

Lésions hépatiques



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Lésions hépatiques

Mésenchyme

Hémangiome

Cholangiocyte

Kyste simple

Cholangiocarcinome

Hépatocyte

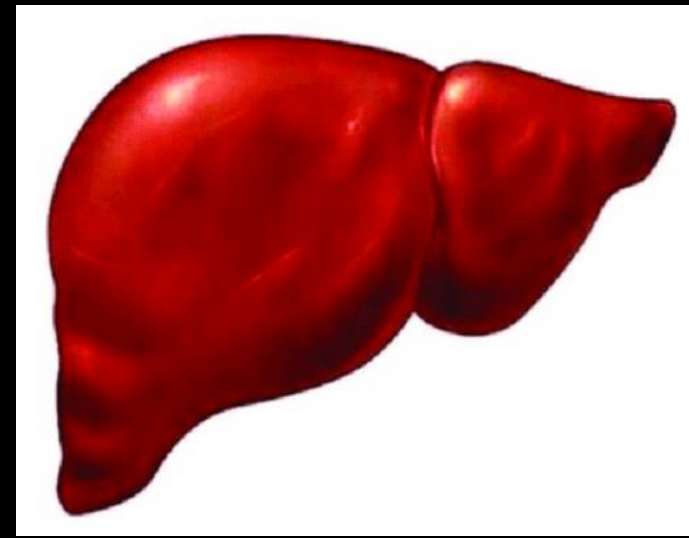
HNF

Adénome

CHC

Autres

Foie non cirrhotique



Mésenchyme

Hémangiome

Cholangiocyte

Kyste simple

Cholangiocarcinome

Hépatocyte

HNF

Adénome

CHC

Autres

Foie cirrhotique



Mésenchyme

Hémangiome

Cholangiocyte

Kyst simple

Cholangiocarcinome

Hépatocyte

HNF

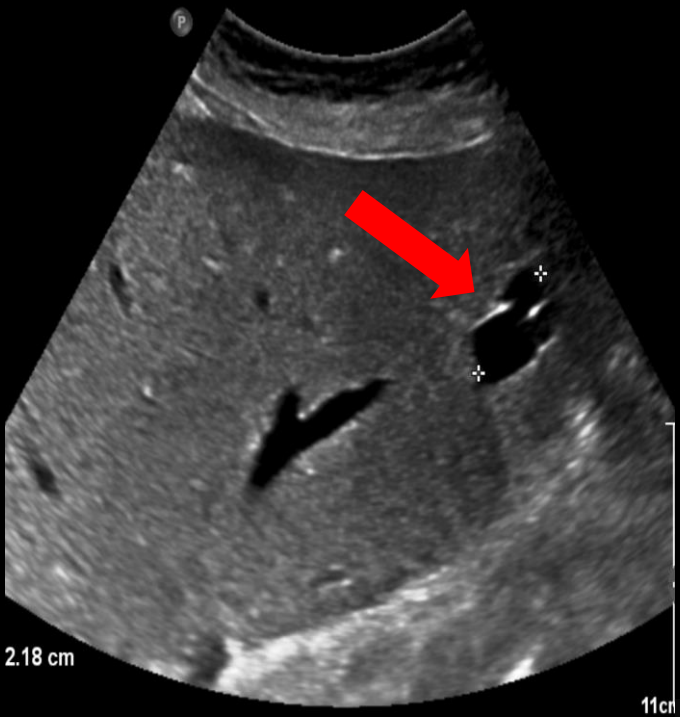
Adénome

CHC

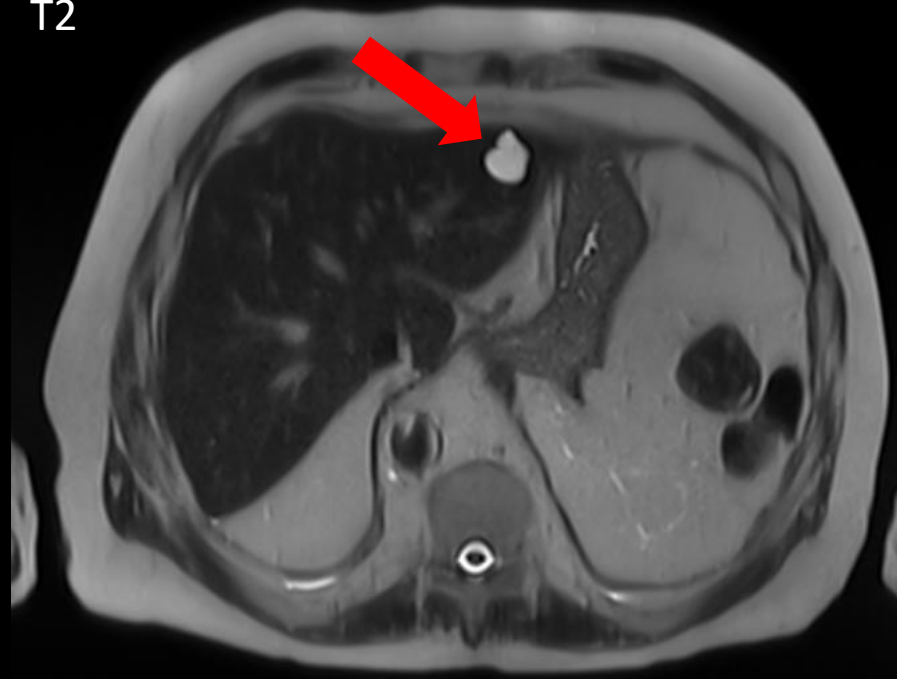
Autres

Kyste Hépatique Simple

- Lésion hépatique la plus fréquente (10-22%)
- Taille de qq mm jusqu'à 30 cm
- Changement de la taille
- Hémorragie (attention à la lésion sous-jacente)
- Pas de risque de dégénérescence
- Diagnostic par US, CT, IRM (! Grande taille)
- Pas de suivi radiologique nécessaire

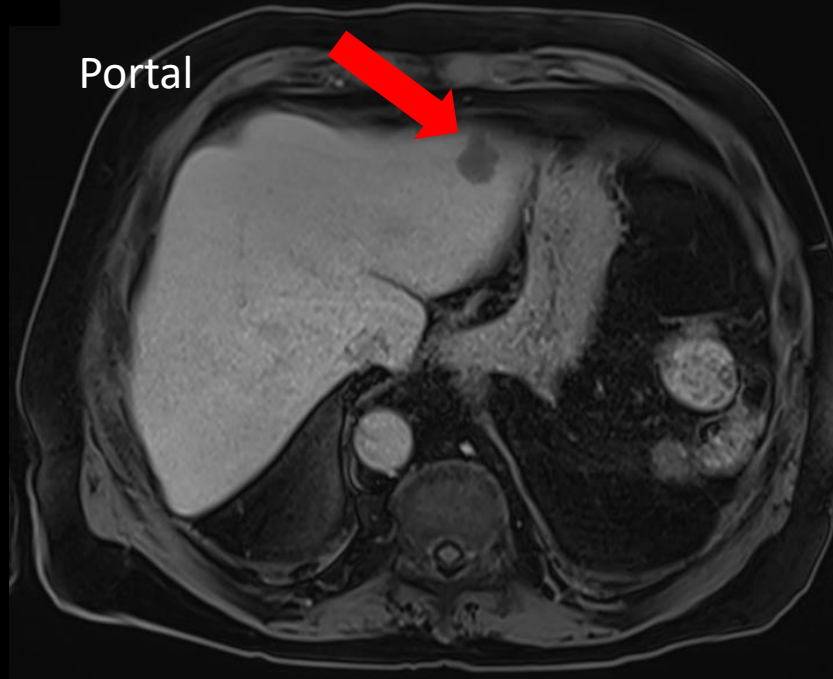


T2

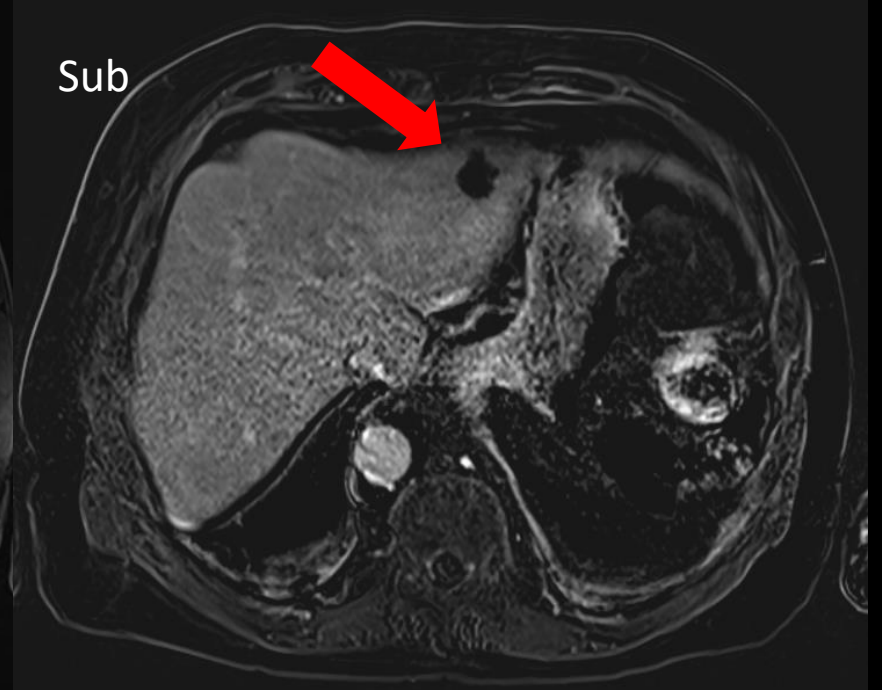


F 43 ans,
Découverte fortuite
pour douleurs à
l'hypochondre droit

Portal



Sub

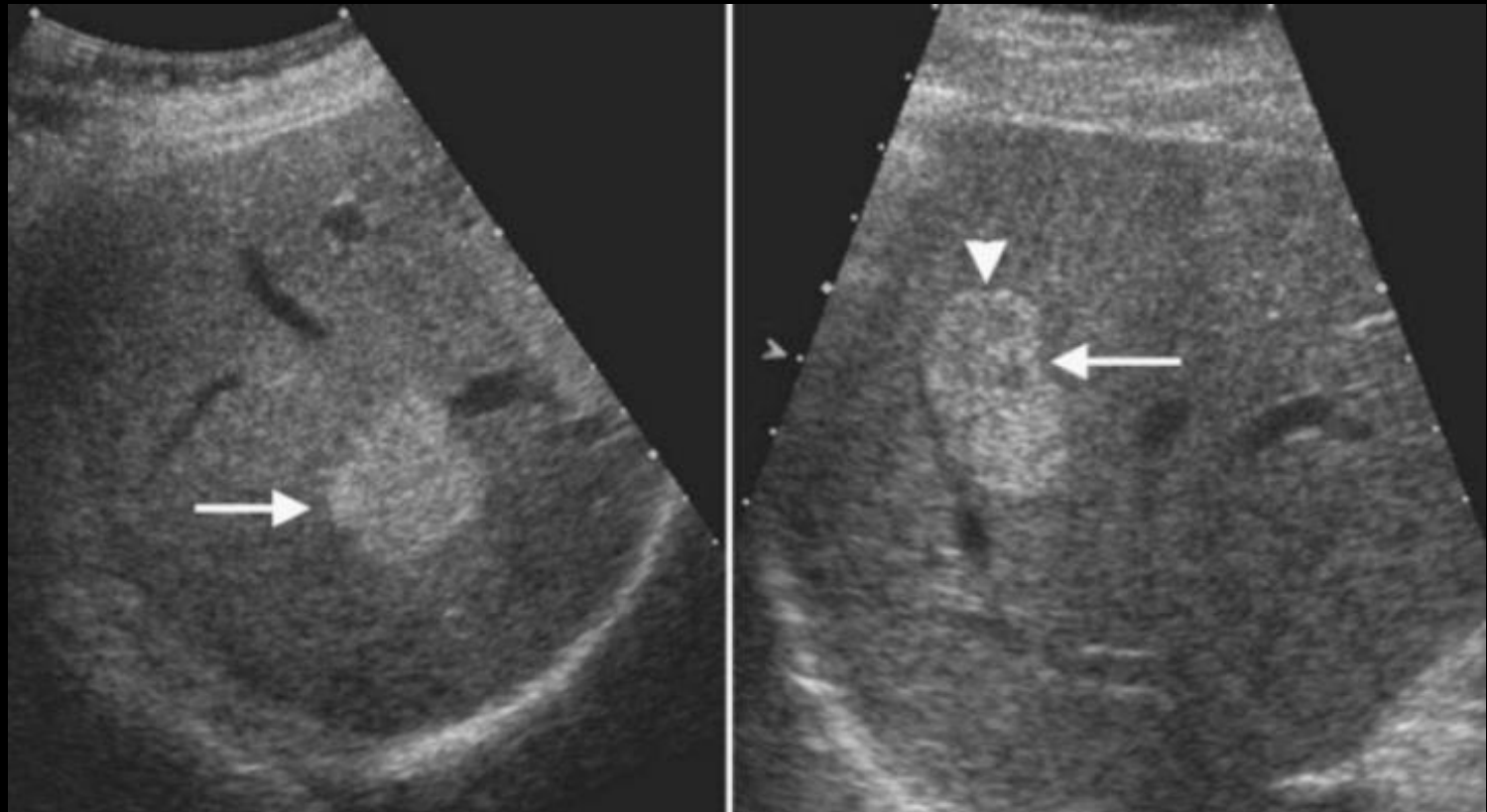


Hémangiome

- Fréquent (5%)
- Hémangiome géant (<4, 6,10 cm)
- Changement de la taille
- Pas de risque de dégénérescence
- Diagnostic par (US), CT, IRM
- Pas de suivi radiologique nécessaire

Hémangiome

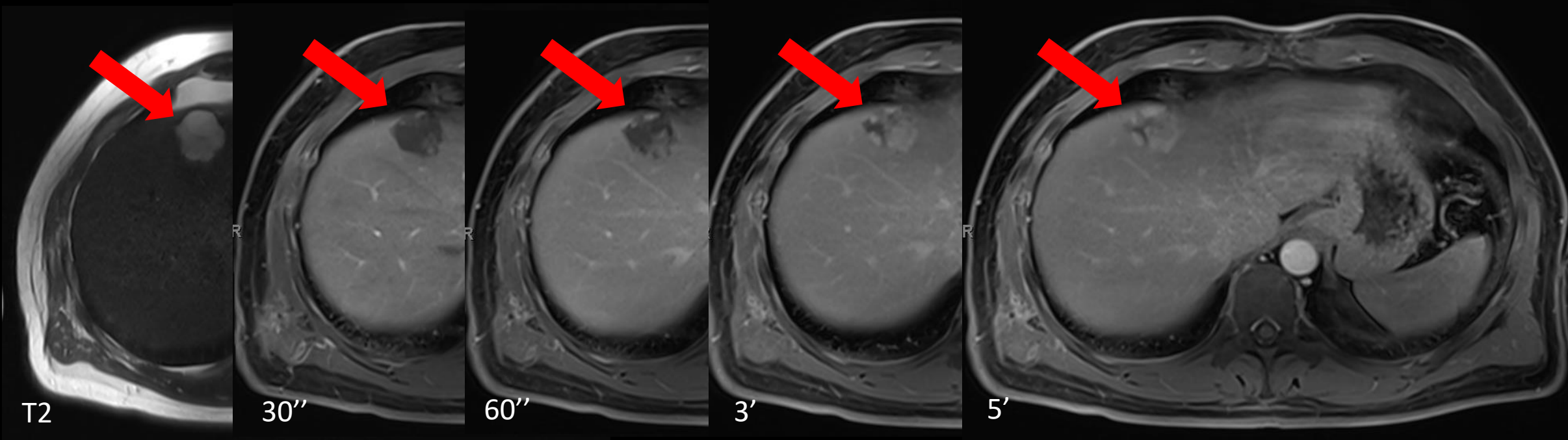
- Si image à l'US typique et $< 3\text{cm}$: STOP
- Si atypique ou $> 3\text{cm}$: A compléter par:
- CT ou IRM





CT

H 56 ans,
Découverte fortuite sur le
CT pour un polytrauma



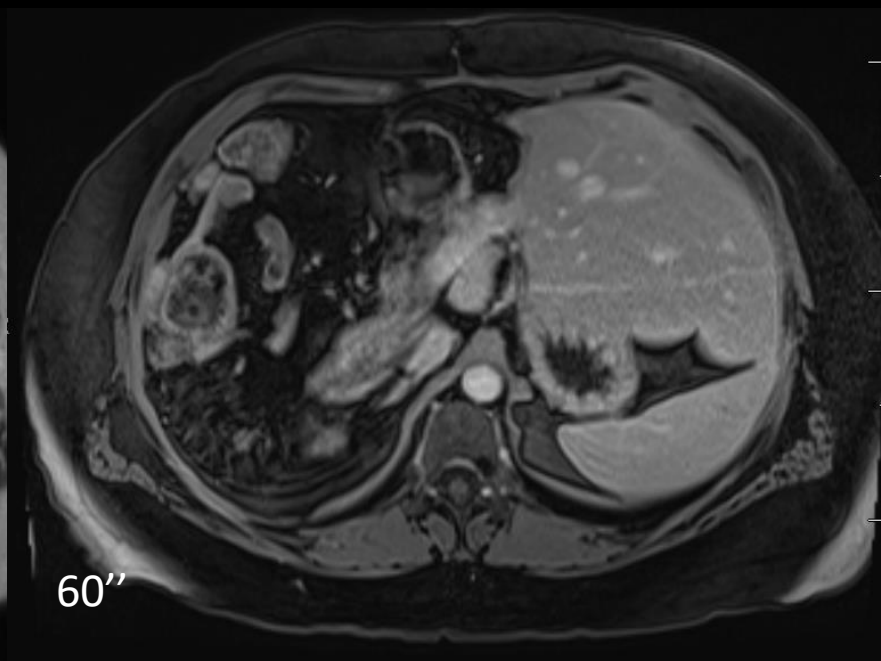
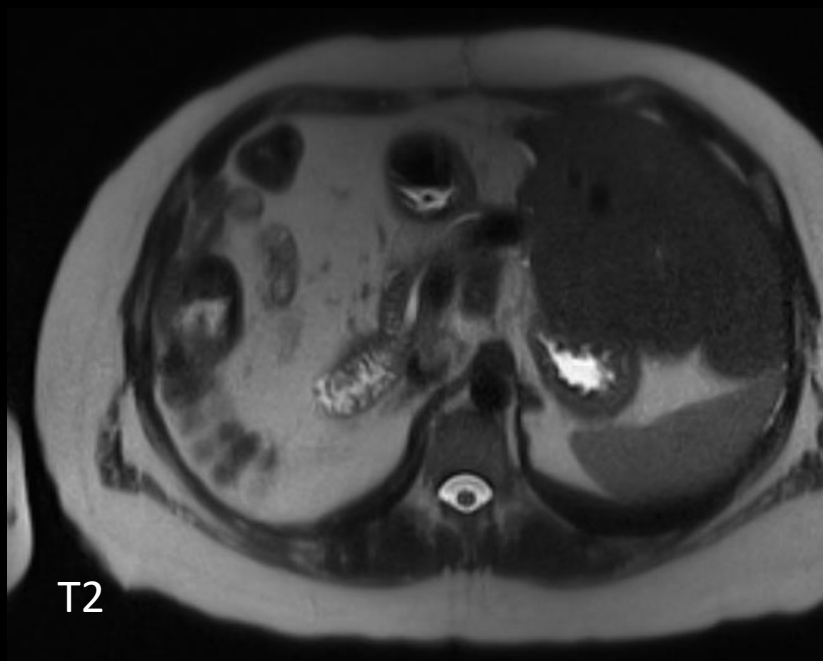
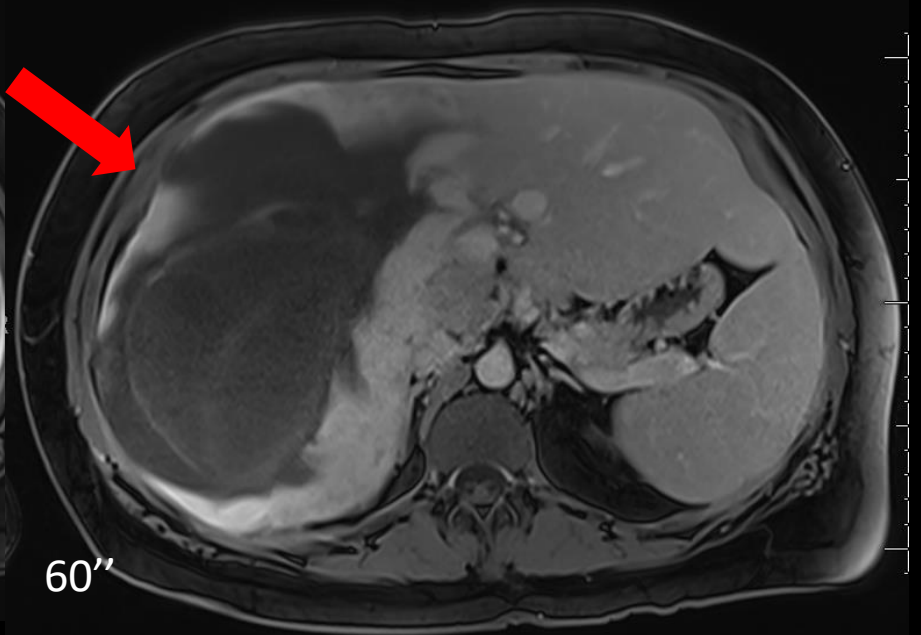
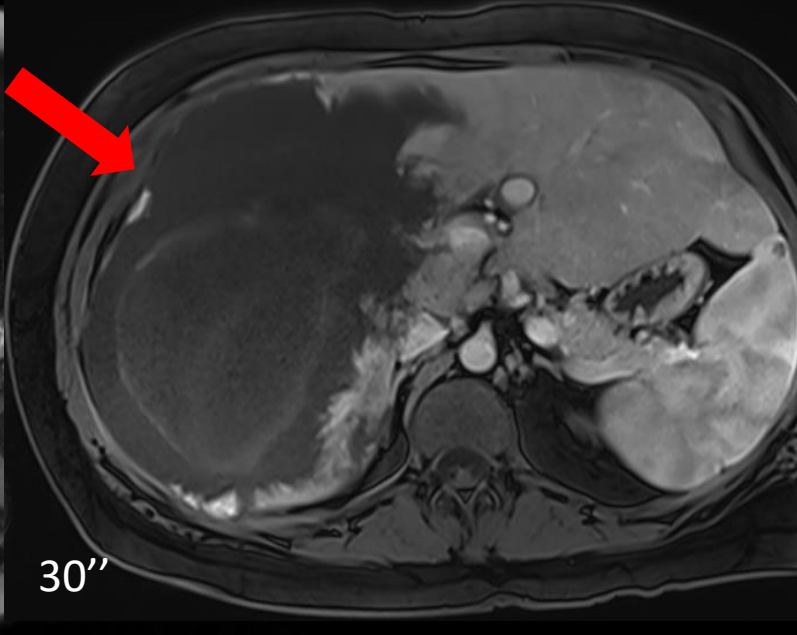
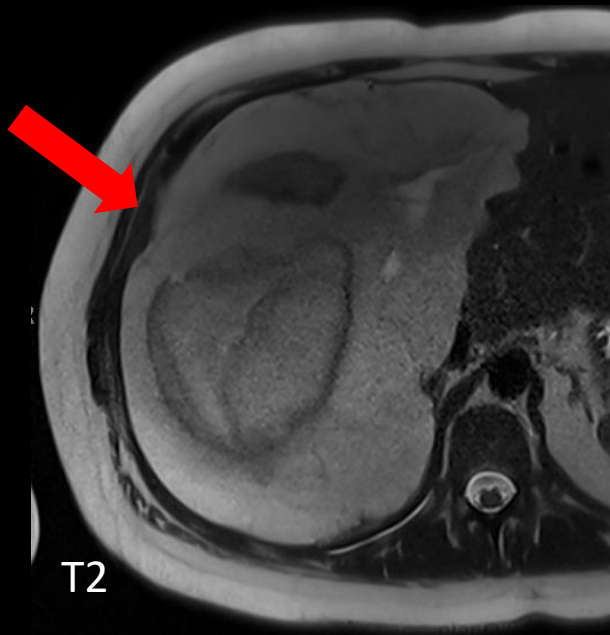
T2

30''

60''

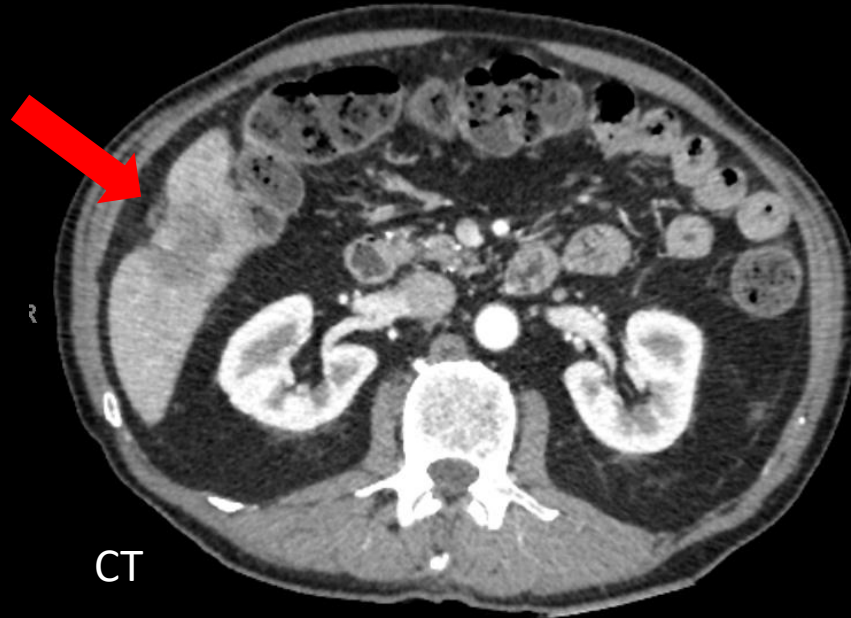
3'

5'

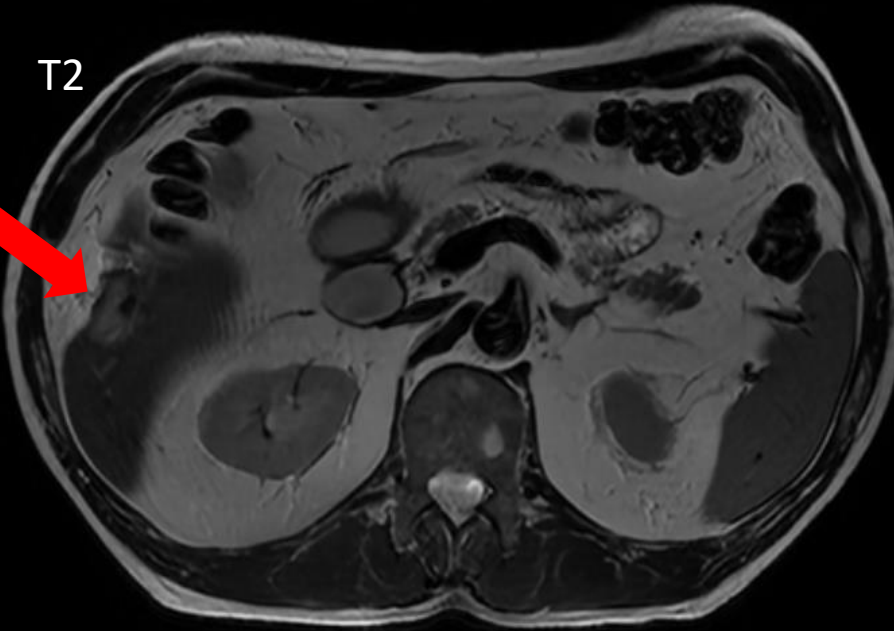
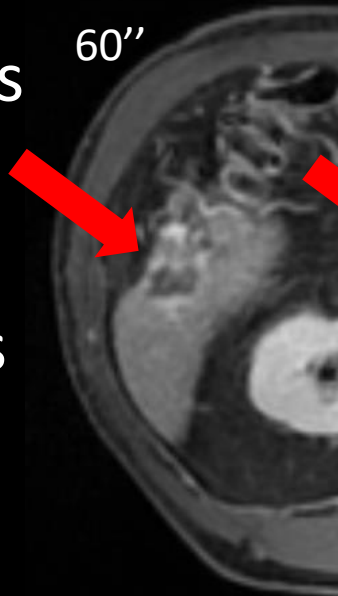


F 43 ans,
Douleurs
abdominales et
fièvre
Syndrome
Bornman-
Terblanche-
Blumgart

Attention!
Pas toujours
simple!

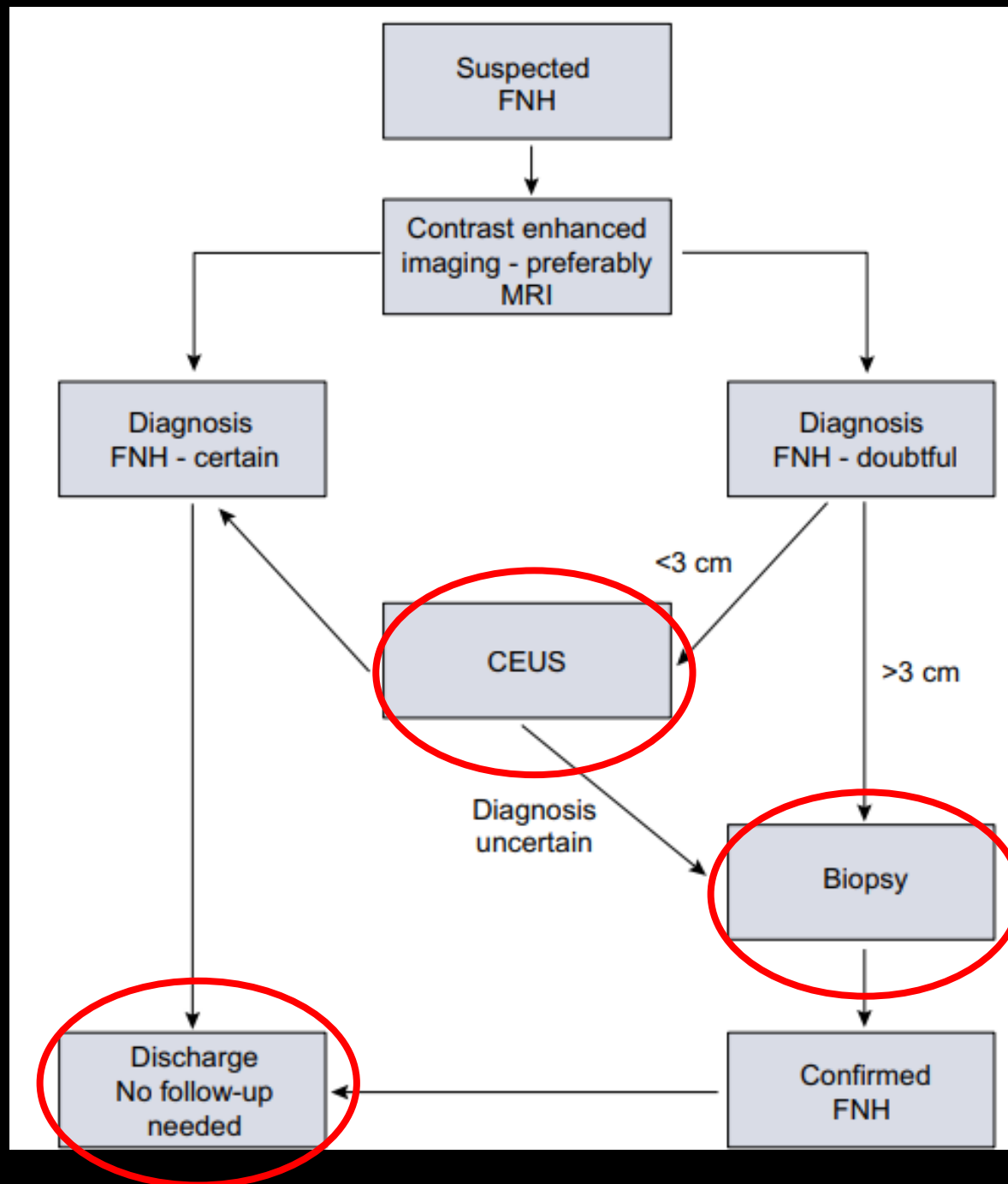


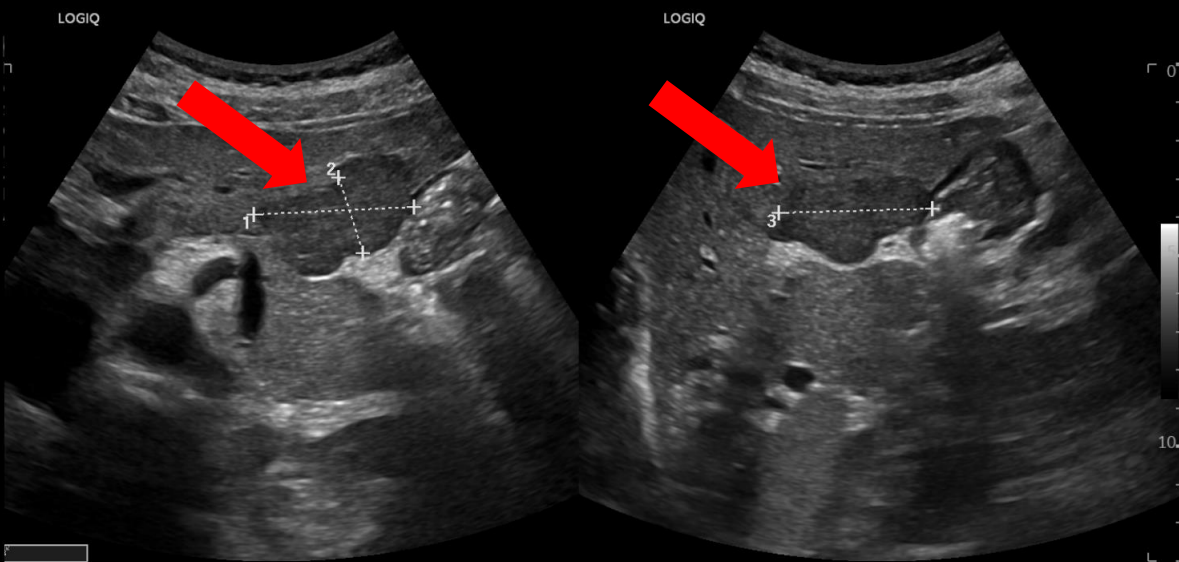
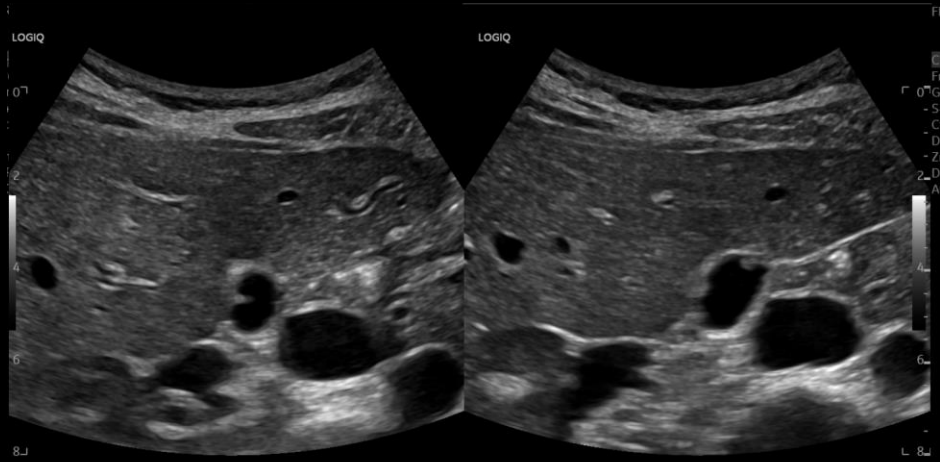
F 62 ans,
Perte de poids
et douleurs
abdominales
depuis 1 mois



Hyperplasie Nodulaire Focale

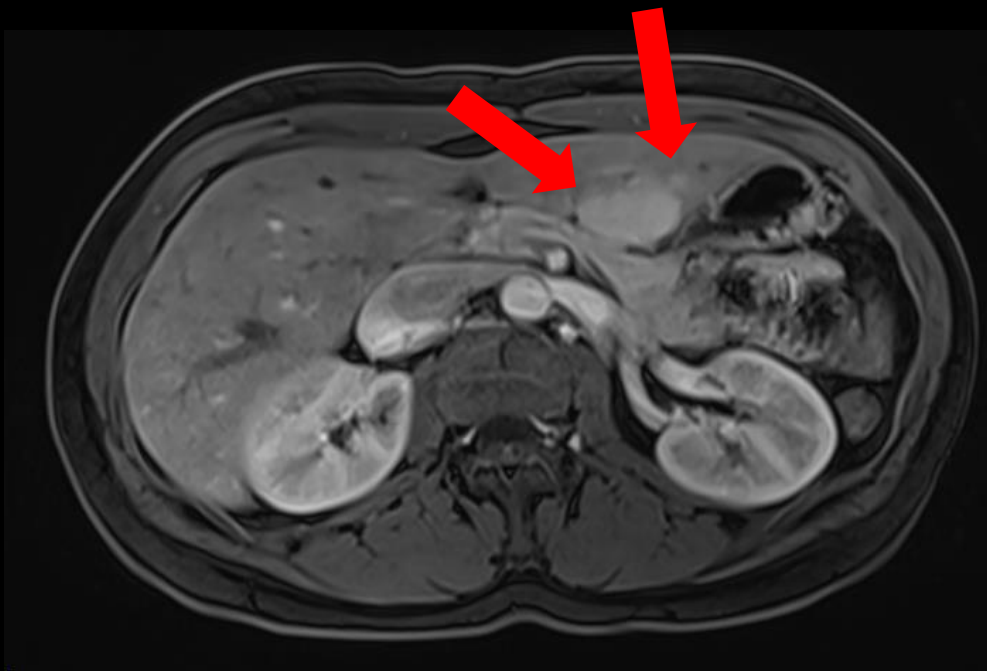
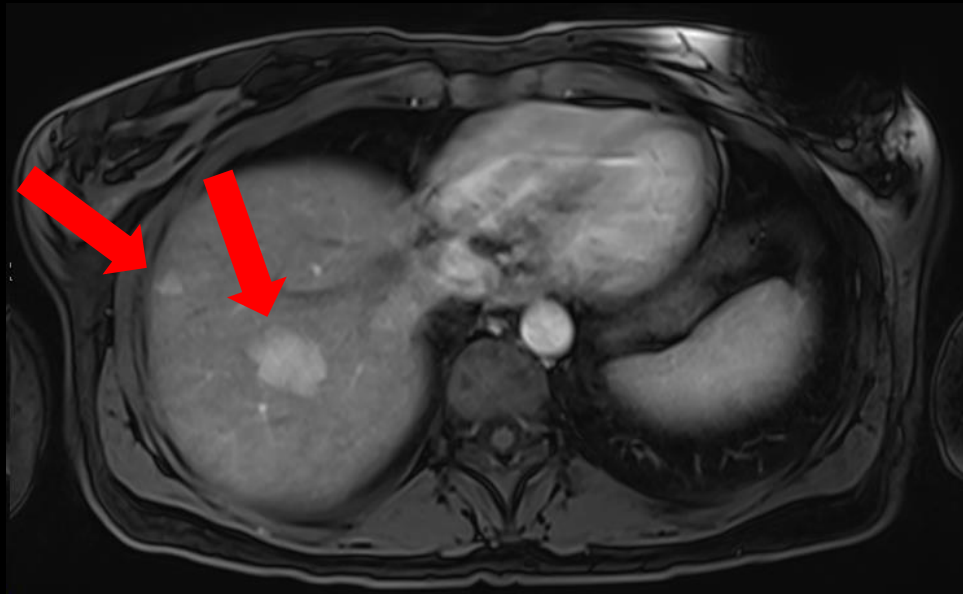
- La plus fréquente après l'hémangiome (1%)
- **Changement de la taille!**
- Pas de risque de dégénérescence
- Diagnostic par ~~US~~, CUS, CT, **IRM** (PDC: hépatospécifique)



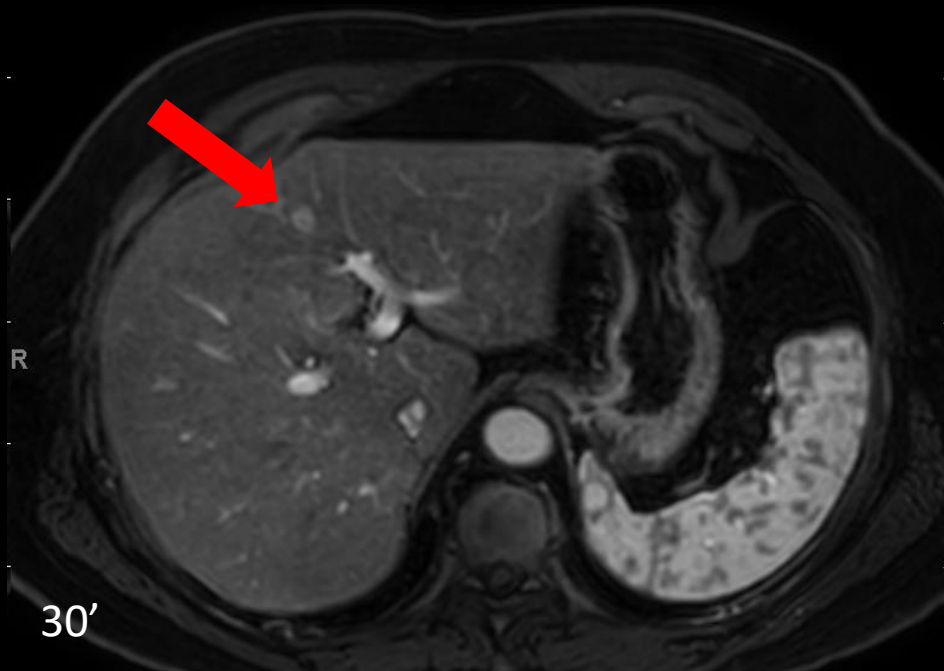


4.19 cm
2.07 cm
4.01 cm

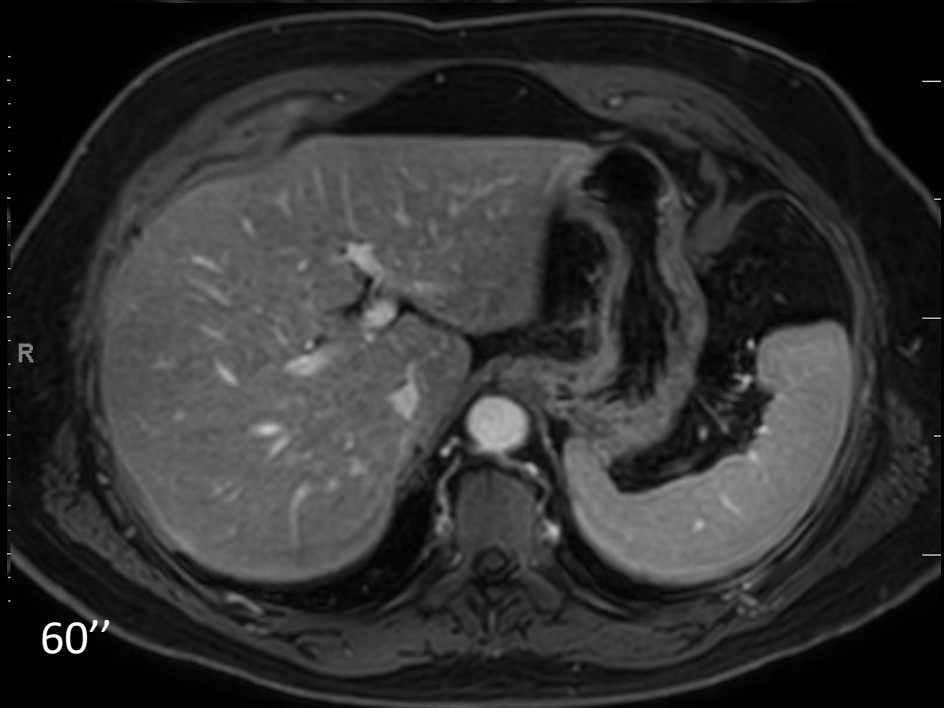
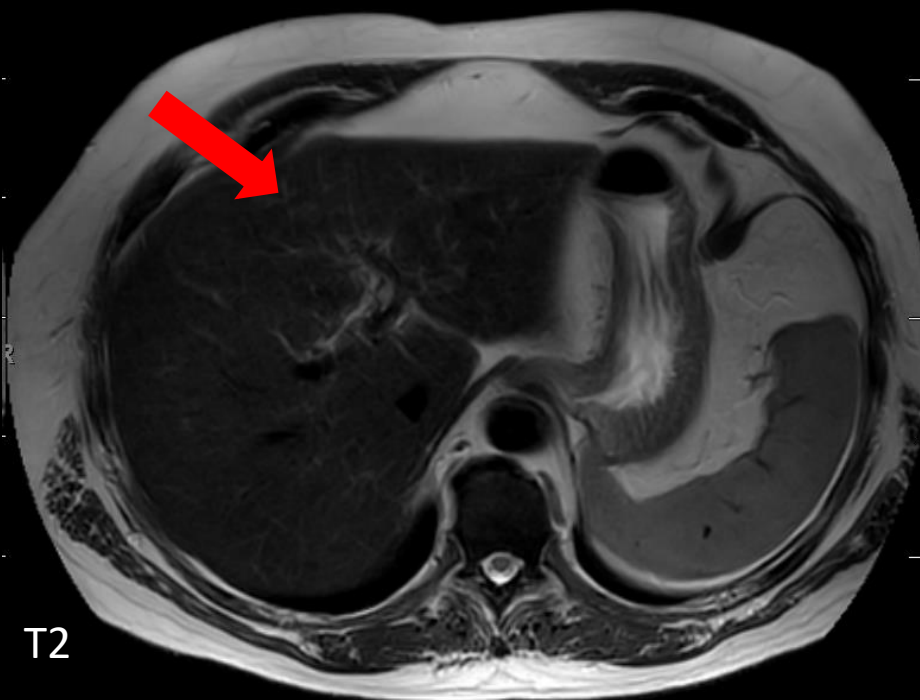
F 36 ans,
Découverte
fortuite d'une
lésion du
segment II



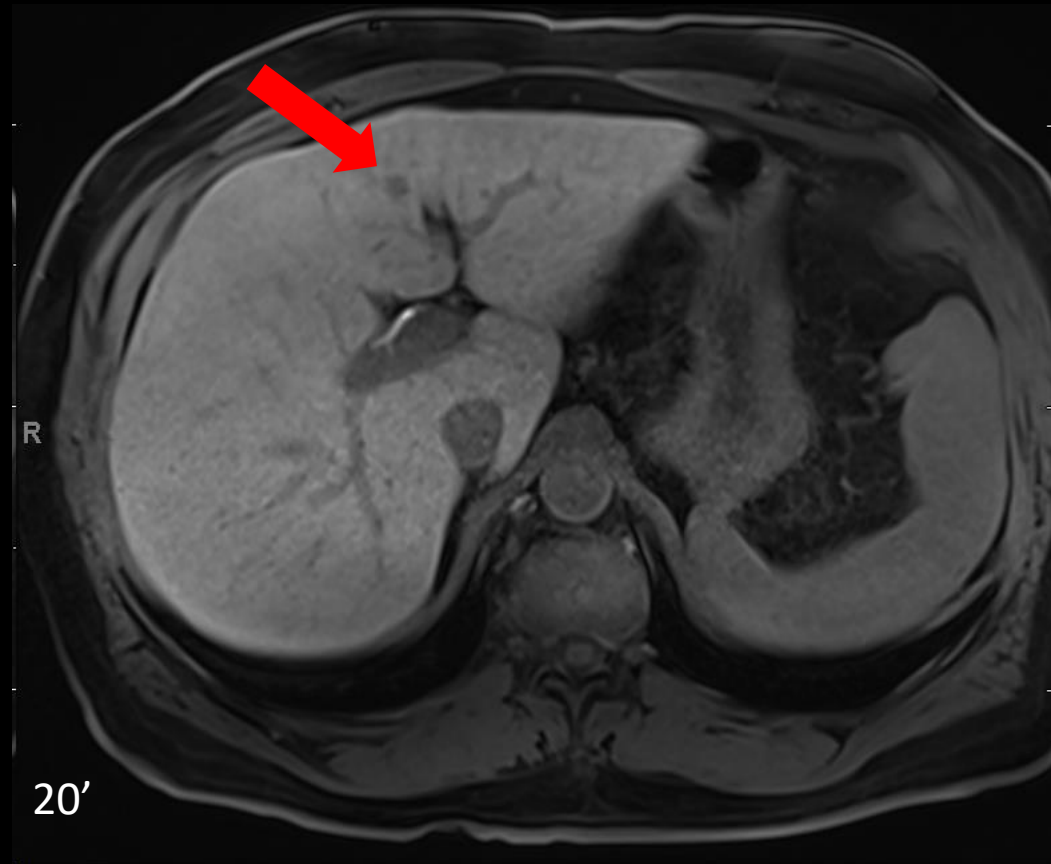
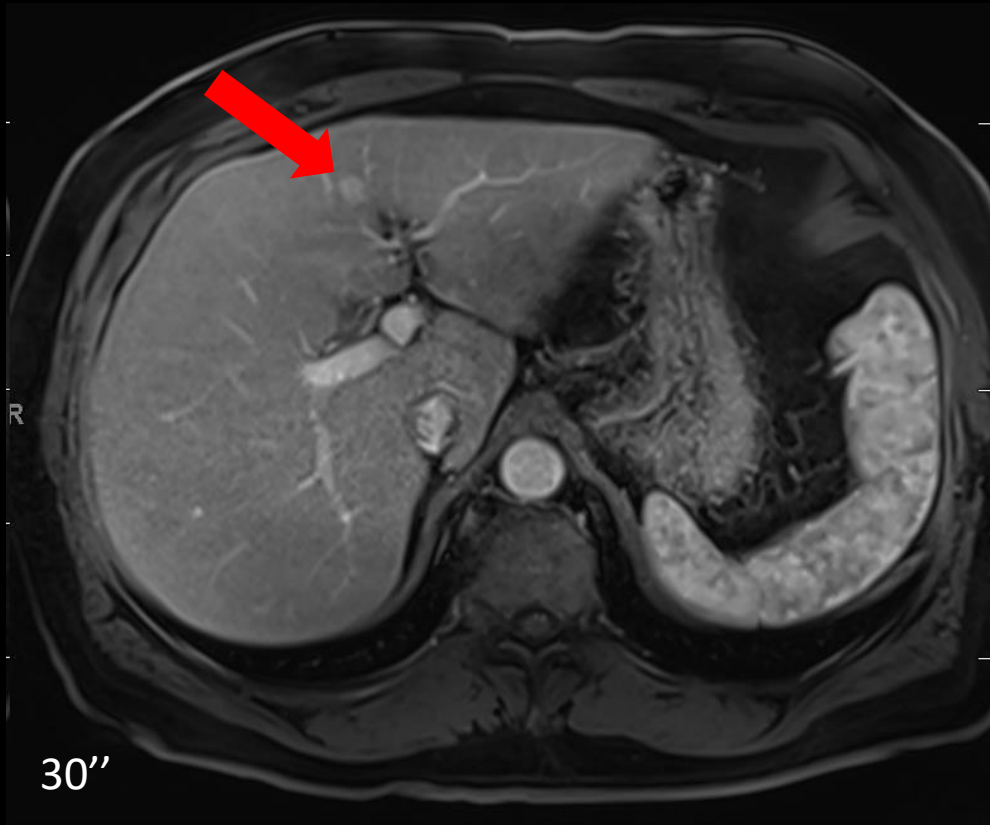
Pas toujours facile



H 70 ans,
envoyé pour
suspicion de
HNF

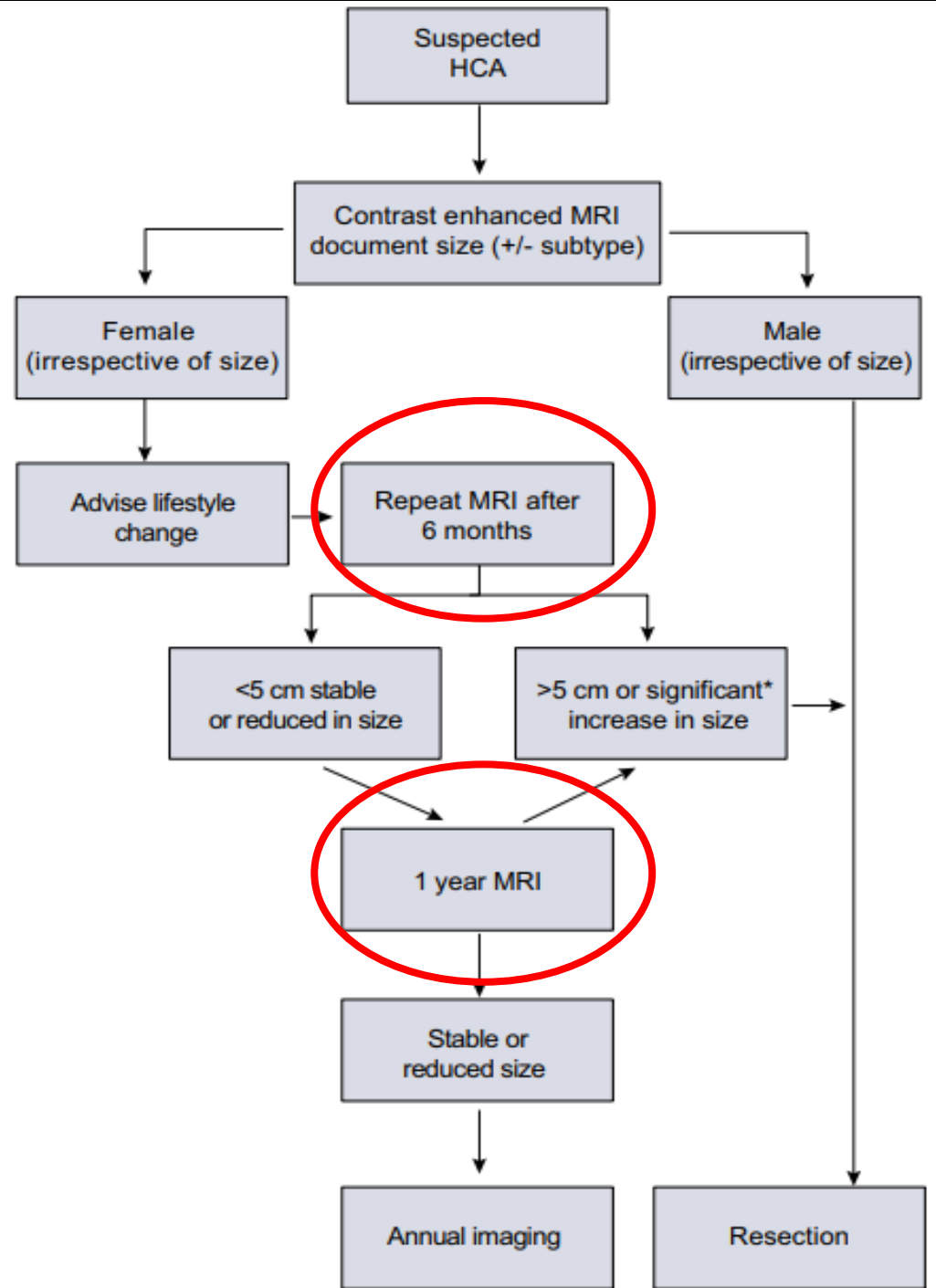


Reprise pour injection
avec hépatospécifique



Adénome

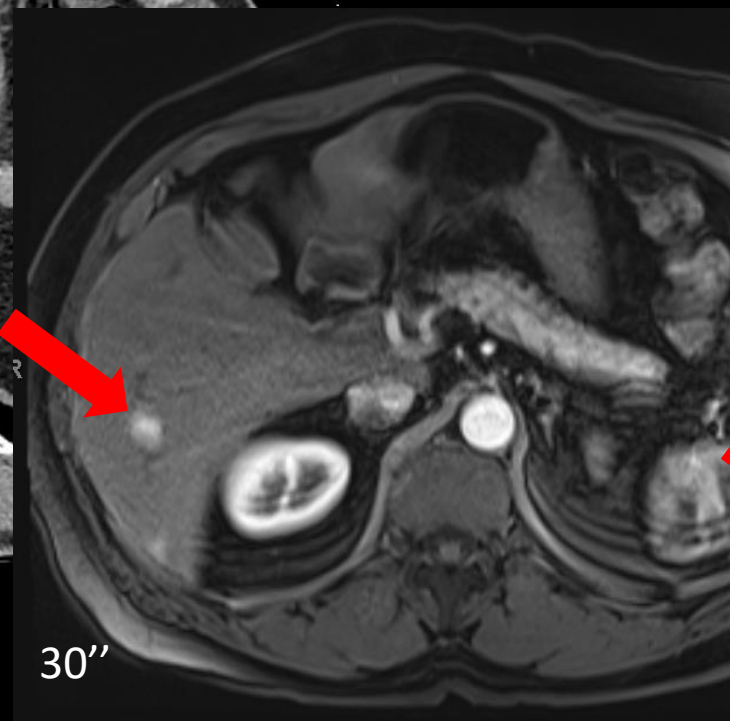
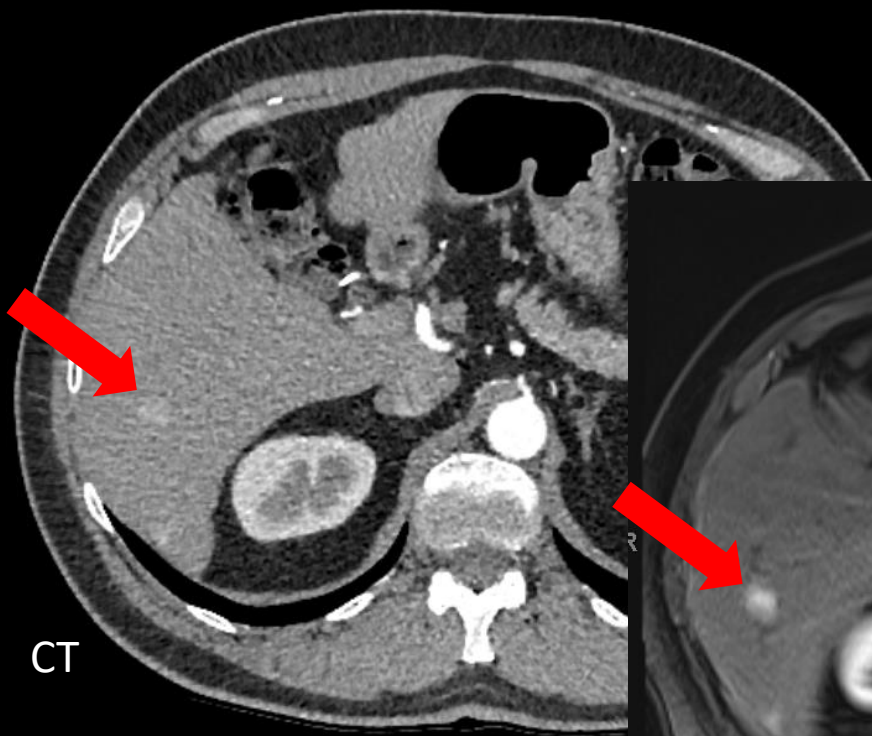
- Rare (3/100,000 personnes)
- 8 Sous-types
- Certains types avec risque de dégénérescence et d'hémorragie
- Diagnostic par (US), (CT), IRM +/- Biopsie
- **Suivi radiologique régulier**
- **Suivi nécessaire même après la résection**



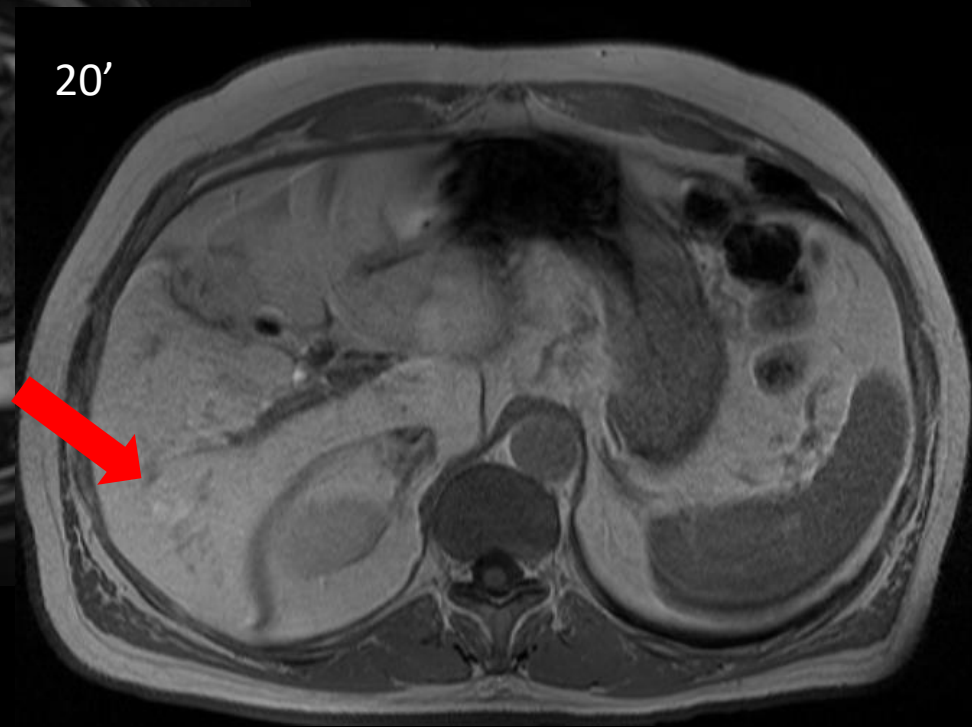
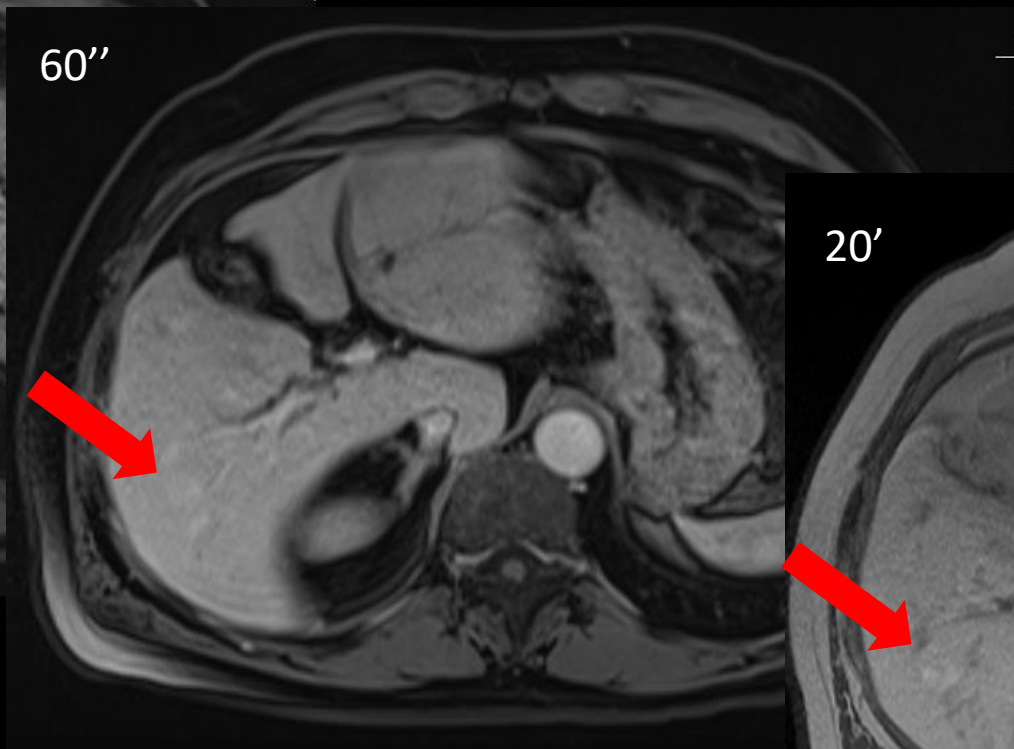
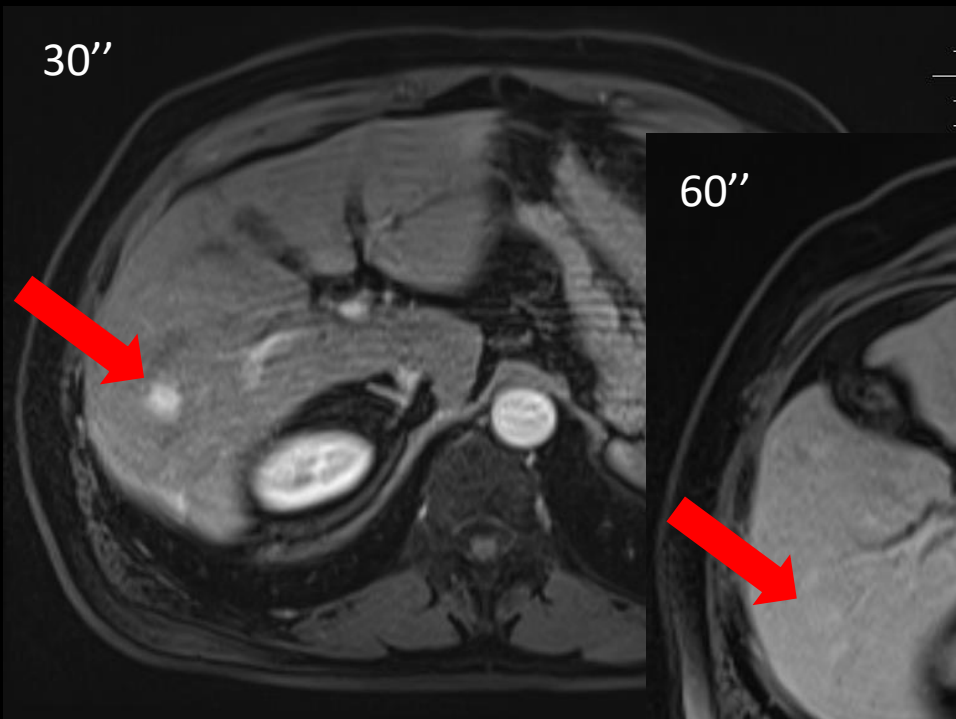
EASL
Journal of Hepatology
2016

Attention!

F 35 ans,
Suspicion d'adénome

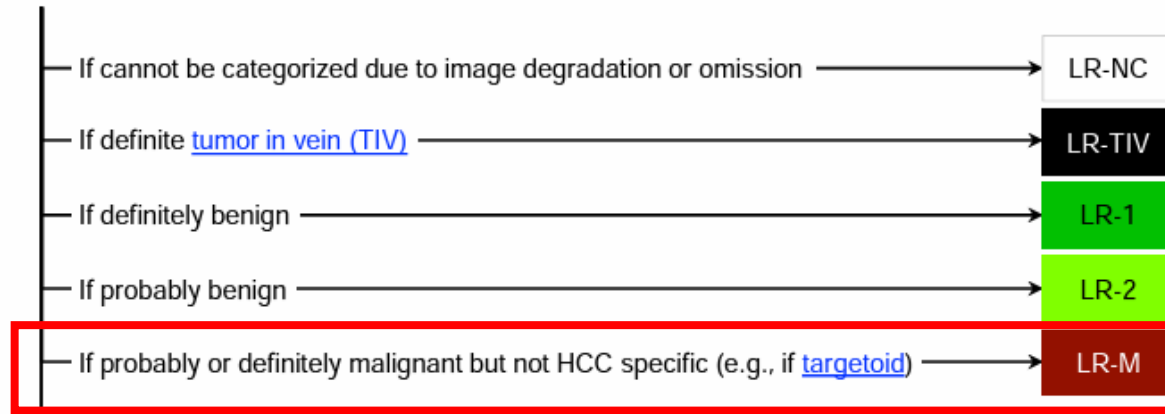


Avec PDC hépatospcifique!

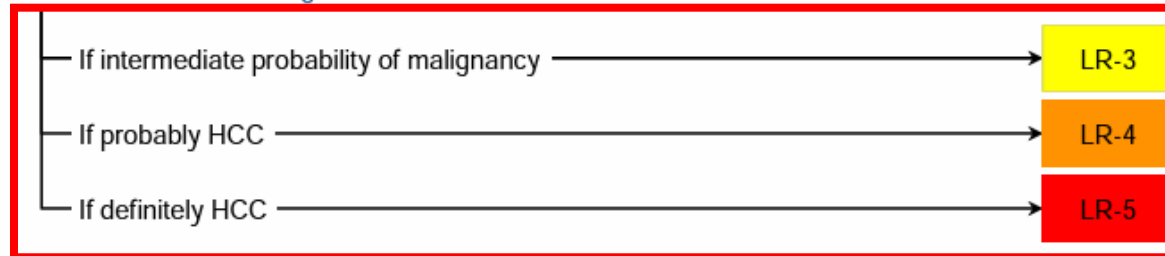


Hépatocarcinome

Untreated observation without pathologic proof in [patient at high risk for HCC](#)



Otherwise, use CT/MRI diagnostic table below



CT/MRI Diagnostic Table

Arterial phase hyperenhancement (APHE)		No APHE		Nonrim APHE		
Observation size (mm)		< 20	≥ 20	< 10	10-19	≥ 20
Count additional major features:	None	LR-3	LR-3	LR-3	LR-3	LR-4
	• Enhancing "capsule" • Nonperipheral "washout"	LR-3	LR-4	LR-4	LR-4 / LR-5	LR-5
	• Threshold growth	LR-4	LR-4	LR-4	LR-5	LR-5

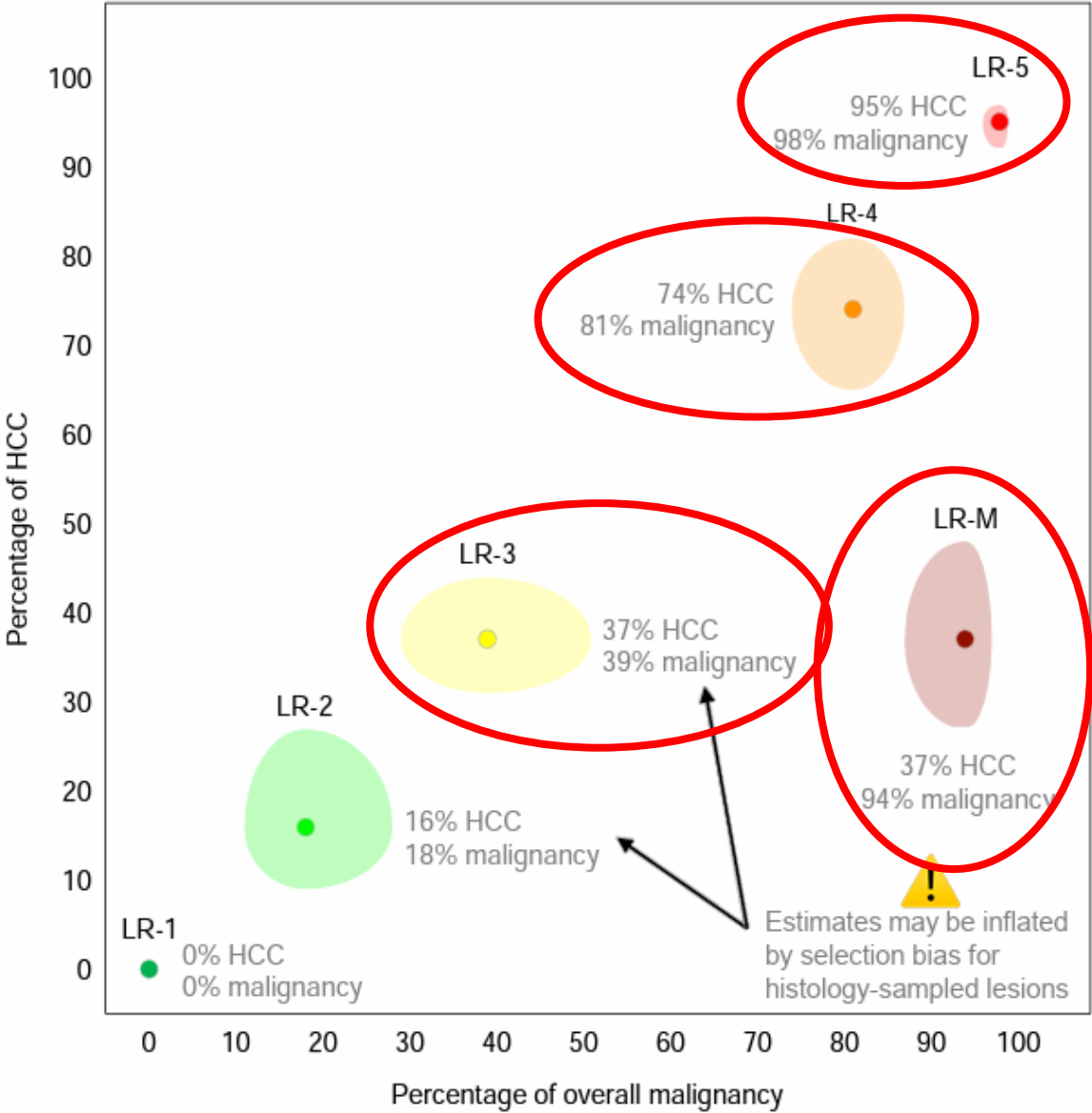


Observations in this cell are categorized based on one additional major feature:

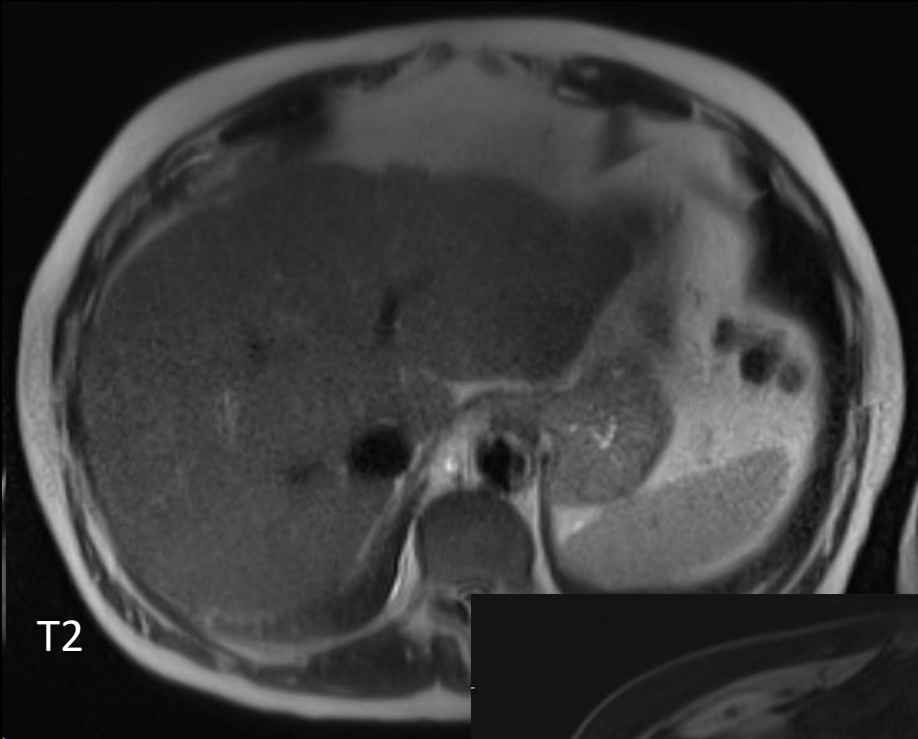
- LR-4 – if enhancing "capsule"
- LR-5 – if nonperipheral "washout" OR threshold growth

What is the percentage of HCC and malignancy associated with each LI-RADS category??

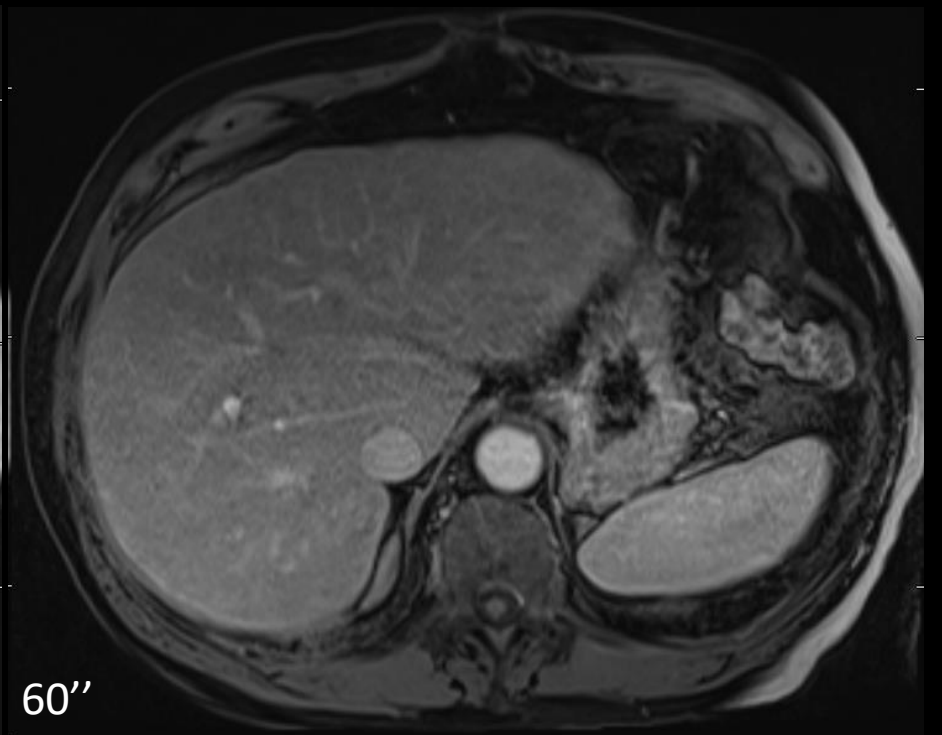
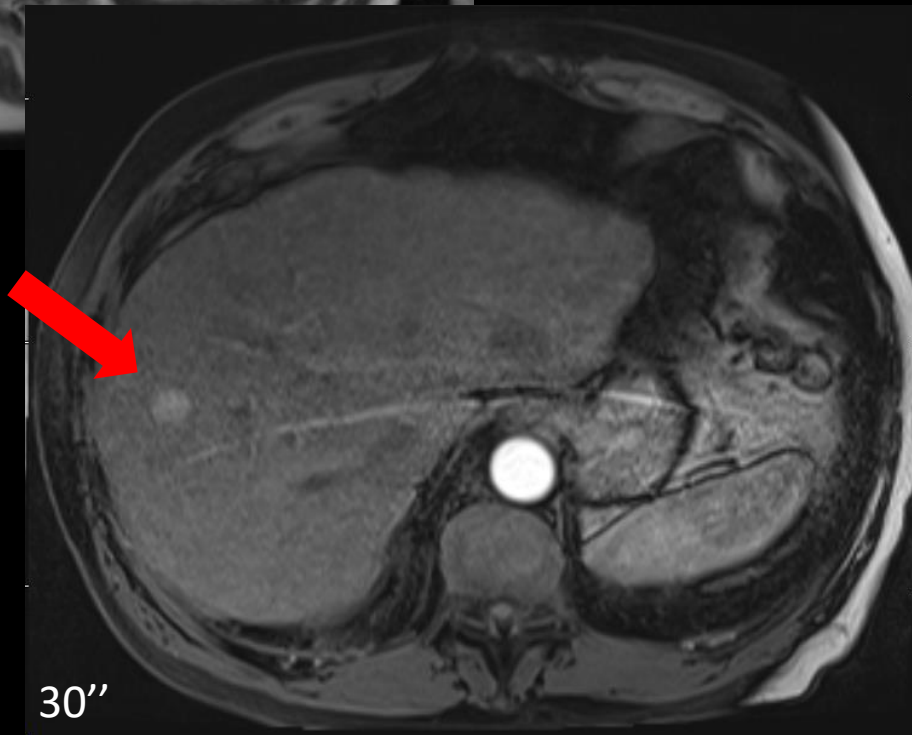
The percentage (with 95% confidence intervals) associated with LR-1, LR-2, LR-3, LR-4, LR-5, and LR-M is summarized below:



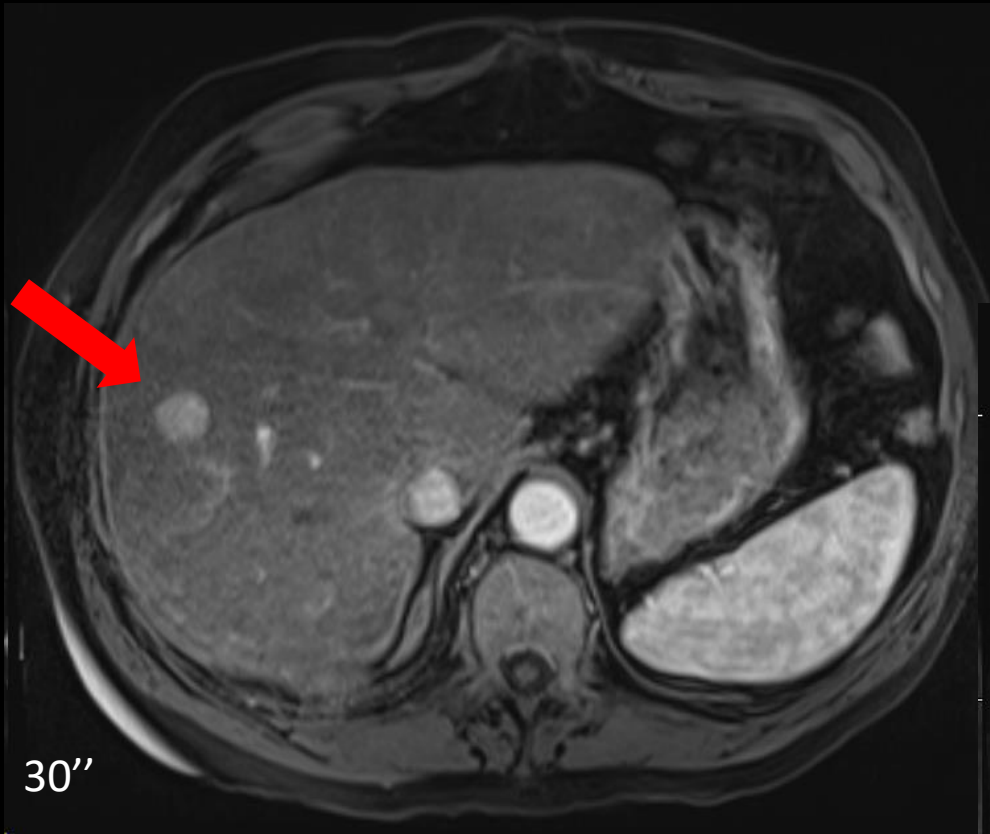
**Importance de suivi
LR-3**



H 64 ans,
Cirrhose
connue
27.10.2021

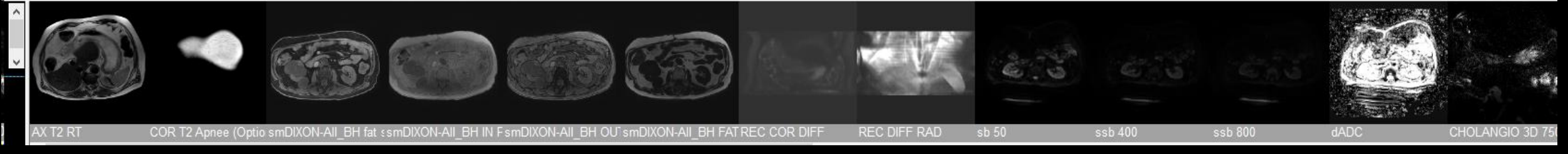
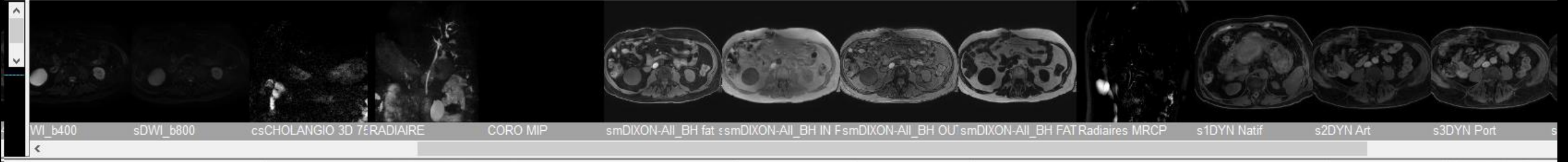
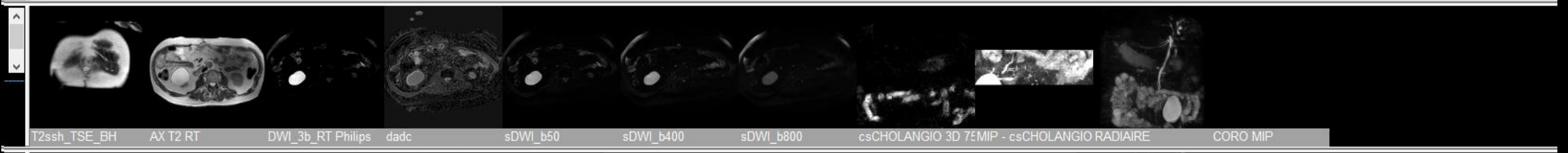
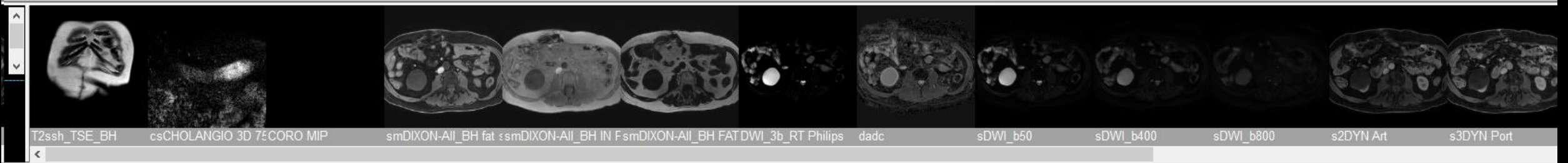


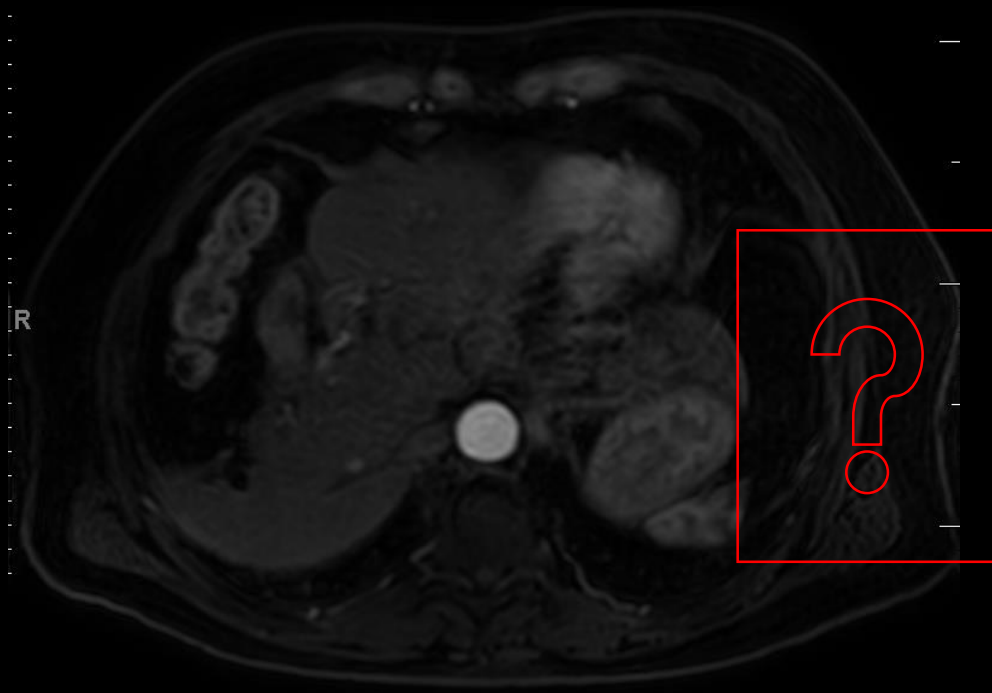
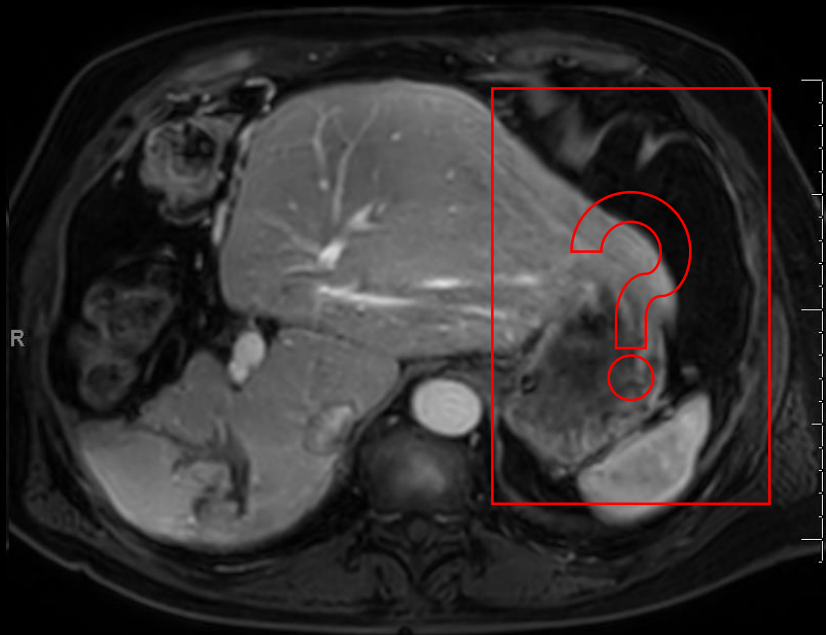
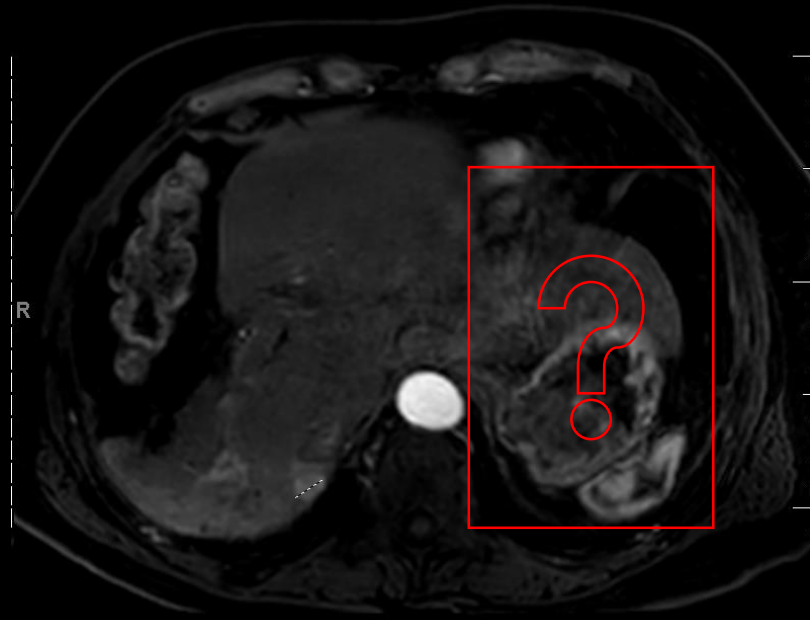
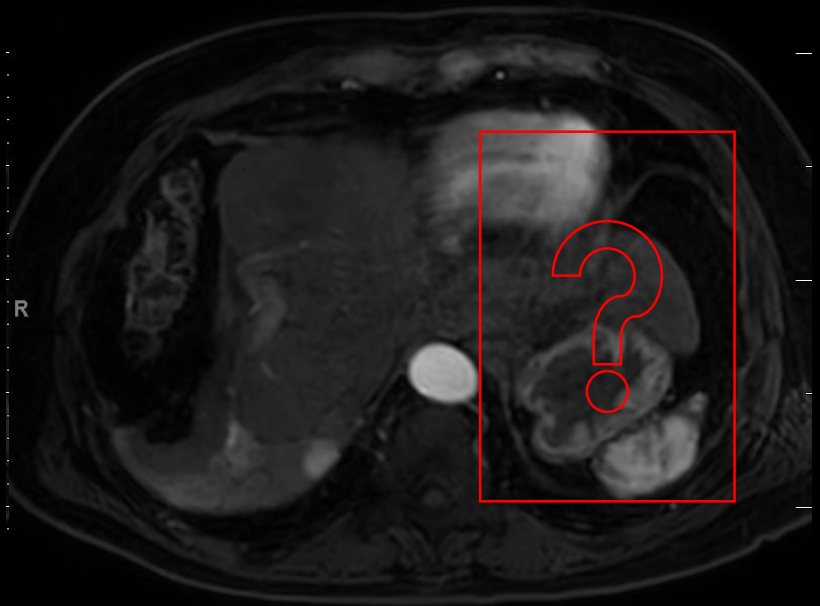
07.03.2022



LR-5







9/12 [70]
trast

Lésion 1 : LR-TR nn viable

c 19/24 [70]
ontrast

lésion 2 : LR-IR non viable

Sc 17/28 [70]
Contrast

Lésion 3 : LR-4

H 73 ans,
Cirrhose connue

Sc 17/33 [70]
Contrast

lésion 5 : LR-4

Sc 19/22 [70]
Contrast

lésion 6 : LR-2

lésion 7 : LR 4

c 17/26 [70]
ontrast

lésion 8 : LR-4

c 17/10 [70]
trast

lésion 9 : LR-TR non viable

lésion 10 : LR-3

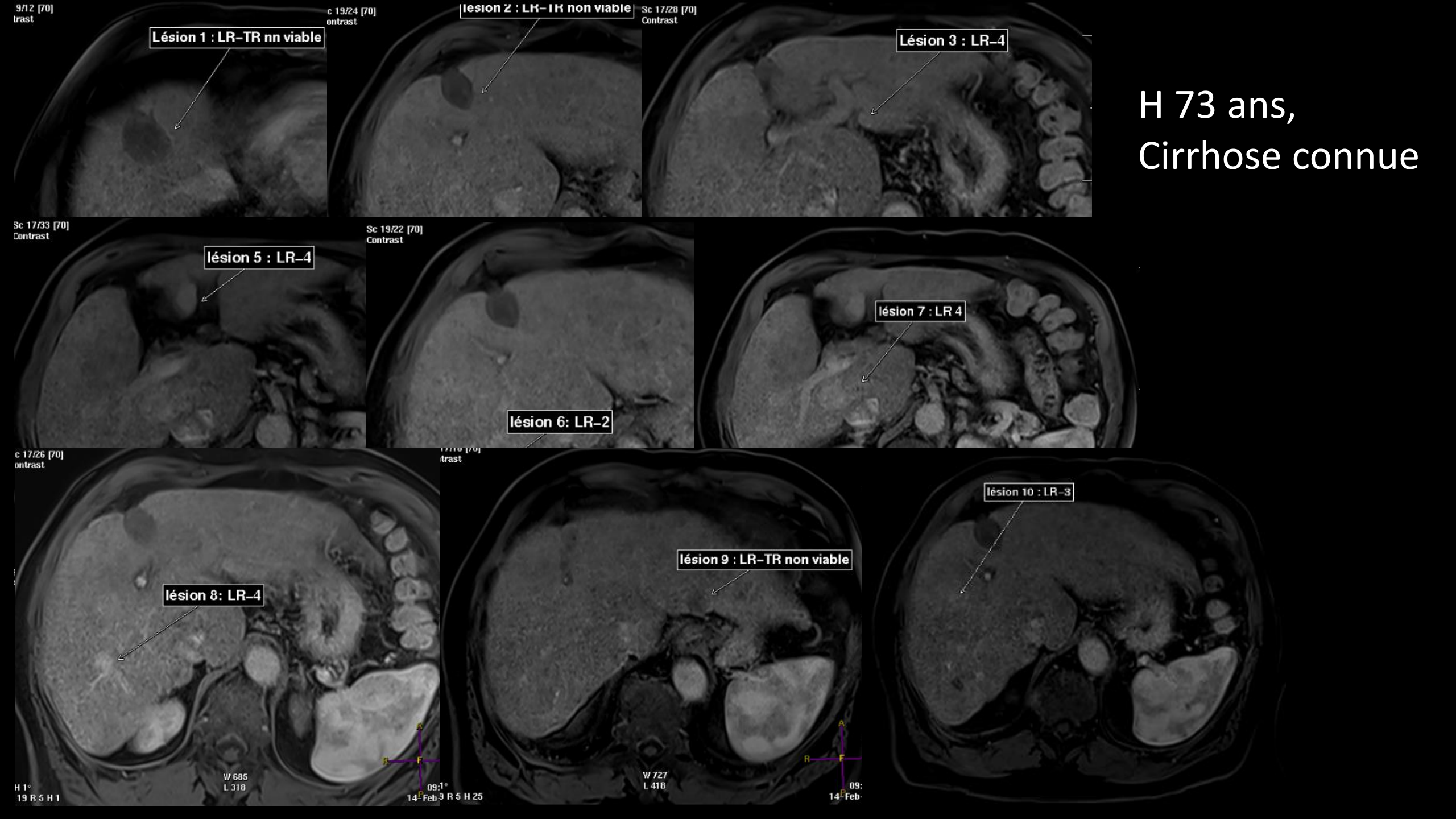
H 1°
19 R 5 H 1

W 685
L 318

09:1°
14 Feb 3 R 5 H 25

W 727
L 418

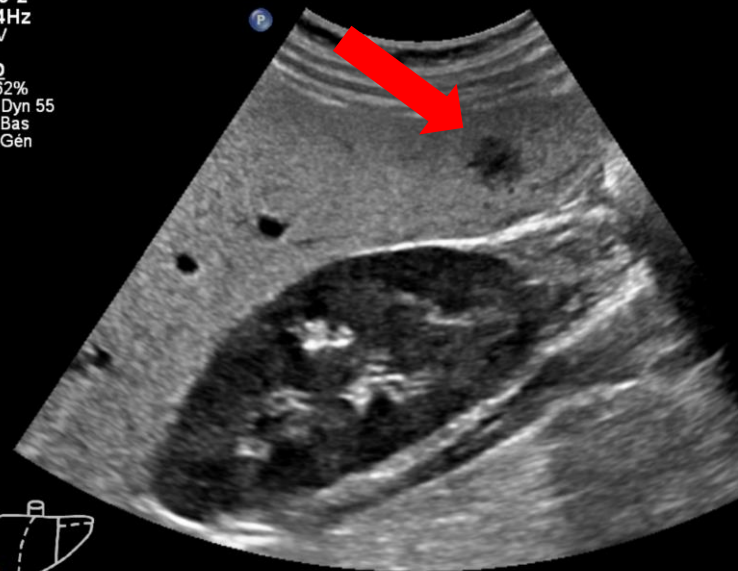
09:
14 Feb-



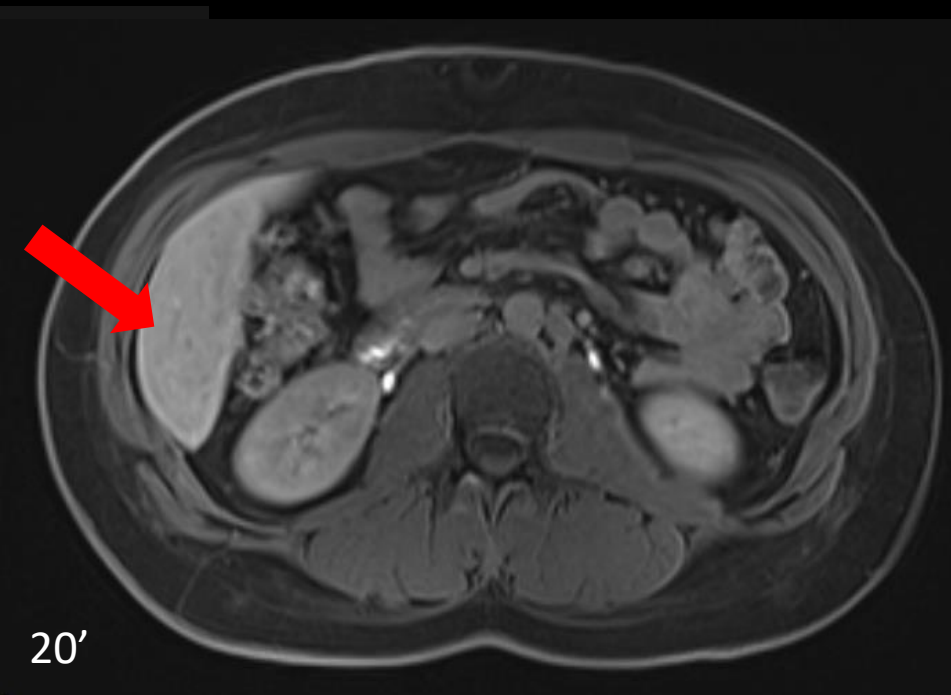
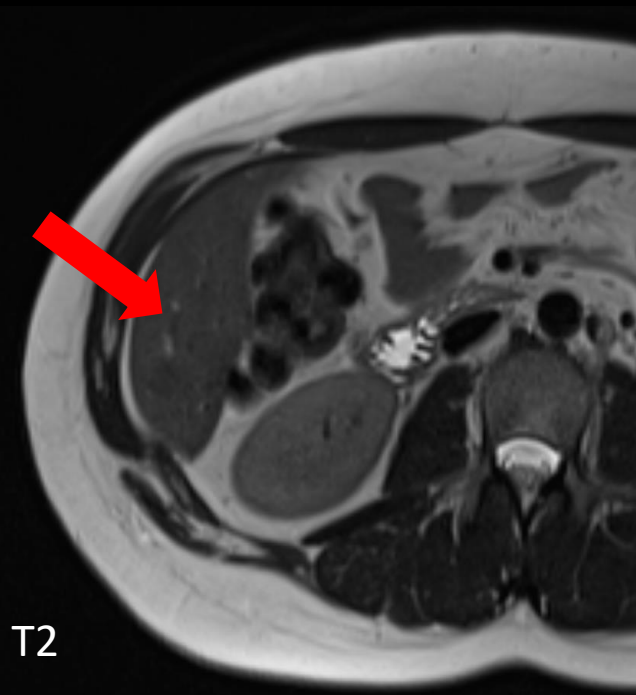


C9-2
34Hz
RV

2D
62%
R Dyn 55
P Bas
HGén

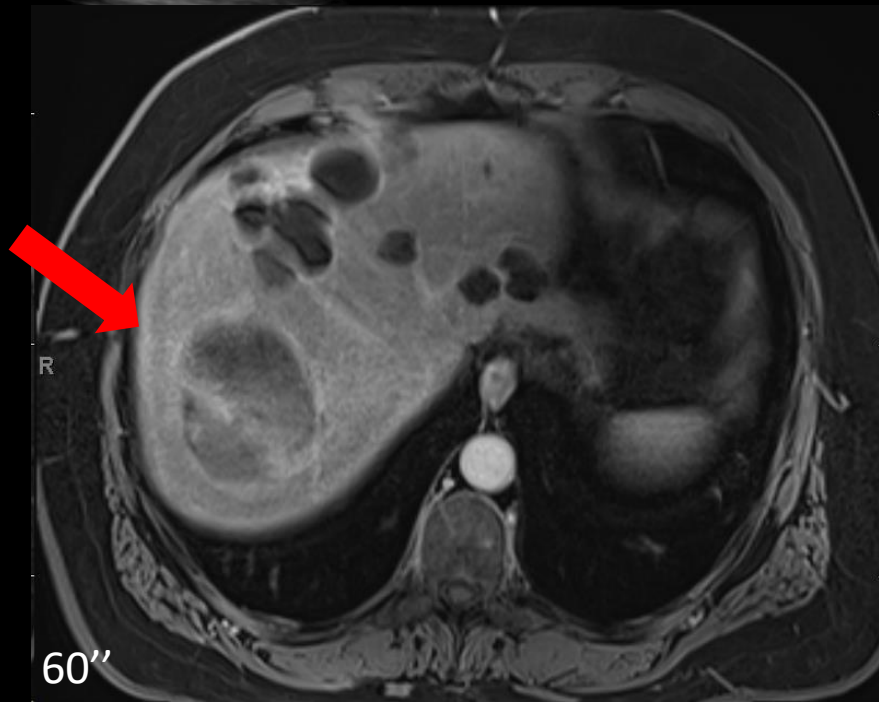
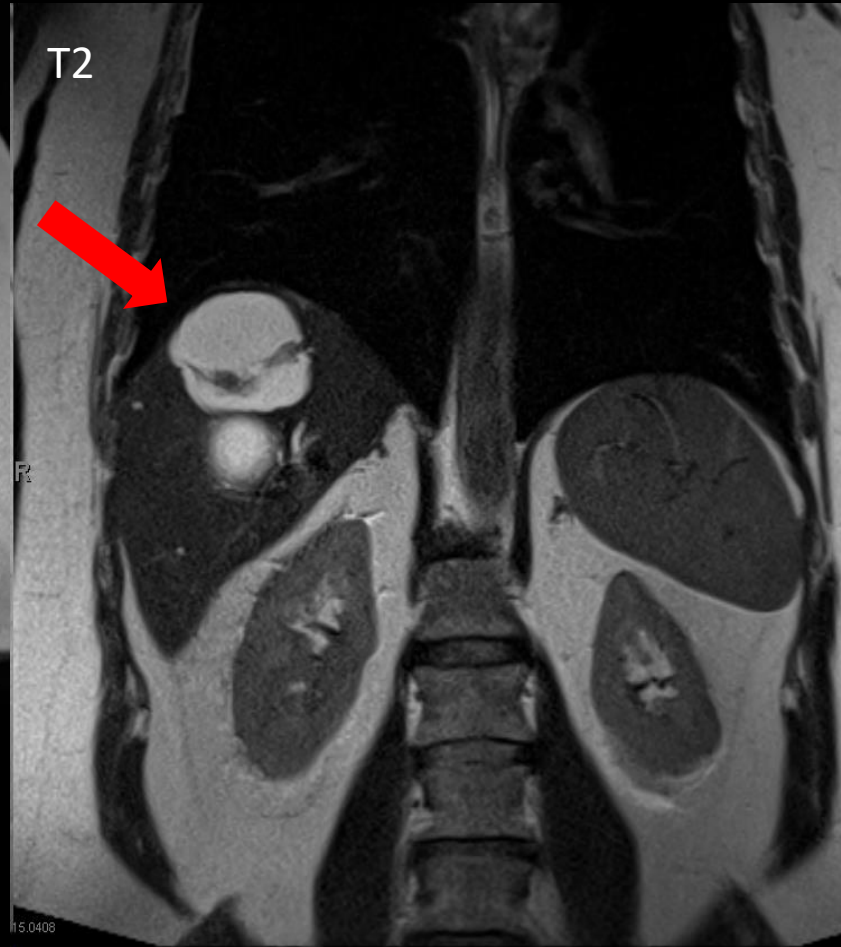
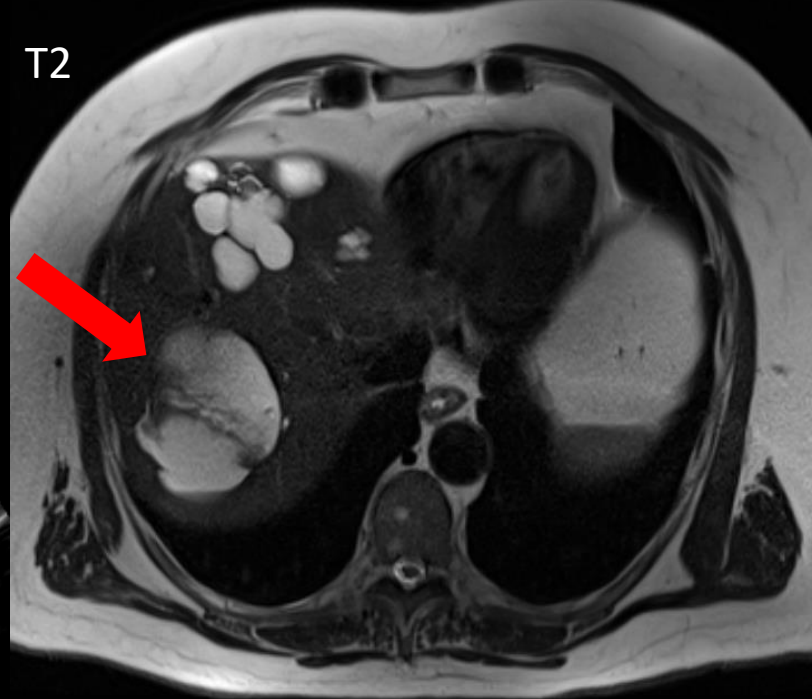
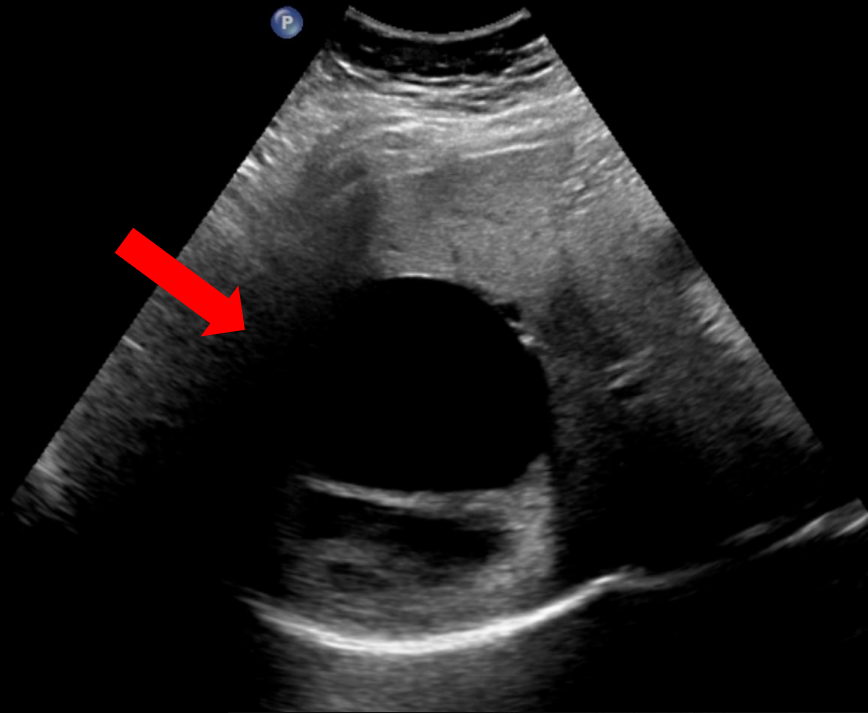


F 28 ans,
Caractérisation d'une une
lésion segment VI



Cystadénome mucineux

- 5% de l'ensemble des lésions kystiques hépatiques
- Presque toujours chez les femmes (moyen âge)
- Grande taille (3-19 cm)
- Risque de dégénérescence (5-9%)
- Diagnostiquée par US, (CT), IRM +/- Biopsie
- Résection
- Suivi après résection car risque de récurrence



H 57 ans,
Suspicion de
cholécystite

