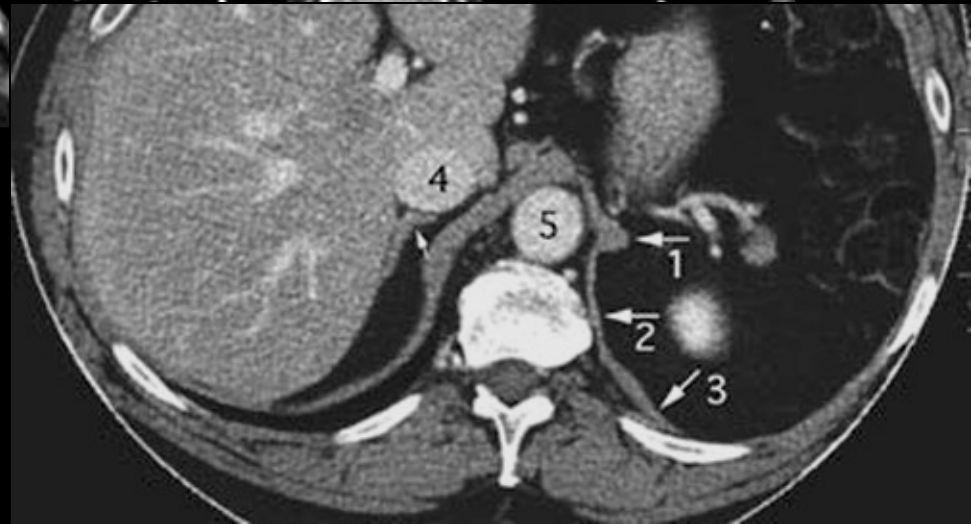
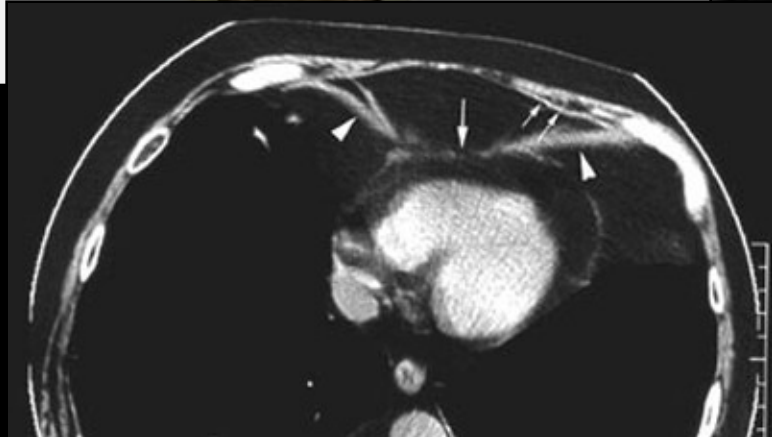
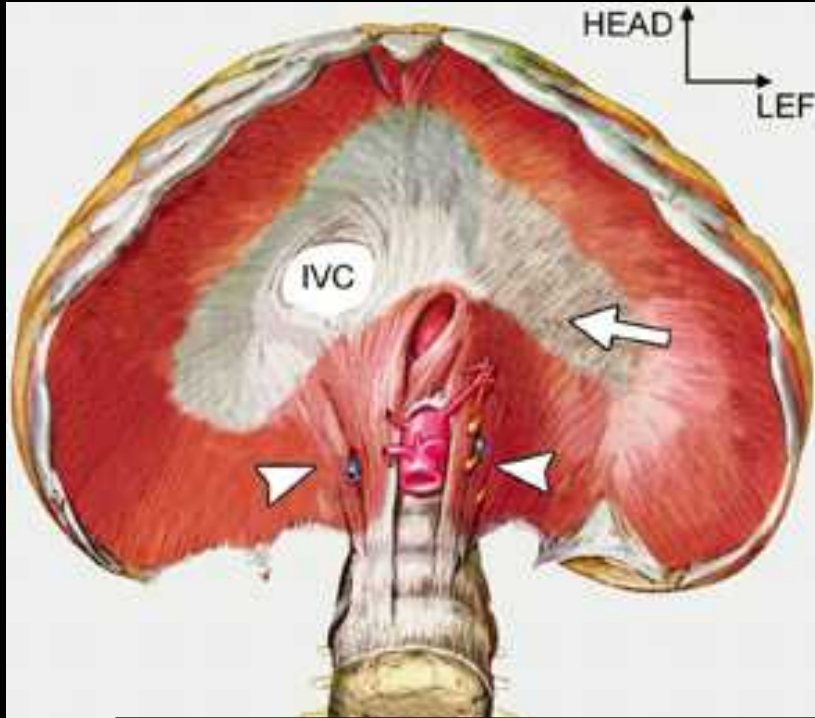


PATHOLOGIE DU DIAPHRAGME

RADIOLOGIE du DIAPHRAGME



Orifices :

• T12 :

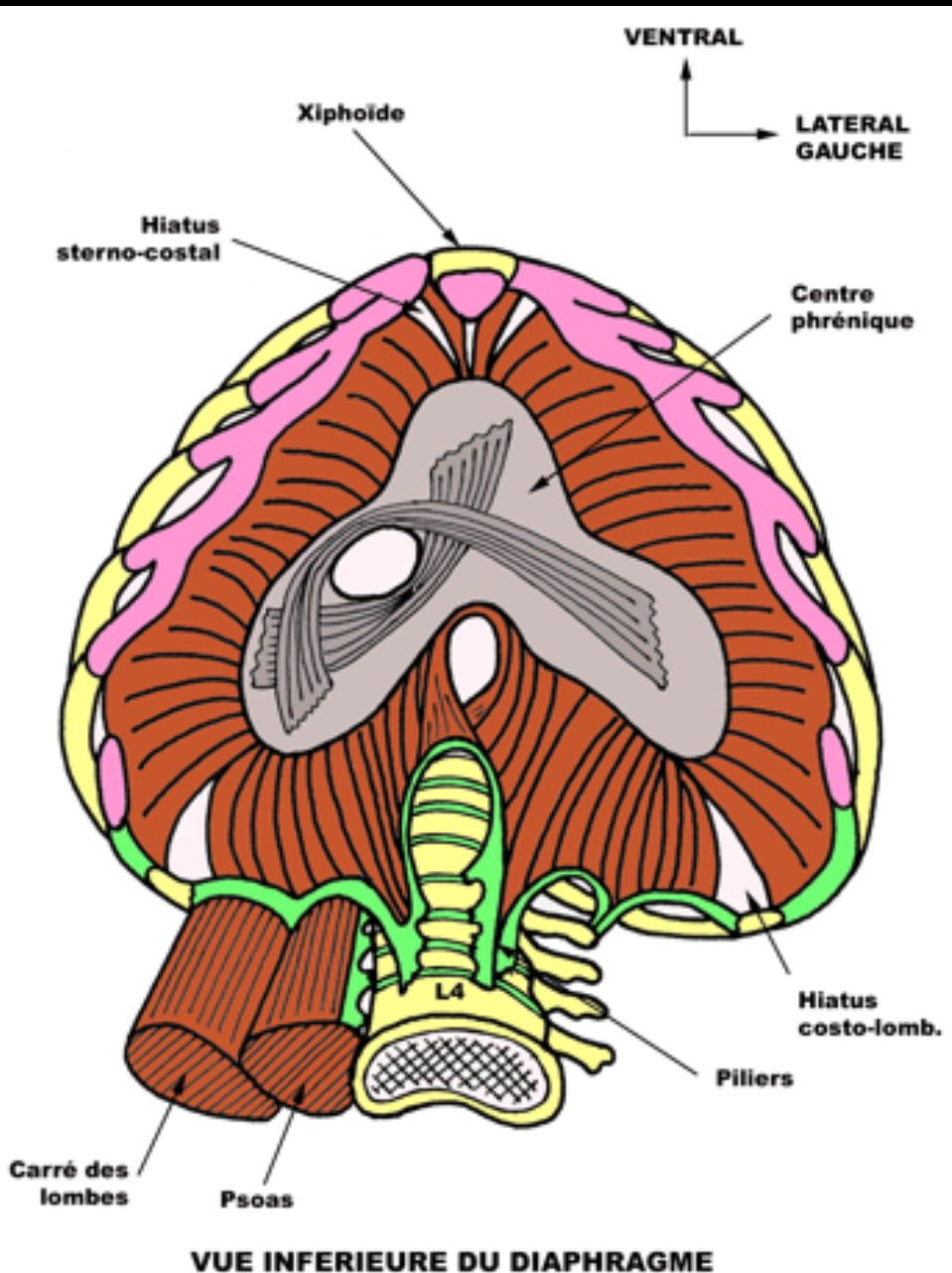
- AO
- Canal thoracique

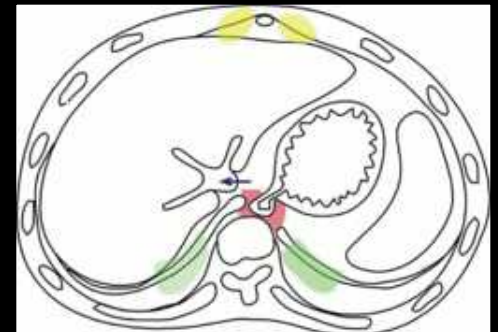
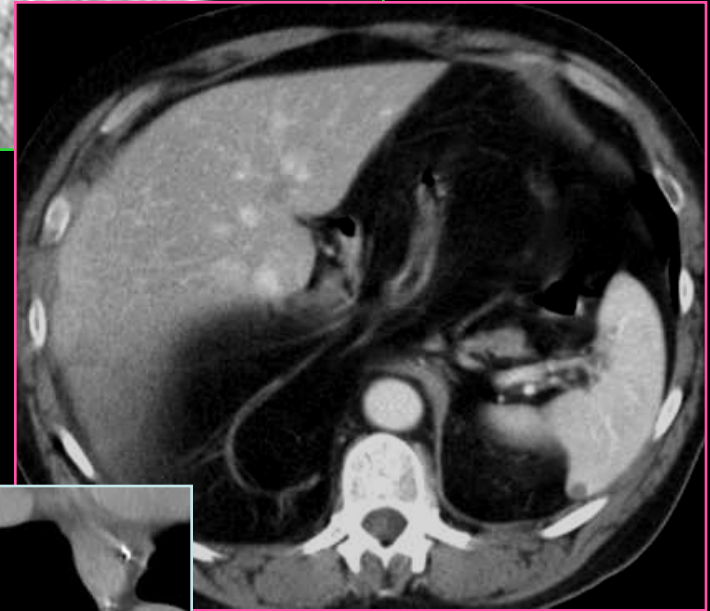
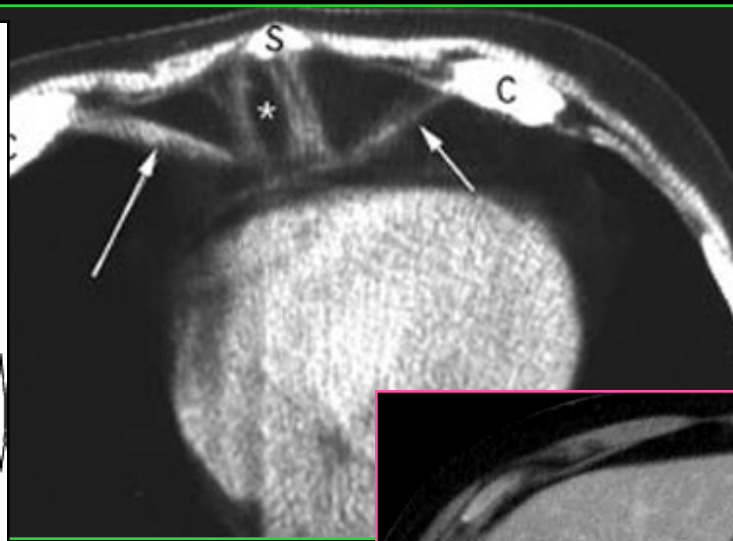
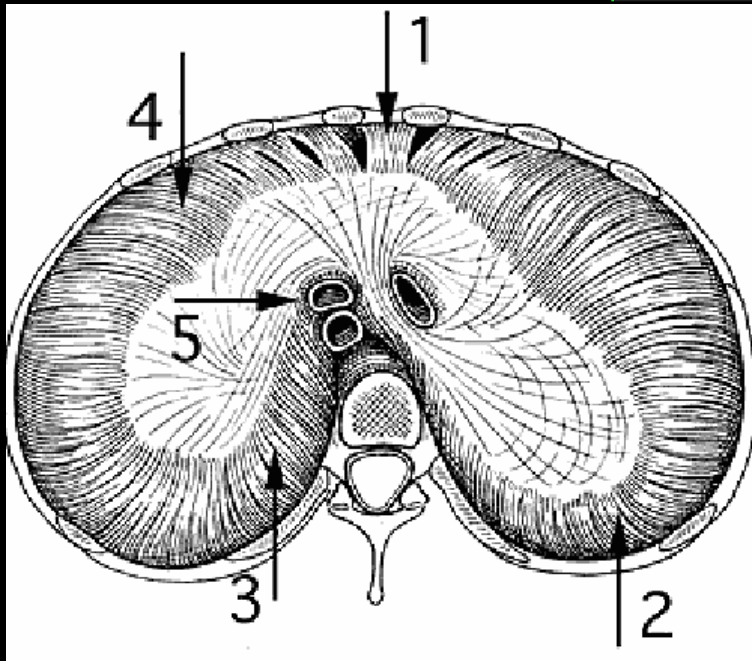
• T10 :

- œsophage
- Nerfs X

• T9 :

- VCI
- N. phrénique D



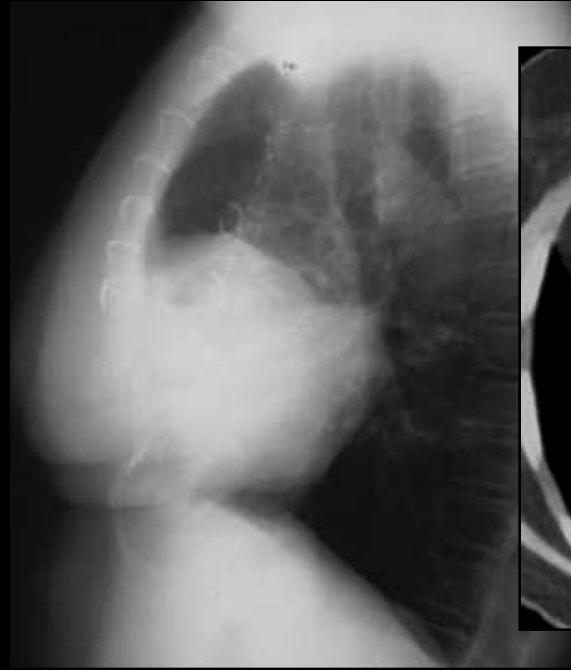
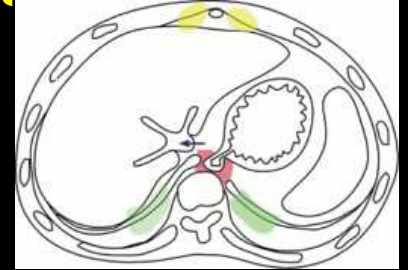


Points de faiblesse :

- Hiatus postérieur : Bochdalek
- Hiatus rétro-costo-xyphoïdiens
 - Lat : Morgani
 - Médian : fente de Larrey
- Hiatus oesophagien
- H juxta cave

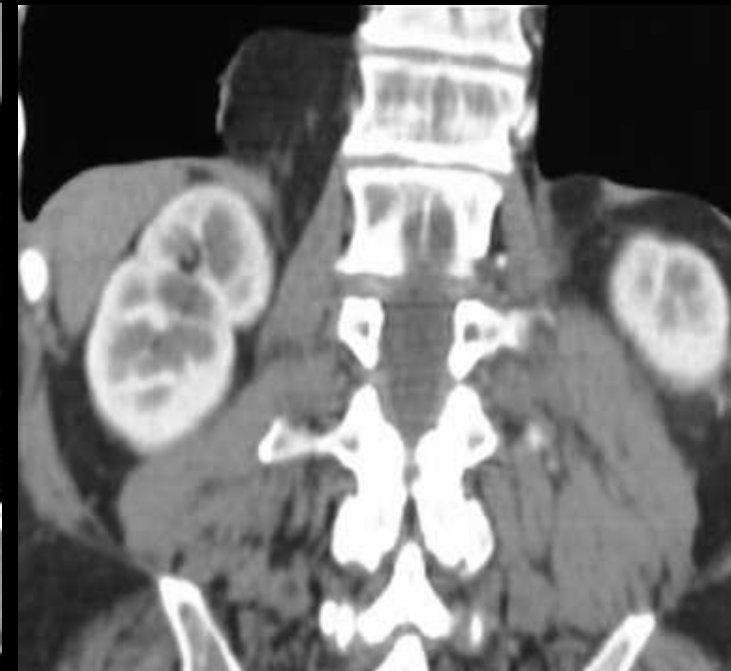
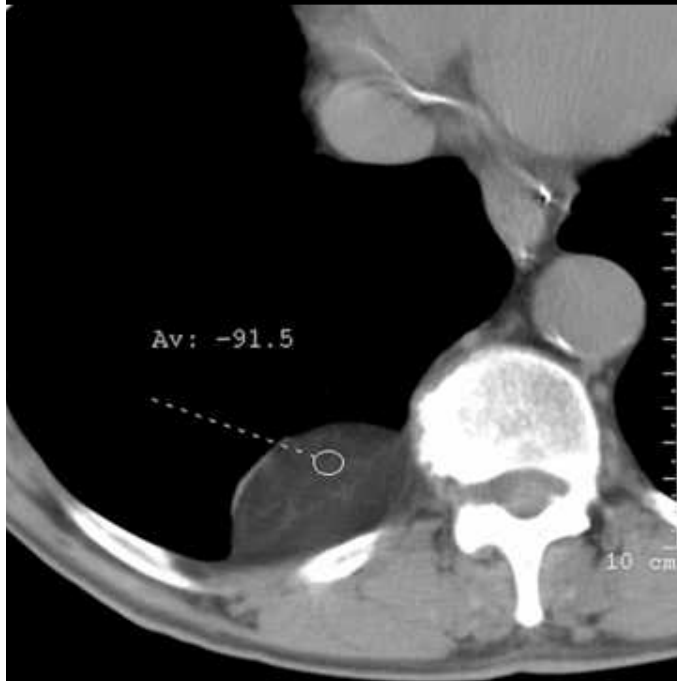
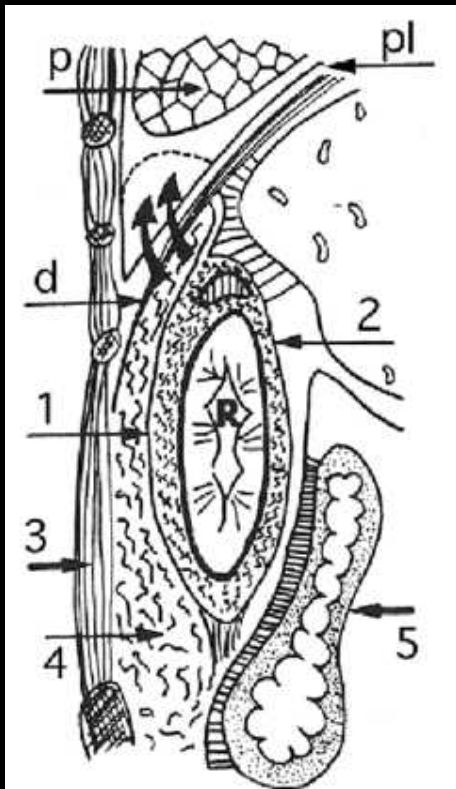
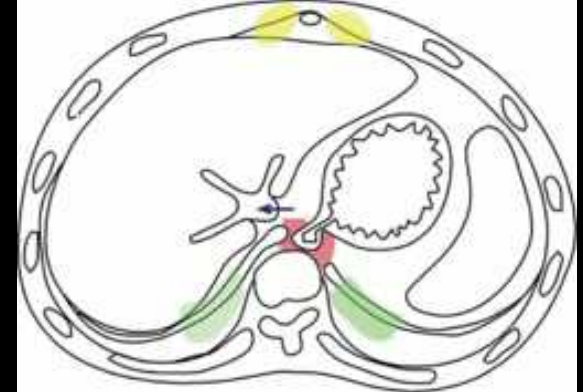
HERNIE de Morgagni

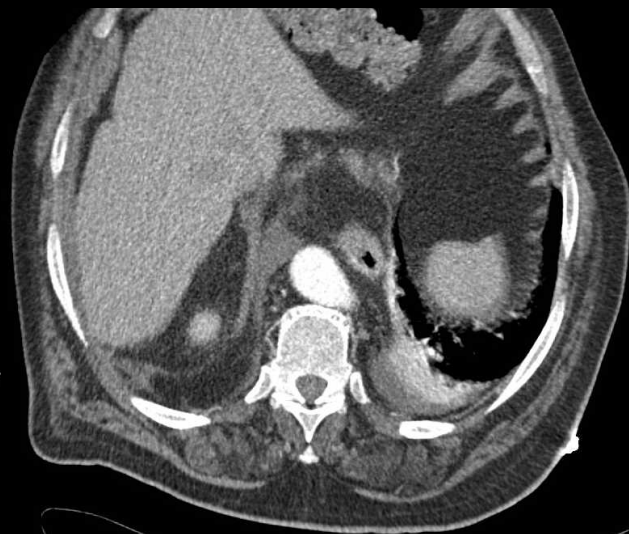
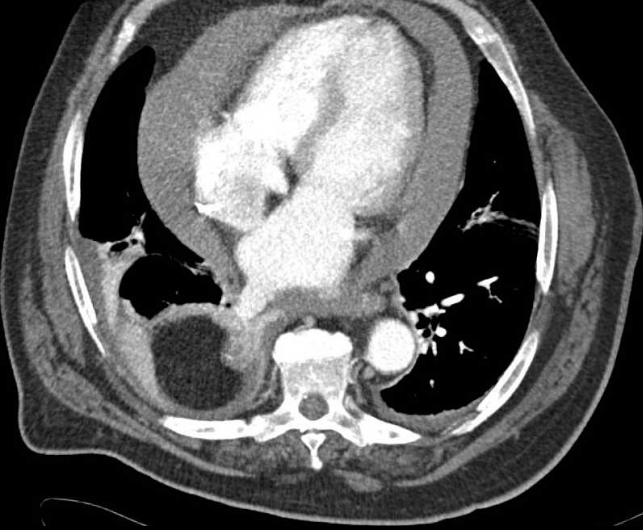
- 2 à 3 % hernies diaphragmatiques
- adulte
- entre éléments fibro-tendineux du sternum et portion costale du diaphragme \Rightarrow ant et Drt ($> G$)
- grand épiploon, colon, estomac, foie ou I grêle

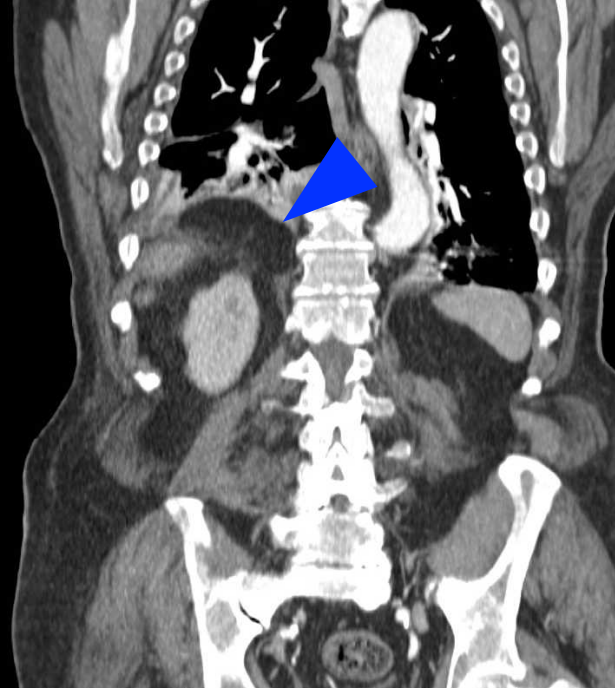


HERNIE de Bochdalek

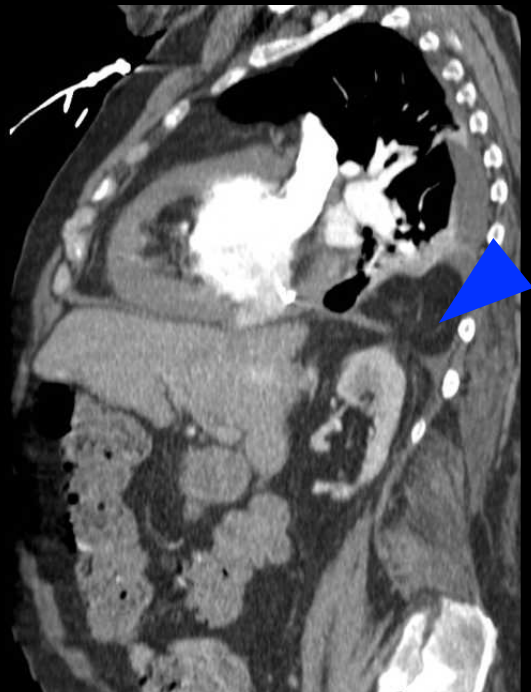
- siège postérieur
- **enfant (SDRA)** / 6 % adulte
- **G > Drt (Foie)**
- **graisse ++**, structures rétro ou intra-péritonéale







Hernie de
Bochdalek



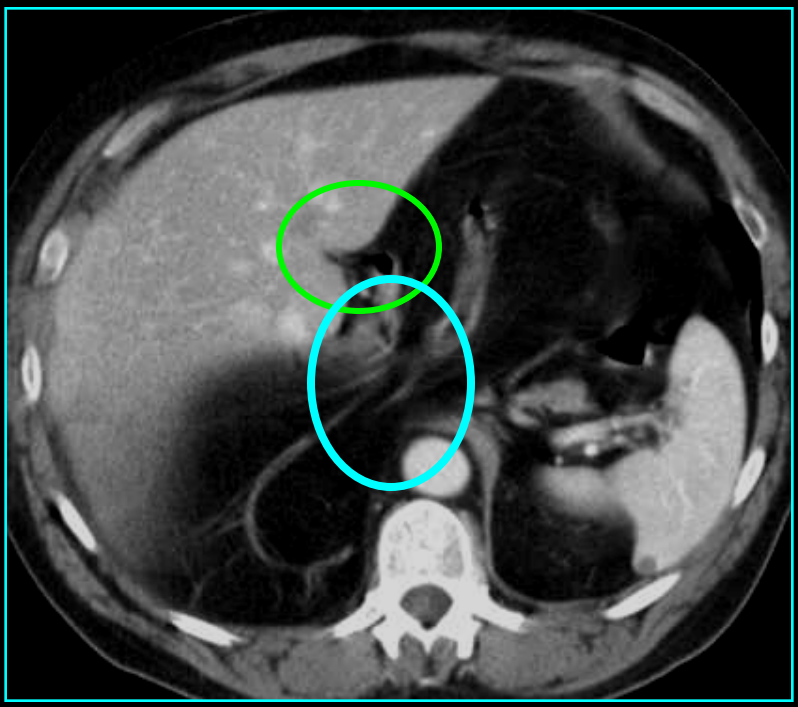
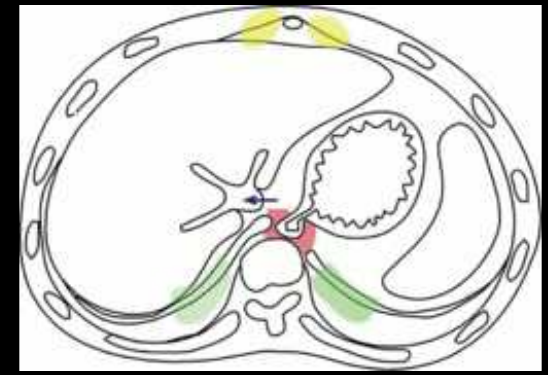
HERNIE HIATALE

- 2 types : glissement > roulement*

⇒ position cardia / diaphragme

- RGO ass HH par glissement

* Strangulation, ulcération : ass HH par roulement





12



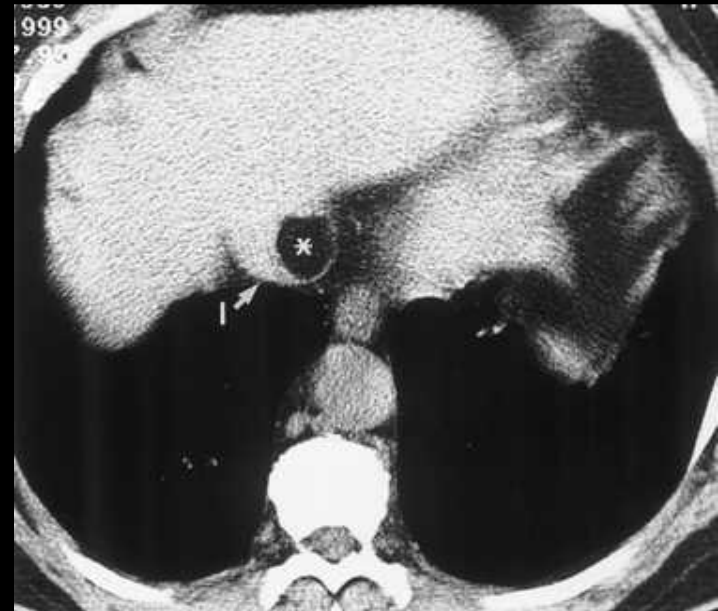
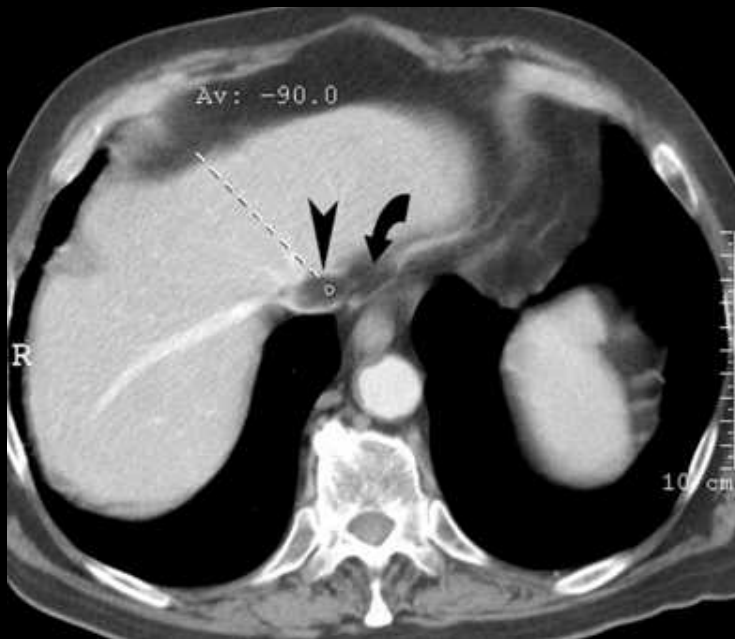
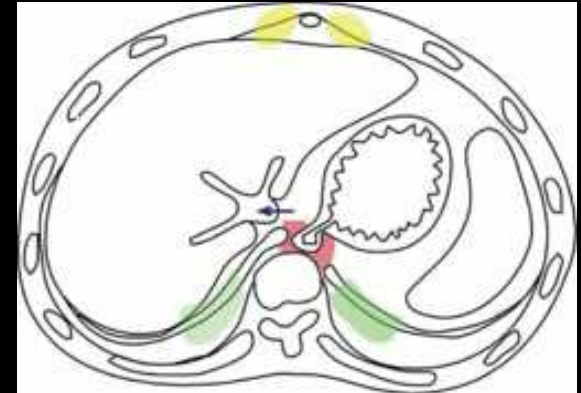
-242.5

1

HH par glissement

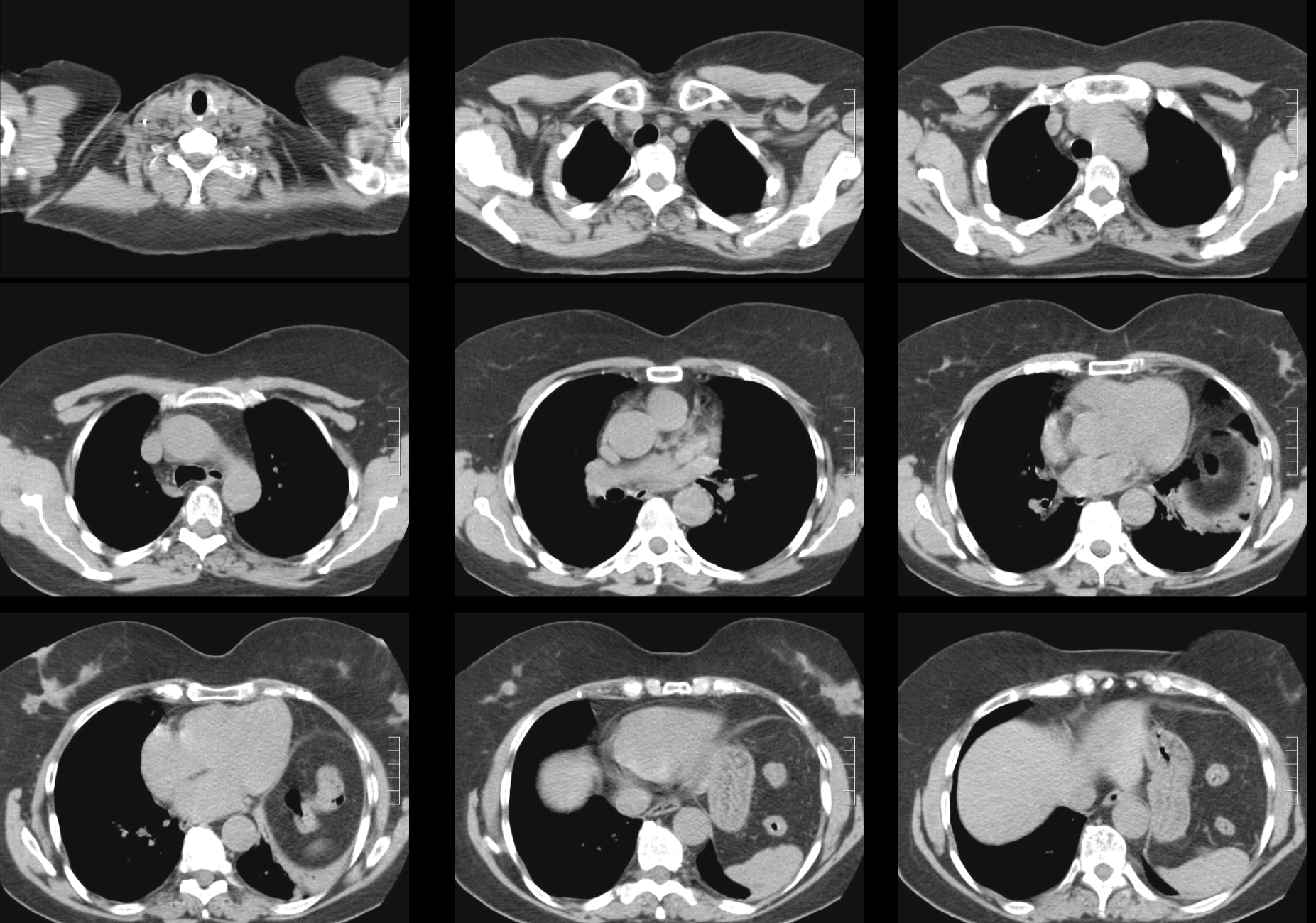
PSEUDO-LIPOME INTRA-CAVE

- confluence v sus-hép/VCI
- en continuité avec graisse péri-oesophagienne
- angulation et rétrécissement portion médiale de la VCI
- image variable selon la respiration

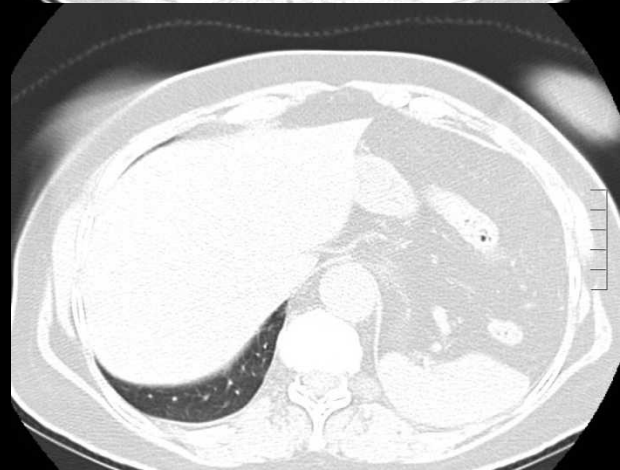
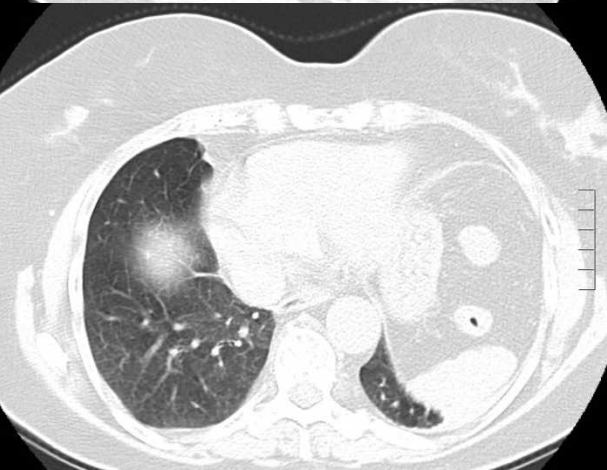
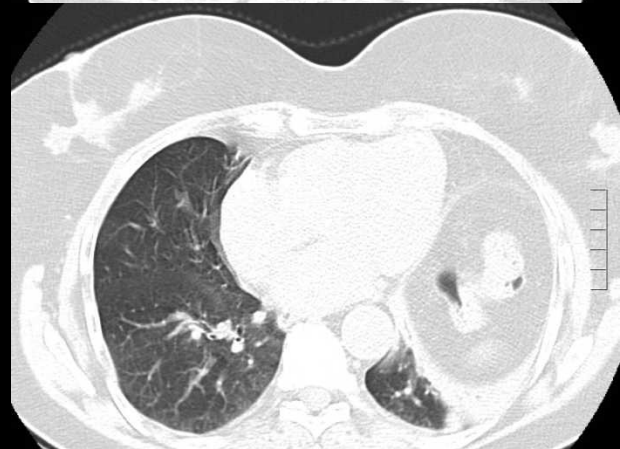
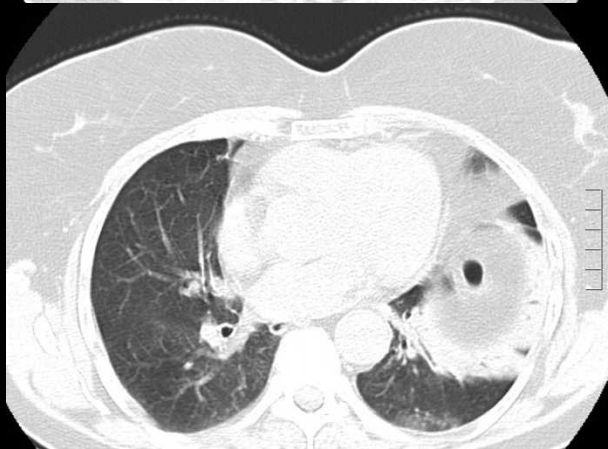
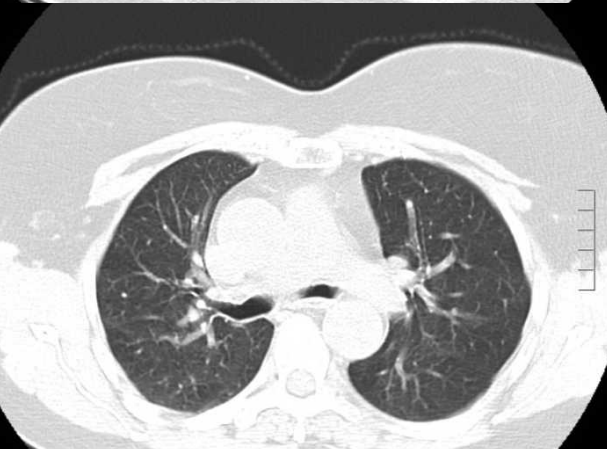
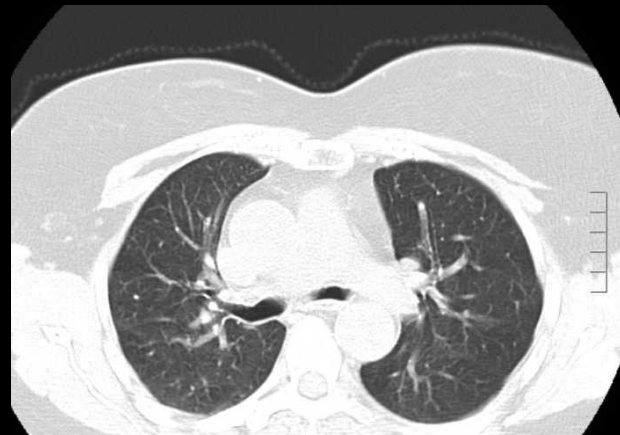
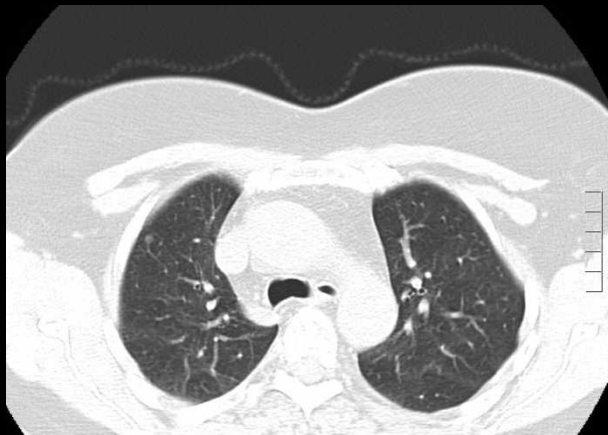
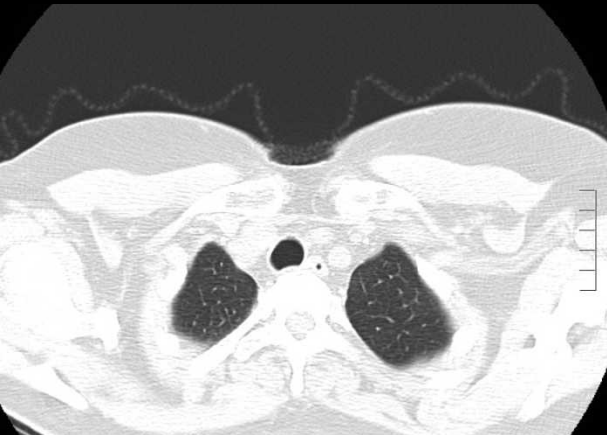


PARALYSIE DIAPHRAGMATIQUE

- RT : F, P, inspi, expi / fluoroscopie
- Jeu des coupoles N : < 1,5 cm entre 2 coupoles et course diaphragmatique \approx 3 cm
- Signes :
 - ascension coupole(s) paralysée(s) lors l' insp
 - mobilité ∇ , nulle ou paradoxale
- * Découverte : fortuite ou syndrome restrictif
- Etiologies :
 - atteinte N phrénique cervical (trauma)
 - médiastinal (trauma, envahissement néopl)
 - atteinte encéphalique ou médullaire (tumeur cérébrale, SLA, Guillain Barré)



- Patiente de 69 ans
- Carcinome thyroïdien opéré en décembre 03
- Bilan d'extension



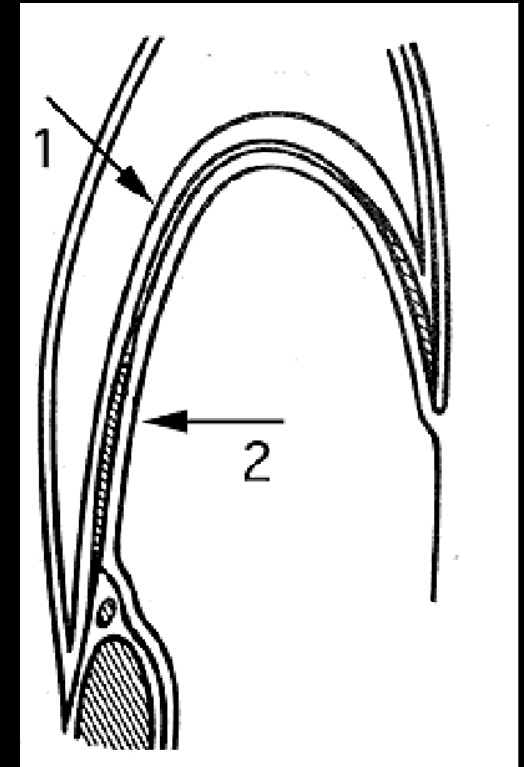
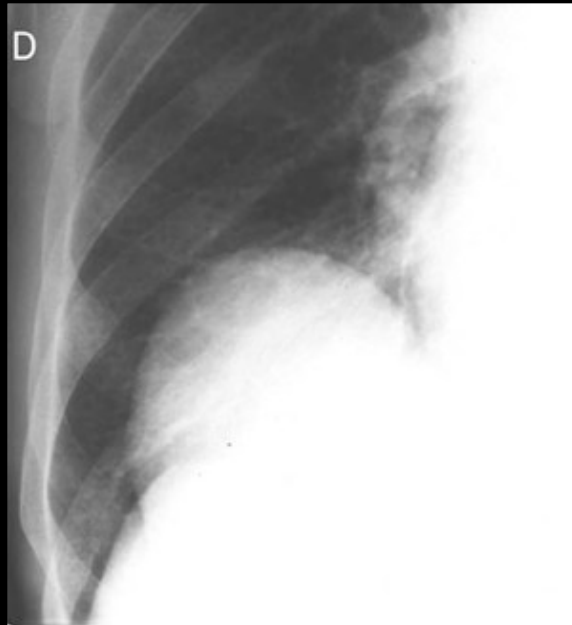


Paralysie phrénique



ÉVENTRATION DIAPHRAGMATIQUE

- Coupole amincie et surélevée, non rompue (=relaxation diaphragmatique)
- Cong (anomalie de migration des myoblastes dans les replis pleuro-péritonéaux) ou acquise (atrophie musculaire d'une coupole paralysée / traumatisme)
- amincissement +++ : total ou localisé Drt = partie antéro-interne et à G = partie postéro-externe*



RUPTURE DIAPHRAGMATIQUE

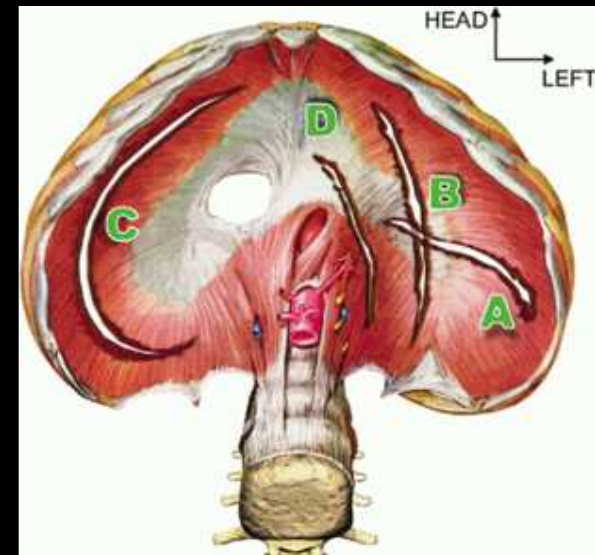
- 0,8 à 8 % des traumatismes
- Etiologies :
 - Plaie par arme blanche ou arme à feu
 - Rupture par traumatisme fermé (AVP 90% des cas)
- **G (70 à 85%)** > Drt (12 à 24%) dans trauma [rôle amortisseur du foie]

- Mécanismes :

- impact latéral*
- impact frontal direct*

- Siège : - rupture radiaire* A

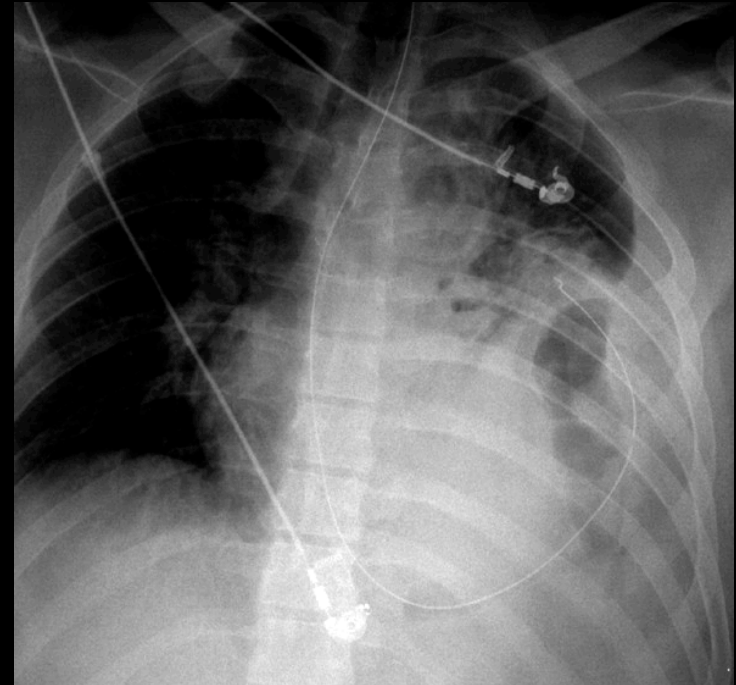
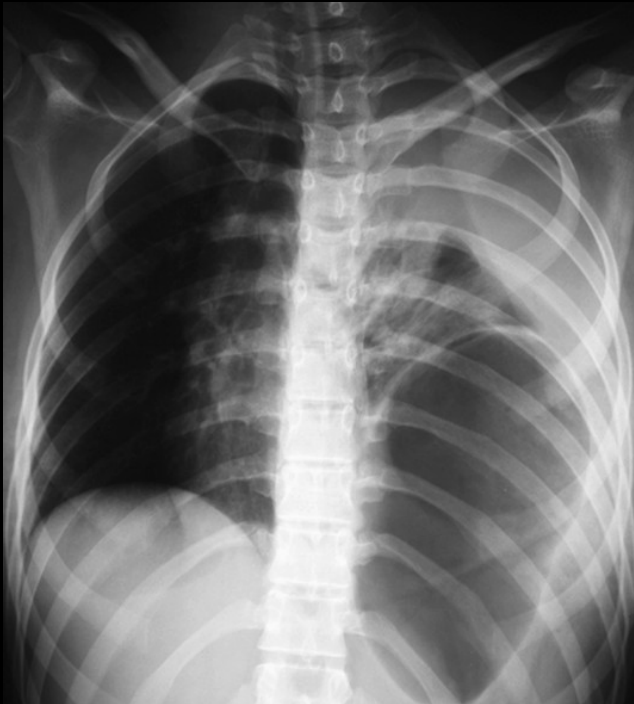
- rupture transverse B
- rupture centrale D
- rupture périphérique C (rare)



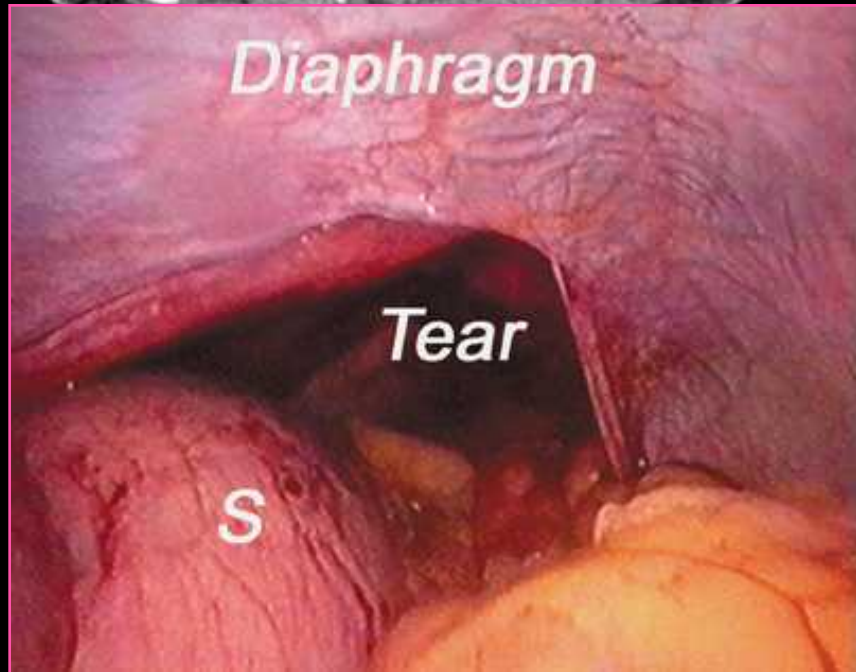
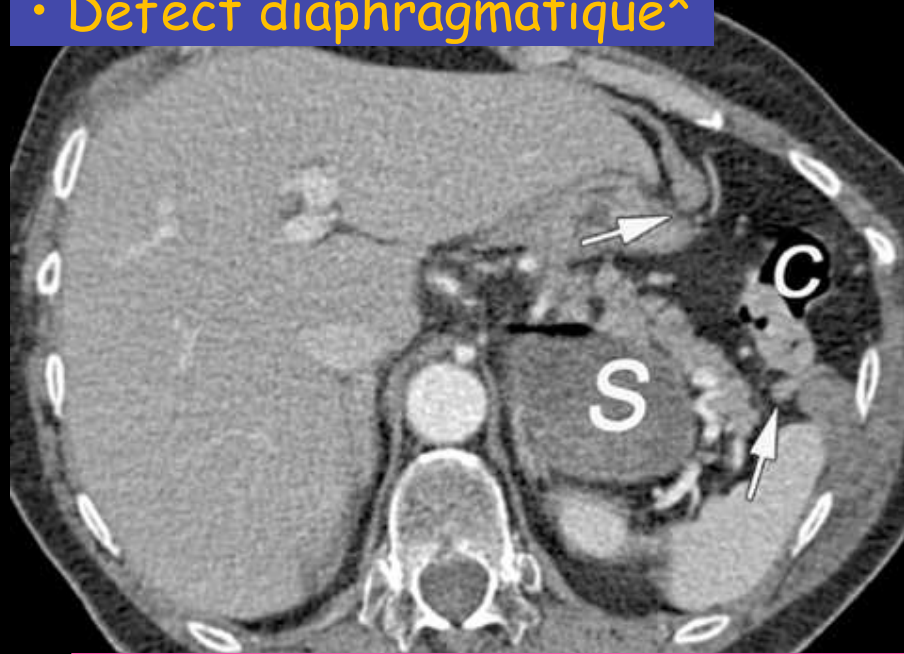
- **Lésions associées +++** : lésion hép, lésion splénique, PNO-hémothorax, fr côtes, contusions pulm, lésion Ao...

RUPTURE DIAPHRAGMATIQUE

- Rx Thorax : couché, peu sensible, rupt G > rupt D
- ascension viscère abdominal (+ ou - signe du collier)
- Sonde naso-gastrique au dessus du diaphragme G
- surélévation coupole - déplacement médiastin*



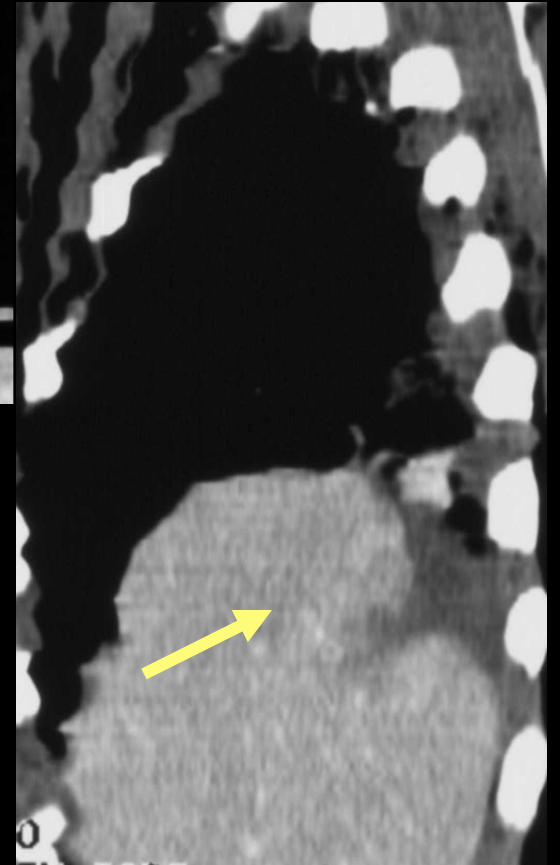
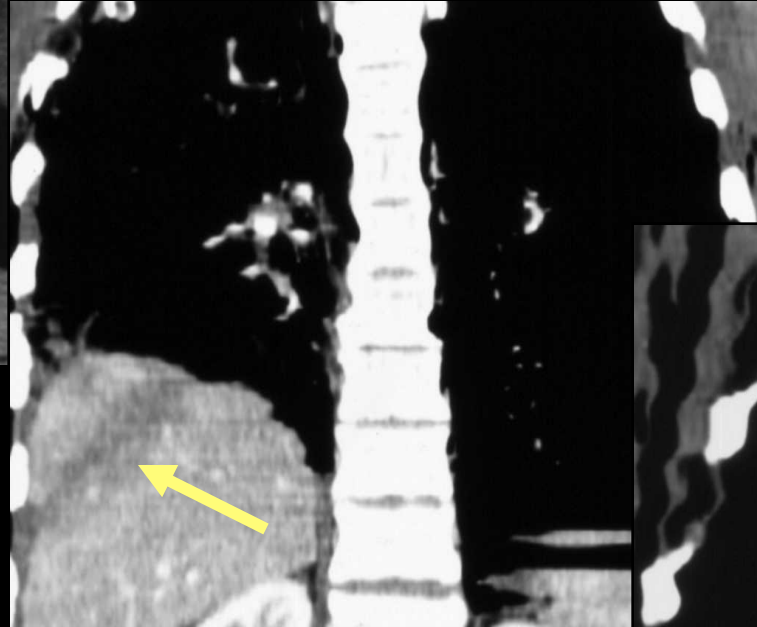
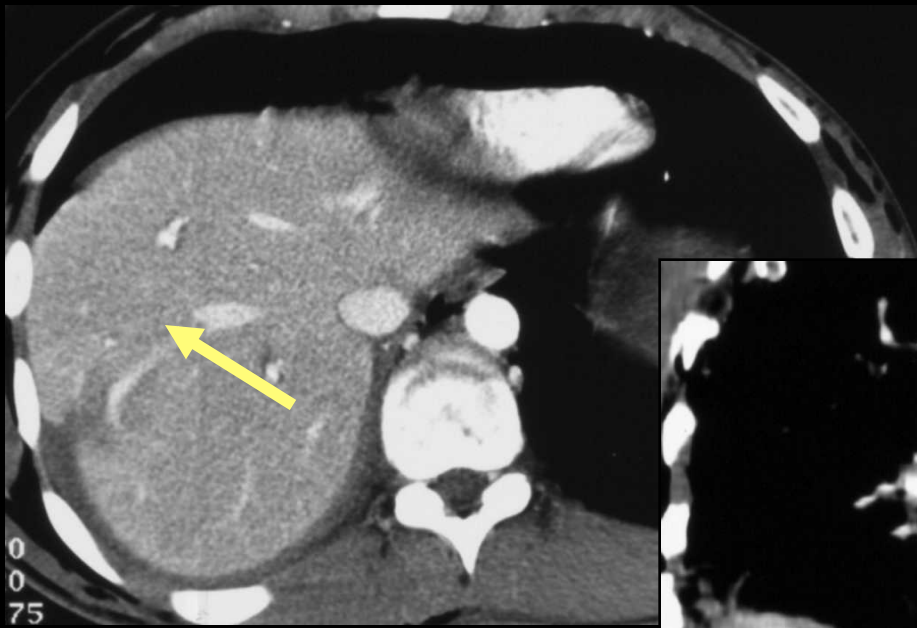
• Défect diaphragmatique*

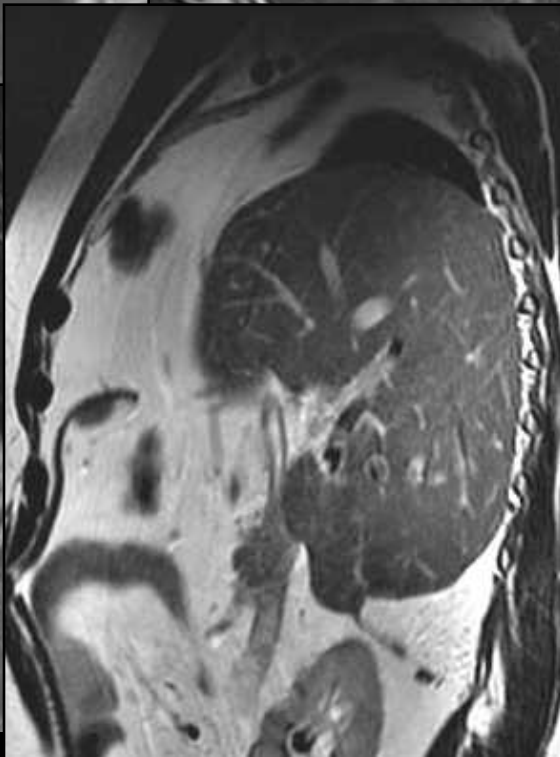
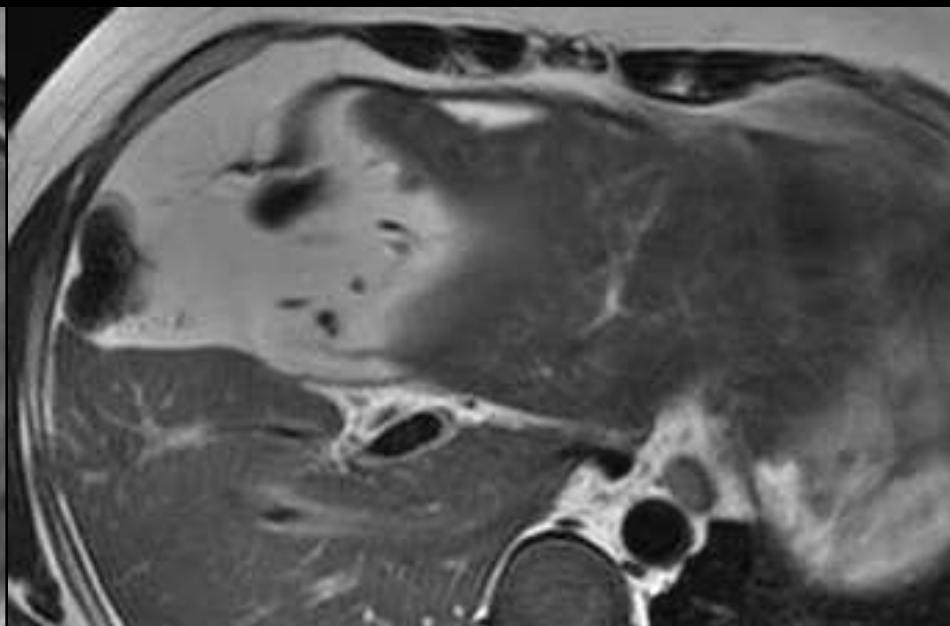
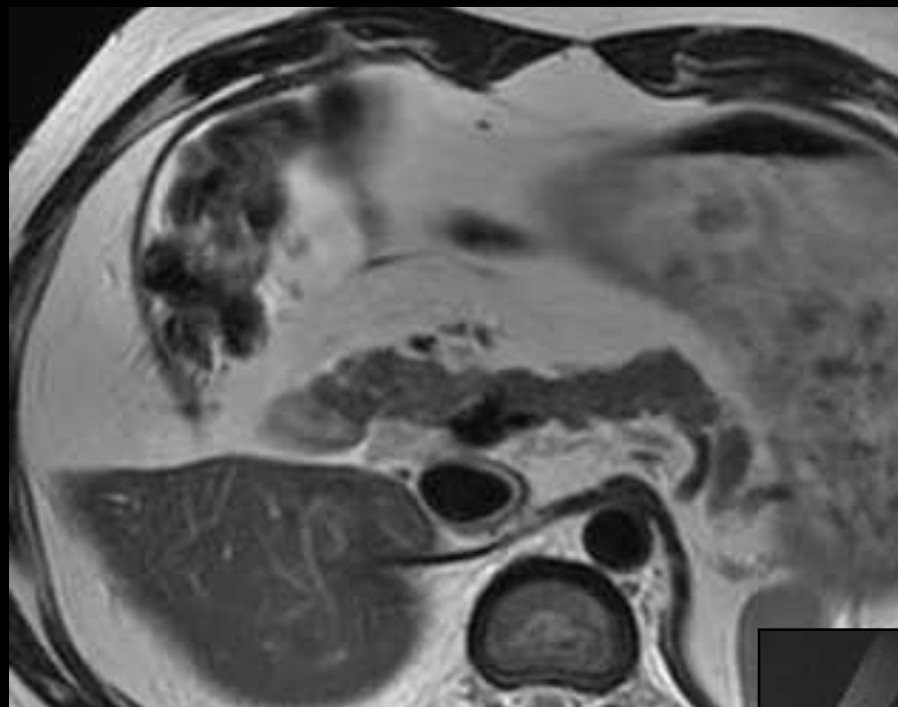


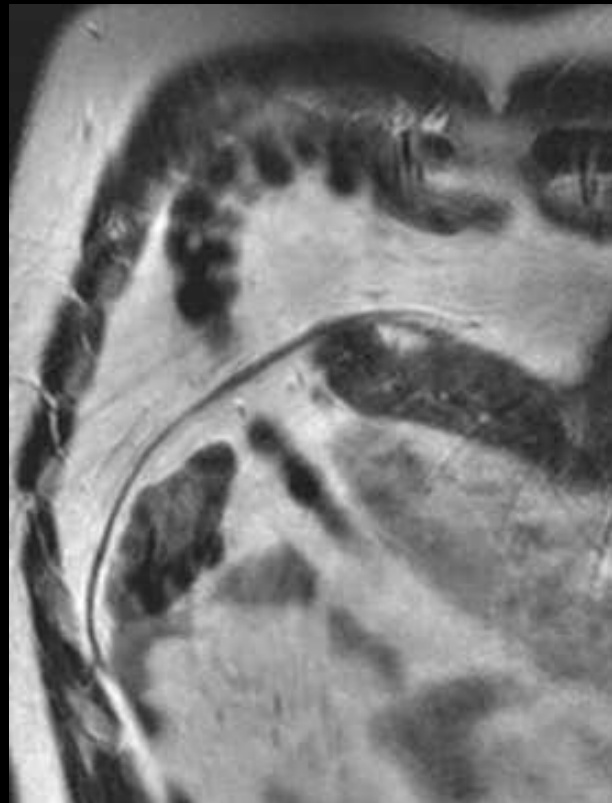
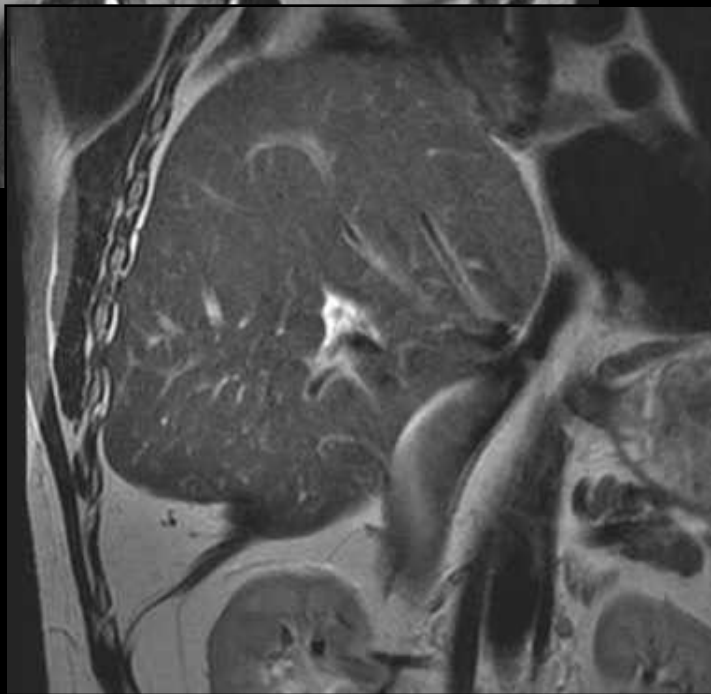
- Hernie intra-thoracique de viscères abdominaux*



• *Signe de l'encoche hépatique*







TUMEURS DIAPHRAGMATIQUES

- **T bénignes** :

- LIPOME +++ (capsule fibreuse à l'histo)

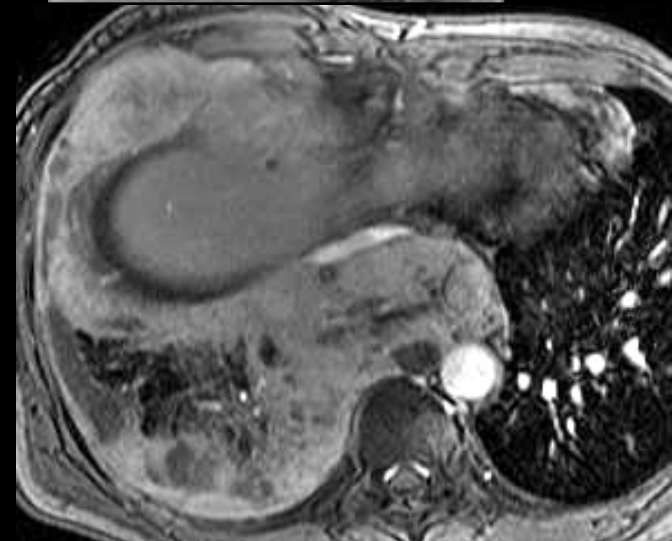
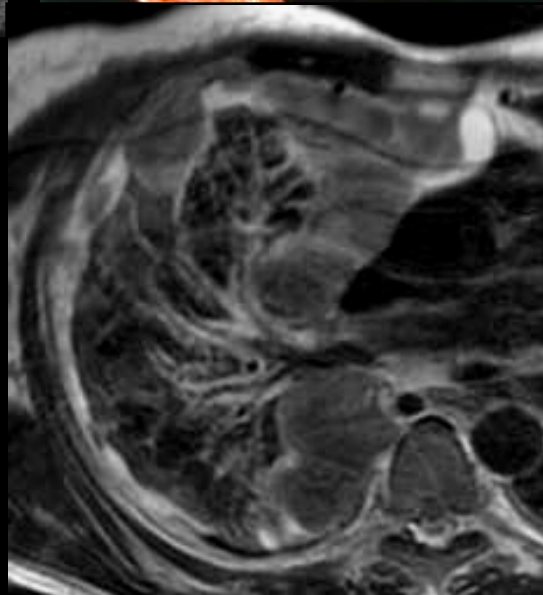
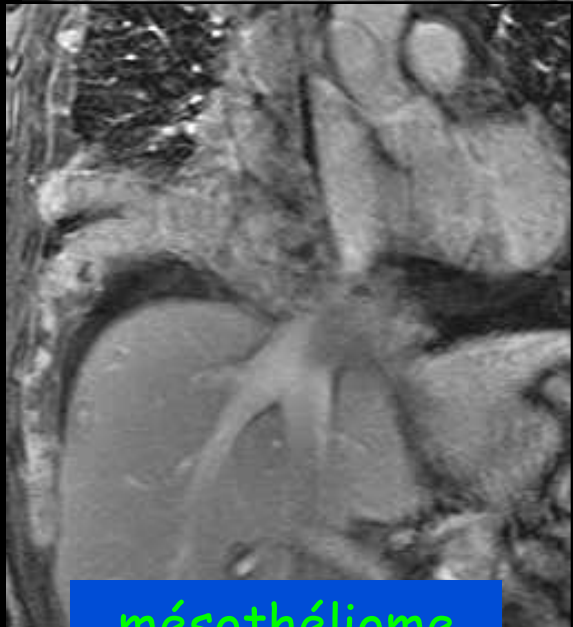
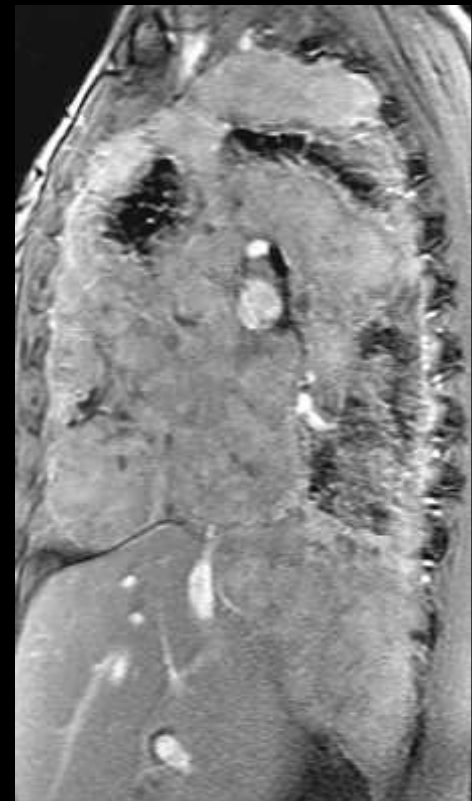
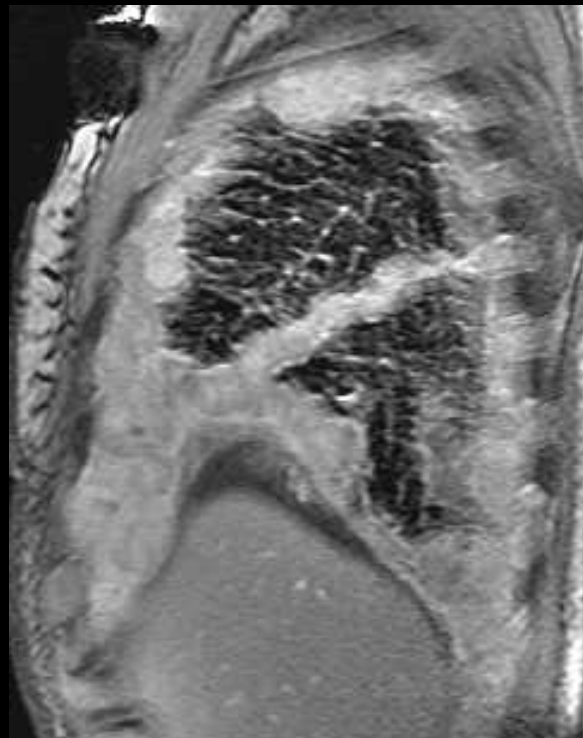
- angiofibrome, neurofibrome/schwannome, kyste mésothélial, léiomyome, tératome...

- **T malignes** : ⇒ IRM pour bilan d'extension

- fibrosarcome +++, histiocytome fibreux malin, chondrosarcome, léiomyosarcome, hémangiopéricytome...

- **Extension Haire** :

- Mésothéliome, K broncho-pulm, K gastrique ...



mésothéliome