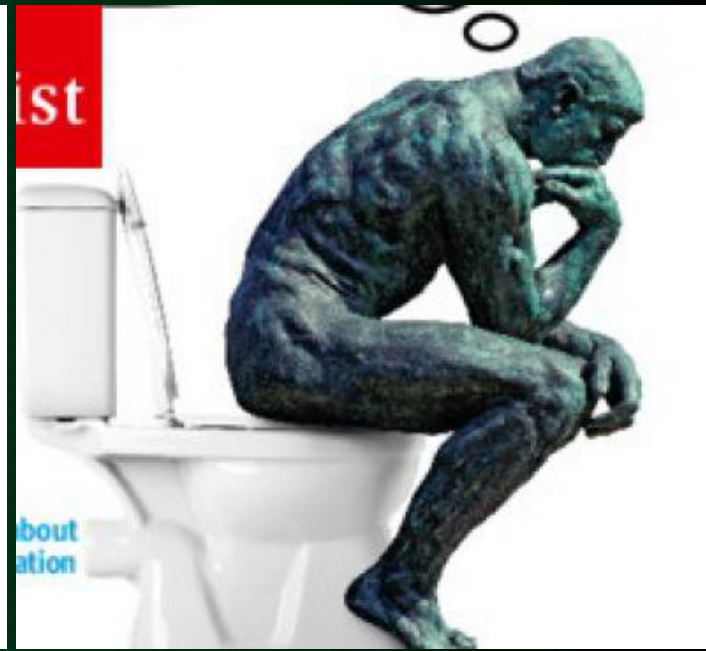


De l'eau dans les selles...

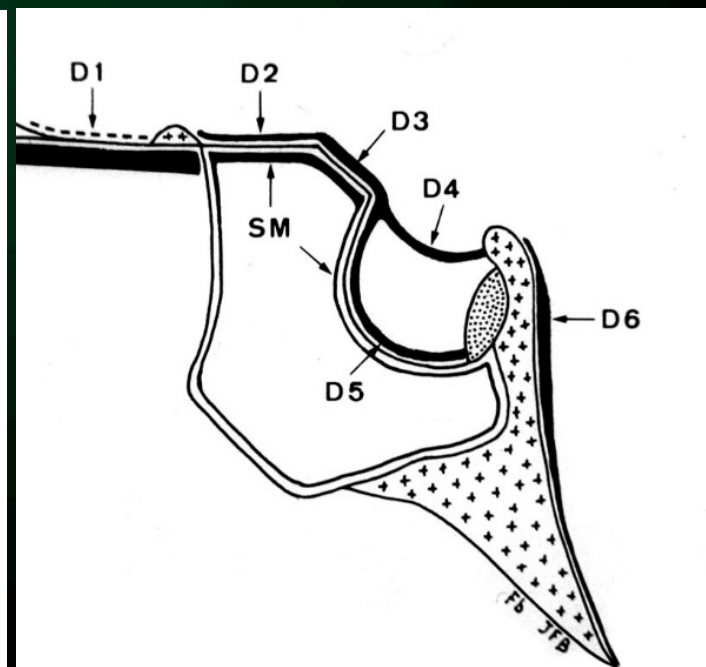
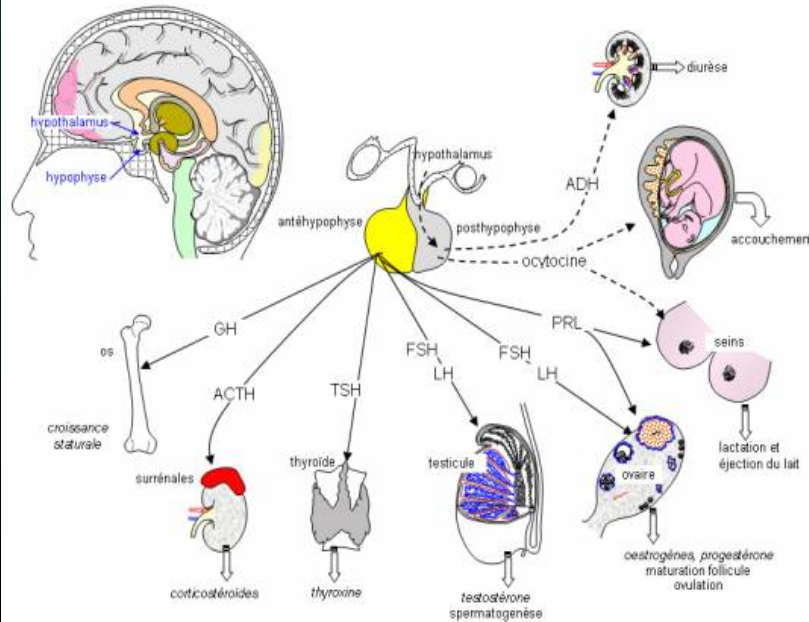
Pr Fabrice Bonneville
Service de Neuroradiologie
CHU Toulouse



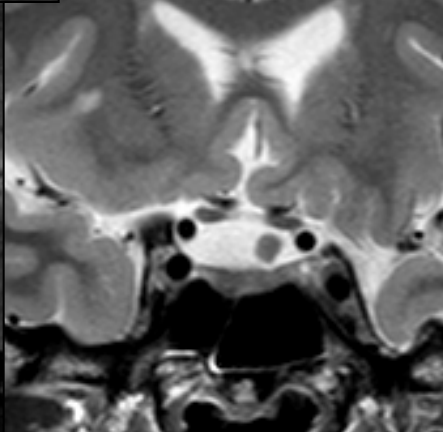
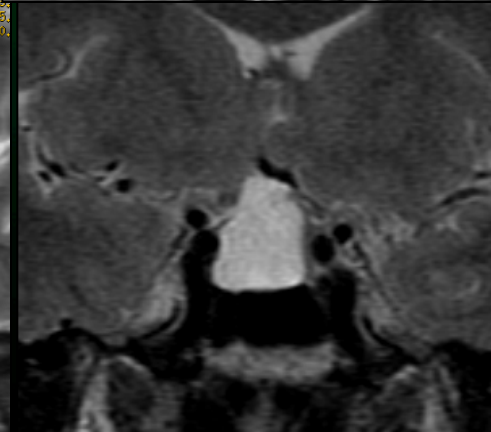
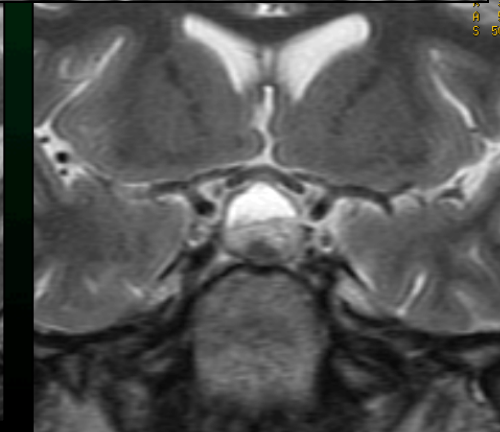
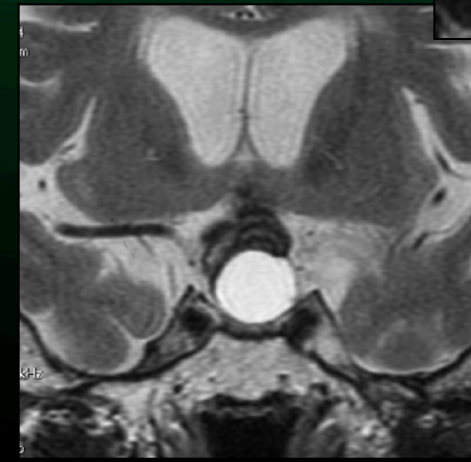
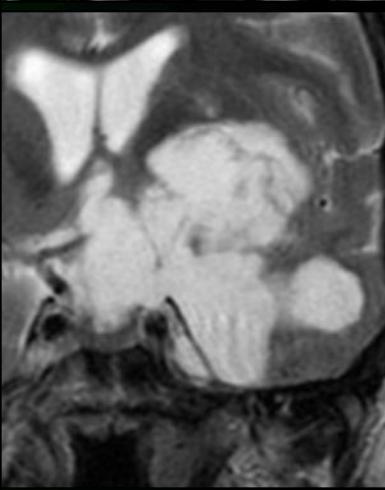
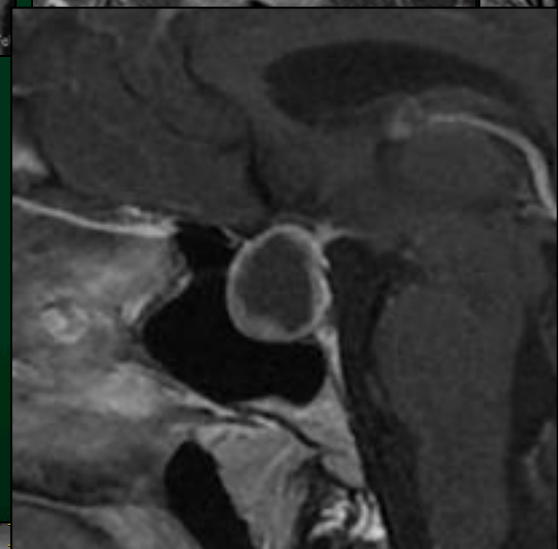
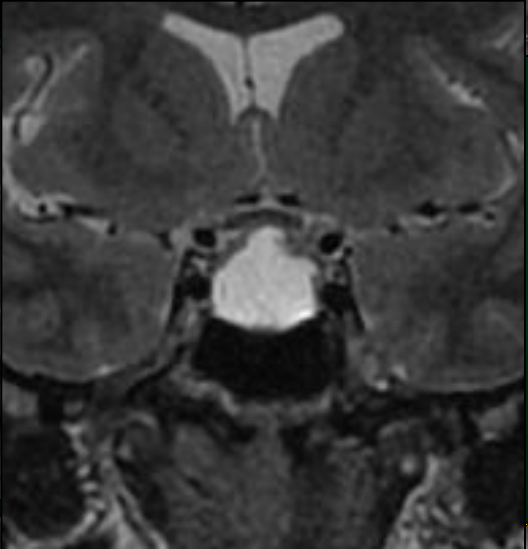
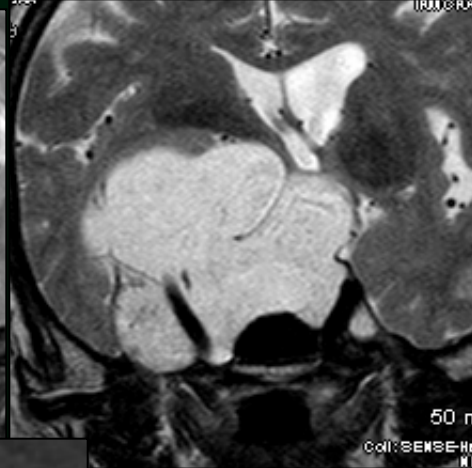
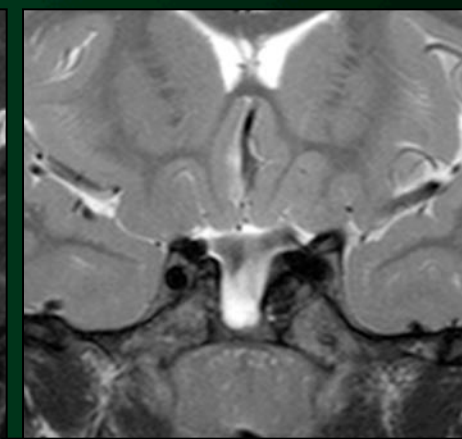
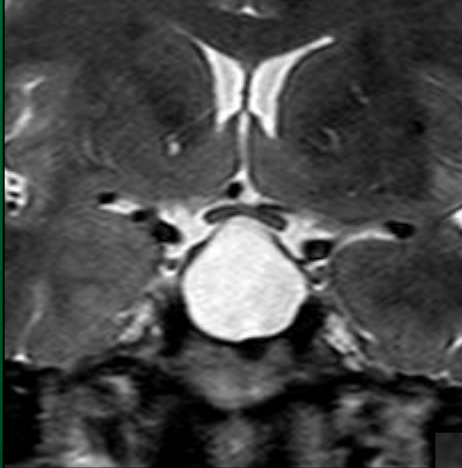
- Si, si, je l'ai lu: pour être en bonne santé, il faut 3 selles par jour!



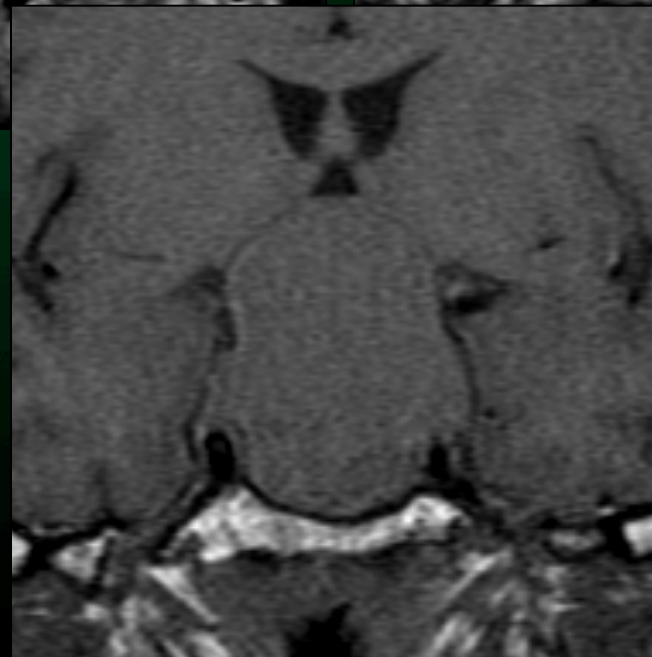
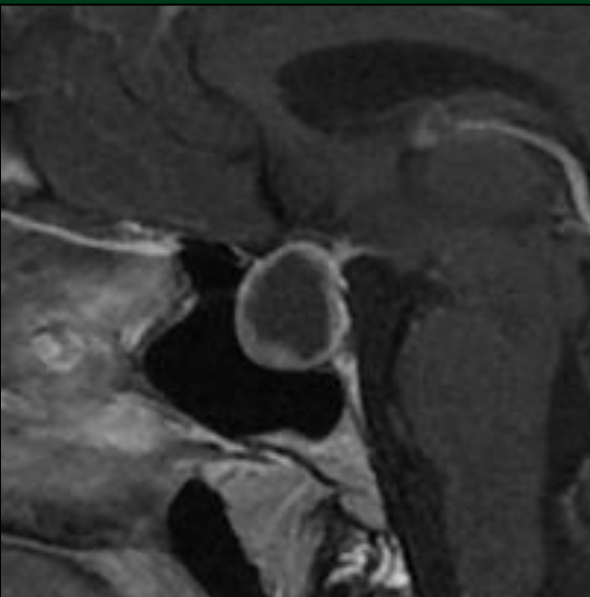
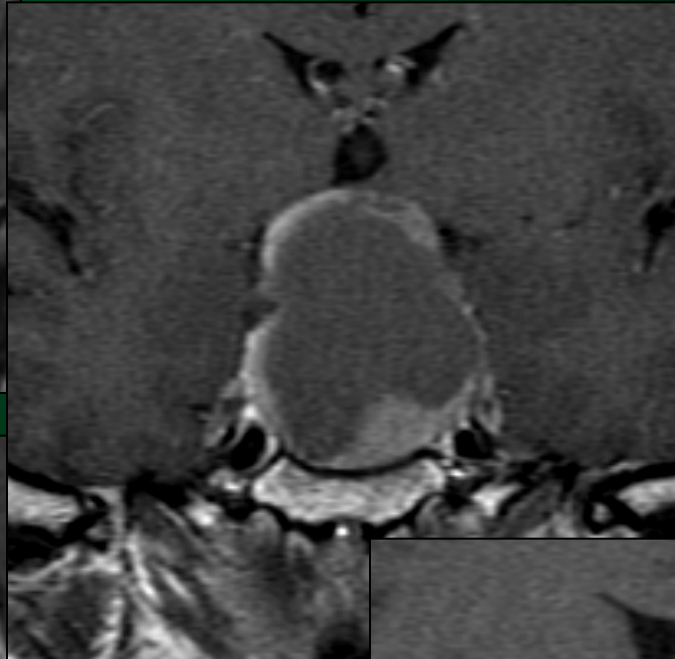
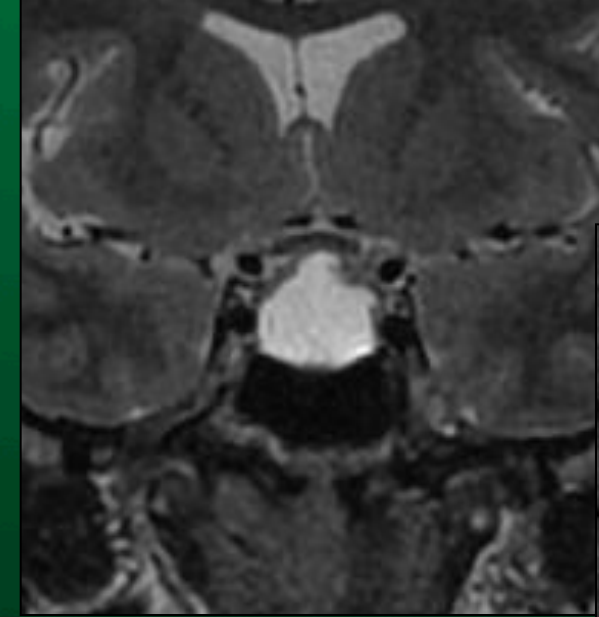
hormones de l'hypophyse

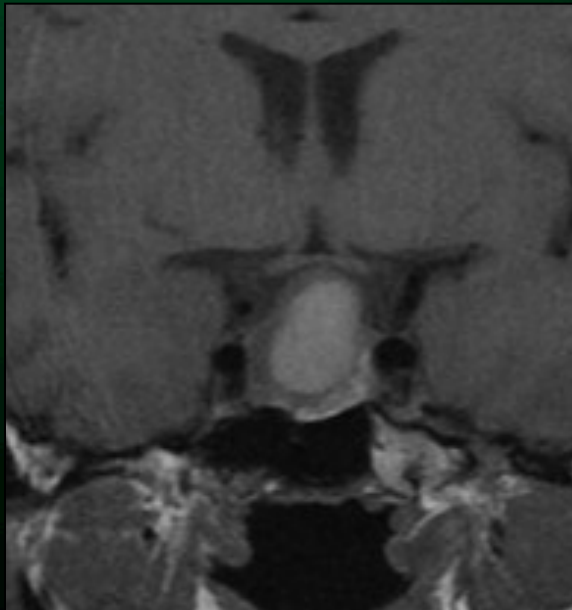
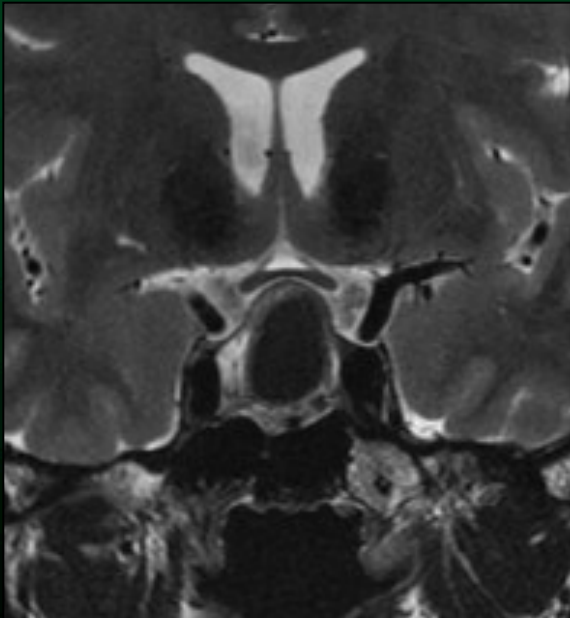
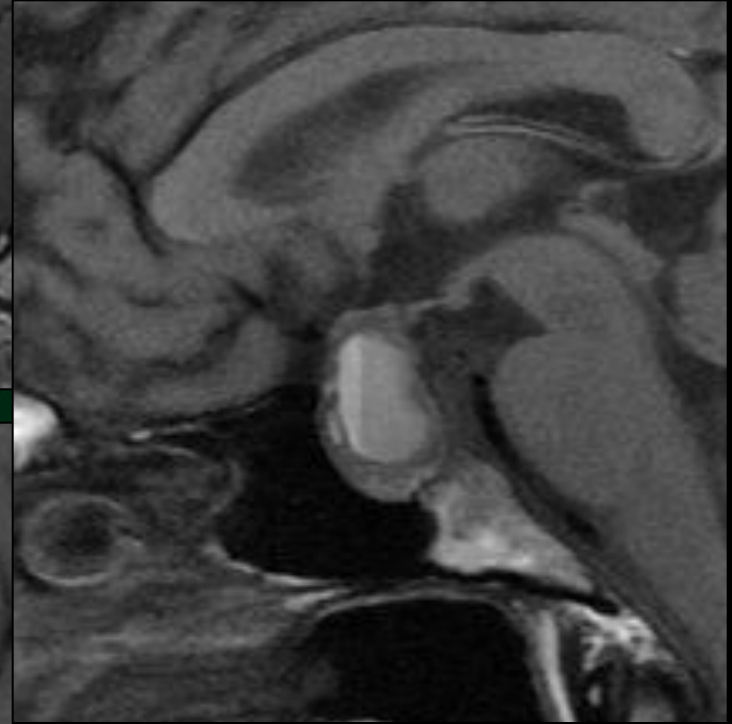
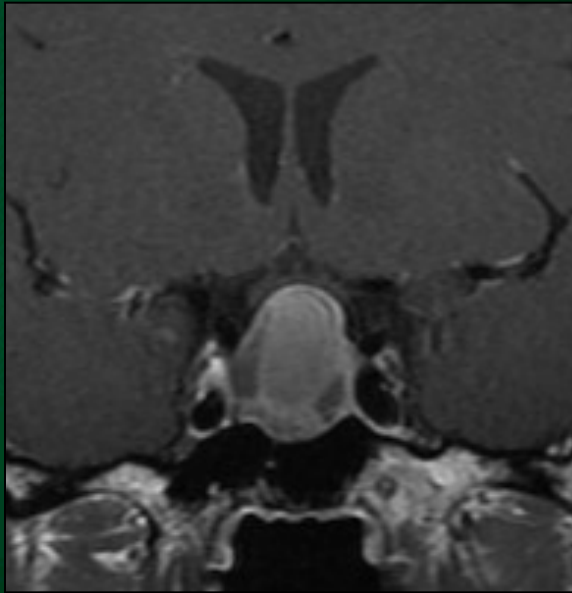
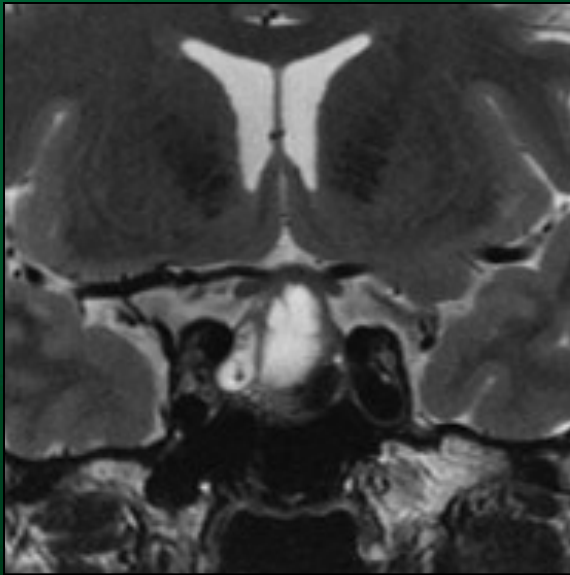






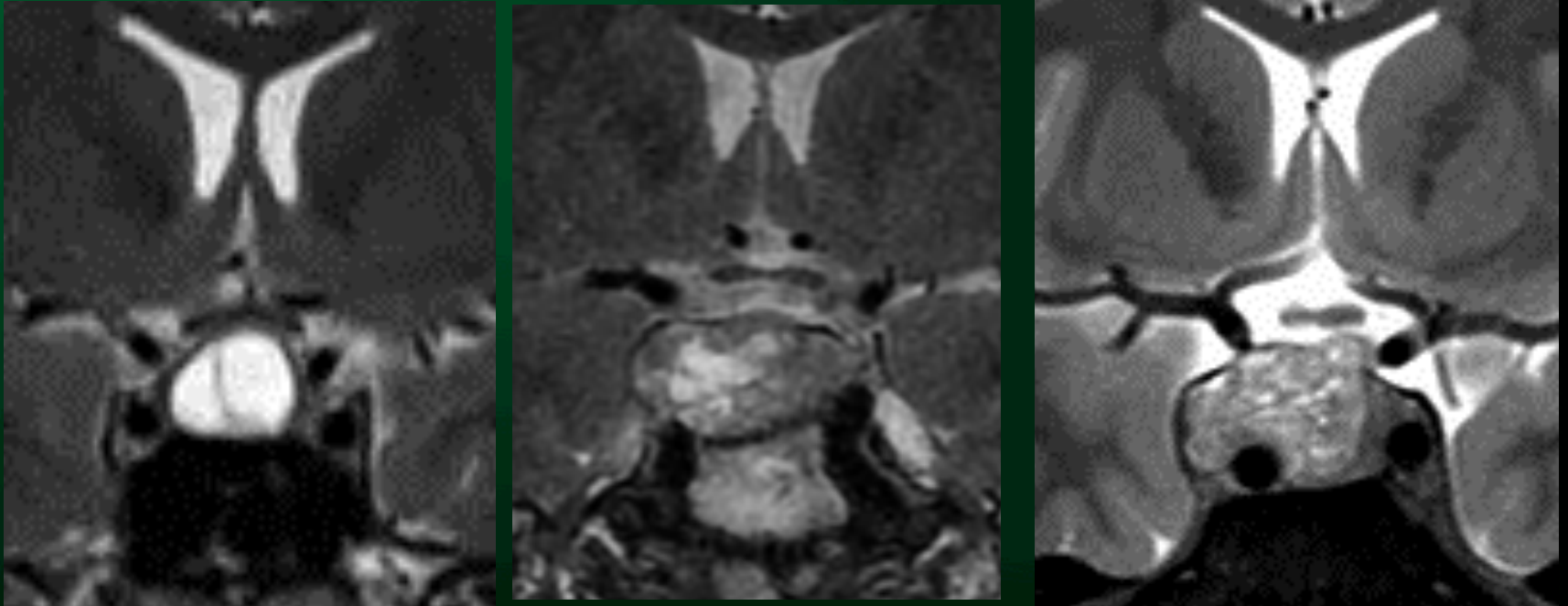
Adénome Kystique





kyste :
résorption hémorragie ?

Macro-adénome corticotrope silencieux



Aspect polymicrokystique

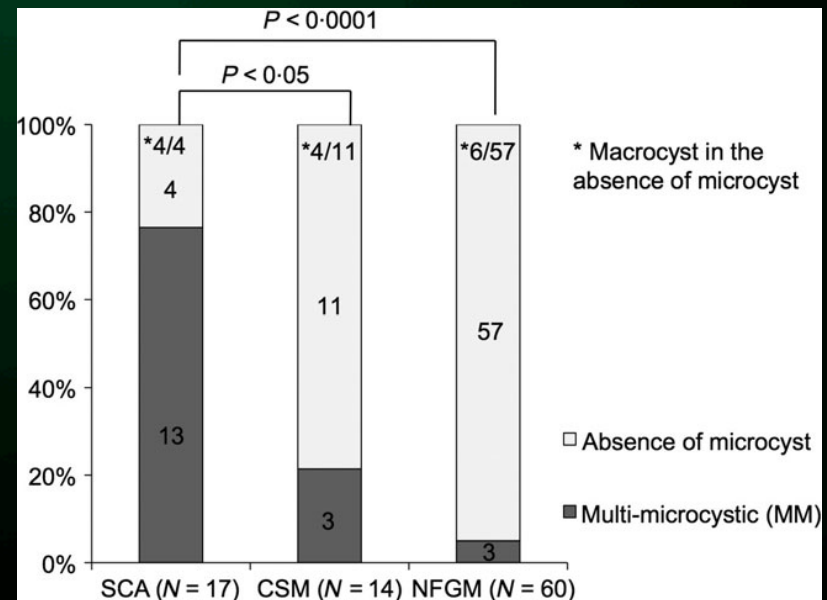
Silent, but not unseen: multimicrocystic aspect on T2-weighted MRI in silent corticotroph adenomas

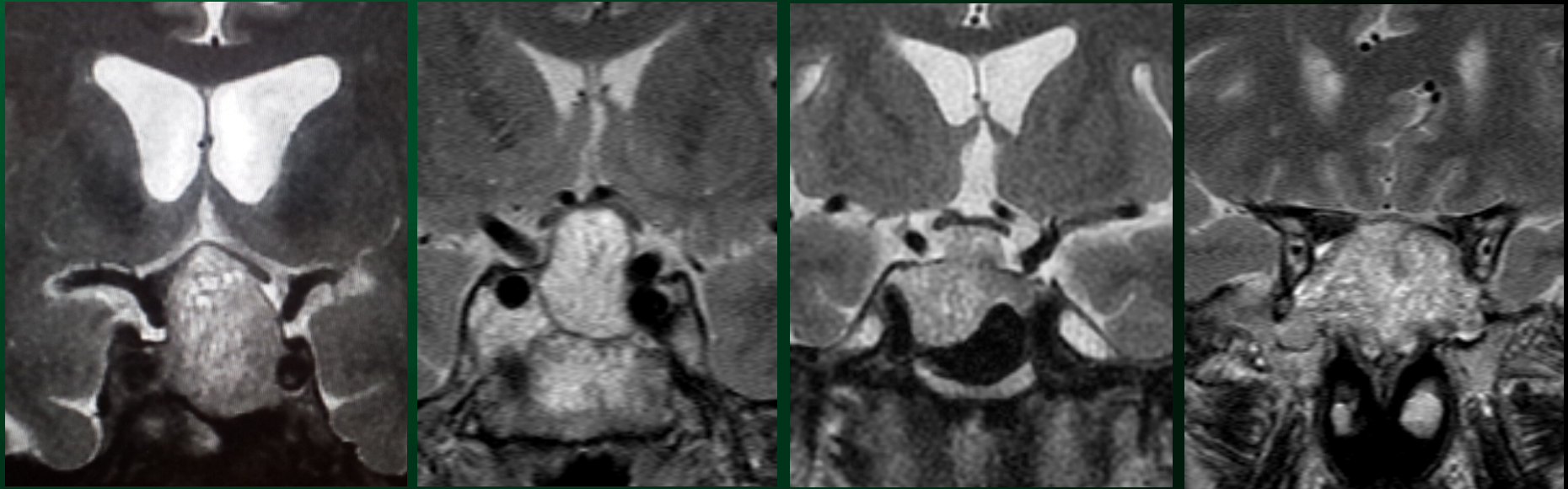
Laure Cazabat^{*††1}, Martin Dupuy^{‡1}, Anne Boulin[§], Michèle Bernier[¶], Bertrand Bausart[‡], Luc Foubert[‡], Marie-Laure Raffin-Sanson^{*†}, Philippe Caron^{**}, Jérôme Bertherat^{††} and Stéphan Gaillard[‡]

Clinical Endocrinology (2014) 81, 566–572



Silencieux (n=13/17)	Sécrétants (n=3/14)	A gonadotropes non fonctionnels (n=3/57)
76%	21%	5%



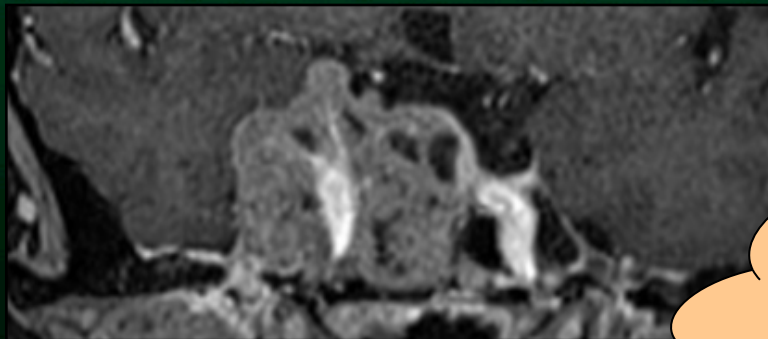
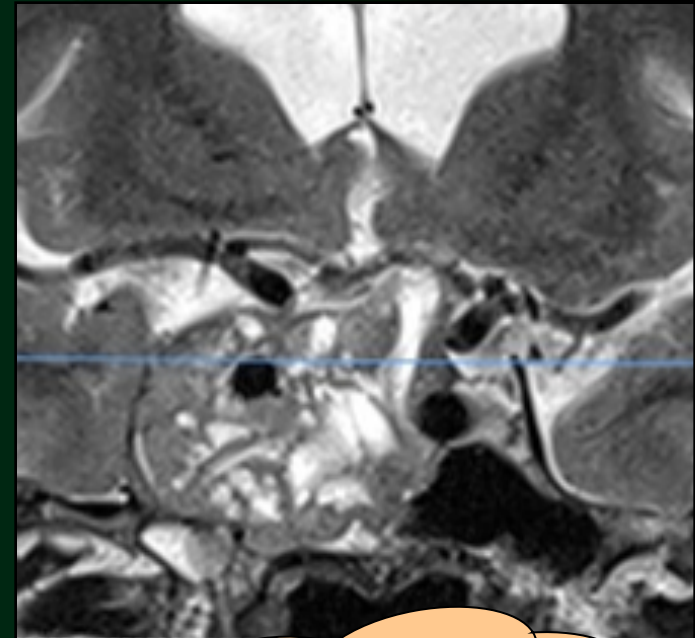
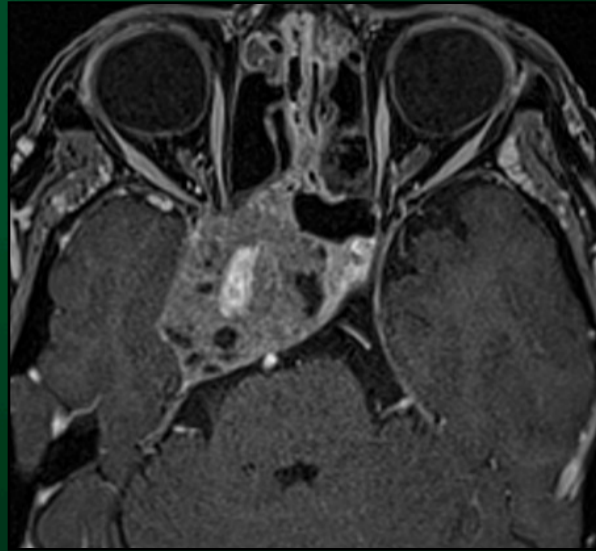
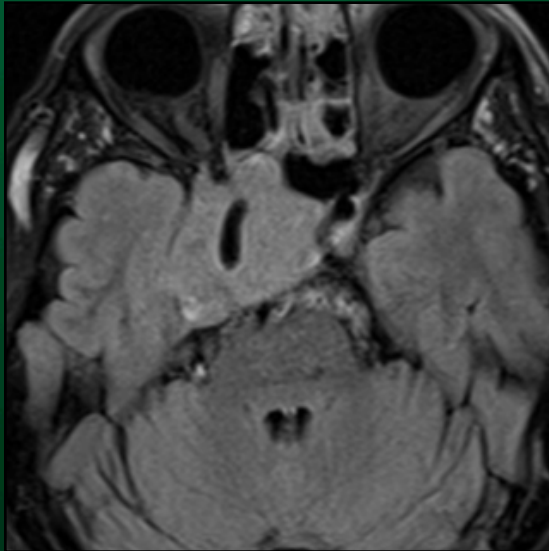


Macroadénomes corticotropes silencieux multimicrokystiques en T2

mécanisme ?....



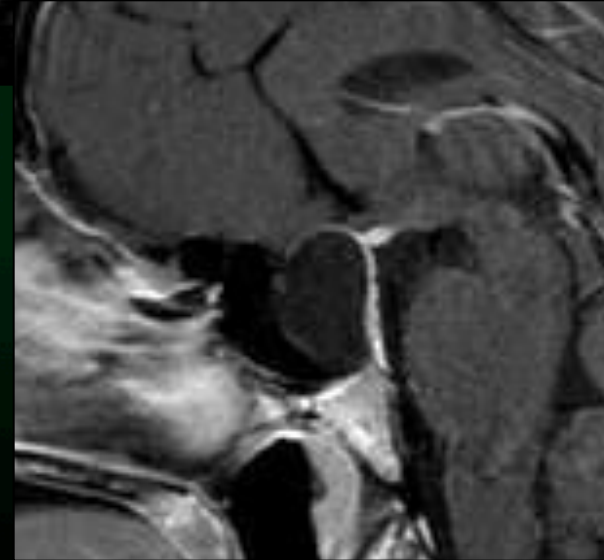
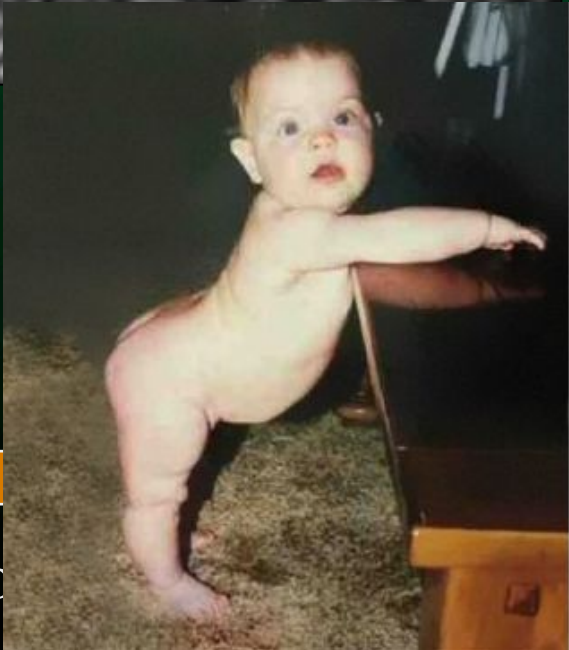
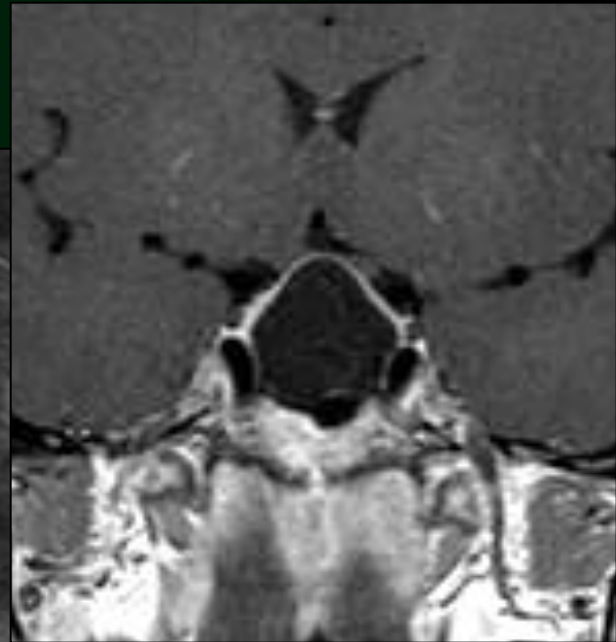
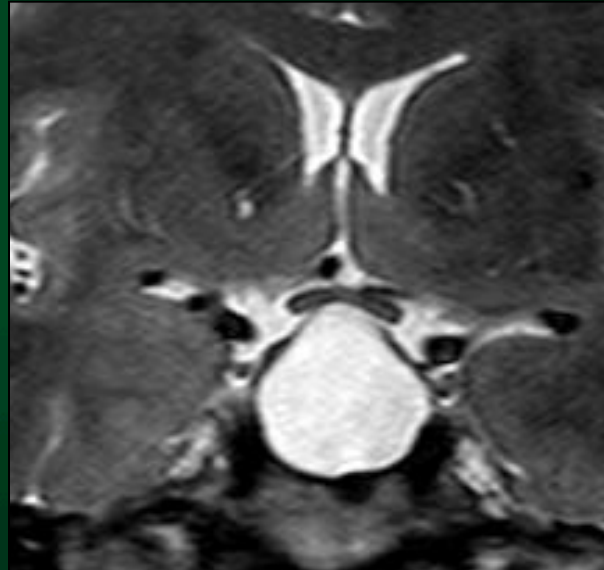
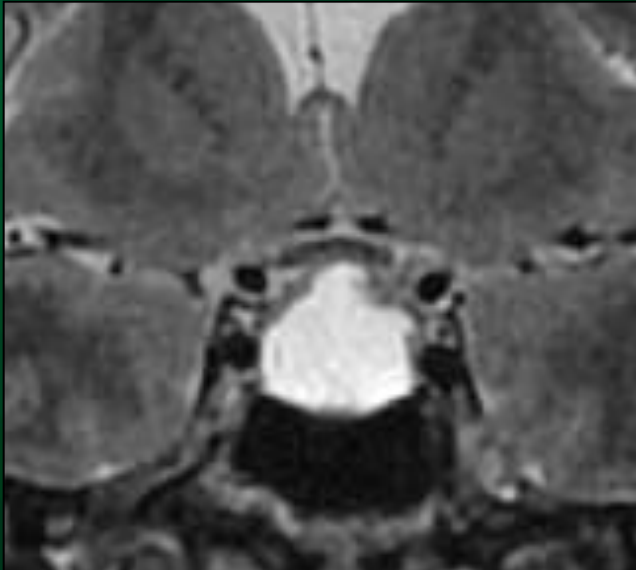
F 54 ans acouphènes gauches

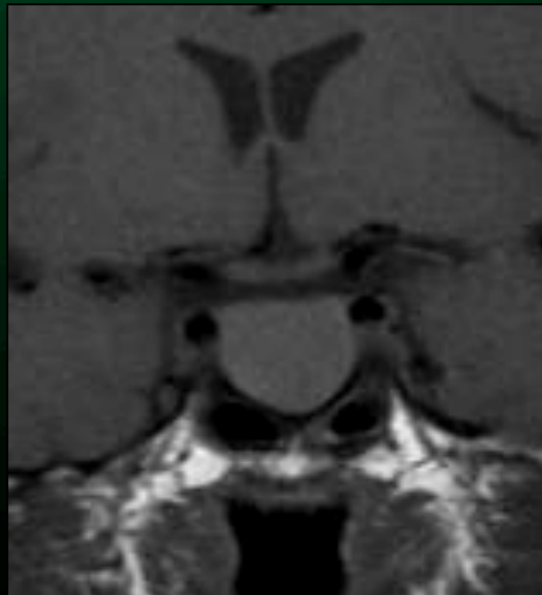
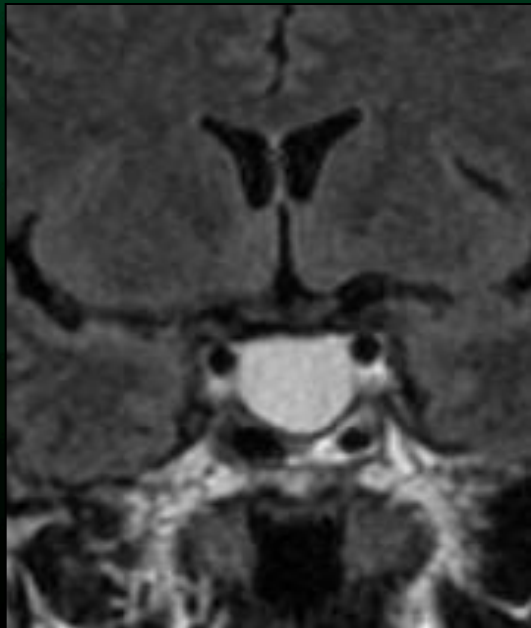
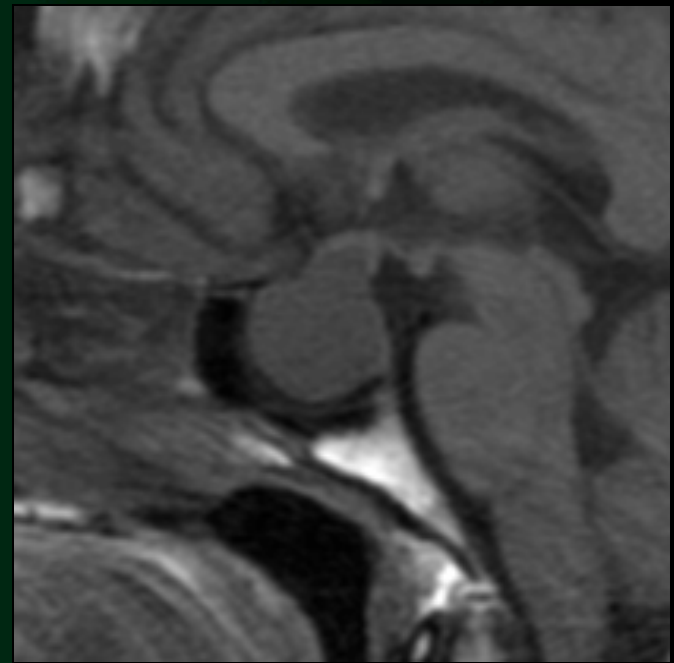
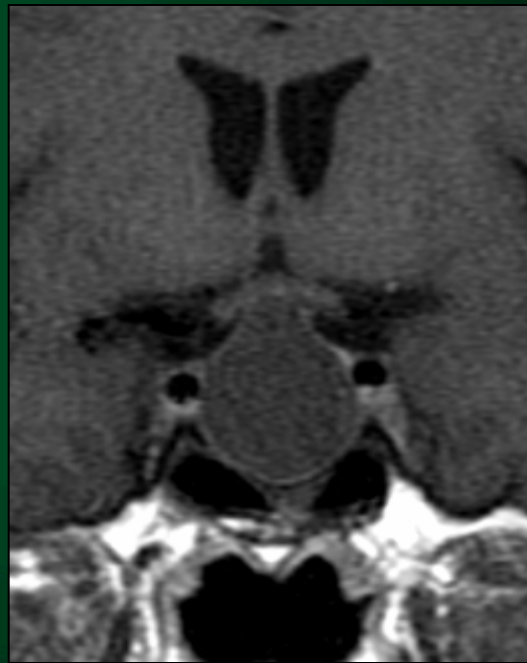


take home message

Macro-adénome gonadotrope ...

Kyste de Poche Rathke séreux

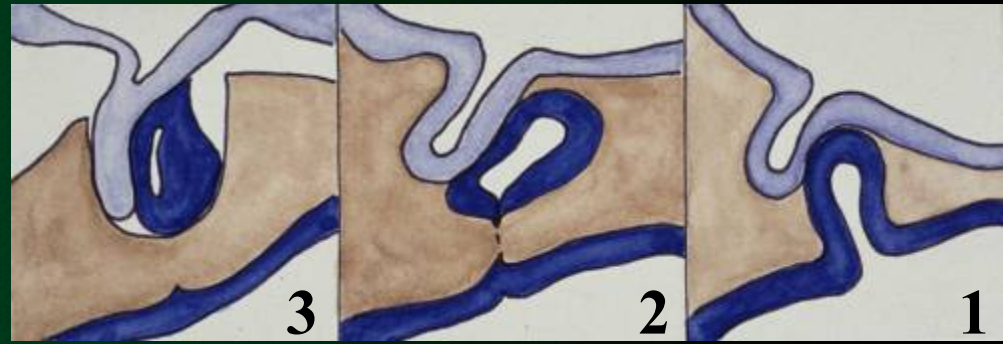




KPR

Taille et signal variables

Rappel - KPR



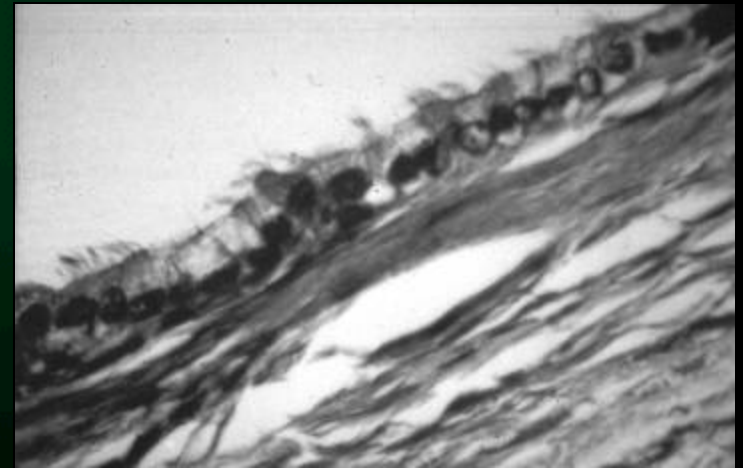
- ▼ Lésion kystique bénigne de la poche de Rathke
- ▼ Paroi unicellulaire (cellules cuboïdes et ciliées)

▼ Localisée :

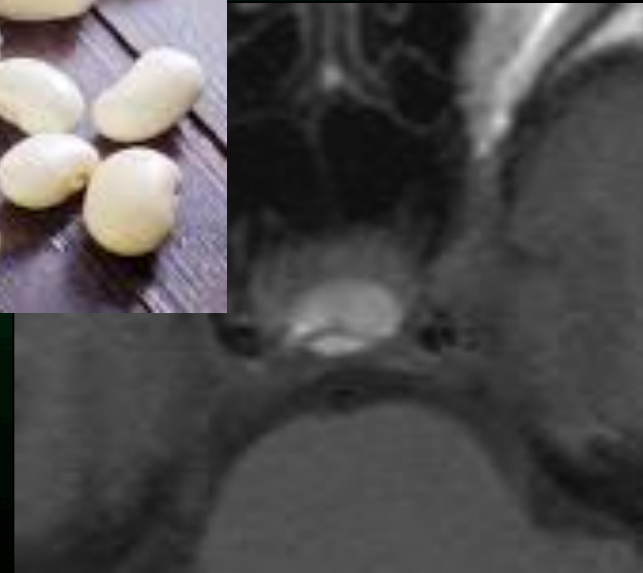
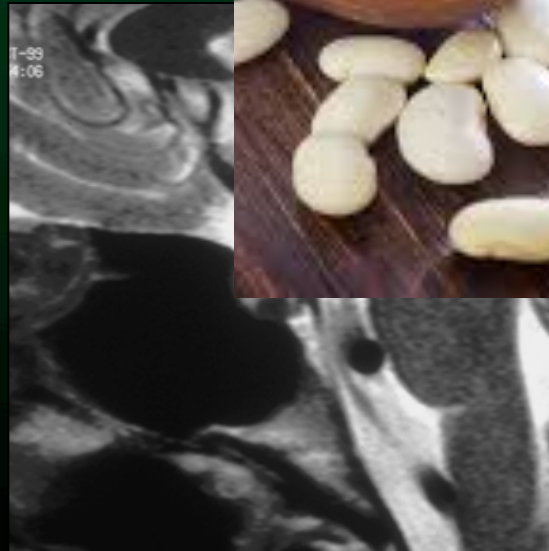
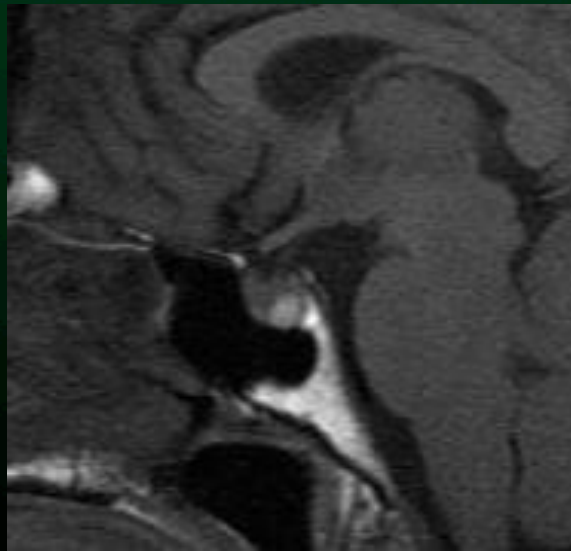
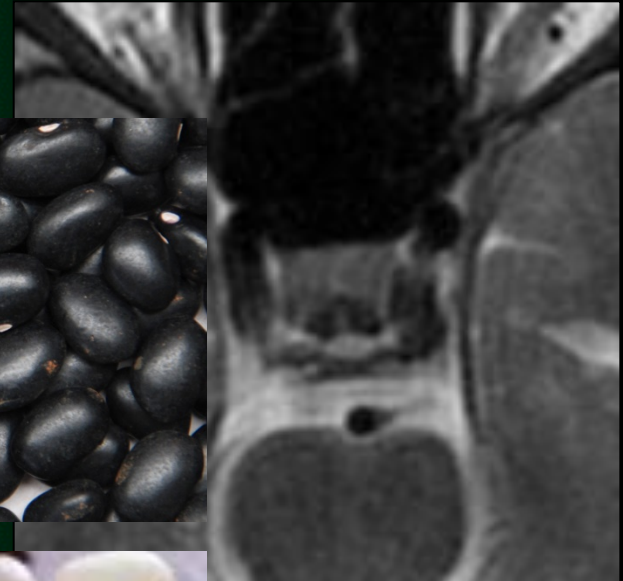
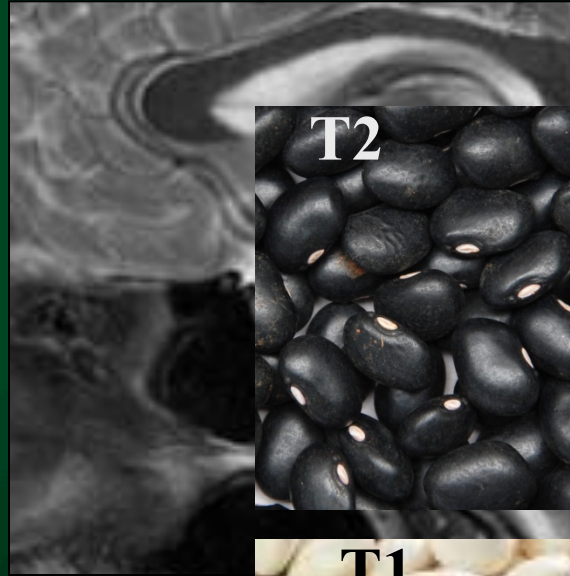
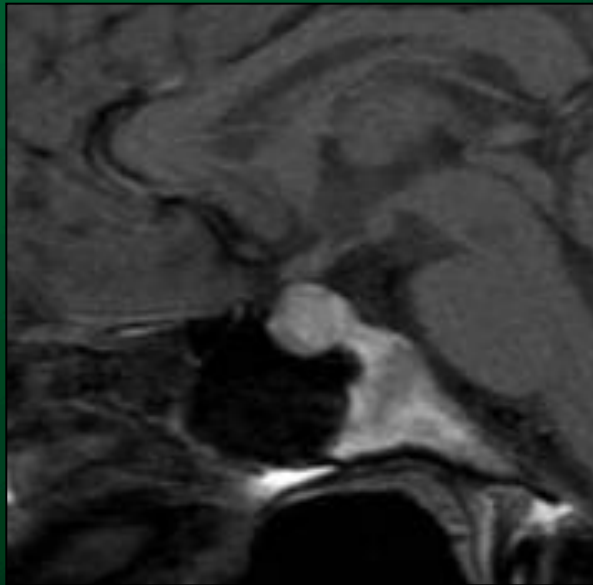
- sur la ligne médiane
- entre anté- et post-hypophyse

▼ Découverte fortuite (15-20% pop)

▼ Traitement si signes de compression



KPR mucoïdes (25%*)

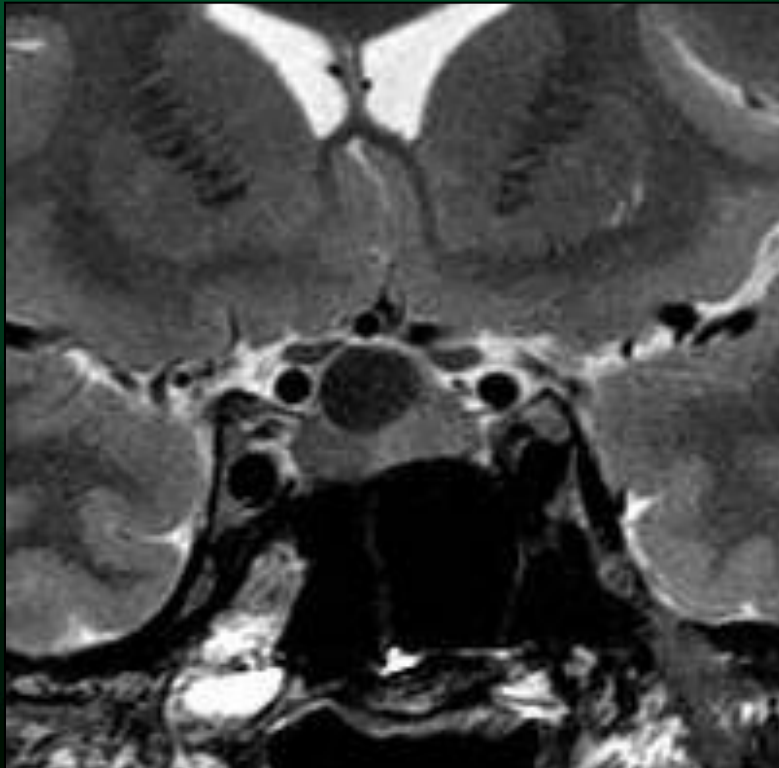


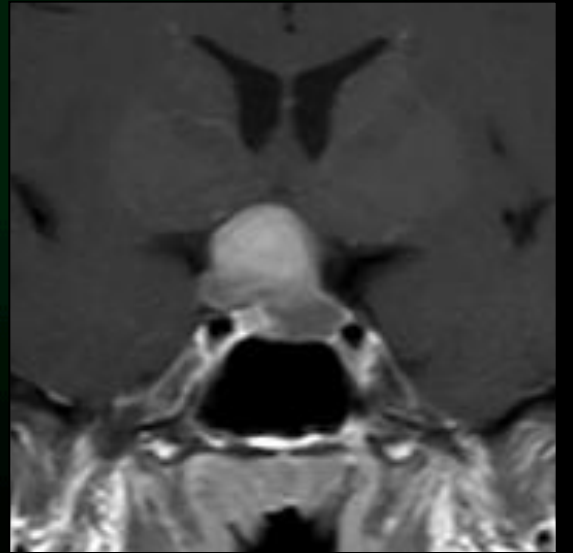
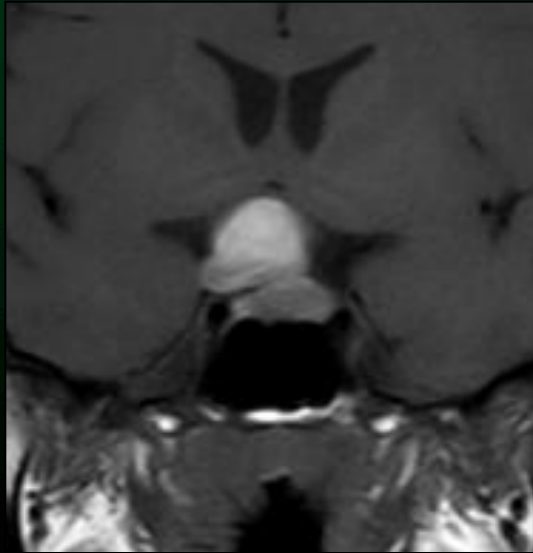
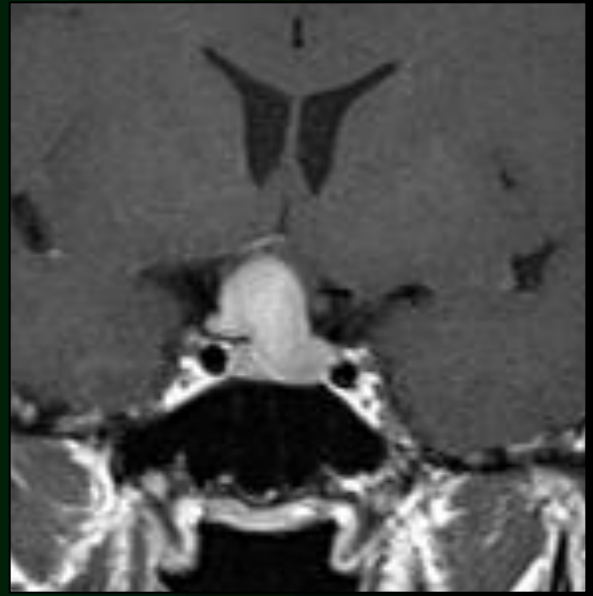
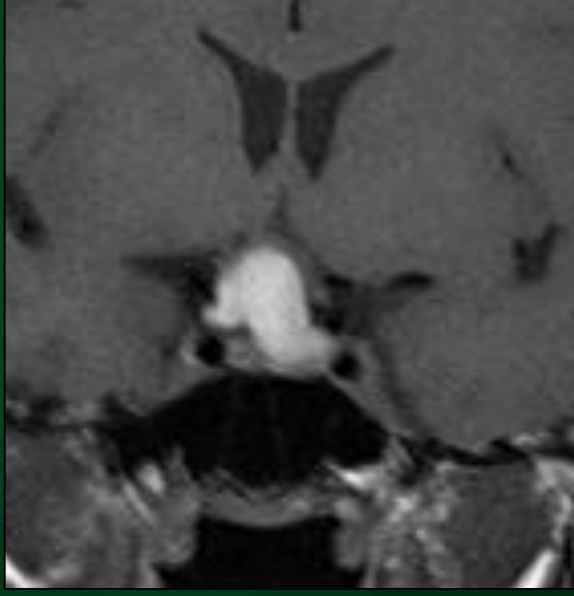
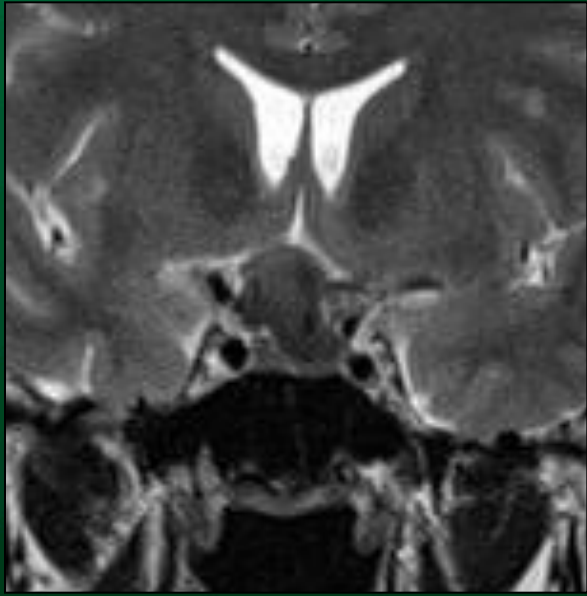
F 58 ans , vertiges

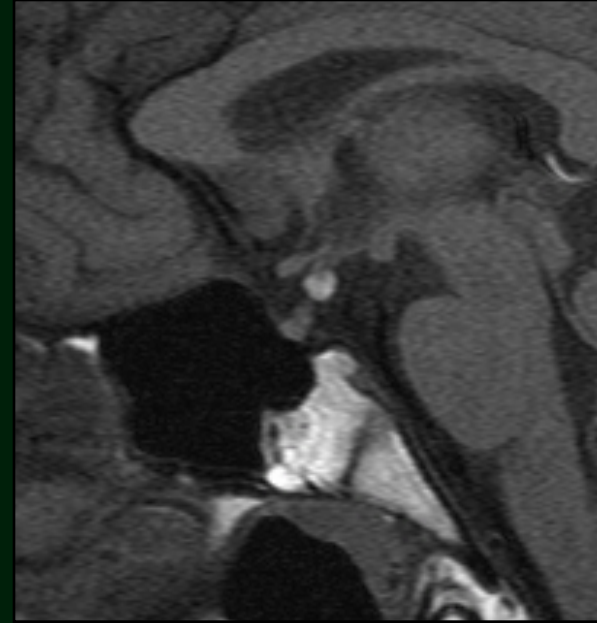
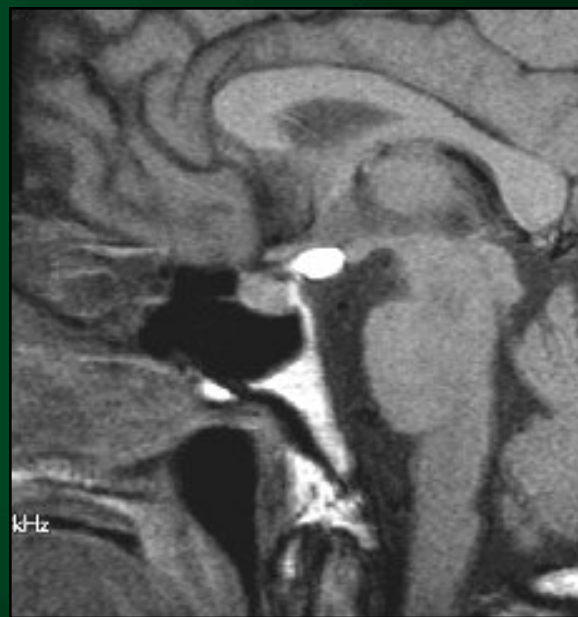
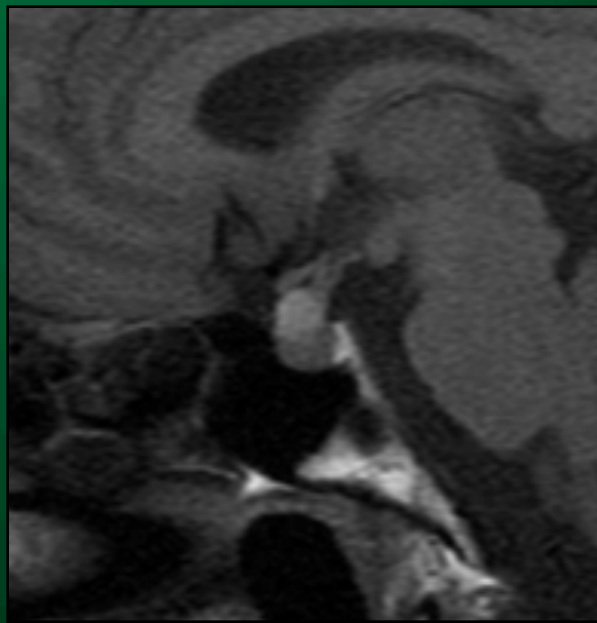


Ecchordosis physaliphora + KPR mucoïde

Position variable



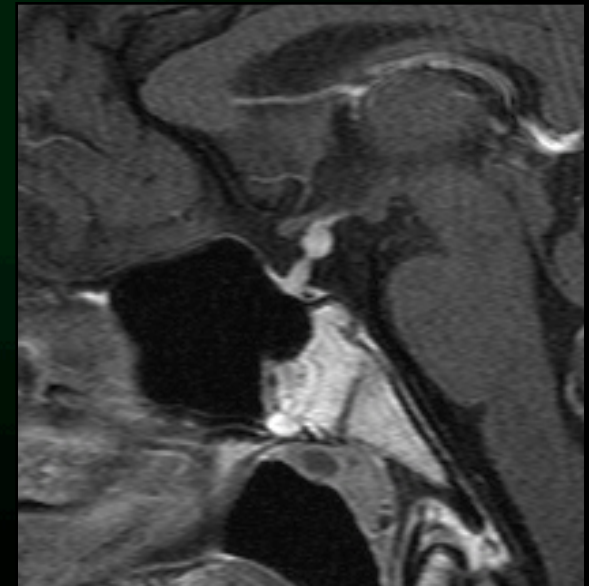
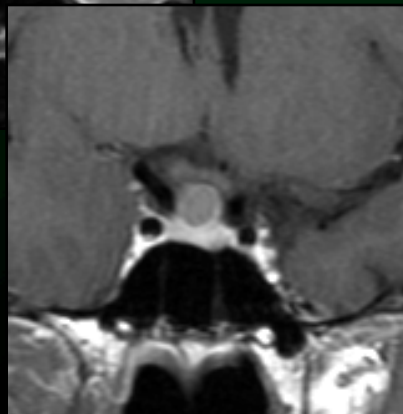
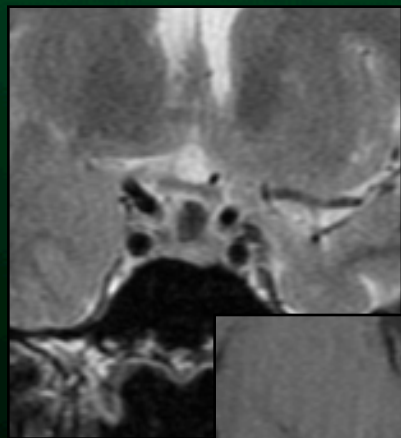




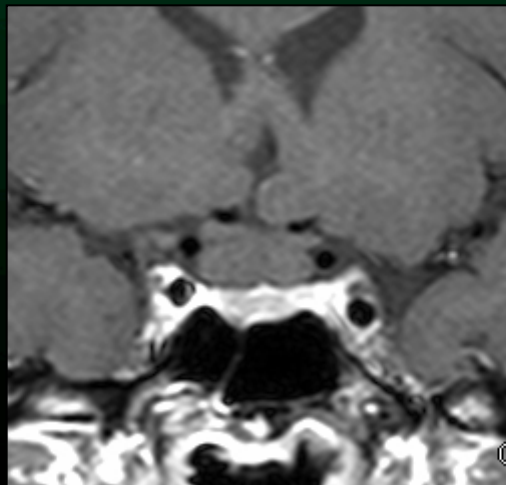
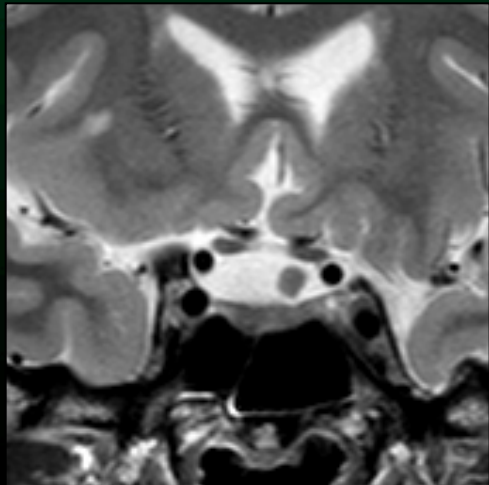
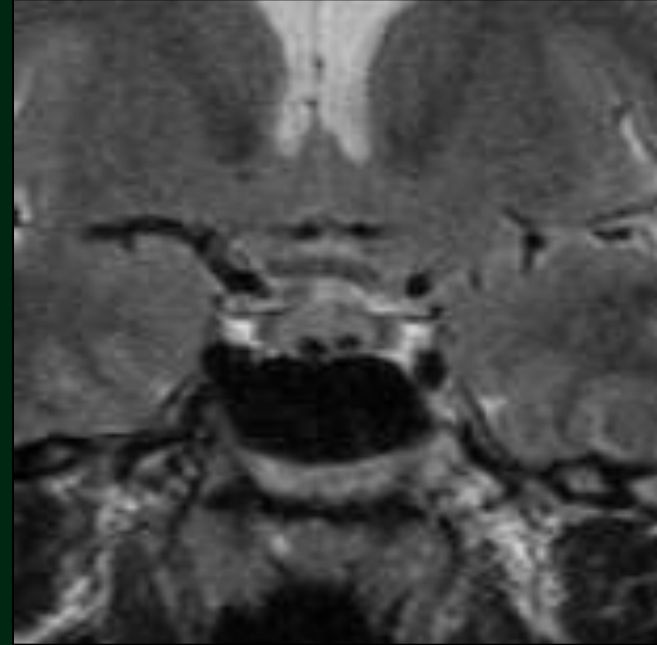
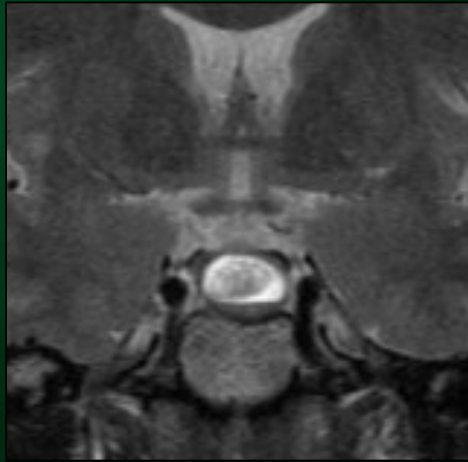
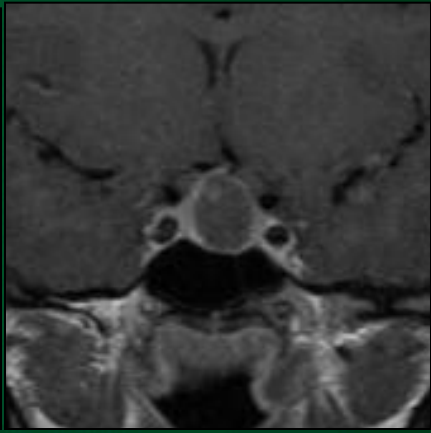
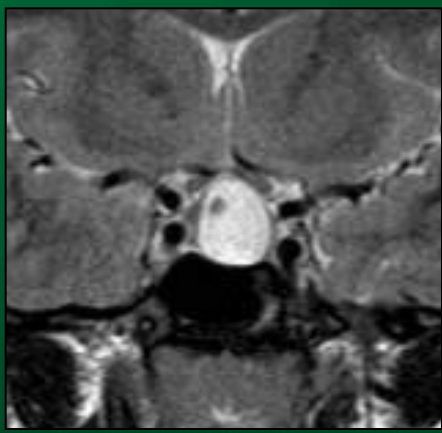
KPR

Lipome

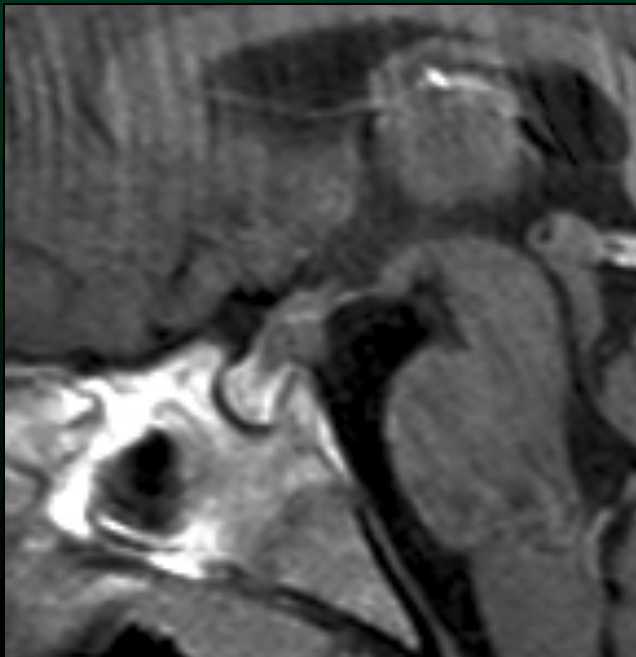
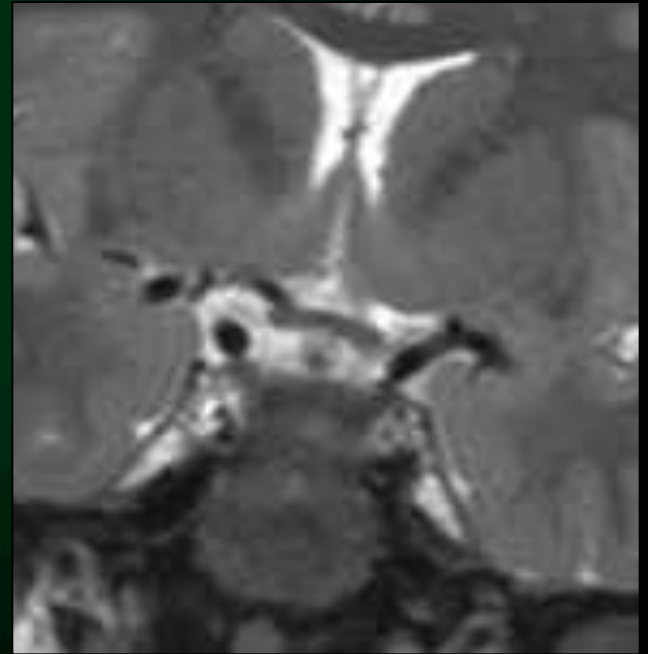
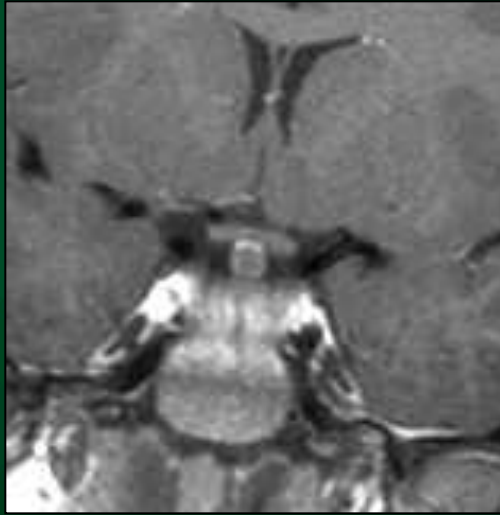
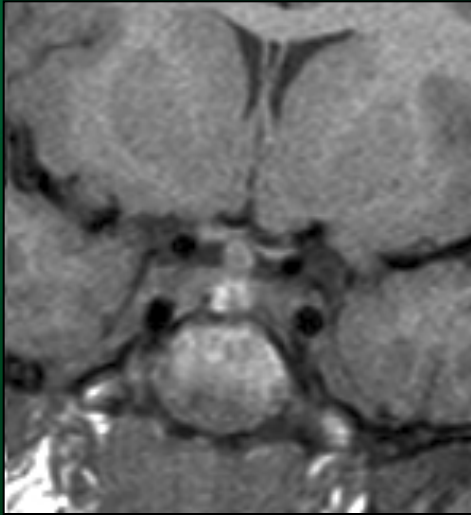
Nanisme

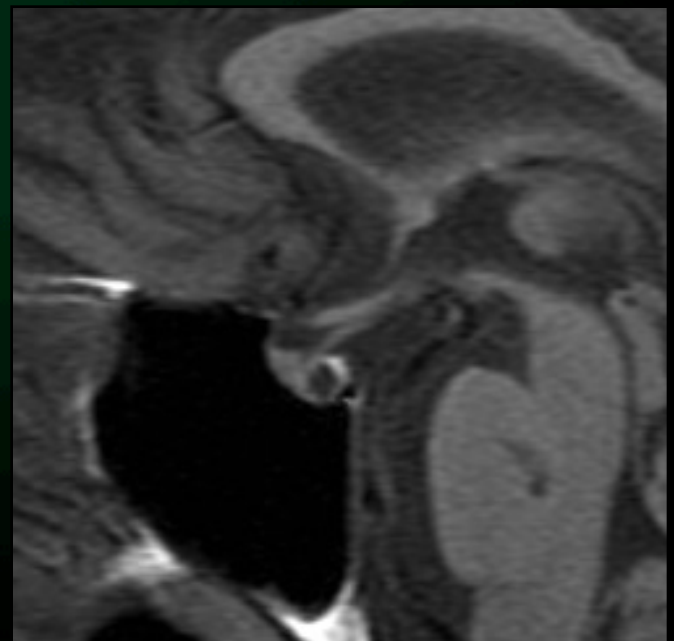
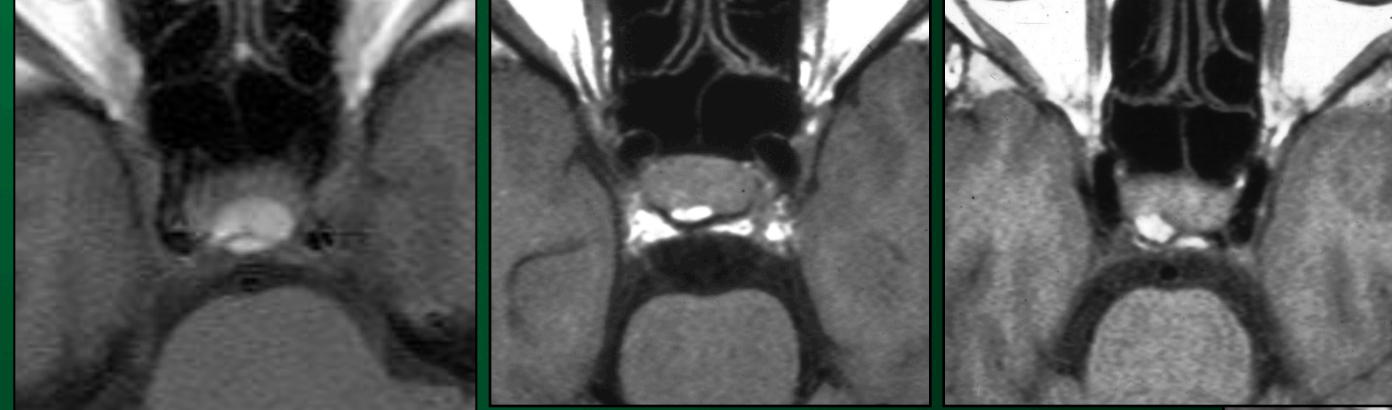


Nodules intrakystiques dans KPR



KPR Intratige

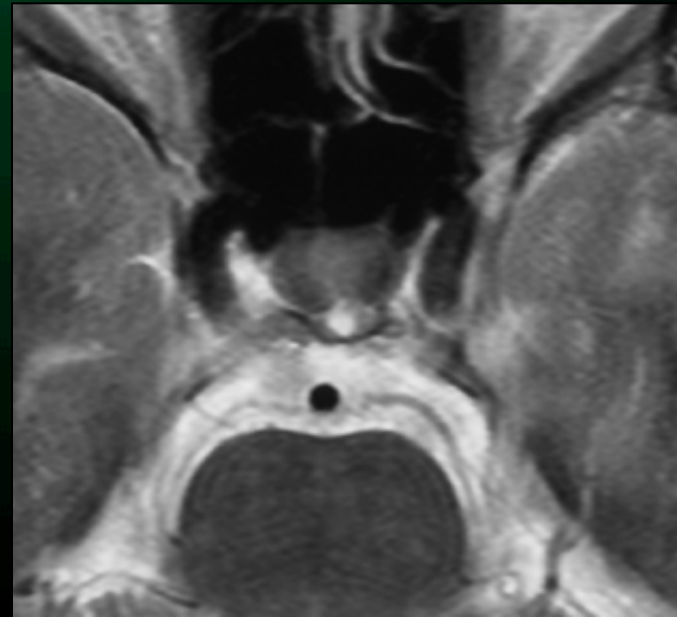
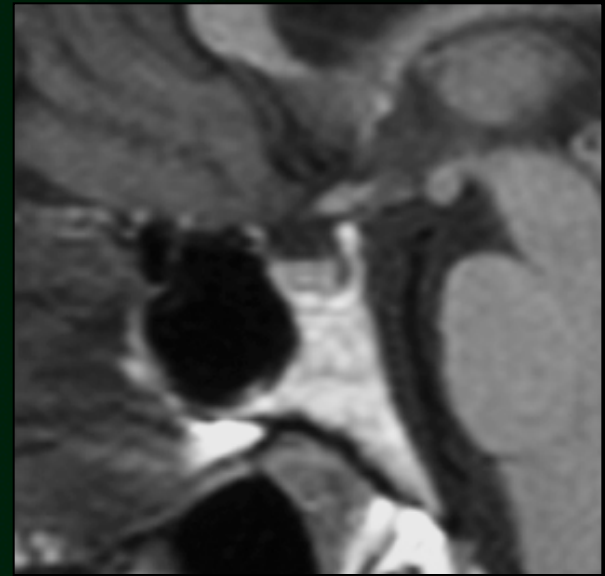




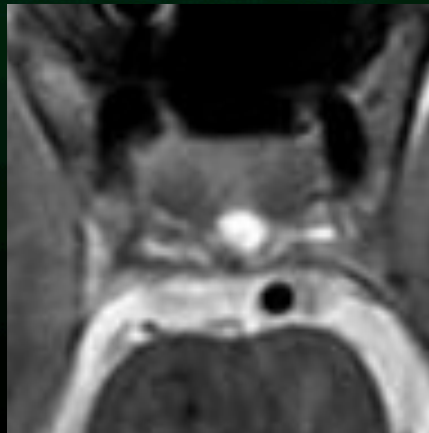
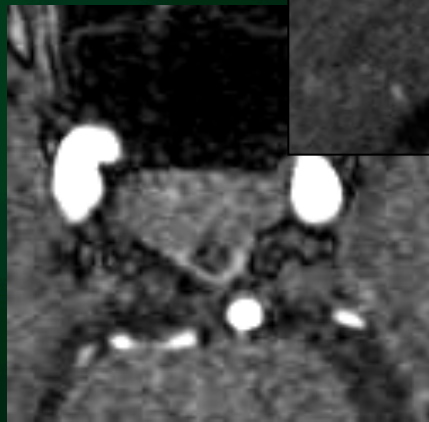
Kyste post-hypophyse

Post-hypophyse

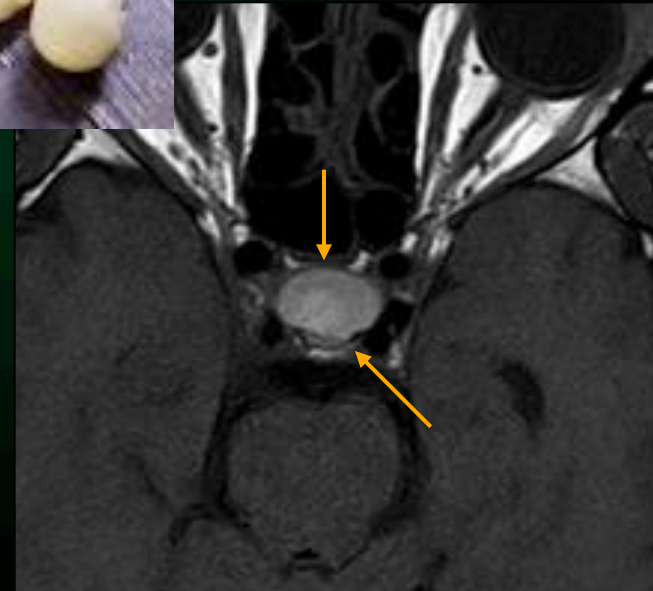
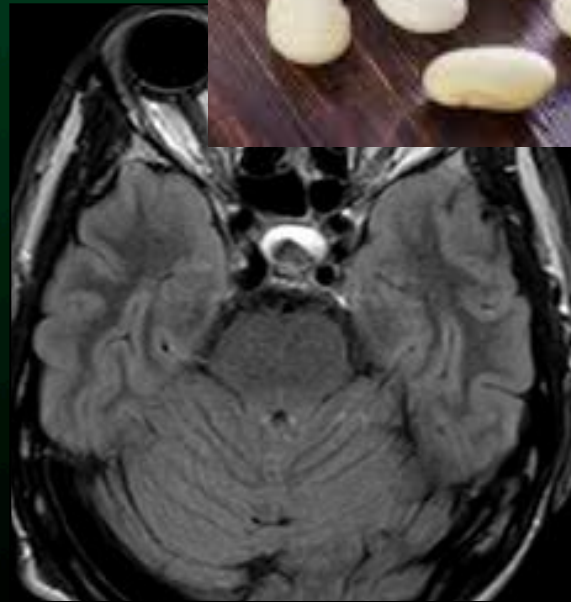
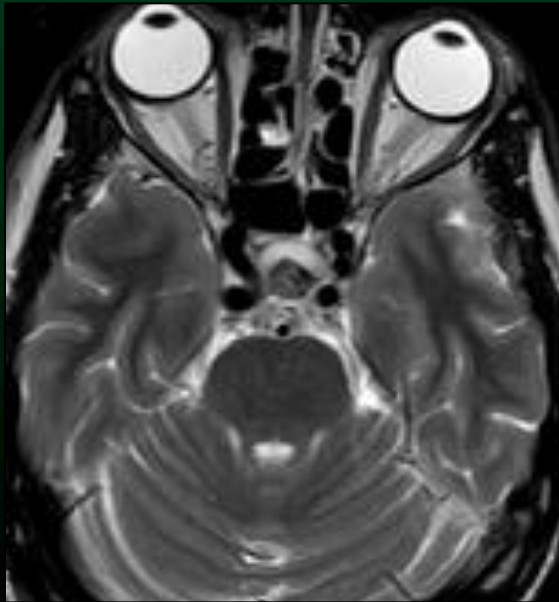
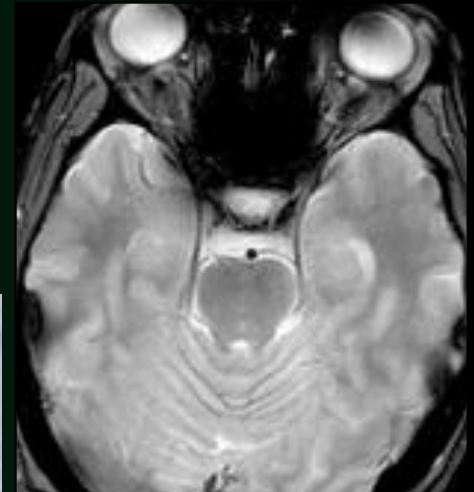
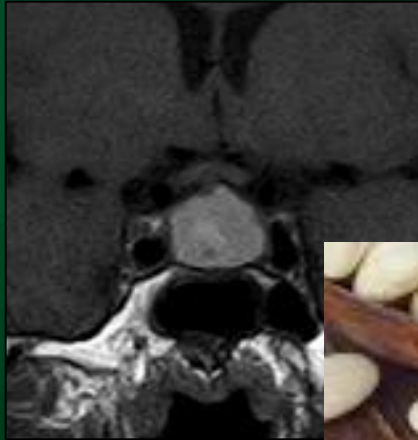
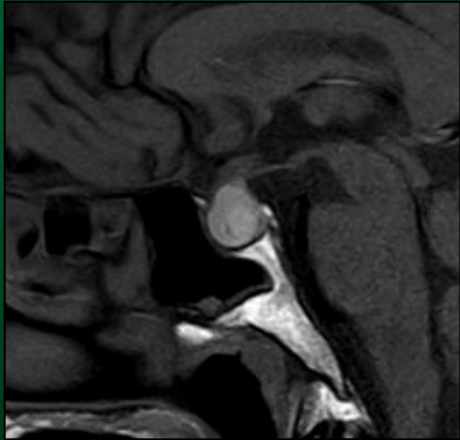
...et kyste



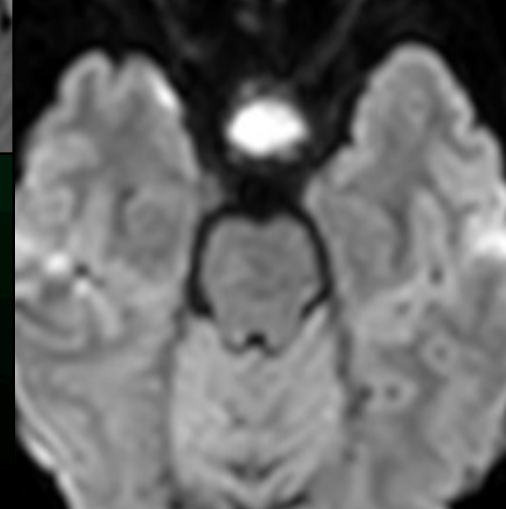
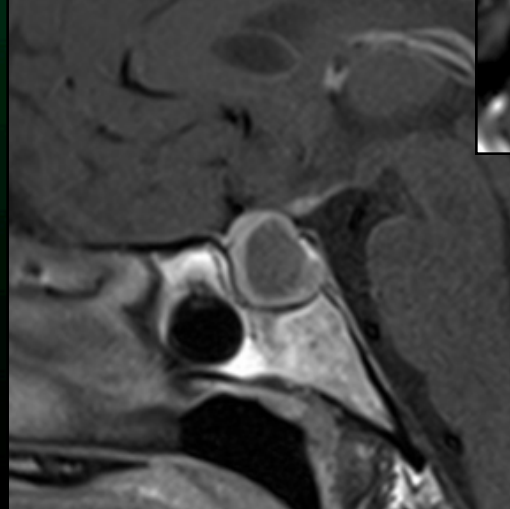
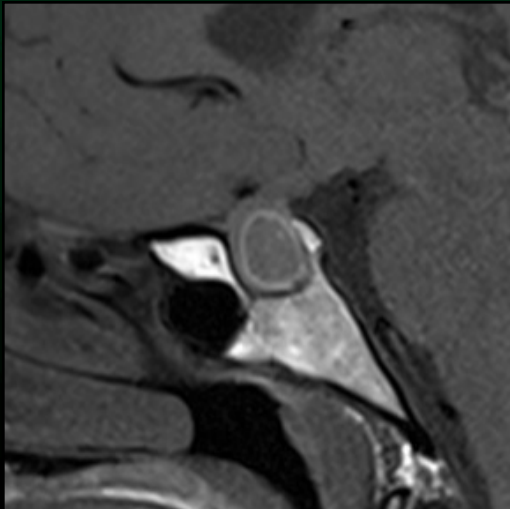
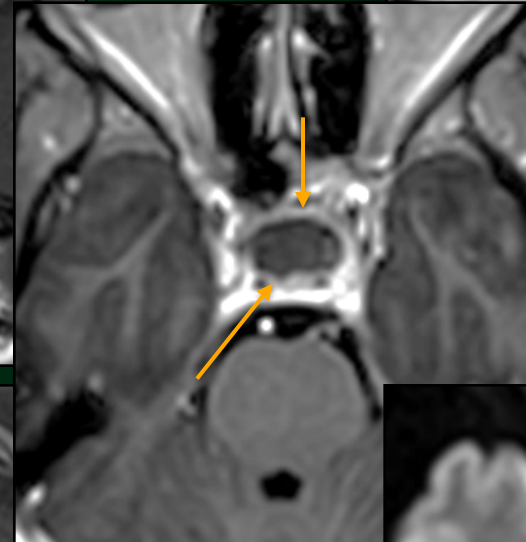
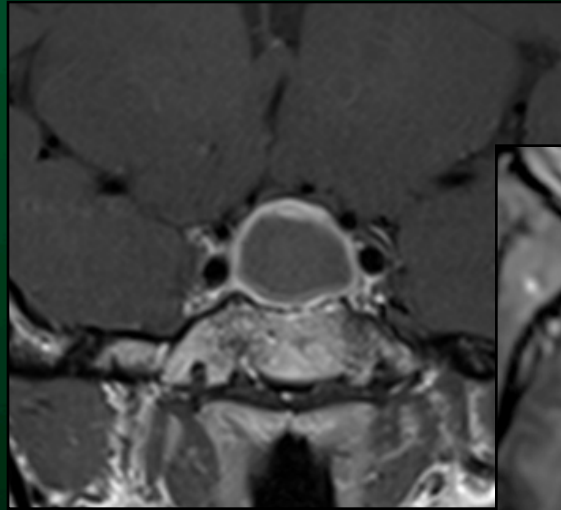
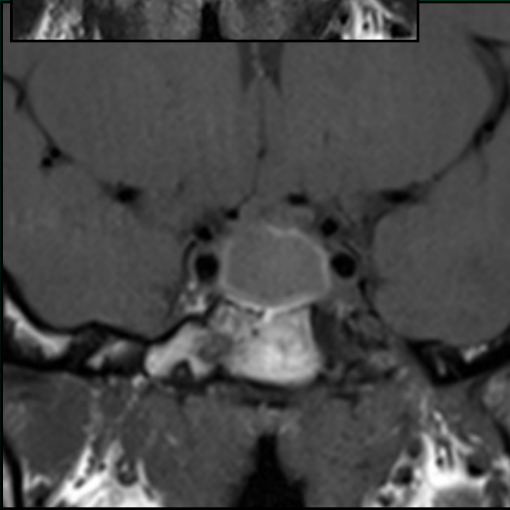
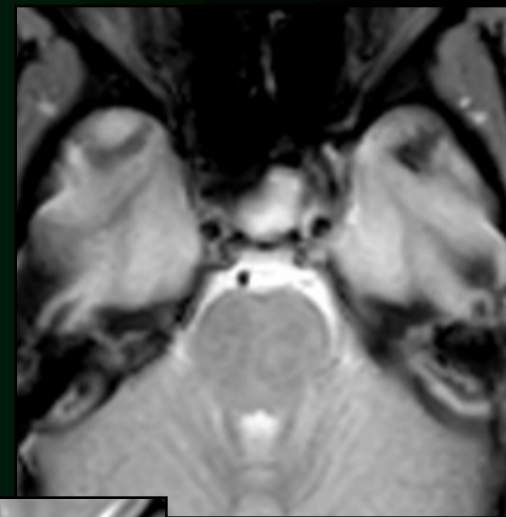
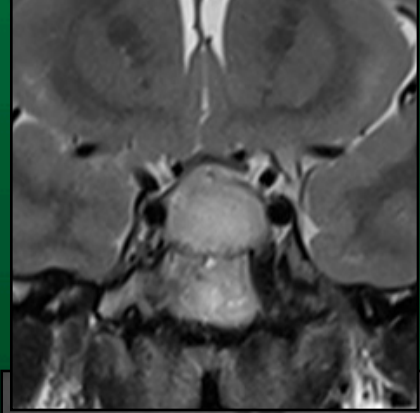
KPH en ARM : 3%



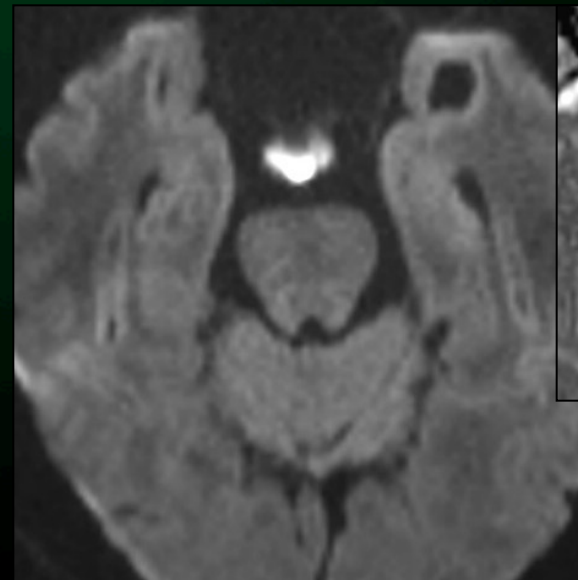
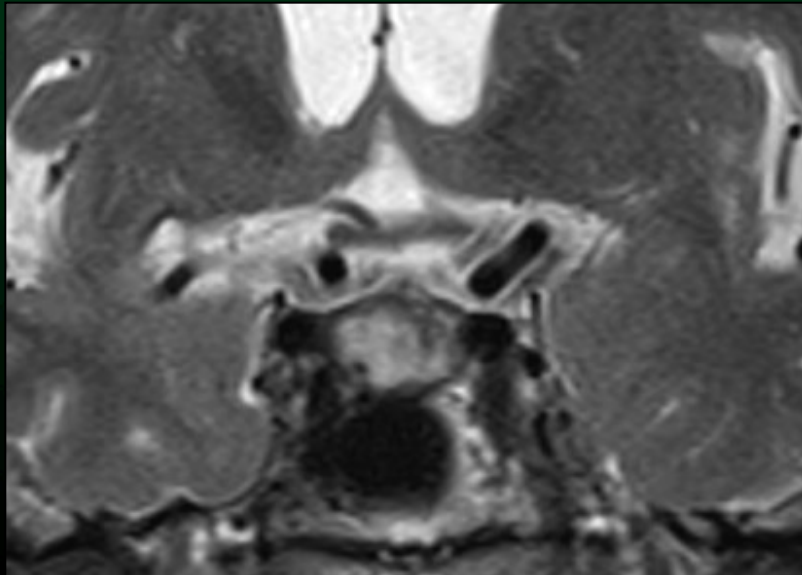
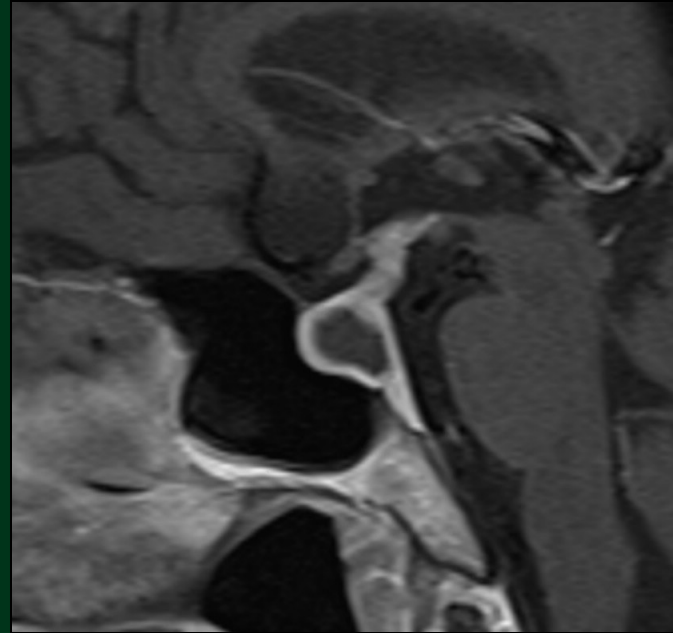
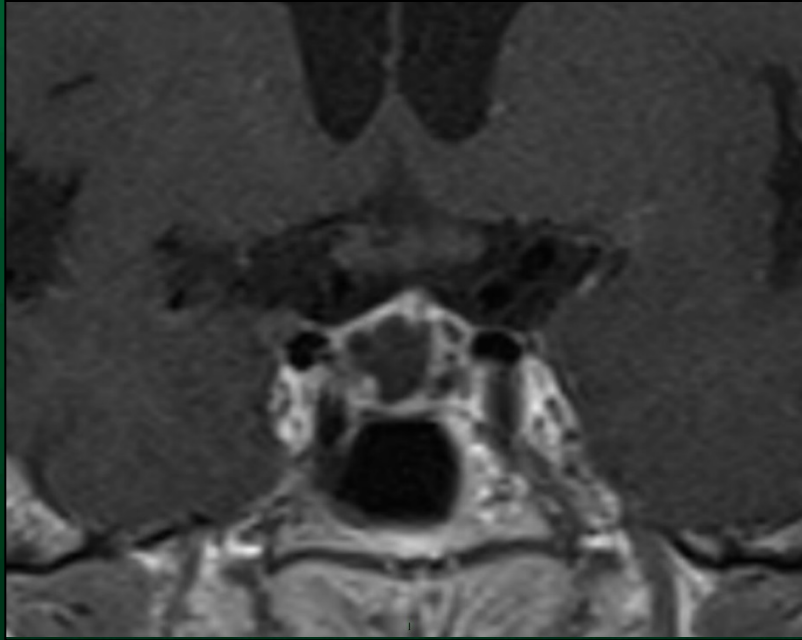
Intérêt des axiales pour KPR



KPR infecté

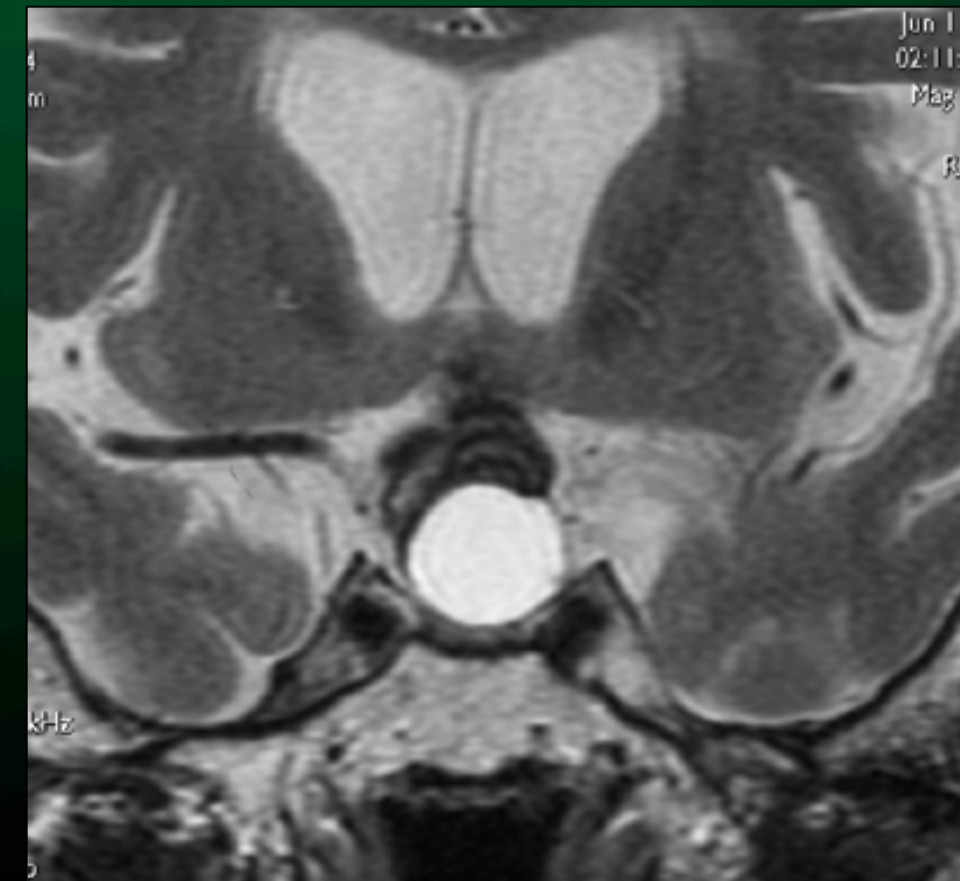
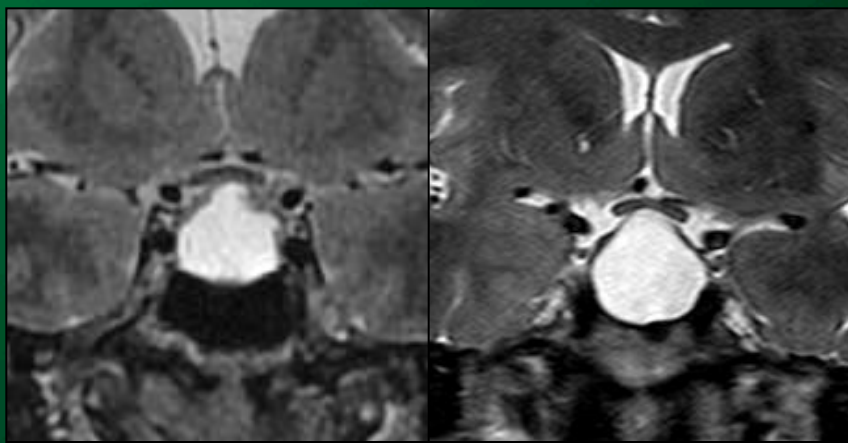


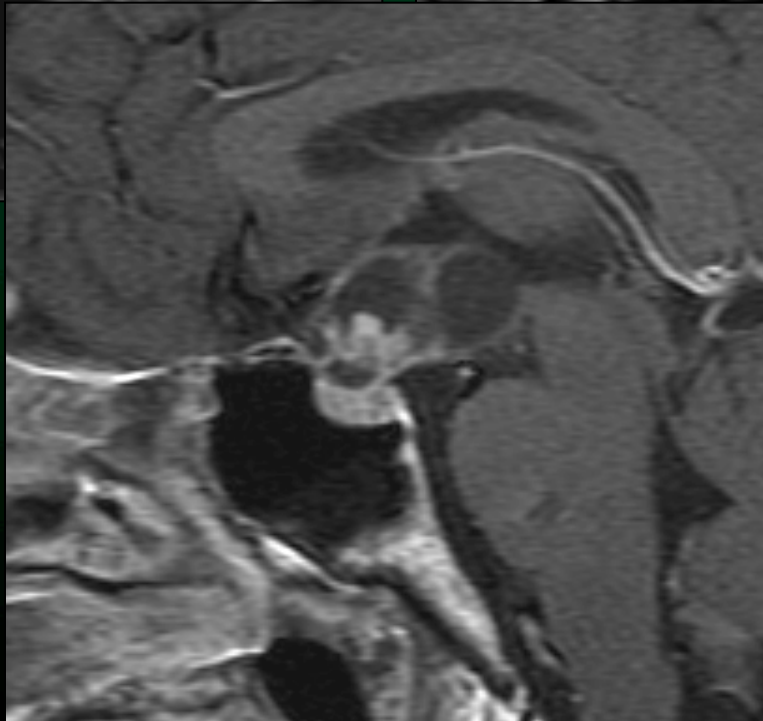
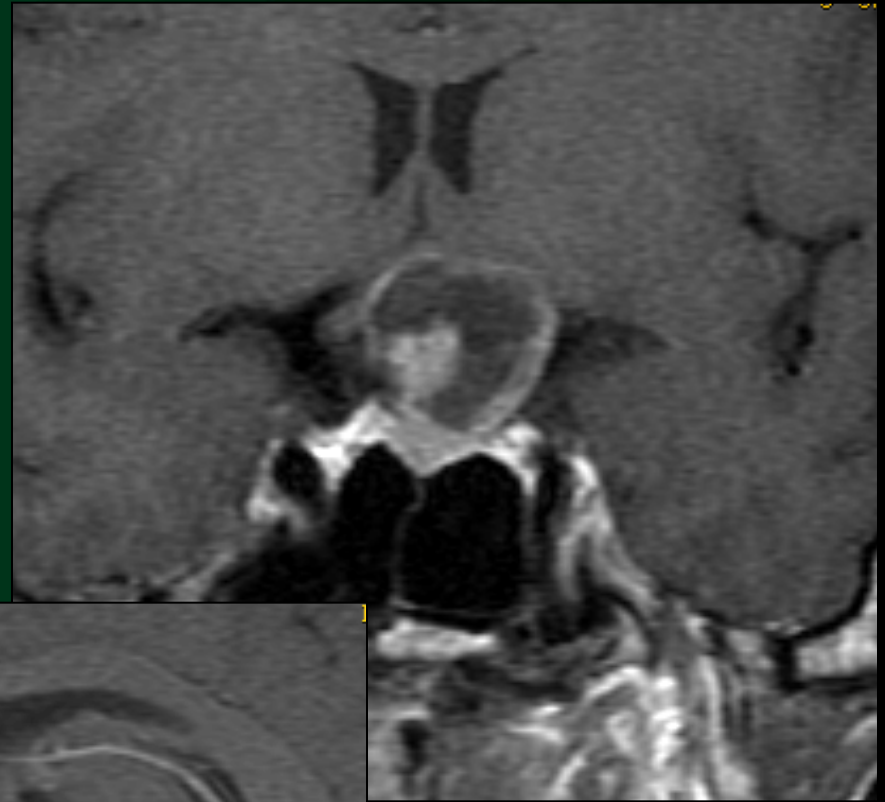
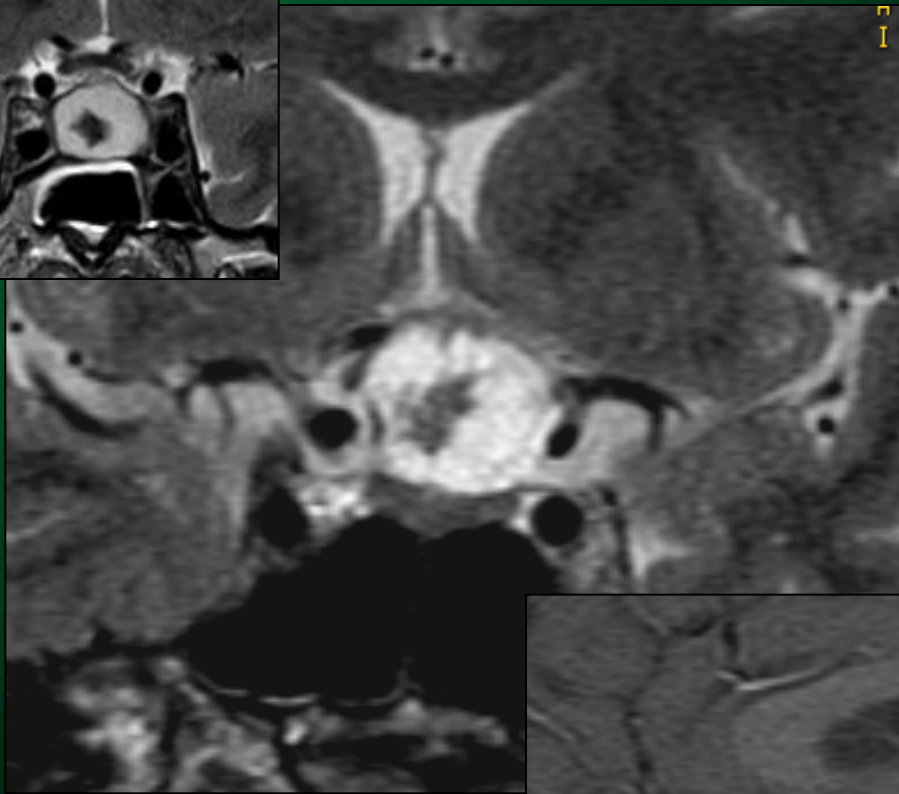
Abcès staphylocoque

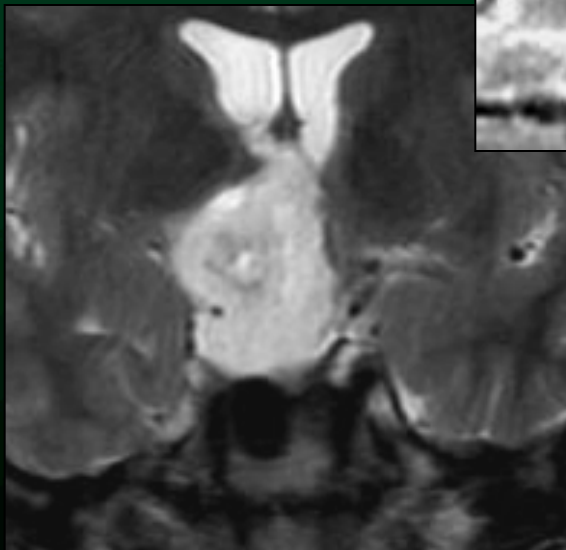
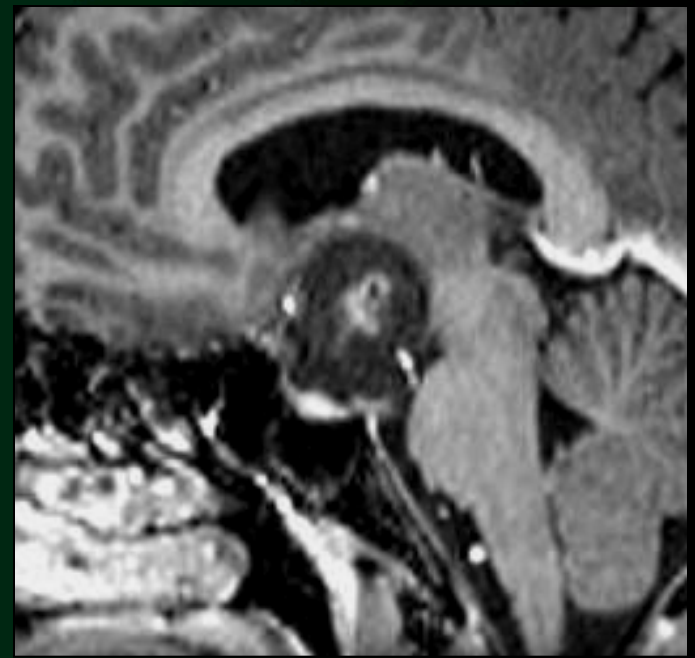
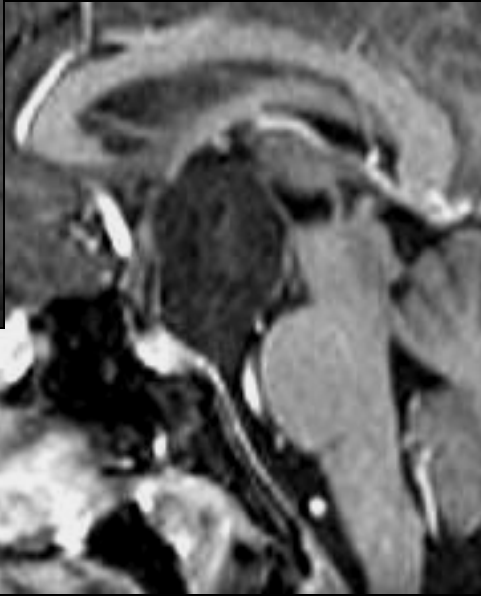
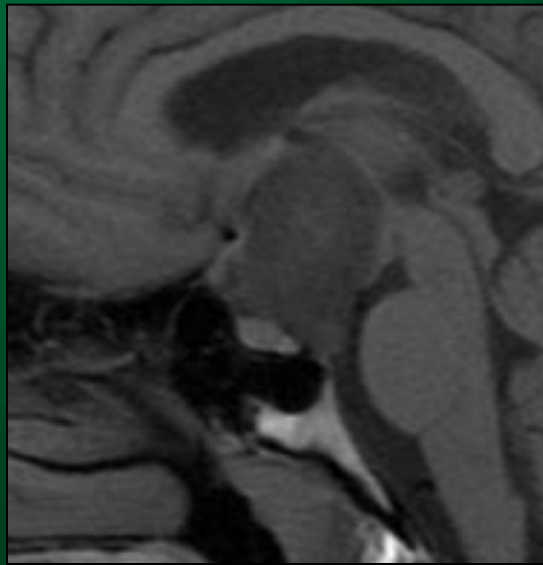


Remerciements Ch Magny

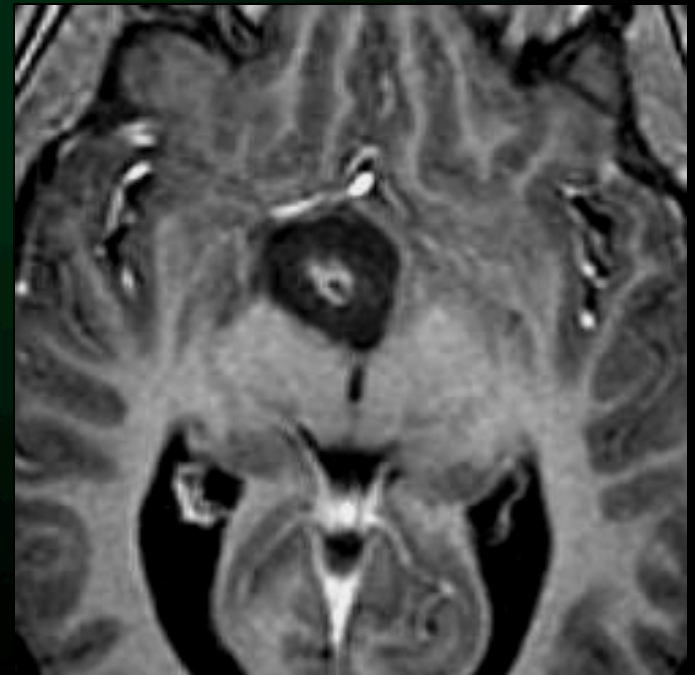
Crâniopharyngiome



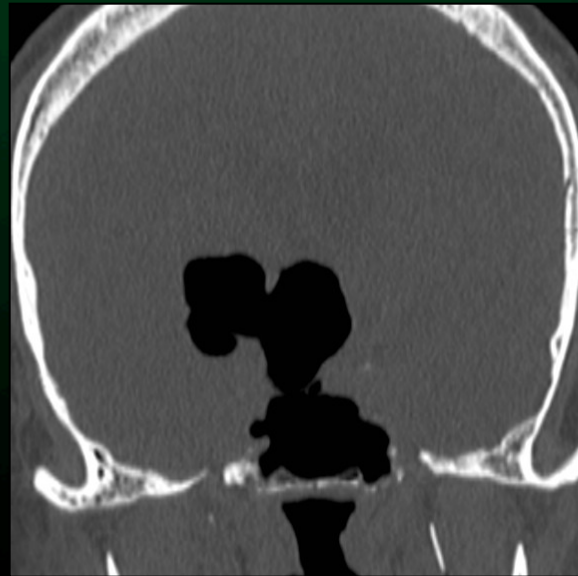
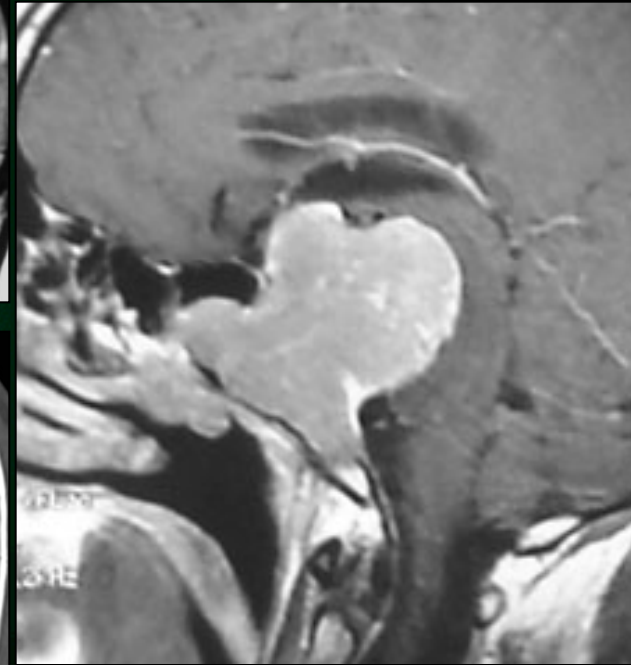
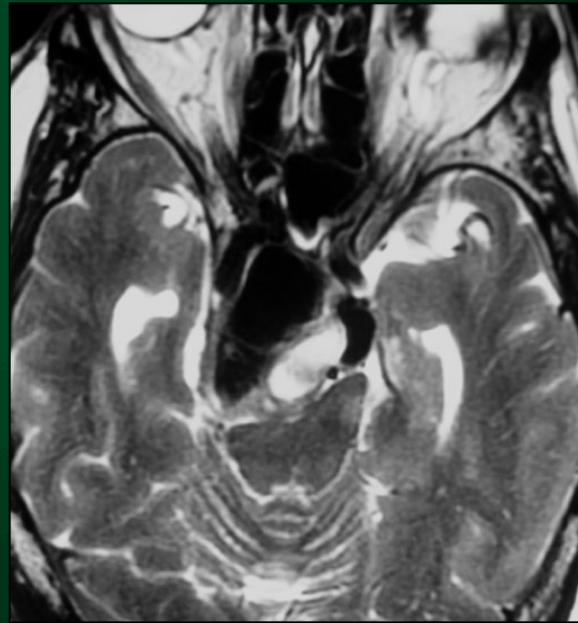
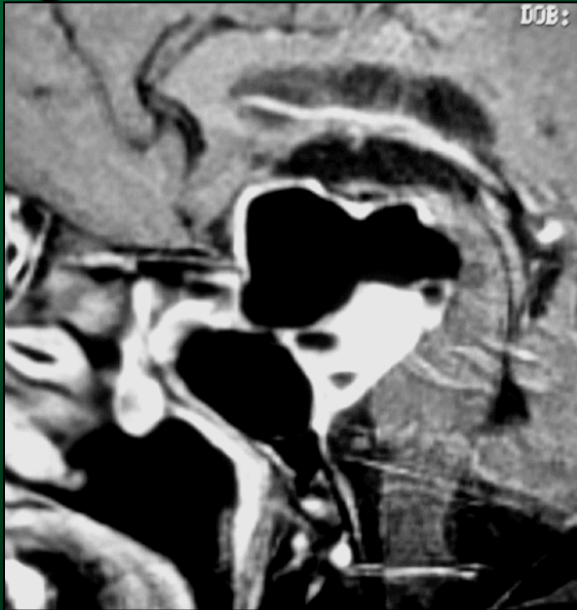


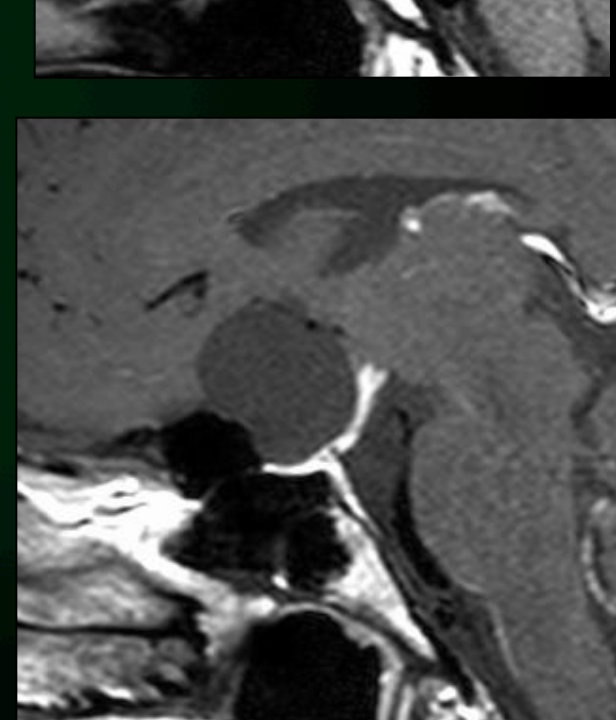
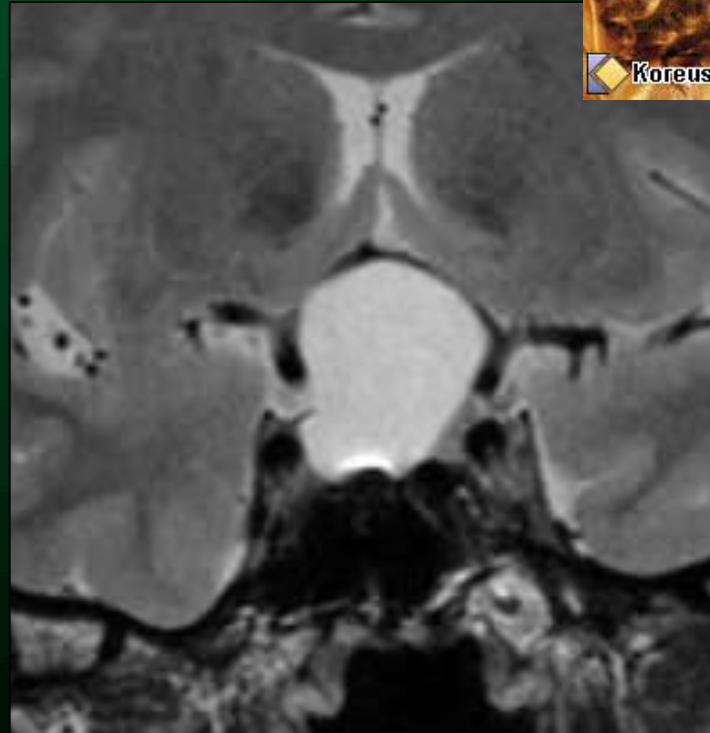
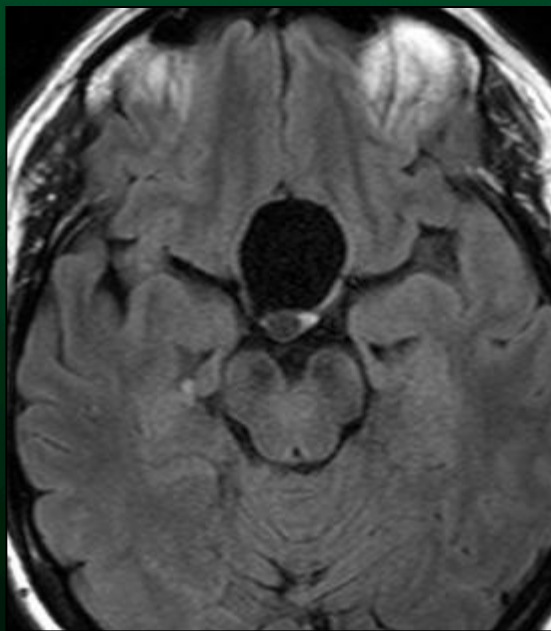
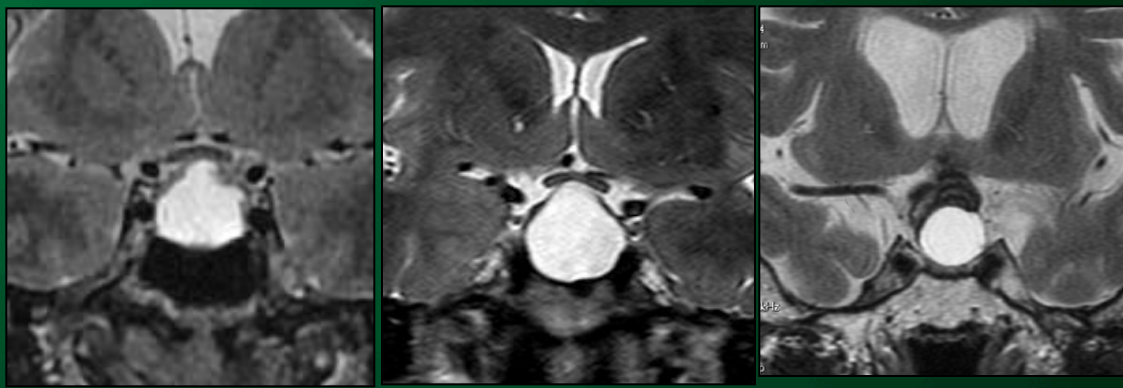


Gliome
hypothalamique

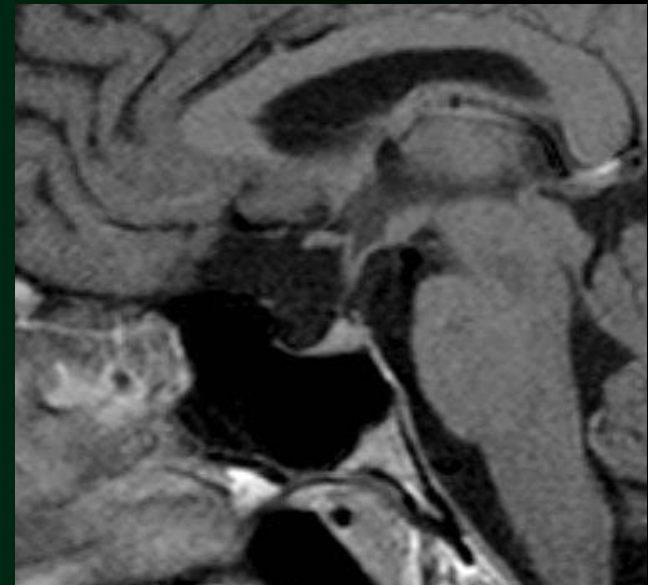
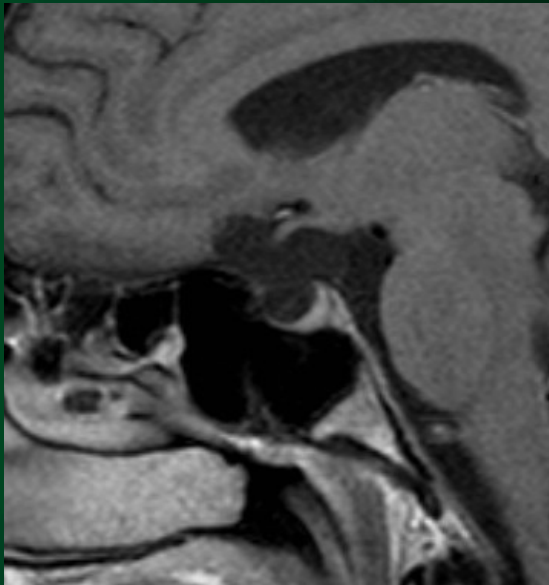
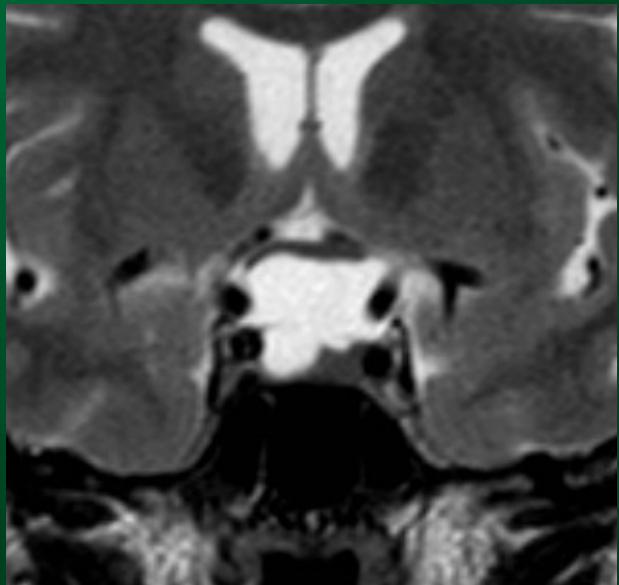


Kyste ? Flow void ? Air ? Pneumatokyste !



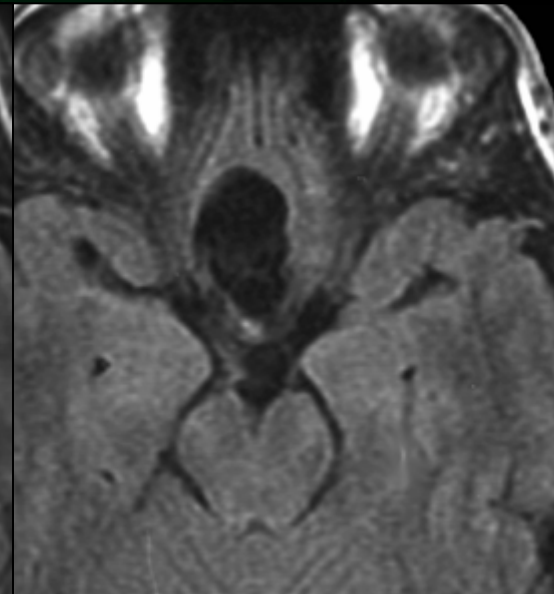
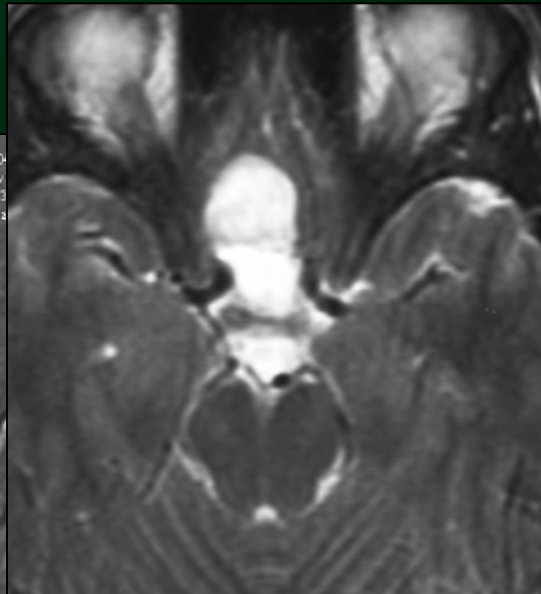
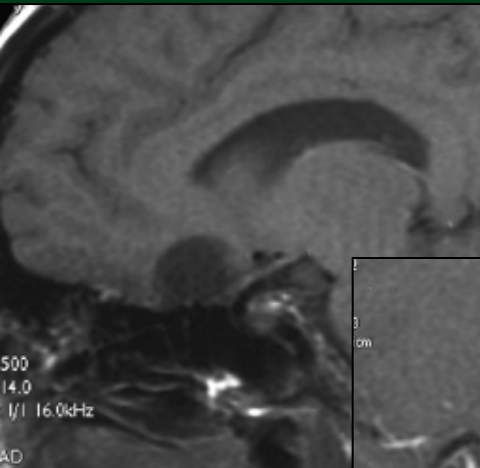


Kyste arachnoidien

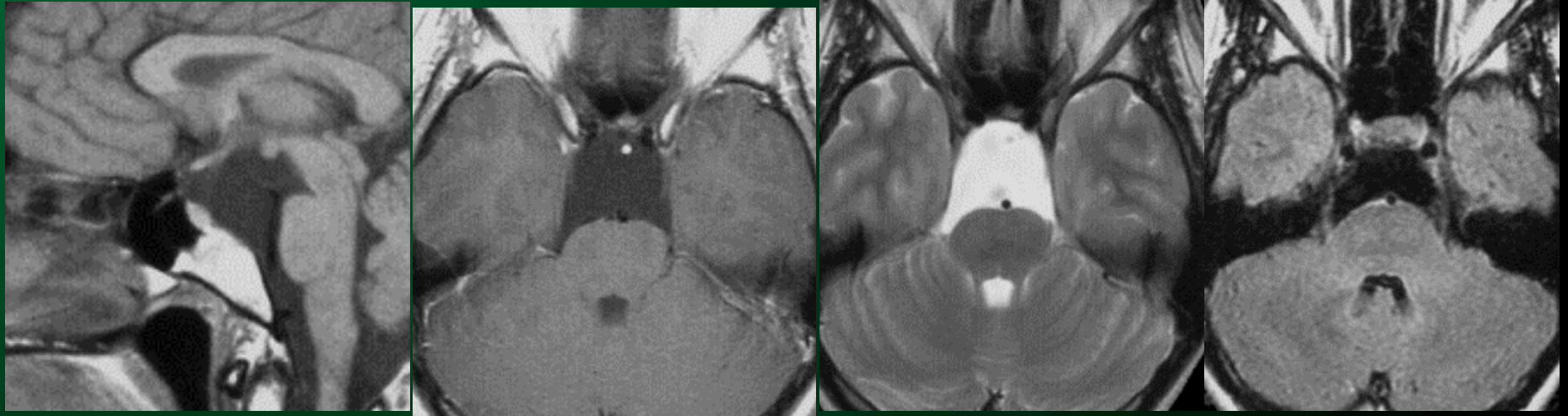


Kyste arachnoïdien

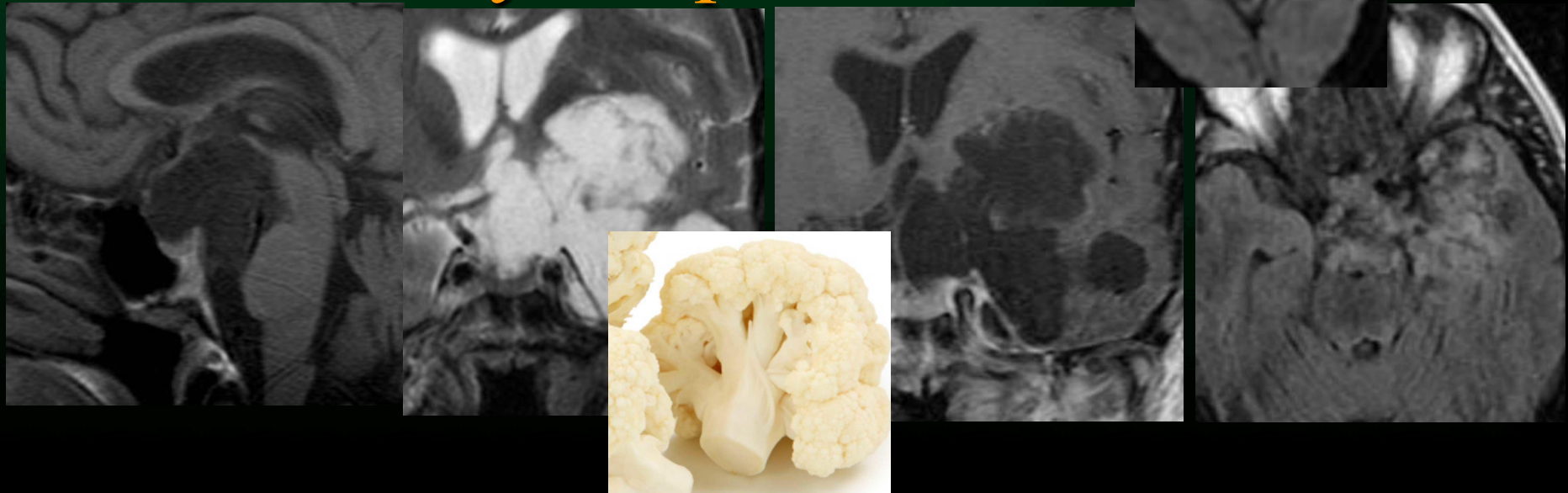
FLAIR

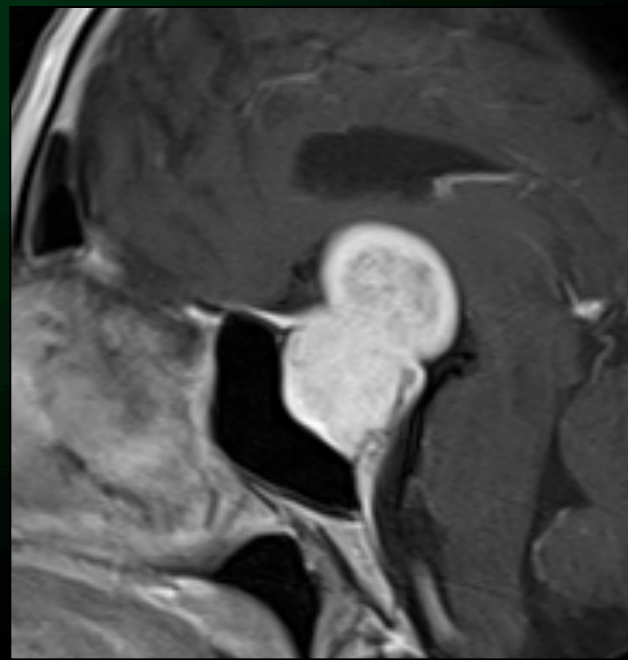
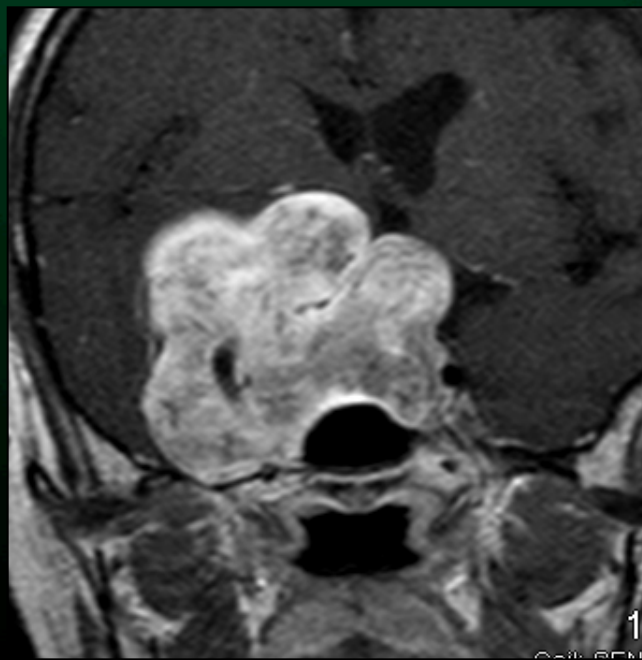
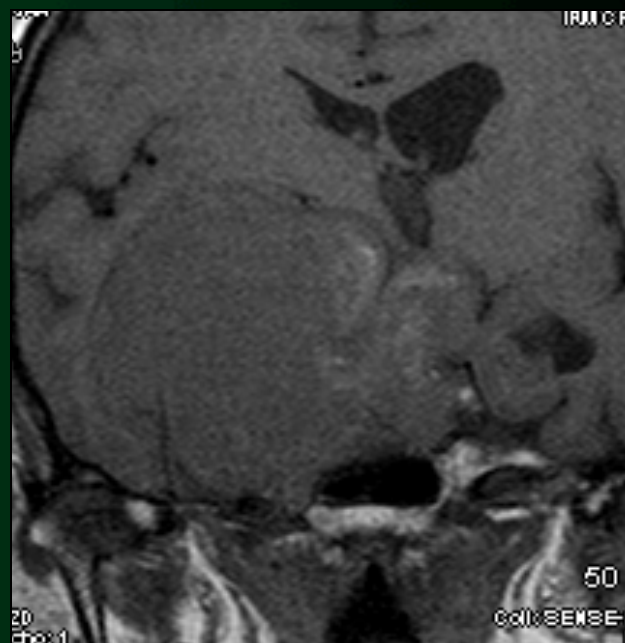
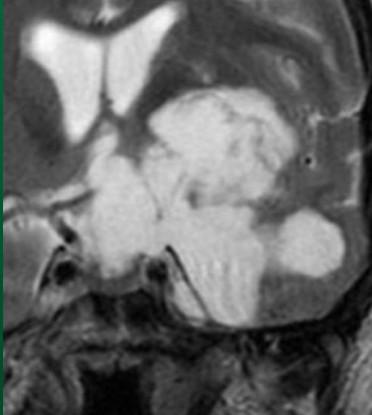


K. arachnoïdien retro sellaire

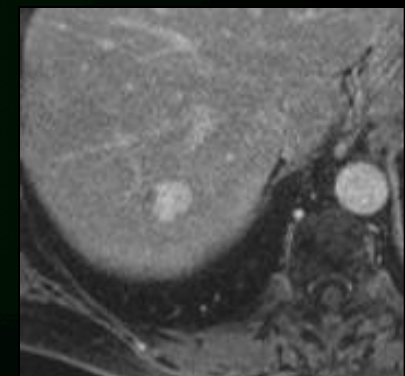
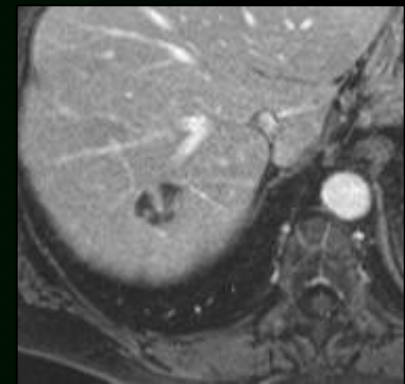
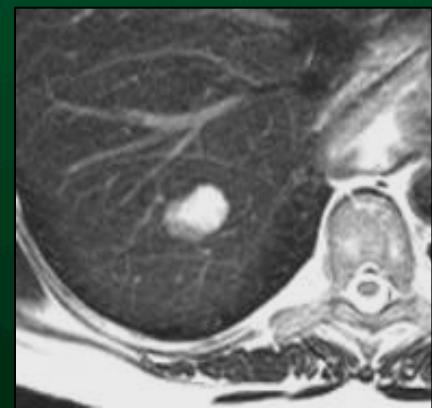
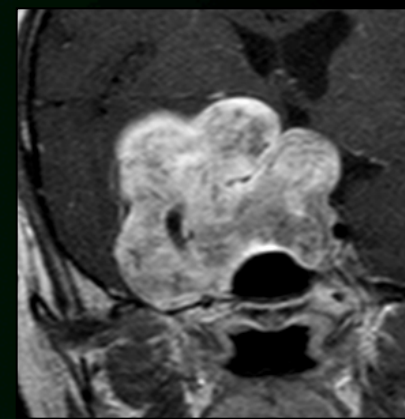


Kyste épidermoïde



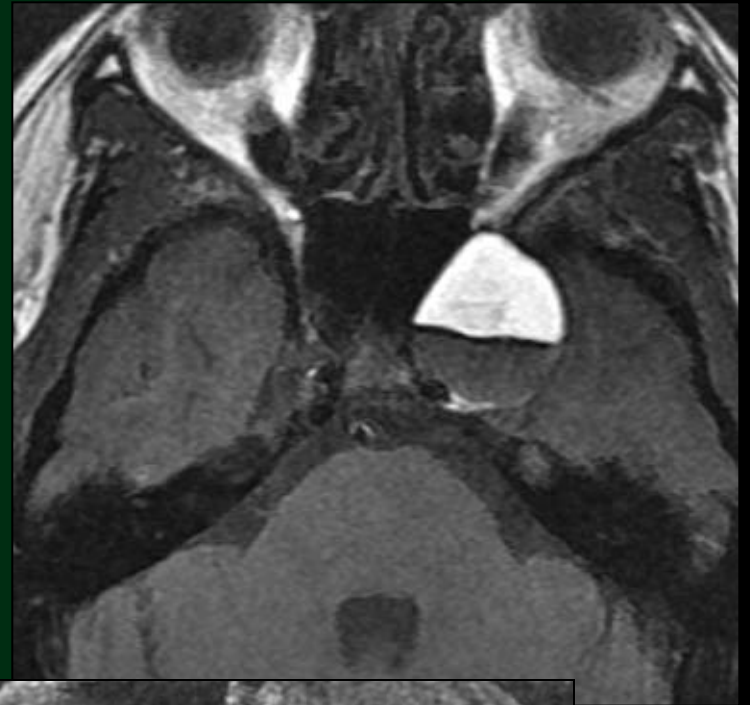
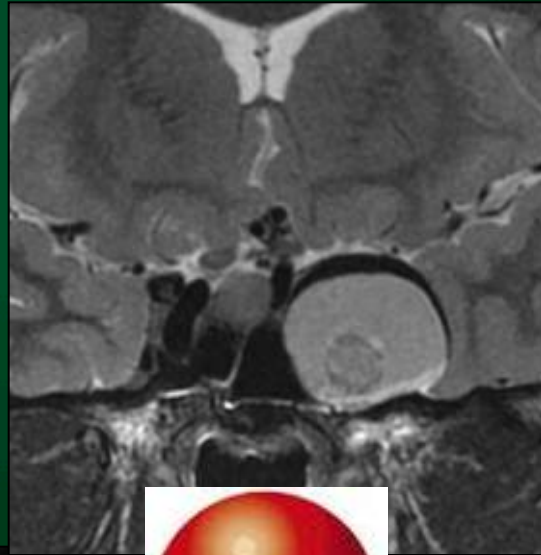
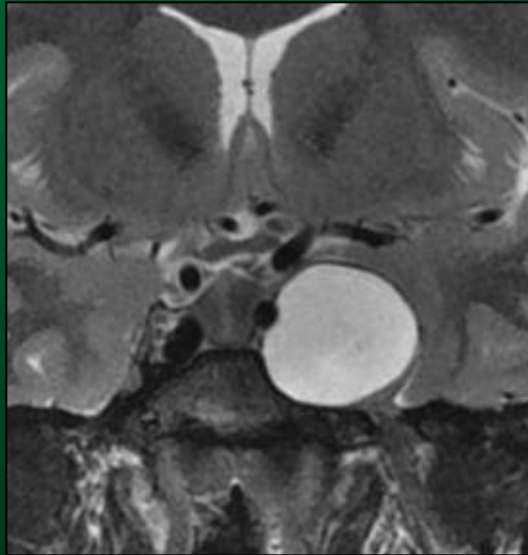


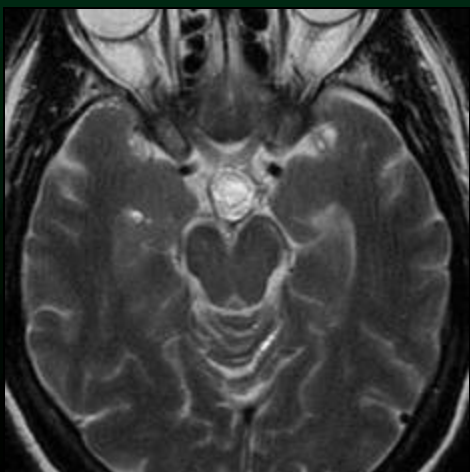
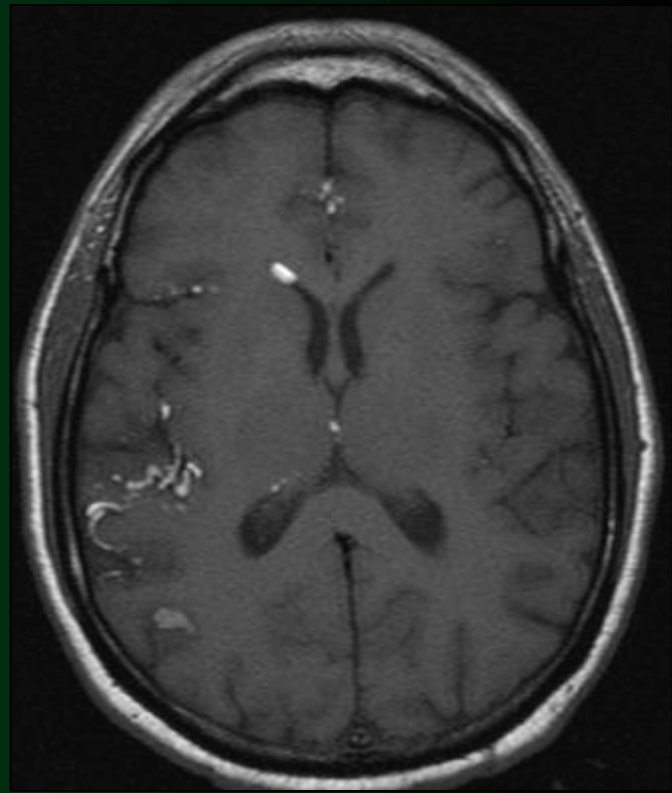
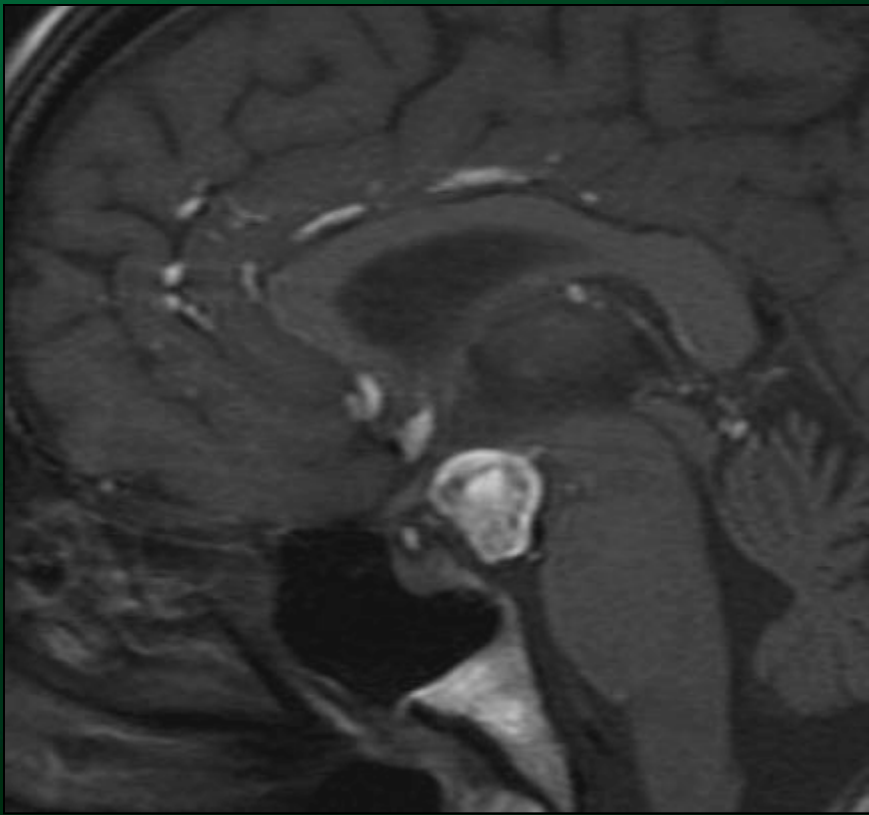
Dynamique : angiome caverneux



Remplissage progressif

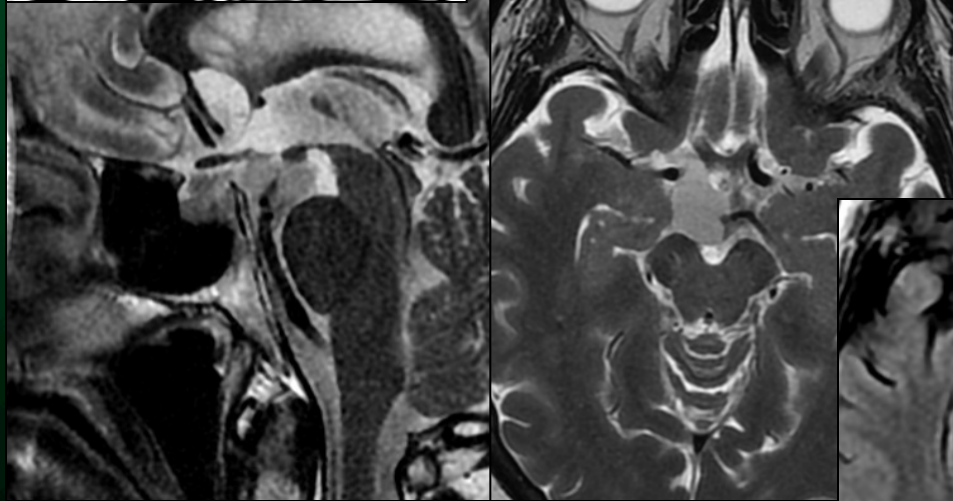
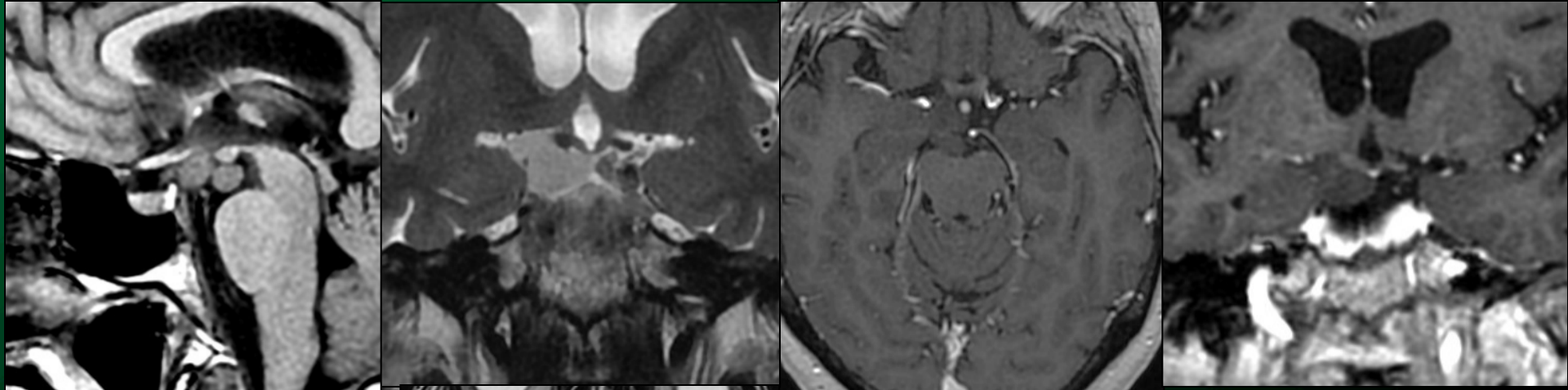
Kyste Dermoidoide



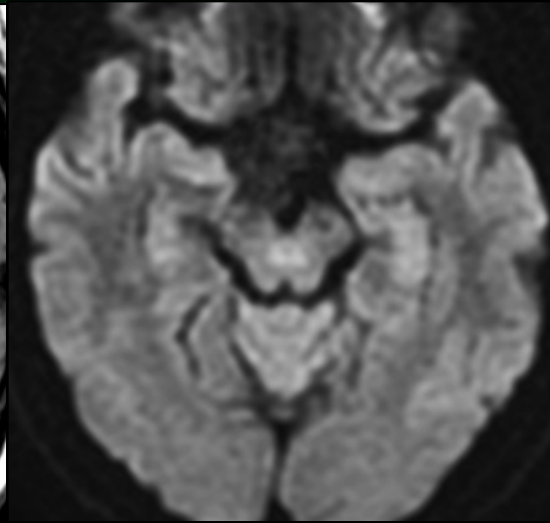
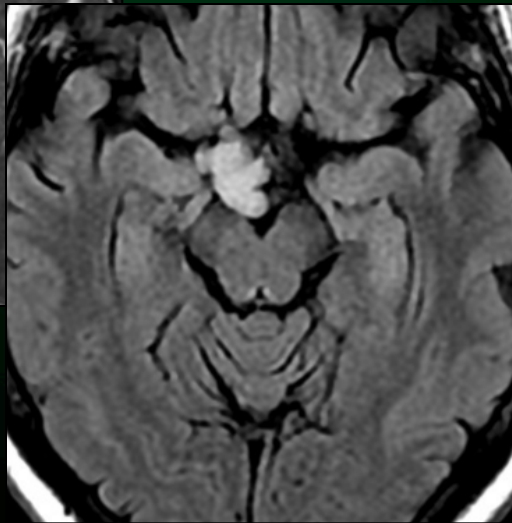


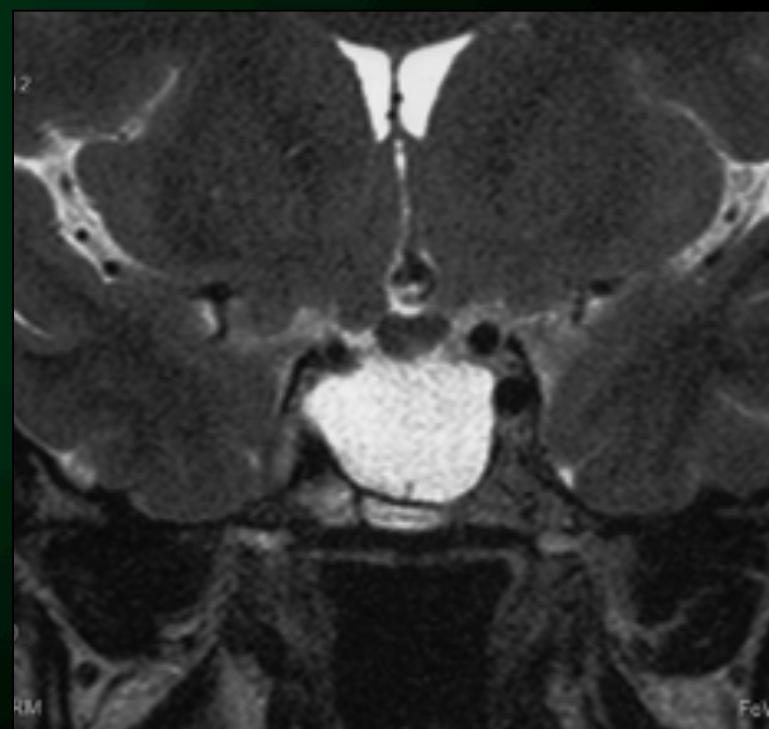
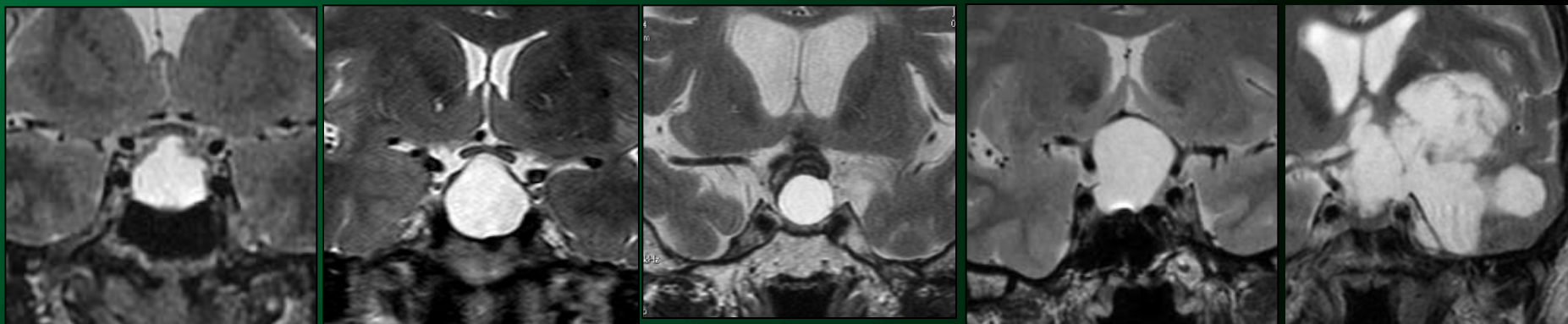
Kyste dermoïde

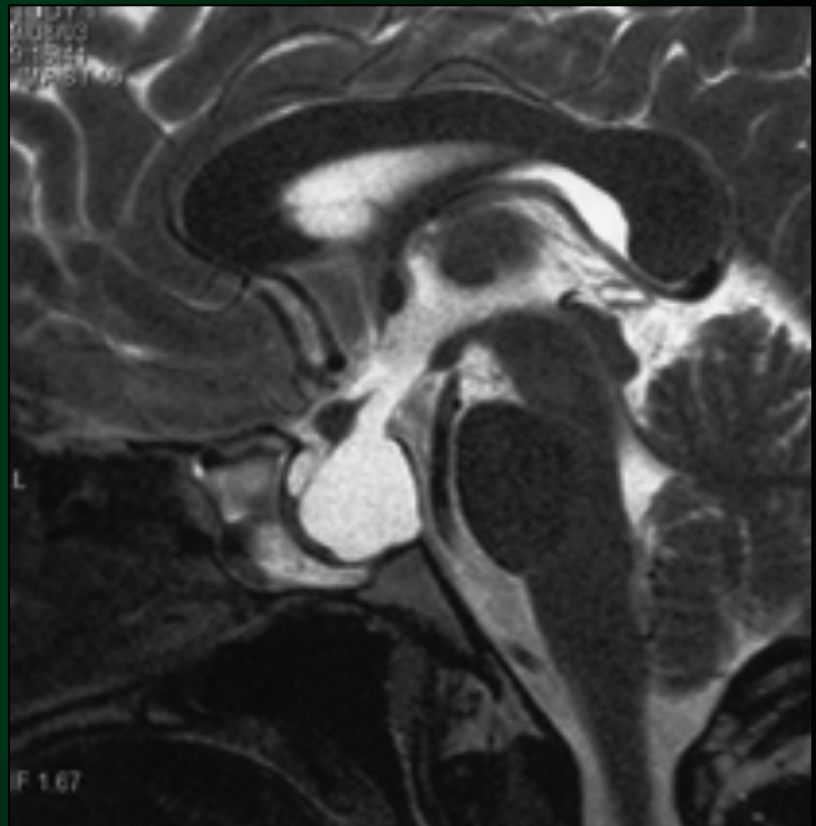
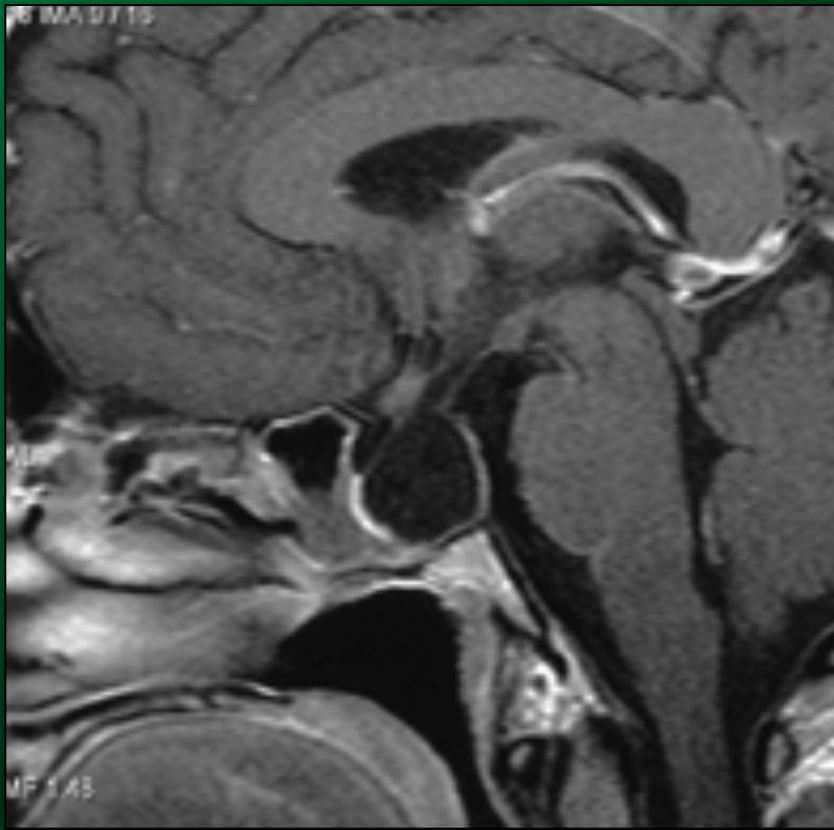
Josyane, 57 ans, malaise



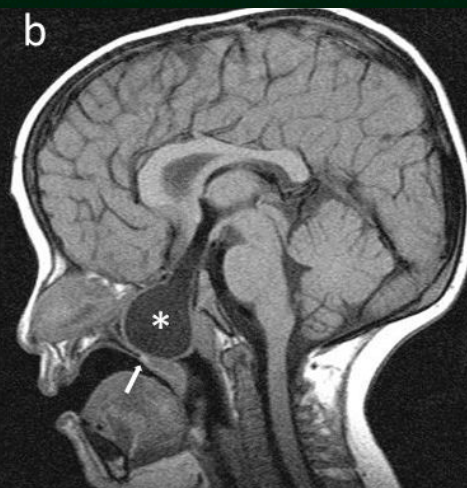
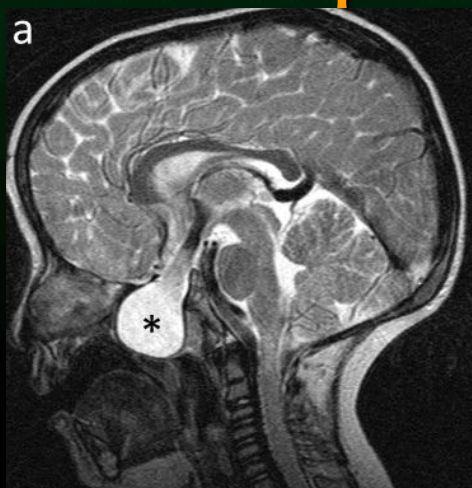
Kyste Neurentérique

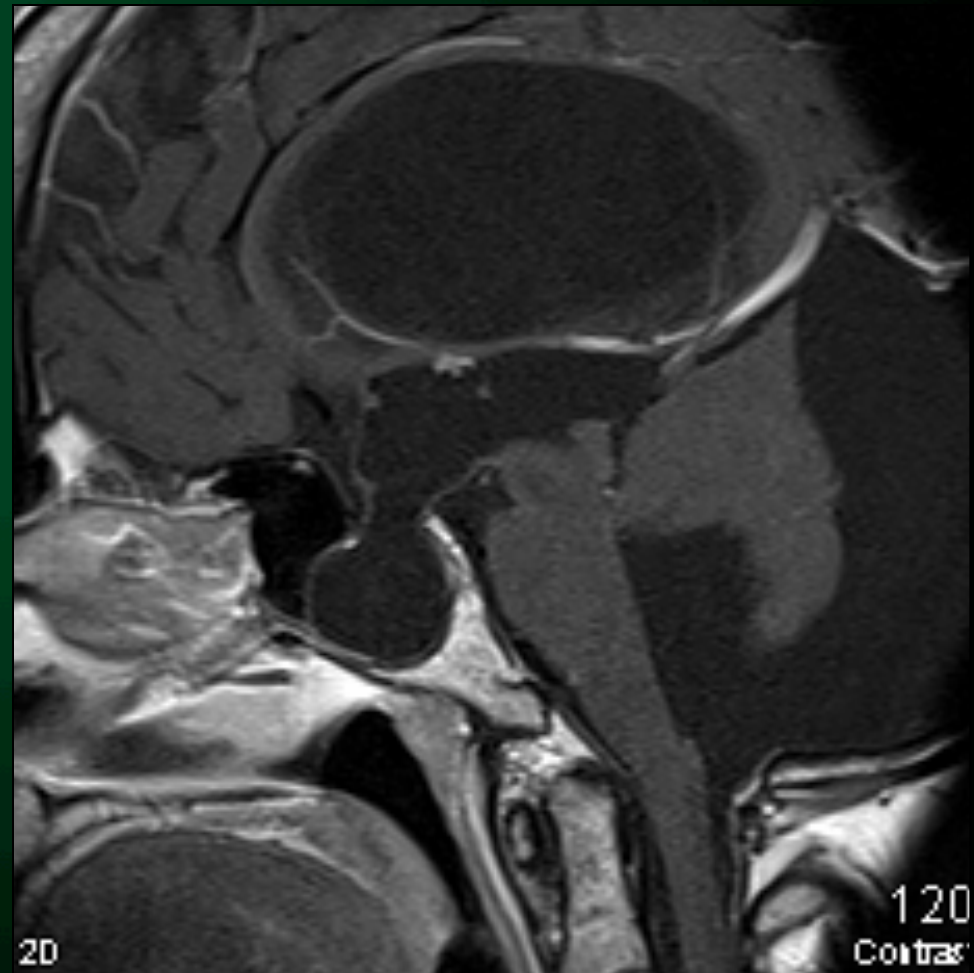
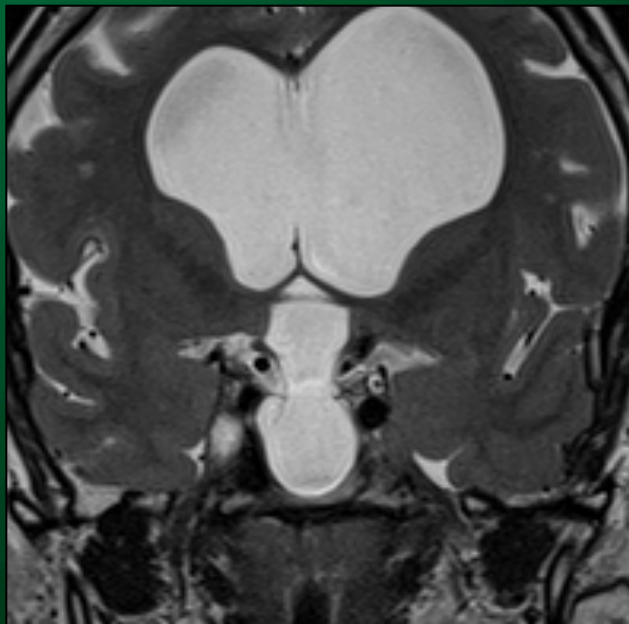




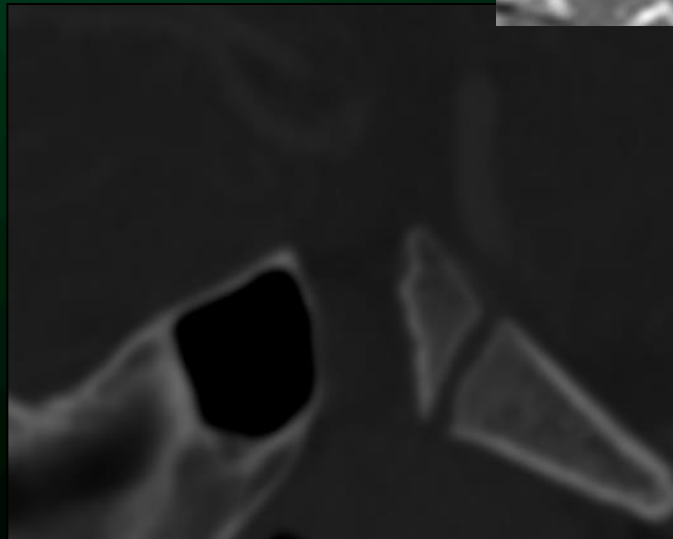
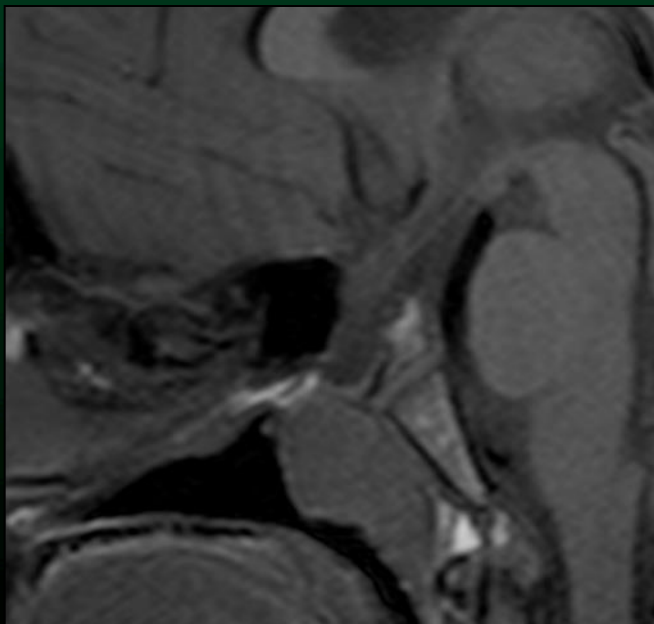
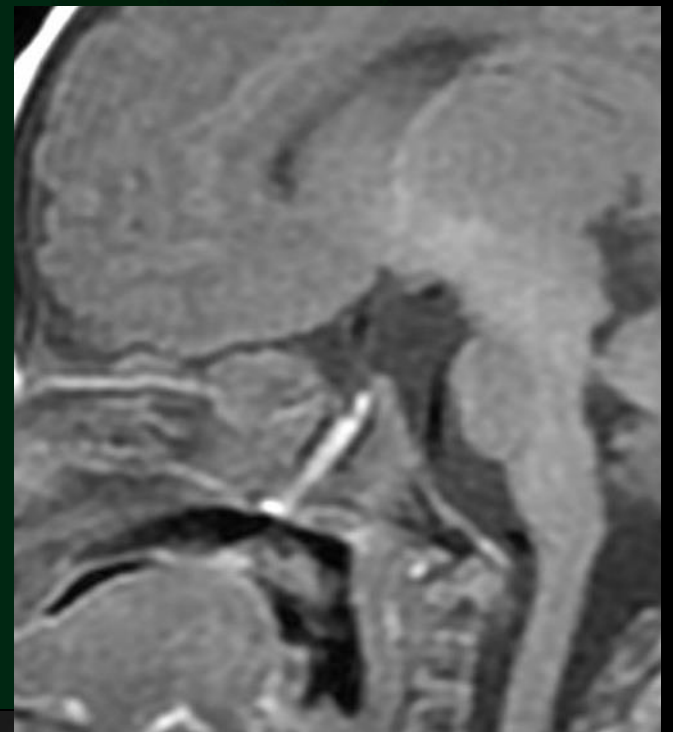
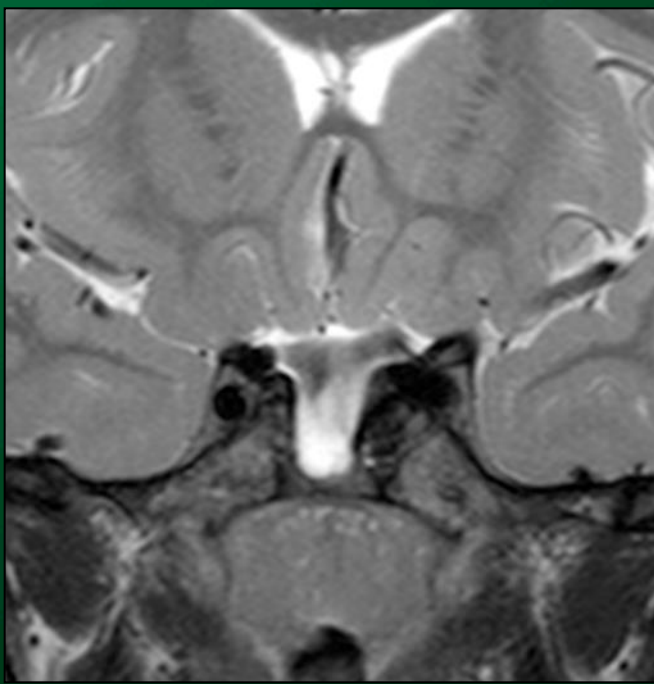


Encéphalocèle intrasellaire





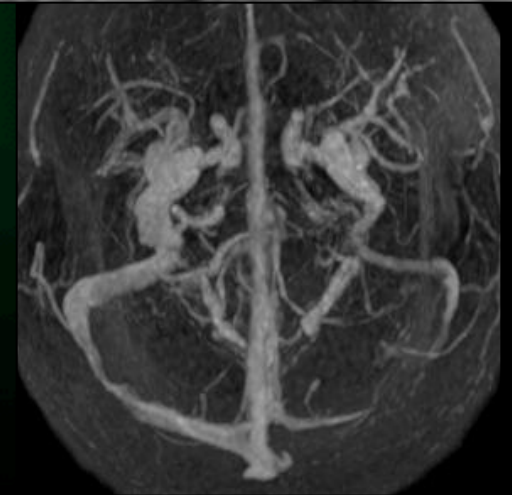
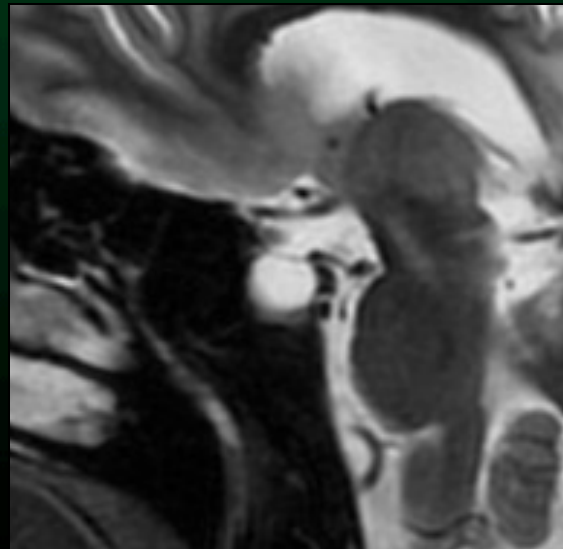
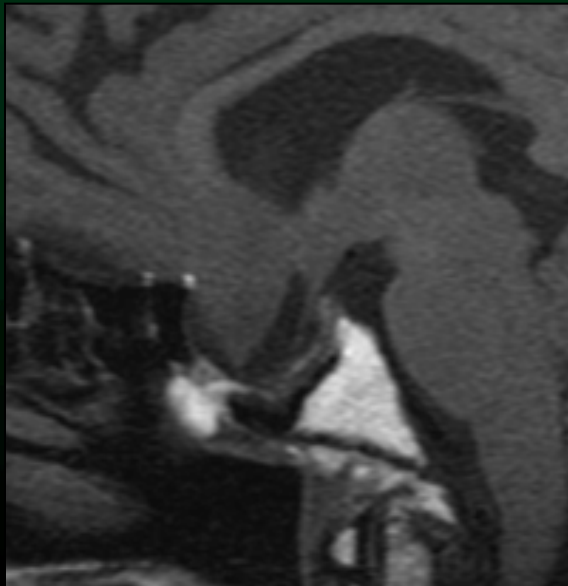
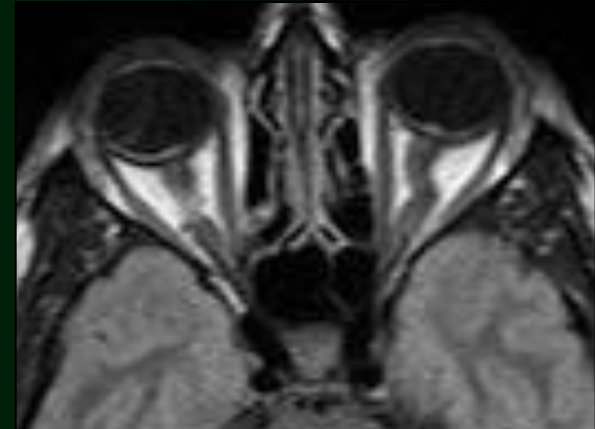
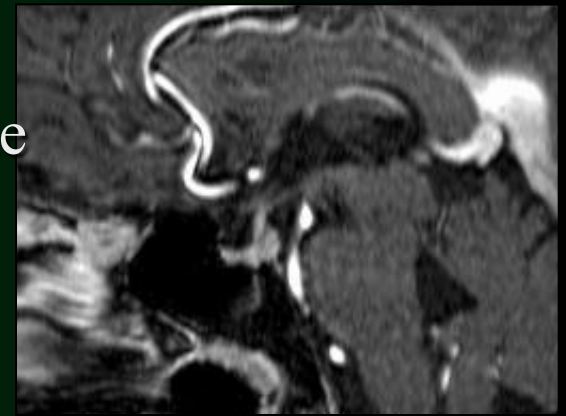
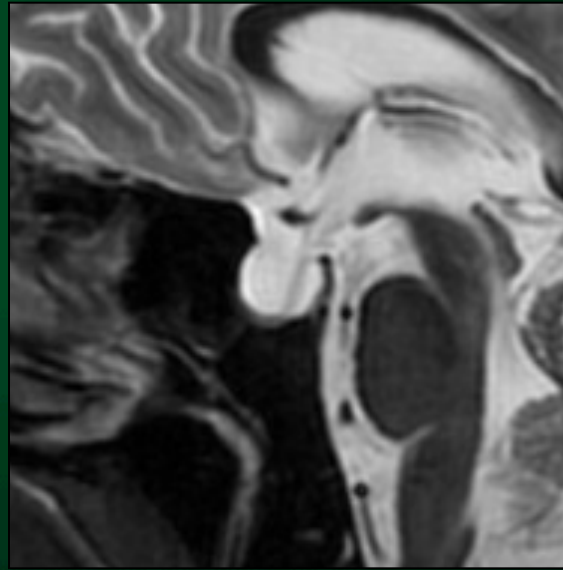
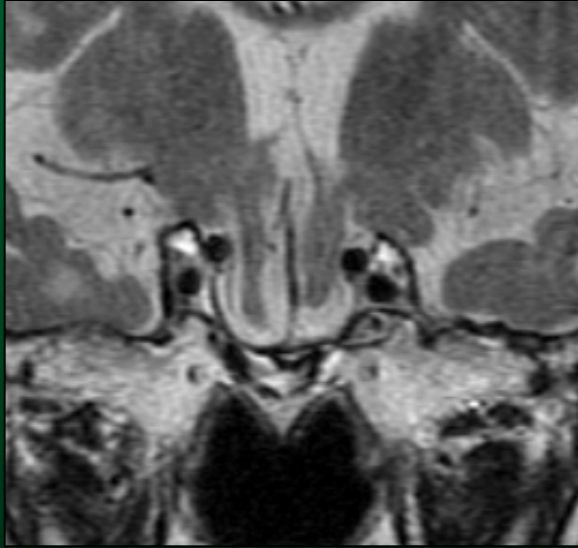
Encéphalocèle
intrasellaire



Persistance du canal craniopharyngien

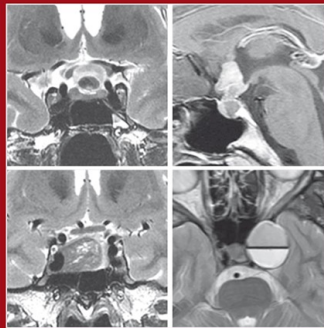
« Selle vide »

HTIC
Idiopathique



IRM de l'Hypophyse

J.-F. Bonneville - F. Bonneville - F. Cattin - S. Nagi



Préfaces :
A. Beckers
Ph. Chanson

Avant-propos :
J.-L. Dietemann

 SAURAMPS
MEDICAL

MRI of the Pituitary Gland

Jean-François Bonneville
Fabrice Bonneville
Françoise Cattin
Sonia Nagi

 Springer



Merci de votre attention !