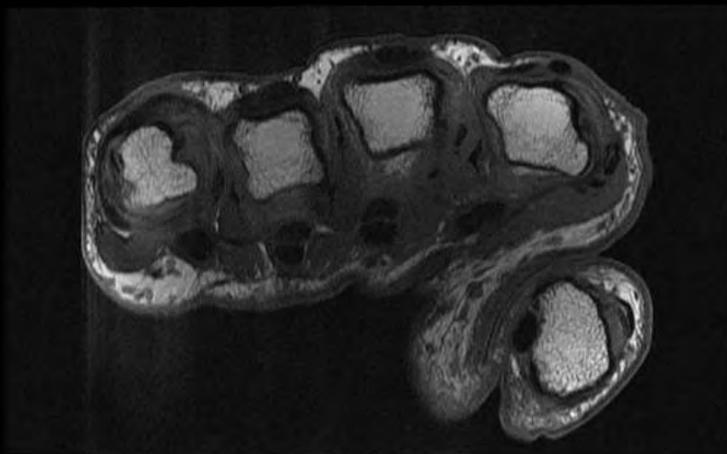
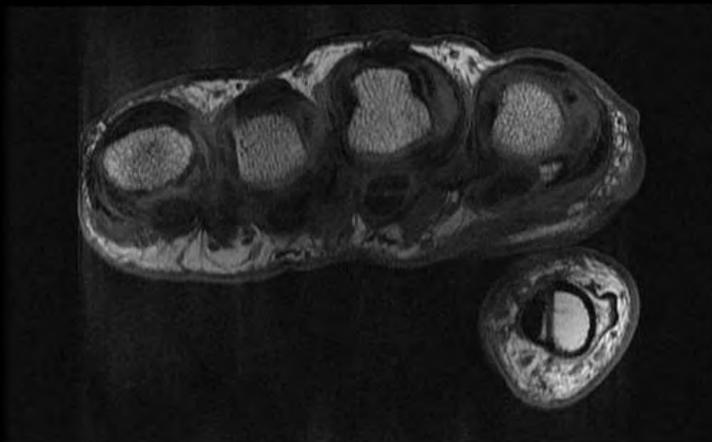
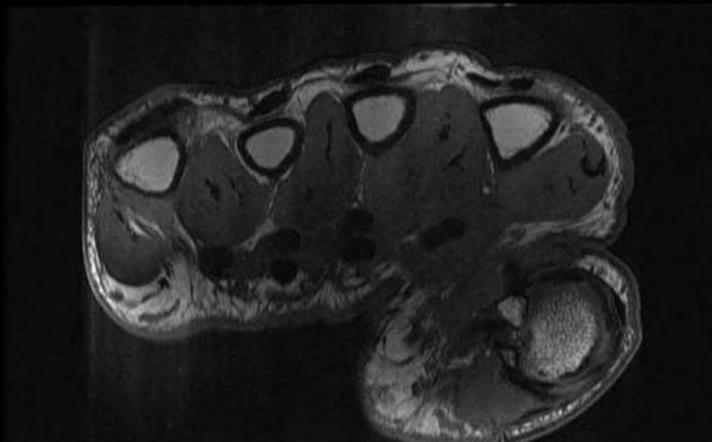










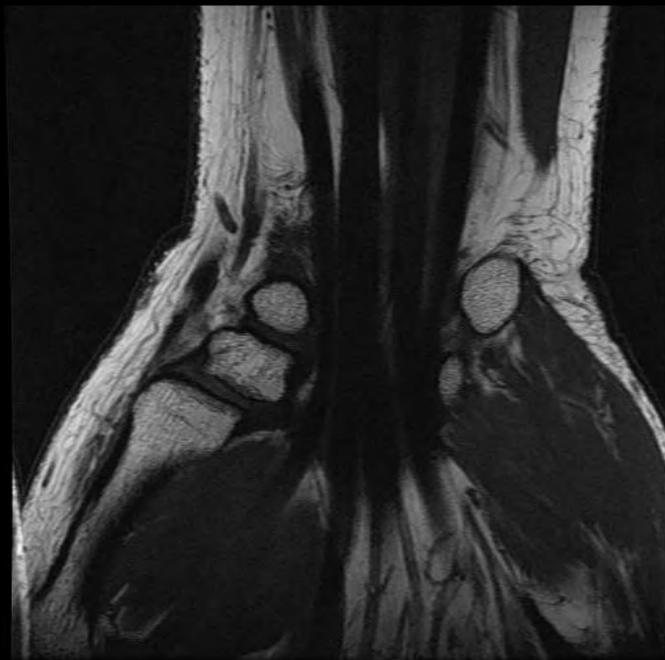
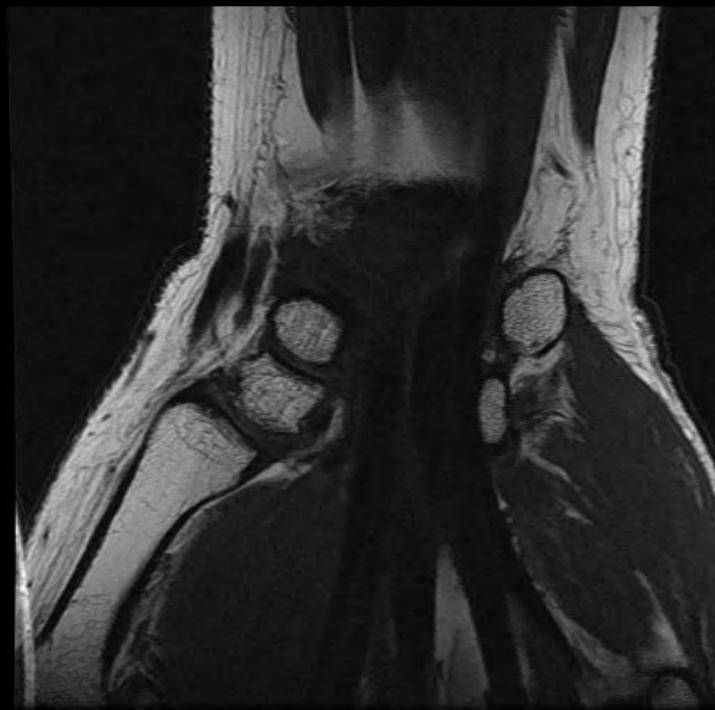


Images Pièges

Phénomène de l'angle magique: long
fléchisseur du pouce, long extenseur pouce

Structure fibrillaire: long abducteur pouce

Présence de liquide péri tendineux: 2^e comp.



RUPTURE

Interruption de la structure tendineuse normale en bas signal, remplacée par une gaine qui se rehausse après injection

Identifier le tendon lésé,

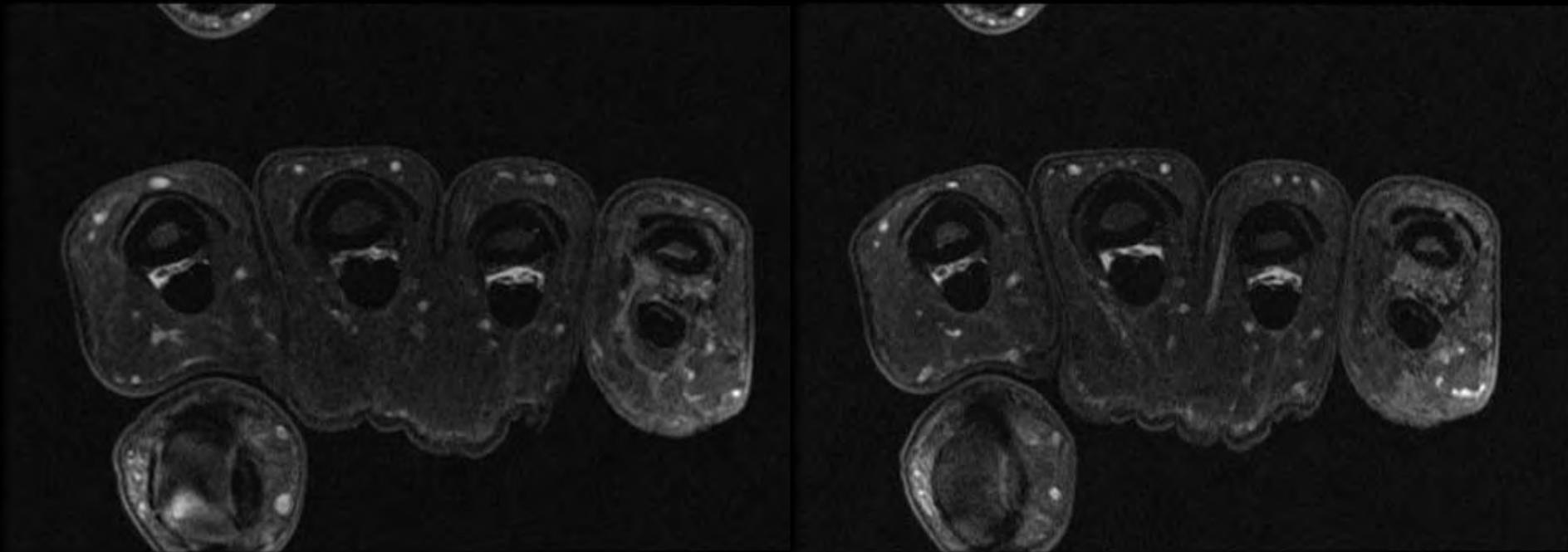
Repérer les 2 extrémités,

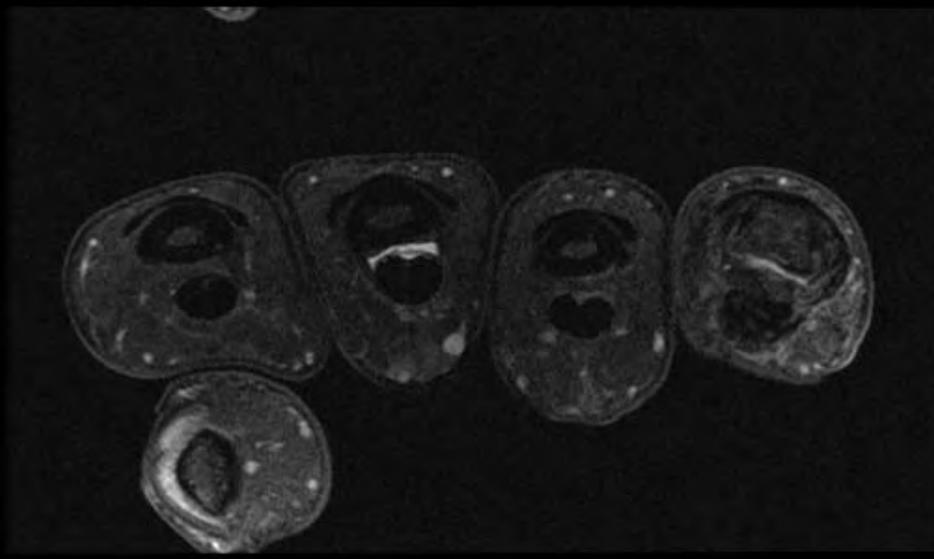
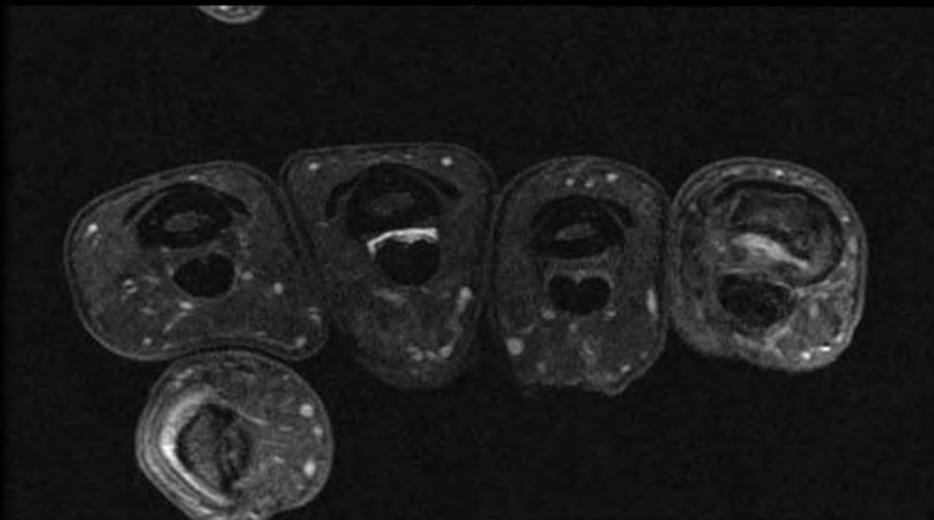
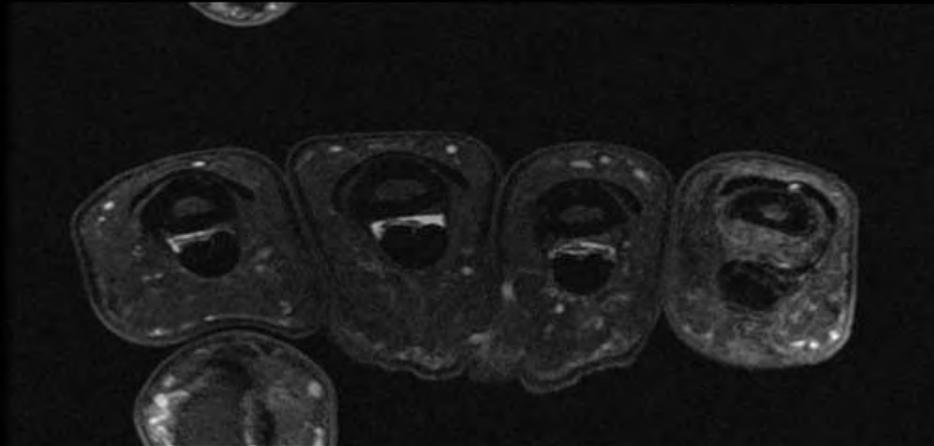
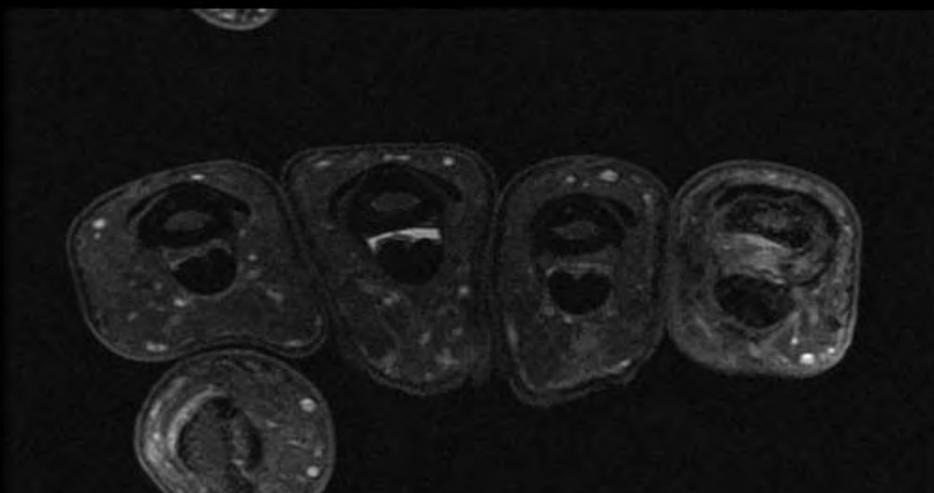
Mesurer l'écart

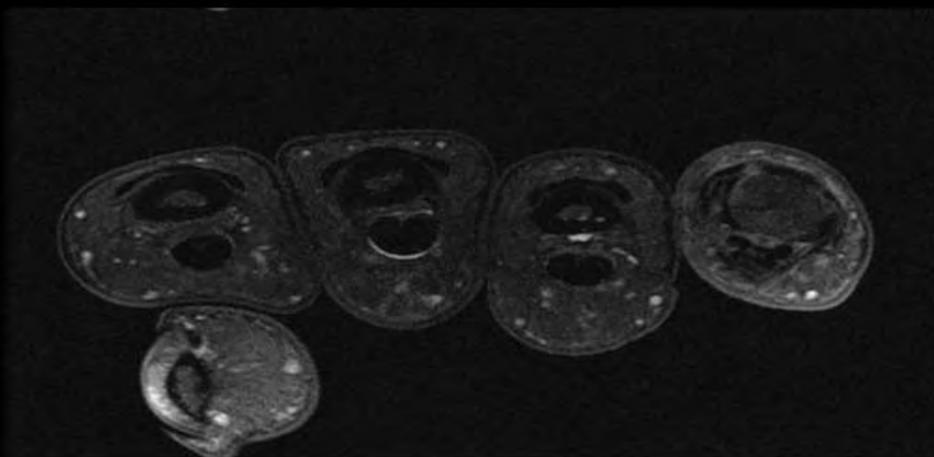
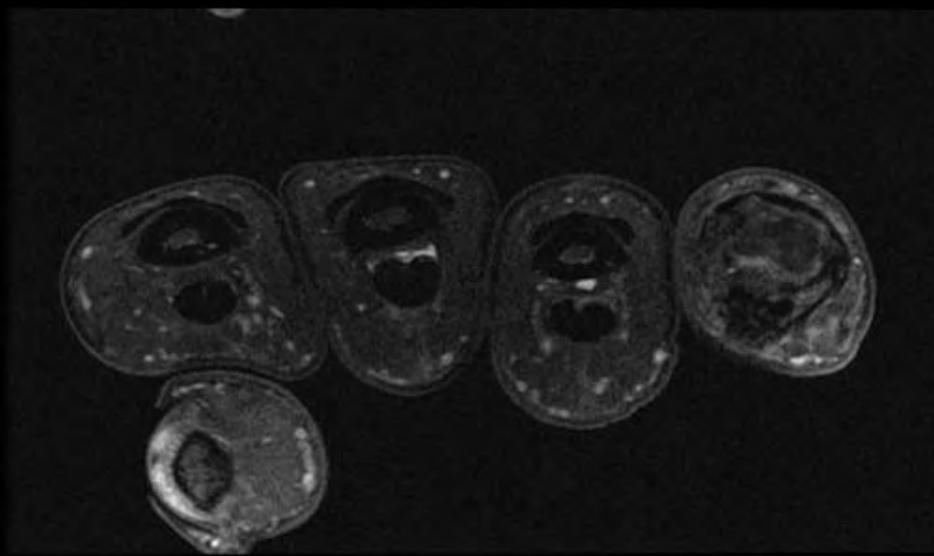
Rechercher une lésion osseuse associée

Pb ruptures partielles

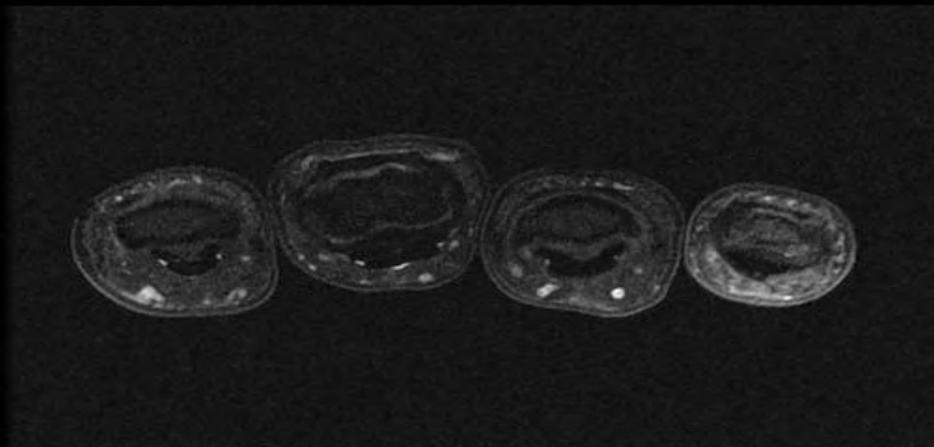
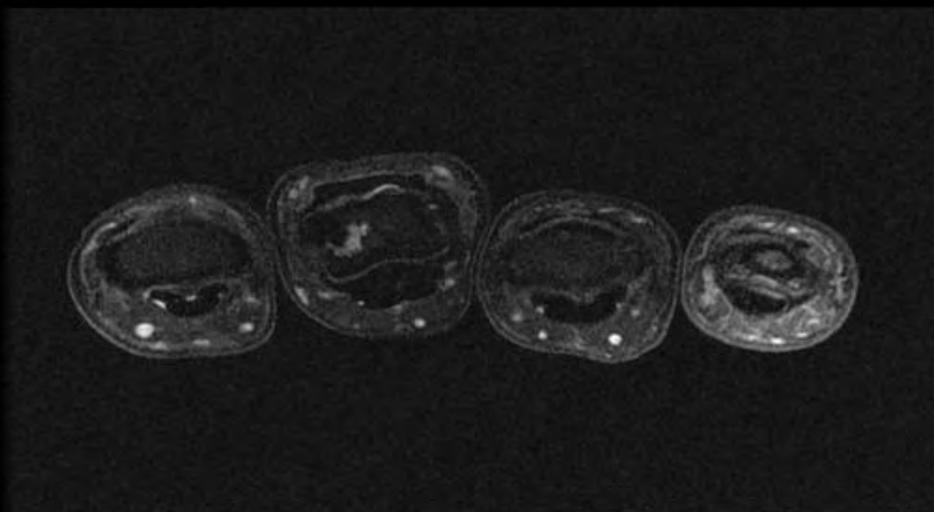
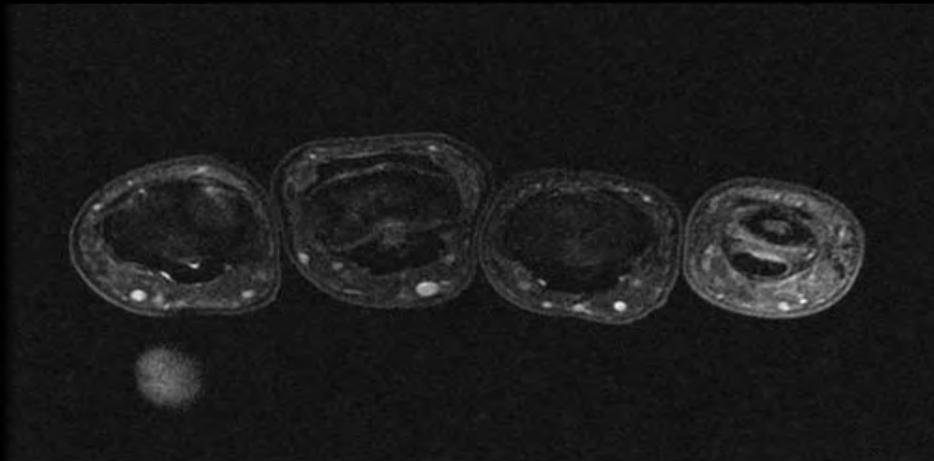
Rupture FCP

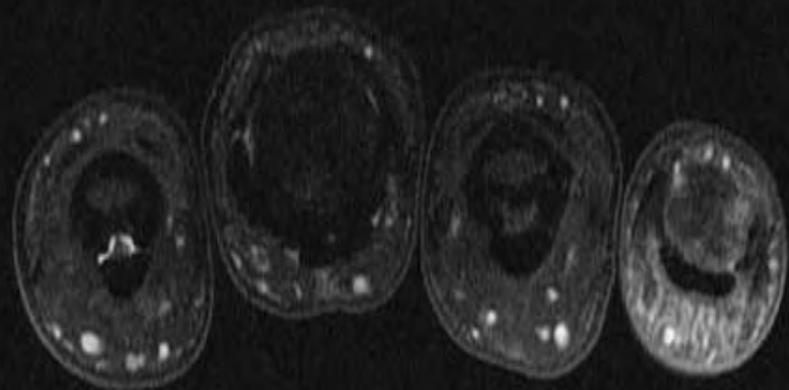
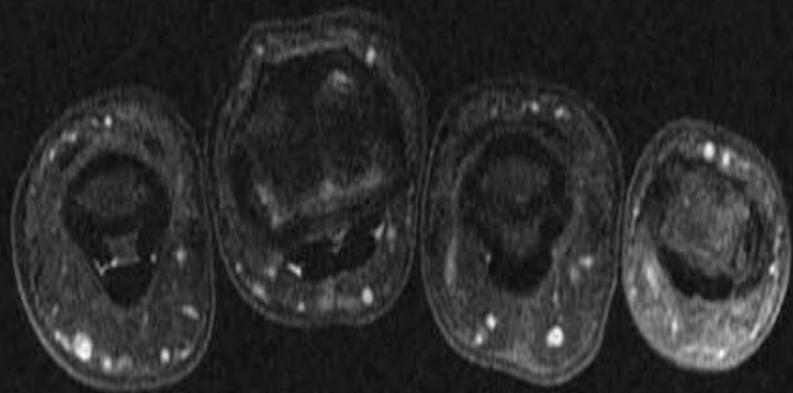




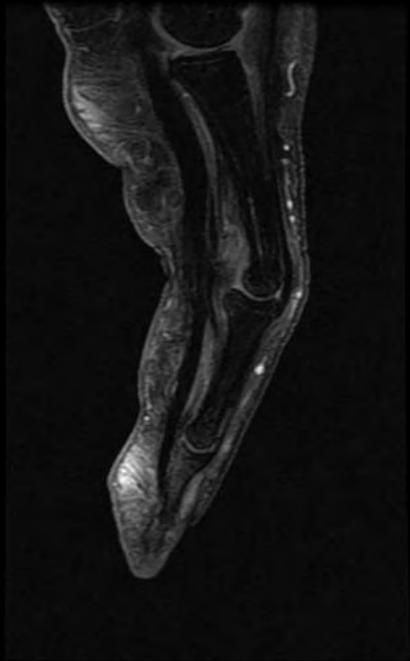
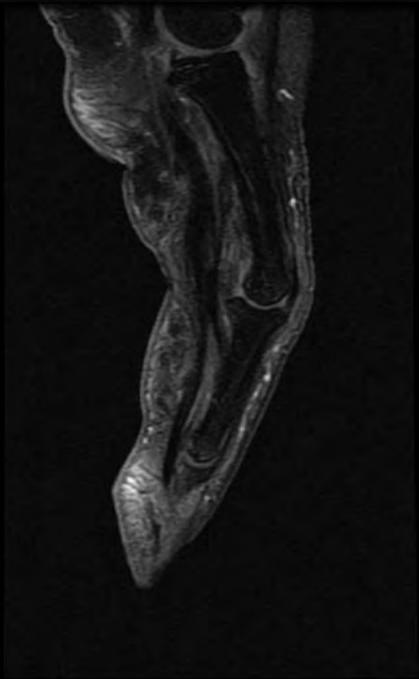
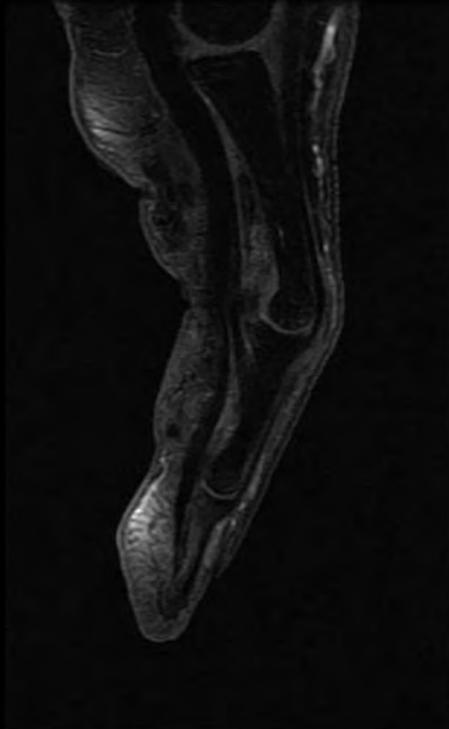
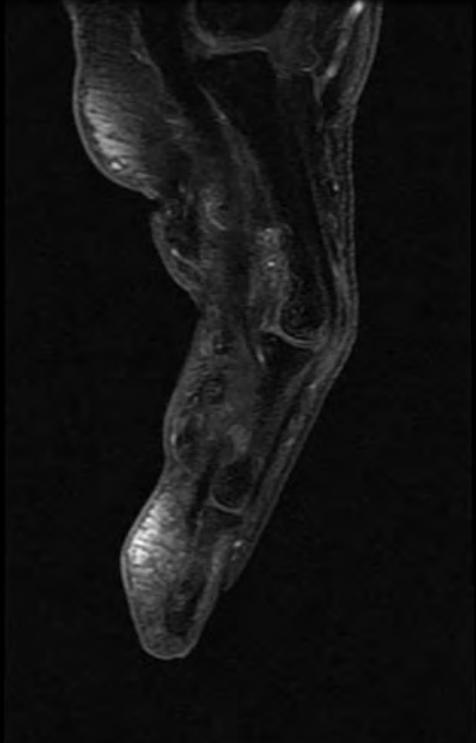




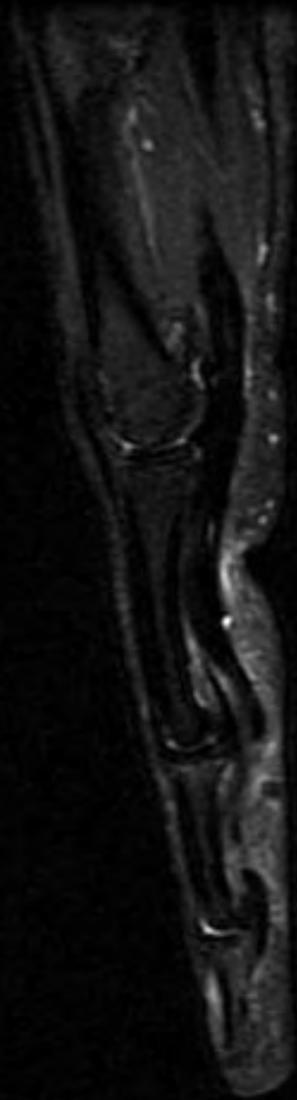






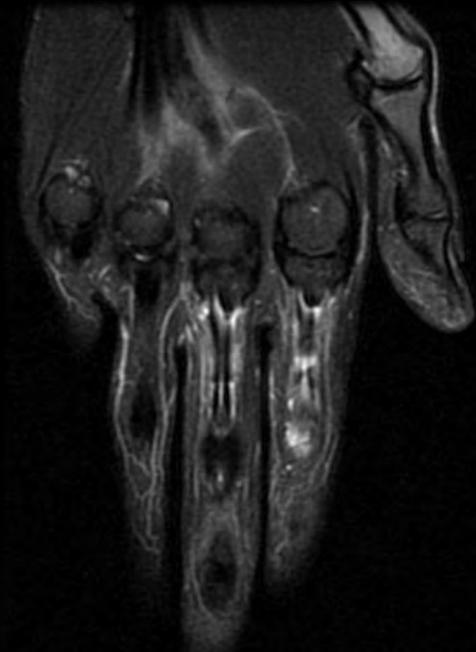
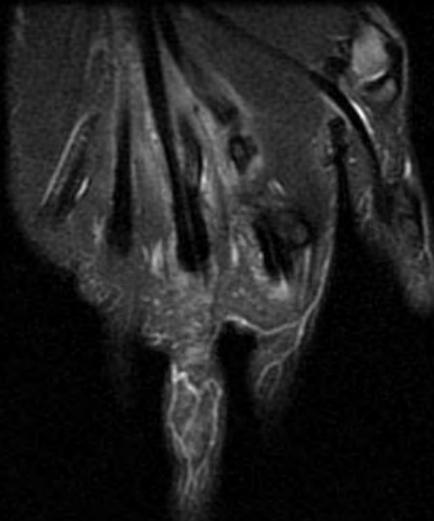
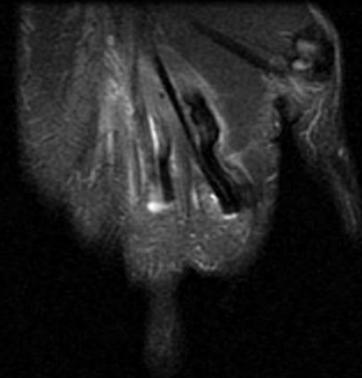
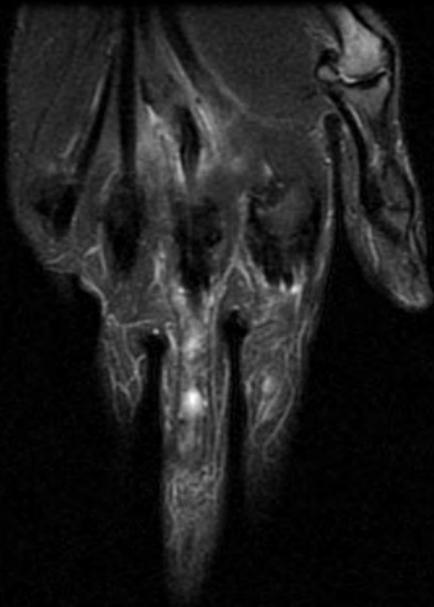


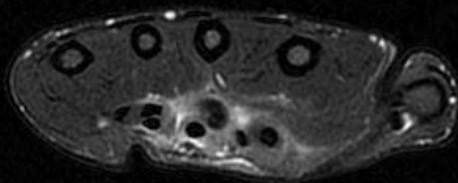
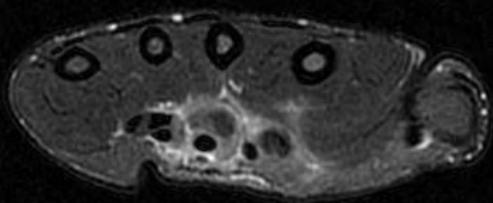
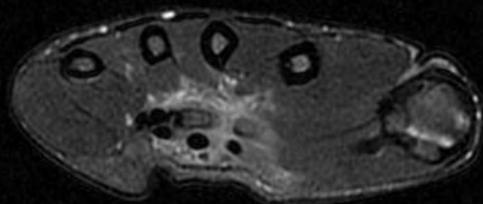
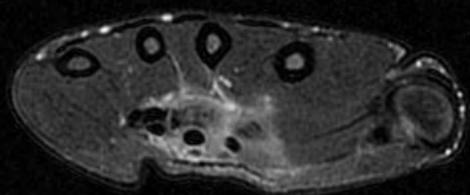
Rupture FCP

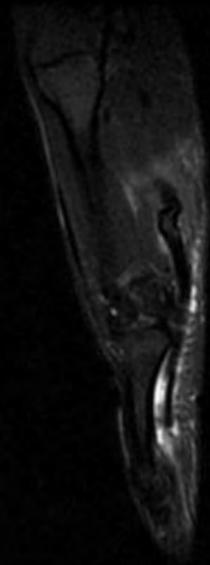
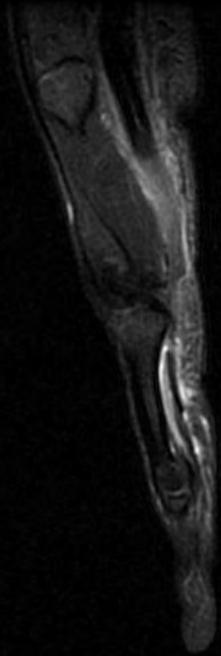
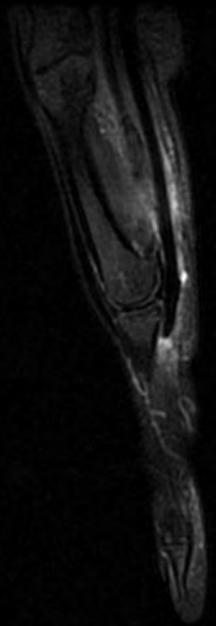


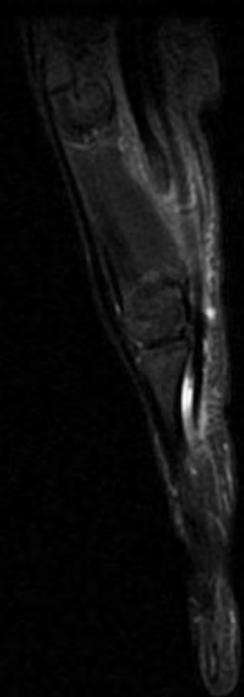
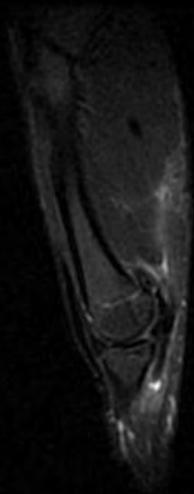
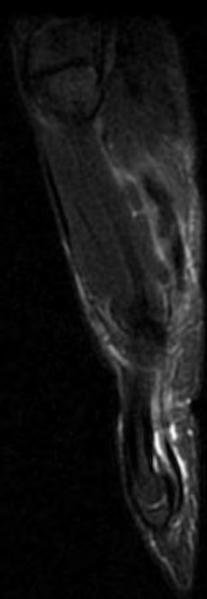
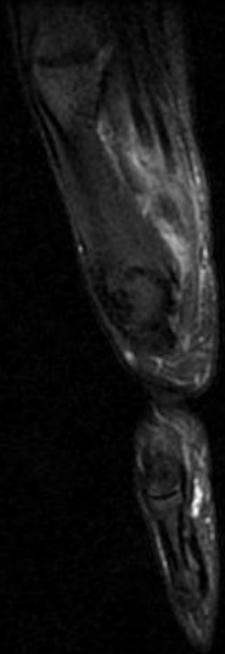


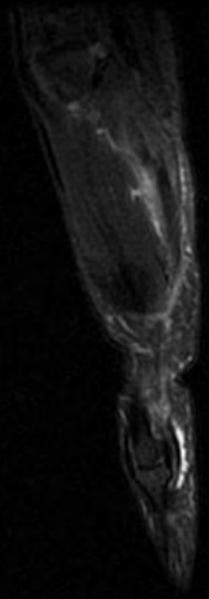
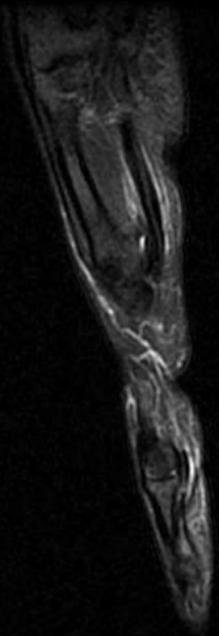
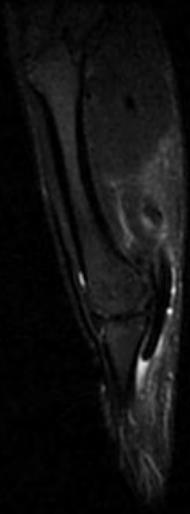
Rupture FCP avec rétraction



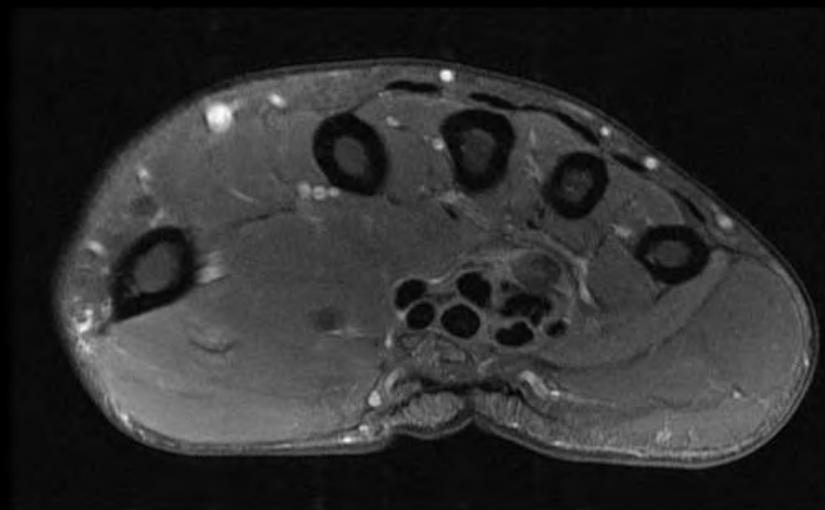
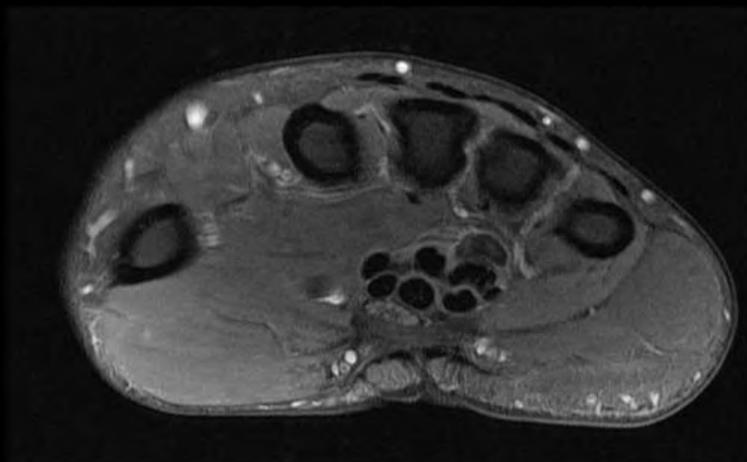
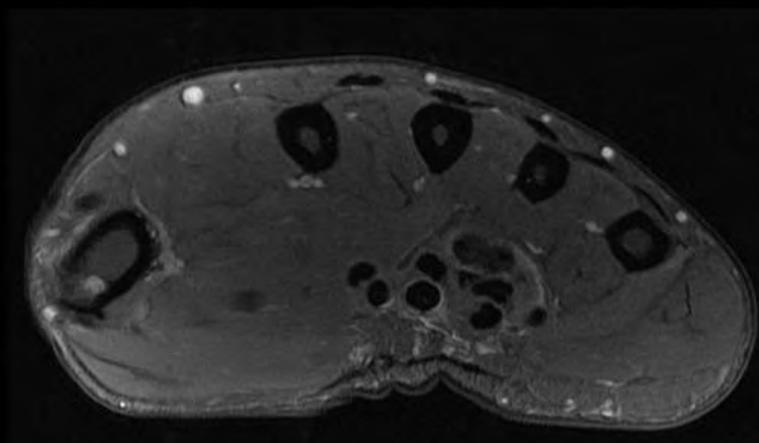
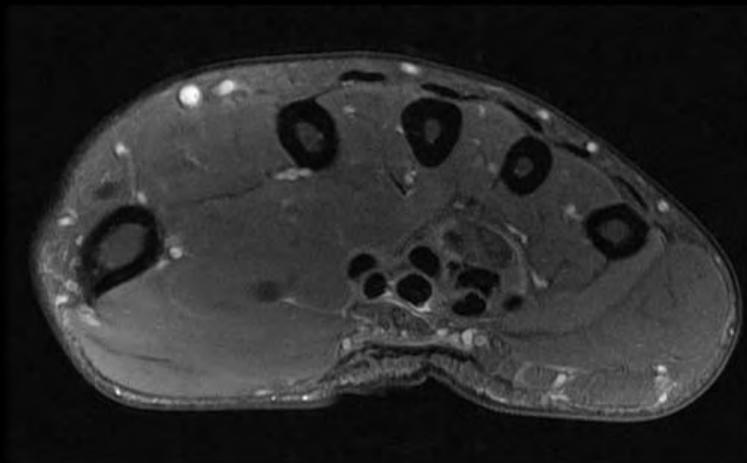


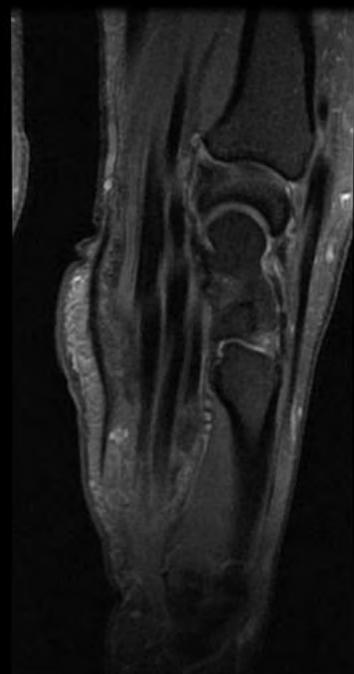
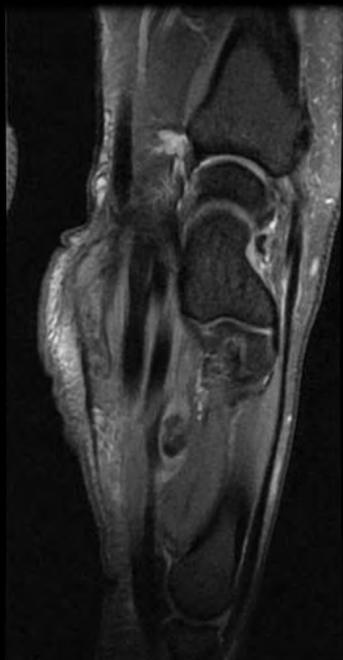
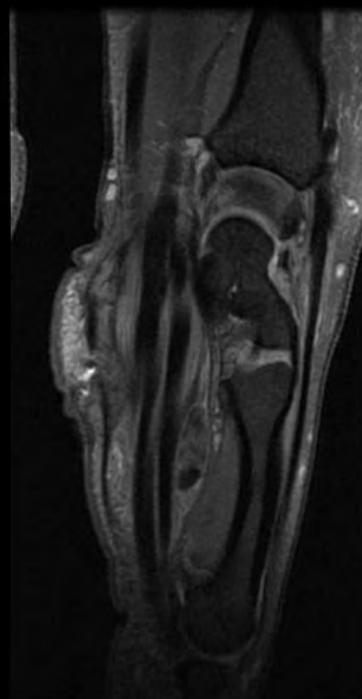
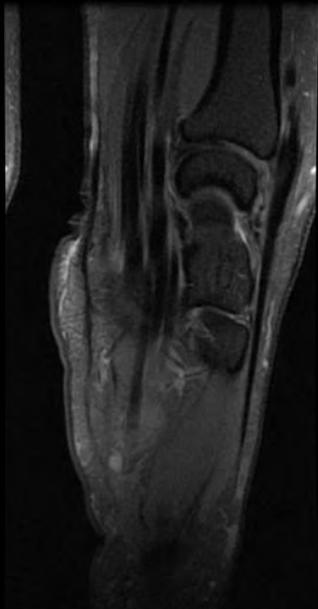


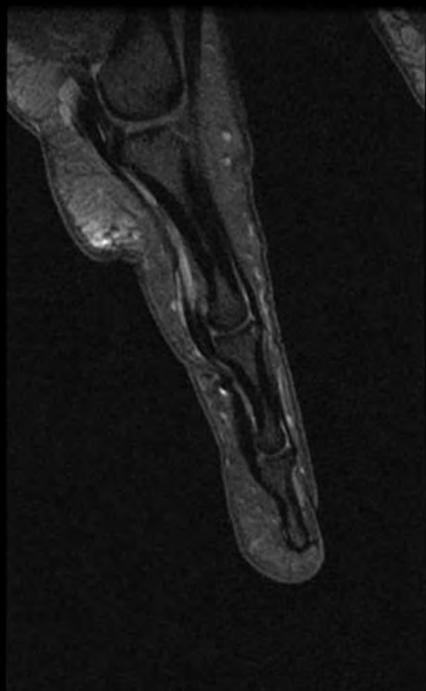




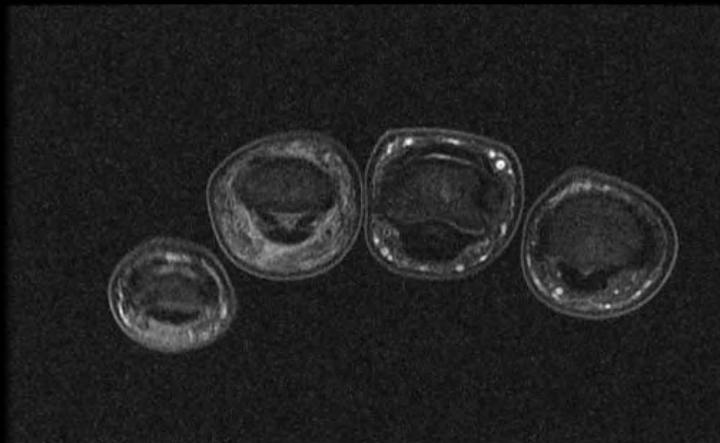
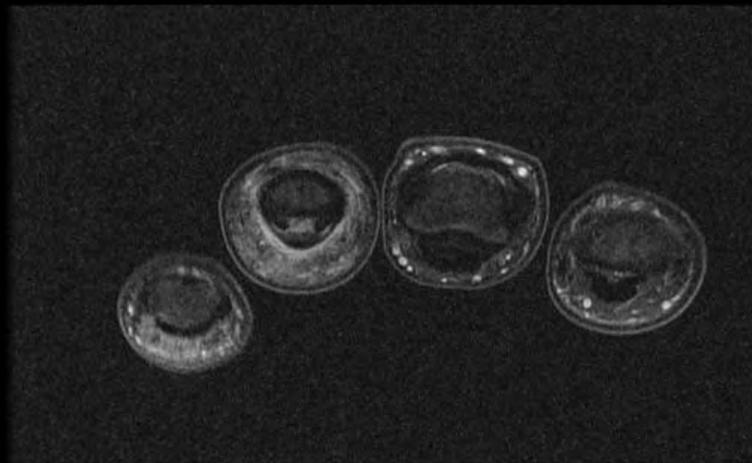
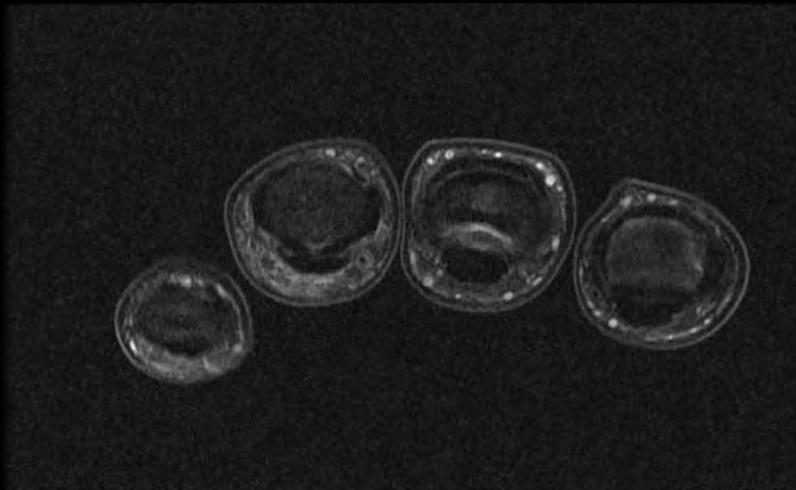






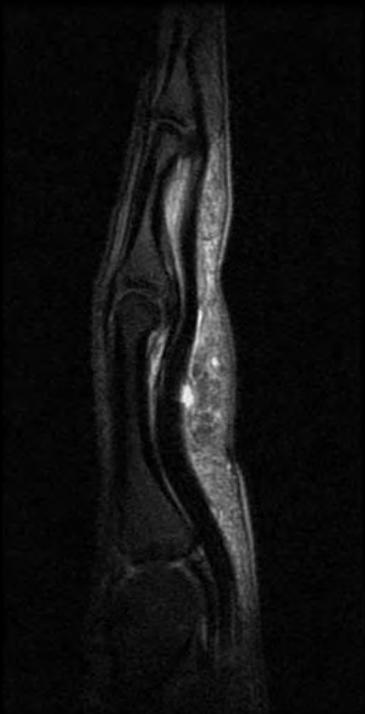


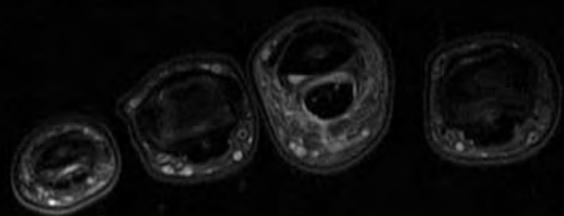
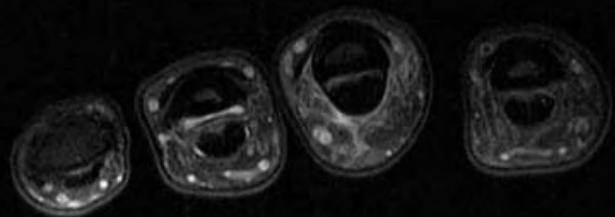
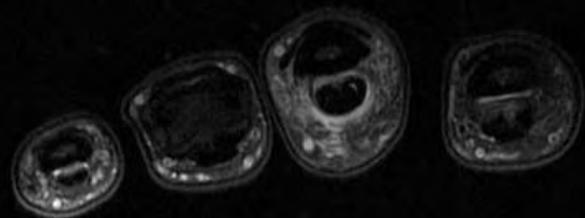
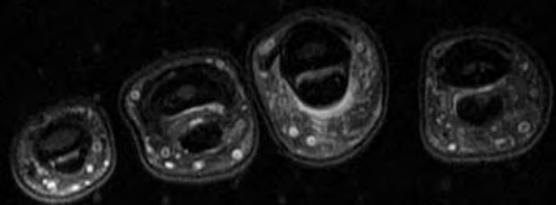


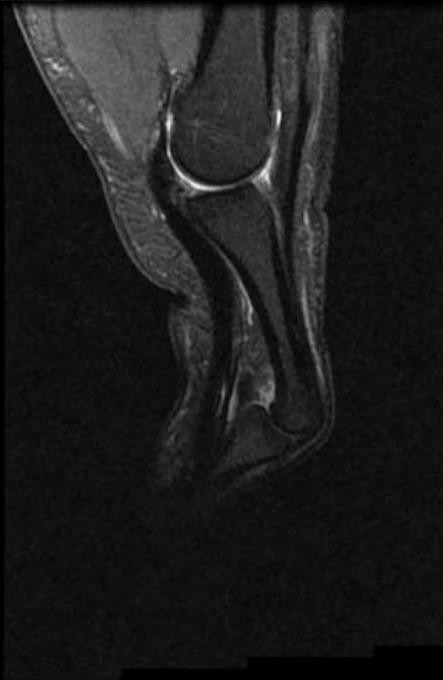
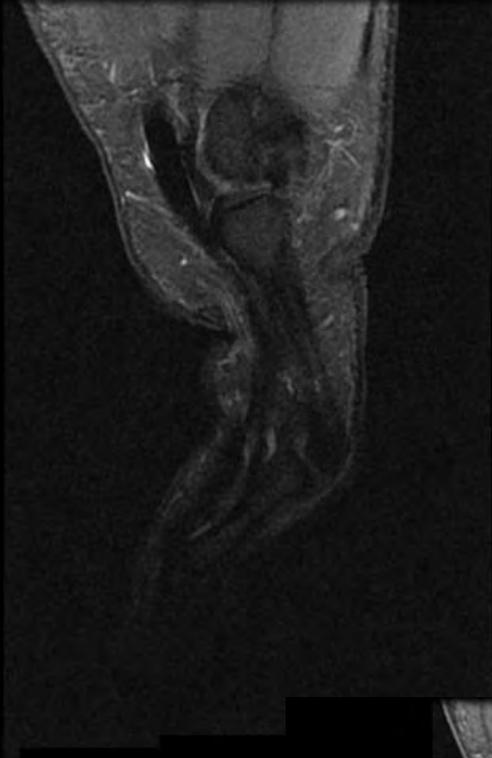


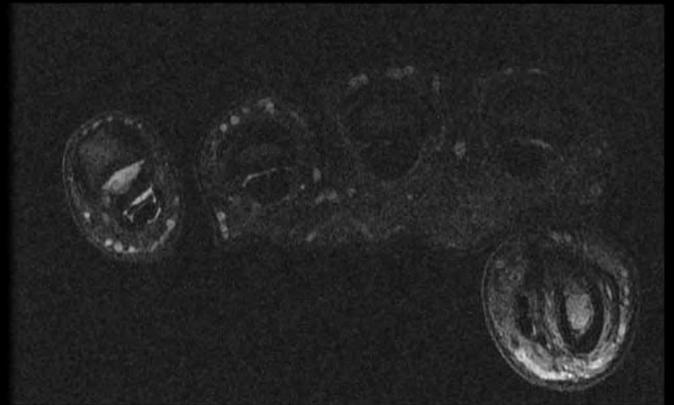
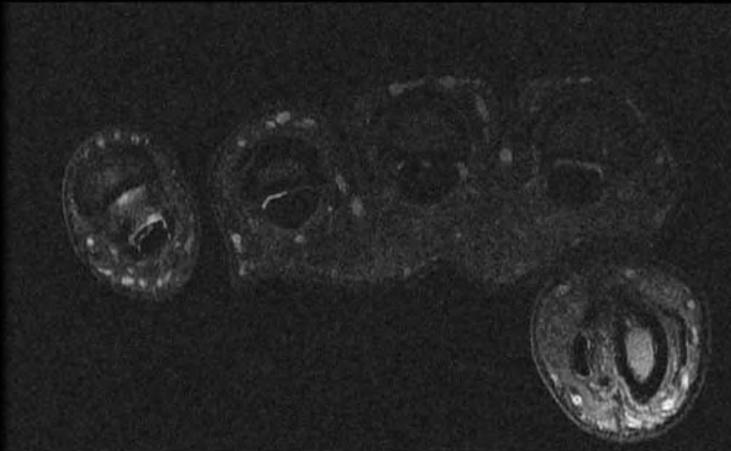
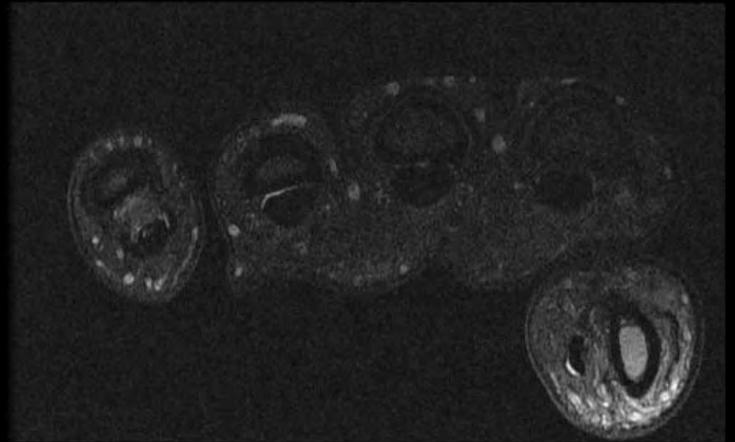
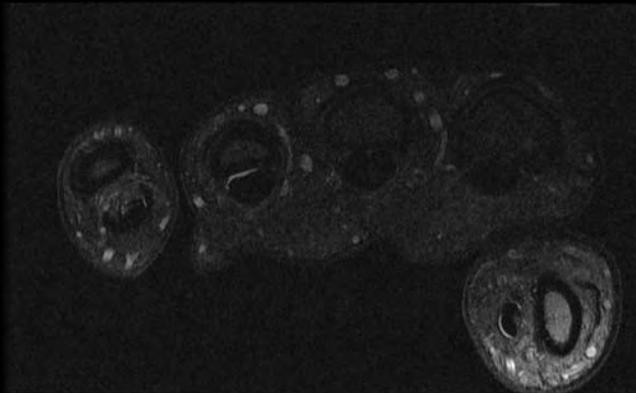
Lesion de poulie

- US visualisation directe de la poulie
 étude en flexion
- IRM suspicion quand le tendon se décolle
 de l'os
 antenne adaptée ne permet pas
 d'étude en flexion
 étude globale (os, tendons, ligaments)









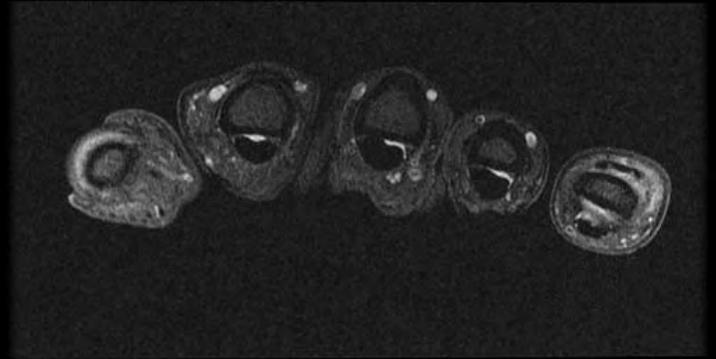
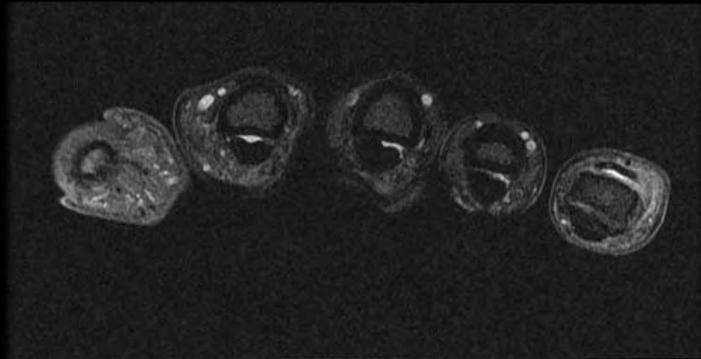
Rupture des Extenseurs

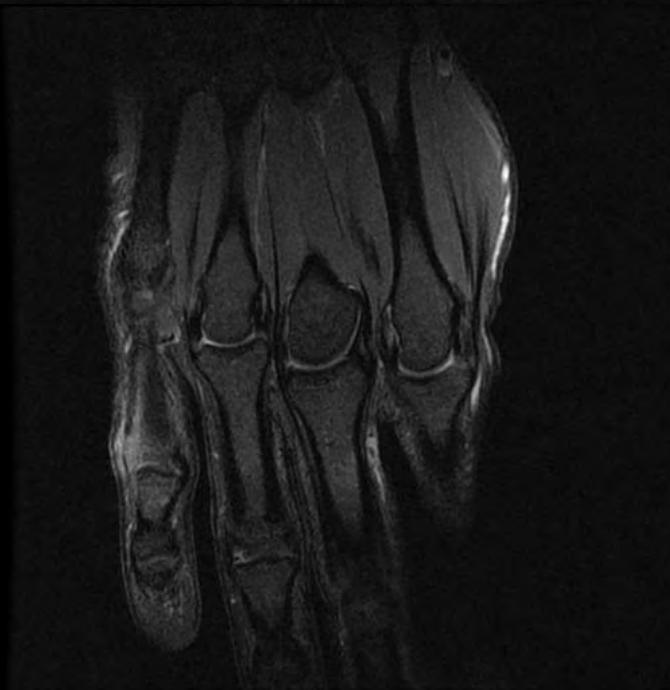
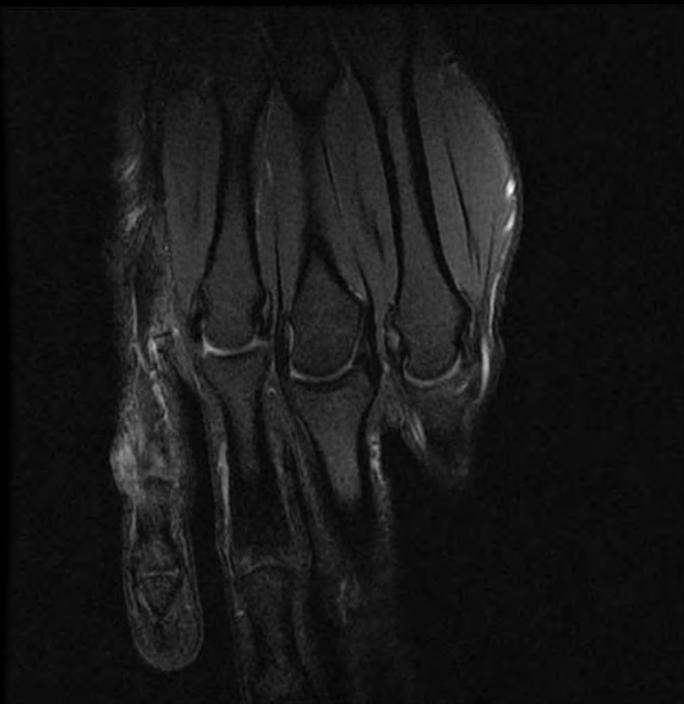
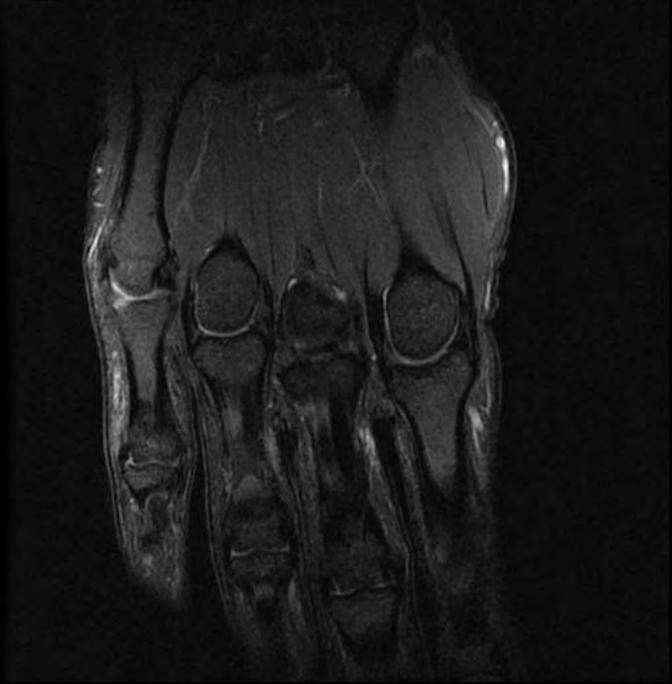
Structure plus fine

Rétraction moindre

Rupture des bandelettes sagittales







Tendons opérés

S'aider de l'injection

Artéfact de susceptibilité

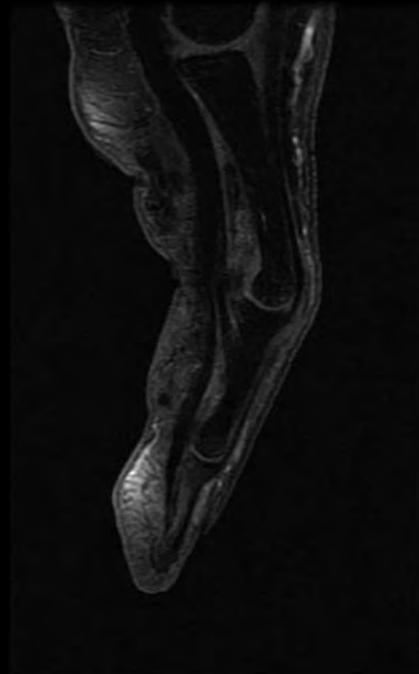
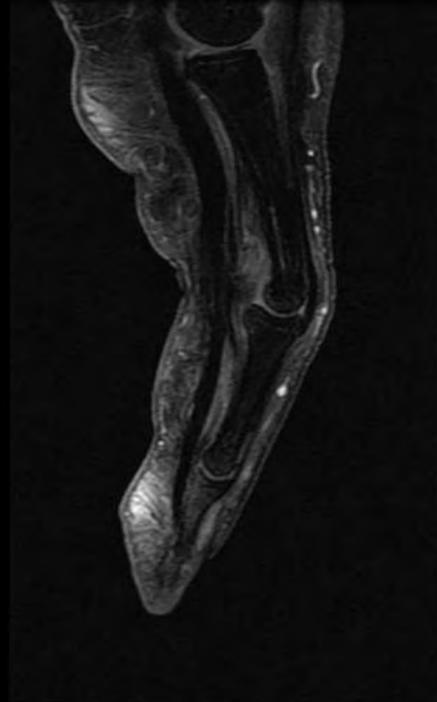
Cal d'allongement

Rupture itérative

apprécier la qualité des extrémités

Adhérences

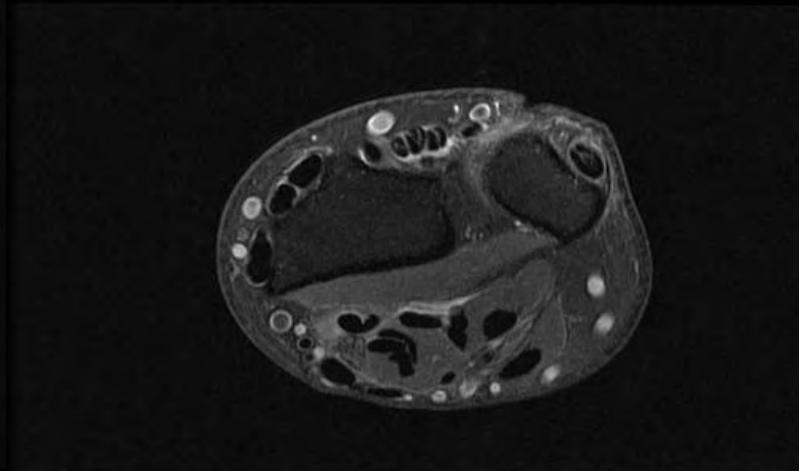
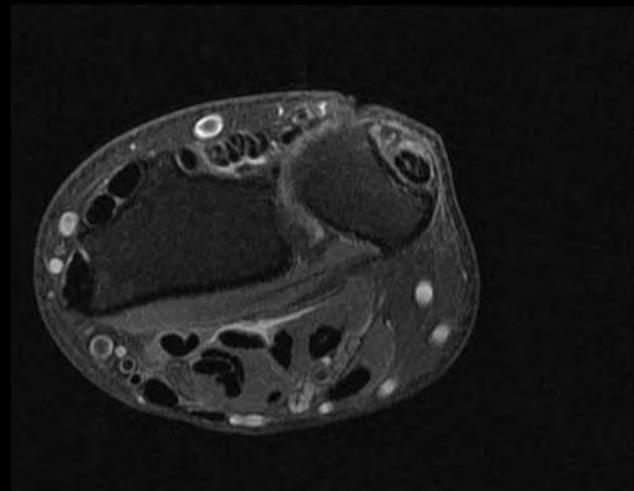
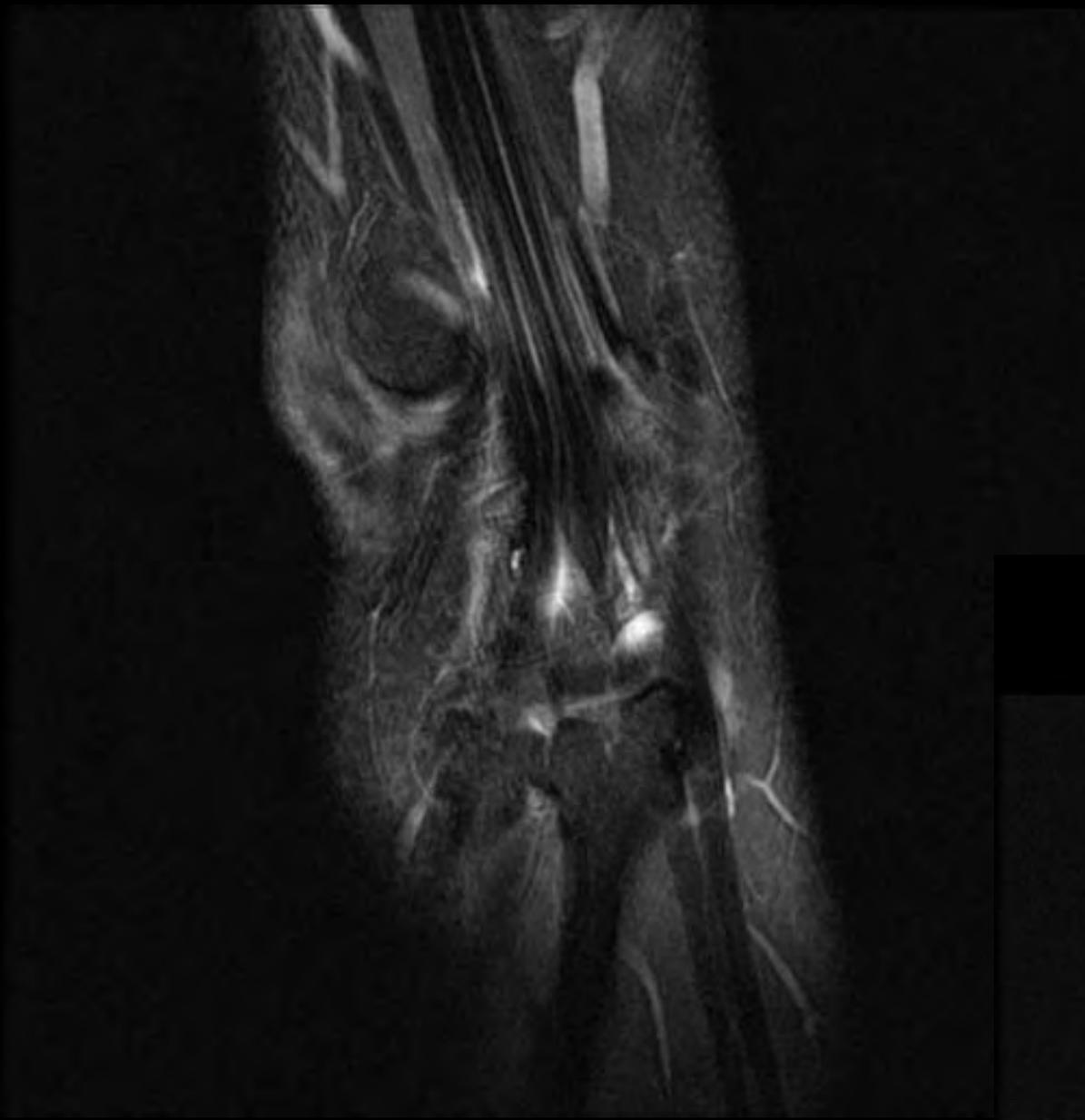


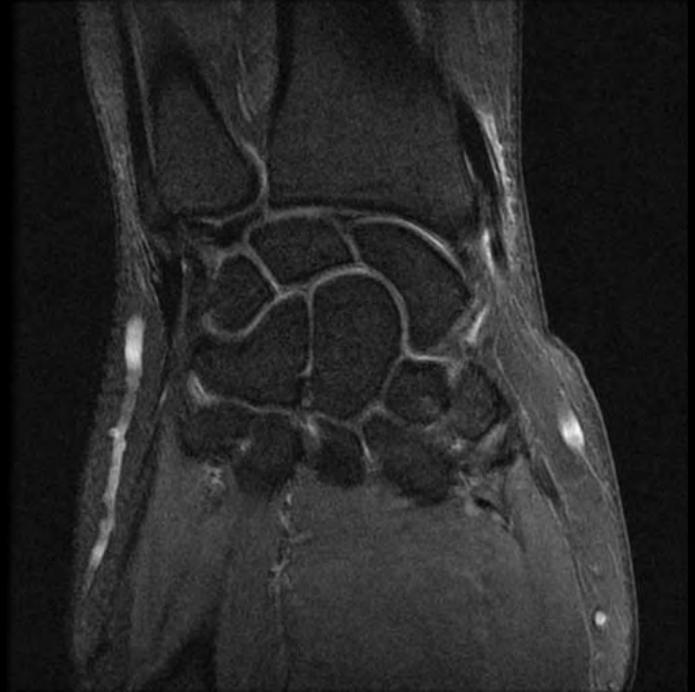


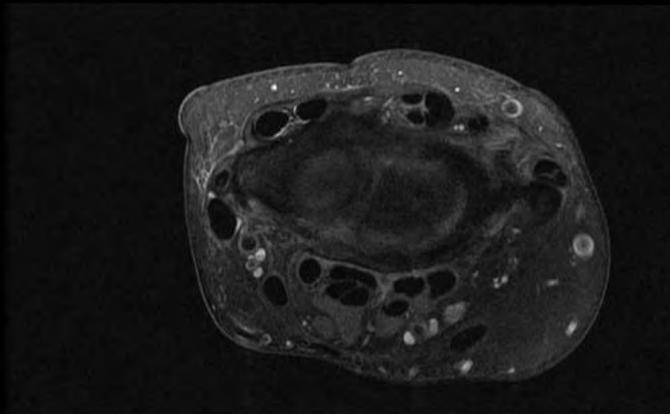
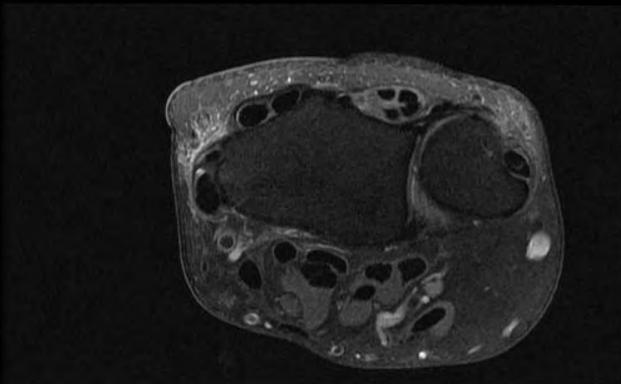
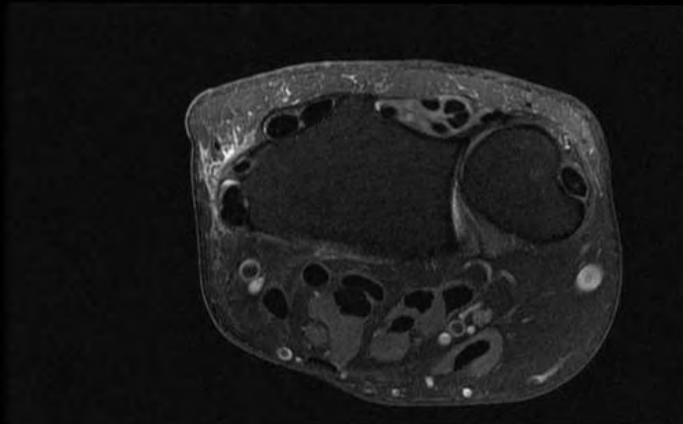
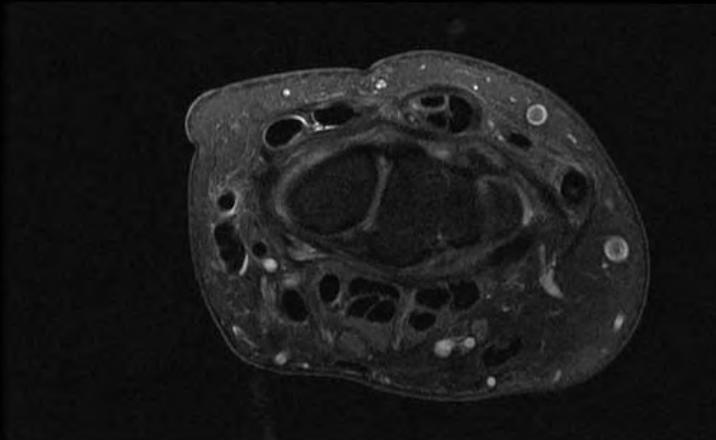
Atteinte Inflammatoire

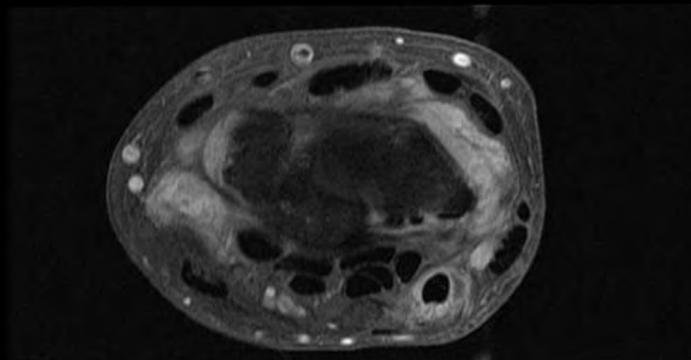
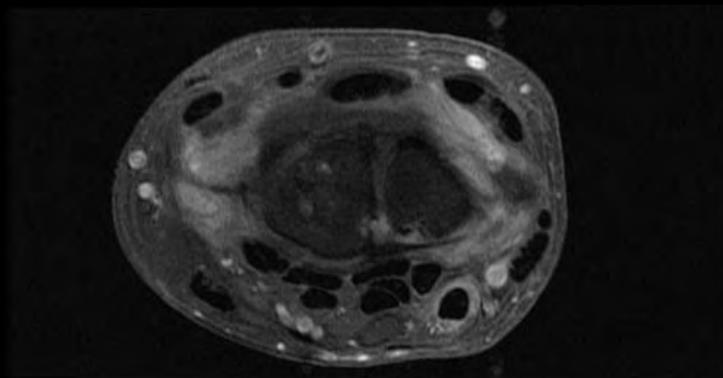
US étude comparative

IRM hypersignal T2 entourant un tendon
augmenté de volume ou strié
recherche d'une synovite carpe ou
facteur favorisant









TUMEURS

Visualiser la lésion

Localisation, mensurations et rapports anatomiques

Caractérisation lésionnelle

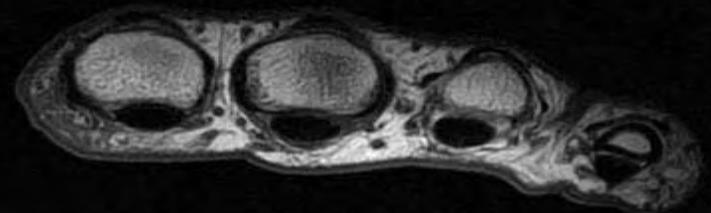
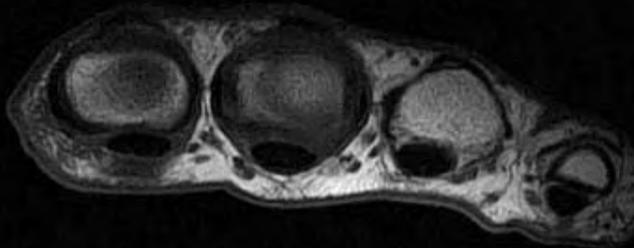
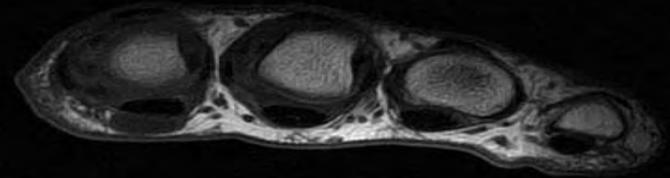
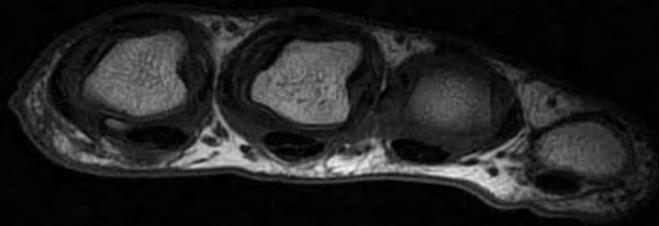
calcification

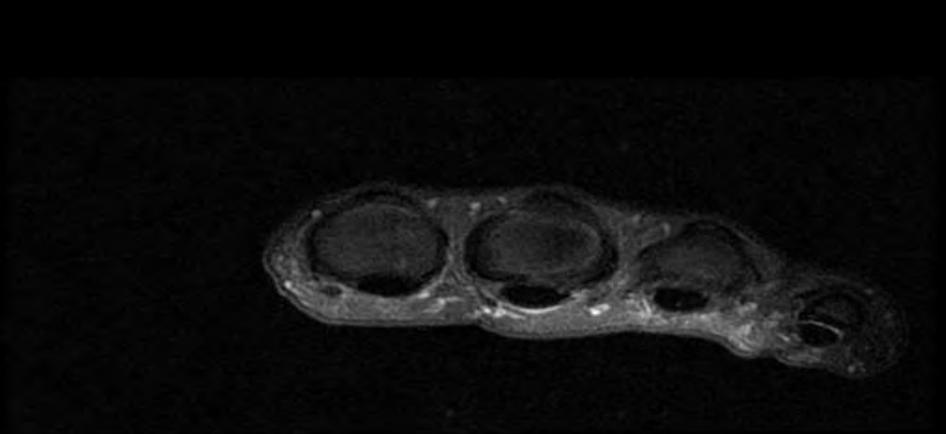
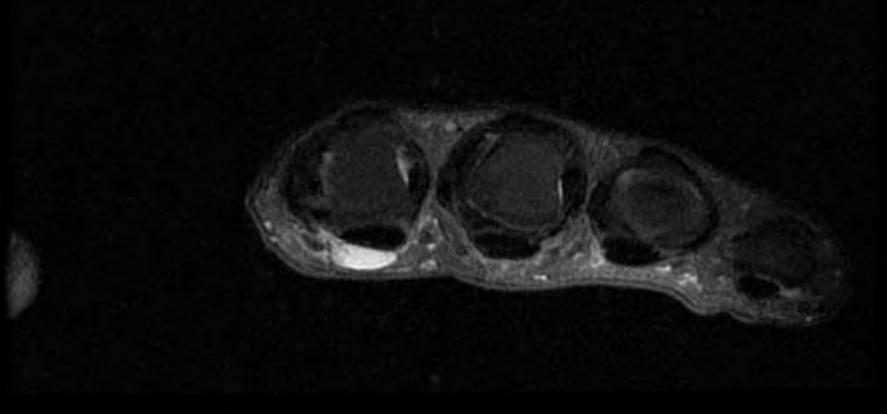
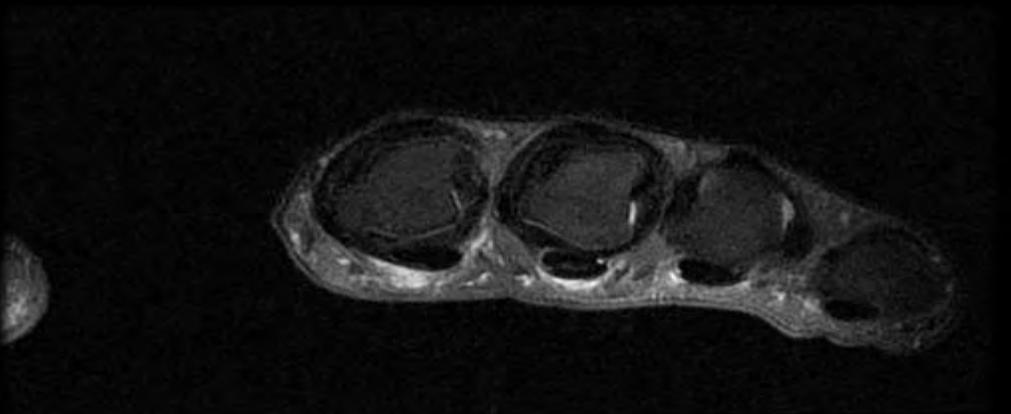
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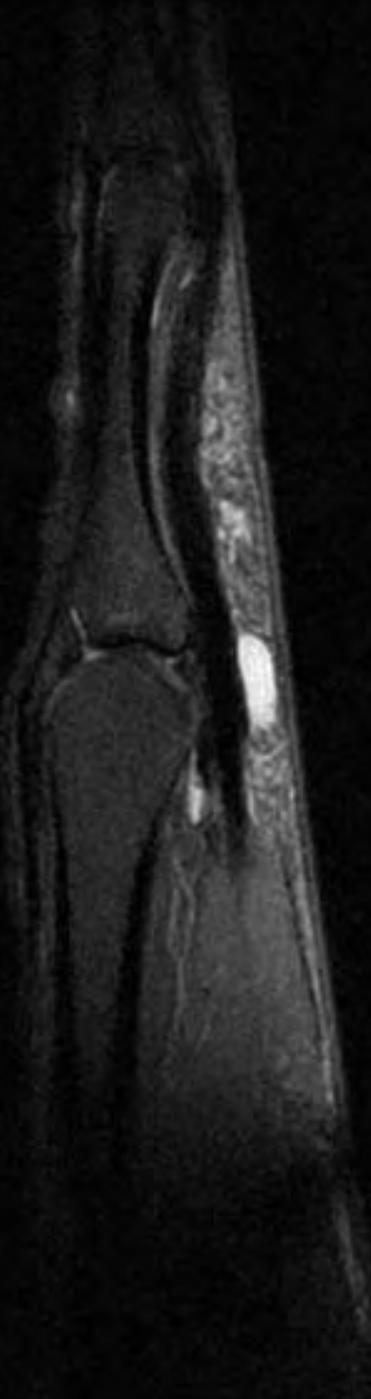
caractère kystique

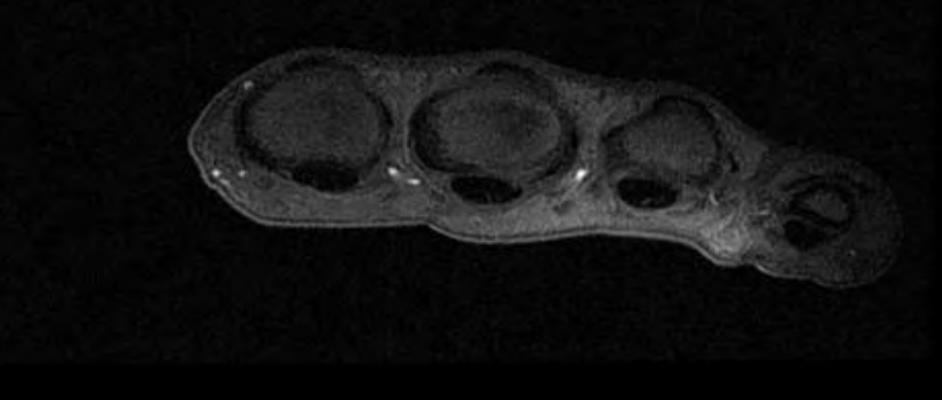
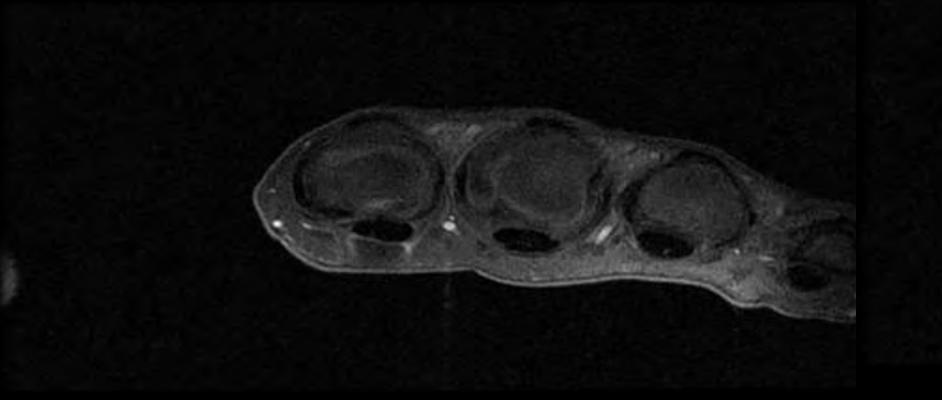
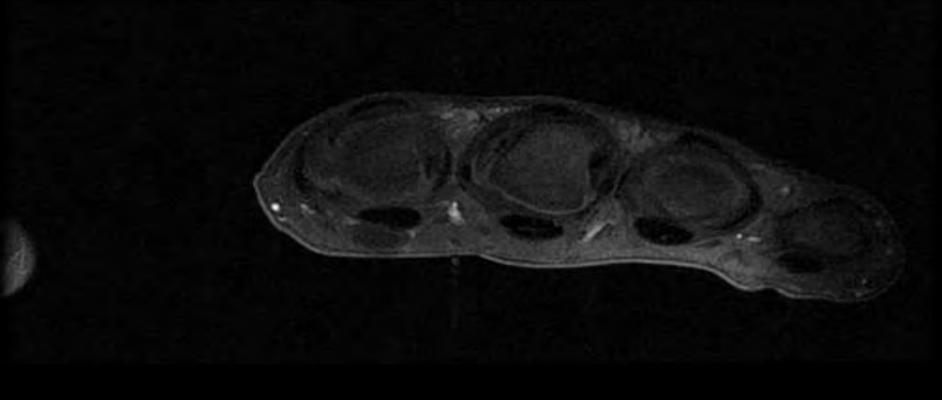
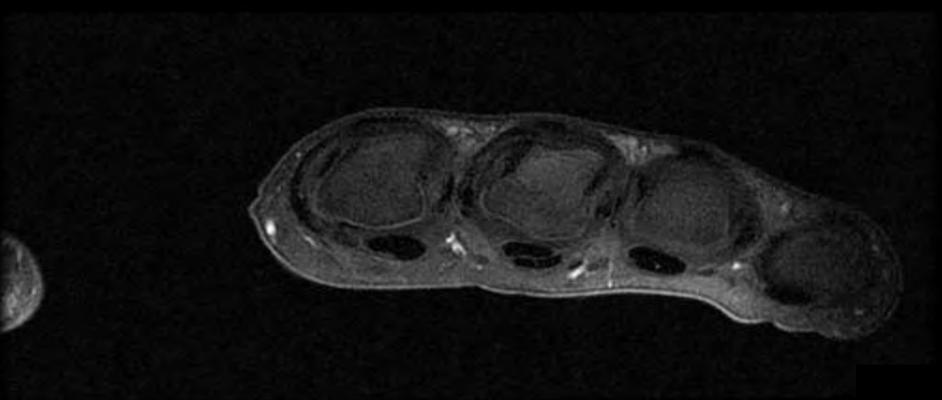
prise de contraste

Kyste de poulie A1











Tumeur à Cellules Géantes

