

Savoir ouvrir l'oeil

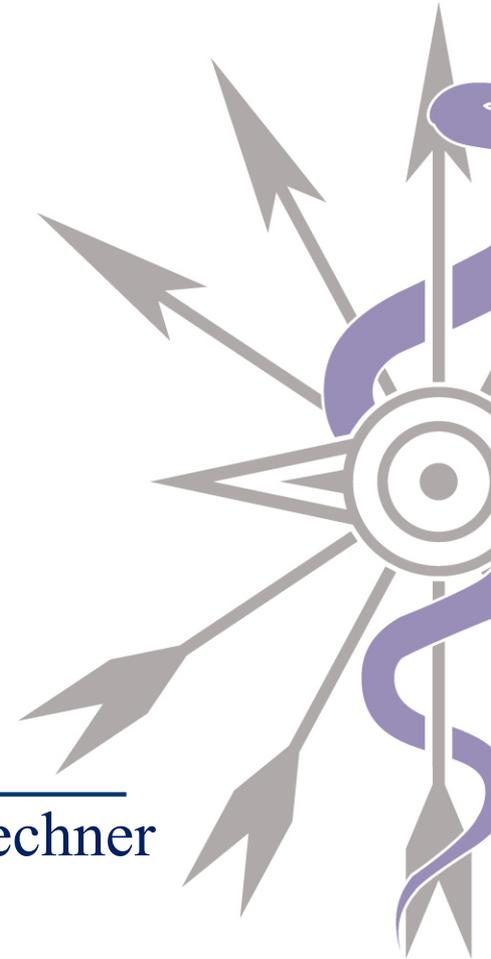
Session Junior



Fondation Ophtalmologique
Adolphe de Rothschild



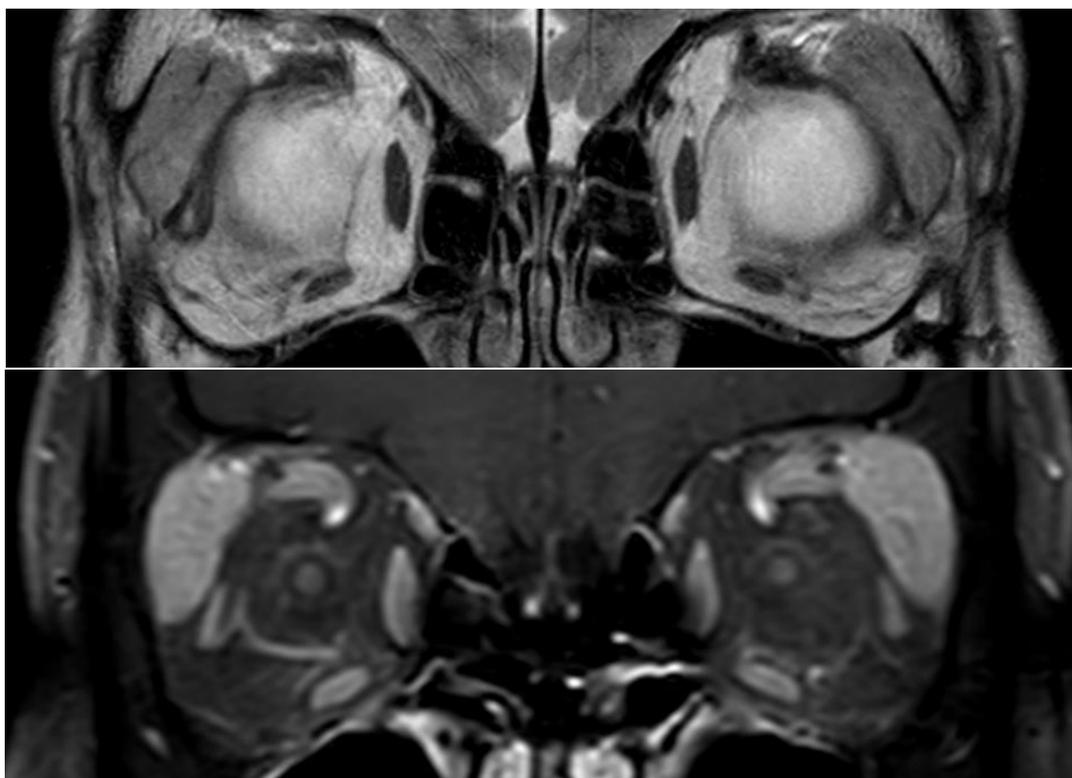
Hasmik Koulakian, Alix Fechner
Augustin Lecler





Cas clinique

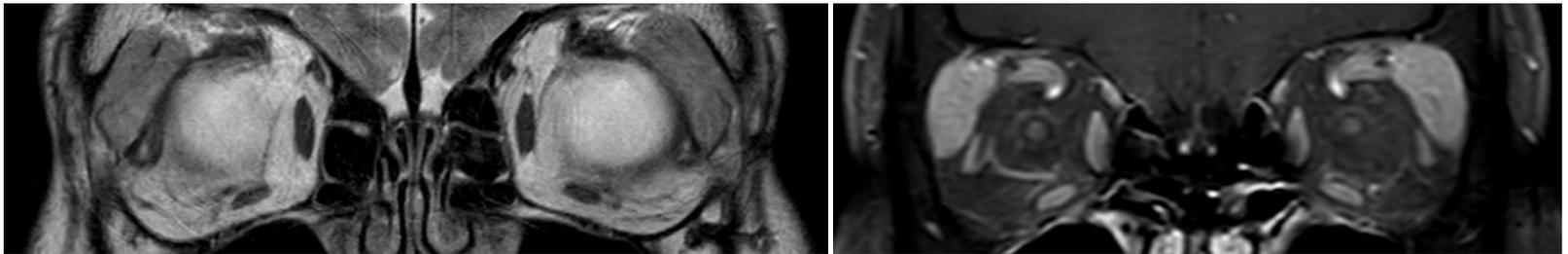
- Patient 34 ans, sans antécédent
- Exophtalmie, rougeur, larmoiement





Diagnostic (le plus probable) ?

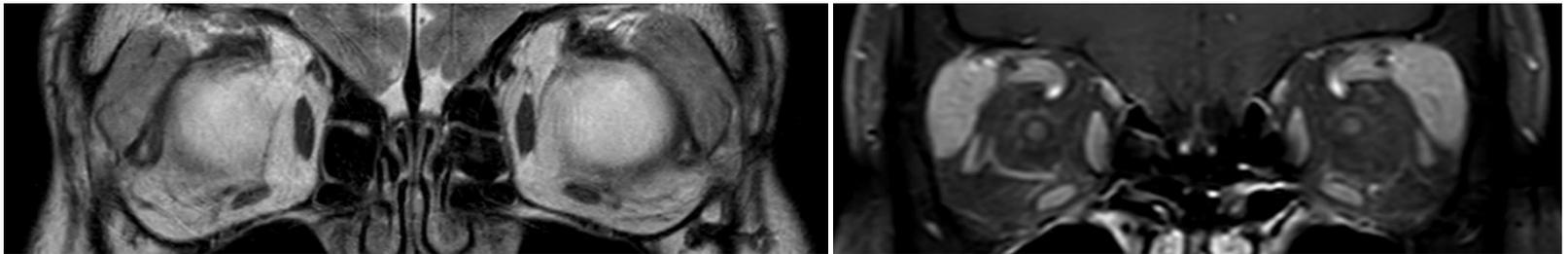
1. Hypertrophie physiologique des glandes lacrymales
2. Adénome pléomorphe des glandes lacrymales
3. Varice orbitaire de la veine ophtalmique supéro externe
4. Dacryoadénite
5. Obi-Wan Kenobi





Diagnostic

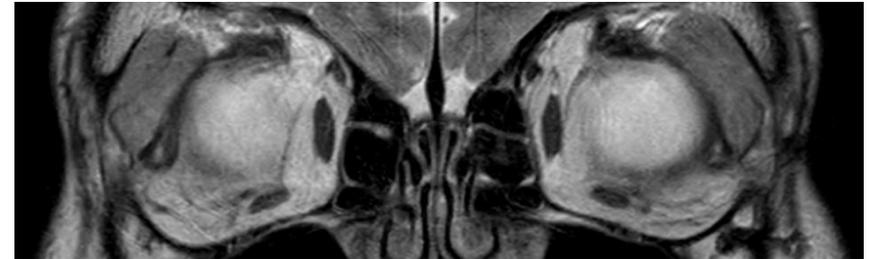
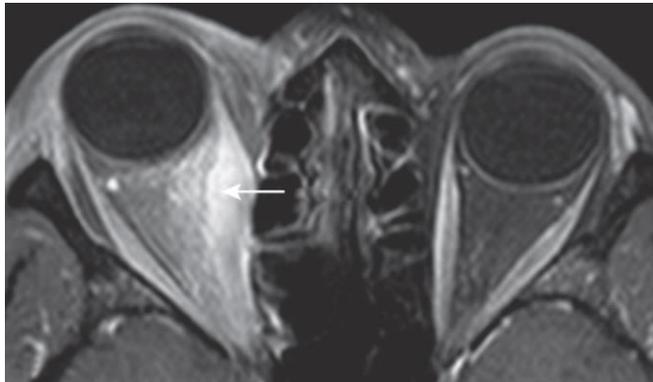
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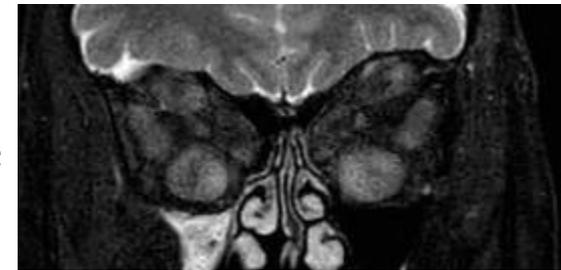


Inflammations orbitaires

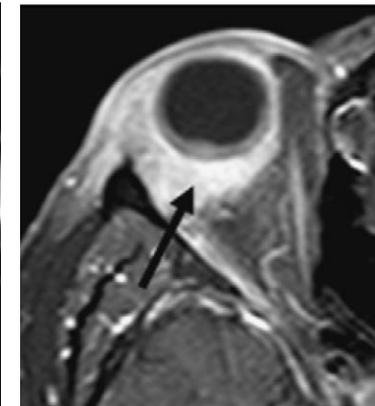
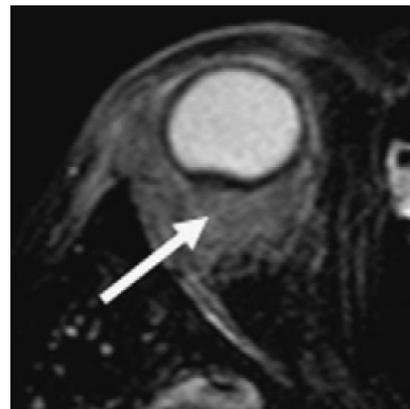
- Dacryoadénite



- Myosite

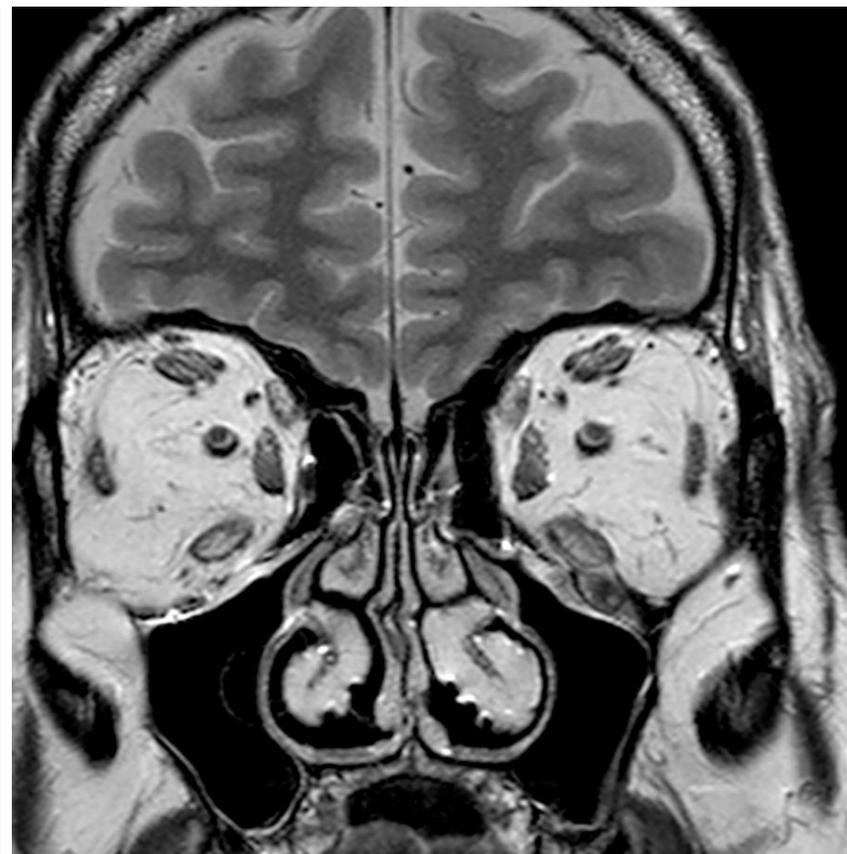
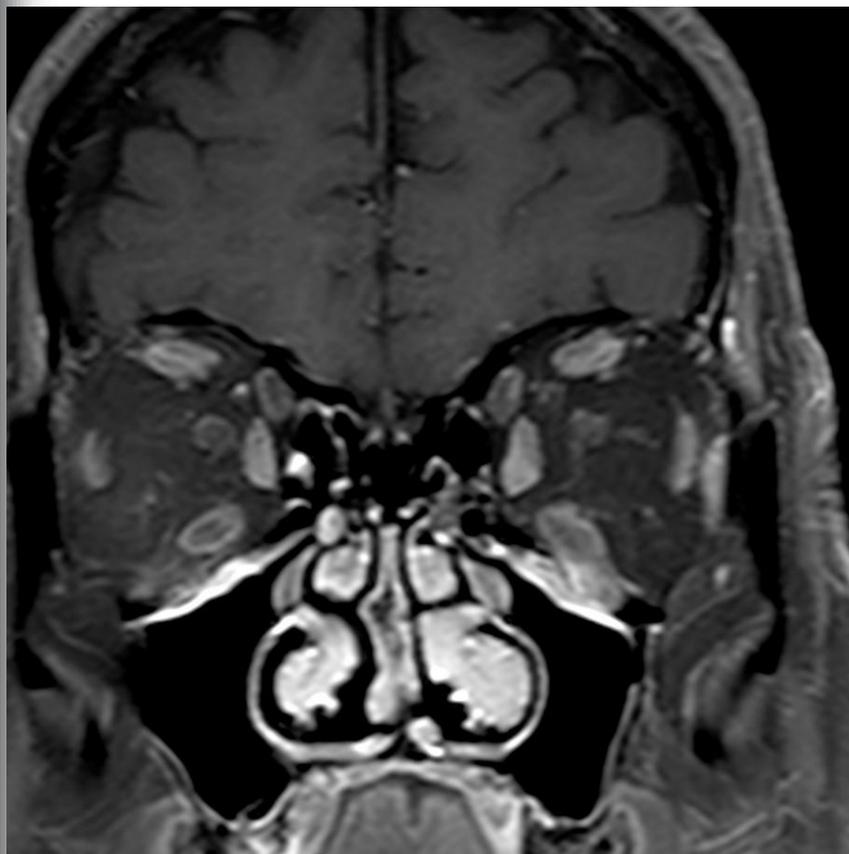


- Inflammation orbitaire





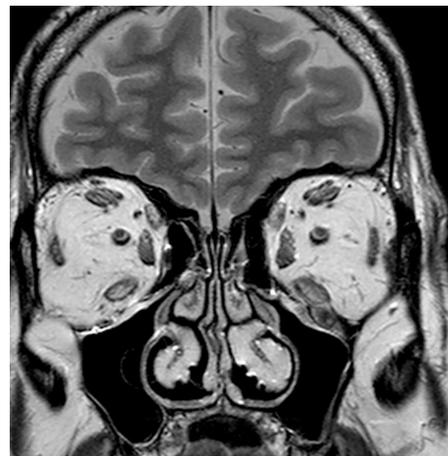
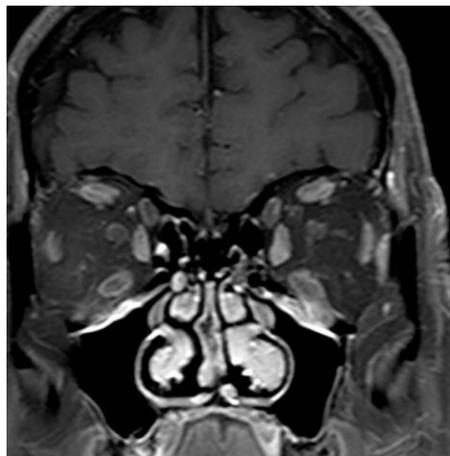
Cas clinique





Diagnostic (le plus probable) ?

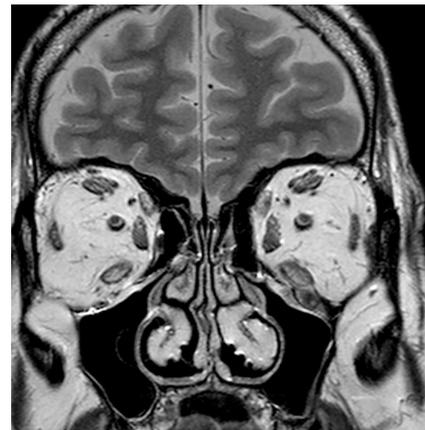
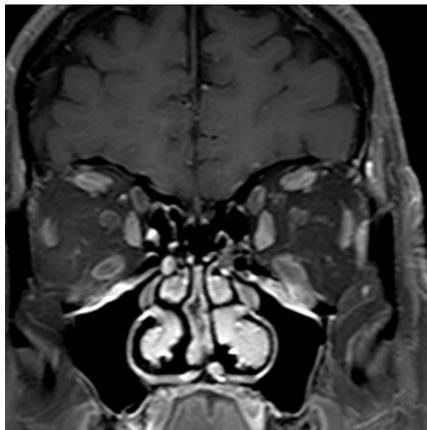
1. Orbitopathie basedowienne
2. Orbitopathie à IgG4
3. Orbiwanite à Kenobi
4. Orbitopathie lymphoïde bénigne
5. Orbitopathie à éosinophiles





Diagnostic (le plus probable) ?

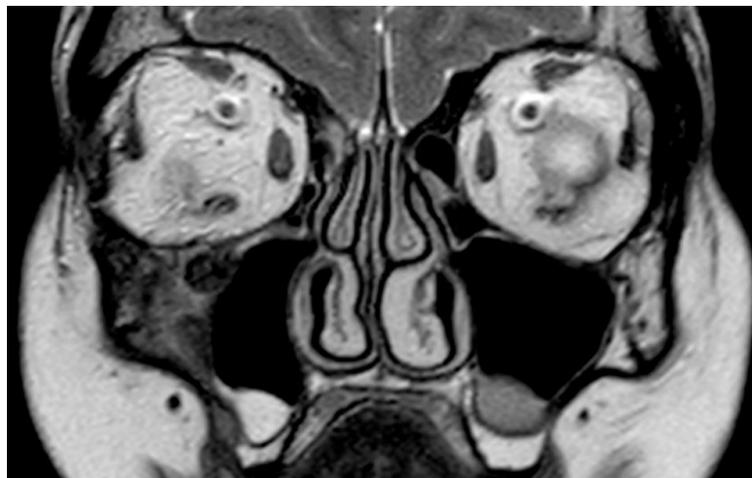
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Inflammation orbitaire IgG4 (IO-IgG4)

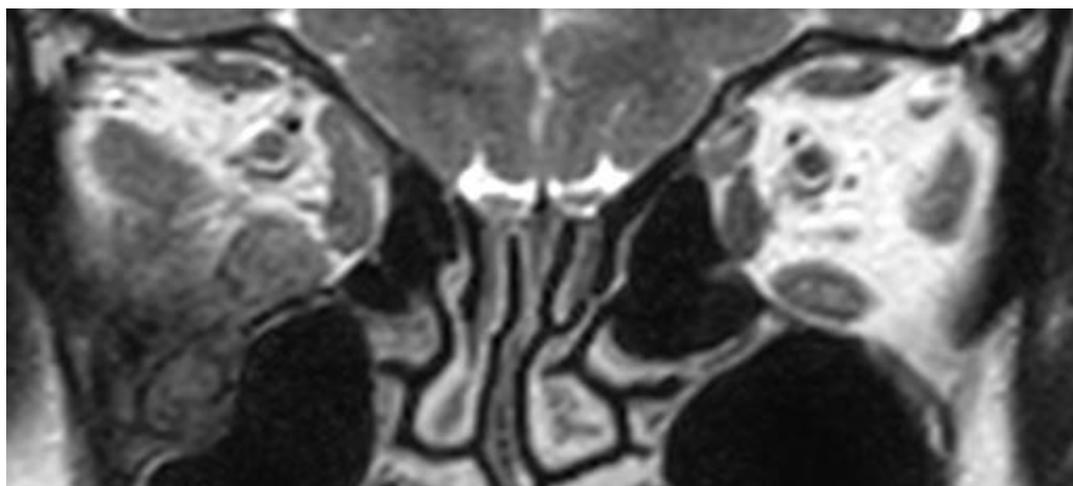
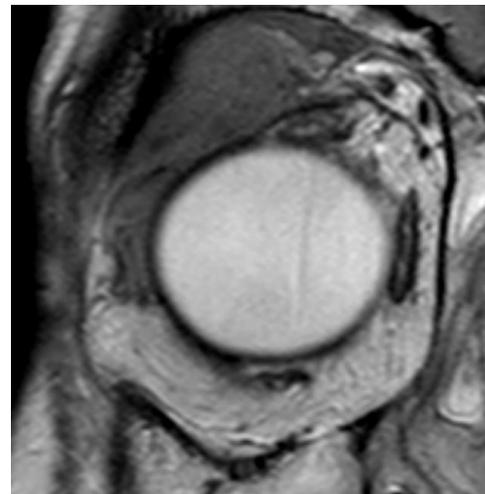
- 4-34% des IgG4
- 2nd site le plus fréquent de la région ORL
- 6%-40% des inflammations orbitaires “idiopathiques”





IO-IgG4

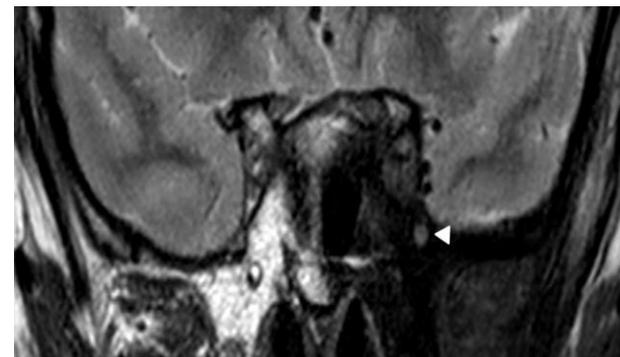
- Dacryoadénite
- Myosite
- Inflammation orbitaire
- Nerf trijumeau (ENIO)





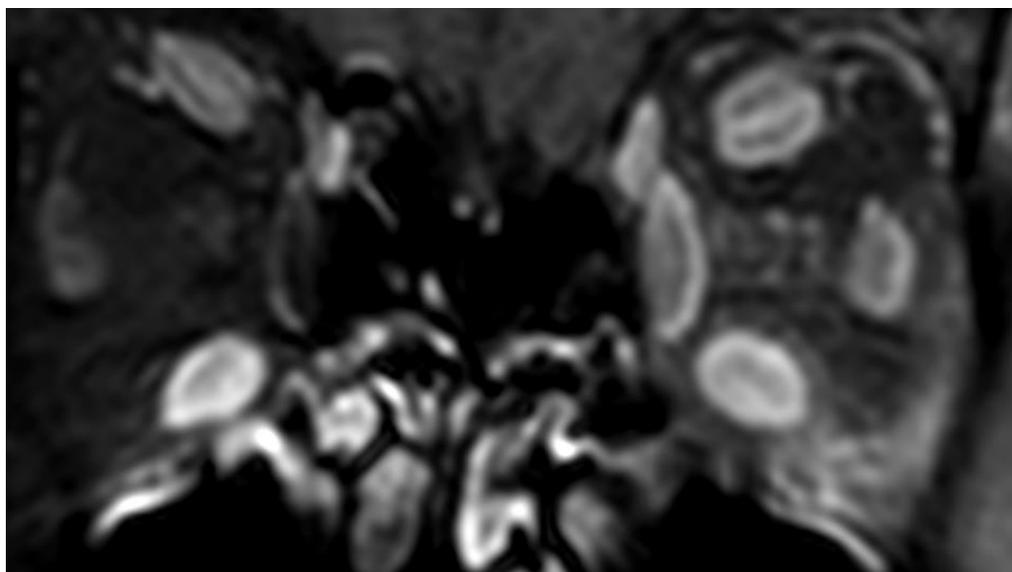
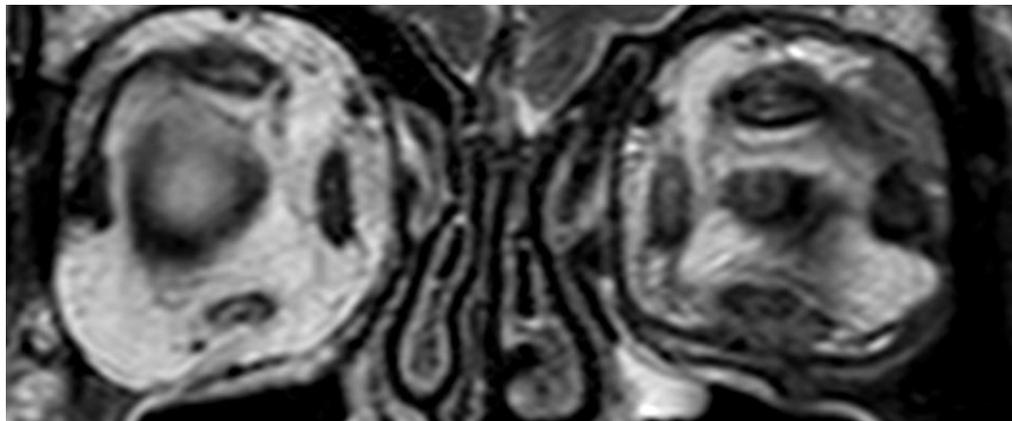
IO-IgG4

- Extension périneurale





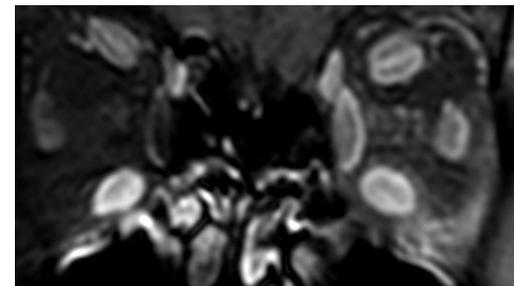
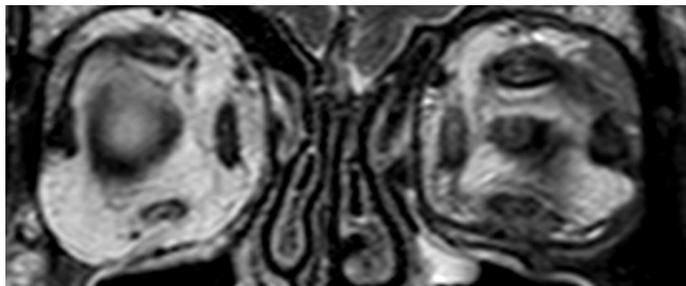
IgG4 ?





IgG4 ?

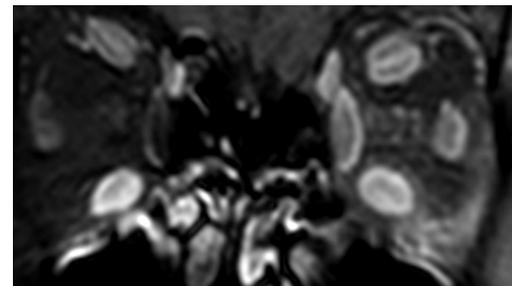
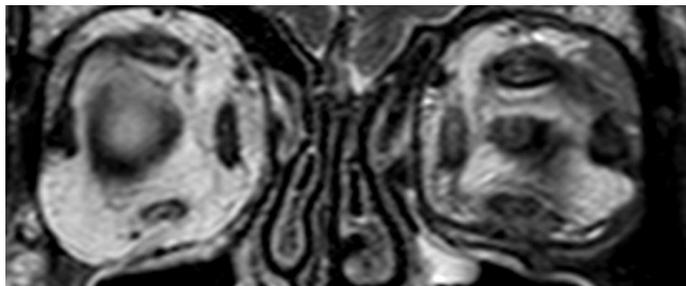
1. Grave (et trop le swag en plus)
2. Pourquoi il n'y a pas de réponse avec Obi-Wan Kenobi ?
3. C'est tout bougé, ça vient vraiment de la FOR cet examen ?
4. Mais pas du tout, mais alors pas du tout !
5. Non





IgG4 ?

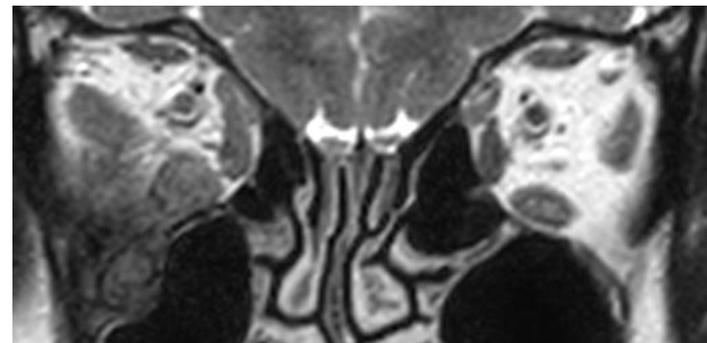
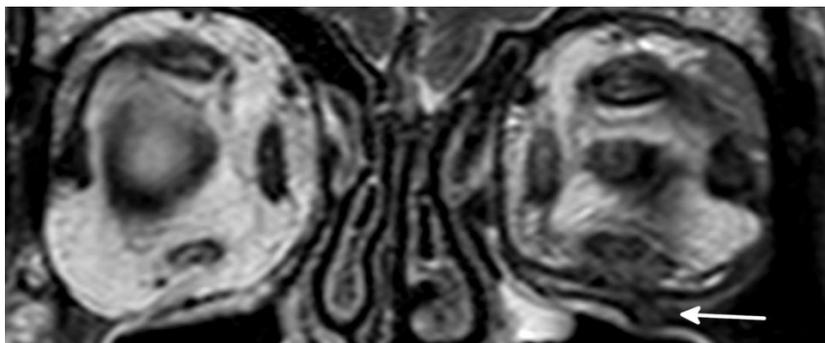
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5. **Non**



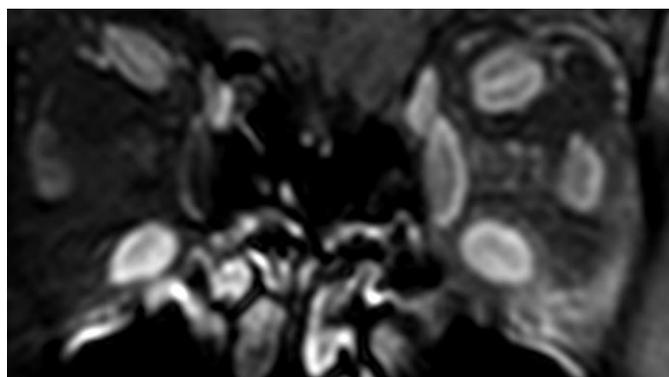


Sarcoïdose !

- ENIO modéré (plus petit que nerf optique)

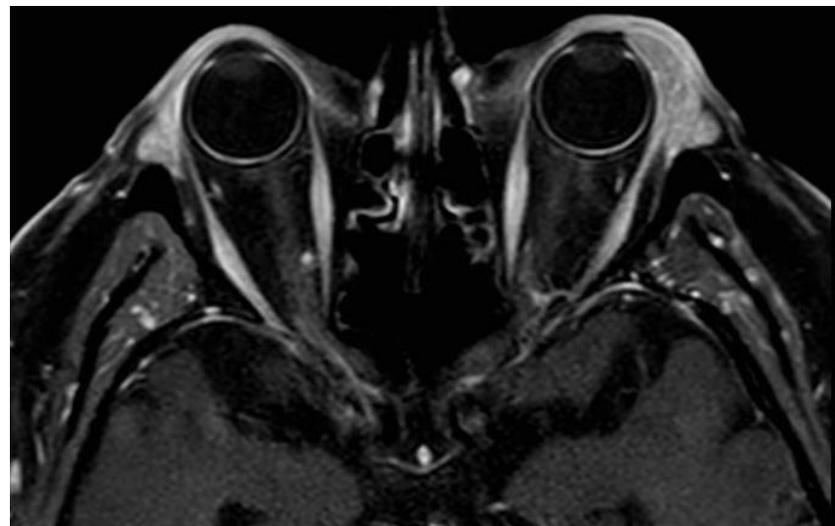
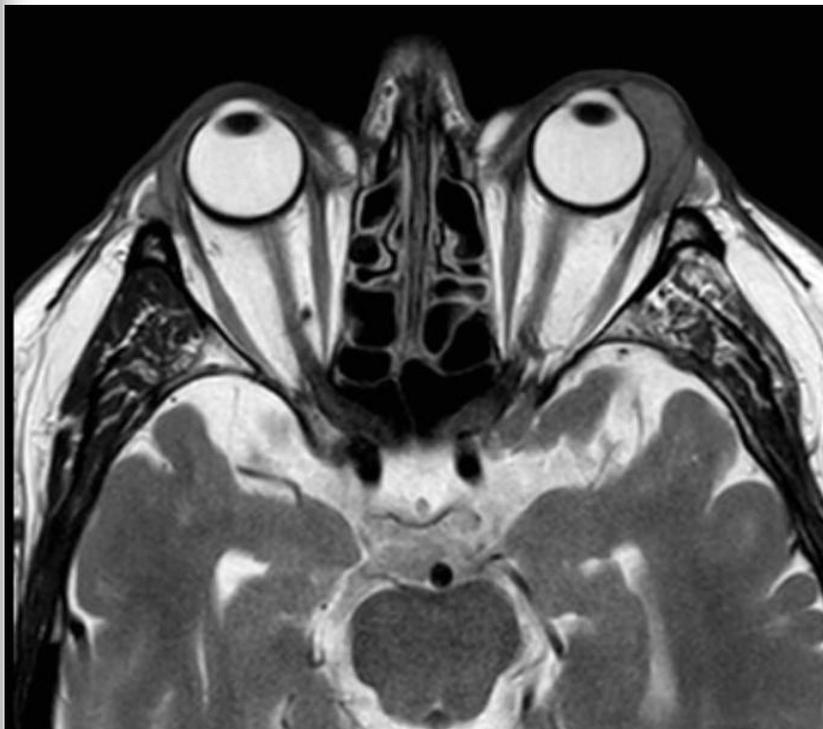


- PDC périphérique





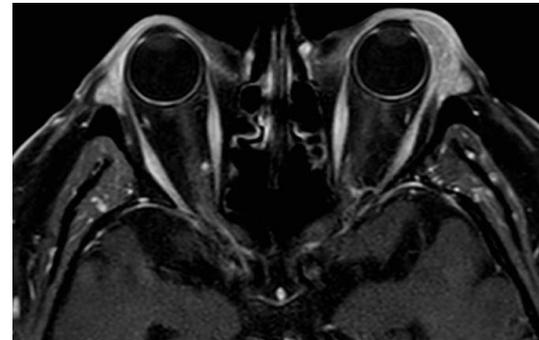
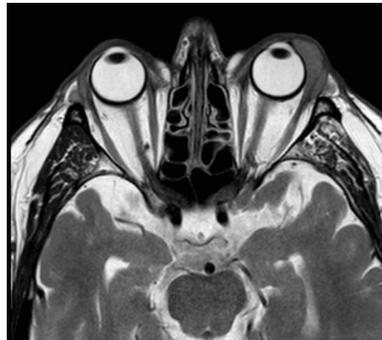
Cas clinique





Quelle séquence manque-t-il ?

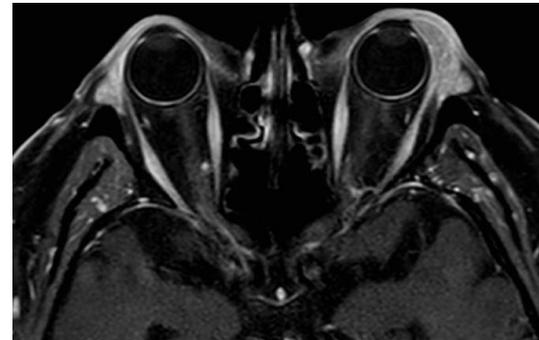
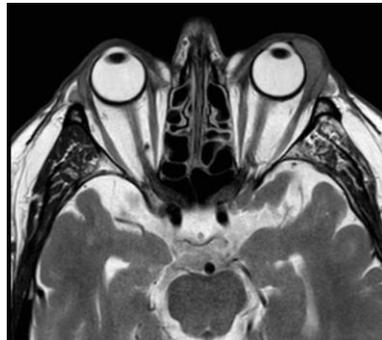
1. Diffusion
2. Perfusion T1
3. Coronal T2 (pour voir le nerf infra orbitaire, je vais plus me faire avoir par un IgG4 maintenant !)
4. Coronal Kenobi (millimétrique jointif)
5. Tractographie





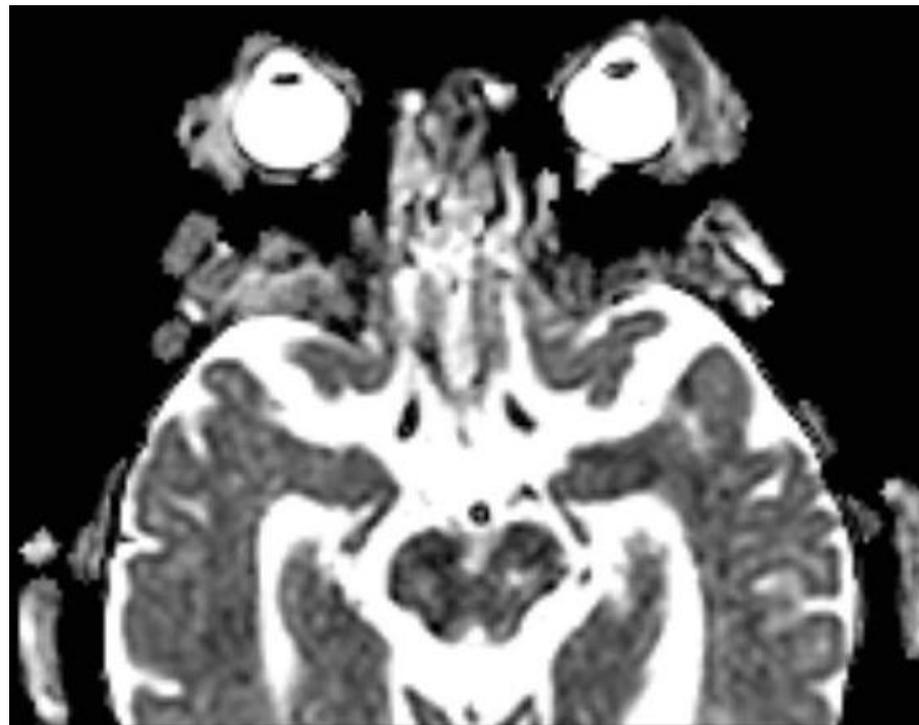
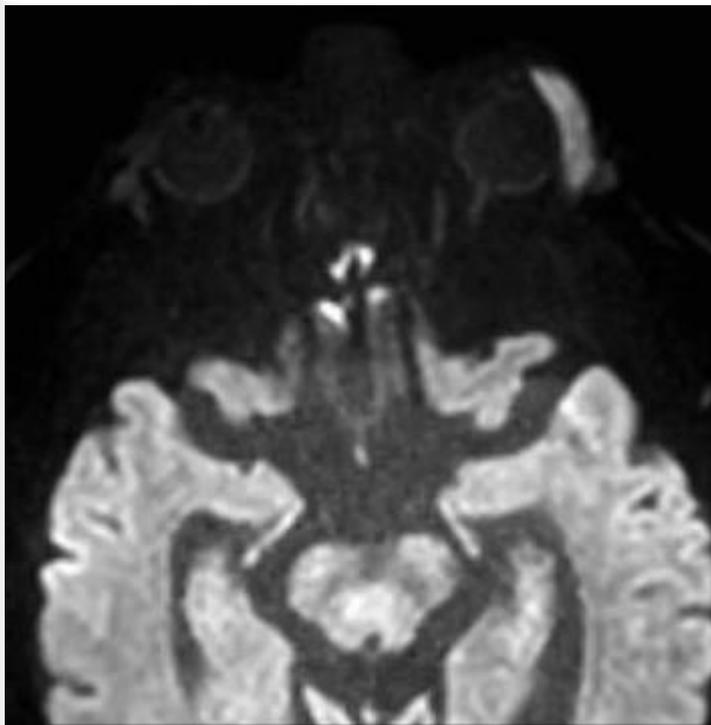
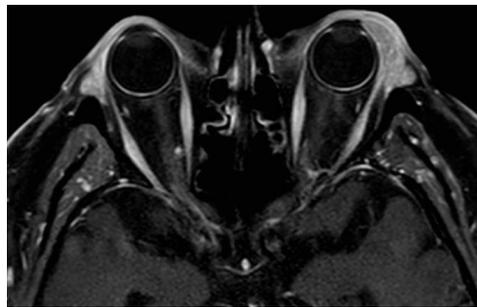
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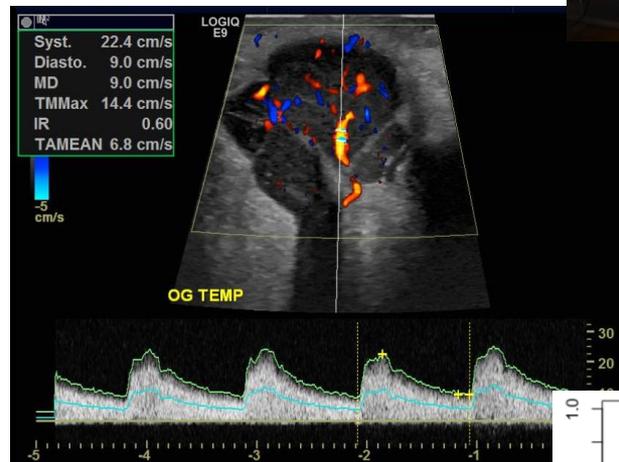
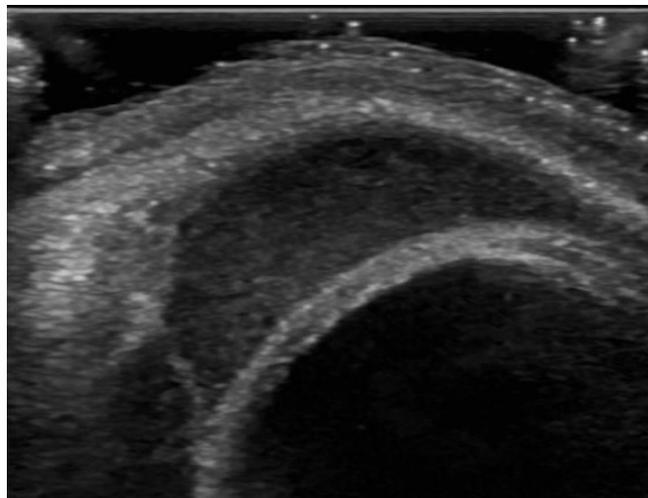


Lymphome !

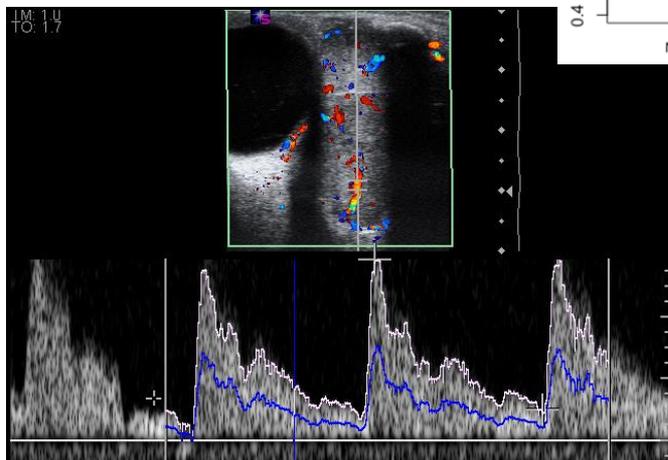
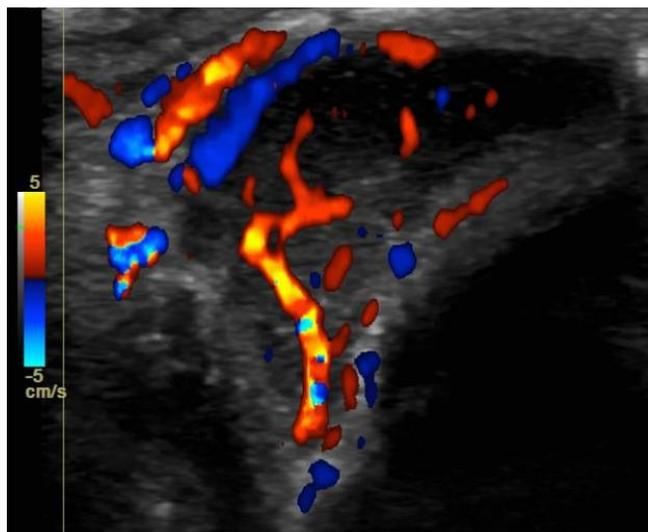
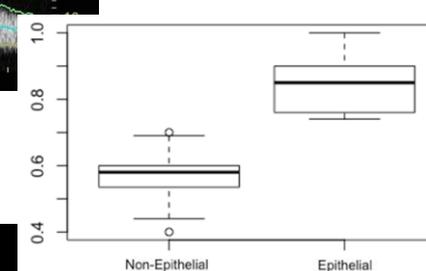




Echographie



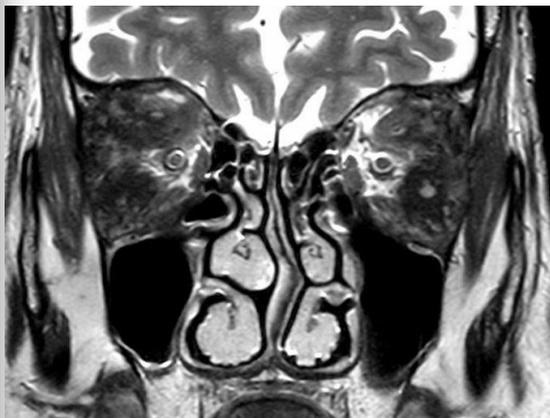
IR 0.6



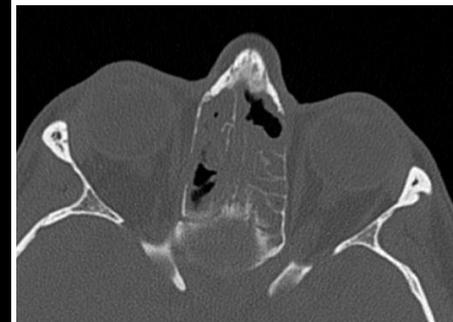


Inflammations orbitaires SPECIFIQUES !

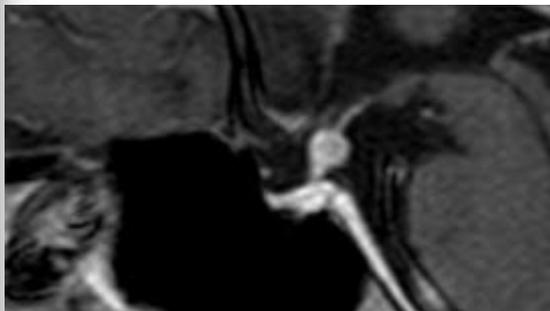
- Granulomatose



- GPA



- Sarcoidose



- Rosai Dorfman



Elements clés

- Inflammations orbitaires spécifiques :
 - Nerf infra orbitaire +++
 - Tige pituitaire, sinus, noyaux dentelés, méninges
- Attention au lymphome !
 - Diffusion

