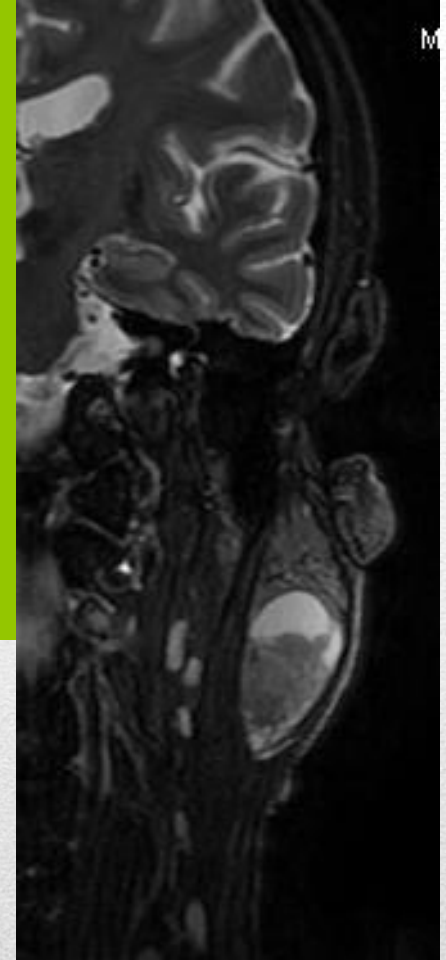


Enquête sur les tumeurs des parotides

Caroline Bourda – Valentine Duputié
Service IRM – CHU Bordeaux

Dr S. Molinier - Dr E. De Roquefeuil - Pr V. Dousset

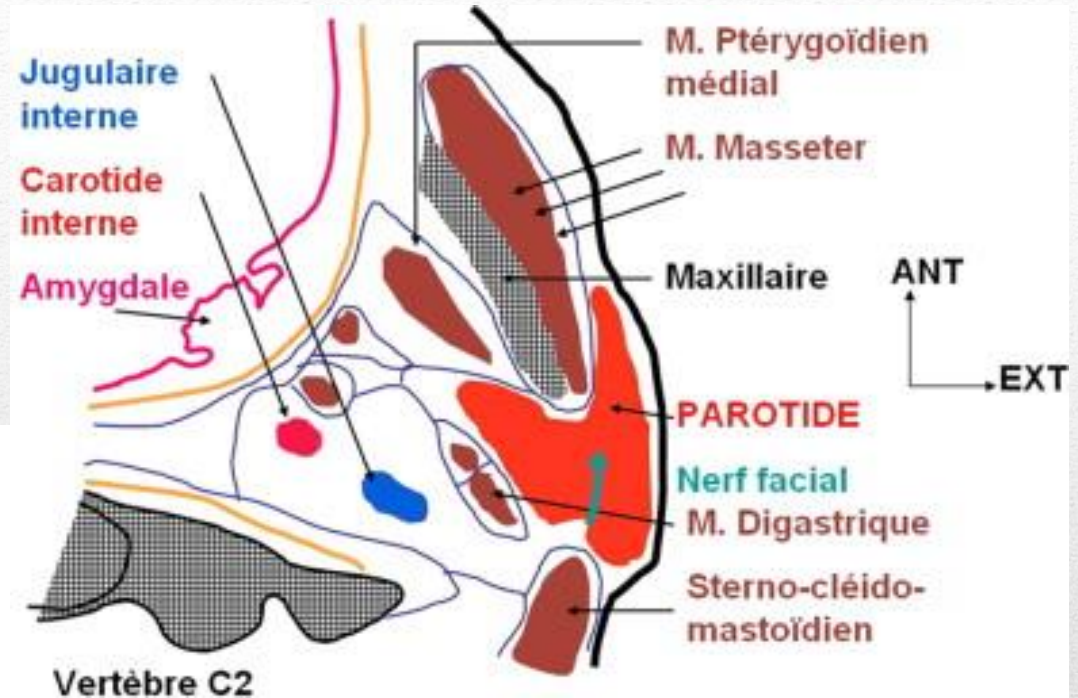
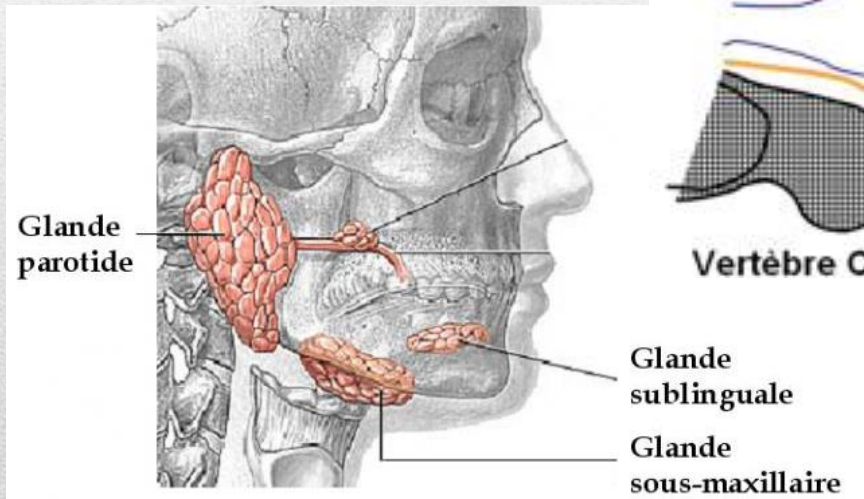


PROLOGUE



IRM 3T DISCOVERY GE MR 750W

IRM : examen de prédilection dans l'étude
des tumeurs parotidiennes

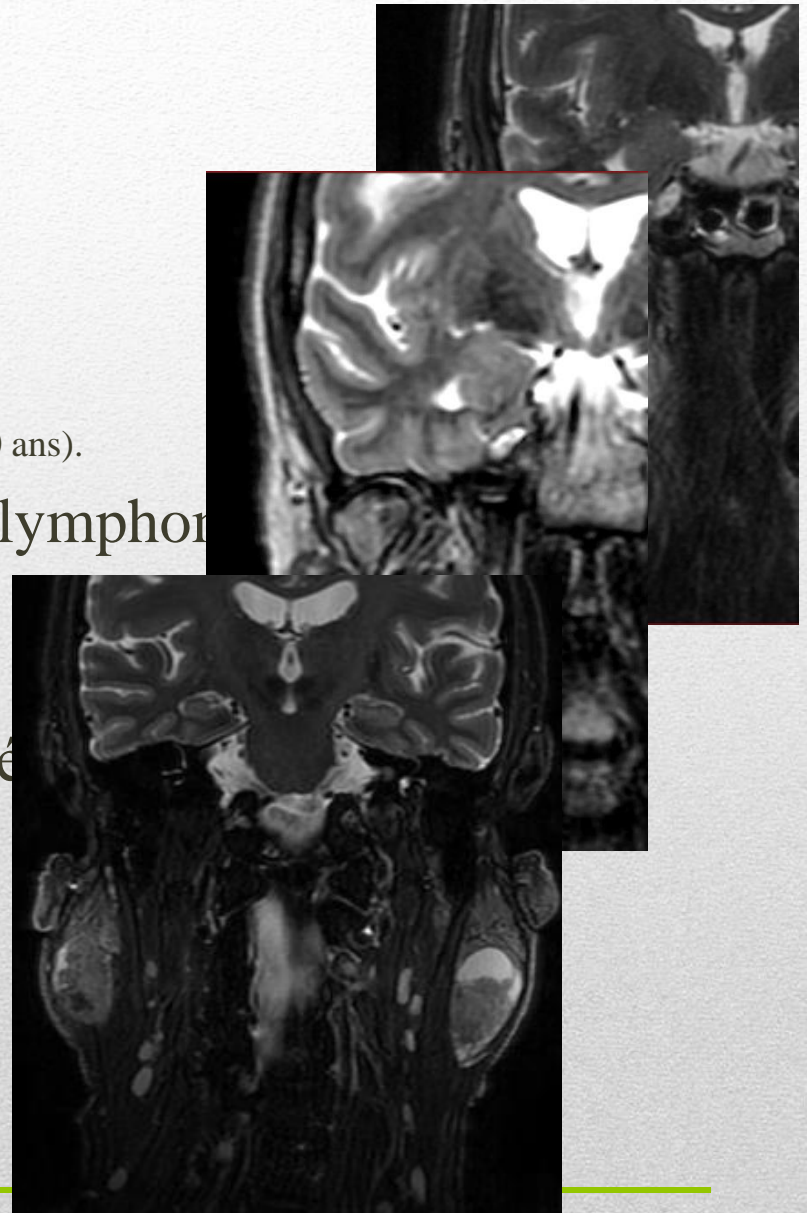


Coupe axiale en C2

Les glandes salivaires

- Adénome pléomorphe (60%)
Récidive et malignité faible.
- Carcinomes (20%)
25% récurrences et 10% métastases, évolution lente (7 à 10 ans).
- Tumeur de Warthin ou Cystadénolymphome
Récidive faible et malignité exceptionnelle
- Lymphomes
- Tumeurs rares : kystes, tumeurs bénignes

Classification



Antenne Tête/cou 40 canaux
Centrage des coupes selon le palais osseux
Durée : 30min

- **COR T2 IDEAL - 3'41**

FOV 30cm – 48cpes de 4mm jointives – matrice 256x416

- **AX T1 - 3'54**

FOV 24cm – 40cpes de 4mm jointives – matrice 288x284

- **AX T2 PROPELLER - 2'52**

FOV 24cm – 40 cpes de 4mm jointives – matrice 416

- **AX DIFFUSION PROPELLER - 3'**(centrée sur la lésion)

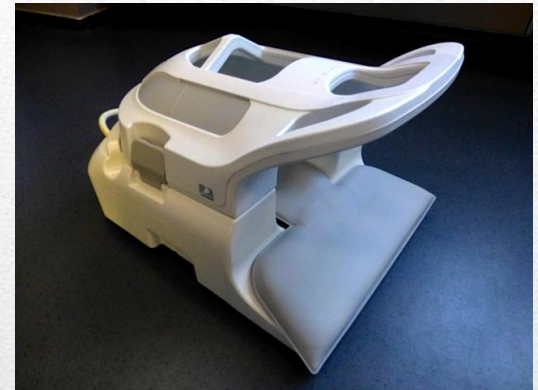
FOV 24cm 10cpes de 4mm jointives – B1000 - matrice 128

- **AX PERFUSION T1 - 5' - INJECTION en BOLUS de PDC (5cc/s)**

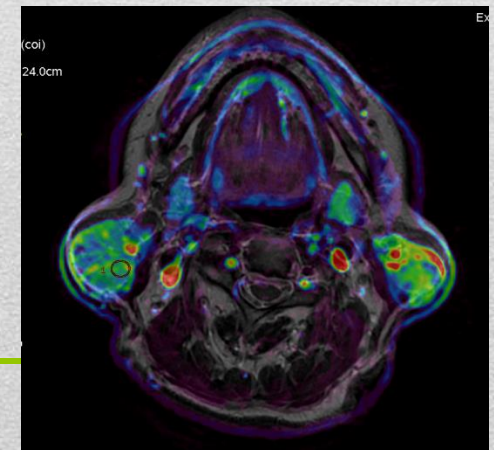
FOV 24cm 14 cpes de 4mm – 60dyn de 5s – matrice 164x192

- **AX et COR T1 FATSAT INJ - 3'33 et 2'31**

Identiques aux séquences sans PdC



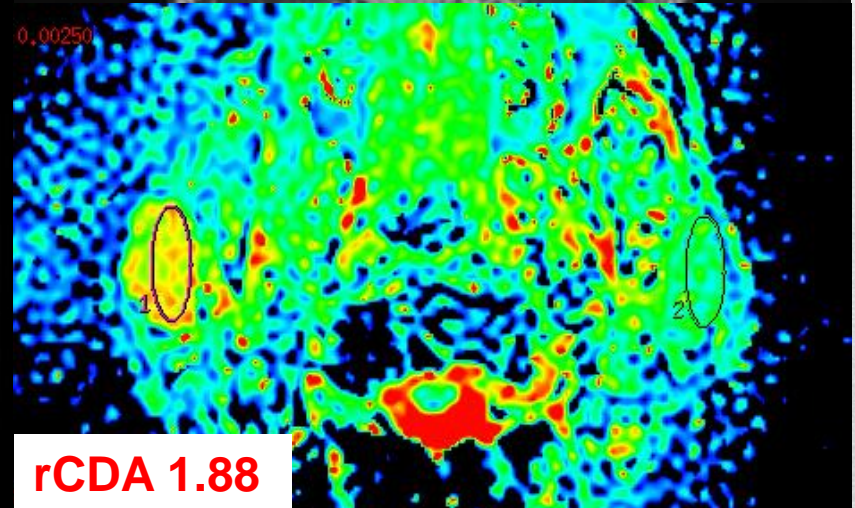
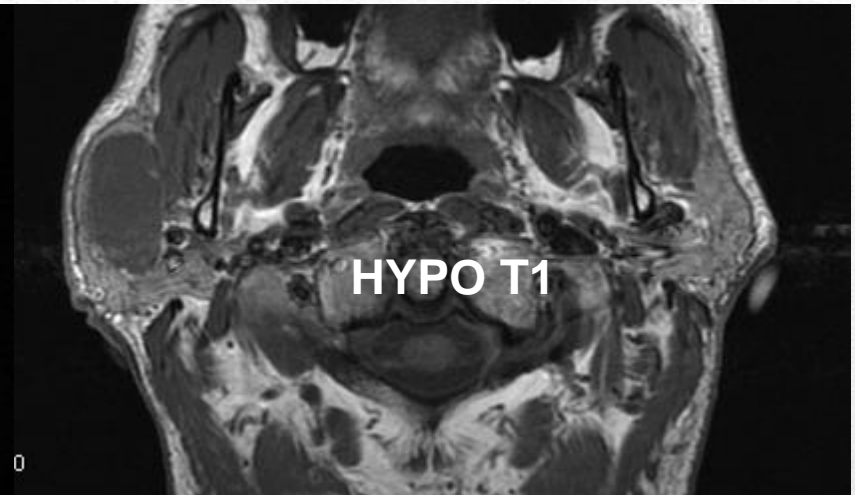
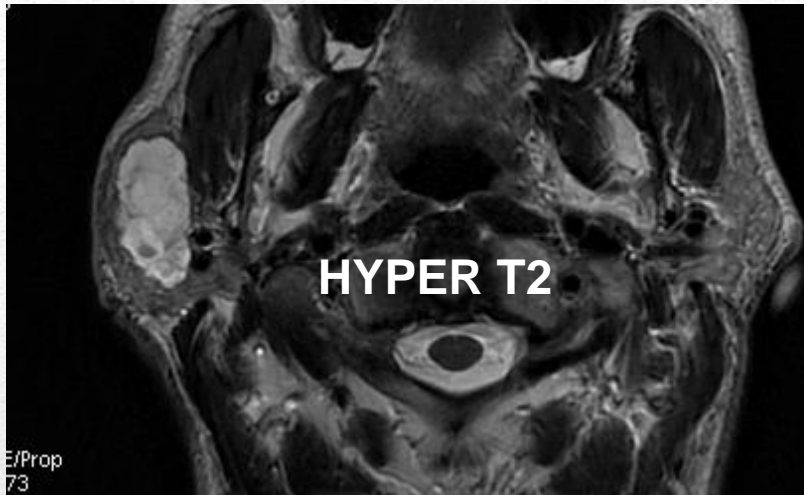
Technique IRM



	Aspect T2	Aspect T1	Diffusion	Perfusion	Malignité
<u>Adénome pléomorphe</u>	Hyper T2	Hypo T1	$rCDA \geq 1,3$	Plateau ascendant	Benin
<u>Tumeur de Warthin</u>	Hypo ou Iso T2	Hyper T1 (60%)	$rCDA \leq 1$	Wash Out > 30%	Benin
<u>Carcinome</u>	Hypo T2	Hypo T1	$rCDA < 1$	Plateau descendant	Malin

Source: article Espinoza S, Halimi P. Interpretation pearls for MR imaging of parotid gland tumor. European Annals of Otorhinolaryngology, Head and Neck diseases (2012)

Exemple n°1



DoB: Nov 11 1952
Acc Num: A10086817378

R 3.8mm
A 47.5mm
I 33.3mm
2451e

PERFUSION T1

385

R
I

45

LAHOUE JEAN-GUY
I20.9

TIME GRAPH

Sep 20 2012

Ex: 3221
Se: 8

886 Unités RM

750

700

Adénome pléomorphe

500

450

400

350

300

255

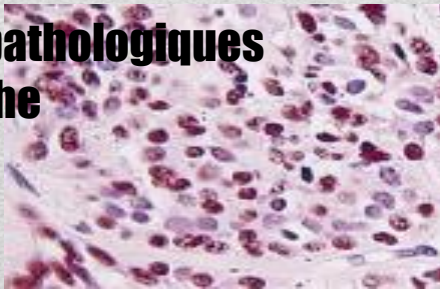
1 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 im #

phase = 1/ 30

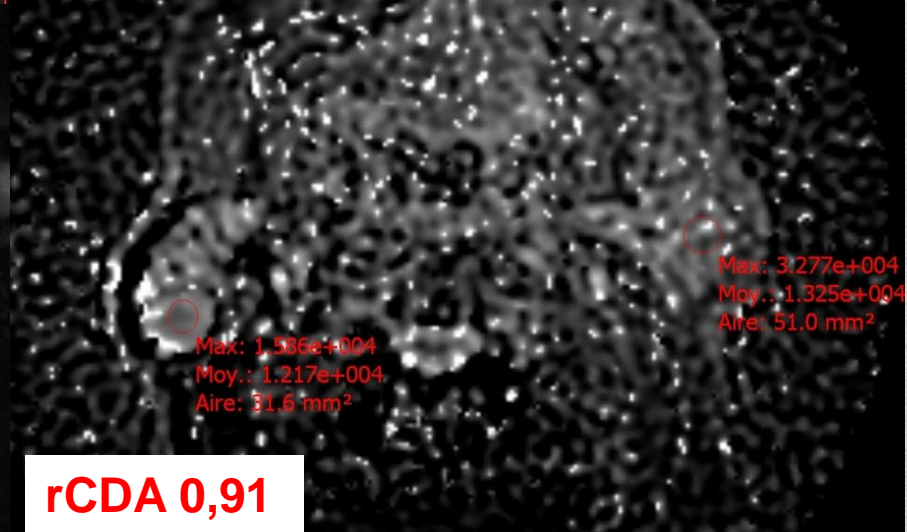
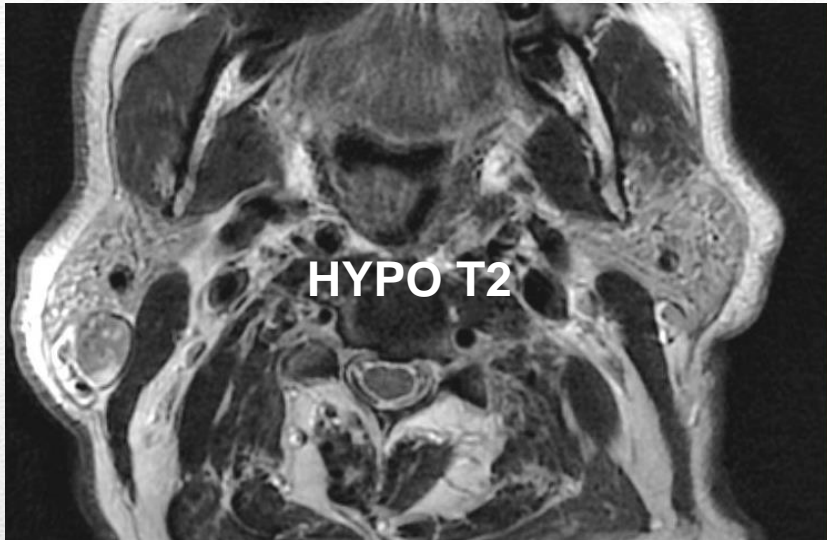
Cursor: 1 x 1

auto 1x1 AVG

Résultats anatomopathologiques
Adénome Pléomorphe



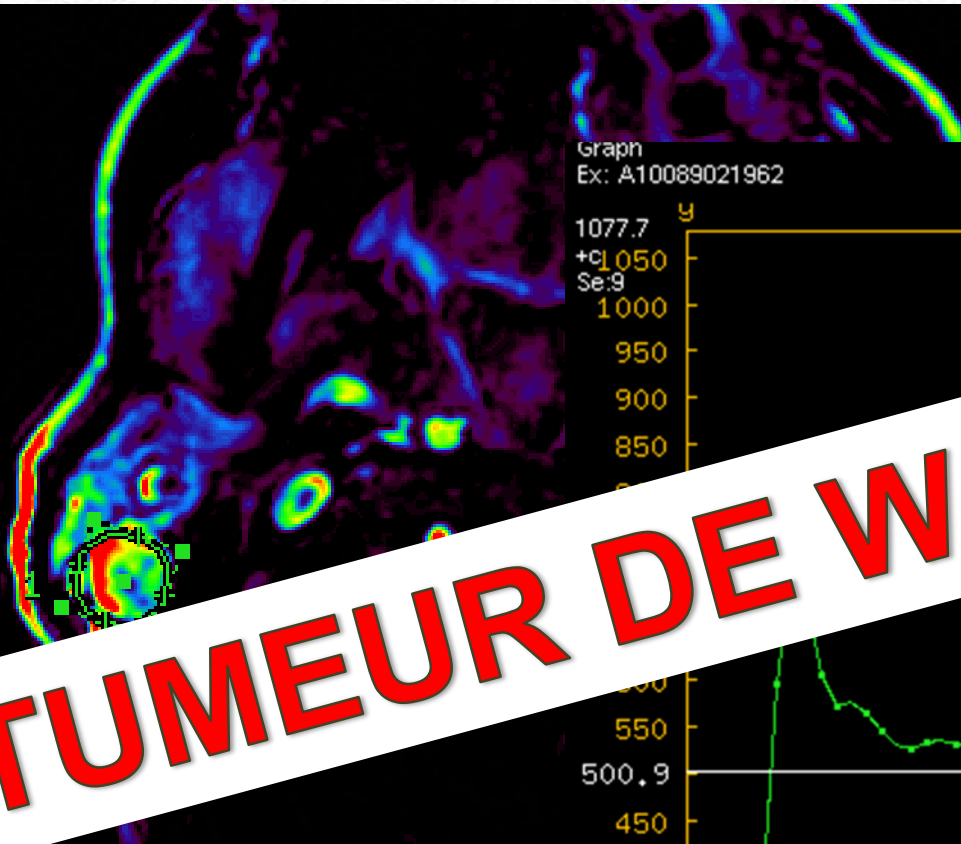
Exemple n°2



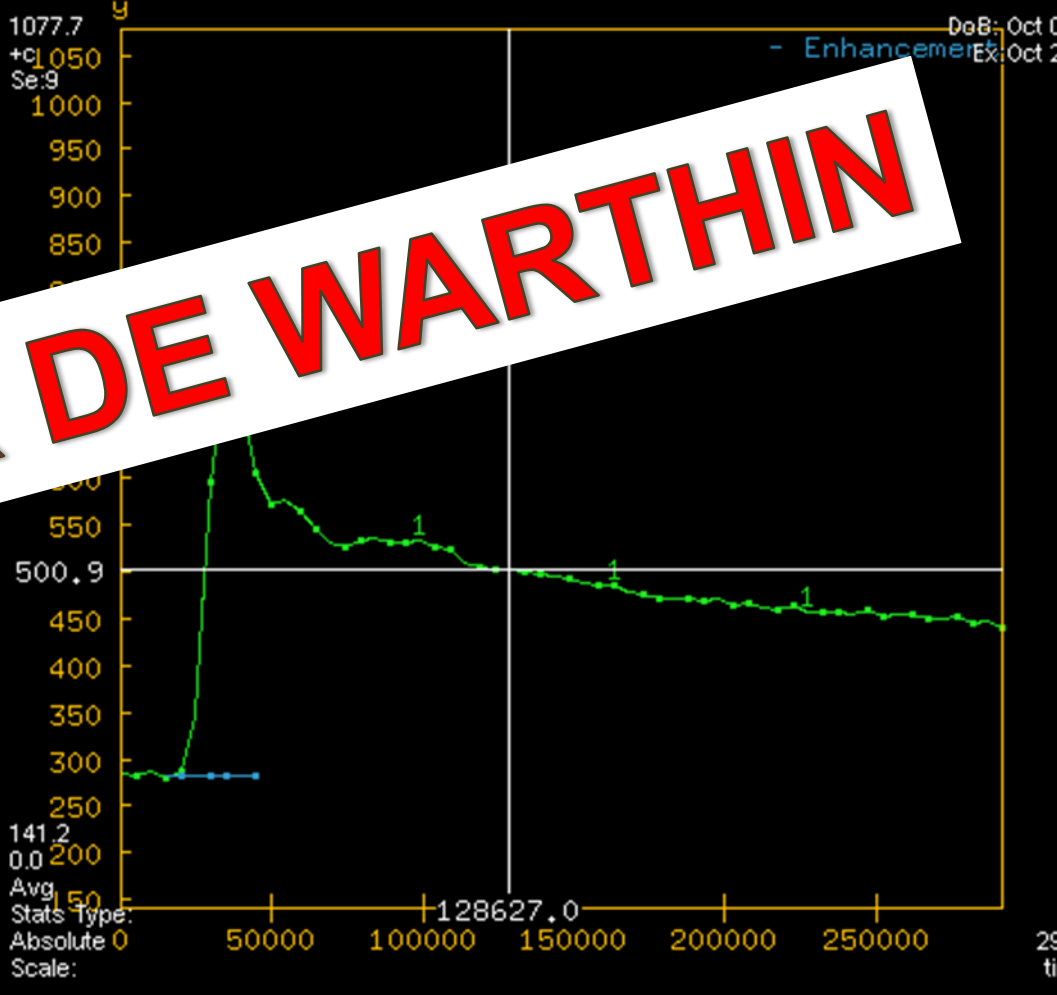
rCDA 0,91

DFOV 24.0cm

PERFUSION T1



Graph
Ex: A10089021962

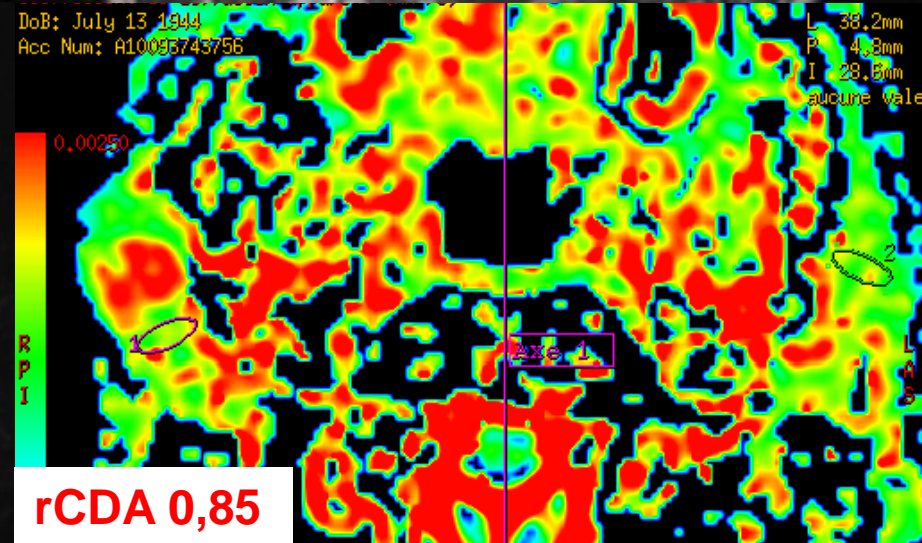
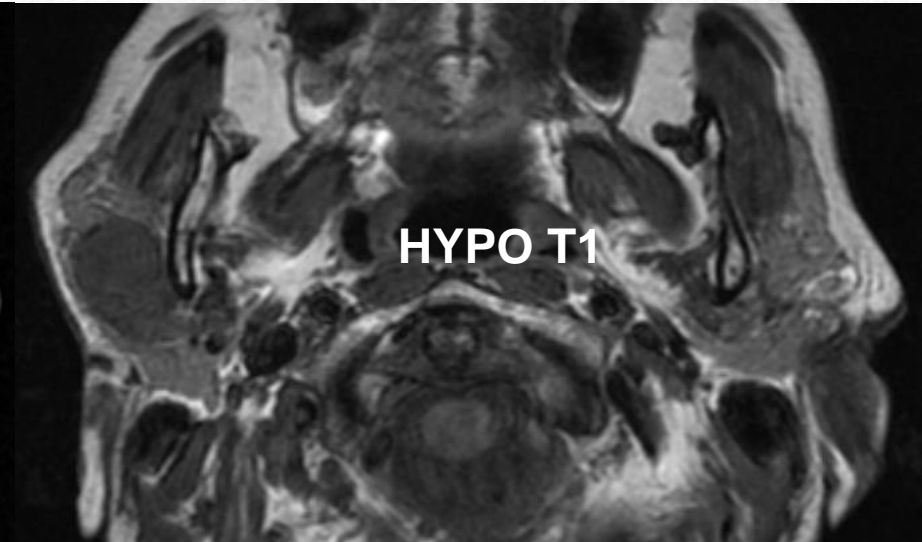
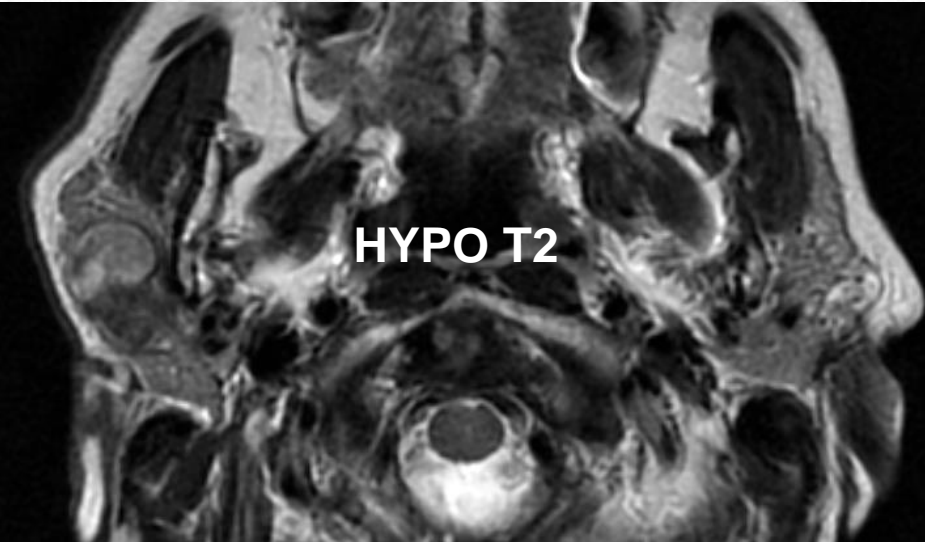


TUMEUR DE WARTHIN

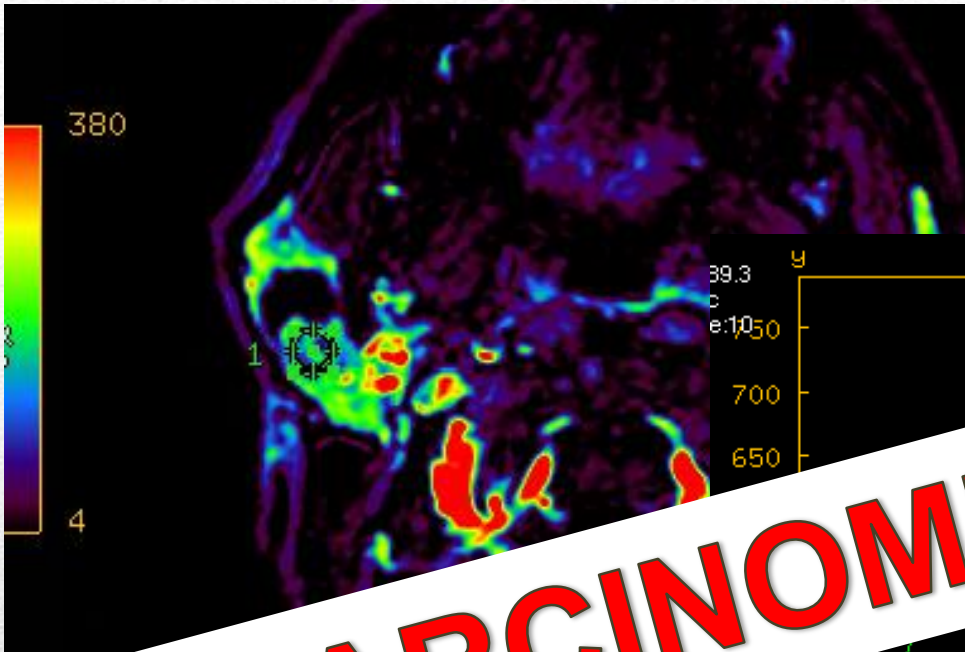
**Résultats anatomopathologiques:
Tumeur de warthin**



Exemple n°3

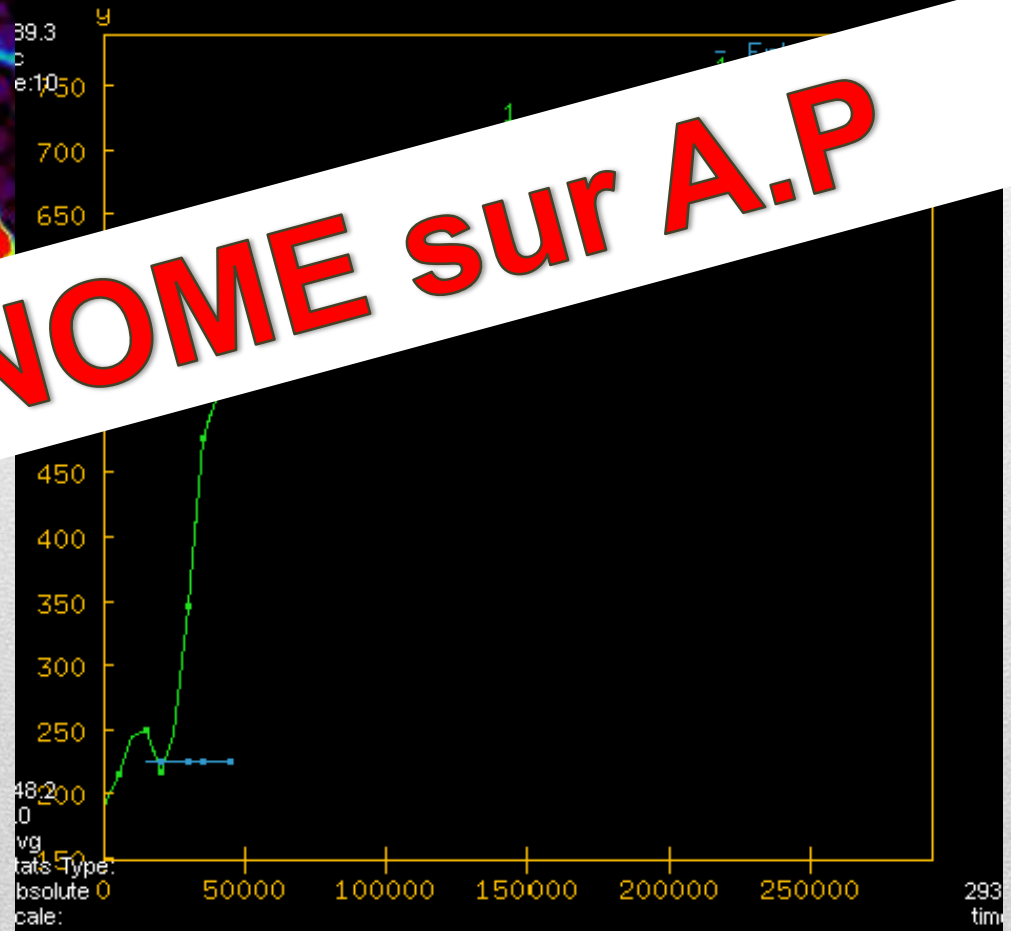


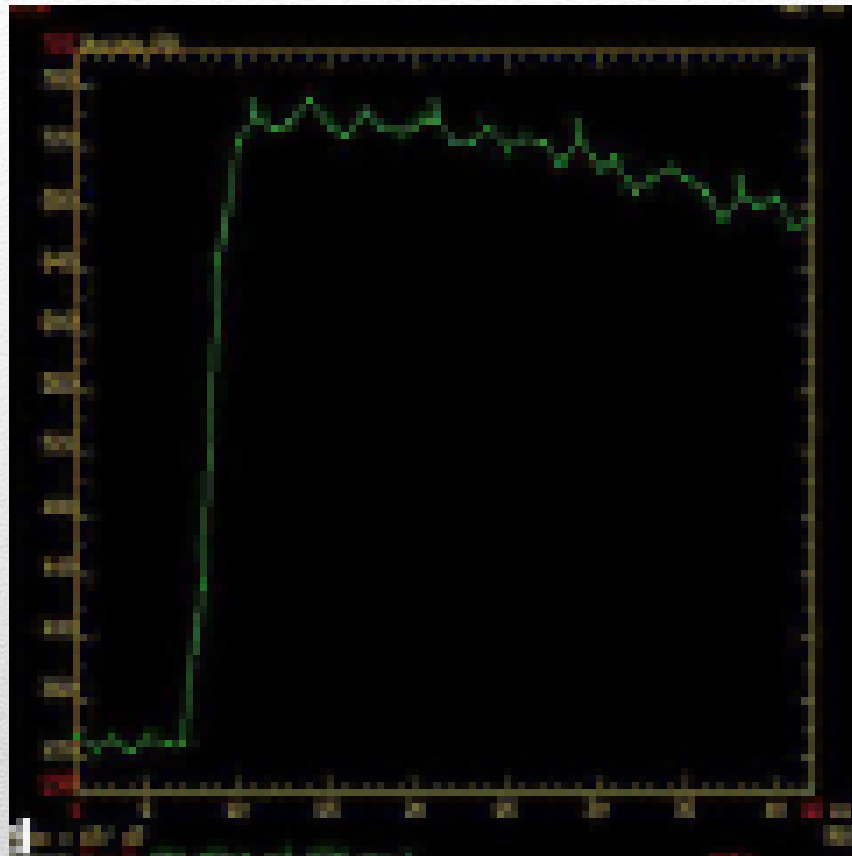
PERFUSION T1



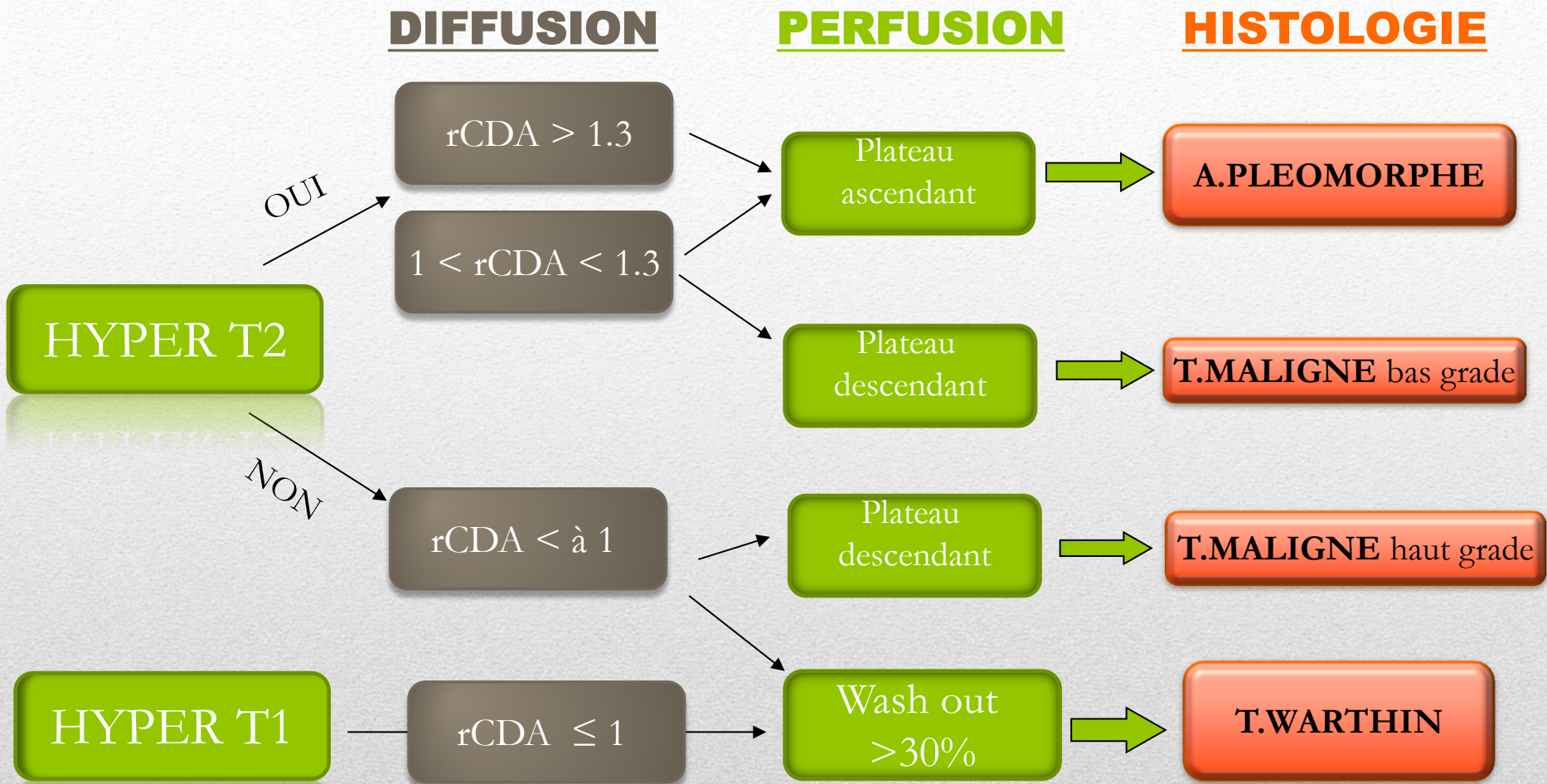
CARCINOME sur A.P

**Résultats anatomopathologiques:
Carcinome canalaire salivaire sur AP**





Courbe typique d'un carcinome



Stratégie de lecture des images.

Epilogue

- **L'IRM : unique et meilleur examen d'exploration de la parotide.**
 - Traitement des tumeurs parotidiennes : Exérèse (+/- CT, RT).
 - Nerf facial +++
 - Les nouvelles techniques IRM nous laissent entrevoir une limitation de cette chirurgie (ex HEGP: surveillance des tumeurs de Warthin)
-

**MERCI POUR VOTRE
ATTENTION**
