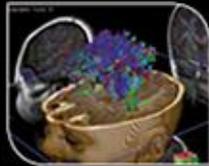
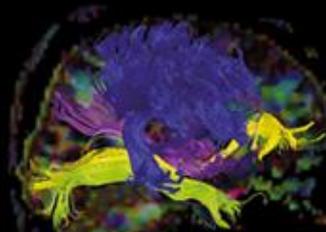


43^{ème} CONGRÈS ANNUEL de la



SFR
SOCIÉTÉ FRANÇAISE
DE NEURORADIOLOGIE



Du **30 mars** au
1^{er} avril 2016

Novotel Paris Tour Eiffel



CAS CLINIQUES JUNIORS

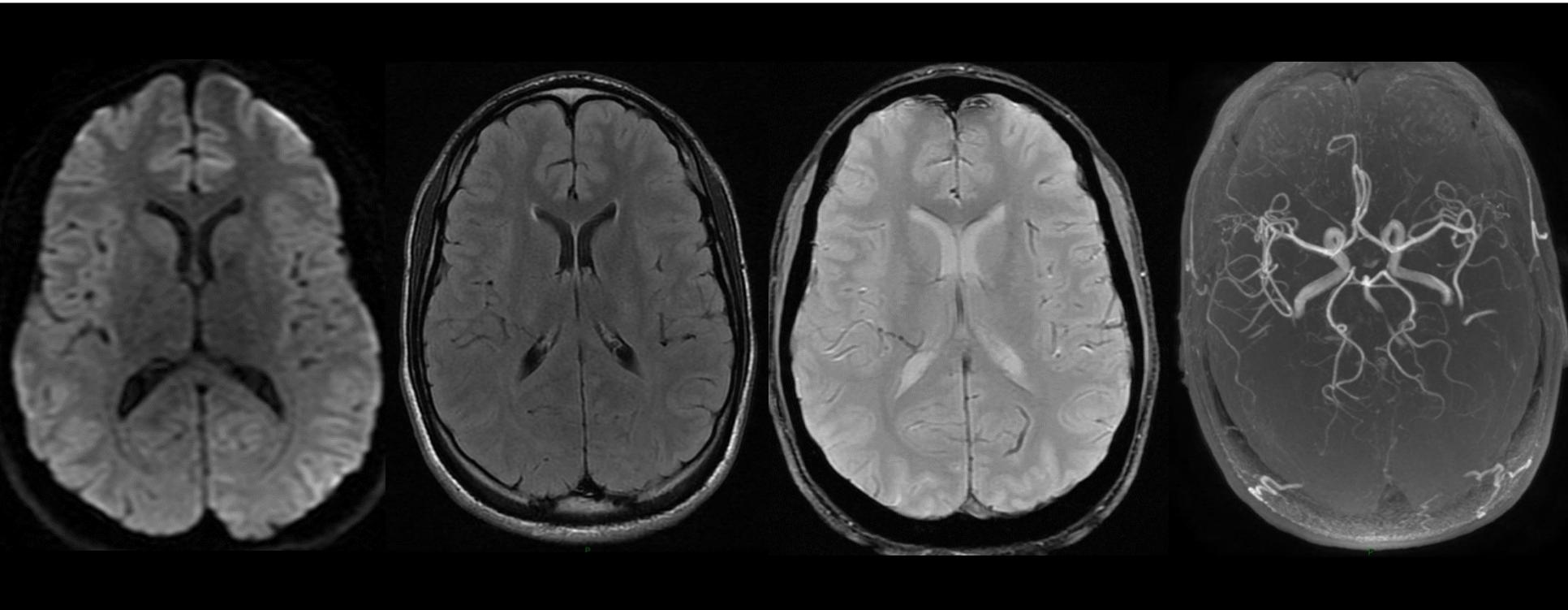
Mathieu Schertz , Didier Dormont, Bruno Law-Ye

Hôpital Pitié Salpêtrière, Paris
Université Pierre et Marie Curie



ASSISTANCE
PUBLIQUE  HÔPITAUX
DE PARIS

Cas 1 : Femme 21 ans déficit hémicorps droit (2h30)



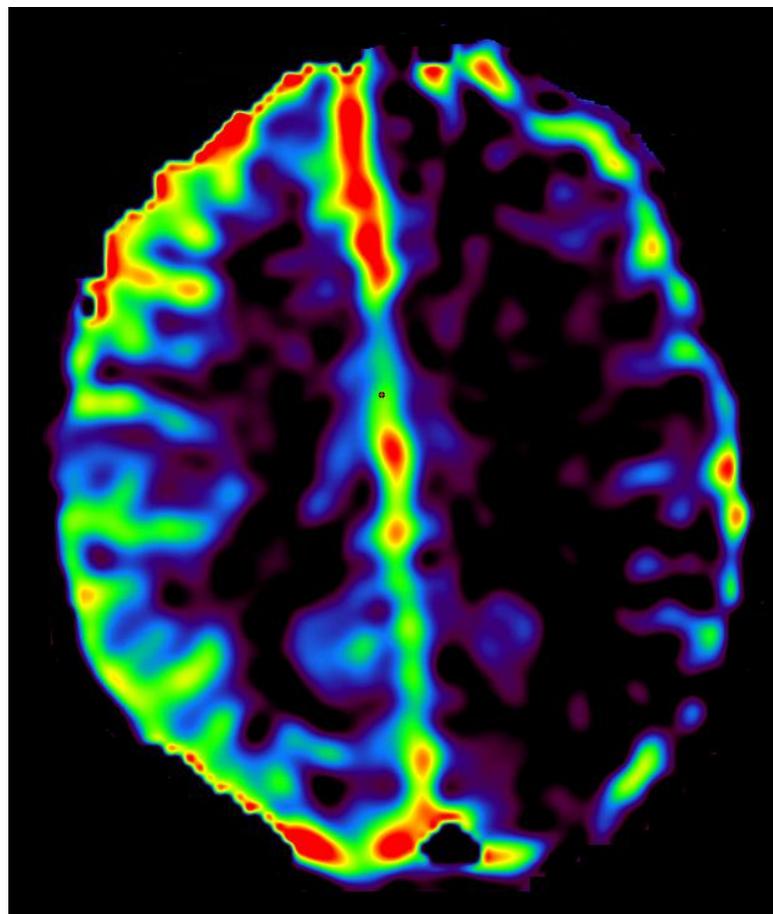
Par quoi complétez-vous le bilan?

- A. TDM IV-
- B. TDM IV+
- C. IRM séquence ASL
- D. IRM séquence Diffusion B2000
- E. Avis psychiatrique

Par quoi complétez-vous le bilan?

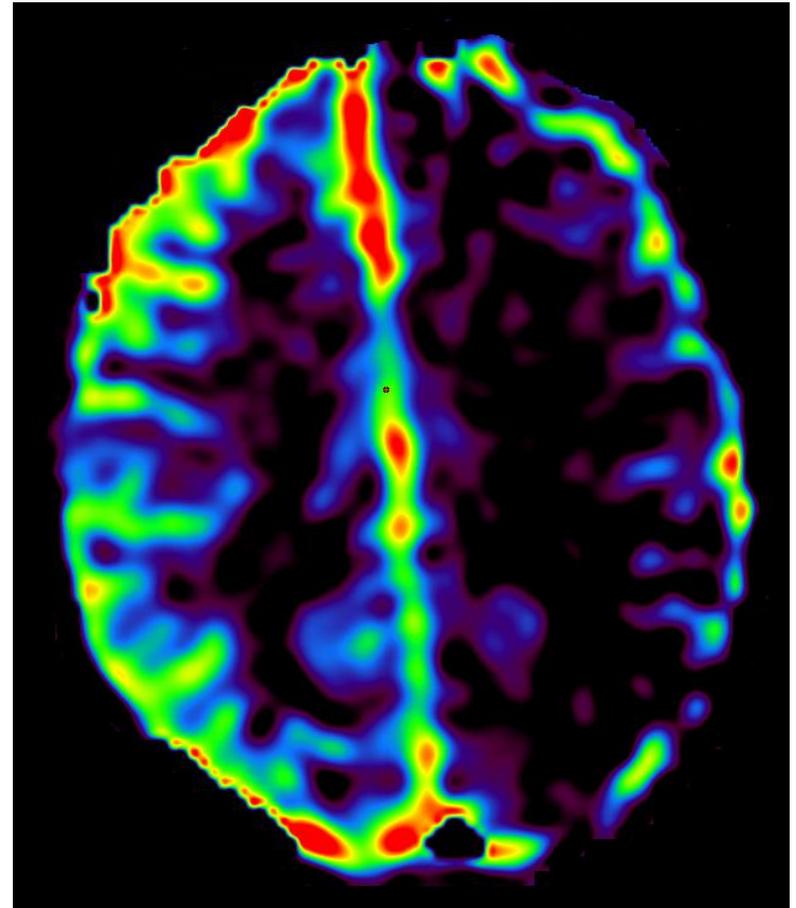
- A. TDM IV-
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- E. Avis psychiatrique

IRM séquence ASL

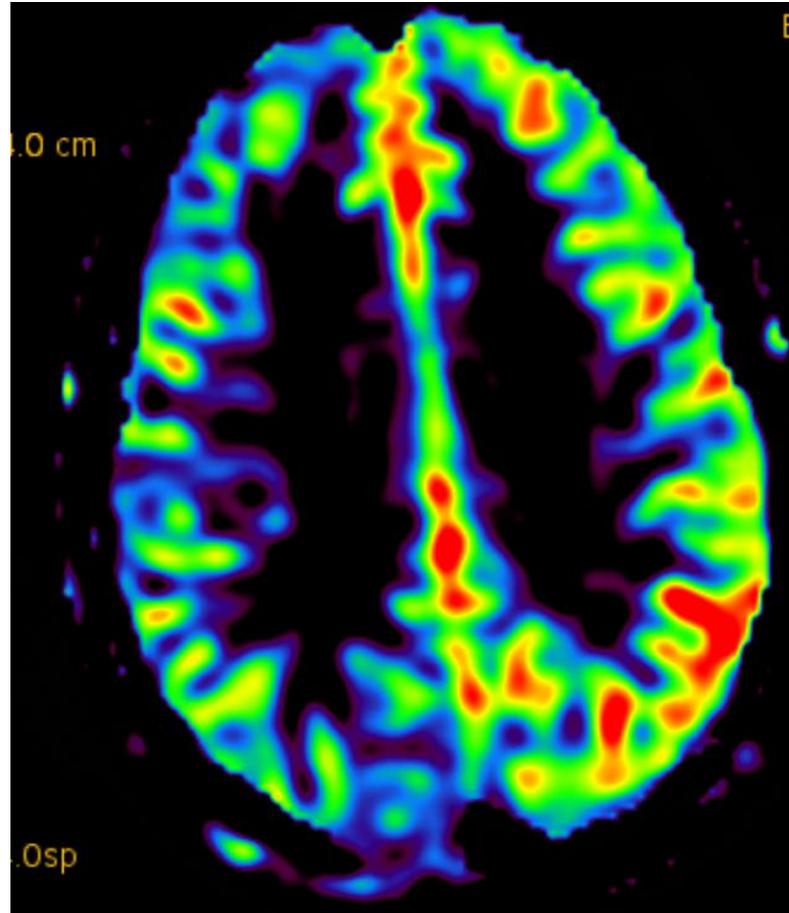


Diagnostic?

- A. Aura migraineuse
- B. Epilepsie
- C. AIT
- D. AVC constitué
- E. Hypoglycémie

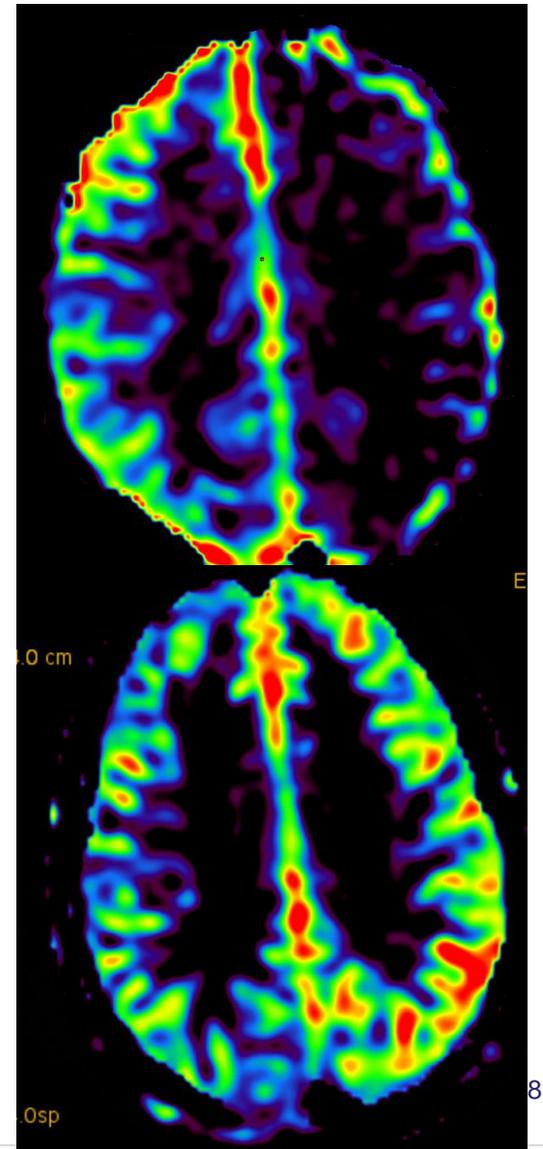


24H plus tard céphalées héli crâniennes gauche



Diagnostic?

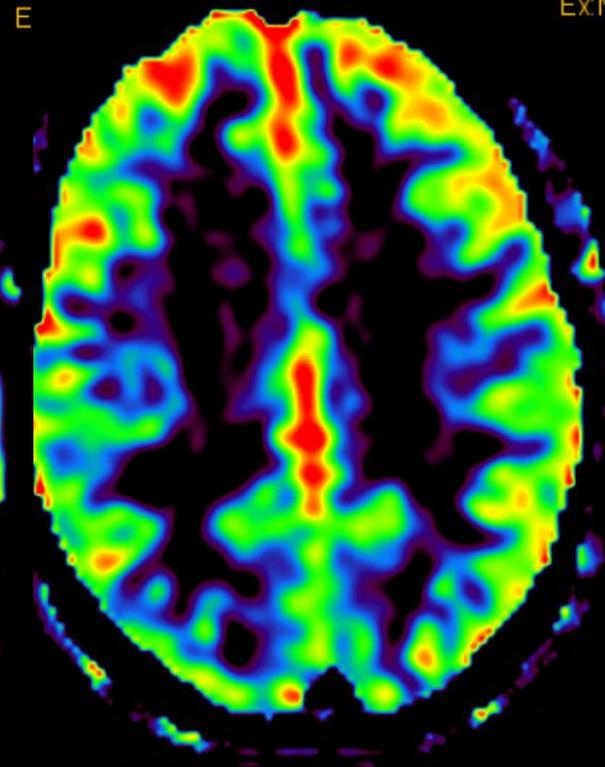
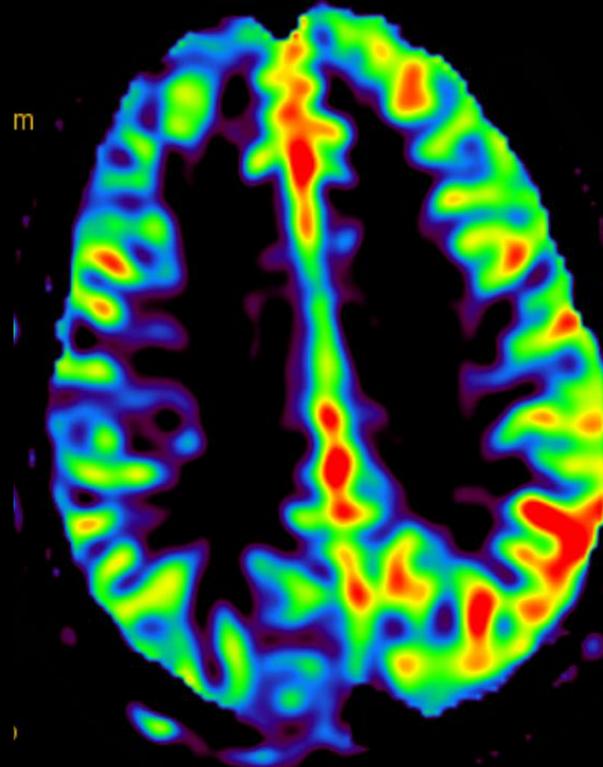
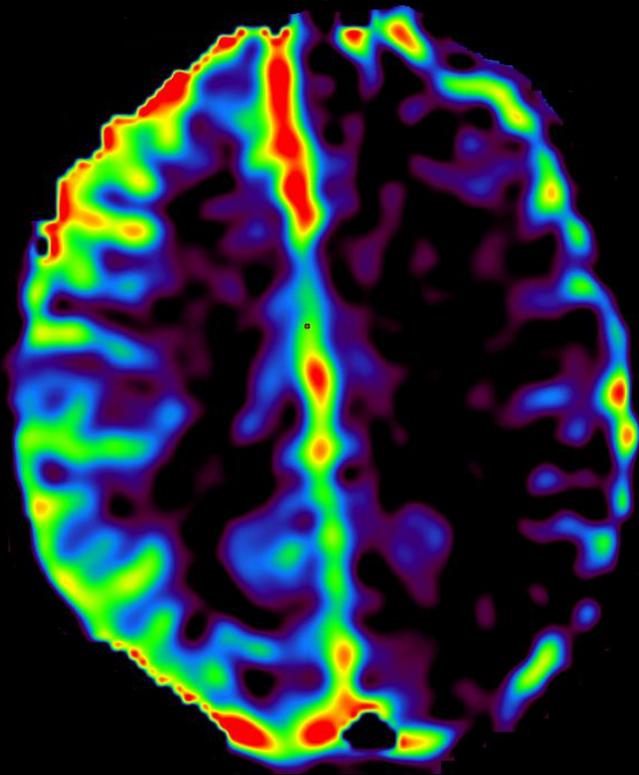
- A. Aura migraineuse
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- E. Hypoglycémie



Aura
Vasoconstriction

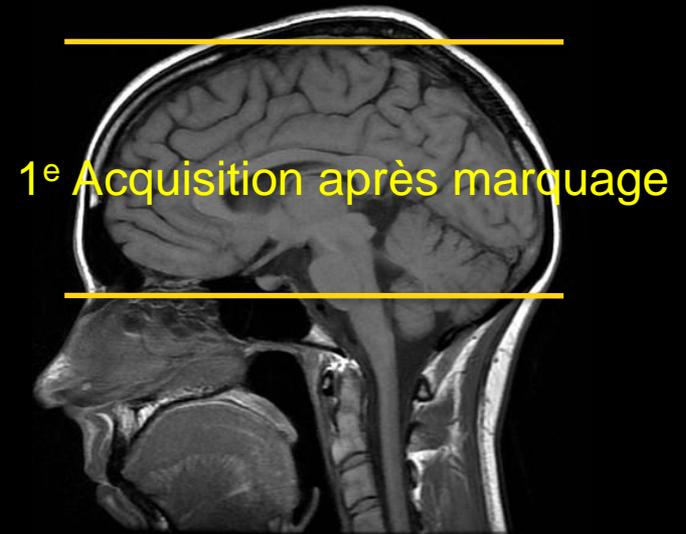
Migraine
Vasodilatation

Contrôle
J5

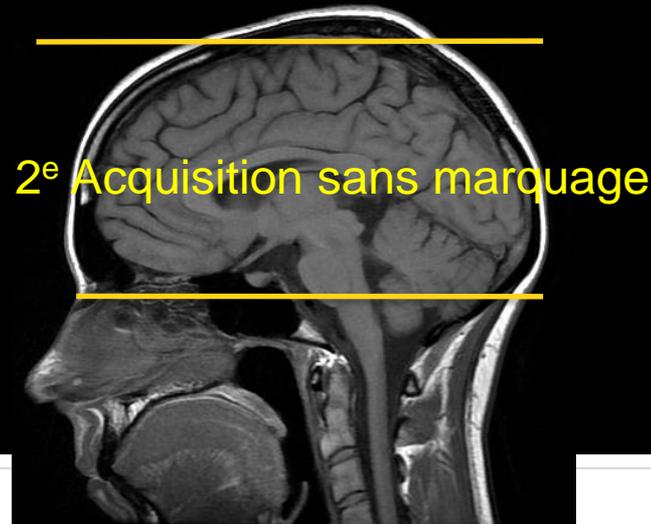




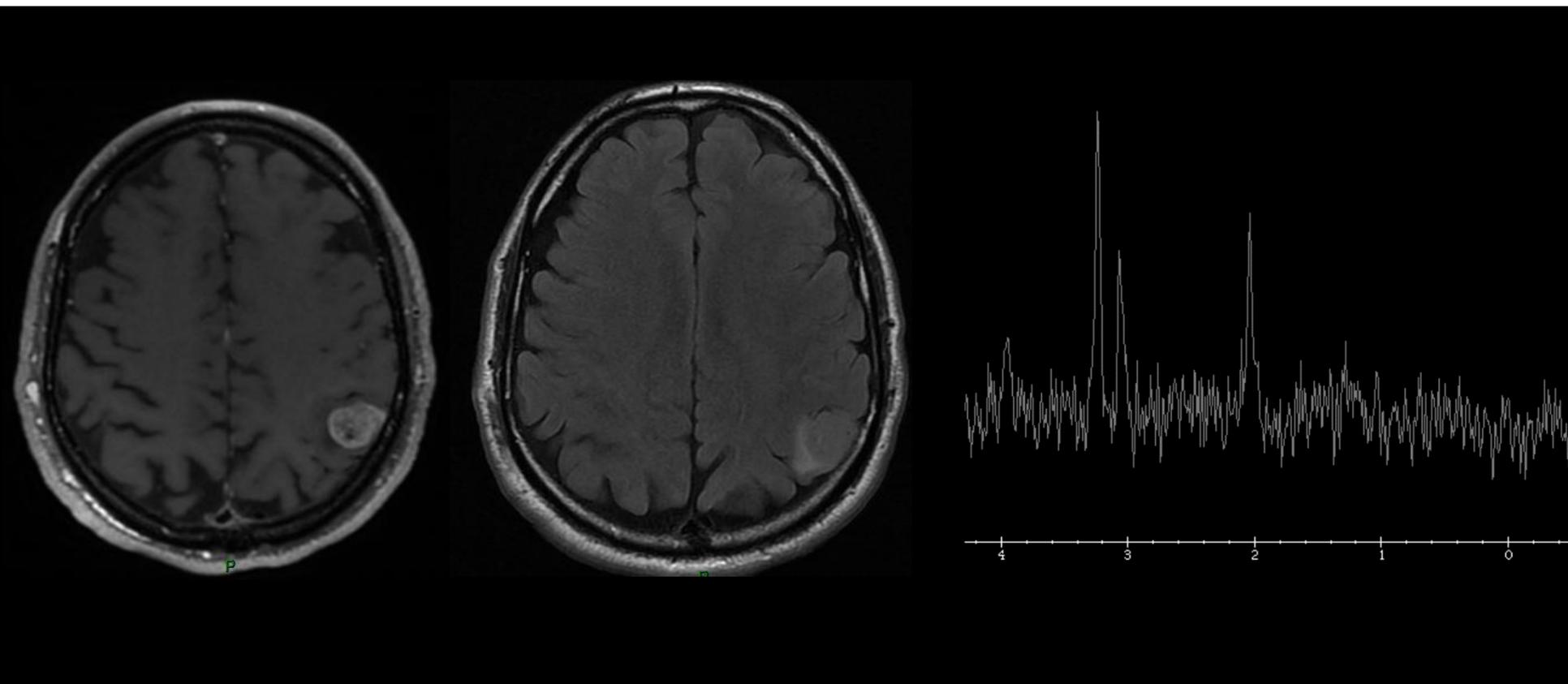
Post label
delay

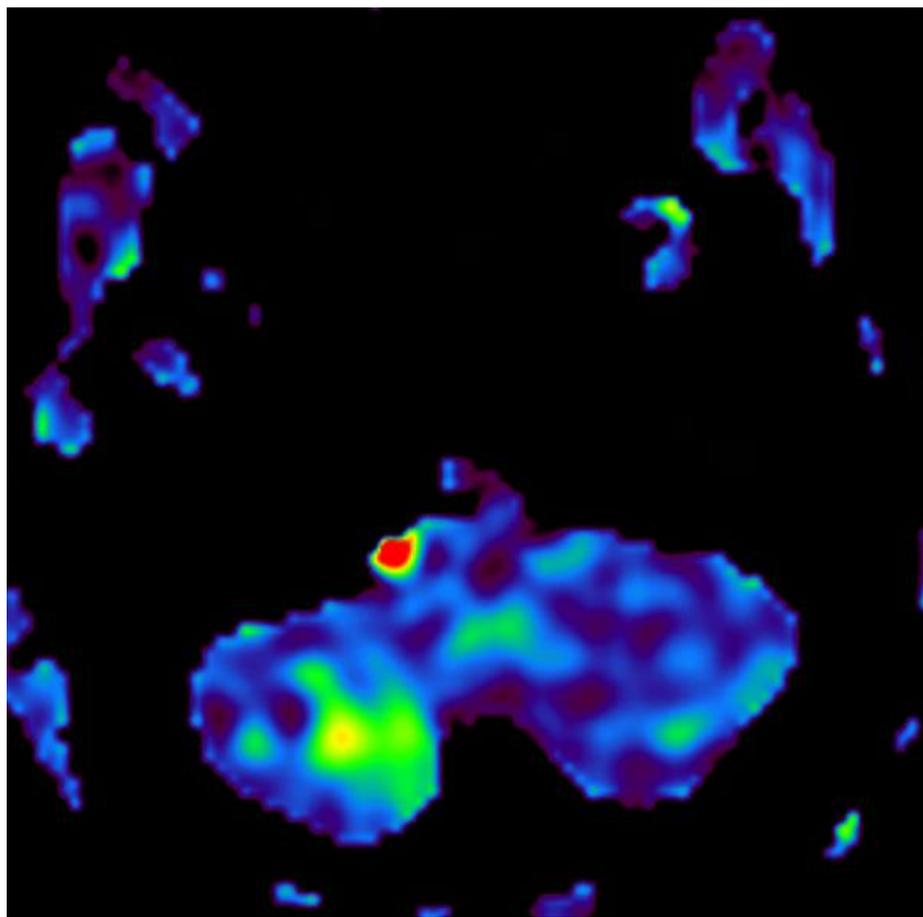
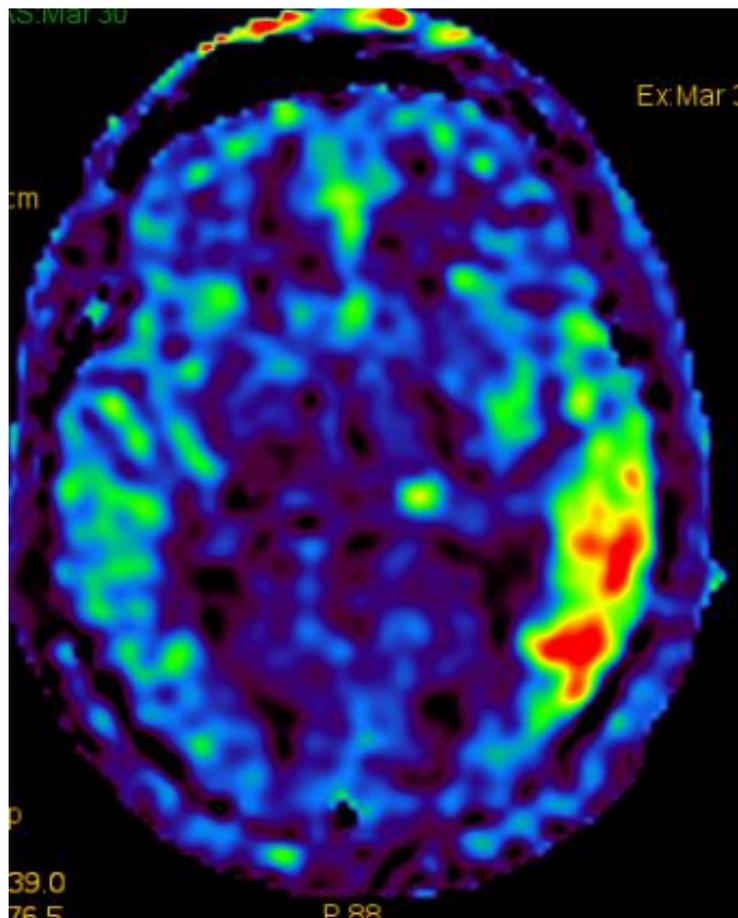


Répétition d'une seconde acquisition du volume d'intérêt sans marquage



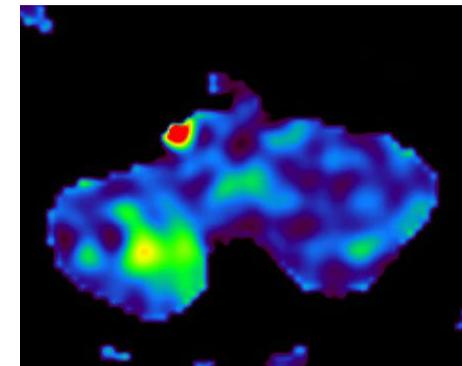
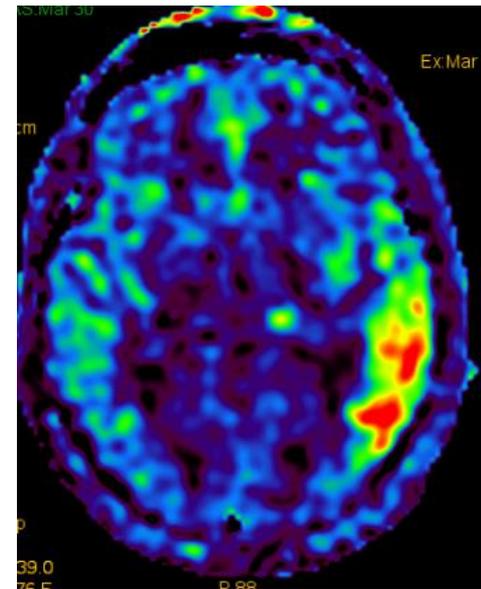
Cas 2. Femme de 67 ans





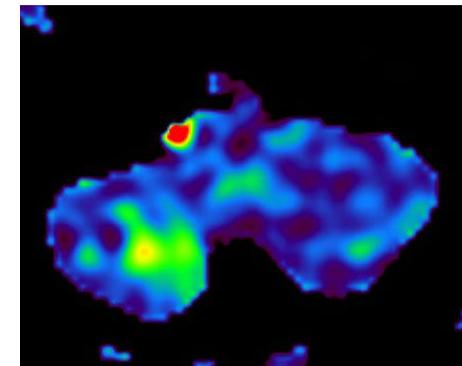
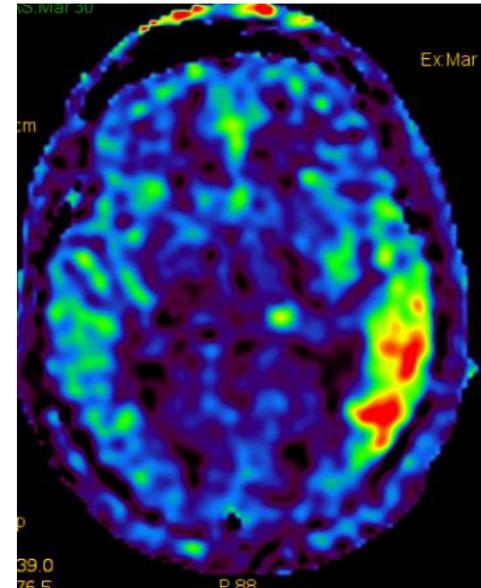
Quelle est l'affirmation fautive?

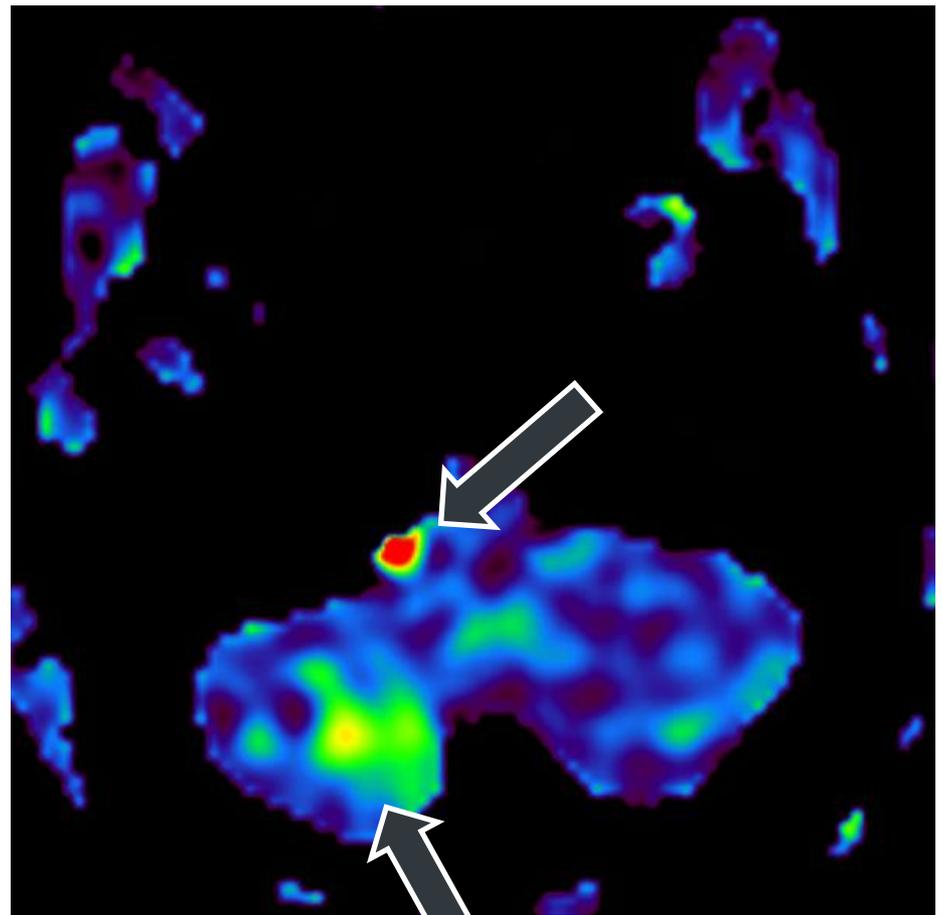
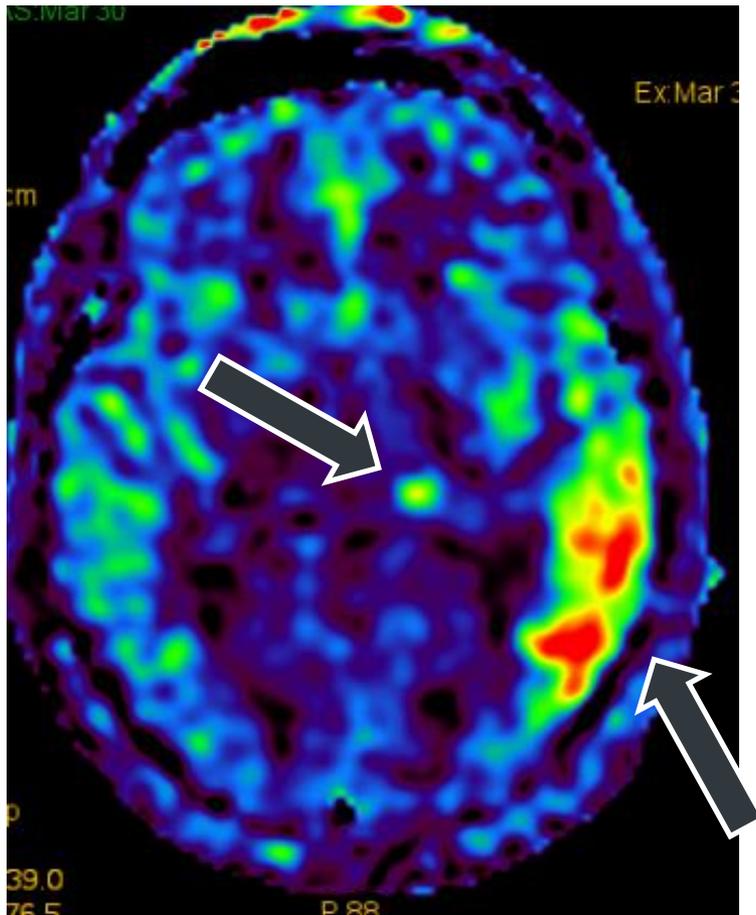
- A. Hypoperfusion bifrontale
- B. Artefact de transit artériel vertébral droit
- C. Diaschisis perfusionnel
- D. Foyer épileptogène
- E. Hyper perfusion du pulvinar

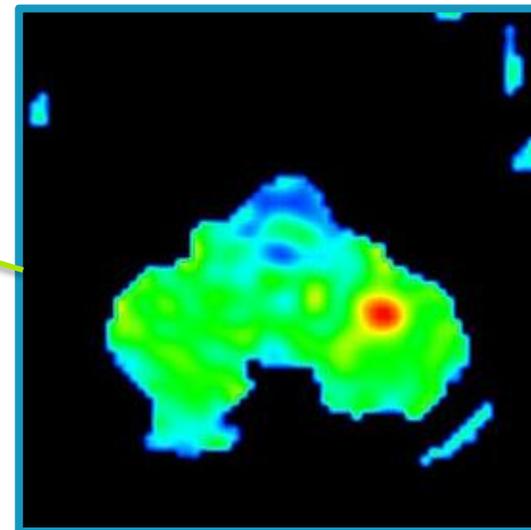
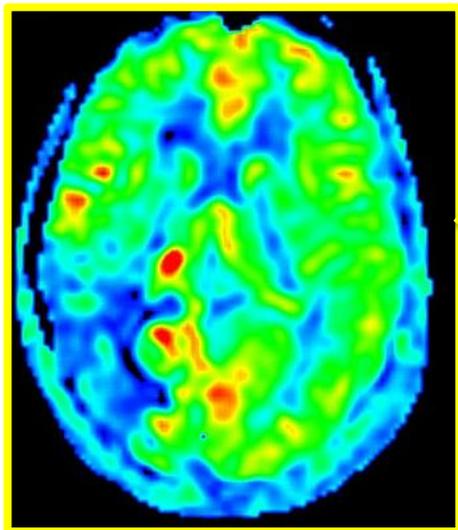
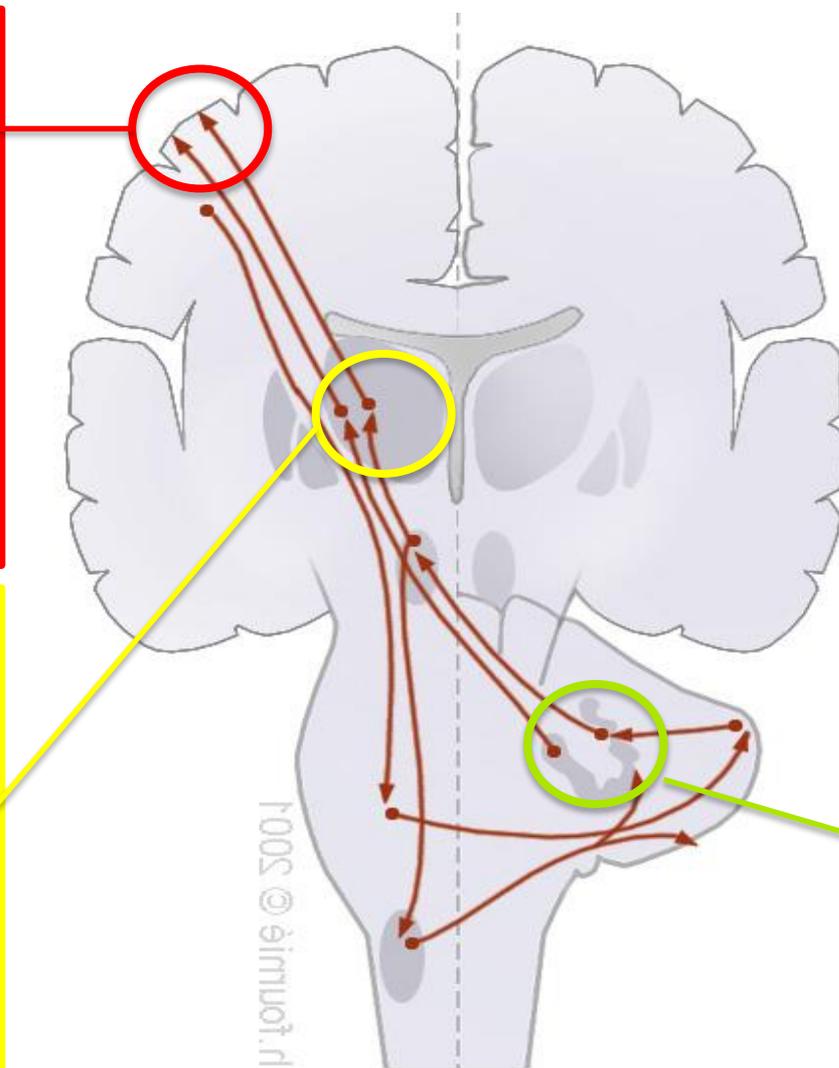
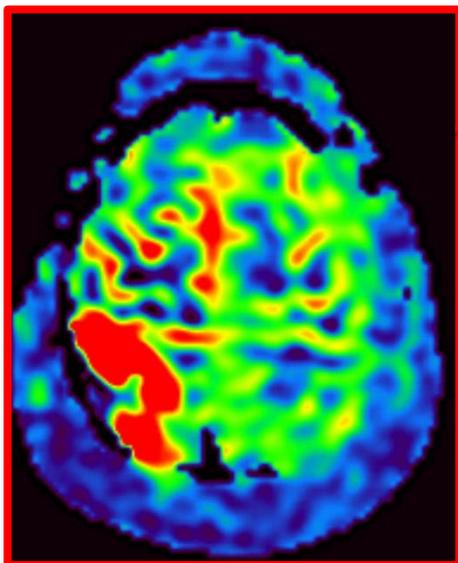


Quelle est l'affirmation fautive?

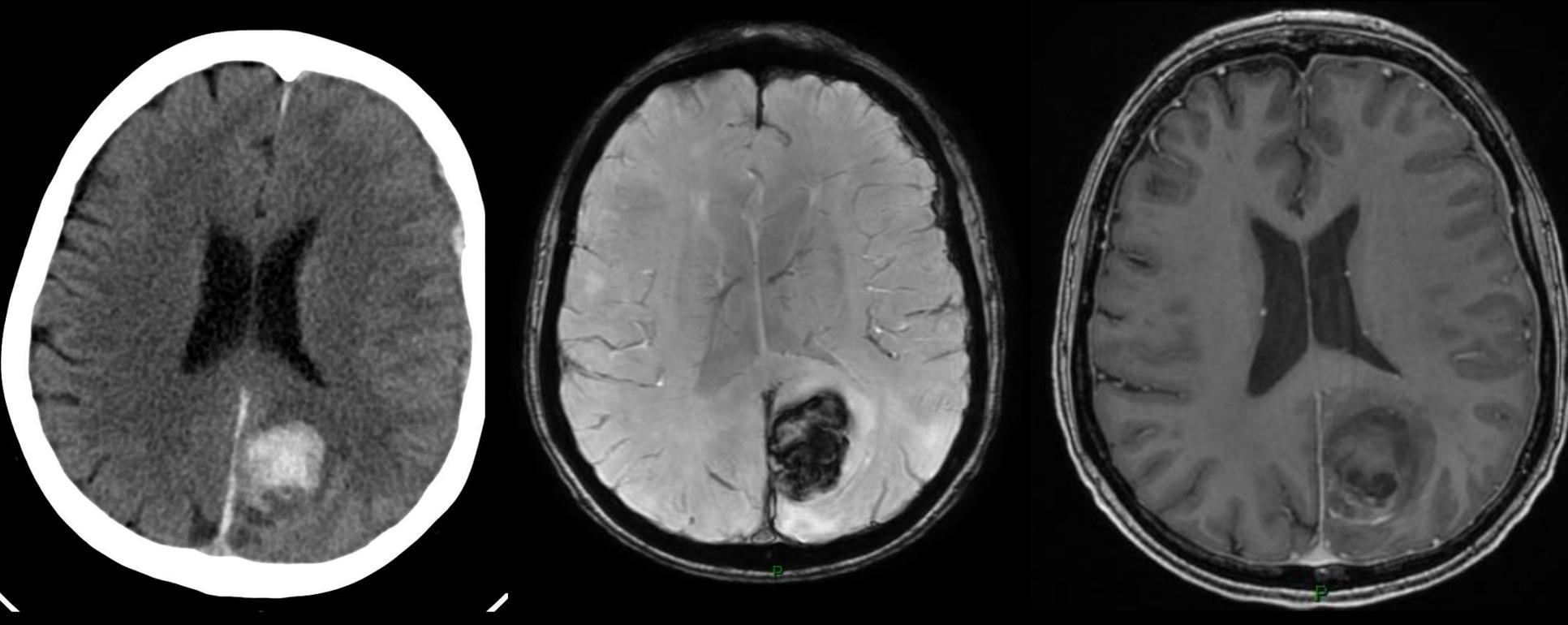
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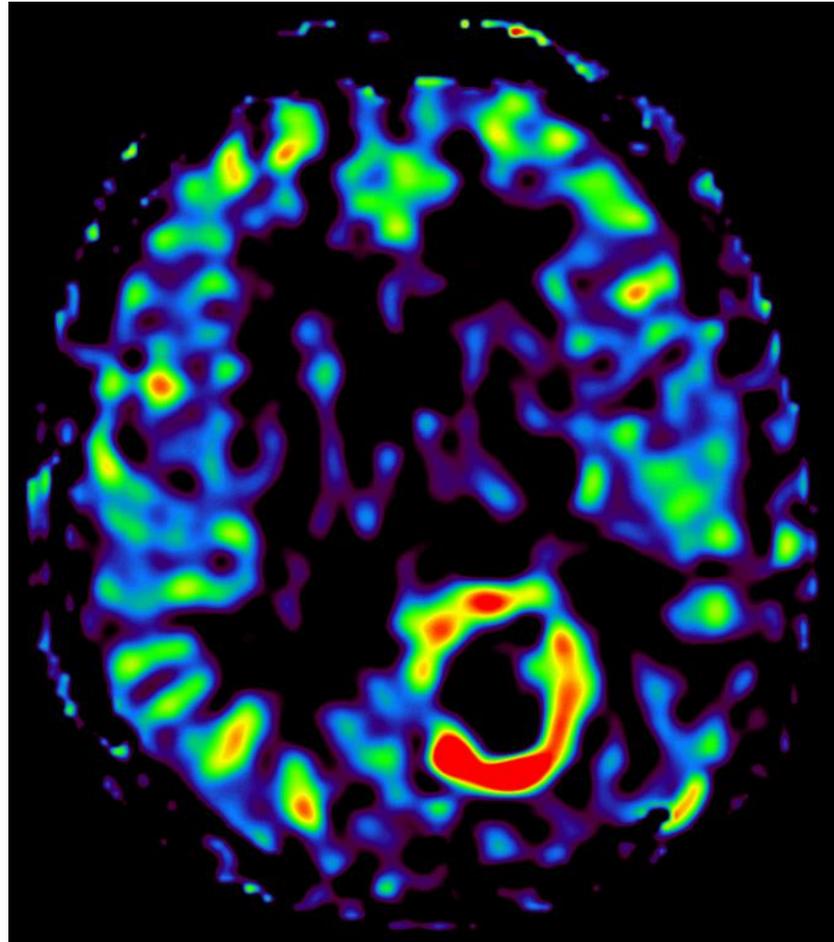






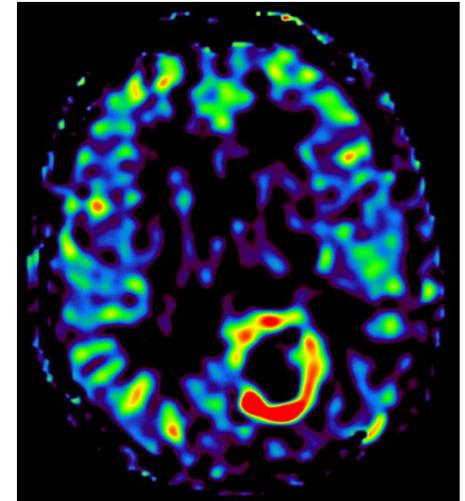
Cas 3. Femme 66 ans





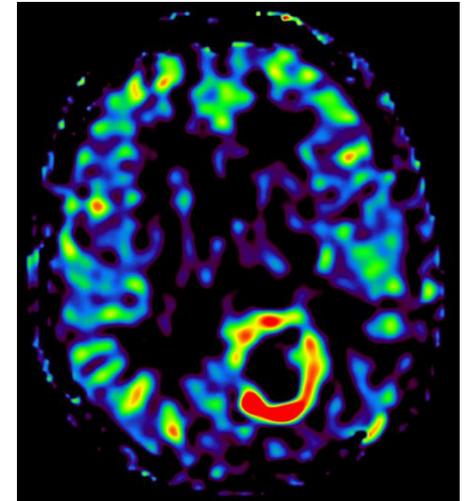
A quoi correspond l'hyperperfusion?

- A. Foyer épileptogène
- B. Artefact de susceptibilité magnétique
- C. Néo angiogenèse tumorale
- D. Rupture de barrière hématoencéphalique
- E. Artefact de transit artériel (ATA) de MAV



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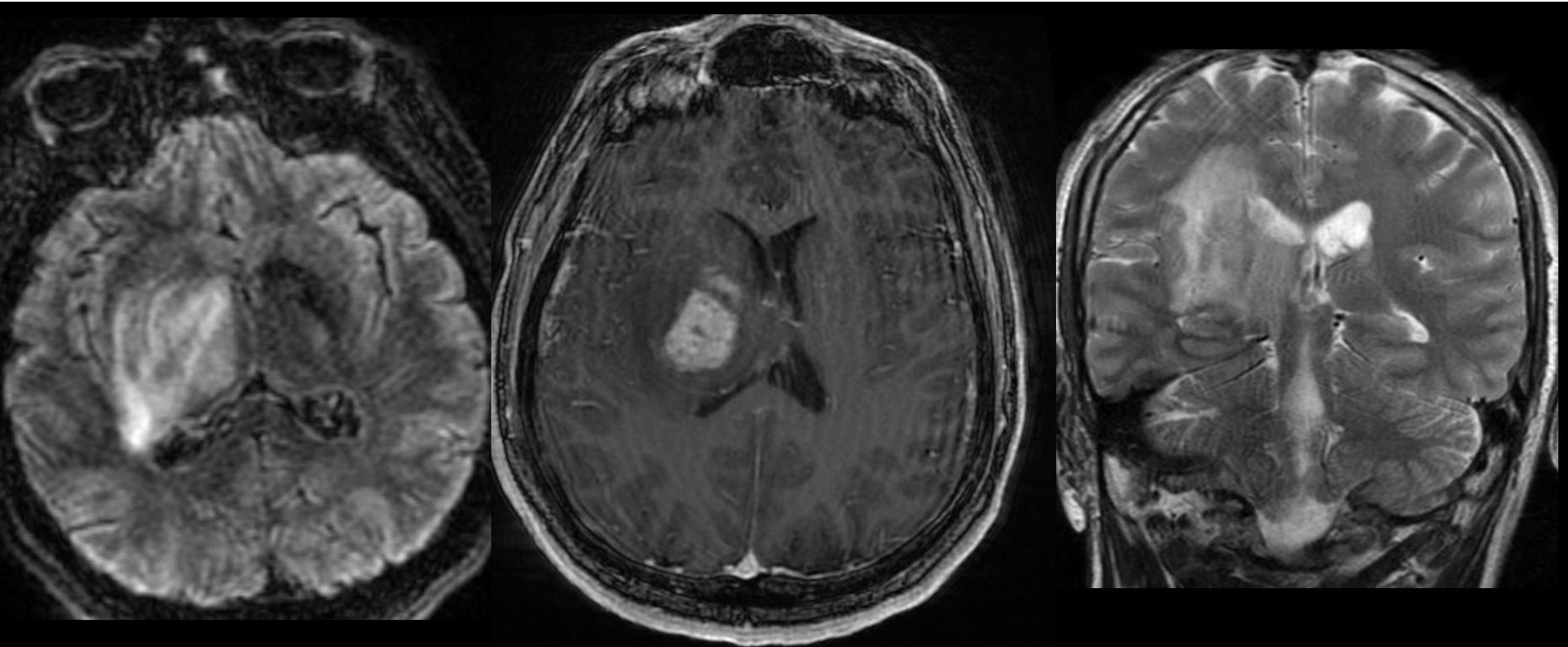
■ LESIONS HYPERPERFUSEES

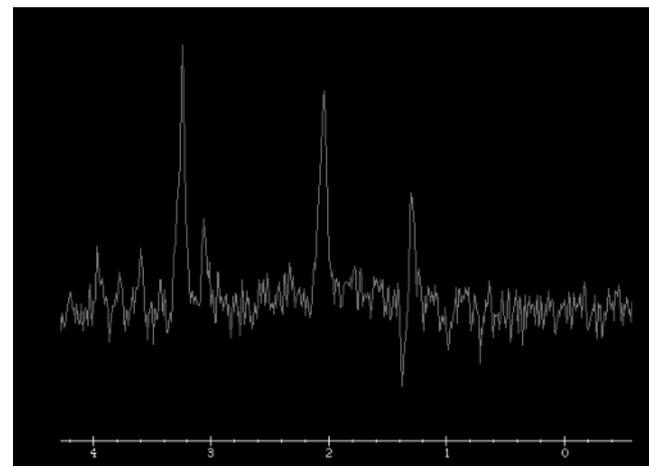
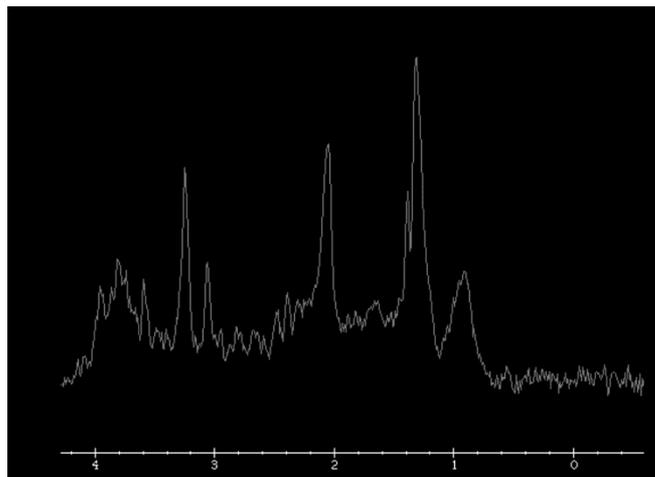
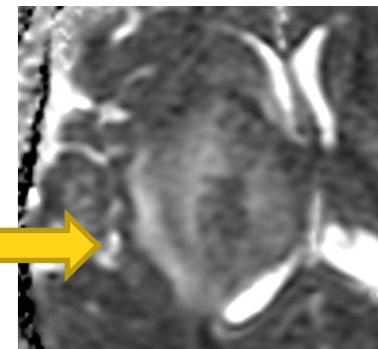
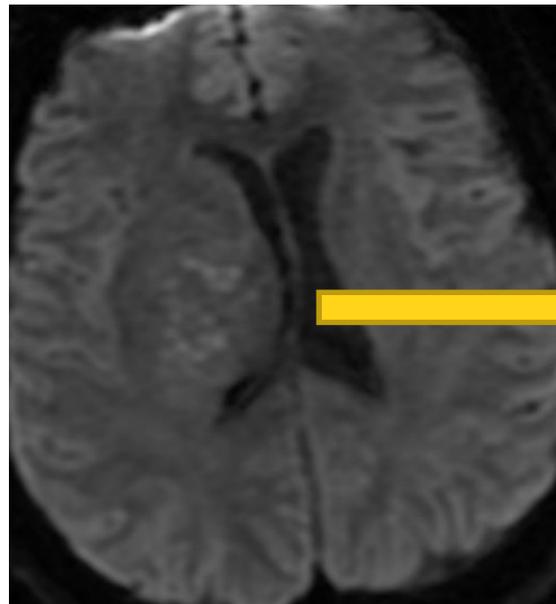
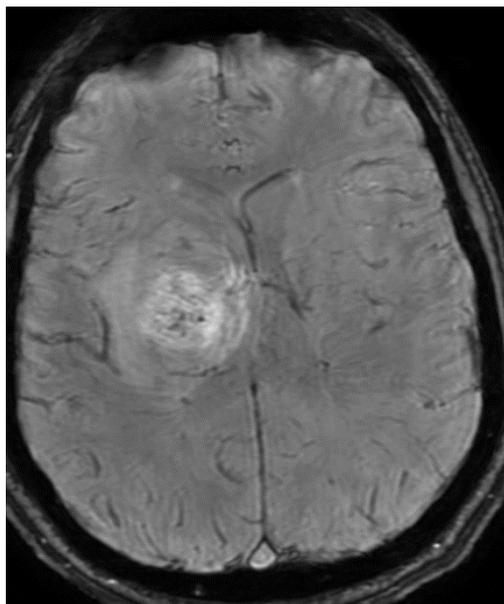
- ▶ GBM, Gliomes anaplasiques
- ▶ Méningiome
- ▶ Métastases
- ▶ Hémangioblastome

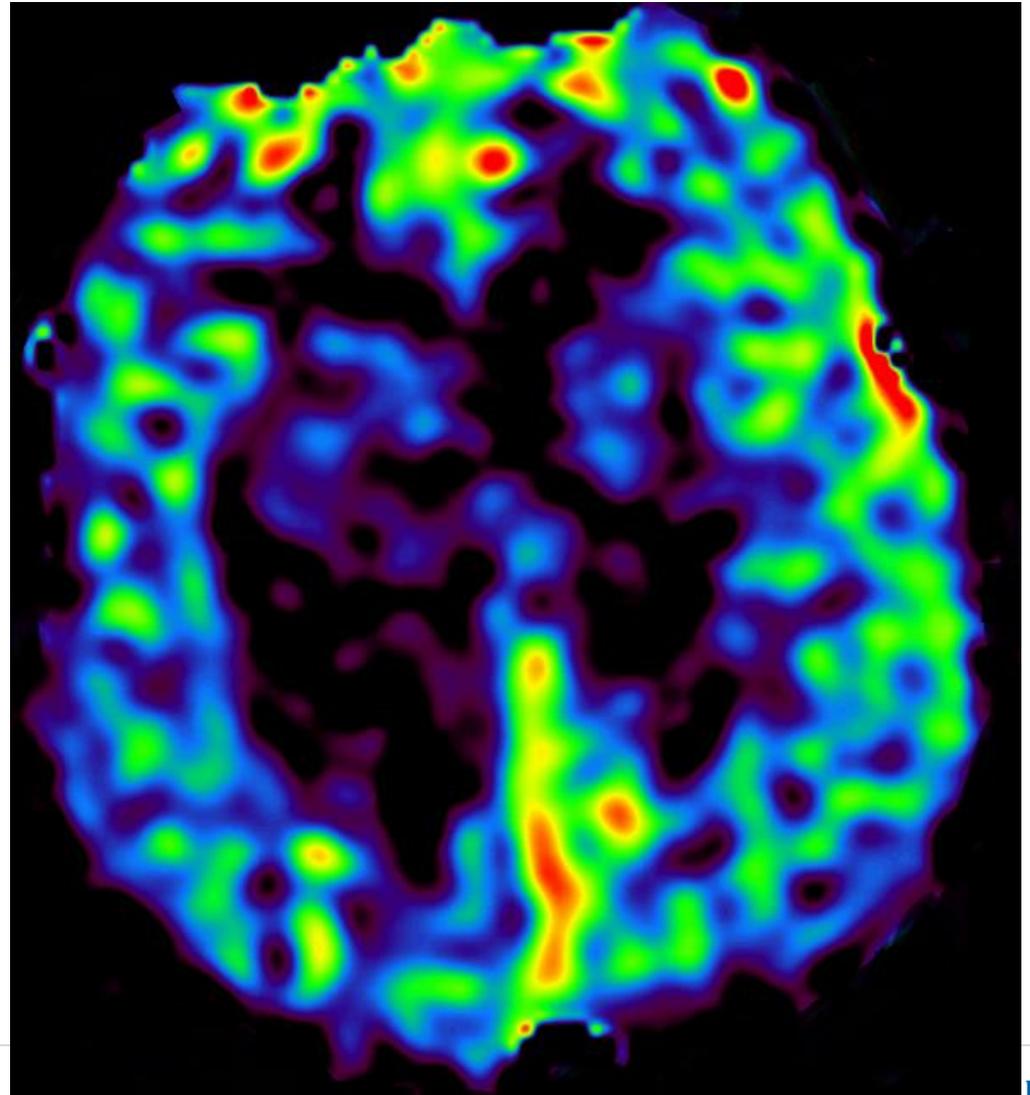
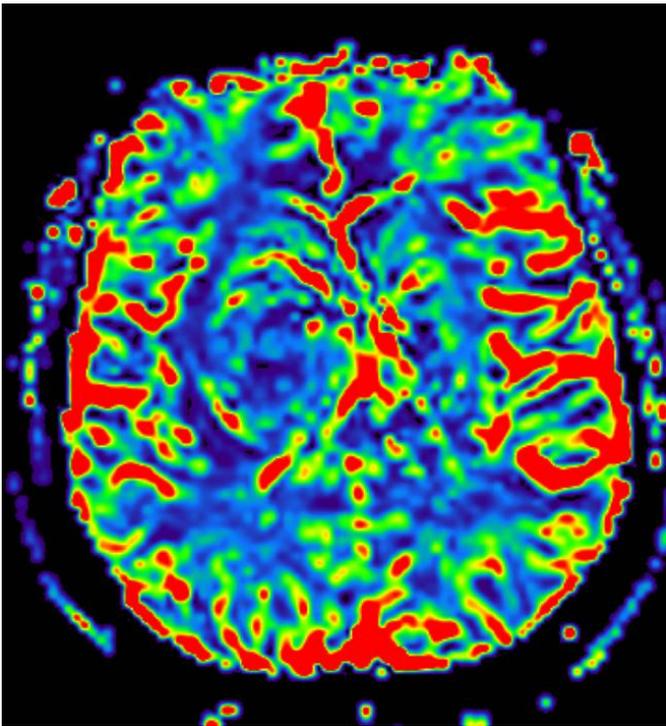
■ LESIONS HYPOPERFUSEES

- ▶ Gliomes de bas grade
- ▶ Lymphomes
- ▶ Médulloblastome (+/-)
- ▶ Abcès
- ▶ Lésions pseudo tumorales (SEP, Behcet...)

Cas 4. Patient de 32 ans d'origine maghrébine sans antécédent

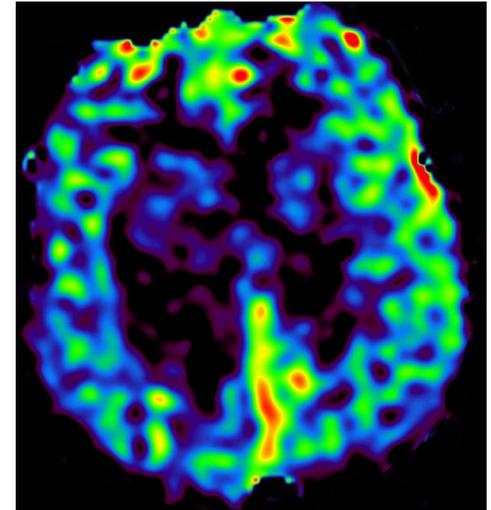
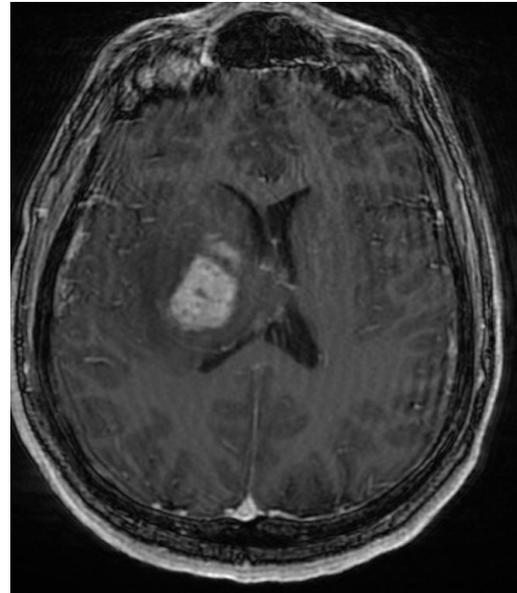






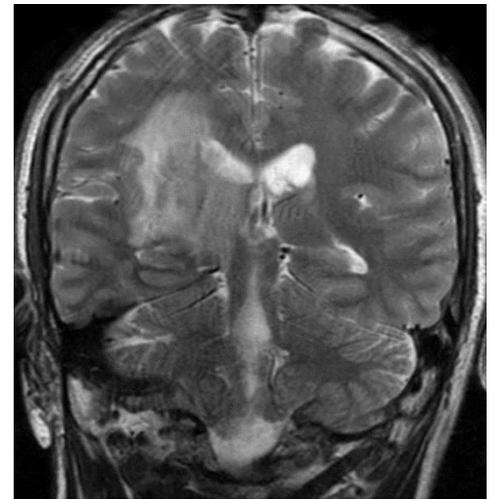
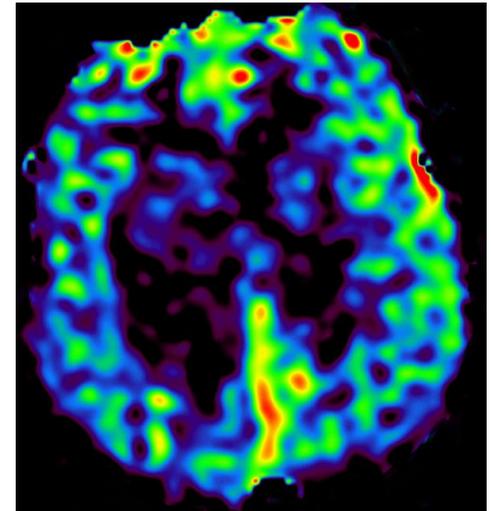
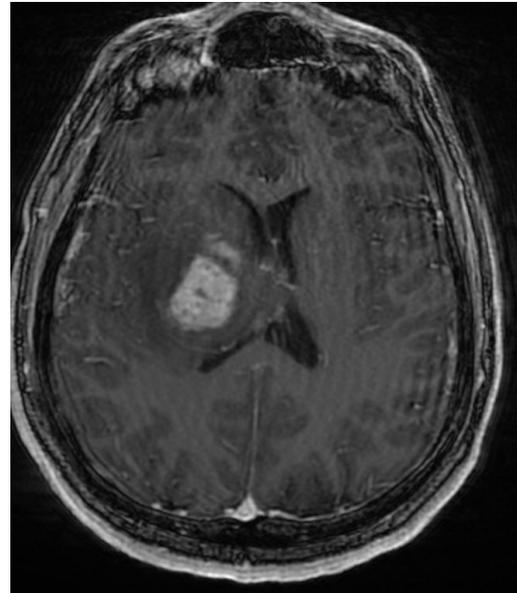
Quel est votre diagnostic?

- A. GBM
- B. Abscès
- C. Lymphome
- D. Neurobehcet
- E. Gliome anaplasique



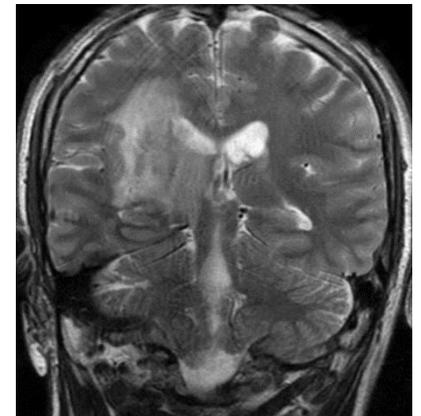
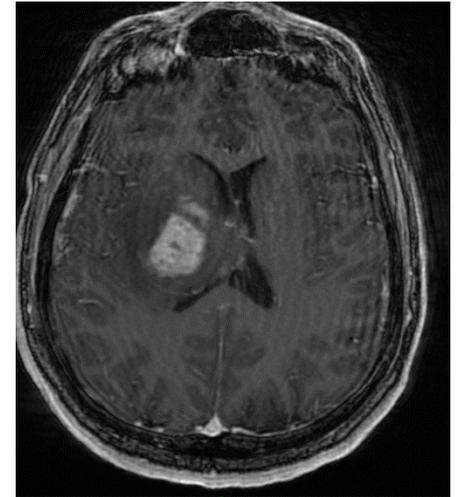
Quel est votre diagnostic?

- A. GBM
- B. Abscès
- C. Lymphome
- D. Neurobehcet
- E. Gliome anaplasique



Neurobehcet

- Atteinte centrale révélatrice dans 10%
- Anomalies de signal de la SB (60%)
- Hyper signal TC (40%)
- Thrombose veineuse (20%)
- Aspect de vascularite (5%)
- Séquelles ischémiques (10%)
- Lésion pseudo tumorale (5 %) (Tronc cérébral, NGC)



CONCLUSION

■ Importance de l'ASL :

- ▶ Déficit neurologique brutal (diag diff : AVC, AIT, épilepsie, aura migraineuse)
- ▶ Diagnostic étiologique des hématomes
- ▶ Diagnostic différentiel tumoral par étude de la perfusion

■ Interprétation délicate à corrélér à l'ensemble des séquences