

# GONALGIES

## REFEREES DE LA HANCHE

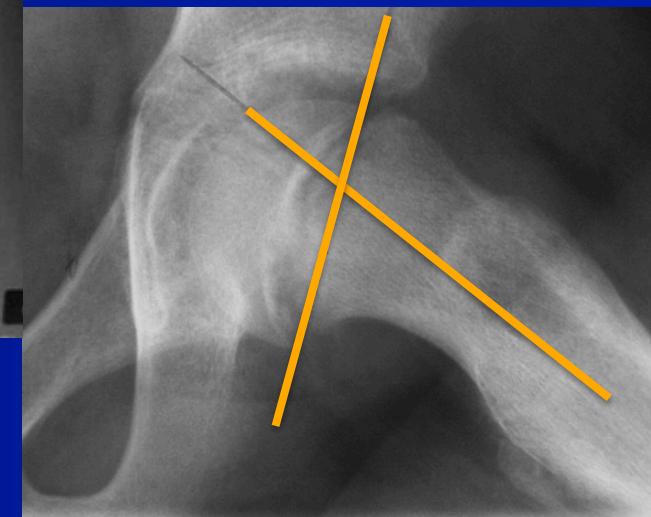
Michael Wettstein



CH-Lausanne

Gonalgies G depuis 3 mois  
« Genou normal... »

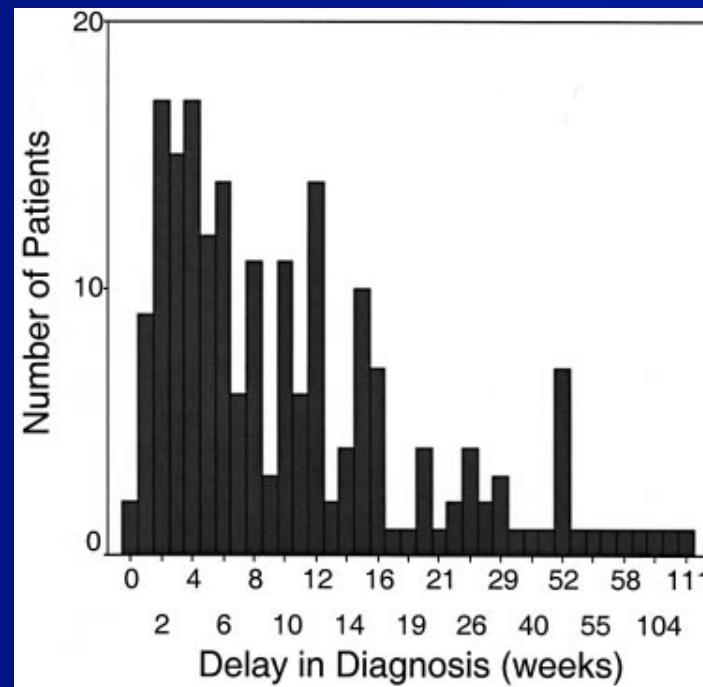
M AF, 12 a.



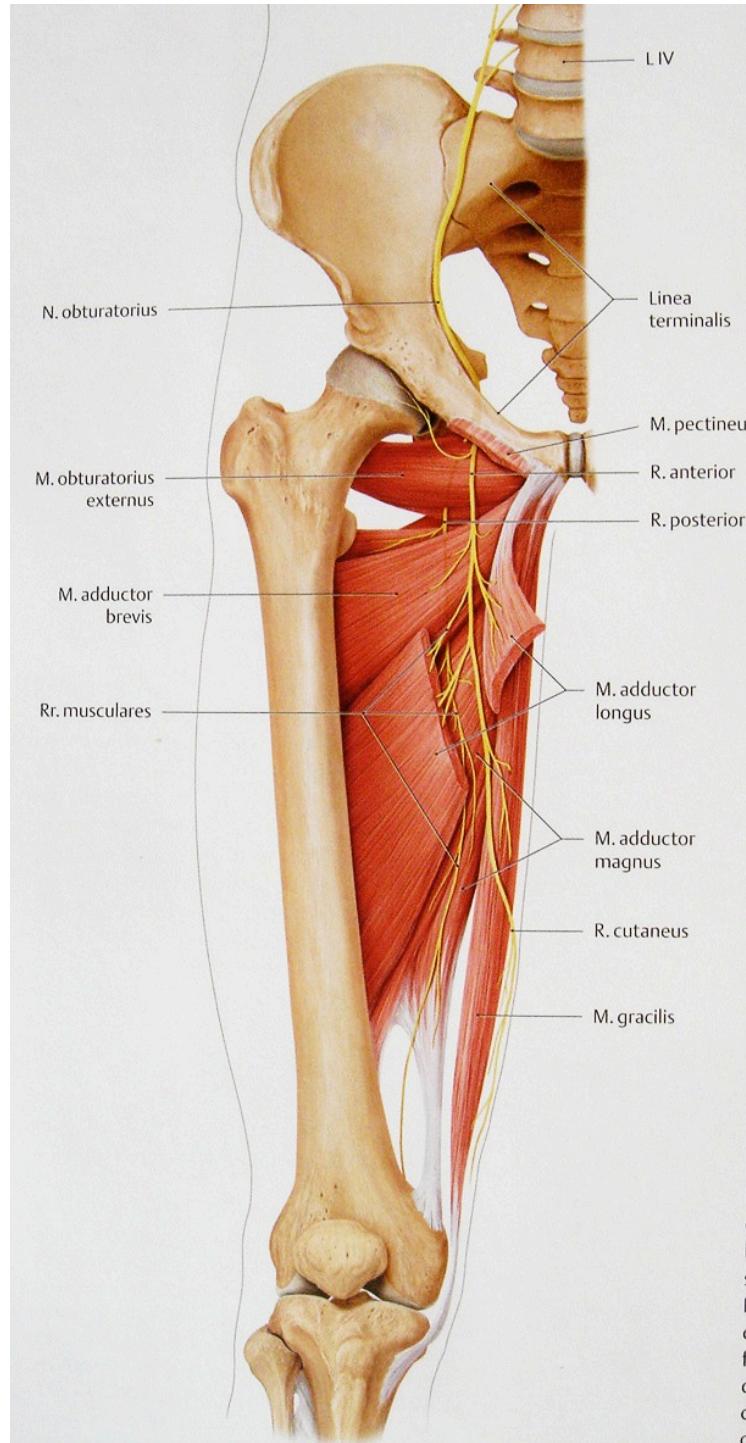
Rotation ext-int 40-0-0

Epiphysiolyse tête fémorale

## Le piège « classique »



Kocher MS et al. Pediatrics, 2004.



# N. OBTURATEUR

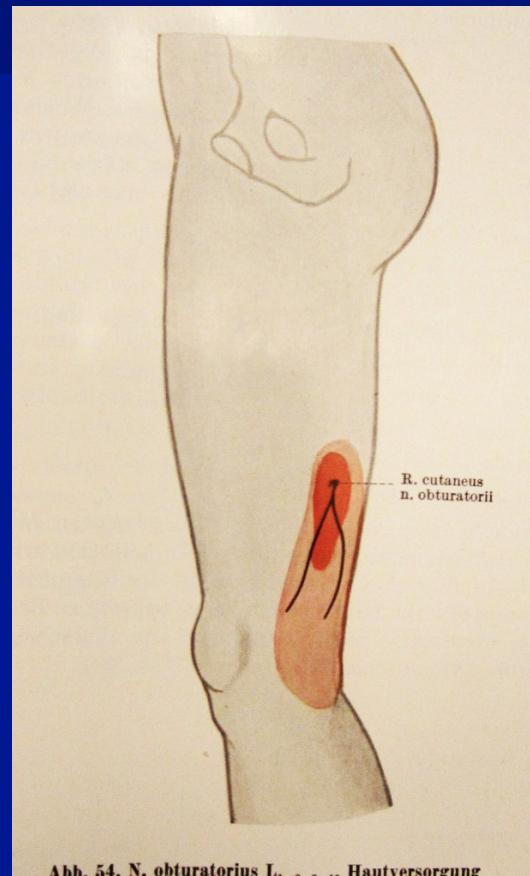
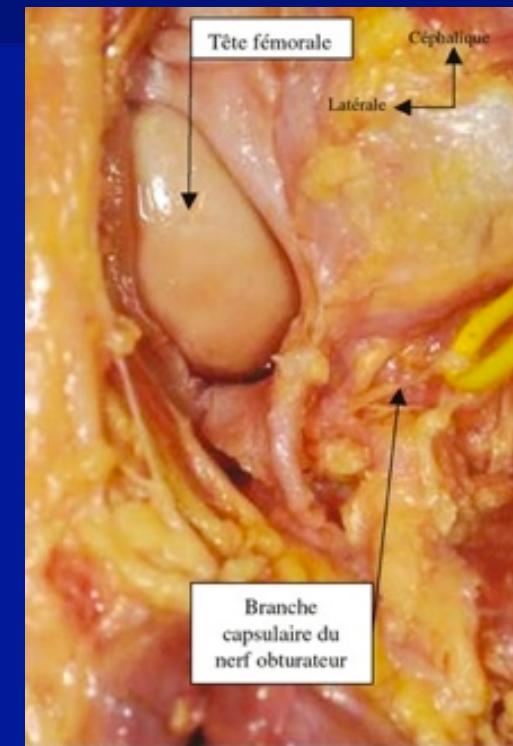
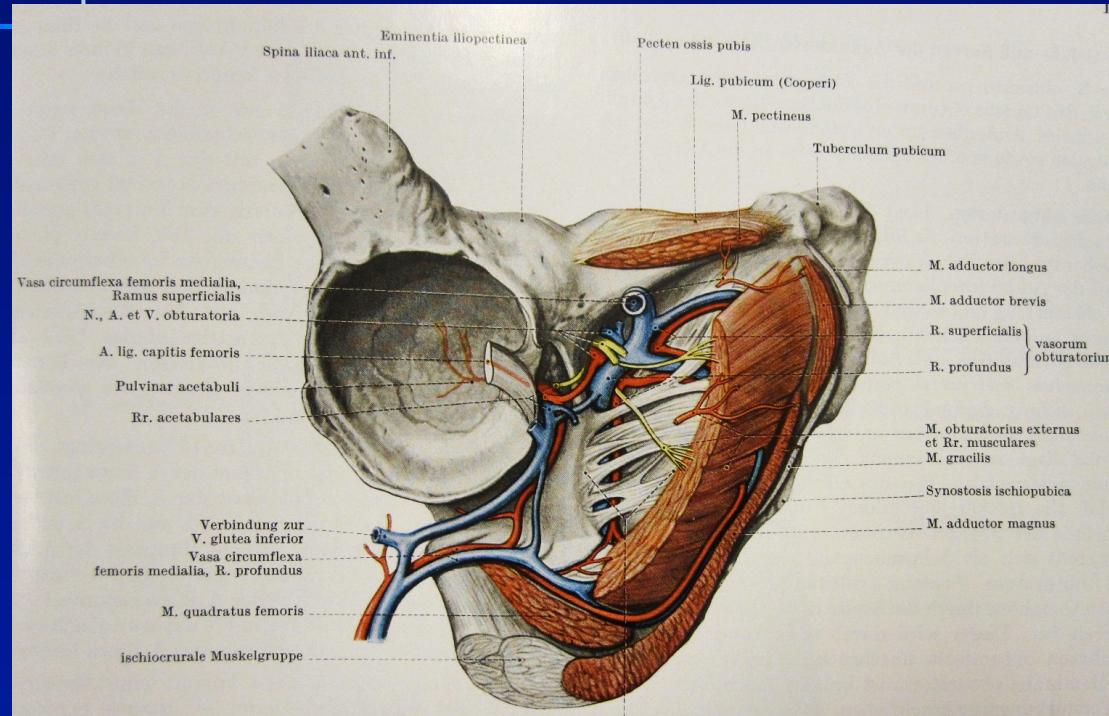


Abb. 54. N. obturatorius L<sub>1, 2, 3, 4</sub>. Hautversorgung

# BRANCHE CAPSULAIRE



Von Lanz, Wachsmuth. Praktische Anatomie, 1973.  
Hamel A et al. Maîtrise Orthop, 2008.

# CONCLUSION

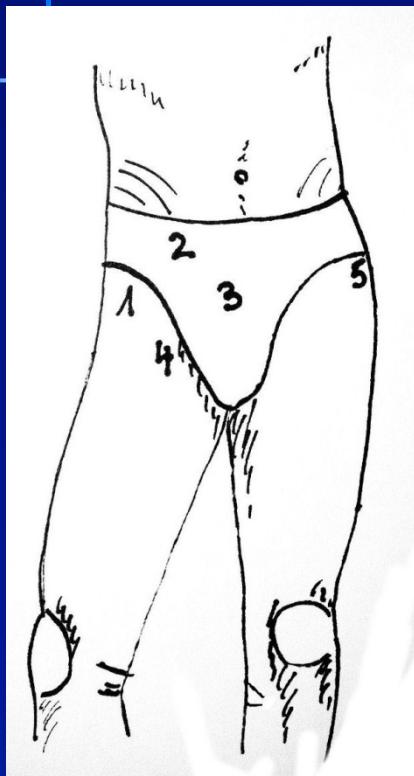
Quand le genou fait mal

Quand l'examen clinique du genou est normal

**Pensez à la hanche !**

**QUOI ?**

# DIAGNOSTIC DIFFÉRENTIEL



- 1 Région inguinale antérieure.**
- 2 Région inguinale supérieure.**
- 3 Région pubienne.**
- 4 Région inguinale interne.**
- 5 Région trochantérienne**

Diagnostic	Localisation des douleurs par région anatomique (cf. Fig. 1)	
Arthrose de hanche	- Idiopathique - Secondaire	1
Lésion du labrum	- Dysplasie - Conflit fémoro-acétabulaire - Traumatique	1
Nécrose aseptique de la tête fémorale		1
Ostéoporose transitoire		1
Arthrite de hanche	- Septique - Aseptique	1
Hanche à ressaut	- Psoas - Fascia lata - Articulaire	2 5 1
Bursites	- Trochantérienne - Ilio-pectinée	5 2, 4
Tendinites	- Pyramidal - Adducteurs - Psoas - Droit antérieur - Droit abdominal	5, fesse 4 2, 4 1 2
Traumatismes	- Contusions - Claquages musculaires - Luxations - Fractures - Lésions cartilagineuses - Lésions du labrum - Lésion du ligament rond	Variable Variable 1 1, 2, 3, 5 1 1 1
Hernies de paroi abdominale	- Inguinale - Fémorale	2 4
Pubalgie athlétique		3
Ostéite pubienne		3
Tumeurs		Variable
Troubles rachidiens		Postérieur
Lésions sacro-iliaques		Postérieur
Troubles neurologiques	- Lombaires (L1-L2) - n. obturateur - n. fémoro-cutané latéral - n. génito-fémoral - n. ilio-hypogastrique	1, 4 4 5 4 2
Pathologies urologiques		3
Pathologies gynécologiques		2, 3
Douleurs non localisées		2, 3, 4, 5

**COMMENT ?**

# ANAMNESE

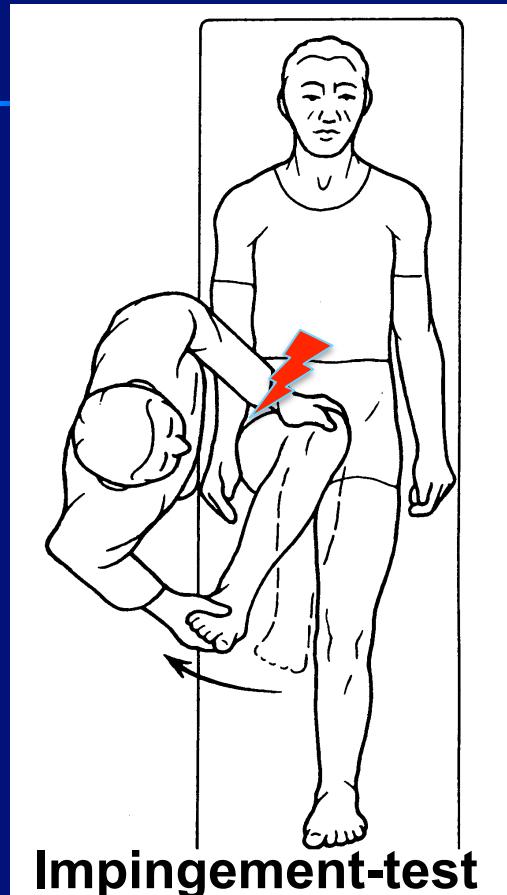
Douleurs de hanche:

- en flexion / position assise ?
- en décubitus dorsal ?

# EXAMEN CLINIQUE

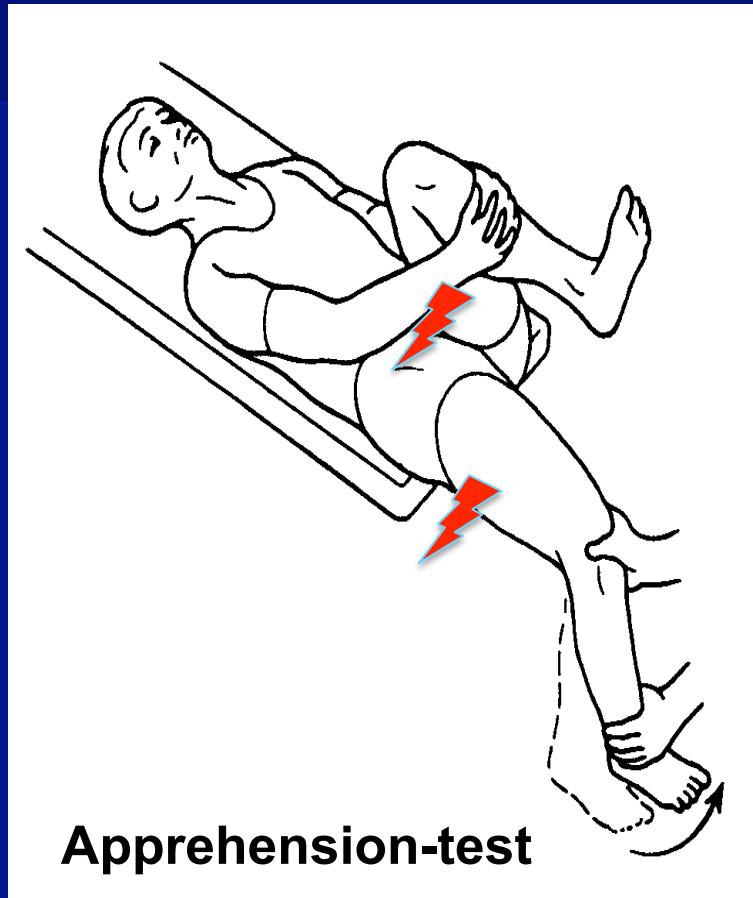
- Douleurs de hanche:
- en flexion ?
  - en rotation externe / interne ?
  - limitation de rotation interne ?

# EXAMEN CLINIQUE



**Impingement-test**

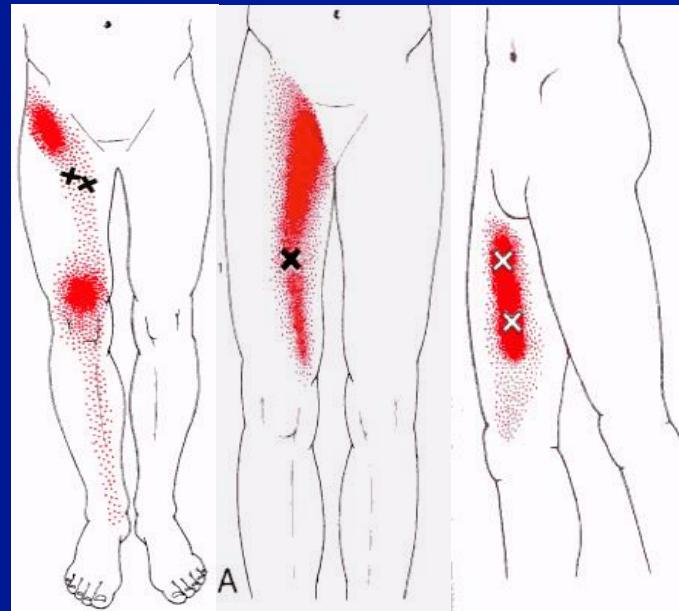
FL ADD IR



**Apprehension-test**

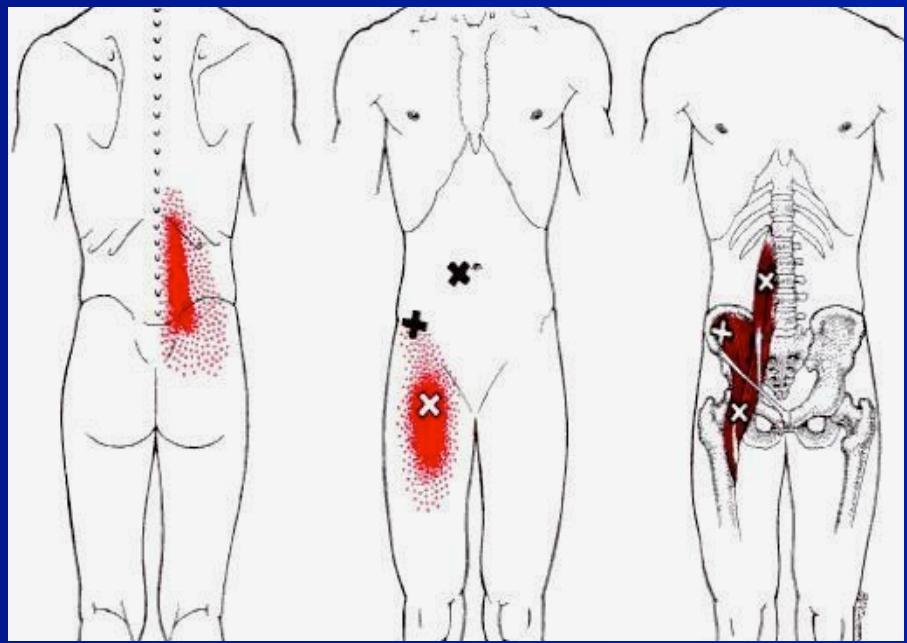
ABD ER

# EXAMEN CLINIQUE



Adducteurs

# EXAMEN CLINIQUE



Psoas

# EXAMENS RADIOLOGIQUES

Rx standard = examen de base

OBLIGATOIRE  
et  
souvent suffisant ...

.. mais il faut chercher le détails !

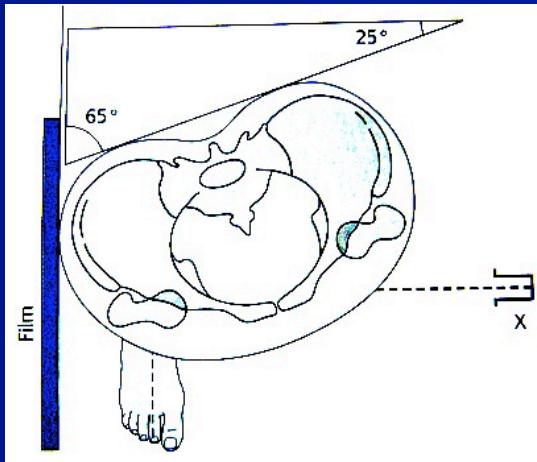
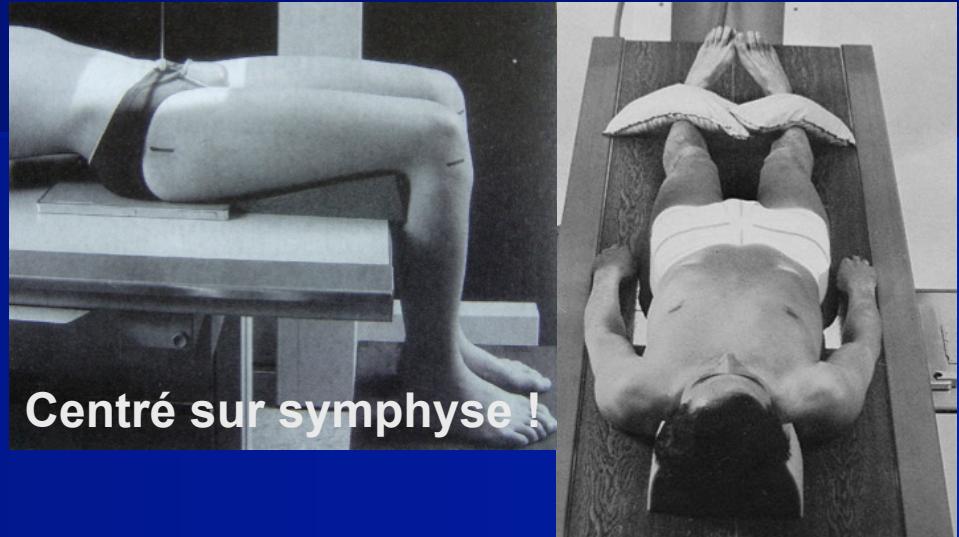
# BILAN RX « HABITUEL »

RX bassin « standard »

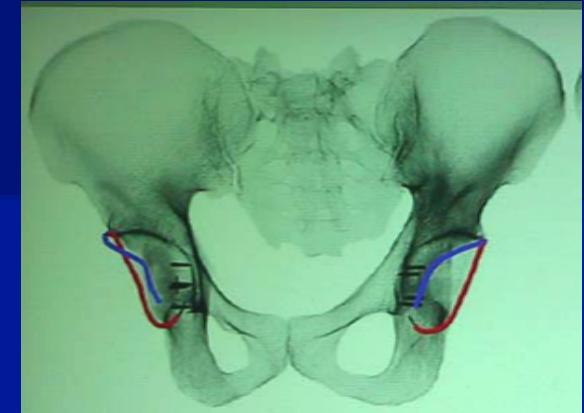
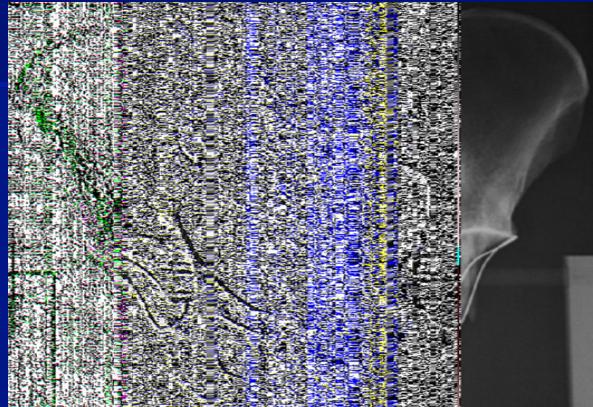
≠ Bassin face !

Fauxprofil de Lequesne

± RX de profil: axiale ou Dunn



# ORIENTATION PELVIENNE



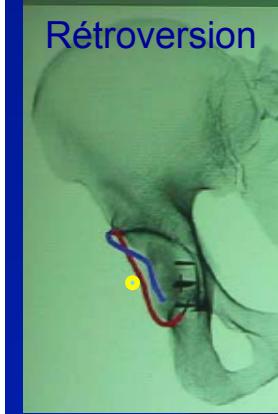
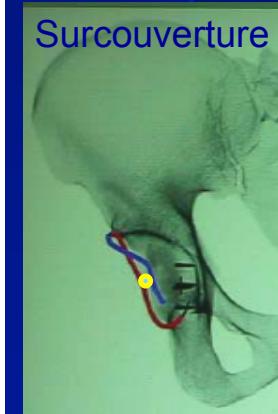
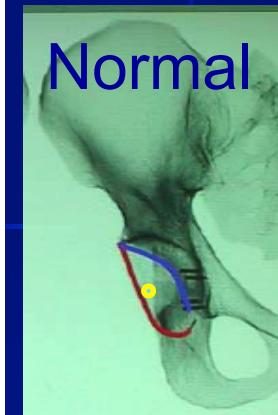
Inclinaison et rotation du bassin  
changent significativement  
l'orientation acétabulaire

**Rotation neutre**

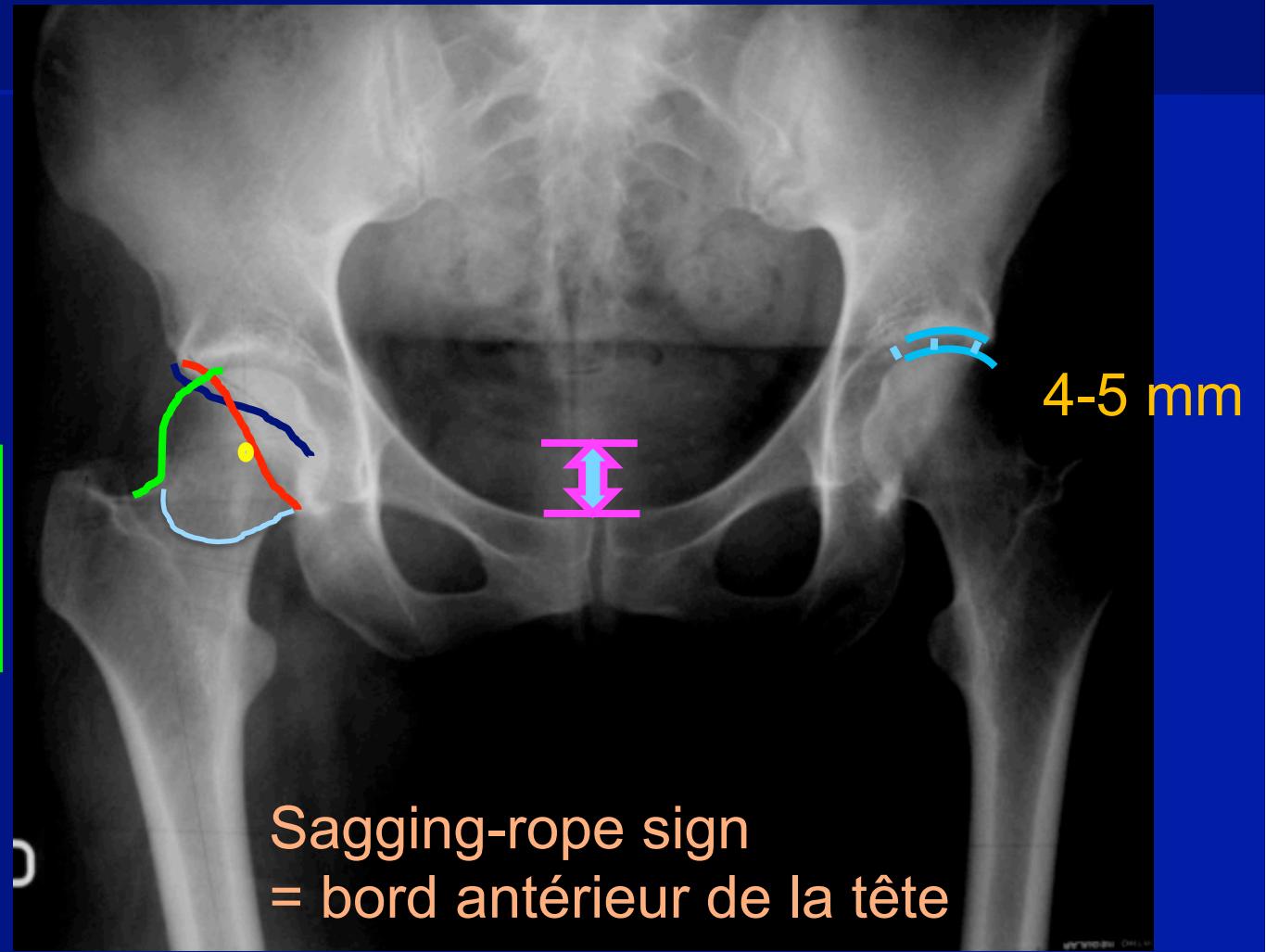
**Distance symphyse – sacro-coccyx:** **homme 32 mm**  
**femme 47 mm**

Siebenrock KA et al. CORR, 2003.

# LECTURE RX



RX bassin « standard »



Stigmates osseux du conflit fémoro-acétabulaire

# LECTURE RX

Lésion du cartilage

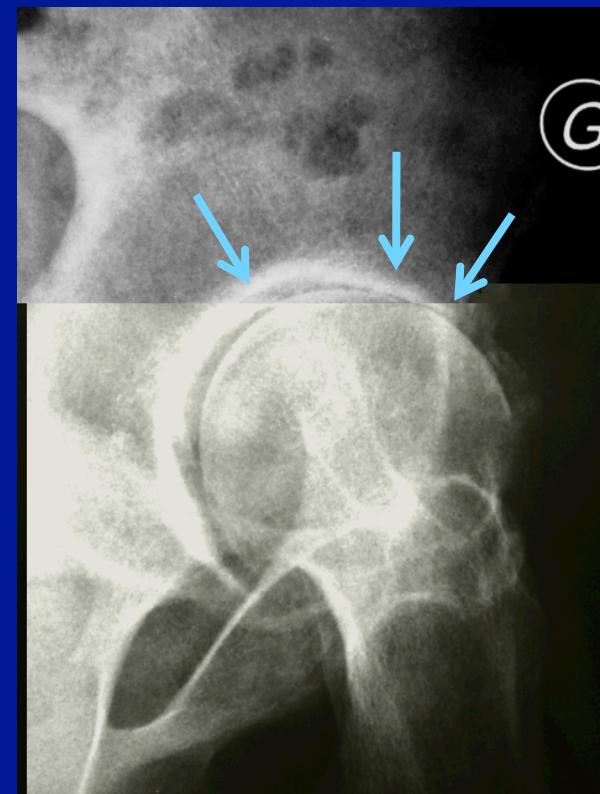
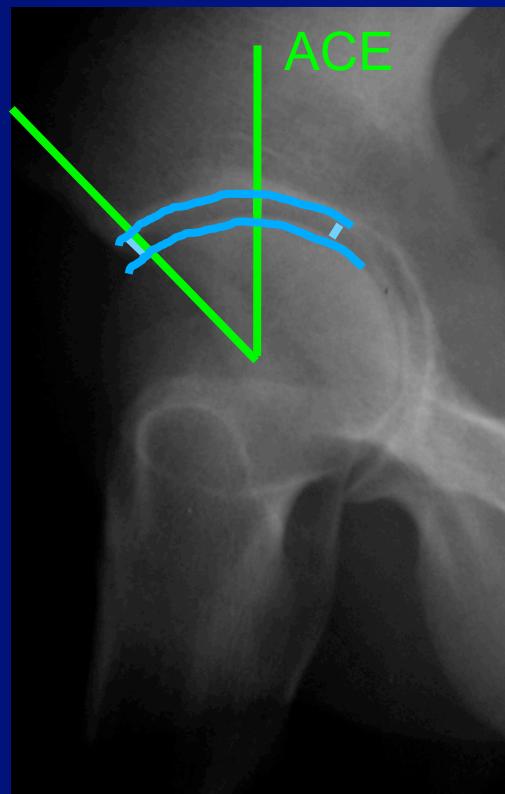
Interligne < 3 mm

= « trop tard » ...



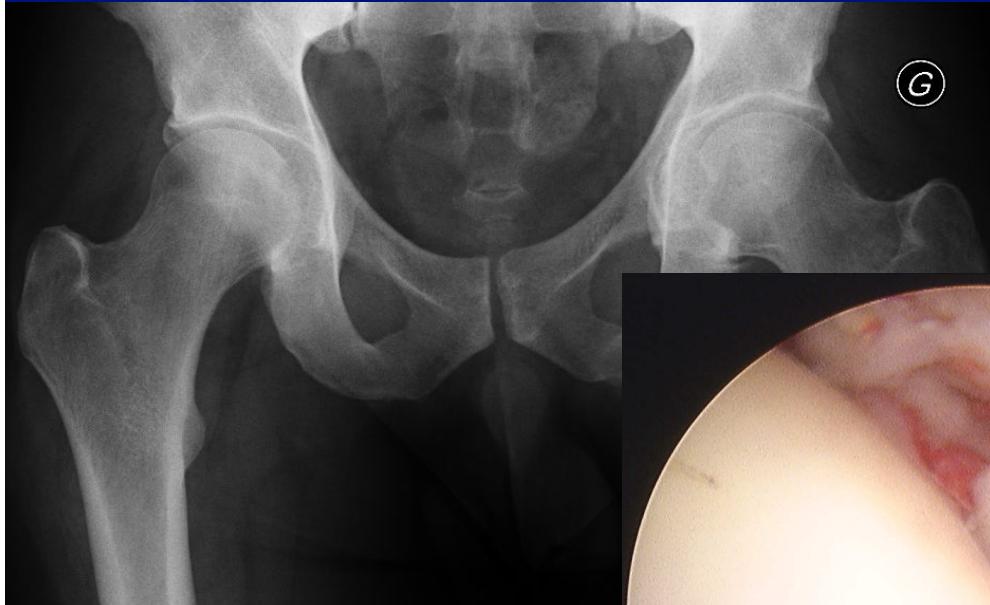
# LECTURE RX

## Fauxprofil de Lequesne

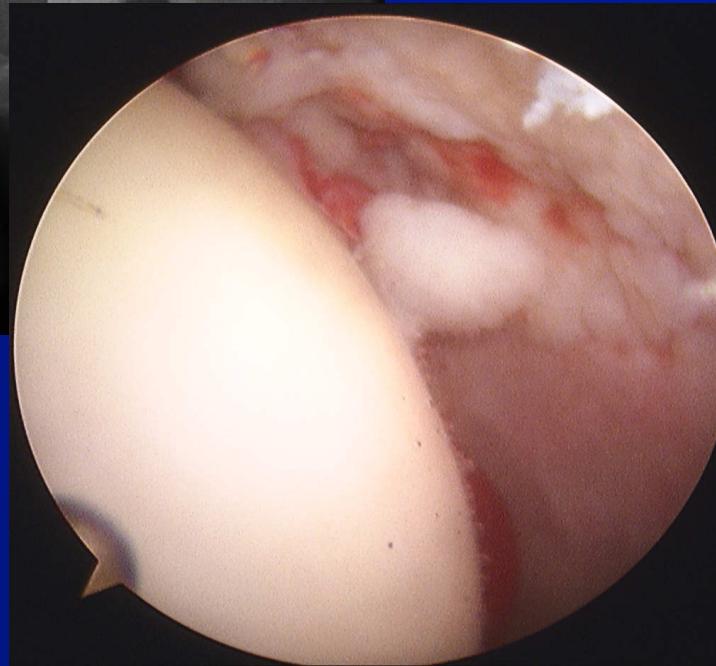


Trop tard ...

# LECTURE RX

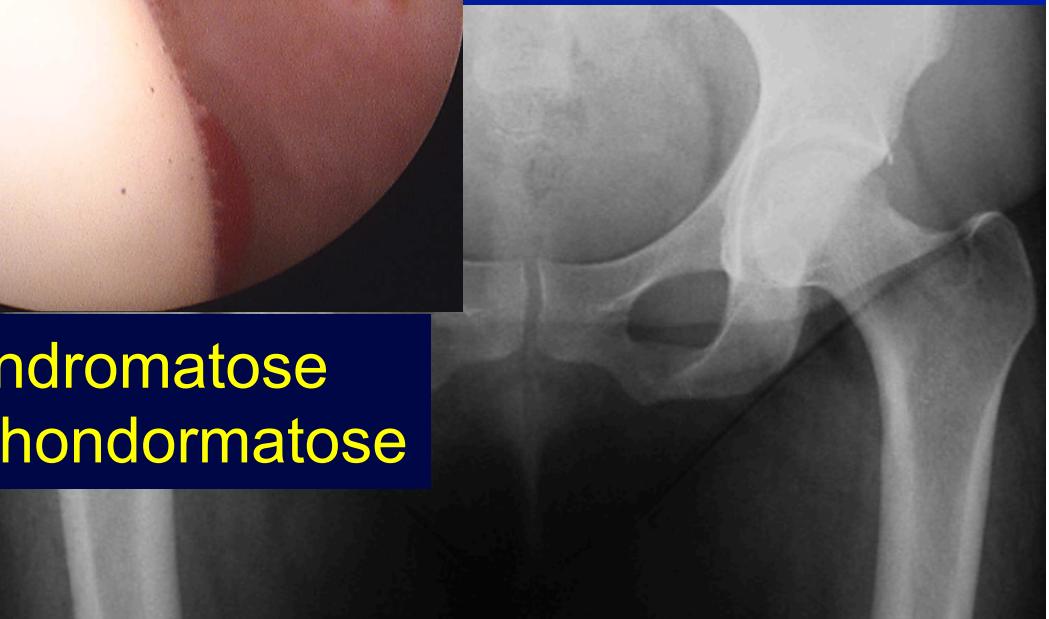


M. SO, 45  
Gauche



Chondromatose  
Ostéochondromatose

CP, 38 a.  
e

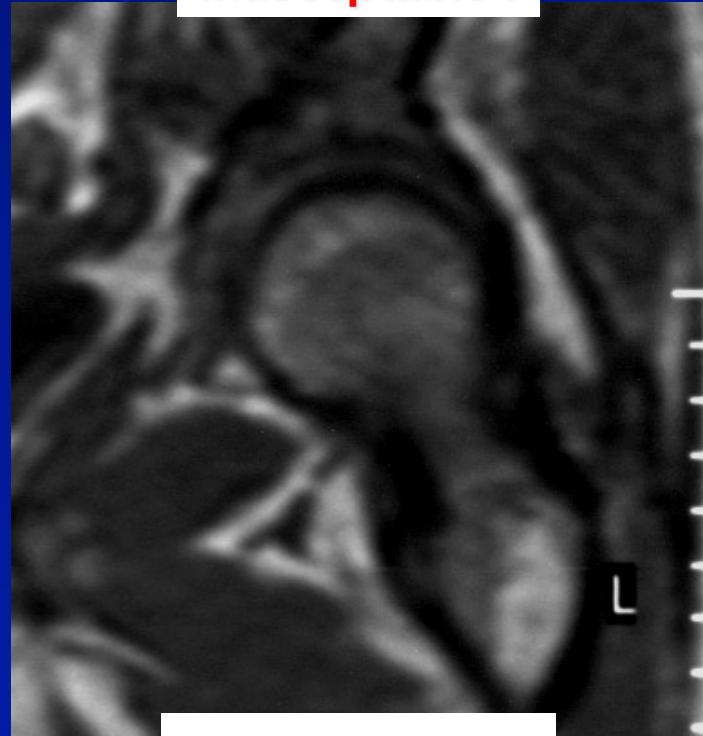


# EXAMENS RADIOLOGIQUES

IRM / arthro-IRM  
CT / arthro-CT

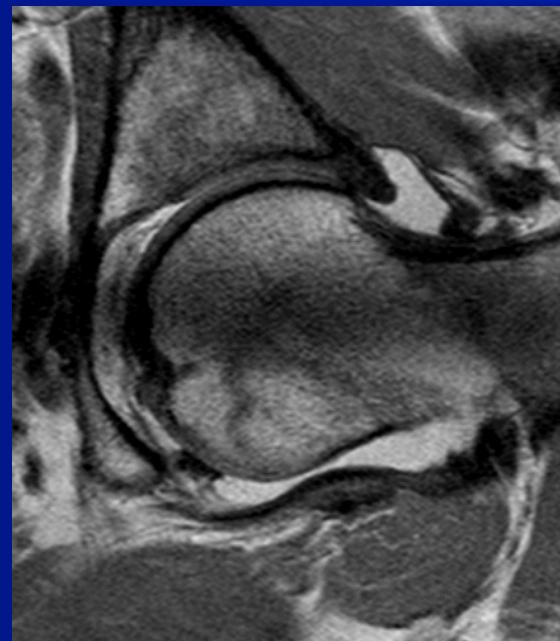
uniquement à la demande

Inacceptable !

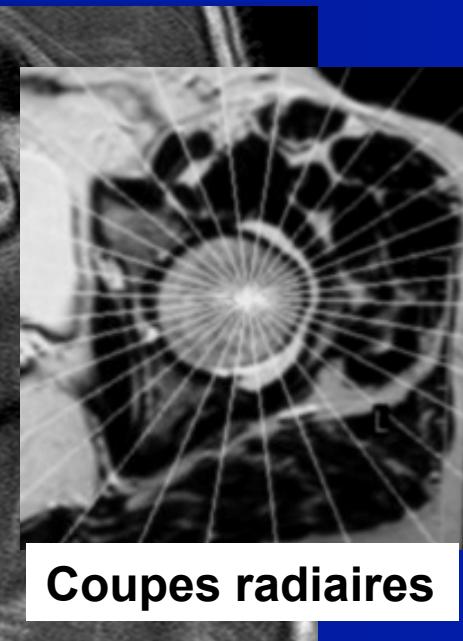


IRM "standard"

Objectif



aIRM 1.5 – 3 T



Coupes radiales

# LECTURE IRM

Lésion du cartilage



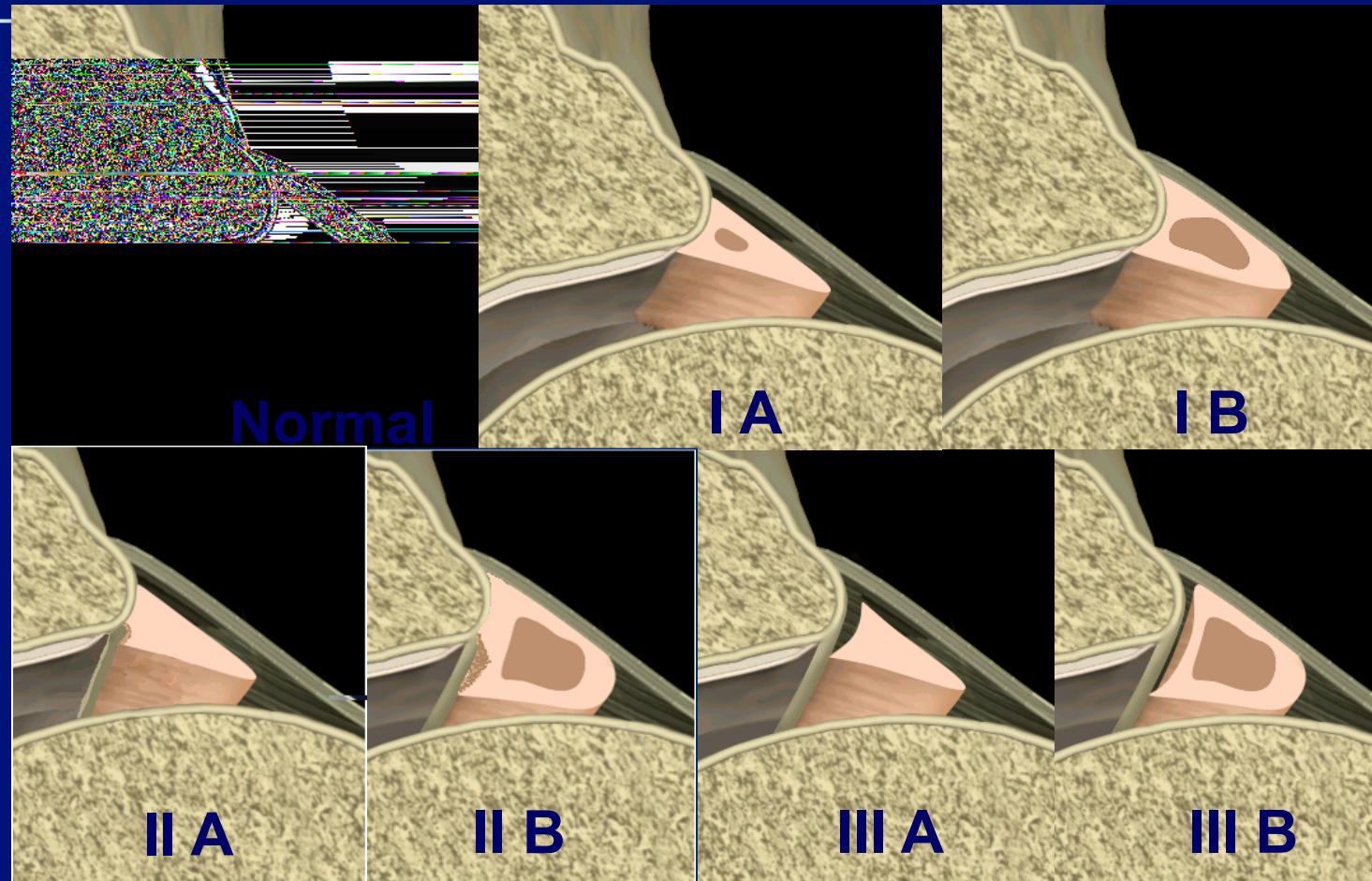
Déficit cartilagineux

Subluxation de la tête  
Signe du « croissant »

Trop tard ...

# LECTURE IRM

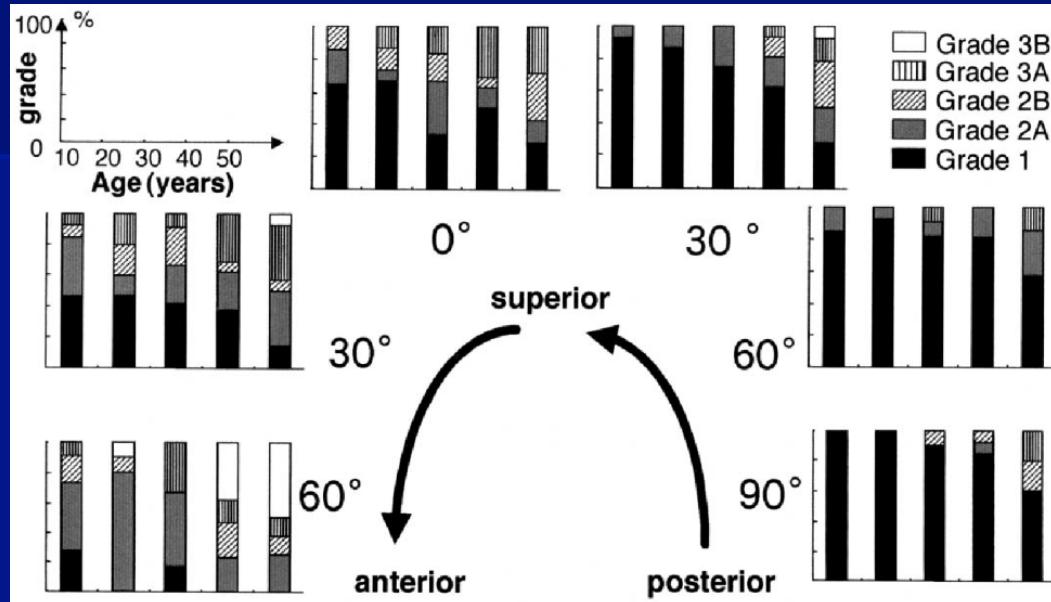
## Lésions du labrum



Czerny et al. Radiology, 1996.

# IRM & LESION DU LABRUM

71 hanches  
41 F, 30 M  
13-65 ans  
Aucune anamnèse



In conclusion, our study revealed that the labrum undergoes changes in shape and signal intensity on MR images even in asymptomatic subjects. The occurrence of these changes in shape and signal intensity was related closely to the age of the subject and the portion of the labrum examined. These findings should be an asset in interpreting MR findings in patients suspected of having labral lesions.

Abe I et al. Radiol, 2000.

# EXAMENS RADIOLOGIQUES

Des examens radiologiques de qualité sont primordiaux

Mais les signes radiologiques doivent  
être interprétés en fonction de la **clinique**

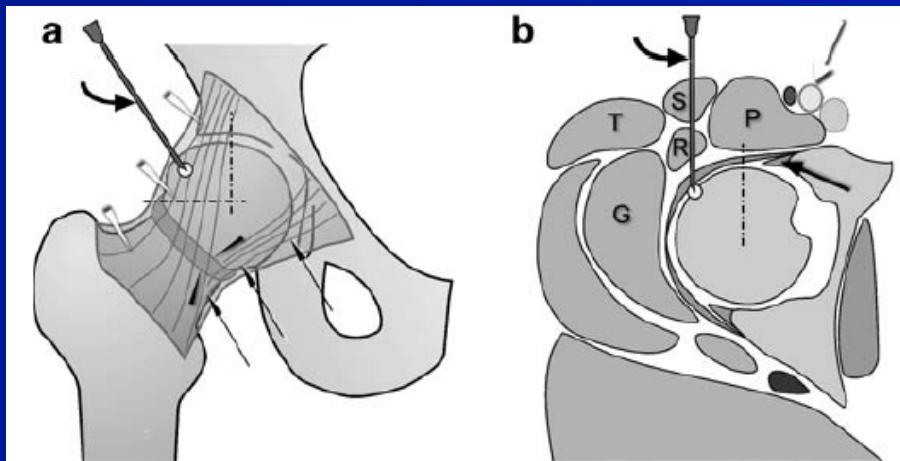
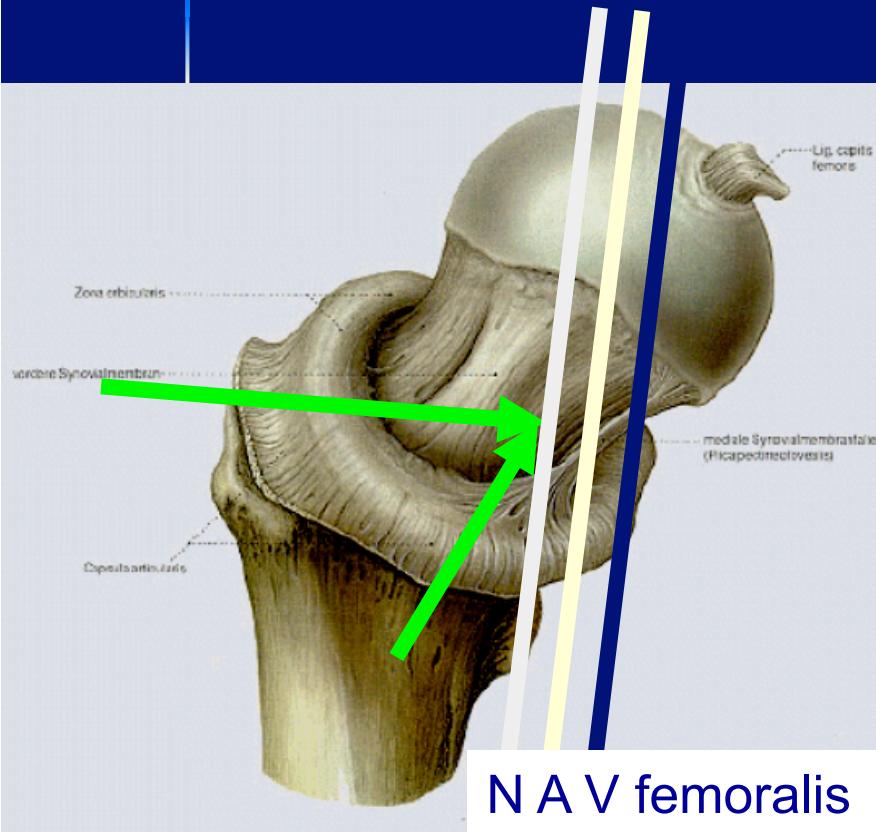


**On n'opère pas une RX mais un patient !**



Si doute diagnostic ...

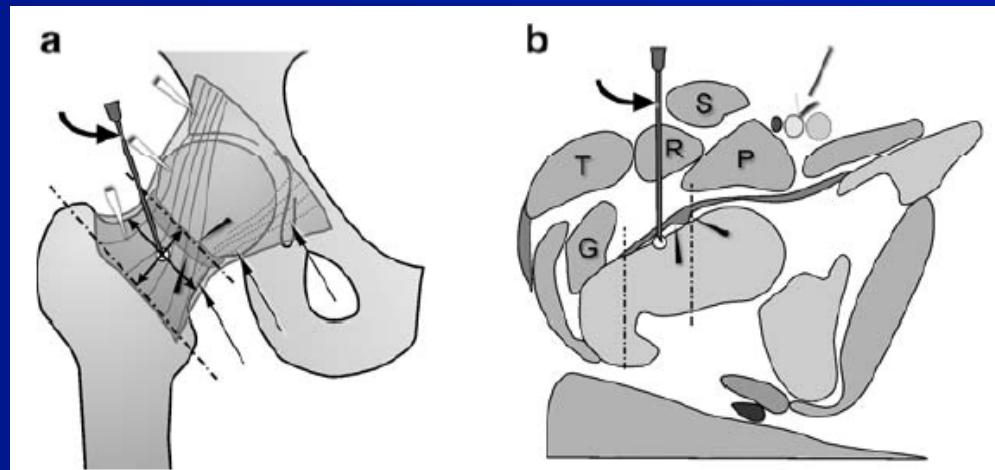
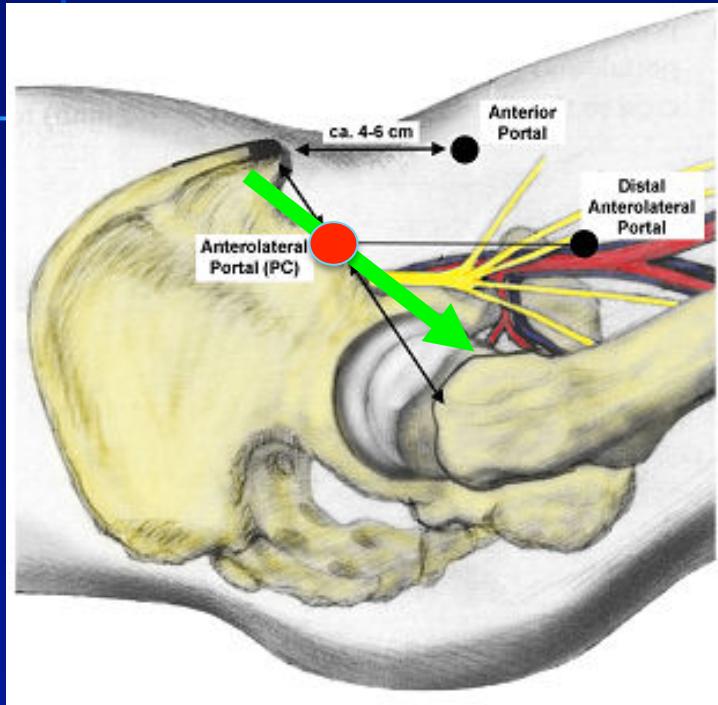
# INFILTRATION INTRAARTICULAIRE



Technique « classique »  
Douleurs ++

Bernau A et al. Orthopäde, 2003.  
Duc SR. Eur Radiol, 2006.

# INFILTRATION INTRAARTICULAIRE



**Plus confortable pour patient**

Dienst M. Arthroscopy, 2005.  
Duc SR. Eur Radiol, 2006.

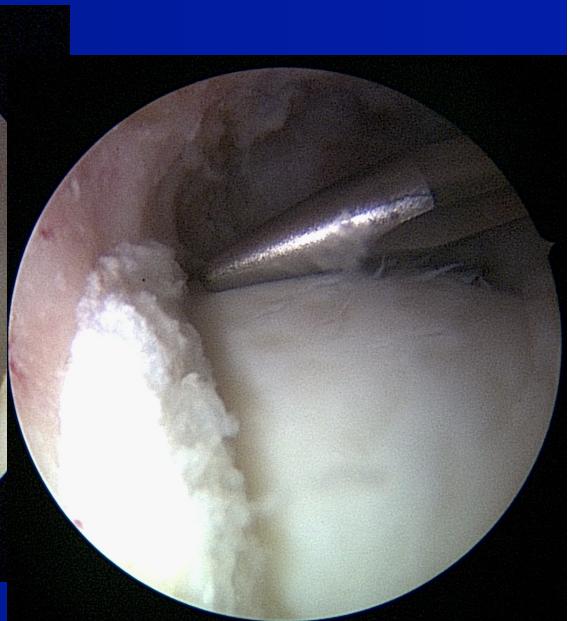
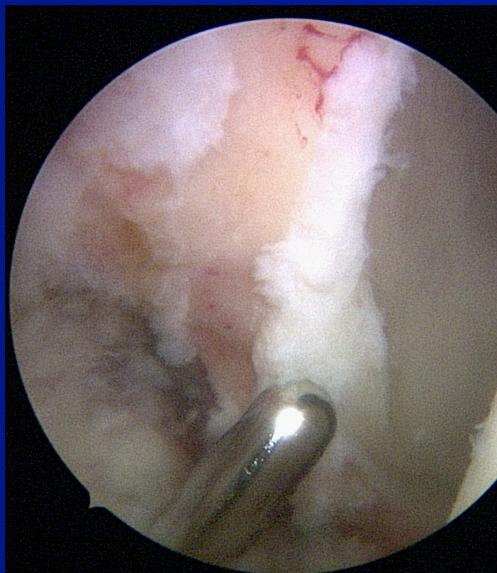
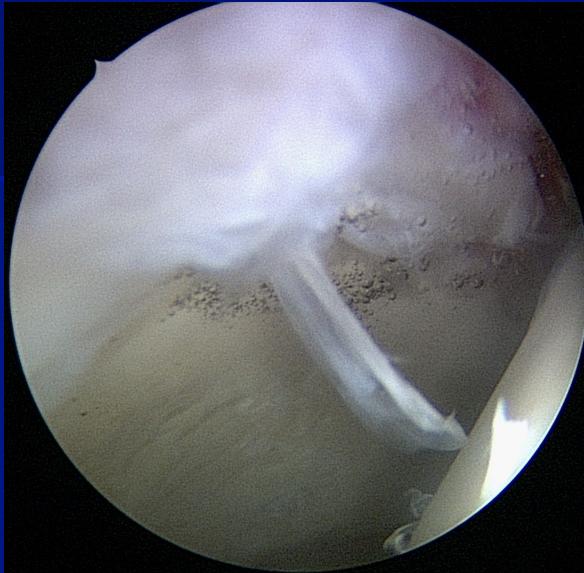
**QUE FAIRE ?**

Traitement spécifique de la pathologie ...

sans oublier la chirurgie conservatrice chez les jeunes !

# ARTHROSCOPIE

MAB, 25 a.



AC: Os acetabuli

L: Cz 2b

F: offset ventro-lateral

# ARTHROSCOPIE

MAB, 25 a.



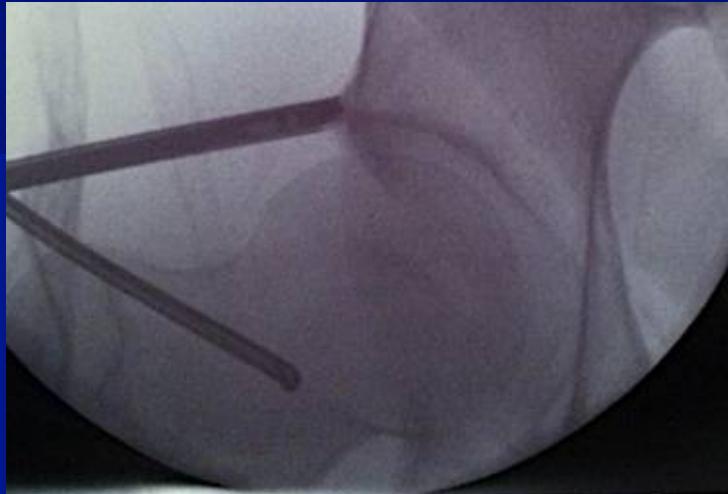
AC: Os acetabuli

L: Cz 2b

F: offset ventro-lateral

# ARTHROSCOPIE

MAB, 25 a.



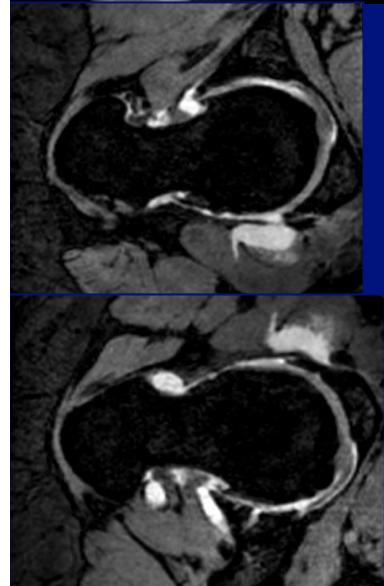
AC: Os acetabuli

L: Cz 2b

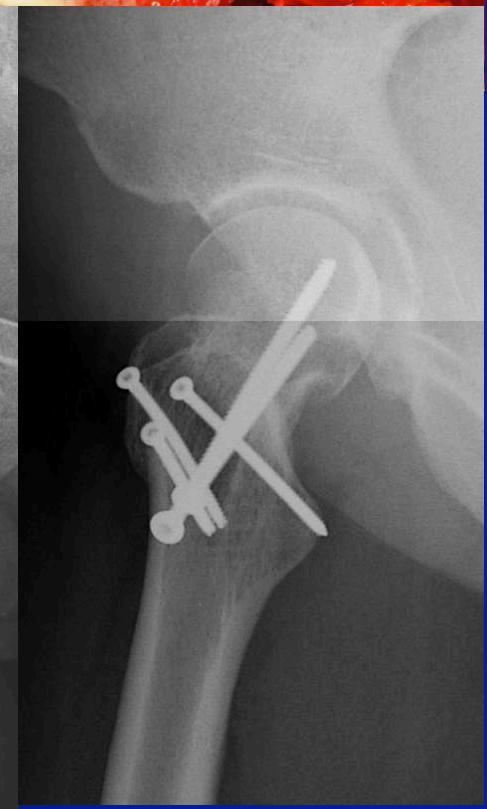
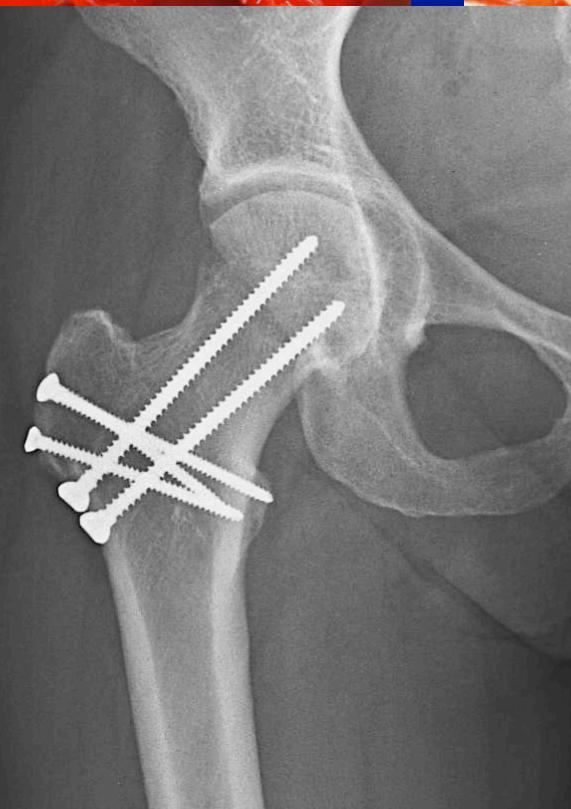
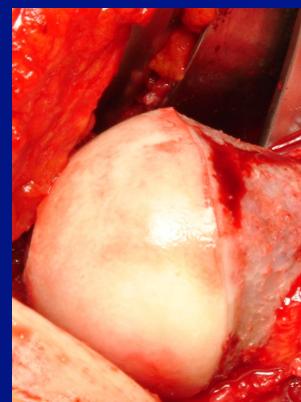
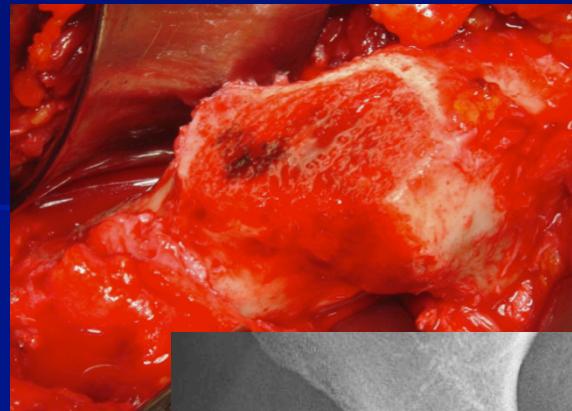
F: offset ventro-lateral



Mme CG, 40 a.



# CORRECTION OUVERTE



AC: Coxa profunda

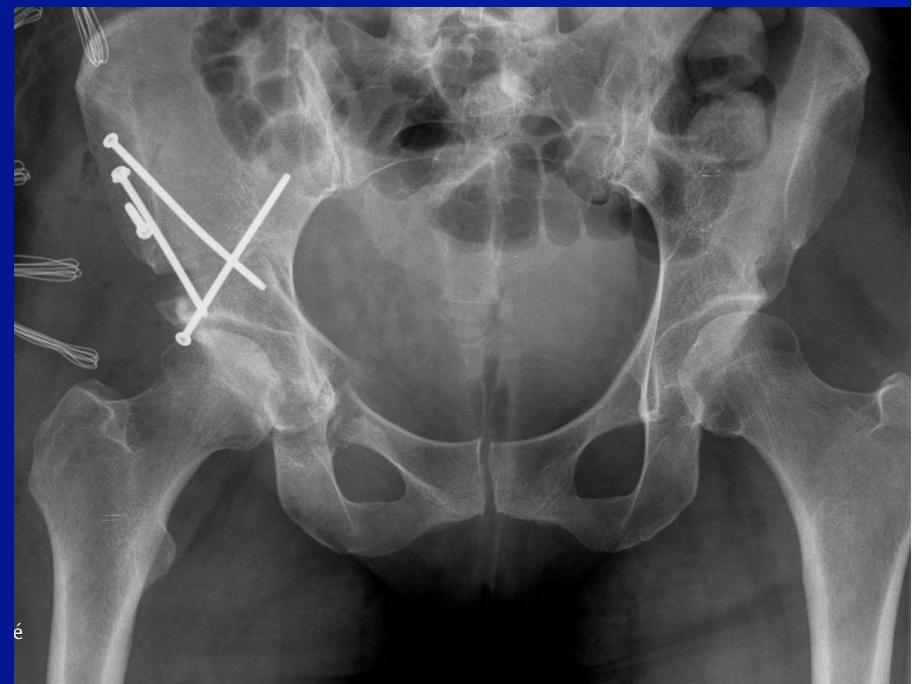
L: Cz 1b ossifié

F: offset ventro & lateral, Coxa vara

Après 3 ans ...

# OSTEOTOMIE PERIACETABULAIRE

Mme LF, 32 a.  
Dysplasie sévère



# CONCLUSION

Douleur de genou = penser à la hanche

Connaissance du diagnostic différentiel

Examen clinique méticuleux

Examens complémentaires ciblés et analysés

# CONCLUSION



