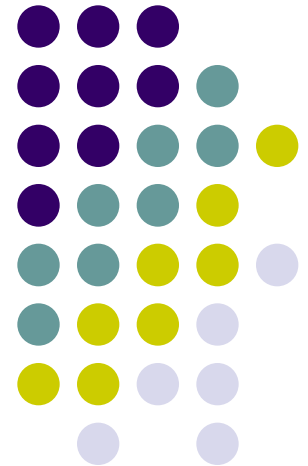


# ECHOGRAPHIE EN RHUMATOLOGIE : UNE REVOLUTION EN MARCHE

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Service de Rhumatologie Hôpital Carcassonne

SOFOMECC – Centre Hospitalier Carcassonne – 9 décembre 2010



# Echographie ostéo-articulaire : Le matériel



# Echographie ostéo-articulaire : Le matériel



SONDES

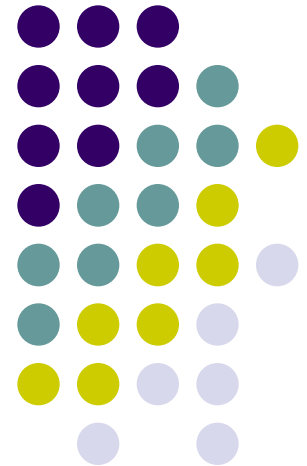
10 Mhz

16-18 Mhz



# ECHOGRAPHIE ET RHUMATISMES INFLAMMATOIRES

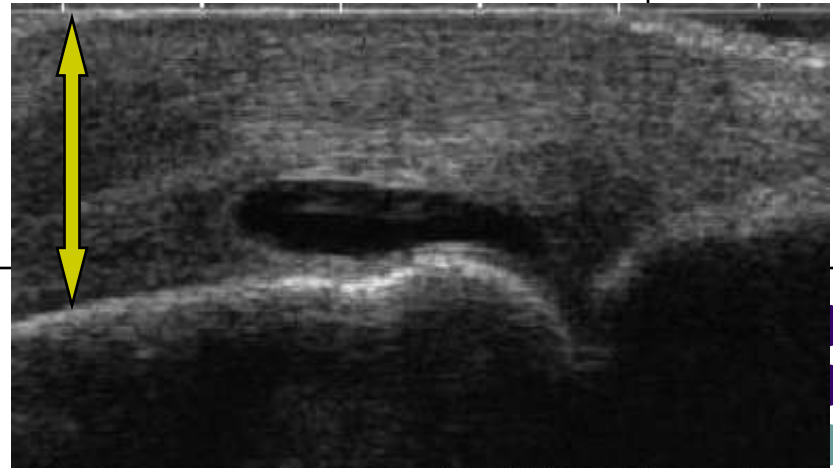
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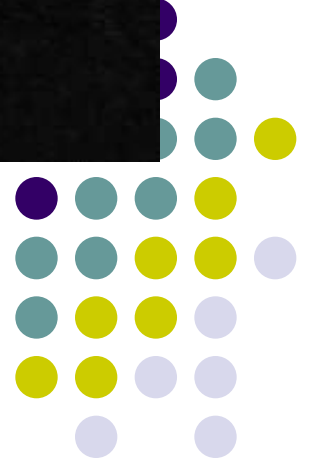
# Echographie dans la PR

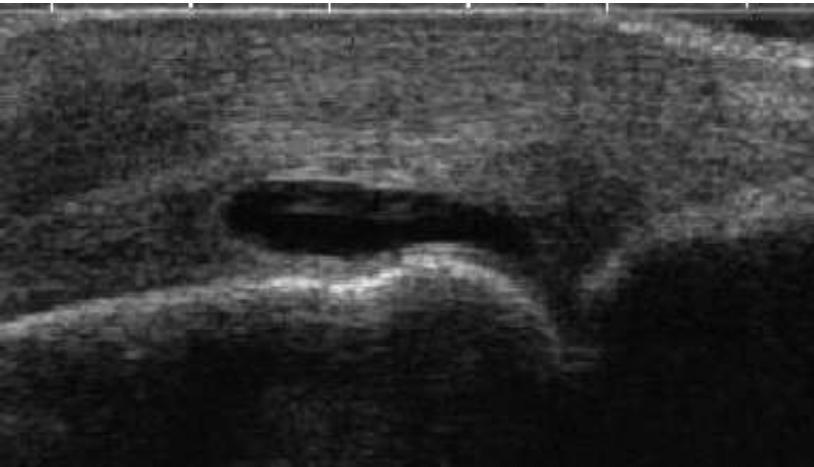


# Inflammation membrane synoviale

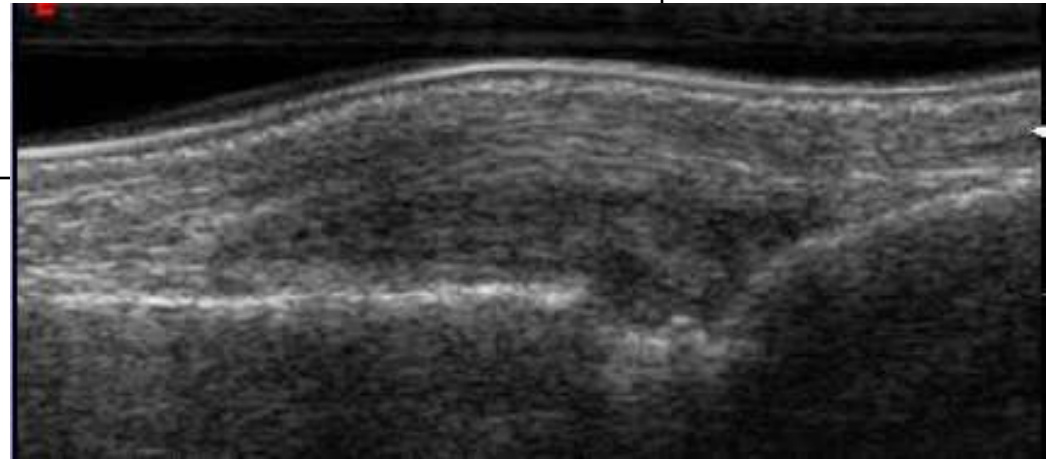


- Liquidien
- Anéchogène
- Compressible
- Absence de signal doppler

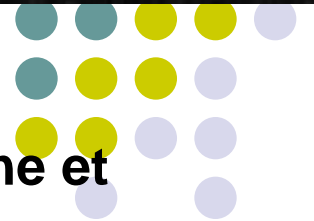




**Epanchement liquidien  
Épaississement synovial**



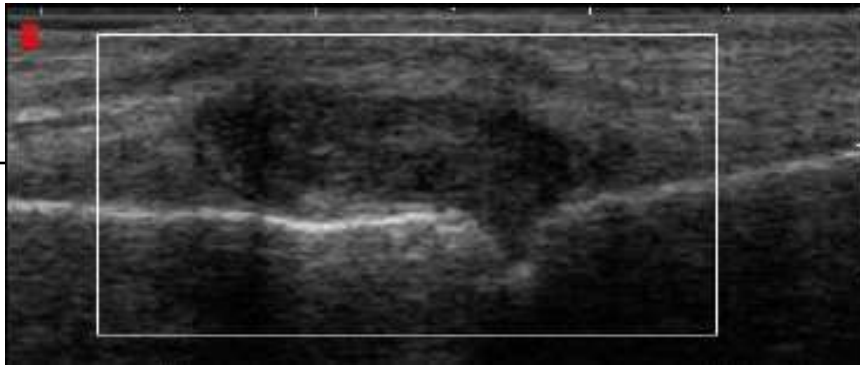
**Synoviale hypoéchogène et  
épaissie,  
non compressible en mode B  
Refoulant le tendon extenseur**



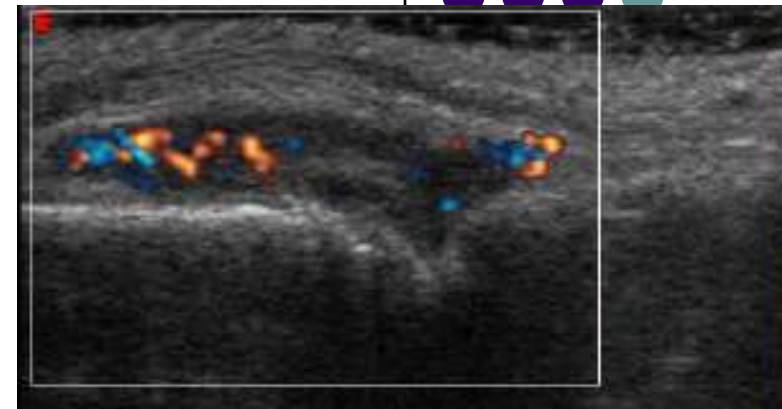
# Synovite inflammatoire

En mode doppler puissance

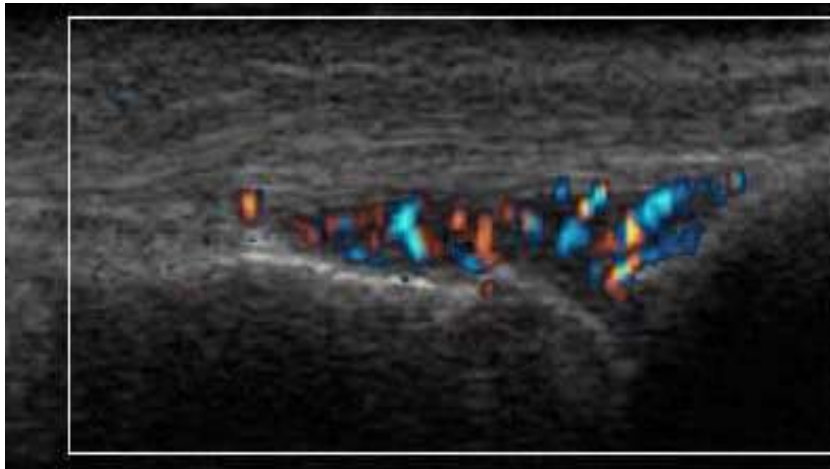
Stade 0



Stade 2

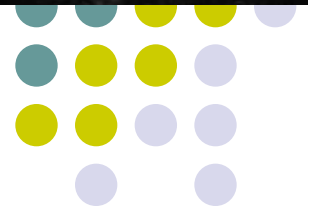
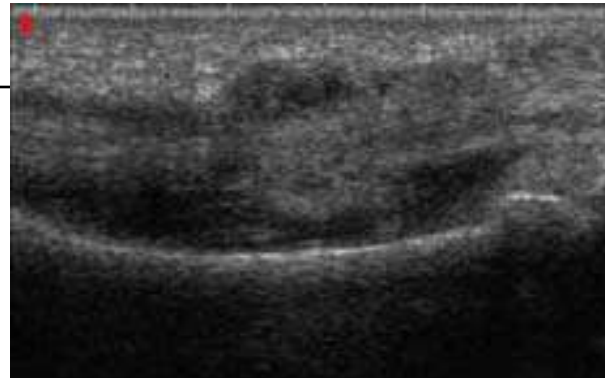


Stade 3





# Inflammation de la gaine des tendons : ténosynovites

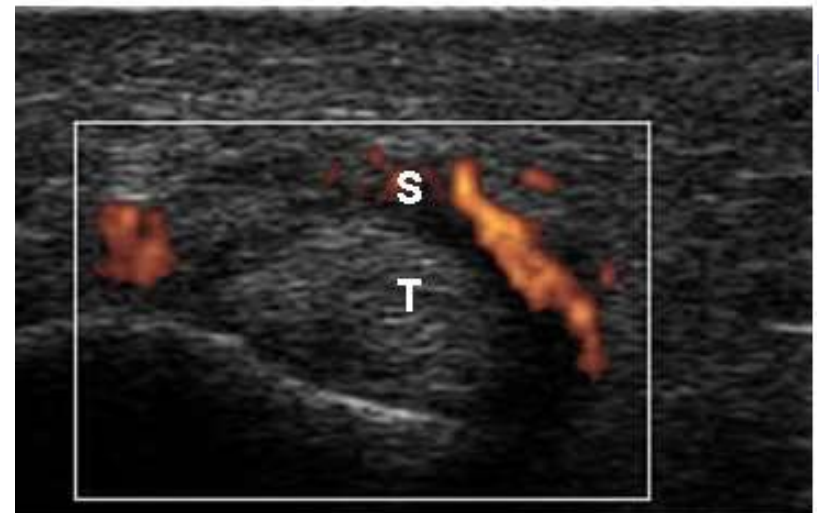


# Tenosynovite inflammatoire fléchisseur



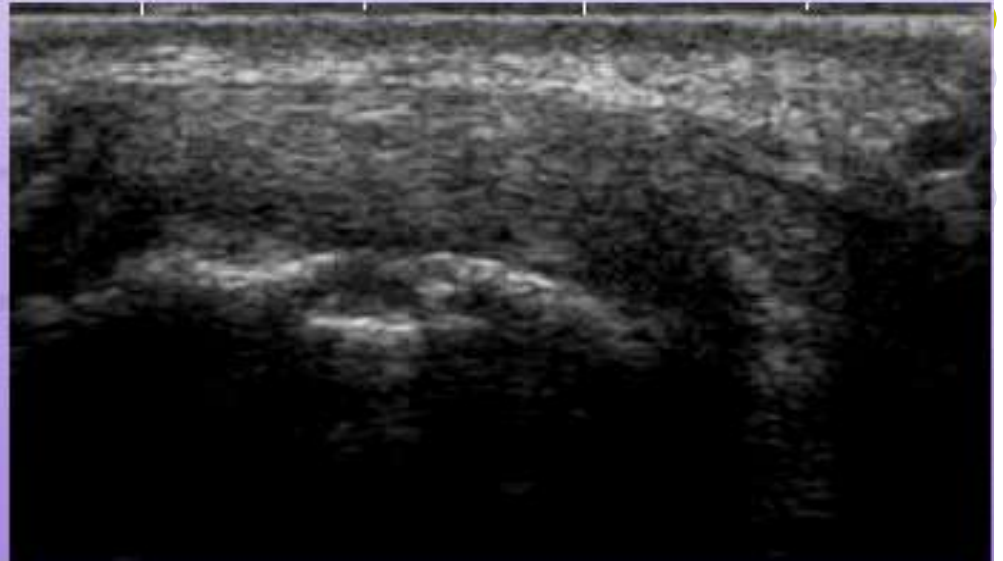
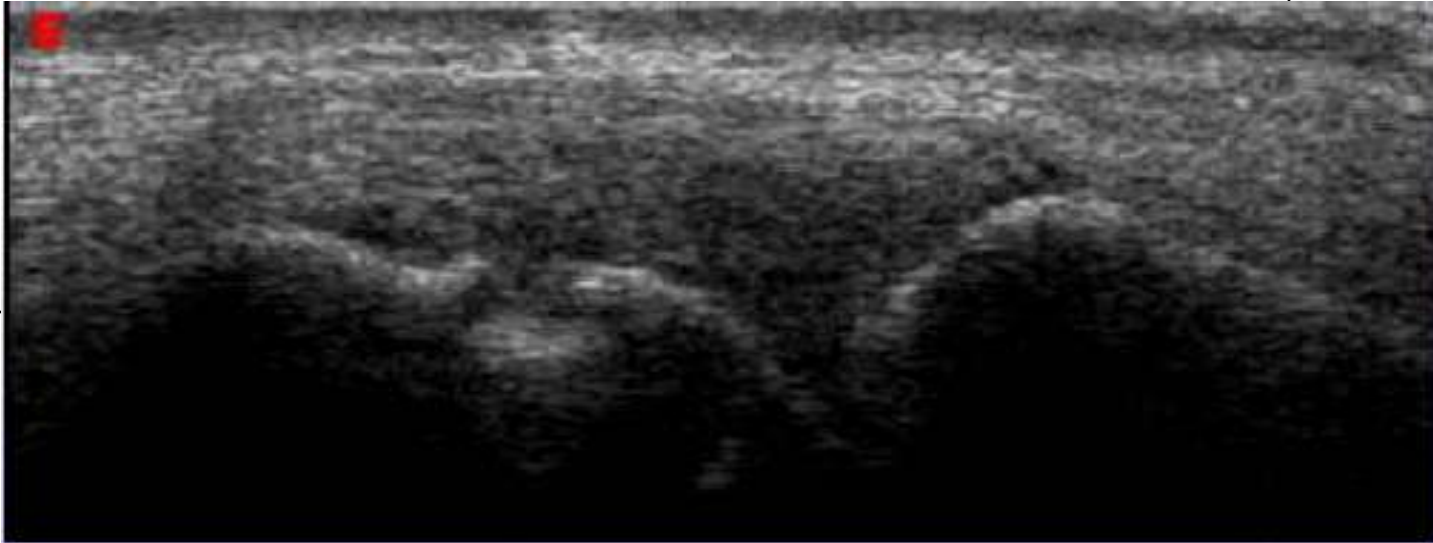
**C longitudinale**

**C transversale**

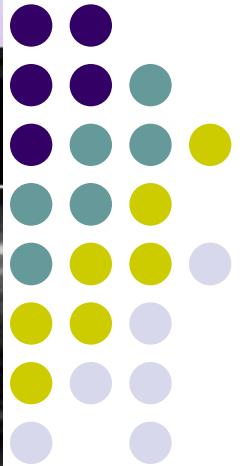
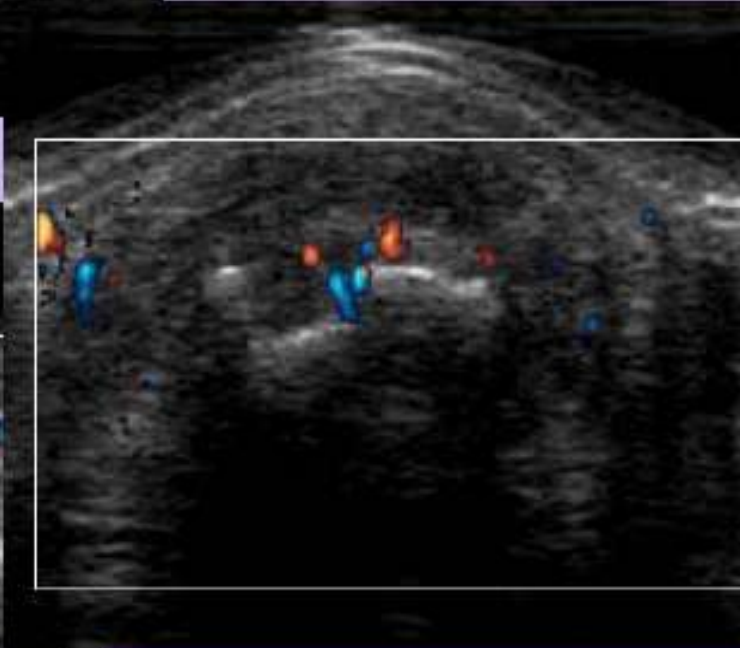
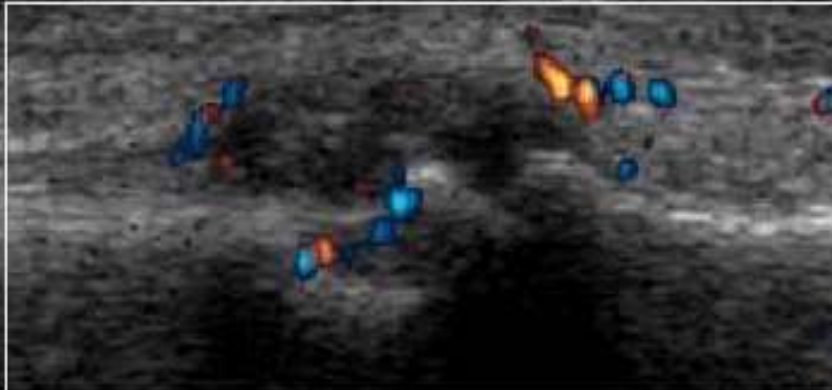
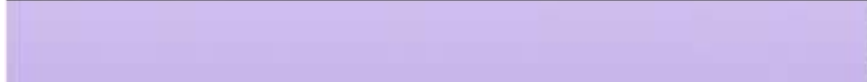
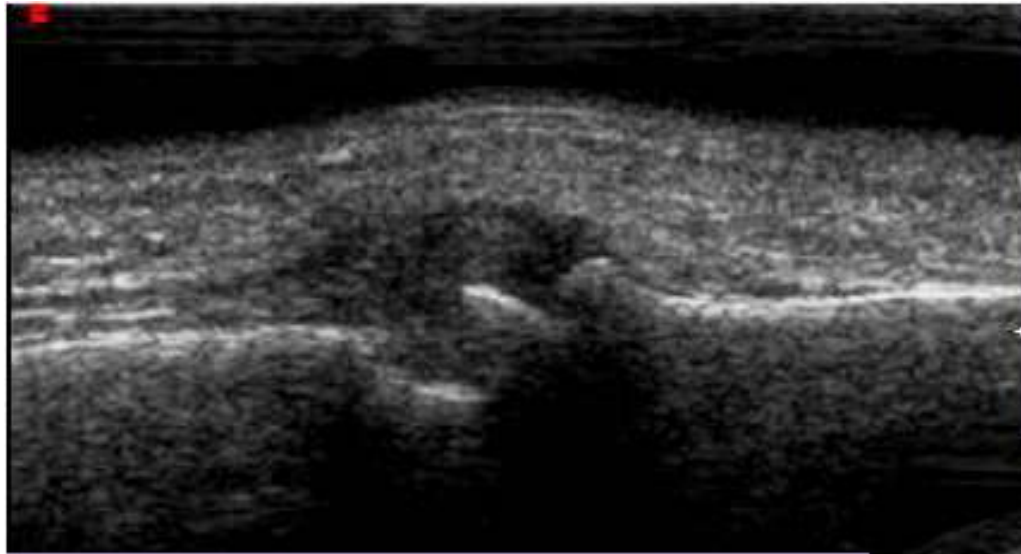


# Erosions osseuses

Solution de continuité intra-articulaire  
de la corticale visible sur 2 coupes perpendiculaires

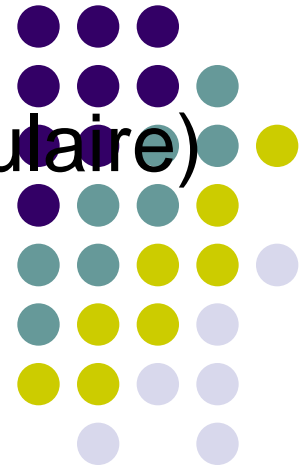


# IPP: « Hot Erosion »



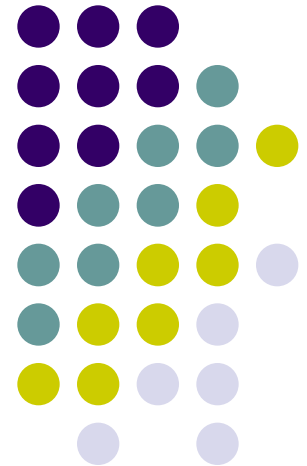
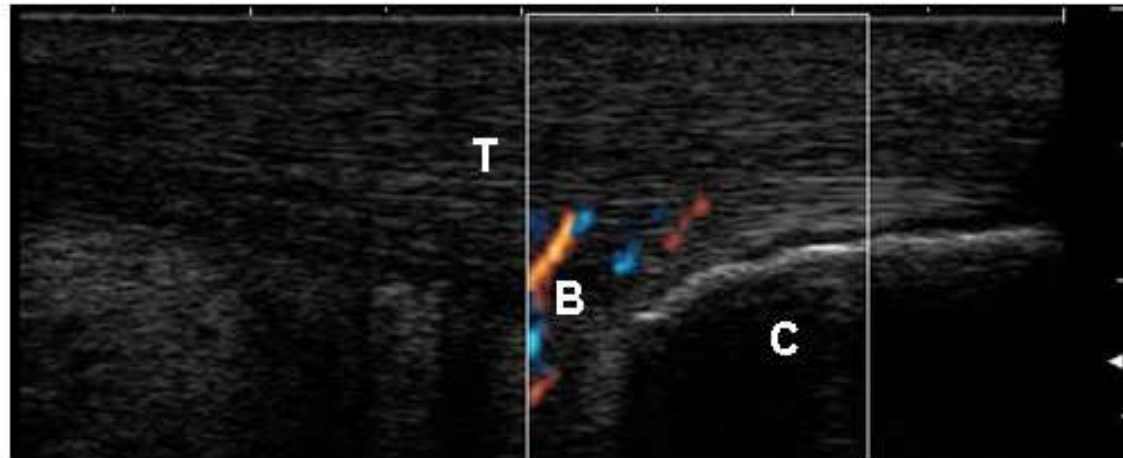
# Echographie dans la PR : suivi

- Evolution du nombre de sites actifs
- Apparition d' érosions osseuses
- Gestes écho-guidés (atteinte monoarticulaire)



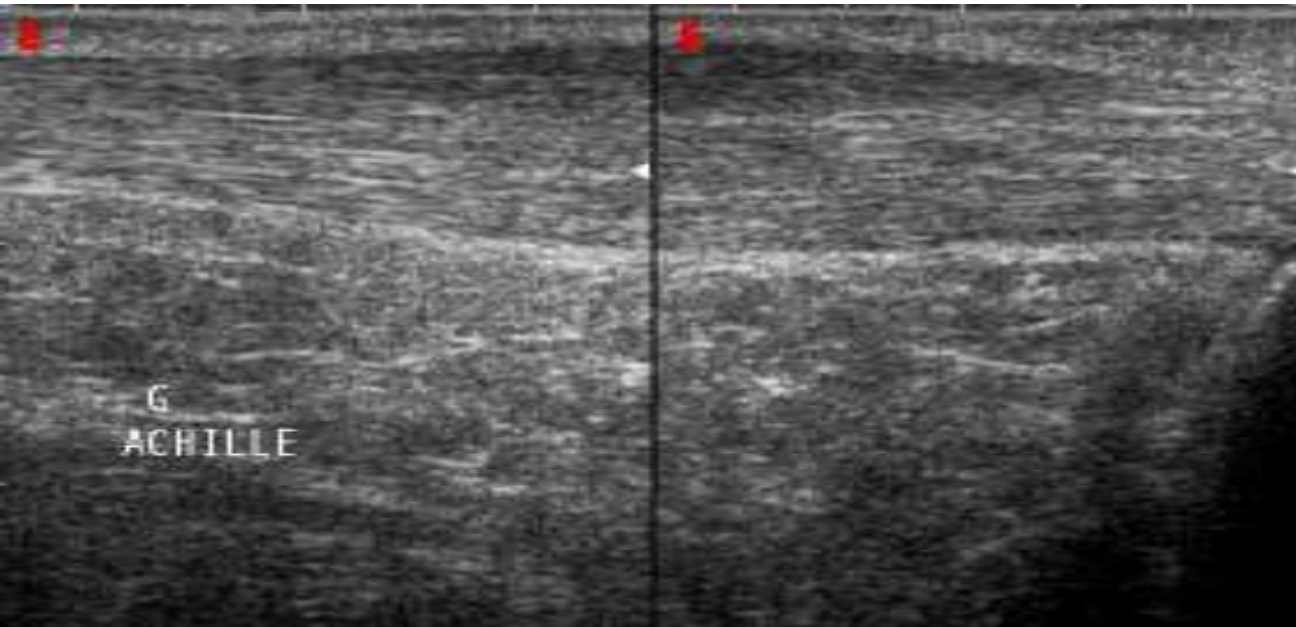
# SPA ET ENTHESE

Bursite pré achilléenne inflammatoire

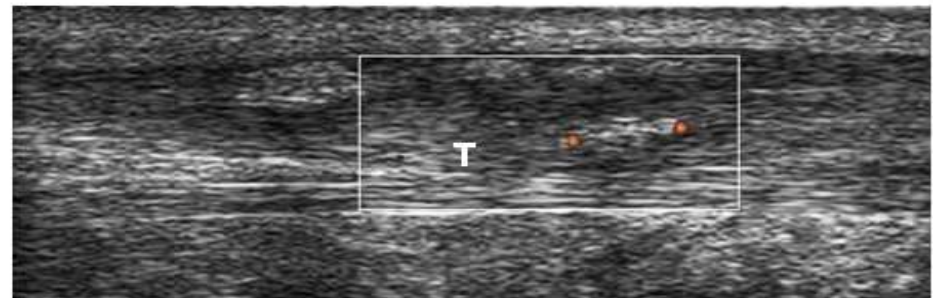




# Tendinopathie achilléenne fusiforme

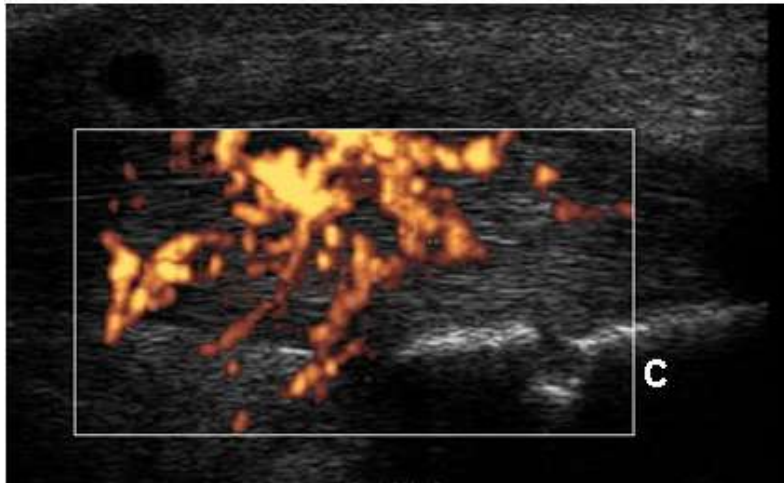


**Tendinite nodulaire**

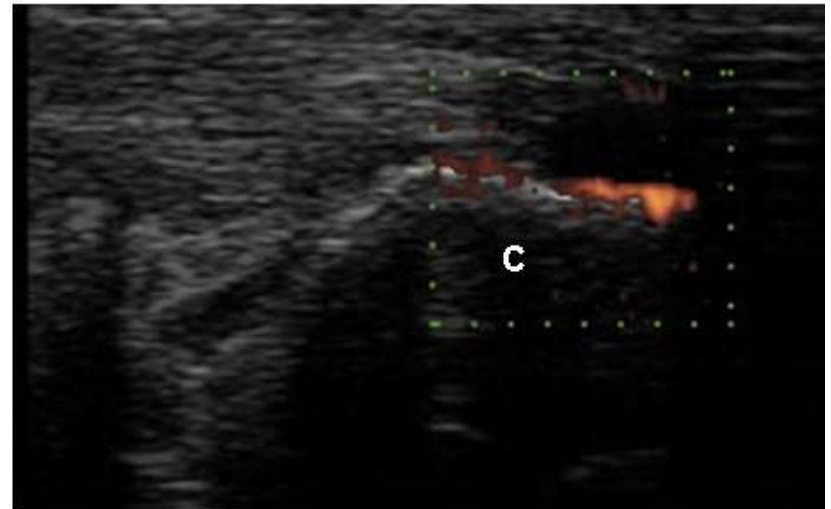


# ENTHESOPATHIE

Enthésite mécanique



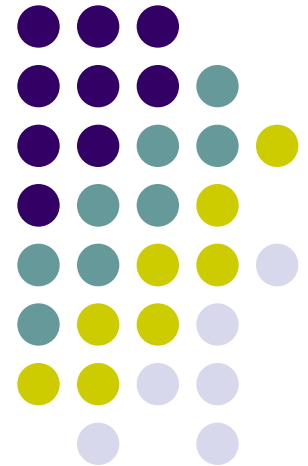
Enthésite inflammatoire





# ECHOGRAPHIE ET ATTEINTE ABARTICULAIRE

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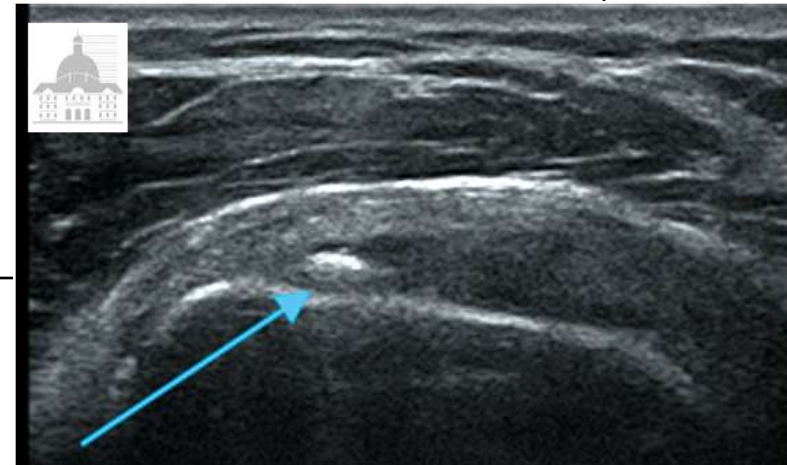
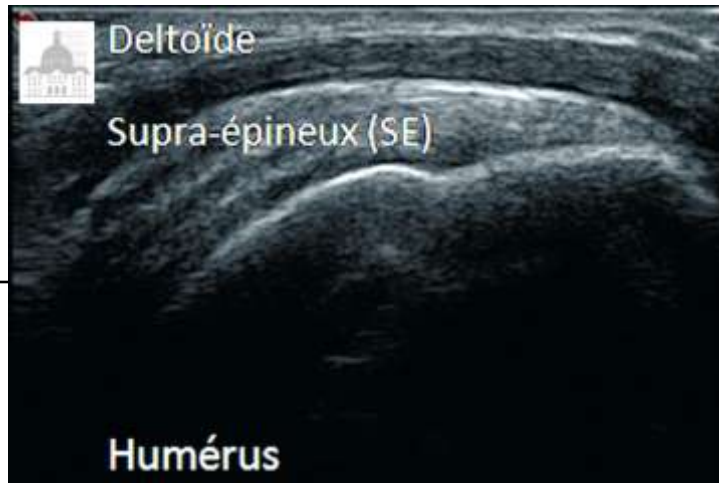
# Epaule: région antérieure: tendon du long biceps



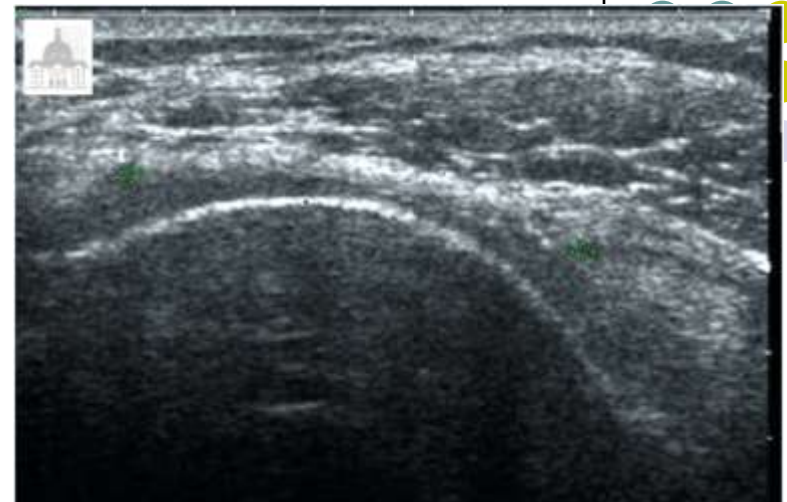
Double épanchement

Subluxation du biceps

# Epaule: région antéro-supérieure: supra-épineux

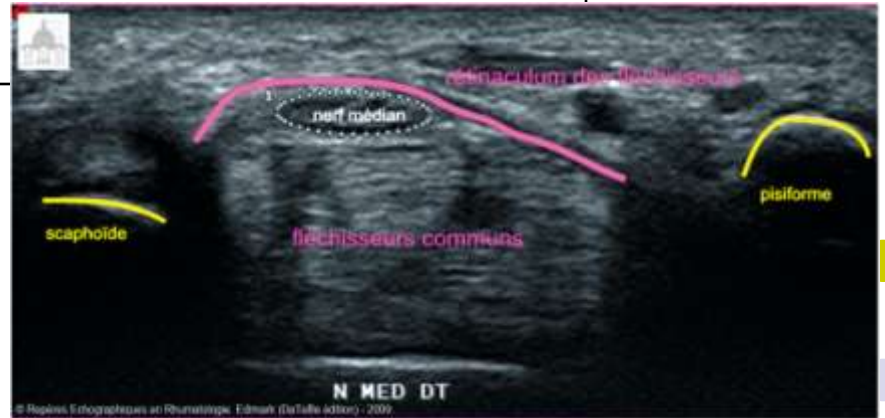
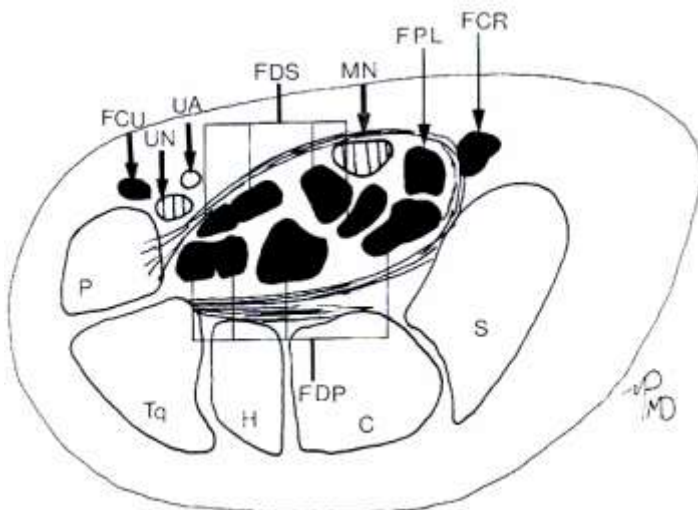


Rupture transfixiante



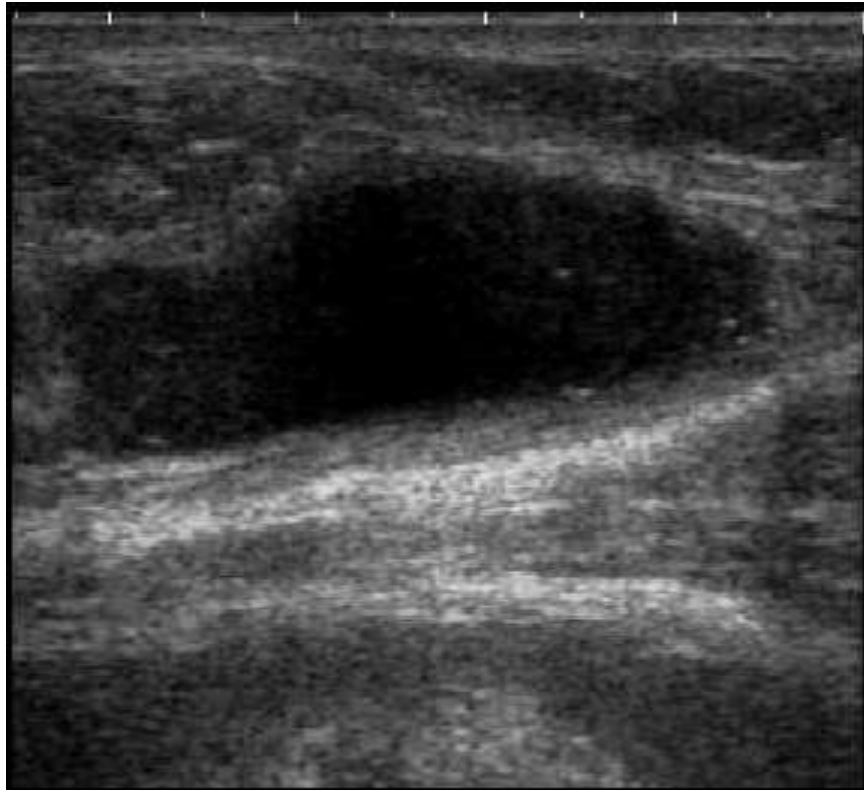
Rupture complète

# Canal carpien

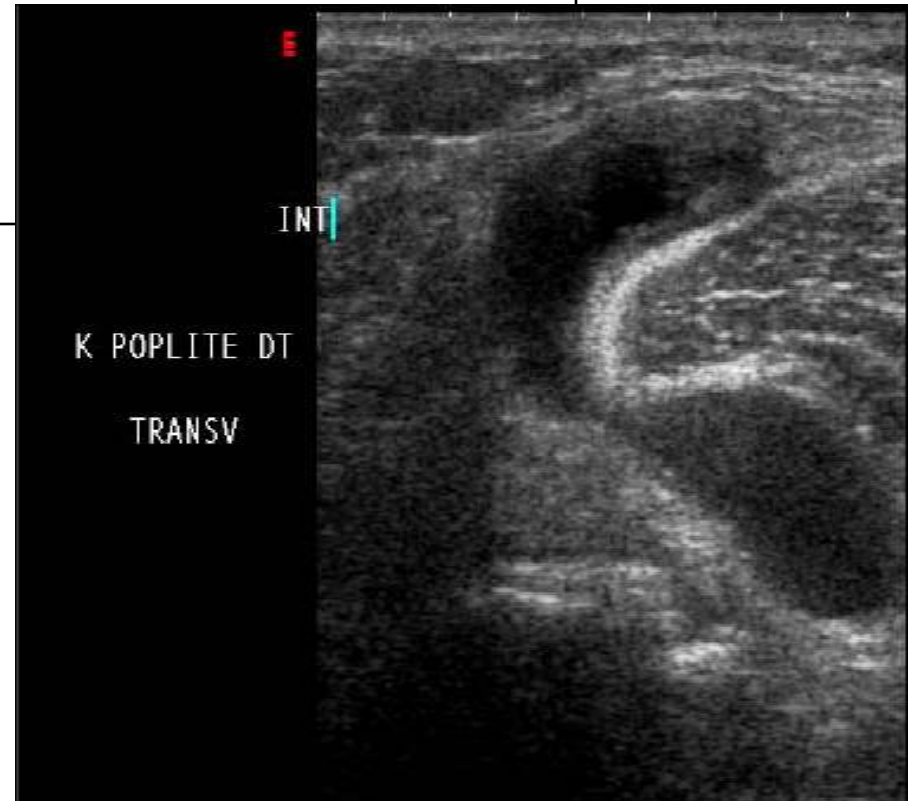




# Kyste poplité



**Coupe longitudinale:**  
collection liquidienne oblongue  
en arrière du muscle gastrocnémien  
médial

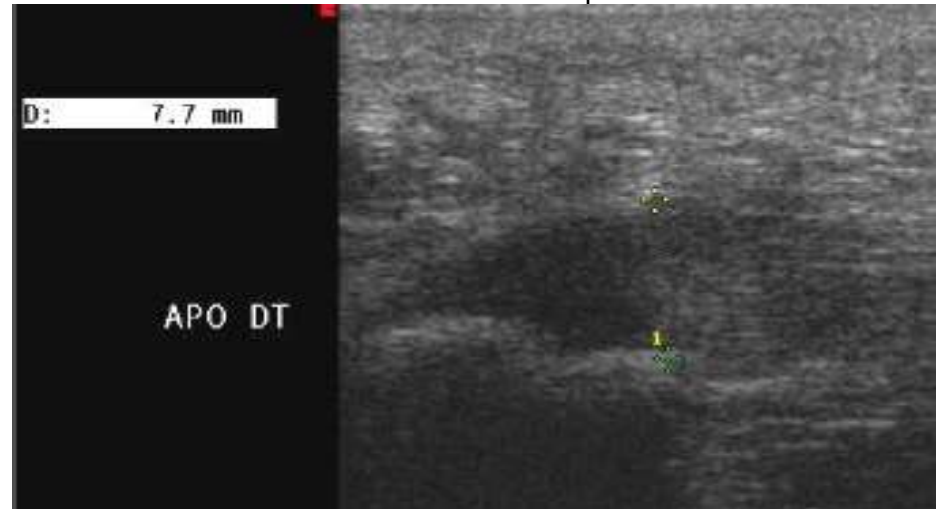
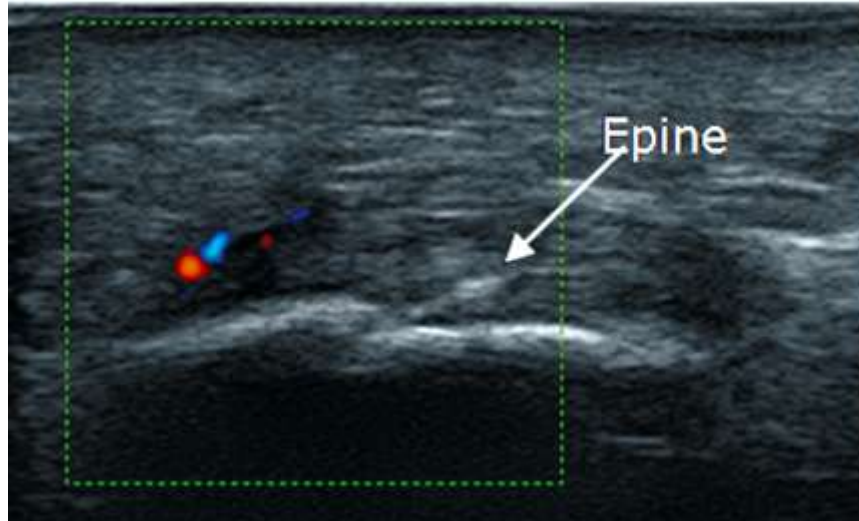
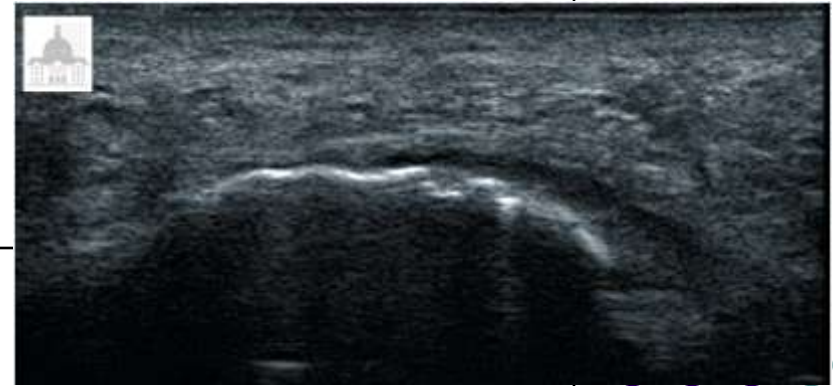


**Coupe transversale:**  
le kyste entoure le gastrocnémien médial

# Aponévrosite plantaire mécanique



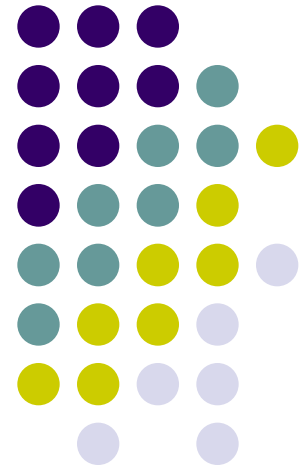
Aponévrose normale < 4mm



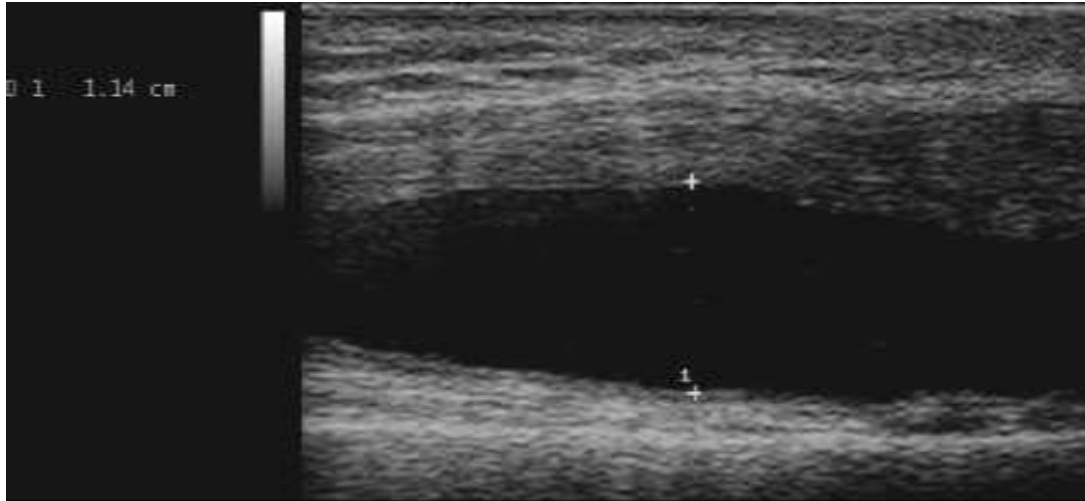
Épaississement et zone hypo-échogène

# ECHOGRAPHIE ET ATTEINTE DEGENERATIVE

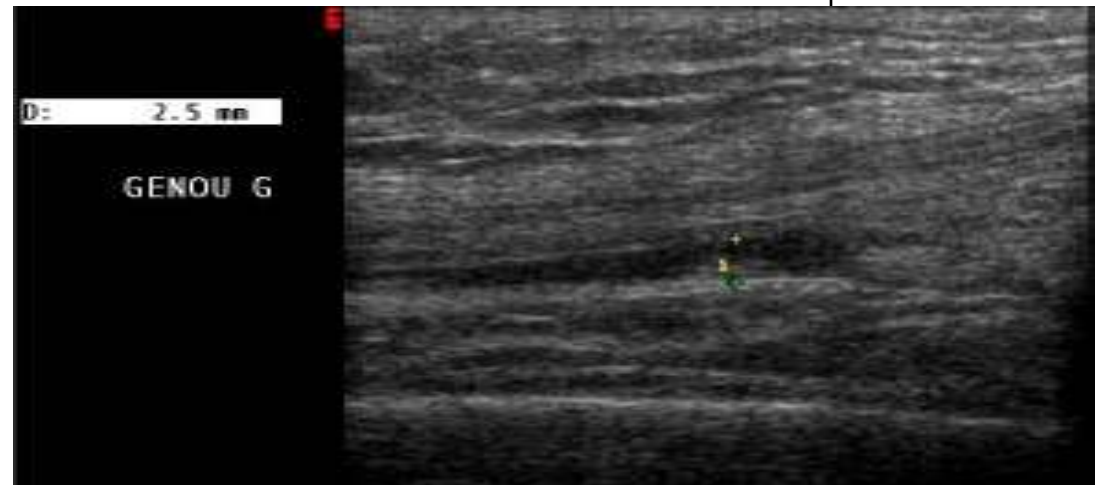
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# Epanchement du genou

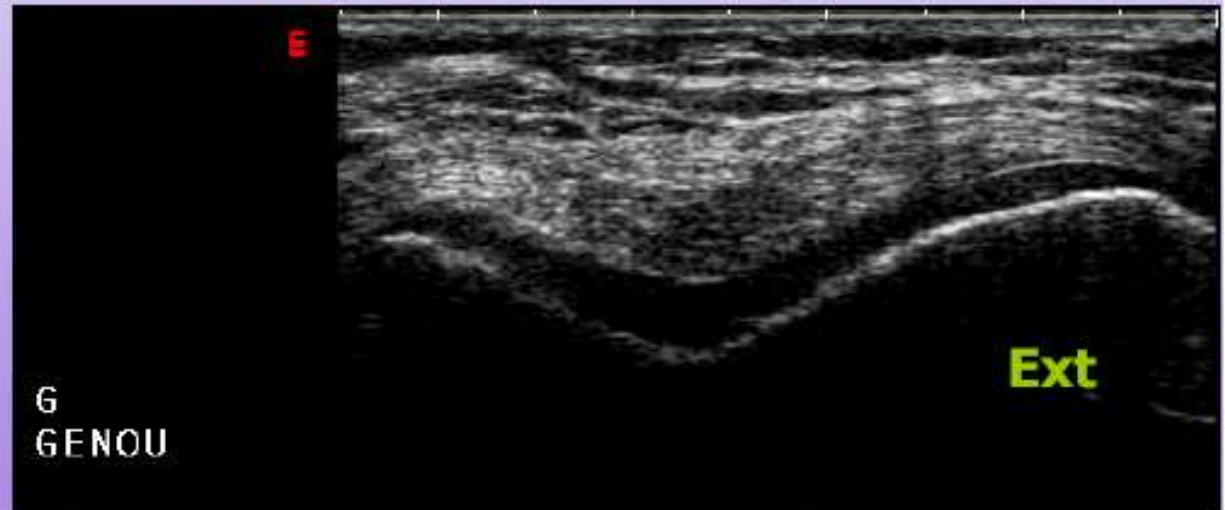
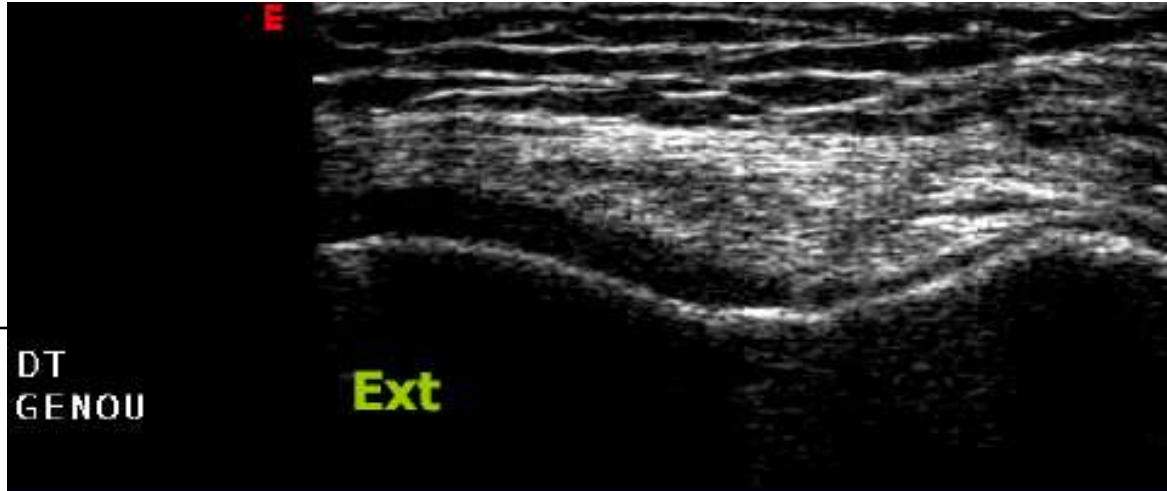


Cul de sac quadricipital N<4 mm

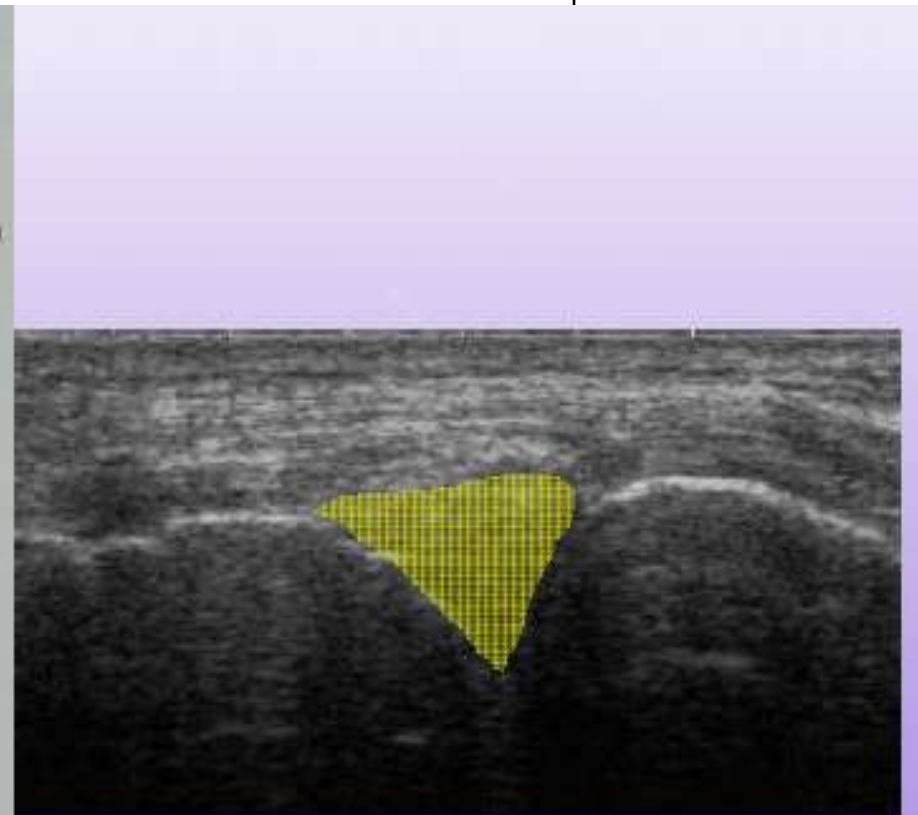
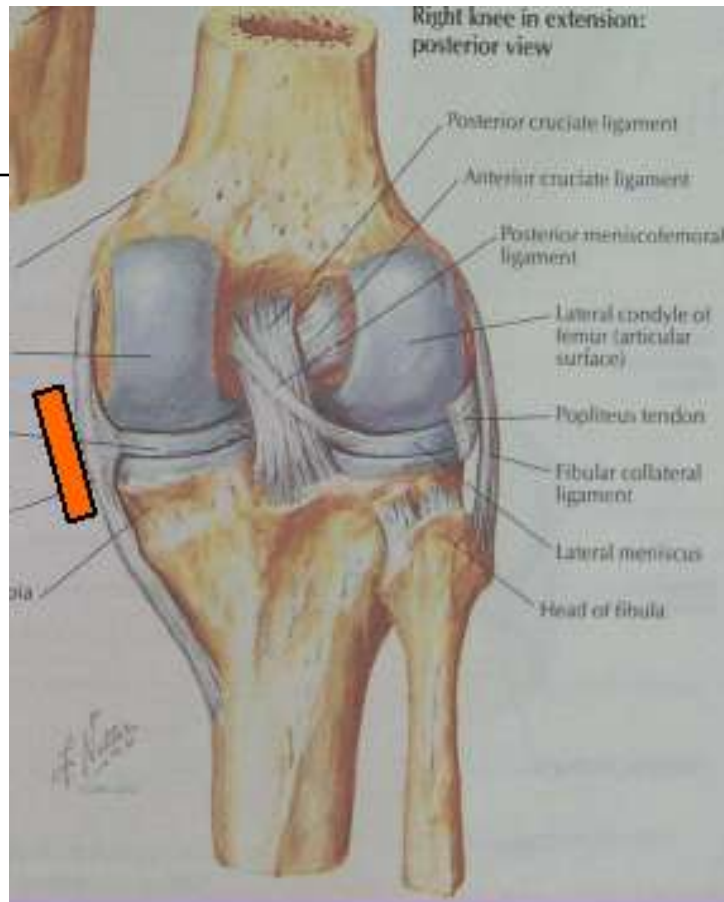




# Chondropathie



# Pathologie méniscale

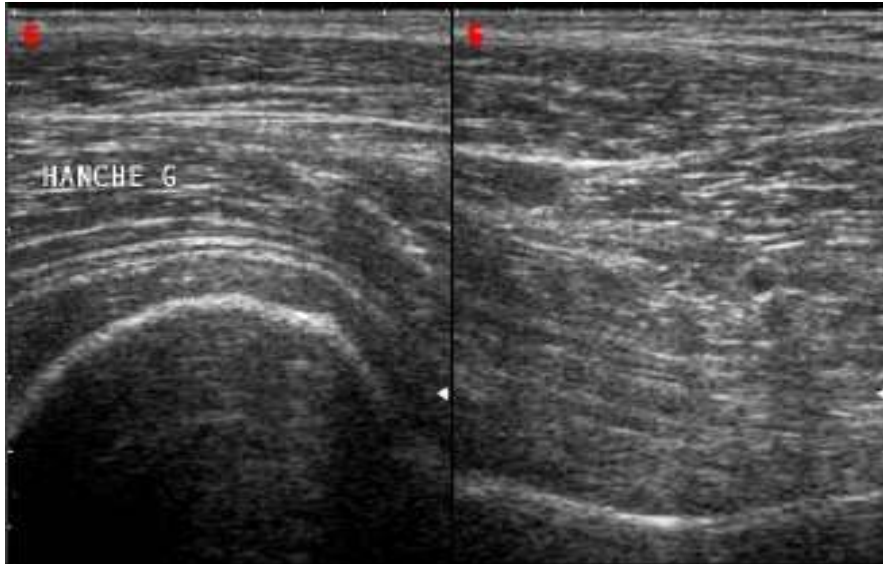


# Protusion méniscale

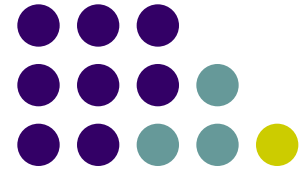
Dégénérescence méniscale  
débutante



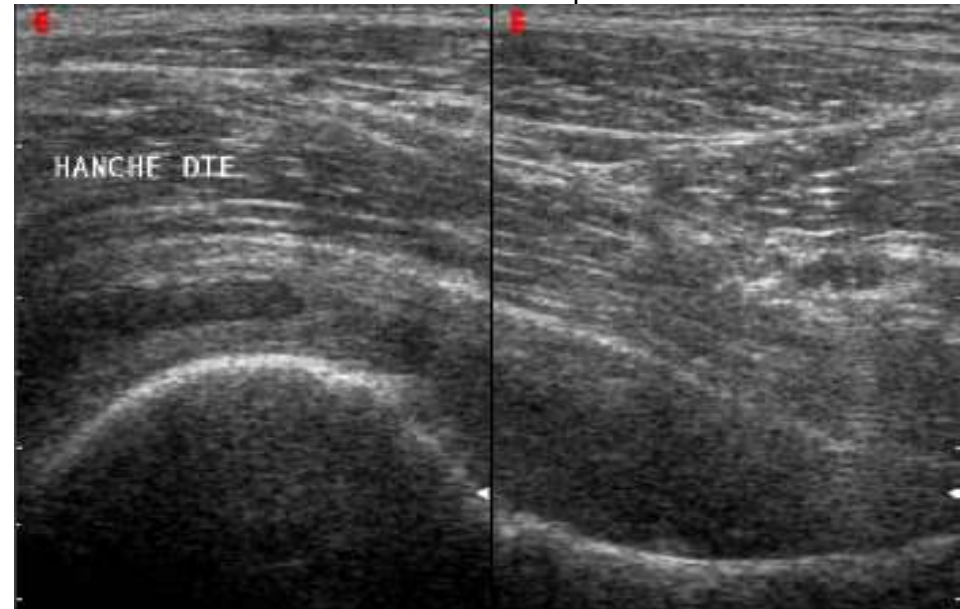
# Epanchement coxo-fémoral



Épaississement du tissu capsulo-synoviale  
Iso ou hypo-échogène > 8 mm

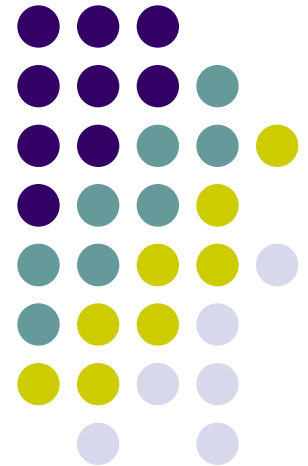


Coupe longitudinale du col fémoral



# ECHOGRAPHIE ET ATTEINTE MUSCULAIRE

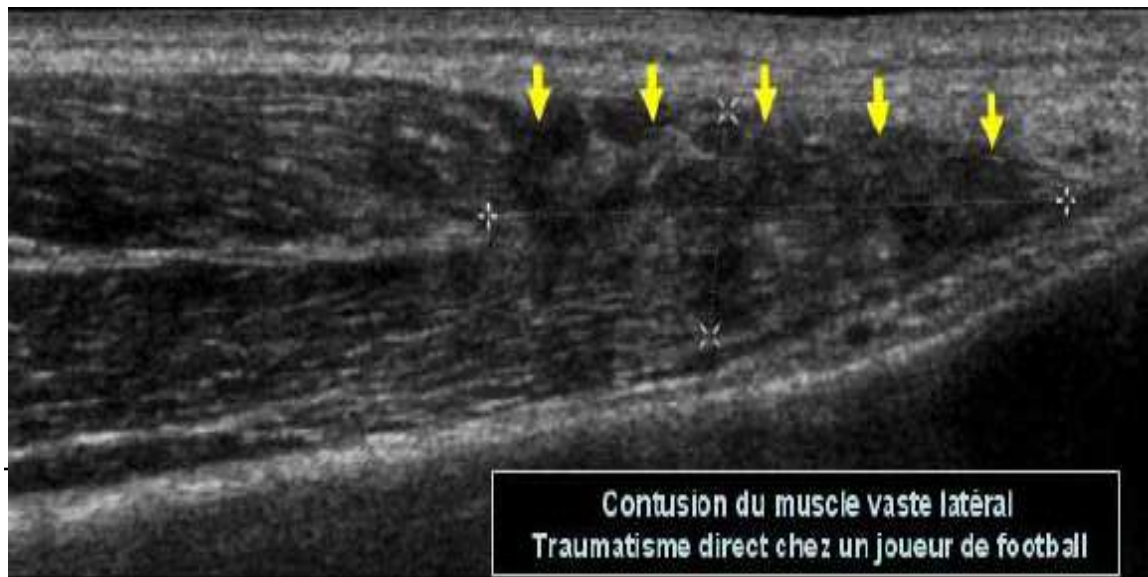
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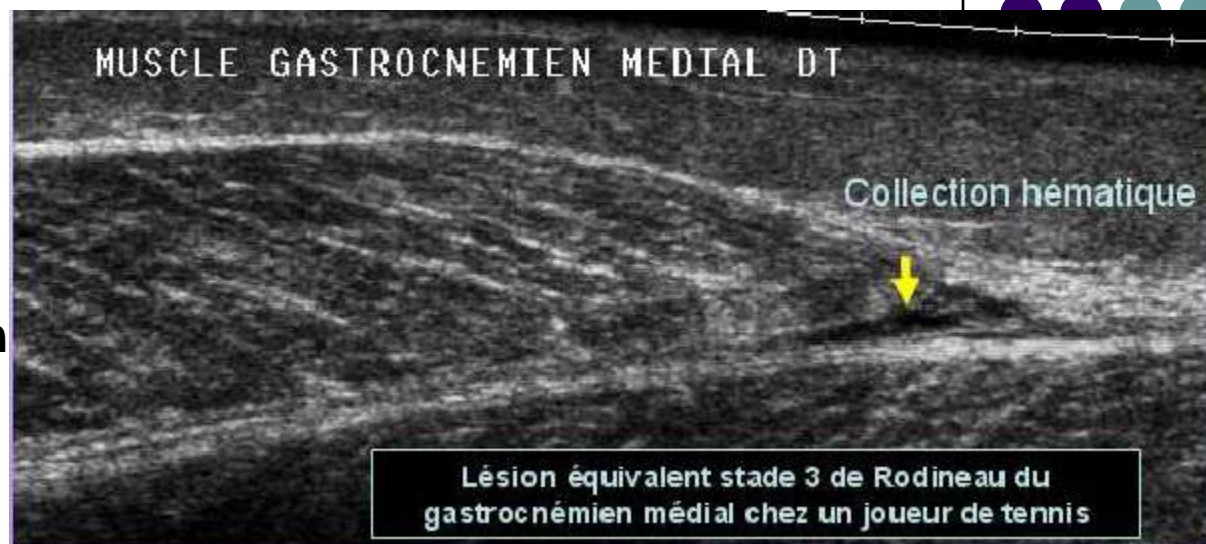


# Lesions musculaires



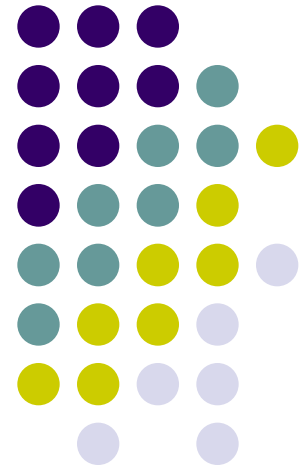
Direct: contusion

Indirect: désinsertion



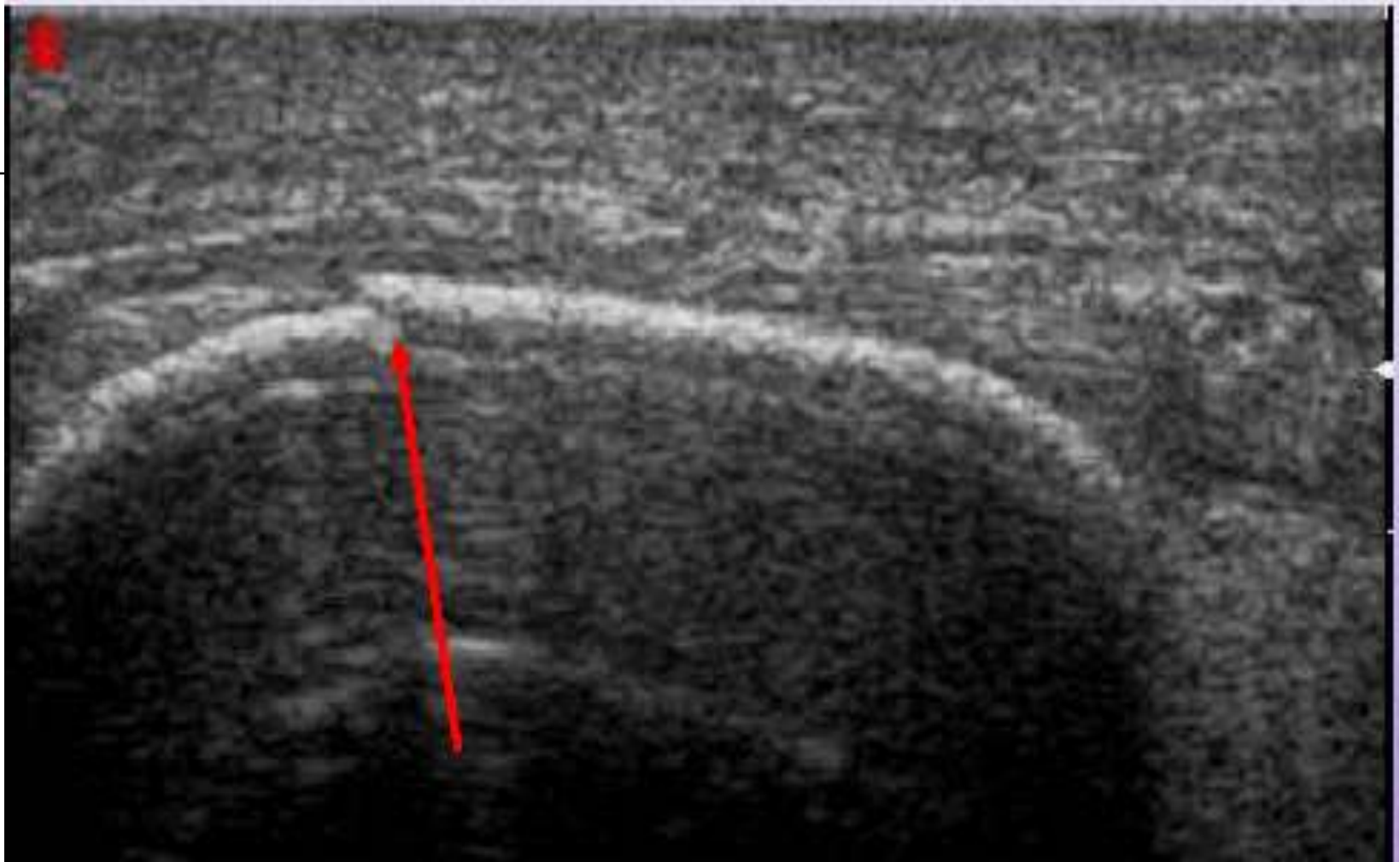
# ECHOGRAPHIE ET ATTEINTE OSSEUSE

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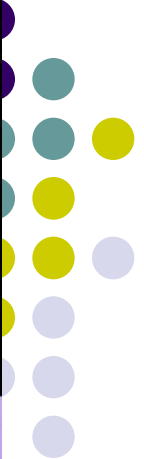
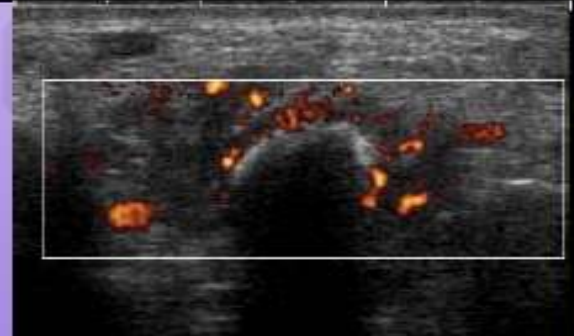
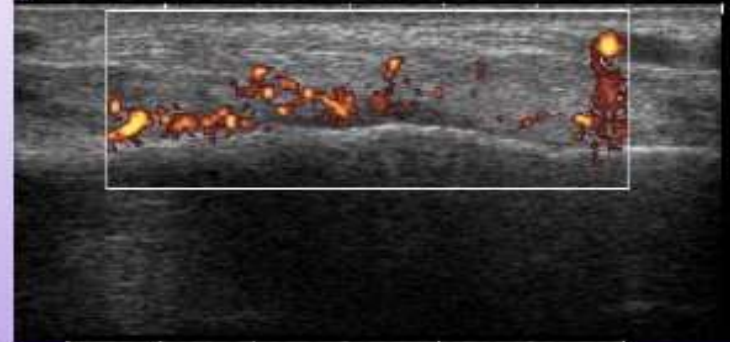
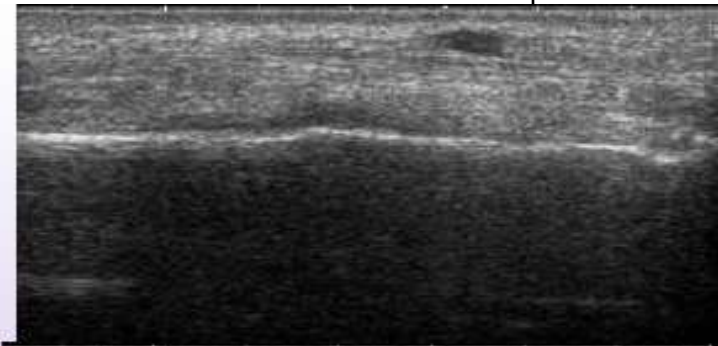
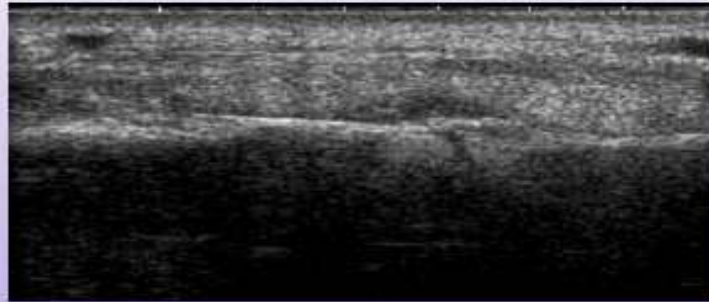




# Fissure de la rotule



# Fracture de fatigue



# L'échographie pour le rhumatologue

- Utile pour le diagnostic, le suivi thérapeutique
- complément de la clinique et de la radiographie
- Intérêt des gestes écho-guidés
- Non invasif, fiable et reproductible
- Apprentissage long, nécessité d'une bonne connaissance anatomique et pathologique



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ATTENTION**

