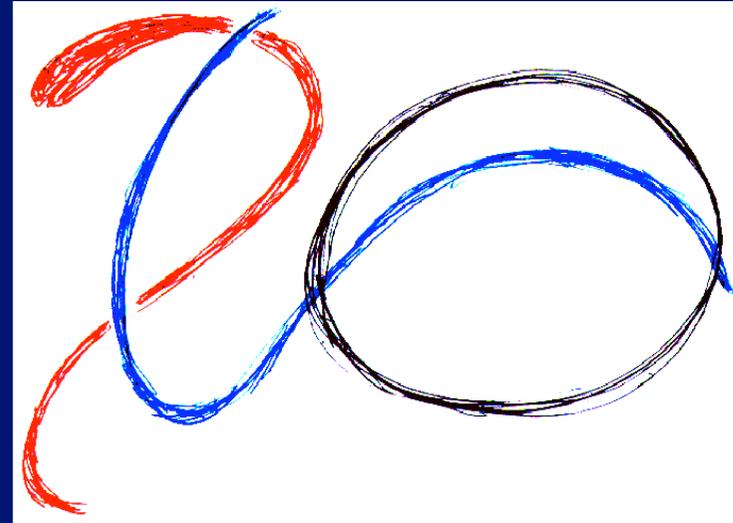


**C. VALLÉE**  
**IMAGERIE DU COUDE**



**FACULTÉ DE MÉDECINE PARIS ÎLE DE FRANCE-OUEST**  
**HÔPITAL RAYMOND POINCARÉ**  
**SERVICE D'IMAGERIE MÉDICALE**  
**104, BOULEVARD RAYMOND POINCARÉ**  
**92380 GARCHES**

**QU'ATTENDEZ-VOUS DE L'EXAMEN ???**  
**CONTEXTE CLINIQUE**  
**AUTRES EXAMENS (IMAGERIE, BIO...)**

- **RADIOGRAPHIES**
- **RADIOLOGIE INTERVENTIONNELLE**
- **SCANNER**
- **IRM**
- **ÉCHOGRAPHIE**

# COUDE

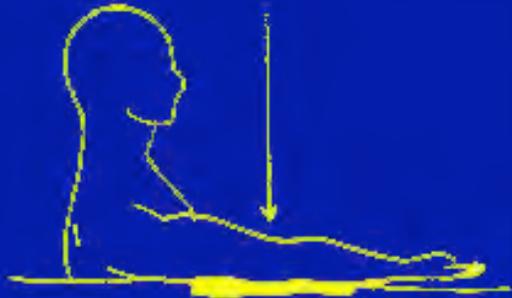
- **RADIOGRAPHIES**
- **RADIOLOGIE INTERVENTIONNELLE**
- **SCANNER**
- **IRM**
- **ÉCHOGRAPHIE**

- **RADIOGRAPHIES**

- **TOUJOURS INDISPENSABLES** YC AVT TDM/IRM
- **F+P +/- OBLIQUES**

- **INTÉRÊTS**

- **STRUCTURE OSSEUSE**
- **CLASSIFICATION DES FRACTURES**
- **INTERLIGNES**
- **AXES**
- **PARTIES MOLLES**



**EXT + SUPINATION**

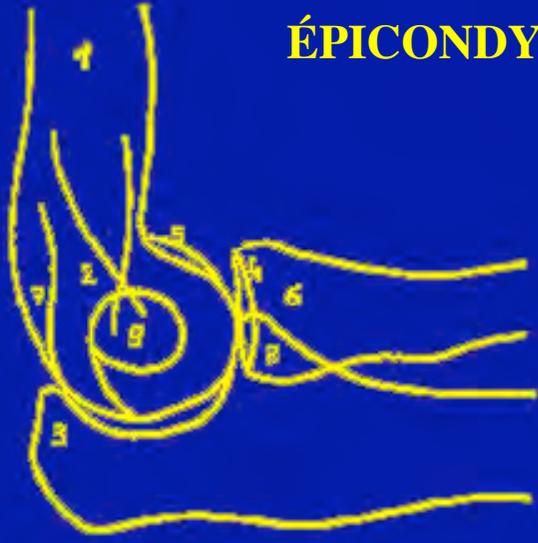




**FLEX 90° +  
SUPINATION**

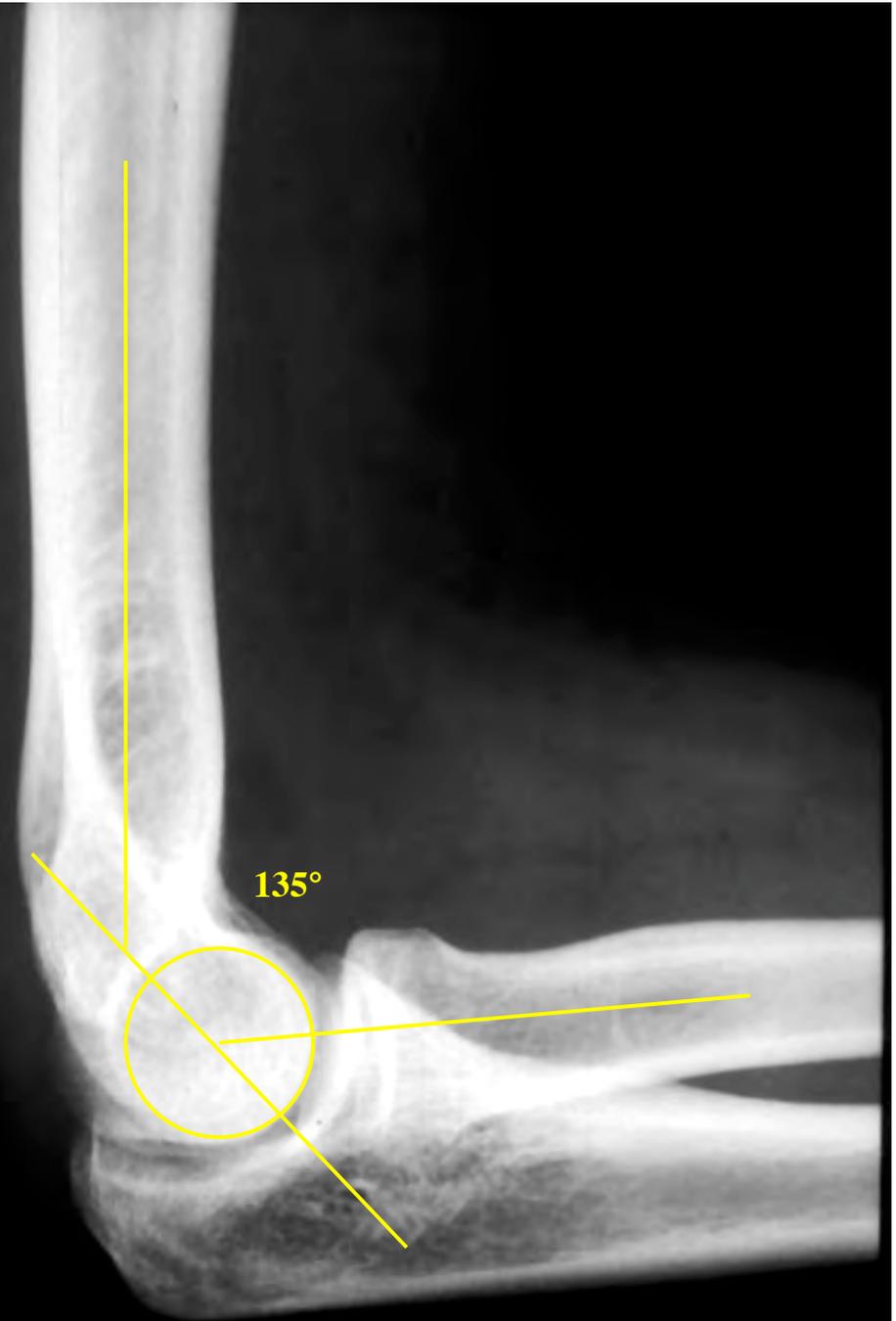
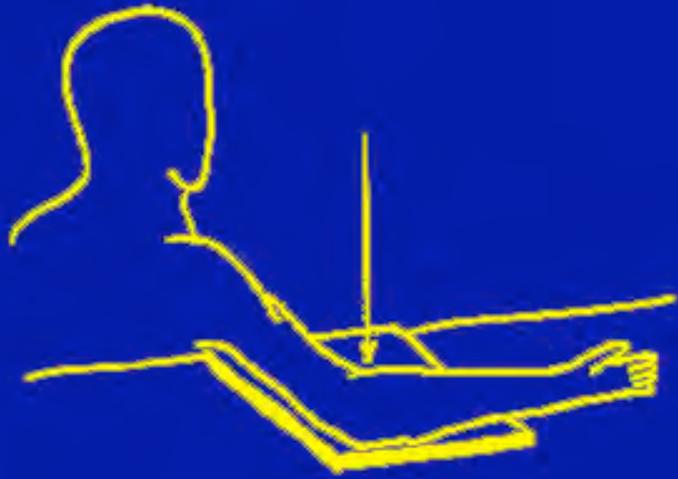


**ÉPICONDYLE MÉDIAL----**

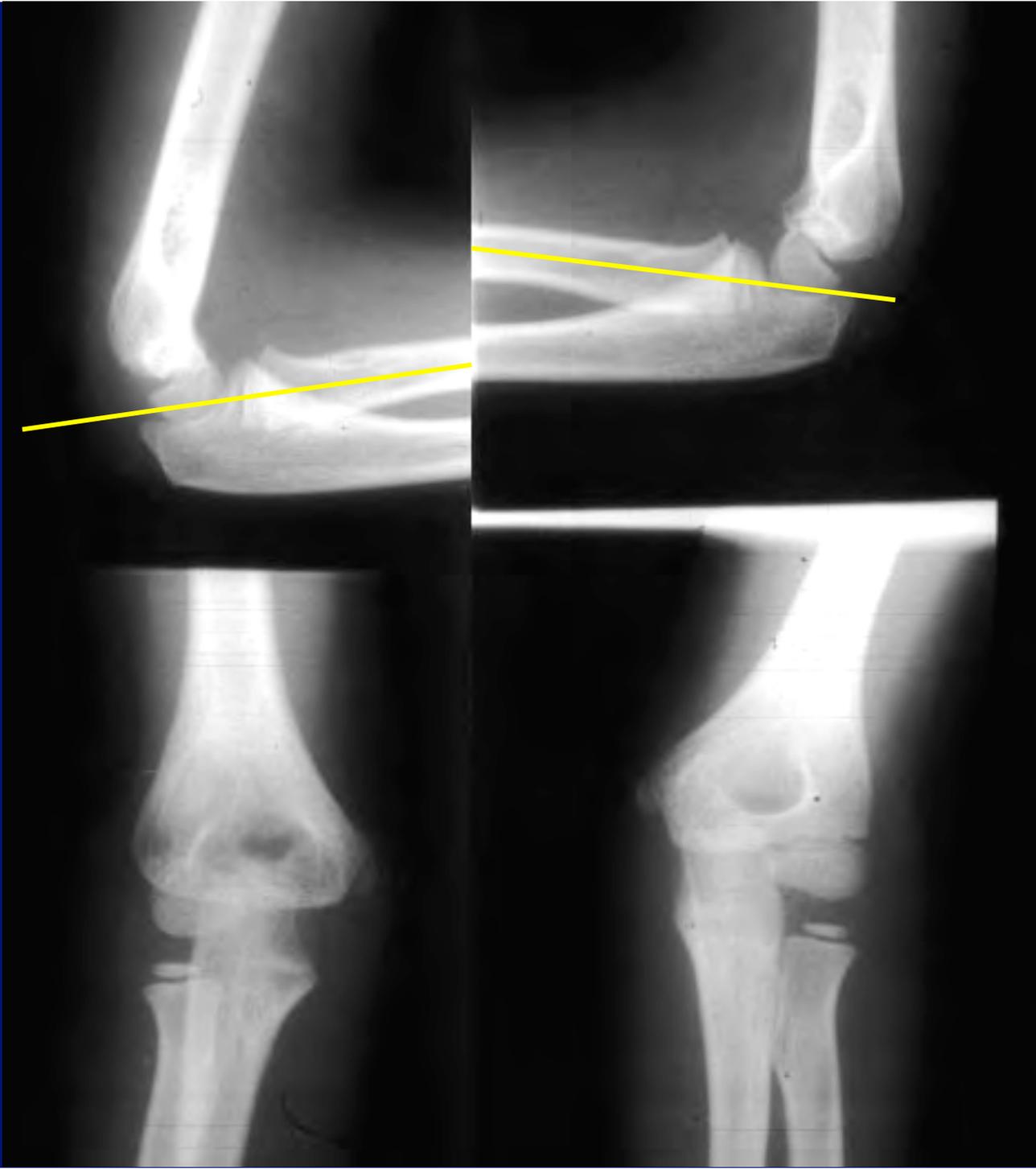


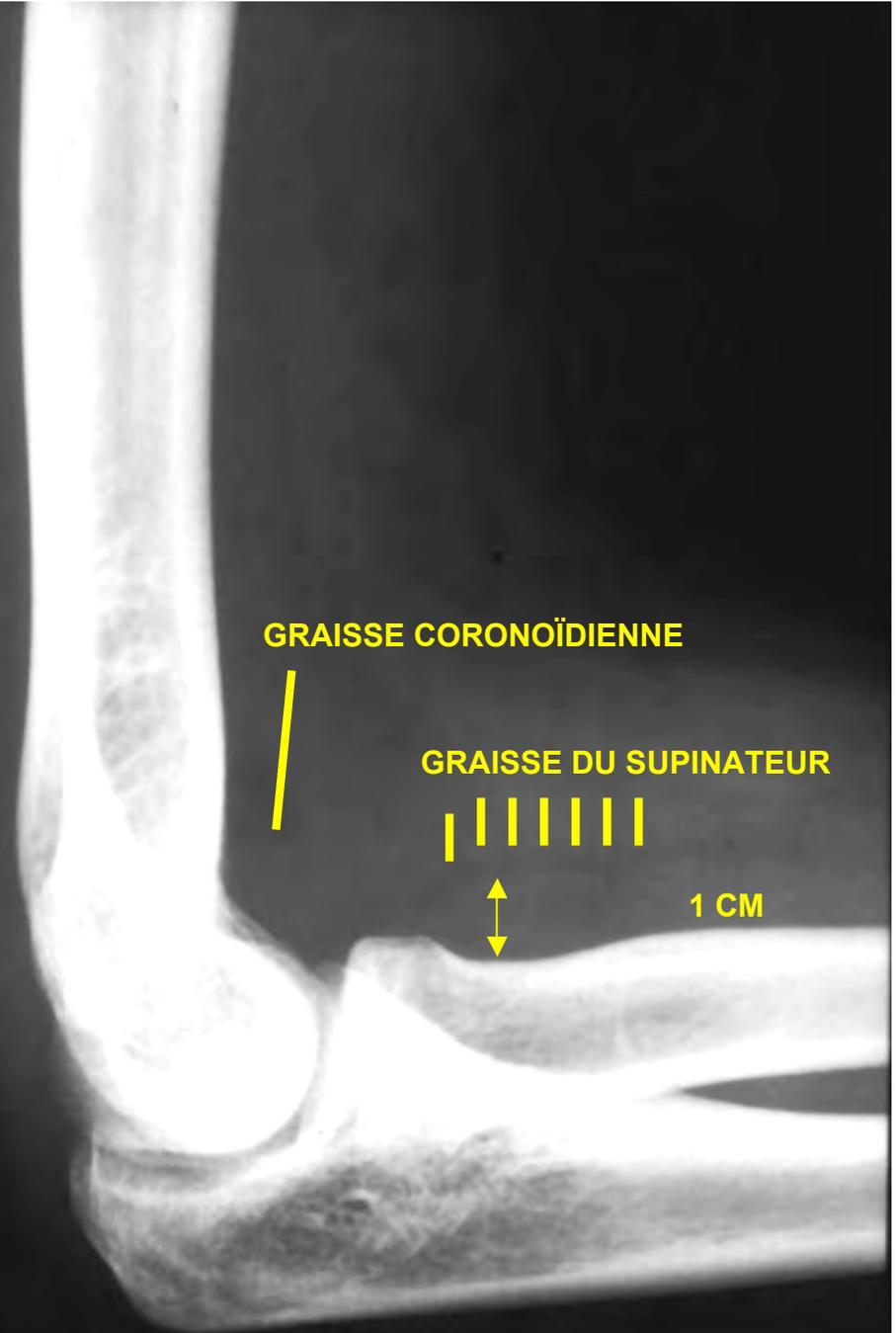
**TROCHLÉE  
CAPITULUM  
ÉPICONDYLE LATÉRAL**





**AXE RADIUS : MILIEU CAPITULUM**





GRAISSE CORONOÏDIENNE

GRAISSE DU SUPINATEUR

1 CM

# **PARTICULARITES DE L'ENFANT**

**AXE DU RADIUS ET POINT CONDYLIEN**

**MATURATION OSSEUSE (SAUVEGRAIN ET  
NAHUM)**

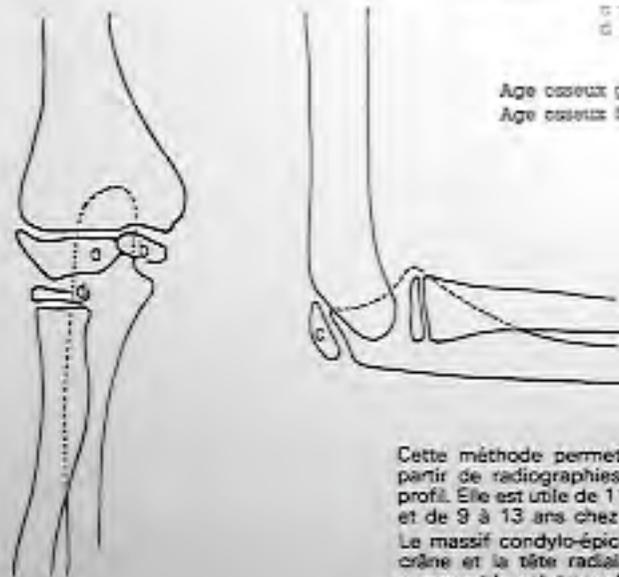
**GARCON : 11 à 15 ANS**

**FILLE : 9 à 13 ANS**

### III - MÉTHODE DE SAUVEGRAIN ET NAHUM

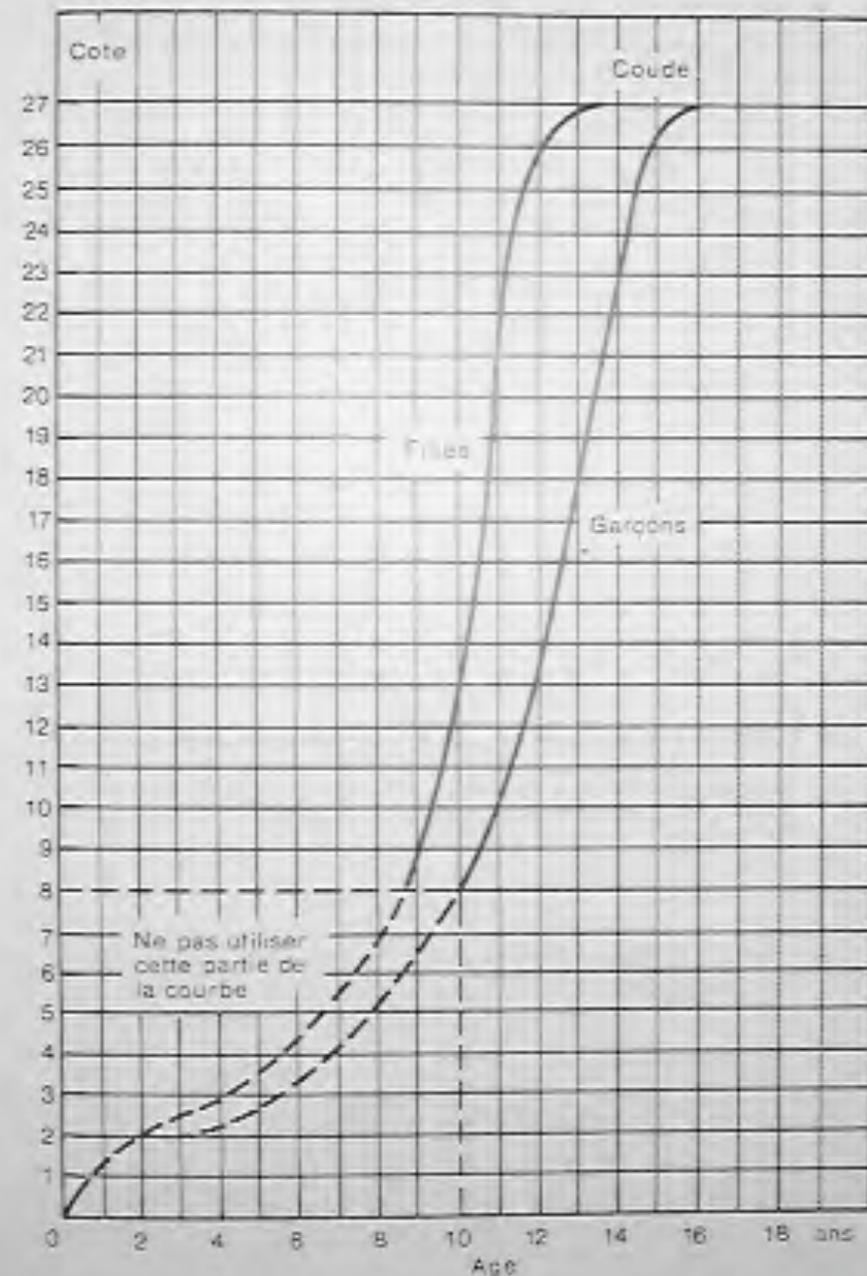


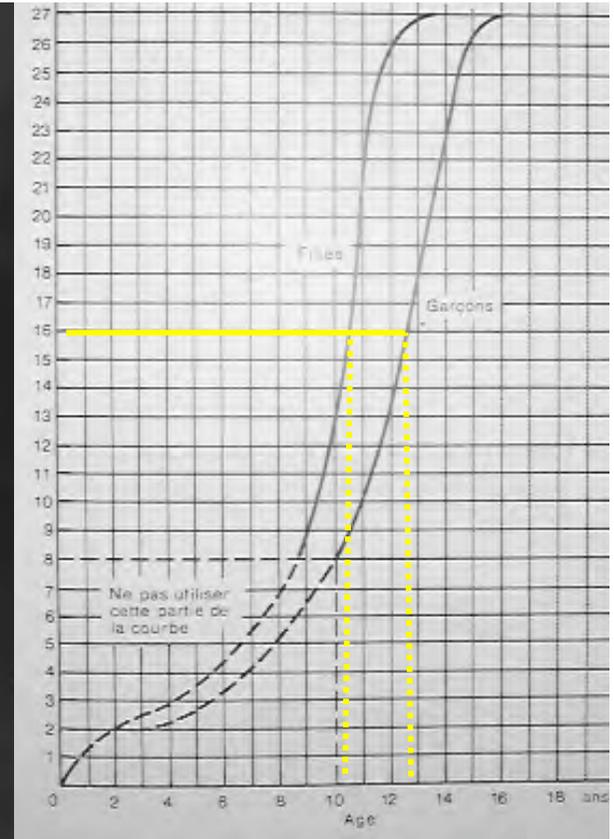
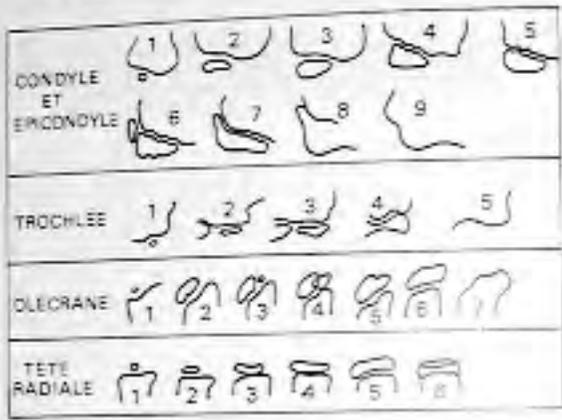
148. Exemple : a : Condyle 5 points  
 b : Trochlée 3 points  
 c : Olécrane 5 points  
 d : tête radiale 5 points  
 Total 18 points  
 Age osseux garçon : 13 ans.  
 Age osseux fille : 10 ans 9 mois.



Cette méthode permet d'évaluer l'âge osseux à partir de radiographies du coude de face et de profil. Elle est utile de 11 à 15 ans chez les garçons et de 9 à 13 ans chez les filles (fig. 147).

Le massif condylo-épicondylien, la trochlée, l'olécrane et la tête radiale comparés aux schémas occupant le volet gauche, sont affectés du coefficient ainsi obtenu et on reporte le chiffre de cette cote globale sur l'axe des ordonnées de la courbe occupant le volet de droite ; on trace l'horizontale passant par ce point, on précise le point d'intersection entre cette ligne et la courbe des filles ou des garçons. Le chiffre correspondant sur l'axe des abscisses donne l'âge osseux.





$$6+3+3+4=16$$

# COUDE

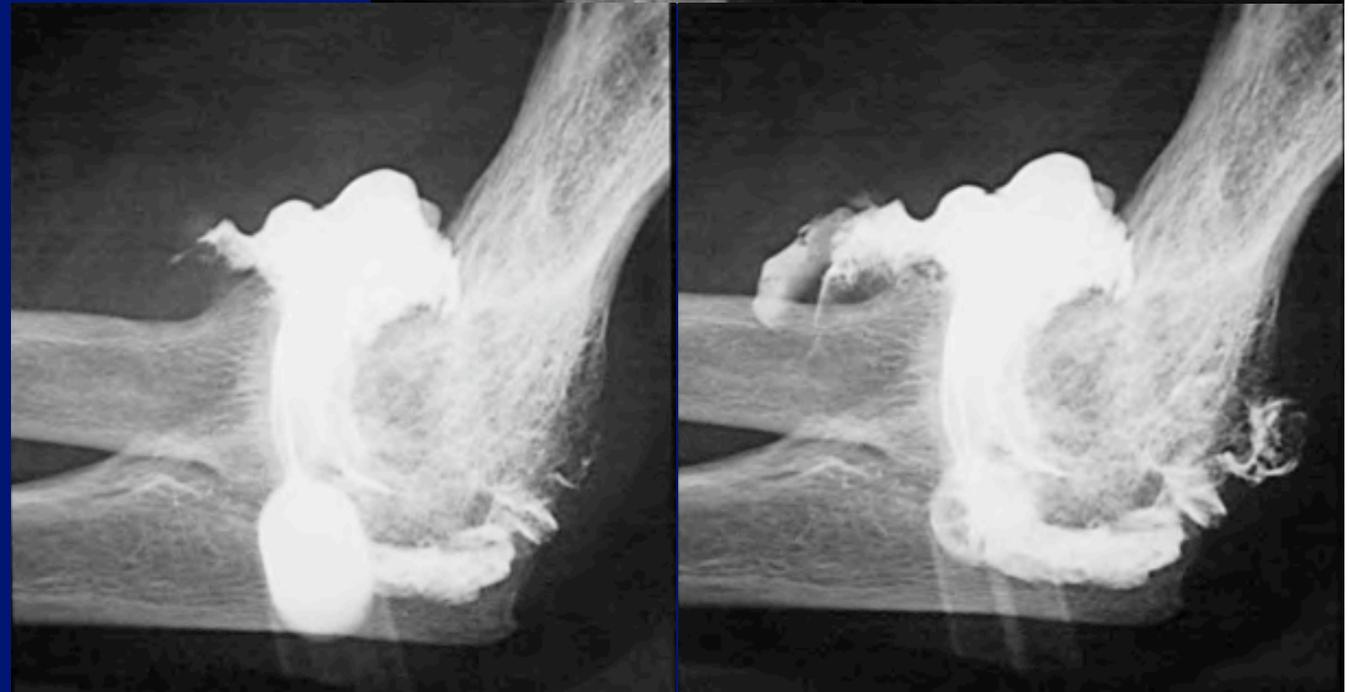
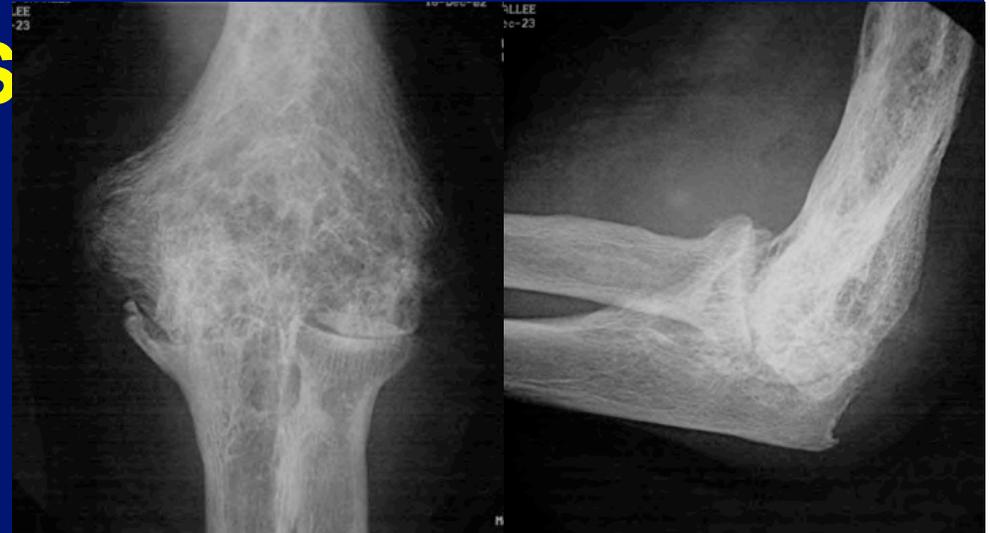
- **RADIOGRAPHIES**
- **RADIOLOGIE INTERVENTIONNELLE**
- **SCANNER**
- **IRM**
- **ÉCHOGRAPHIE**

- **RADIOLOGIE INTERVENTIONNELLE**

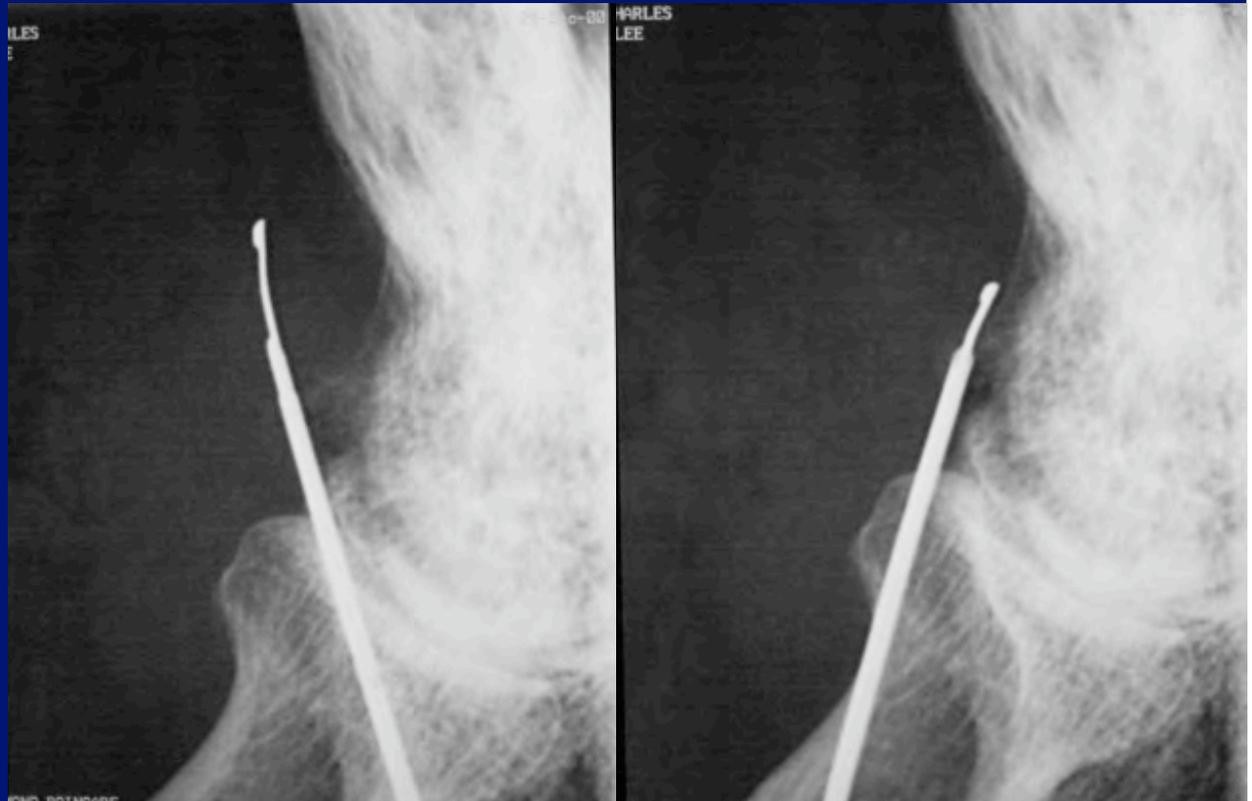
- **OPACIFICATIONS**

- **INFILTRATIONS**

- **PRELEVEMENTS**



- **RADIOLOGIE INTERVENTIONNELLE**
  - **OPACIFICATIONS**
  - **INFILTRATIONS**
  - **PRELEVEMENTS**



- **RADIOLOGIE INTERVENTIONNELLE**
  - **OPACIFICATIONS**
  - **INFILTRATIONS**
  - **SOUVENT 1ER TEMPS D 'UN SCANNER**

# COUDE

- **RADIOGRAPHIES**
- **RADIOLOGIE INTERVENTIONNELLE**
- **SCANNER**
- **IRM**
- **ÉCHOGRAPHIE**

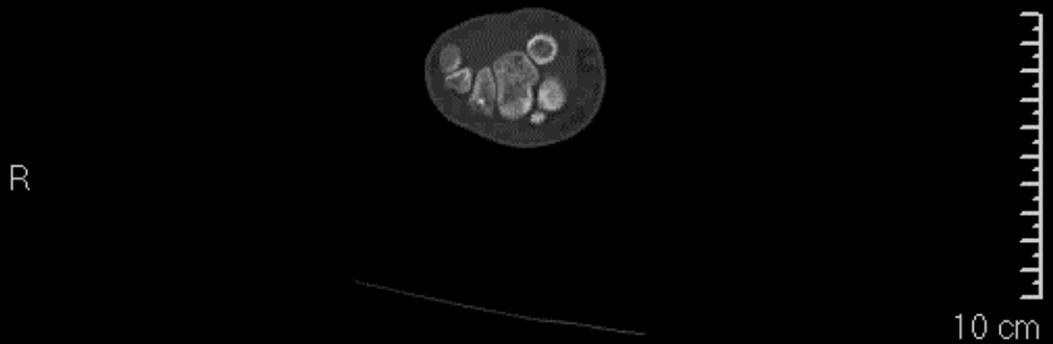
- **SCANNER**

- **HÉLICOÏDAL MULTIBARETTES :**  
**RECONSTRUCTIONS DANS PLANS ANAT**

- **ÉTUDES OSTÉOART, VASC, +/- P. MOLLES**

MAXIMilien ALBERTO  
26A 5M,M,T0025251  
3112 - GAUCHE  
N° dem. : A.BRAS GCHE/3362  
Pos. patient : FFS  
Desc. examen : 68TAVBRAS  
IT : 1

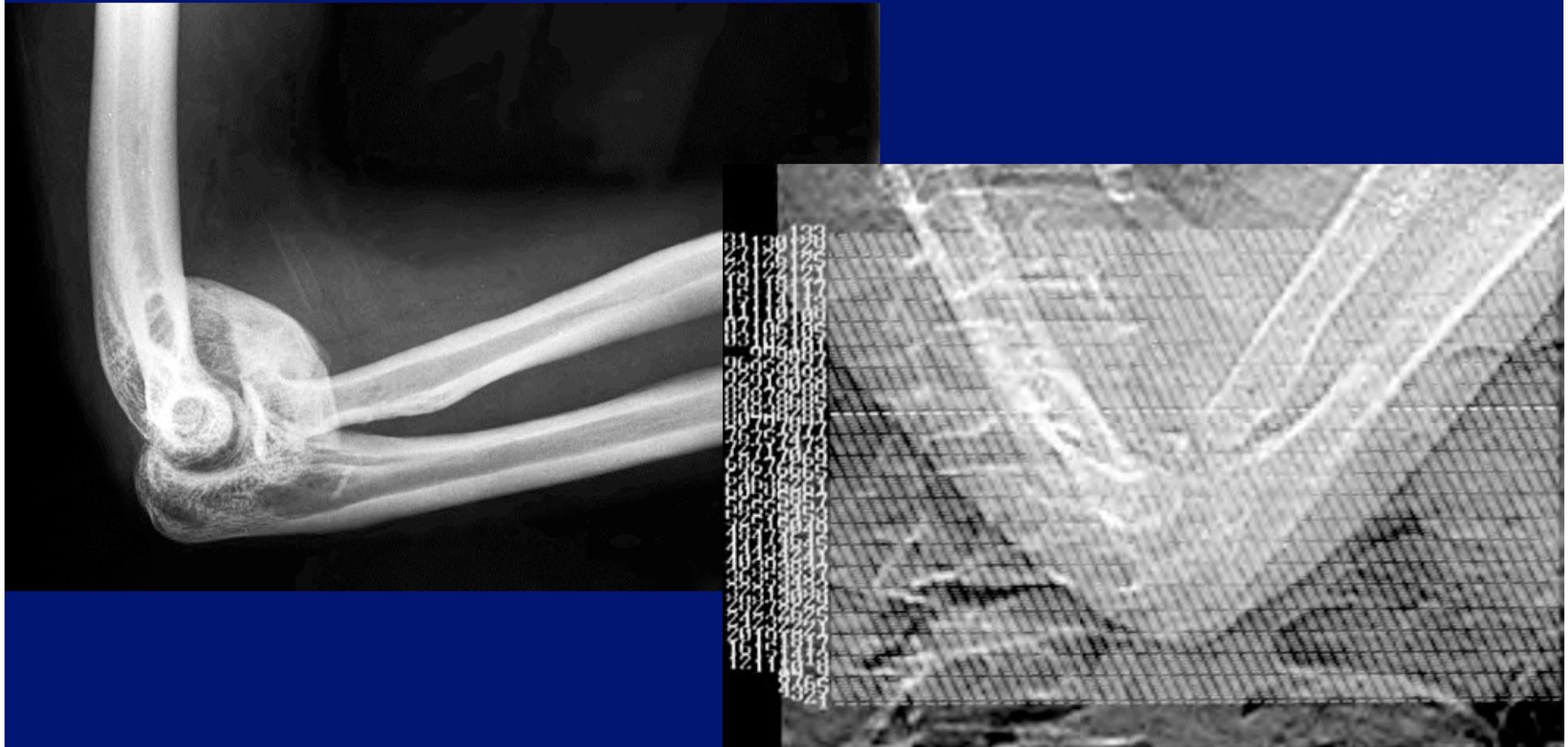
PR C VALLEE  
HOPITAL R. POINCARE  
Philips Mx8000 IDT 16  
13/12/2004 ,12:11:04  
120kV, 180mAs  
LT 1,0 mm  
1,00

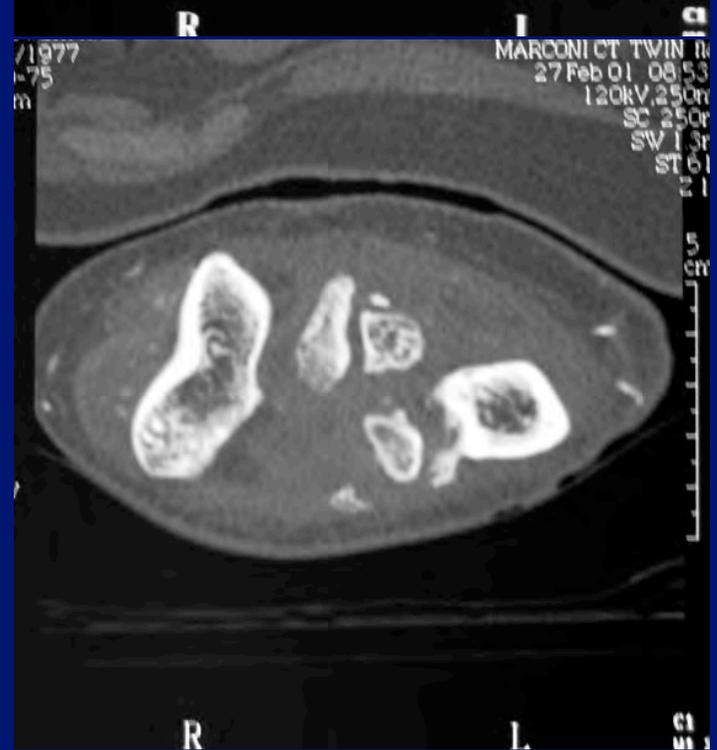
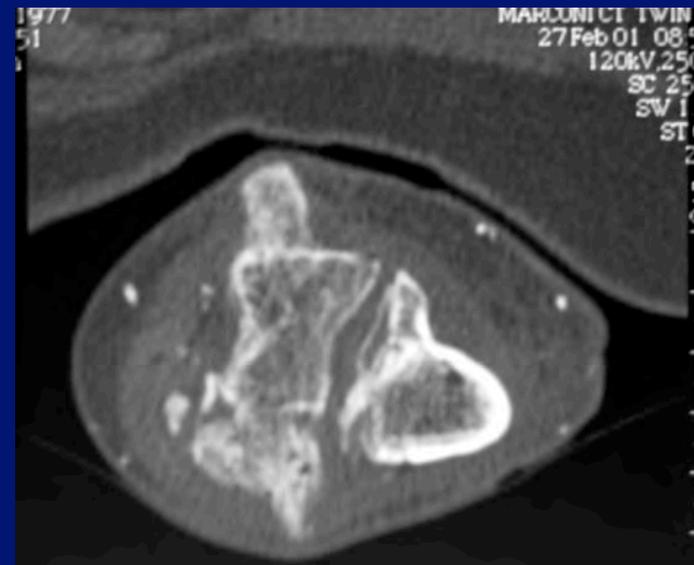


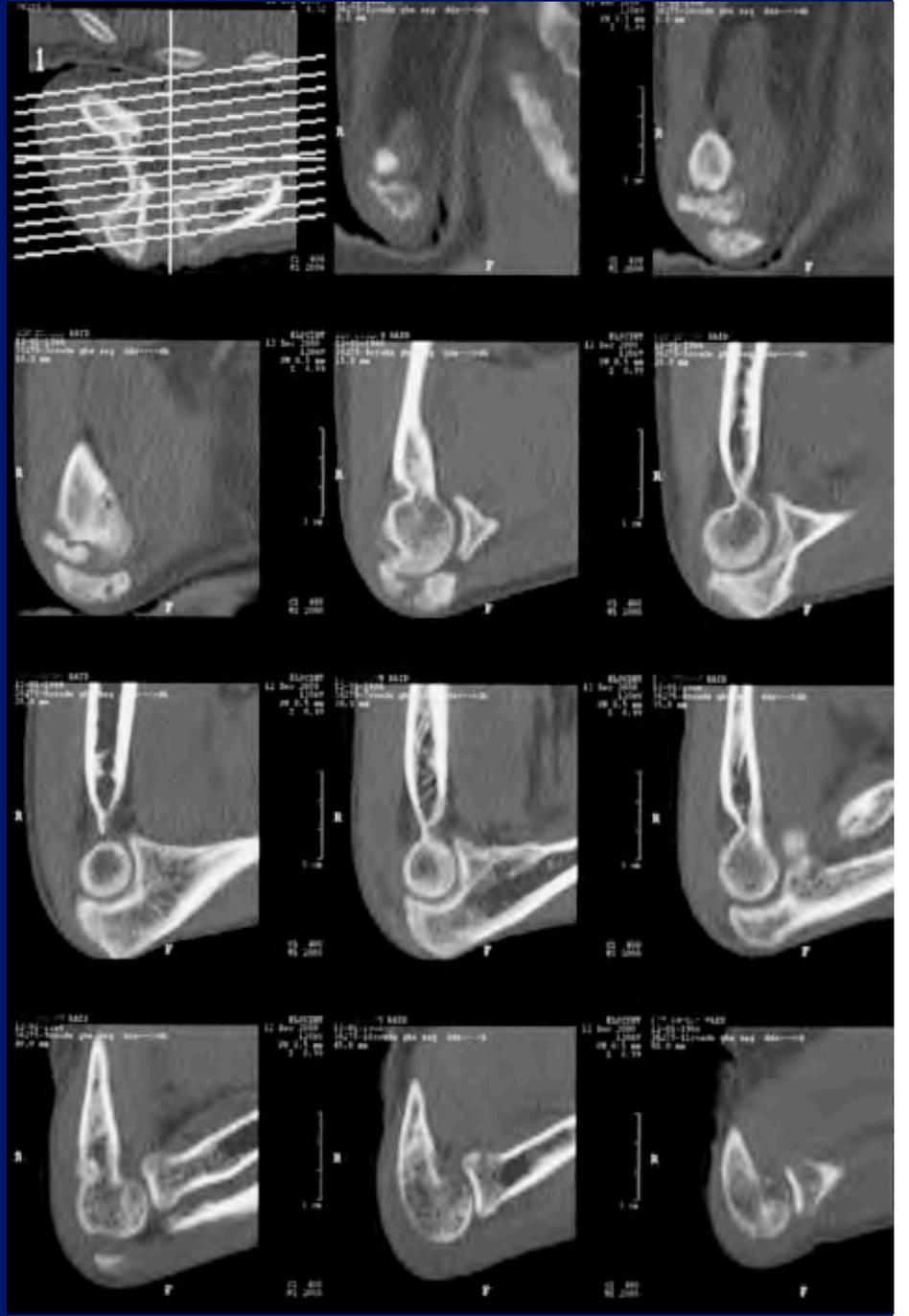
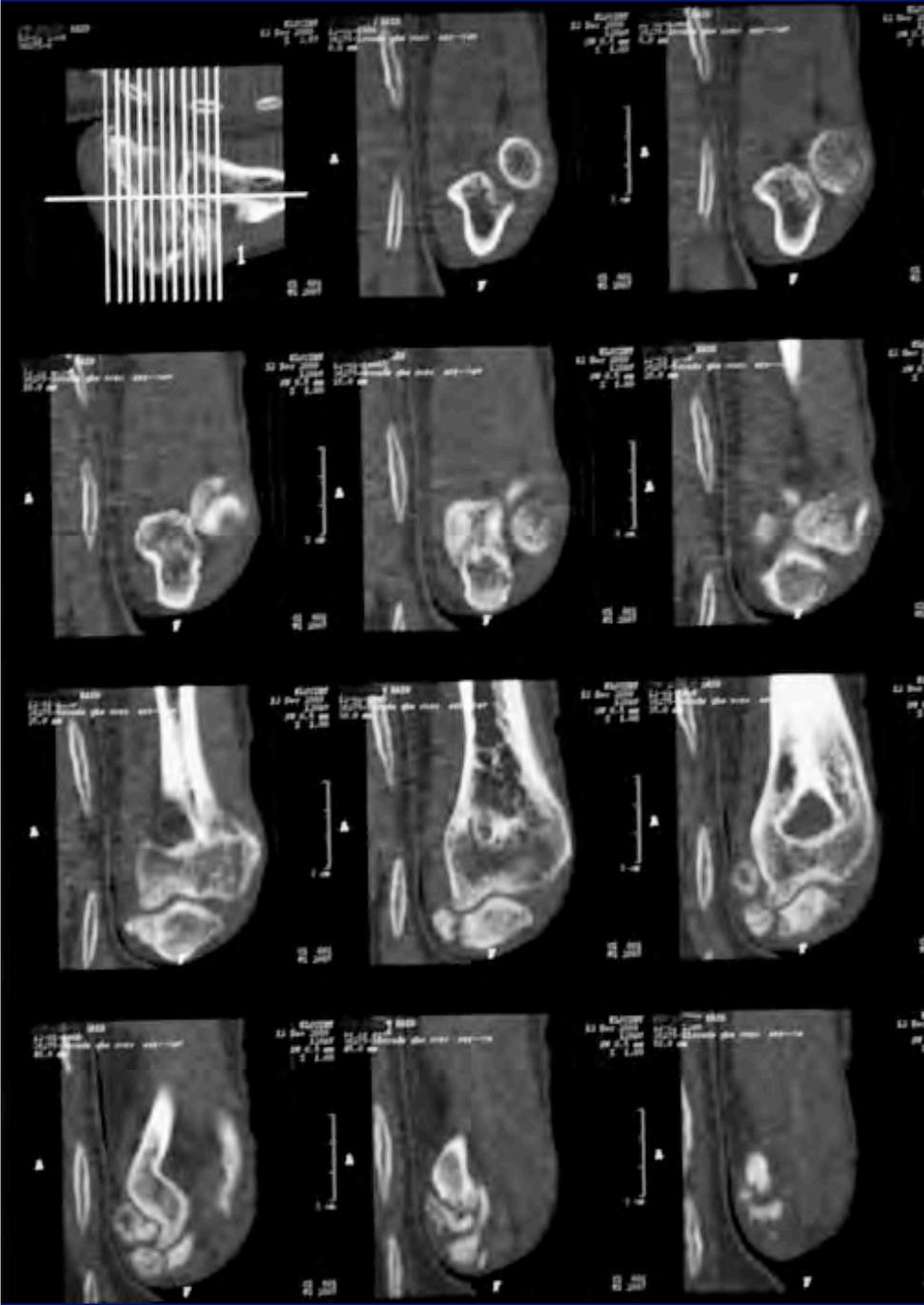
C 888  
L 2978

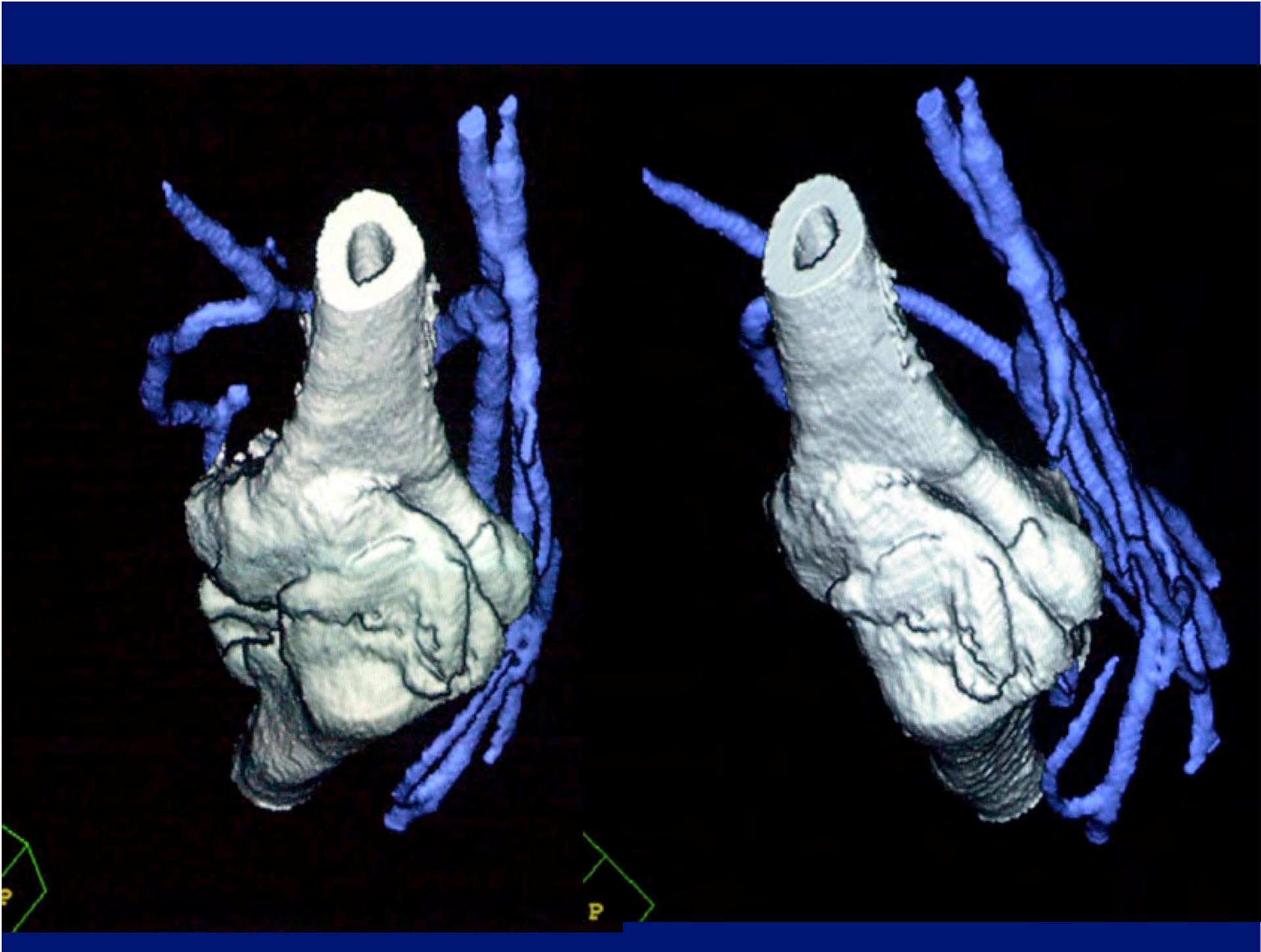
- **SCANNER**

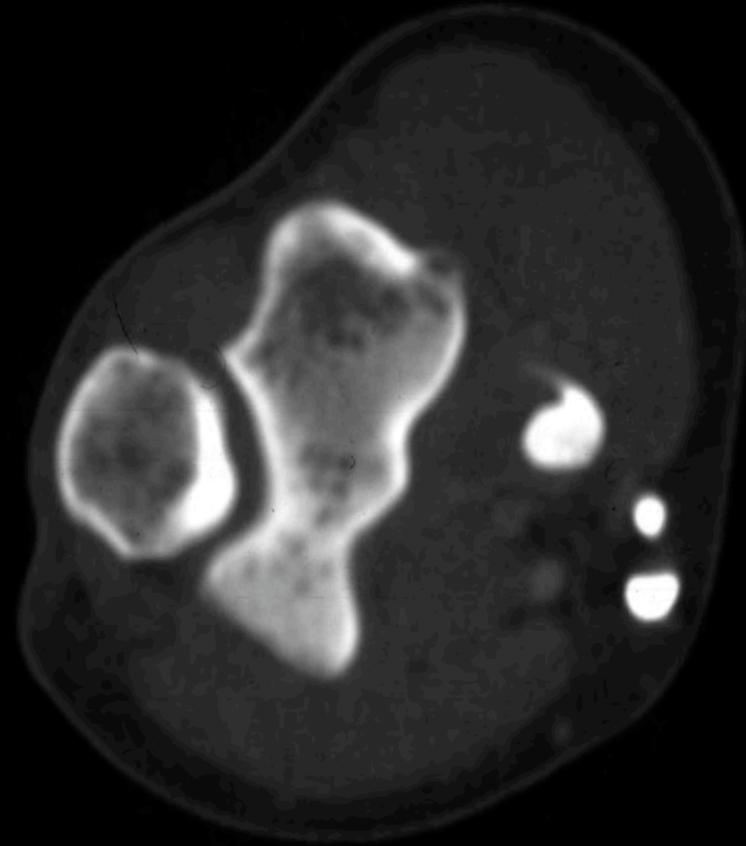
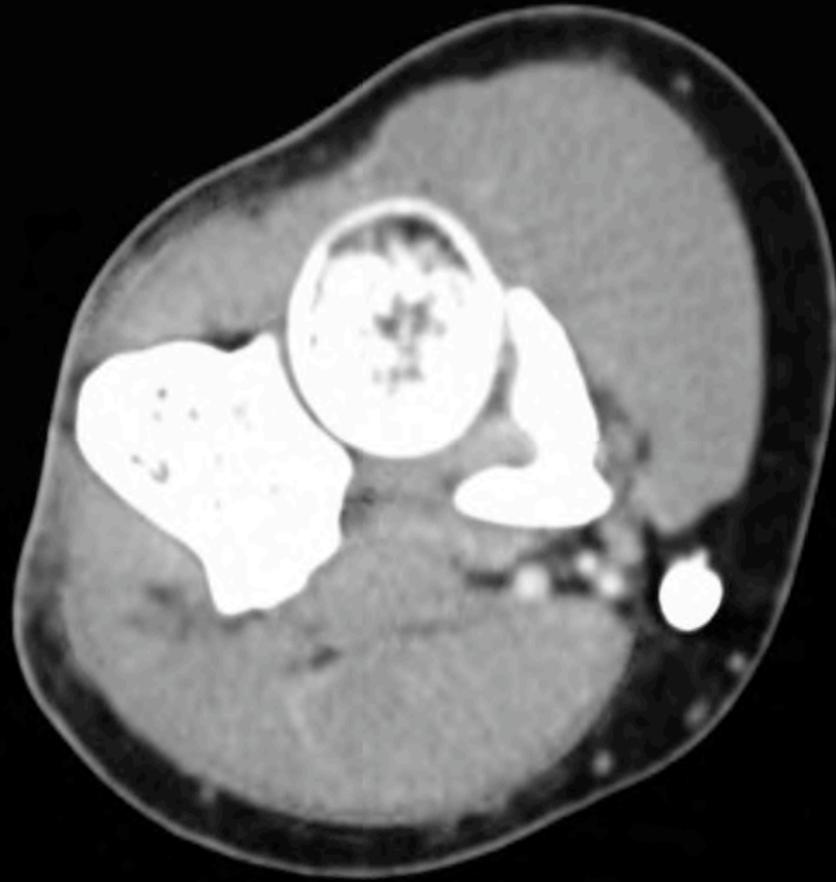
- **HÉLICOÏDAL MULTIBARETTES :**  
**RECONSTRUCTIONS DANS PLANS ANAT**  
**ÉTUDES OSTÉOART, VASC, +/- P. MOLLES**





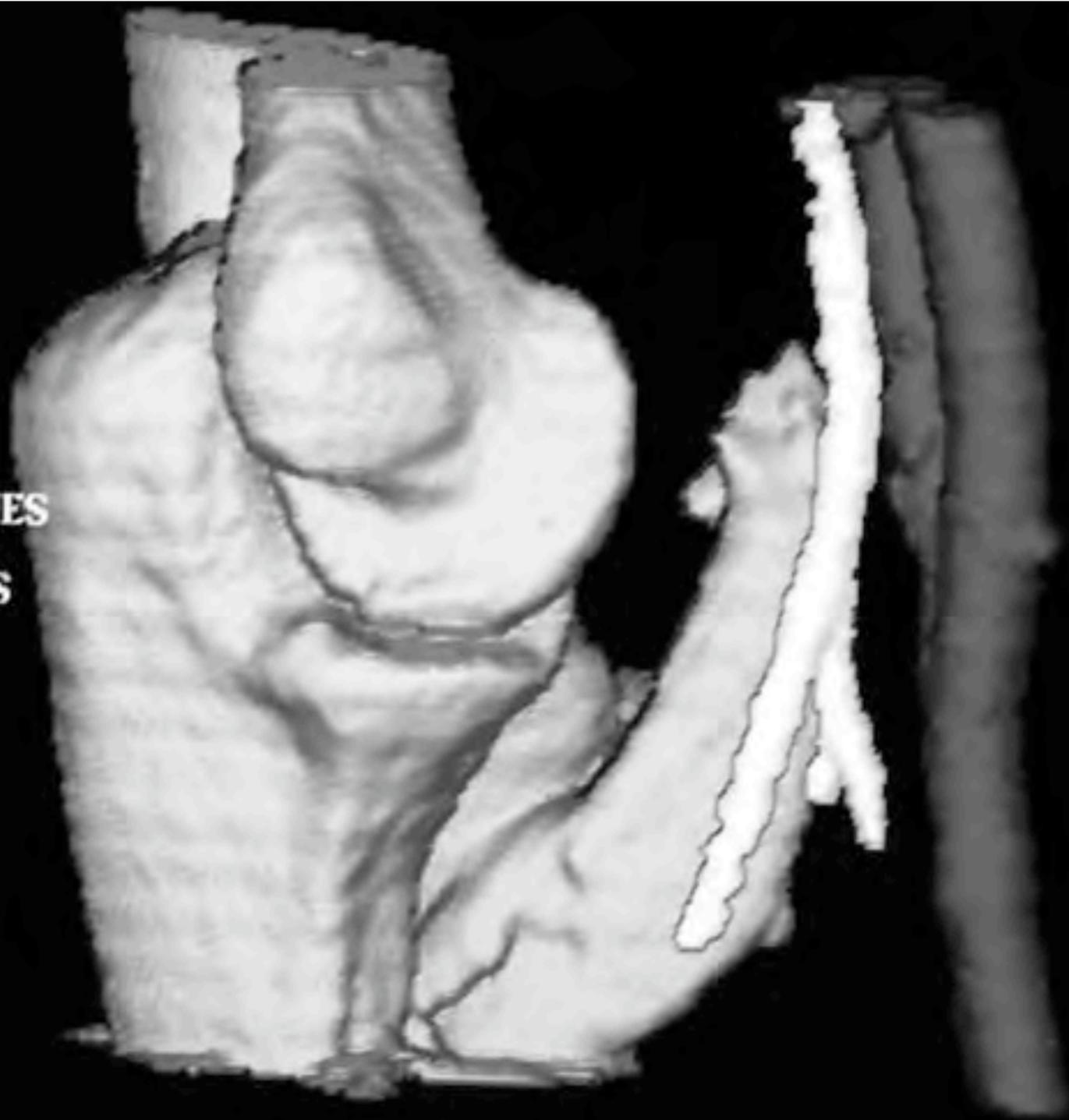


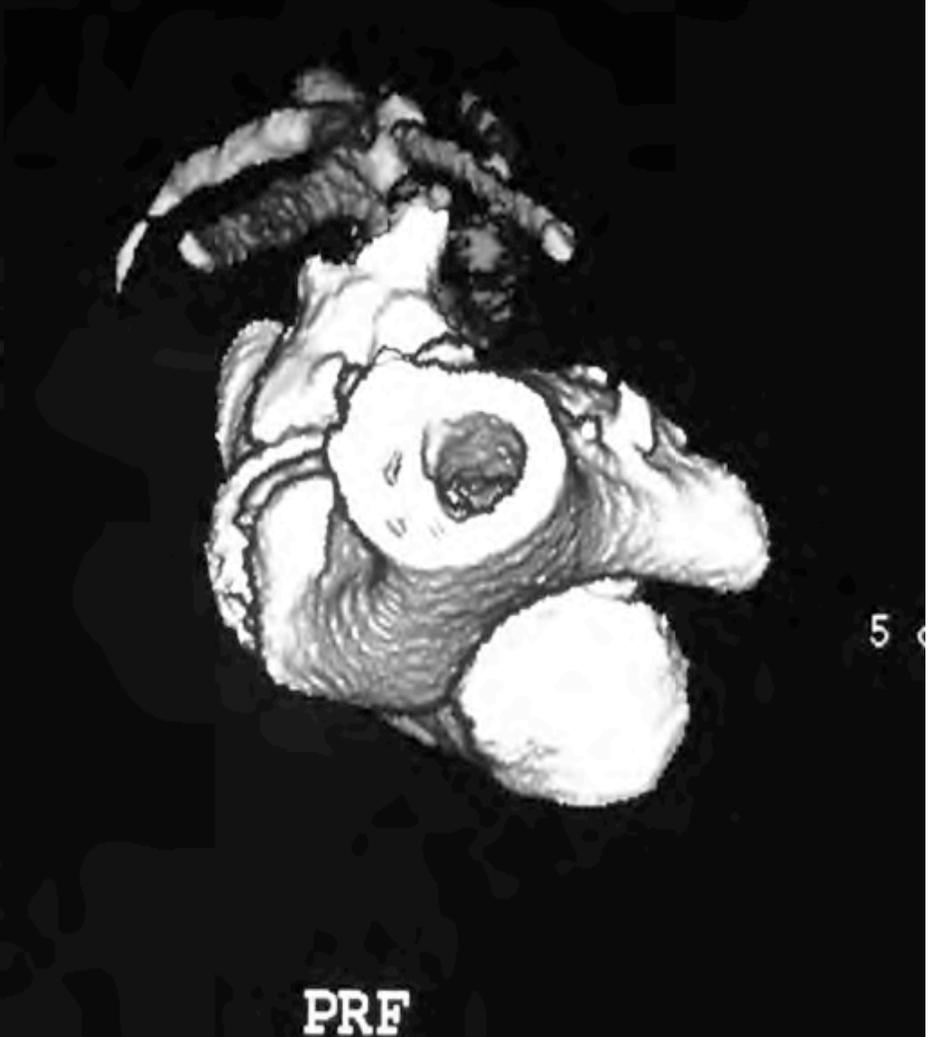
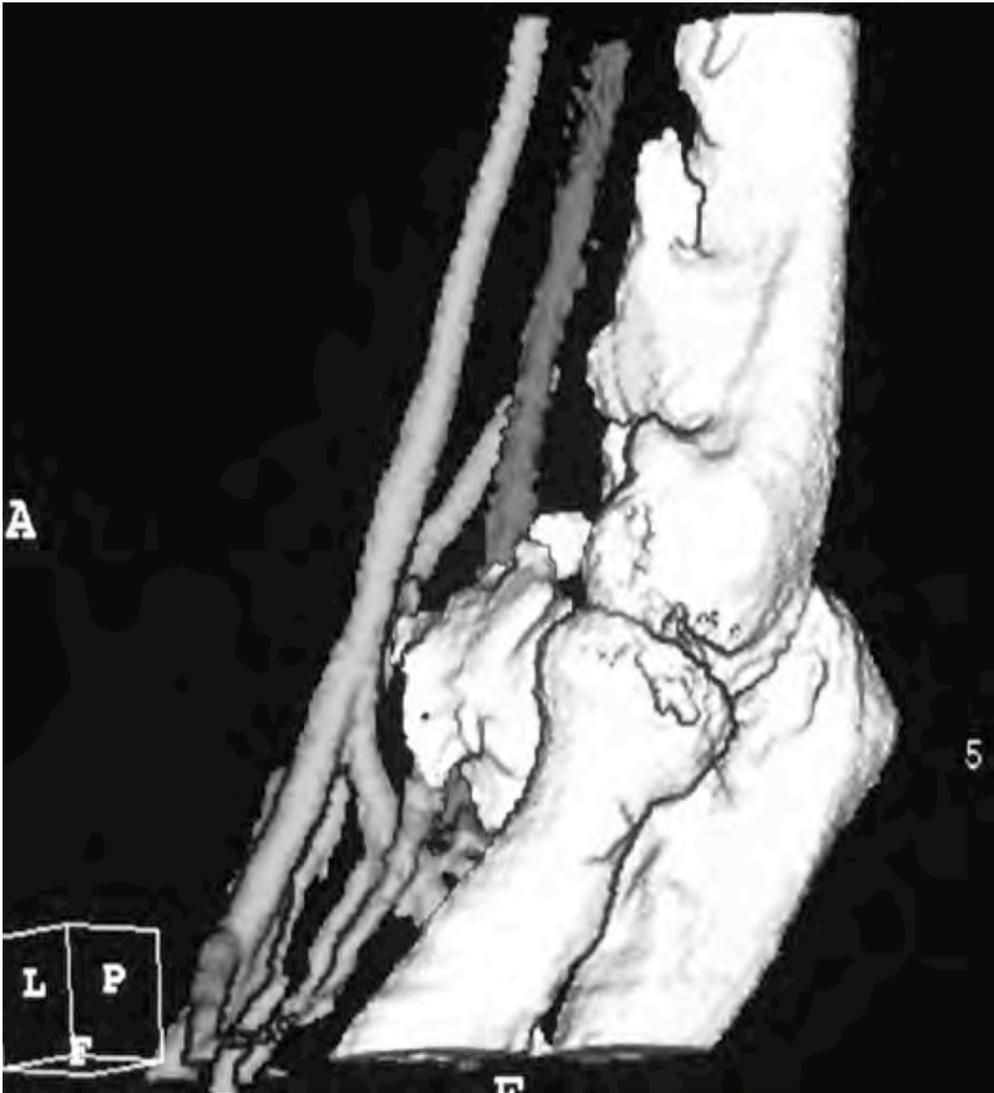


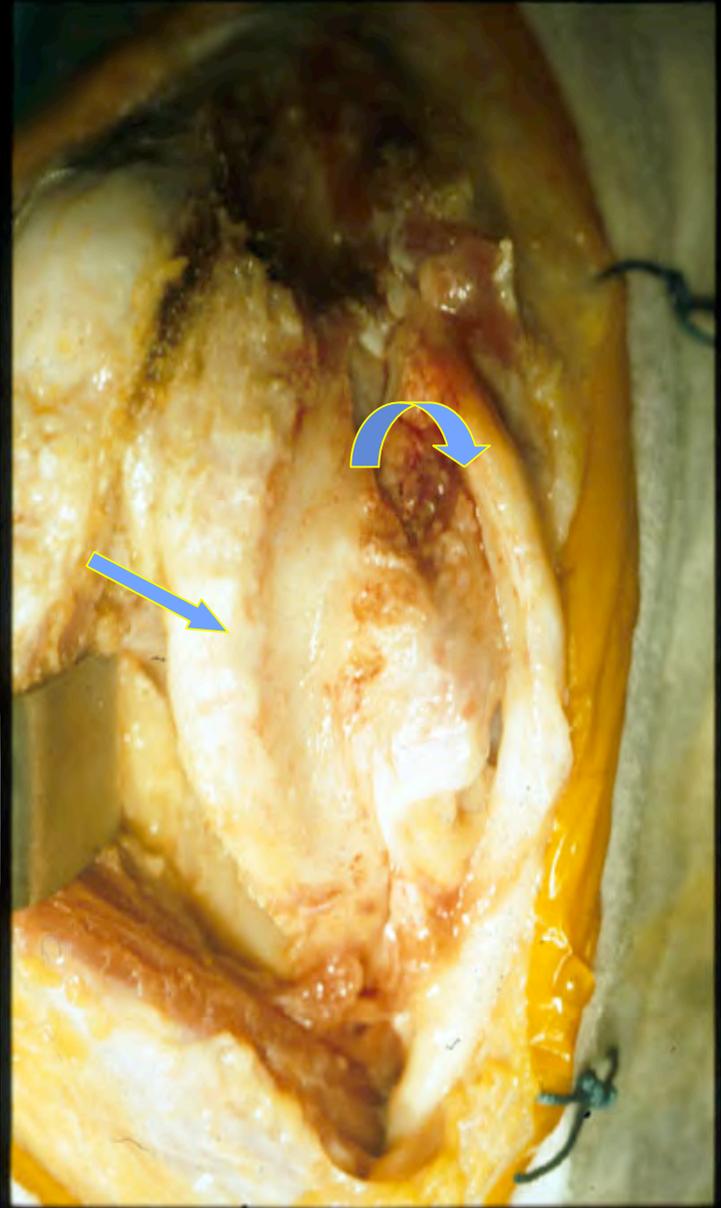


EW

LES VEINES  
ARTERES







- **SCANNER**

- **SVT BILAN PRÉ-OPÉRATOIRE**

- **PATHOLOGIES**

- **TRAUMATIQUES ET MICRO TRAUMA**

APR 30 LIA 3 RT  
26A 5M,M,T0025251  
3110 - DROIT IV  
N° dom : A.P.P.A.S. DRT/3381

HOPITAL R.  
Philips Mx  
13/12/20

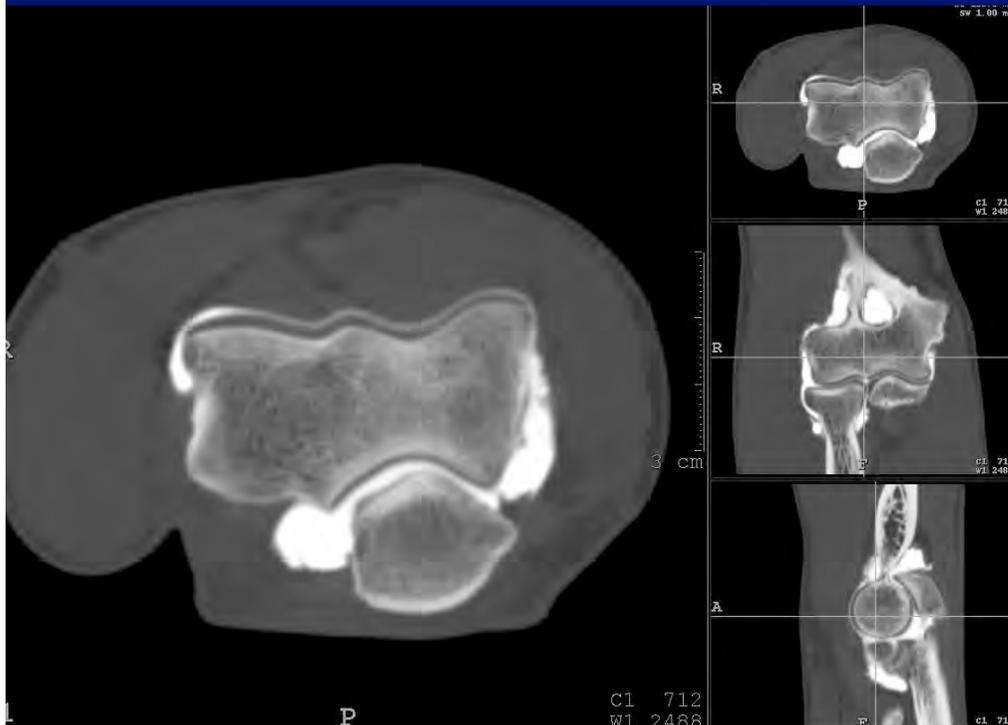
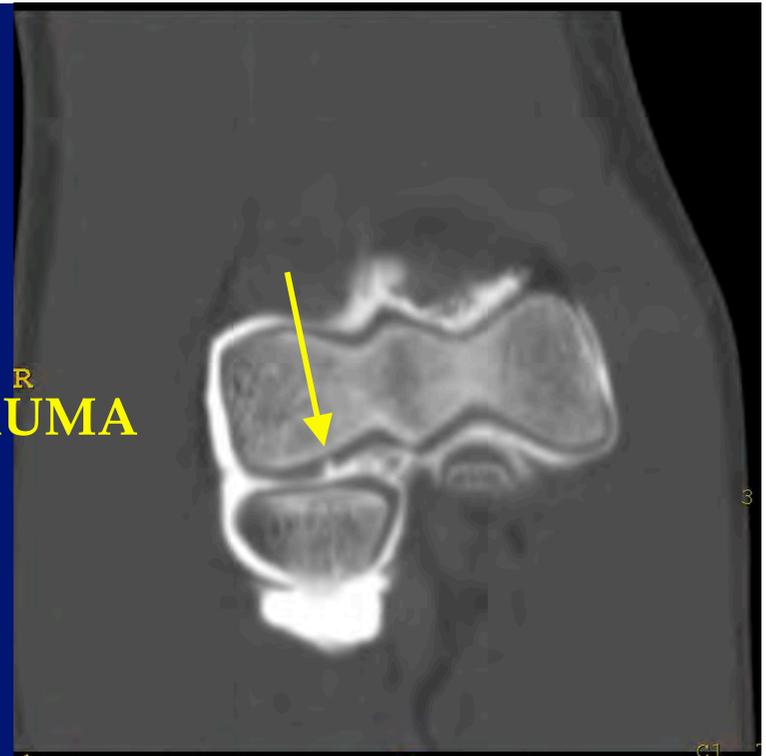


- **SCANNER**

- **SVT BILAN PRÉ-OPÉRATOIRE**

- **PATHOLOGIES**

- **TRAUMATIQUES ET MICRO TRAUMA**

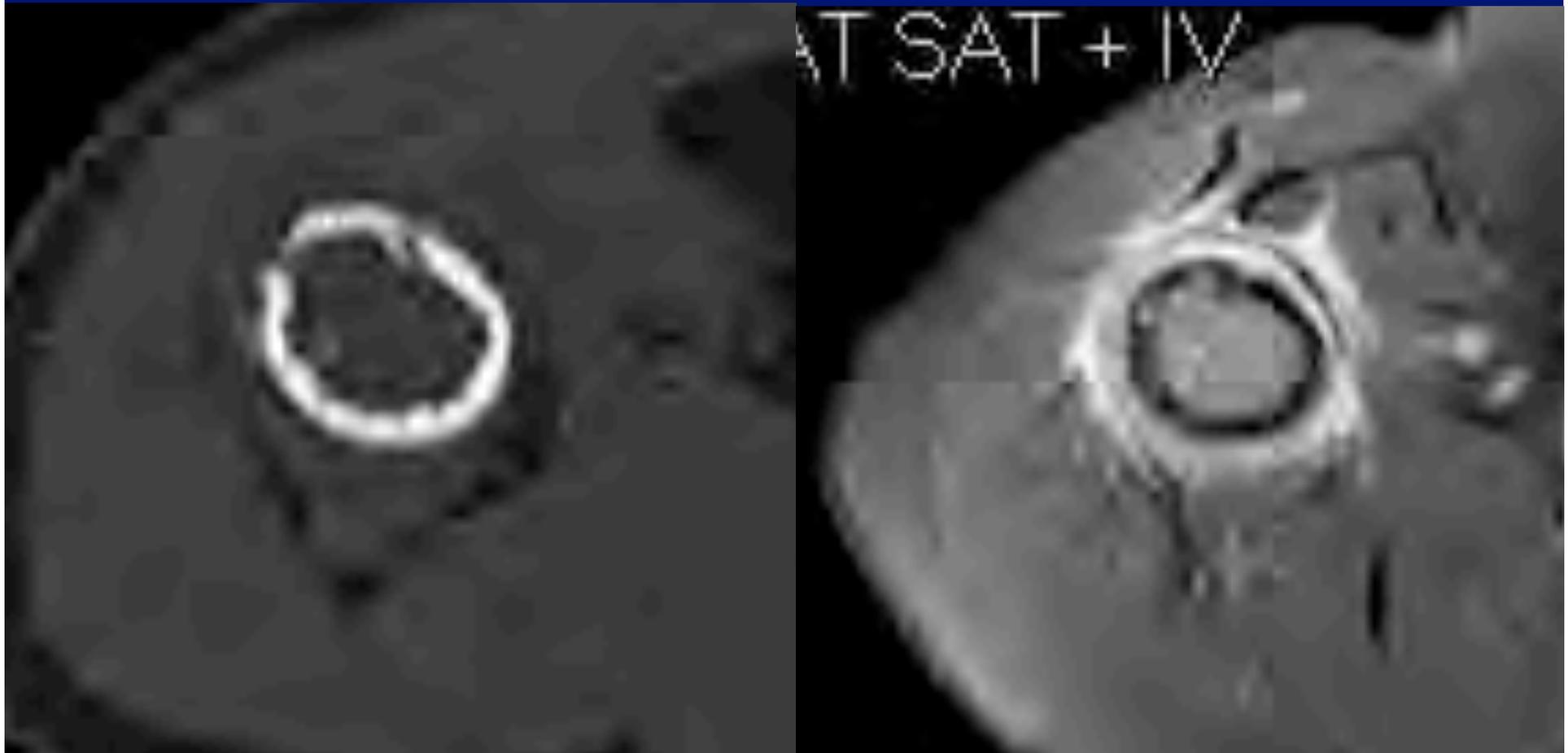


- **SCANNER**

- **SVT BILAN PRÉ-OPÉRATOIRE**

- **PATHOLOGIES**

- **TUMORALES**

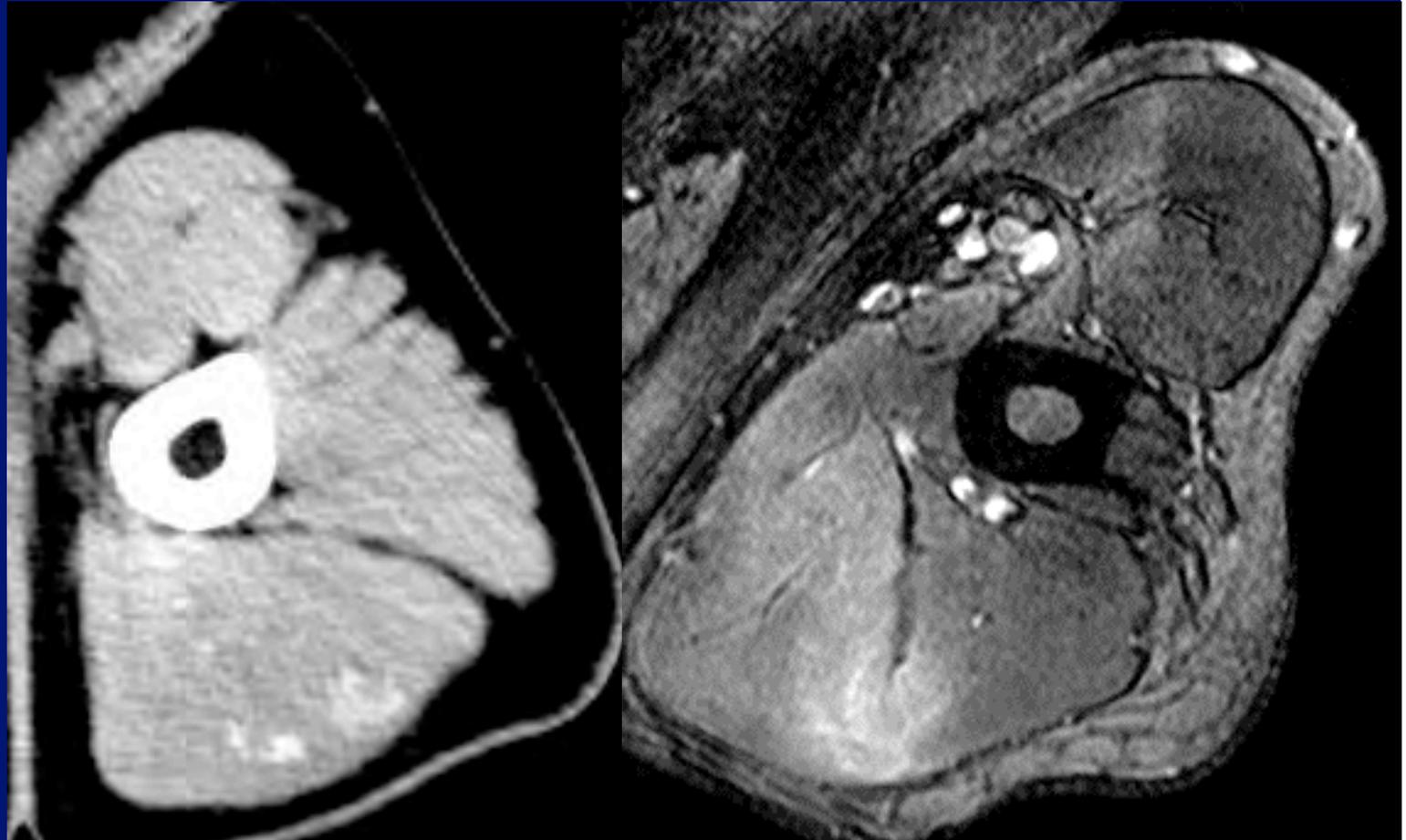


- **SCANNER**

- **SVT BILAN PRÉ-OPÉRATOIRE**

- **PATHOLOGIES**

- **TUMORALES**



- **SCANNER**
  - **SVT BILAN PRÉ-OPÉRATOIRE**
  - **PATHOLOGIES**
    - **SYNOVIALES (+/-)**

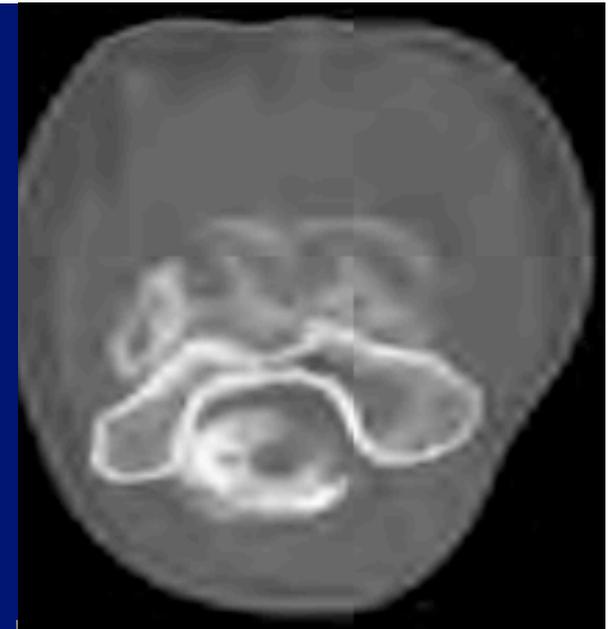


- **SCANNER**

- **SVT BILAN PRÉ-OPÉRATOIRE**

- **PATHOLOGIES**

- **SYNOVIALES (+/-)**



AGIT Philips M  
01/06/2

HOPITAL R. PC  
Philips Mx800  
01/06/2006

120KV  
SC:1

ARTEPAU

L

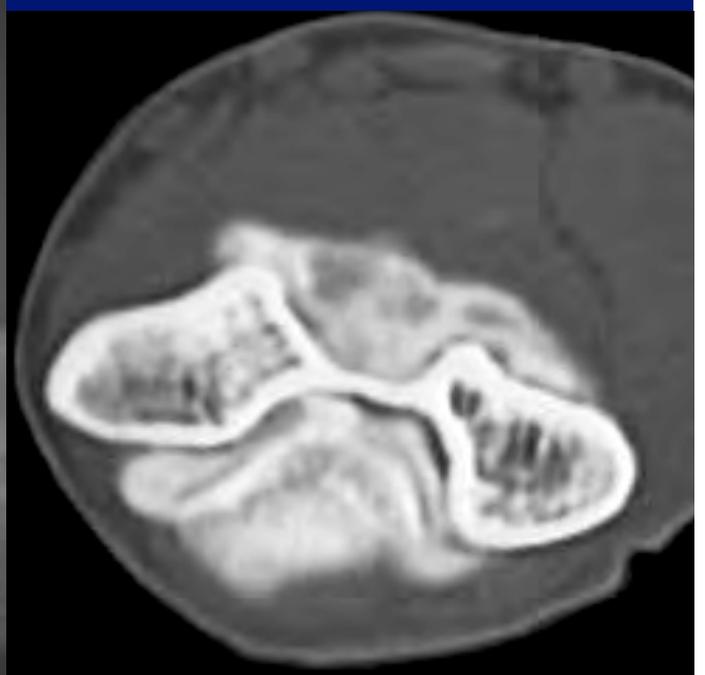
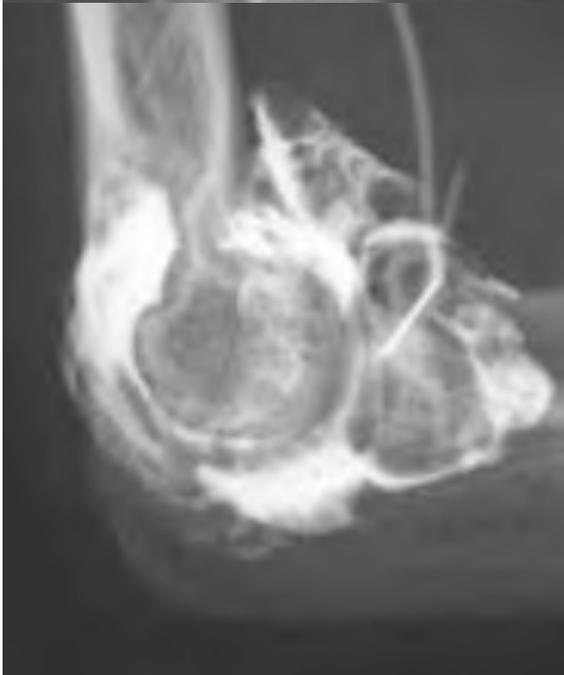
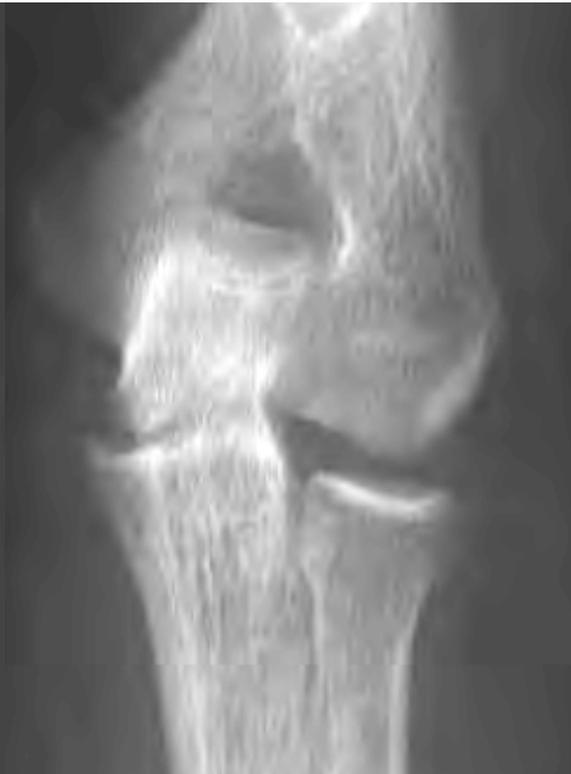
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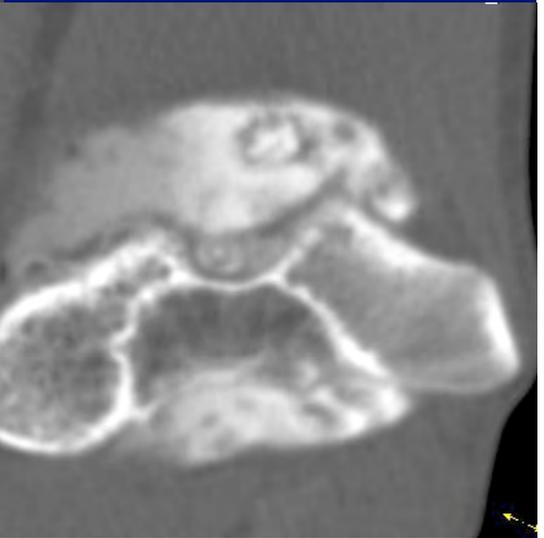
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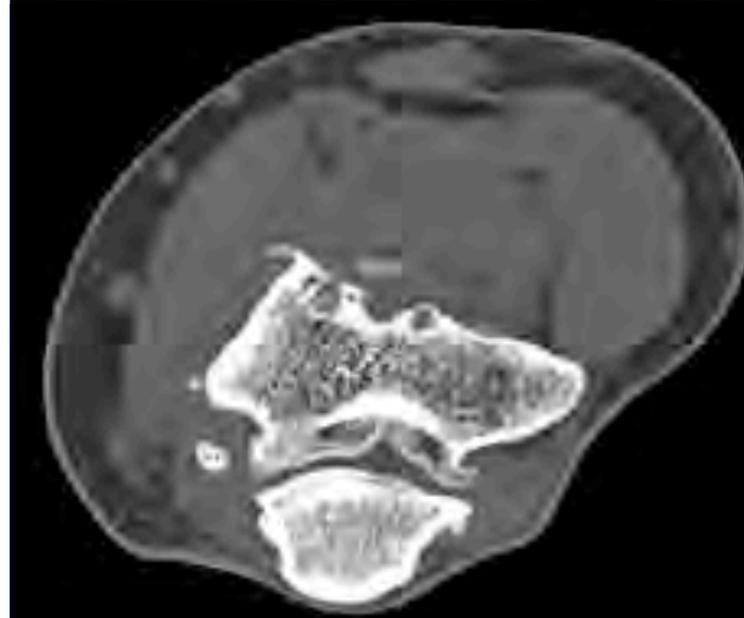
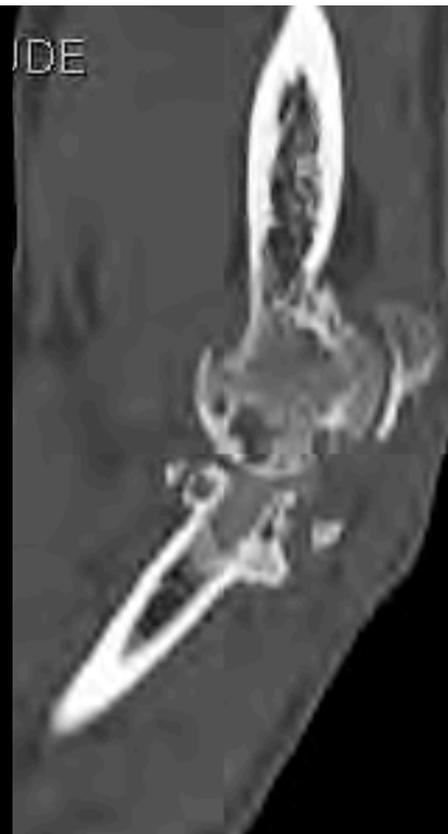
12

12









- **IRM**

- **RAPPELS ÉLÉMENTAIRES**

- **PATHOLOGIES**

- **TUMORALES**

- **TENDINEUSES**

- **LIGAMENTAIRES ?**

- **SYNOVIALES ?**

- **PARTIES MOLLES**

- **IRM**

- **RAPPELS ÉLÉMENTAIRES**

- **SÉQUENCES T2**

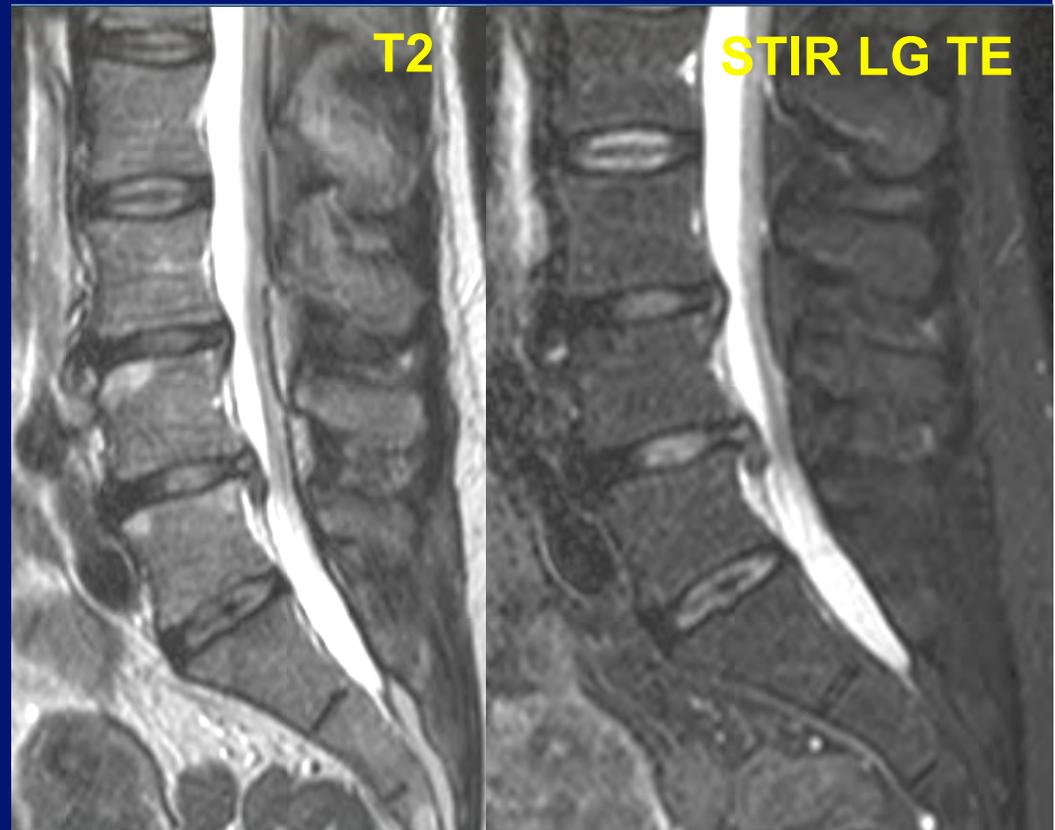
- **MUSCLES : SIGNAL DE RÉF**

- **GRAISSE HYPER / ISOSIGNAL : BLANC/GRIS\***

- **LIQUIDES STAGN HYPERSIGNAL : BLANC**

- **AIR, CALCIUM, TENDONS... : NOIRS**

- **\*SAUF SUPPRESSION DE GRAISSES**



- **IRM**

- **RAPPELS ÉLÉMENTAIRES**

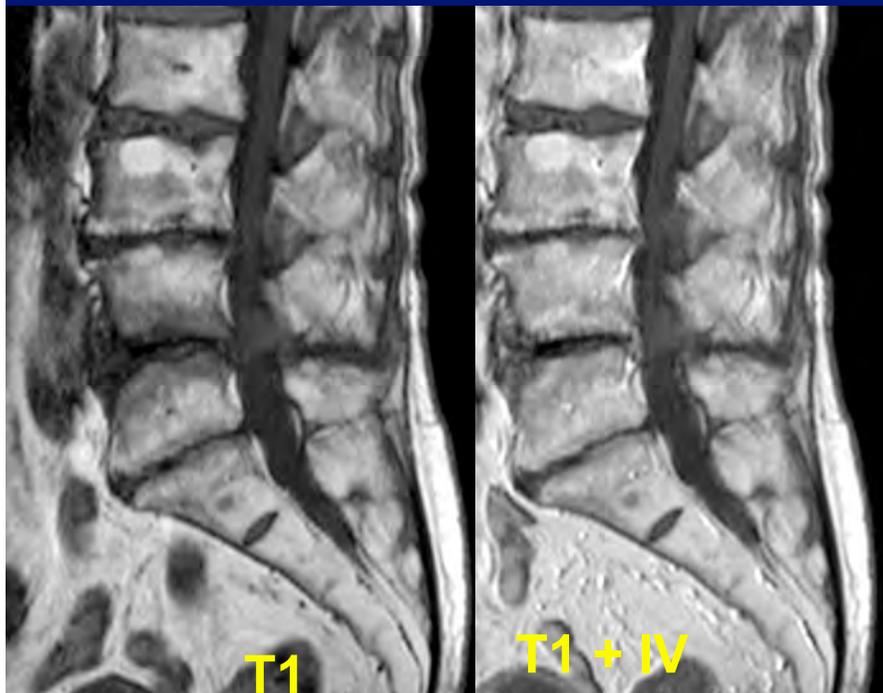
- **SÉQUENCES T1**

- **MUSCLES : SIGNAL DE RÉF**
      - **GRAISSE HYPERSIGNAL : BLANC\***
      - **LIQUIDES STAGN HYPOSIGNAL : GRIS FONCÉ**
      - **AIR, CALCIUM, TENDONS... : NOIRS**

- **\*SAUF SUPPRESSION DE GRAISSES**

- **PdC IV : HYPERS. DES STRUCTURES HYPERVASCULARISÉE**

- **PdC IA : ARTHRO-IRM**



- **IRM**

- **PATHOLOGIES**

- **TUMORALES (OS & PM)**

- **NATURE ?**

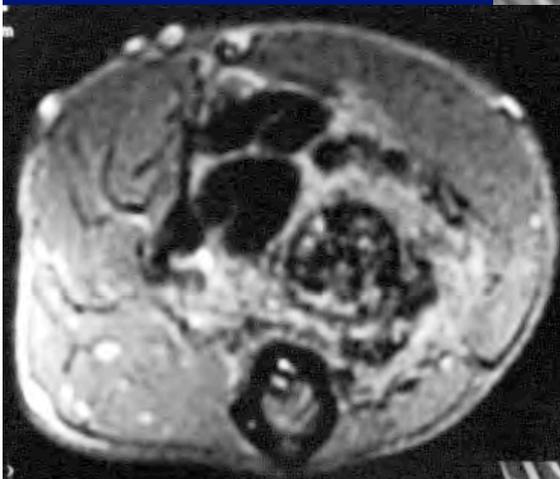
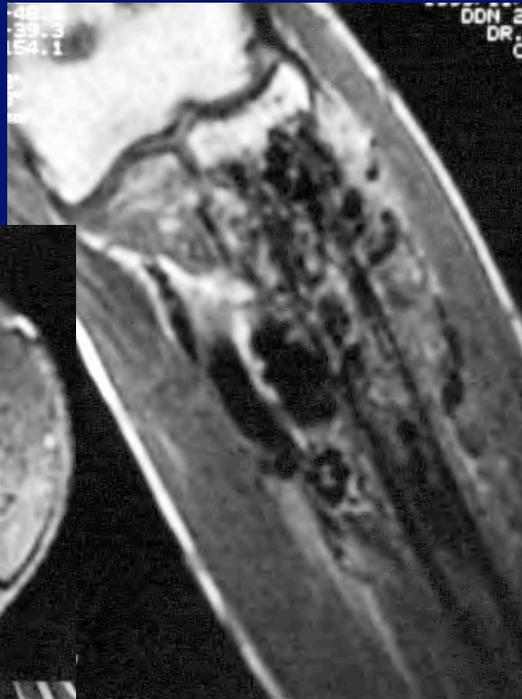


- **IRM**

- **PATHOLOGIES**

- **TUMORALES (OS & PM)**

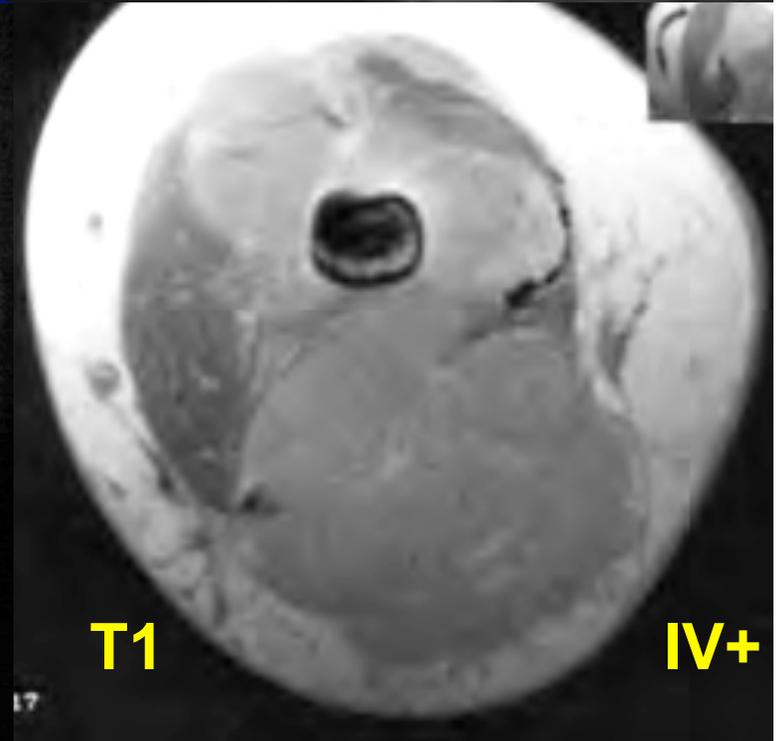
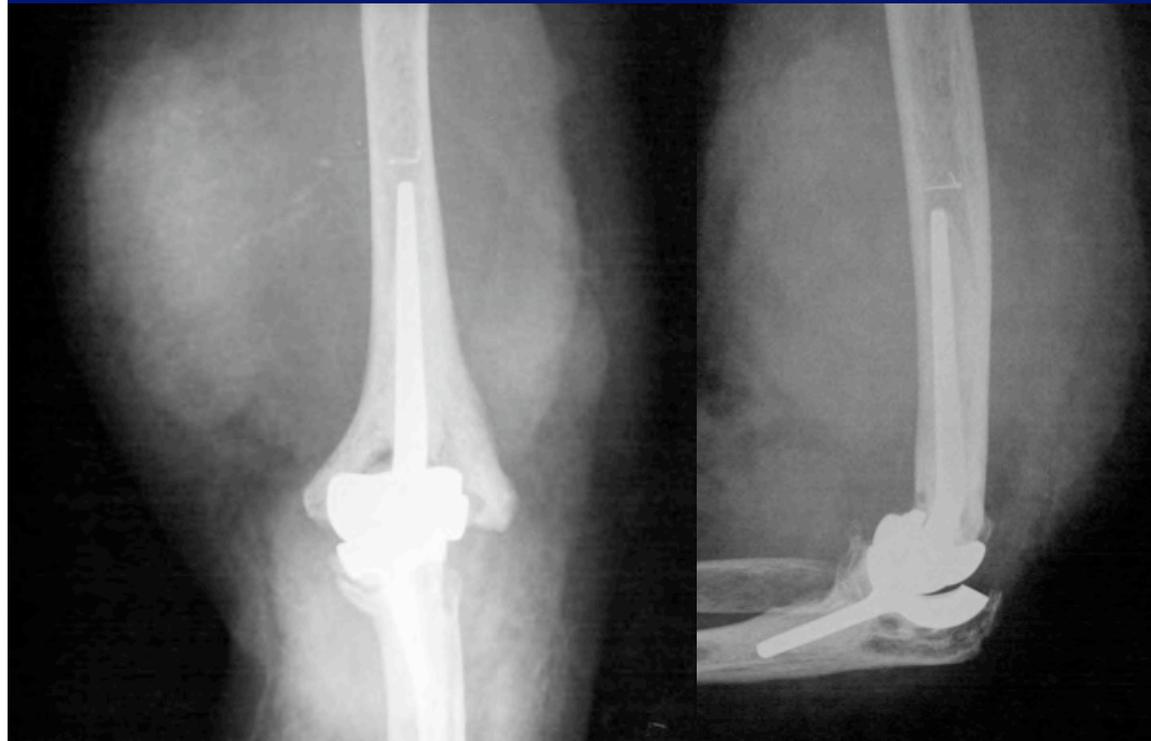
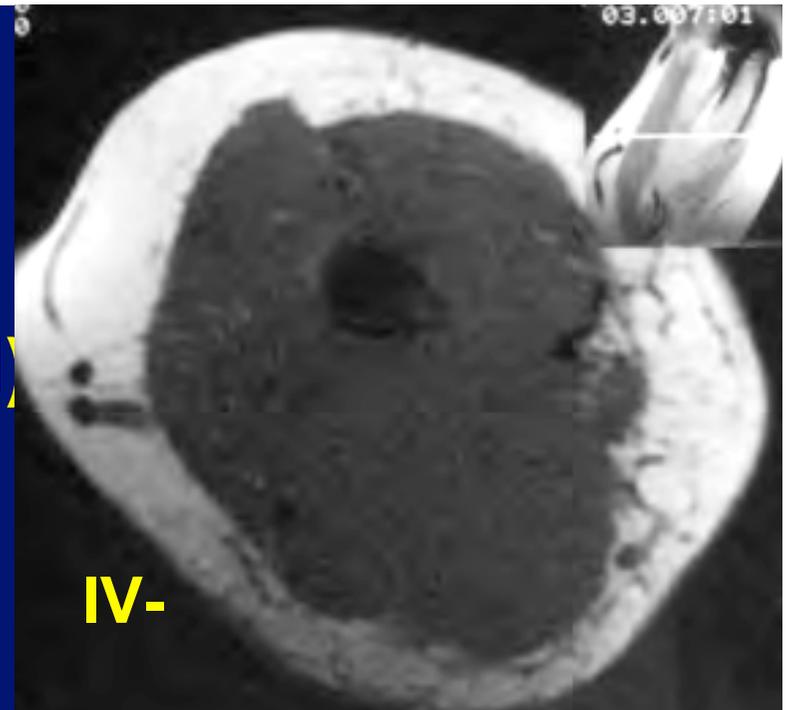
- **NATURE ?**



- **IRM**

- **PATHOLOGIES**

- **TUMORALES (OS & PM)**
      - **NATURE ?**



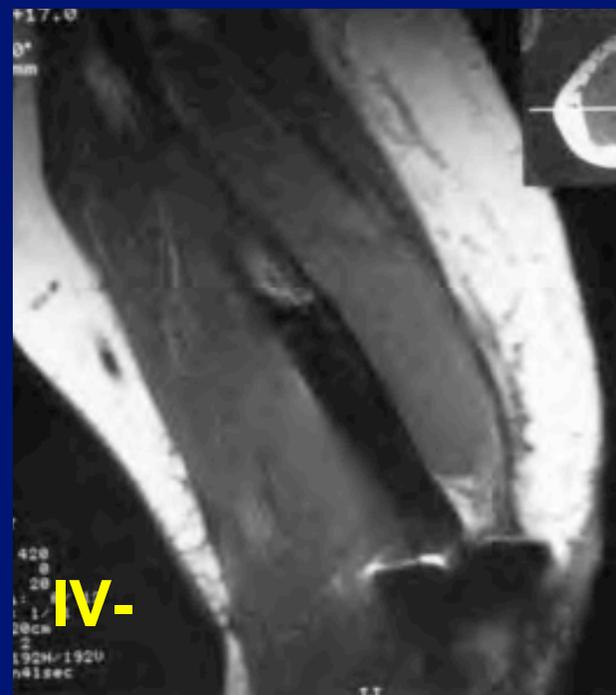
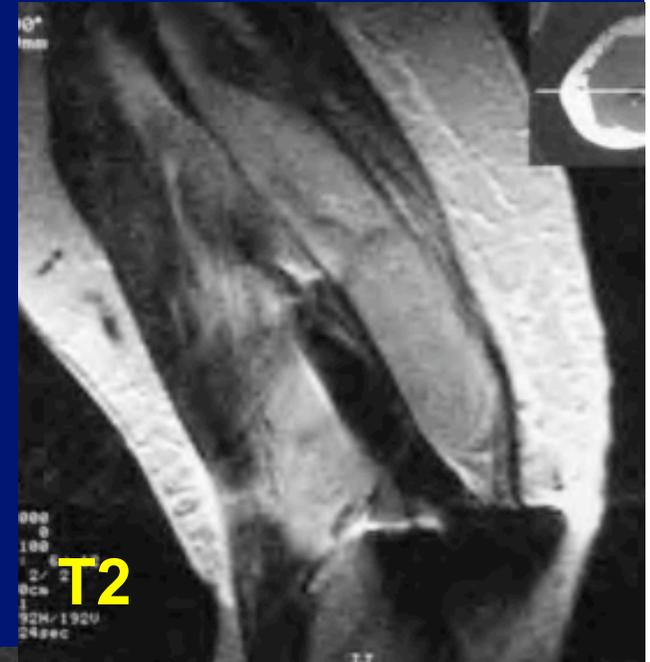
- **IRM**

- **PATHOLOGIES**

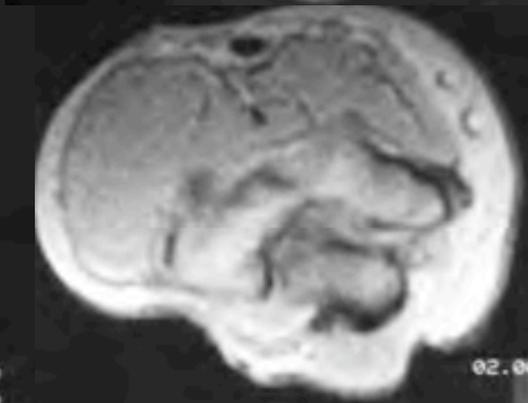
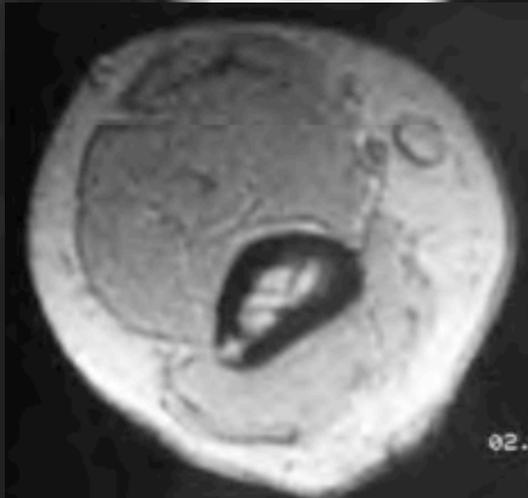
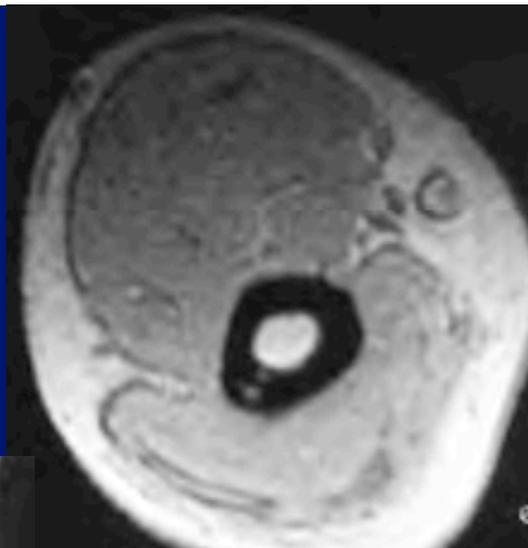
- **TUMORALES (OS & PM)**

- **NATURE ?**

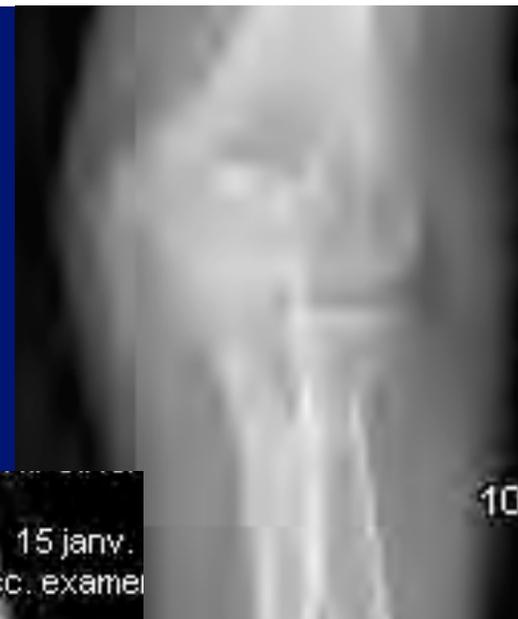
- **EXTENSION & RAPPORTS**



- **IRM**
  - **PATHOLOGIES**
    - **TENDINEUSES**



- **IRM**
  - **PATHOLOGIES**
    - **TENDINEUSES**



10

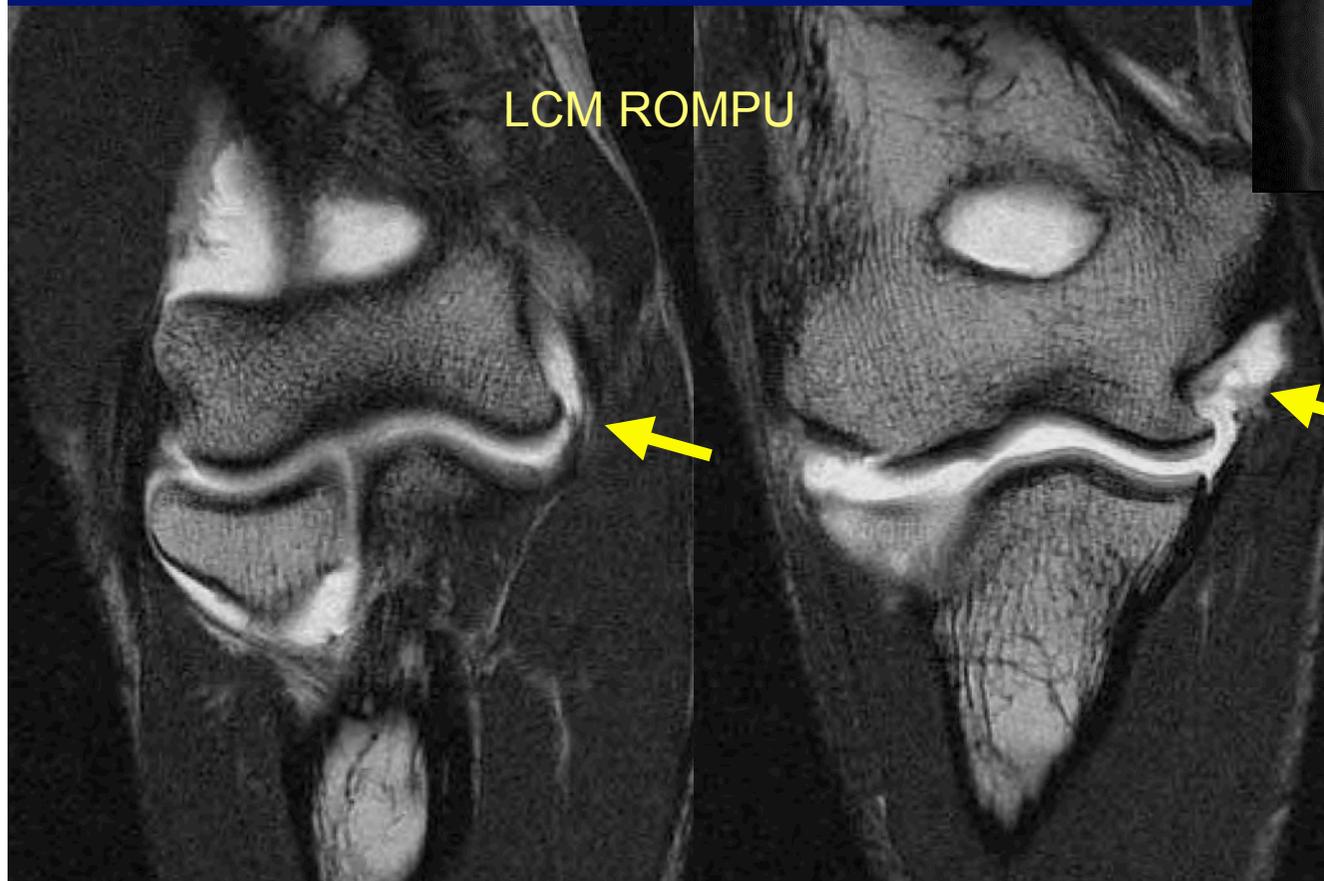
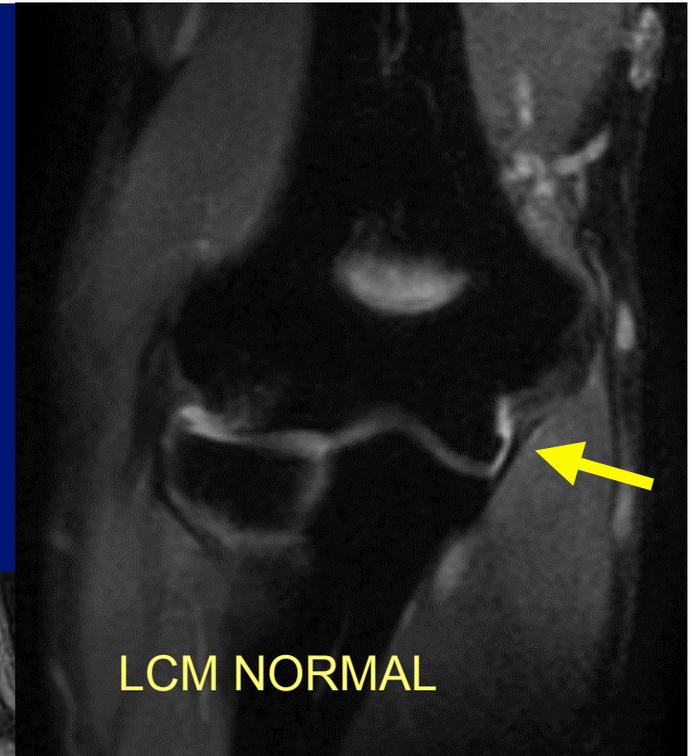


**T1 IV-**



**T1 IV+**

- IRM
  - PATHOLOGIES
    - LIGAMENTAIRES ?



- **IRM**

- **PATHOLOGIES**

- **LIGAMENTAIRES ?**



LCL FAISCEAU RADIAL NL



- **IRM**

- **RAPPELS ÉLÉMENTAIRES**

- **PATHOLOGIES**

- **SYNOVIALES ?**



# COUDE

- **RADIOGRAPHIES**
- **RADIOLOGIE INTERVENTIONNELLE**
- **SCANNER**
- **IRM**
- **ÉCHOGRAPHIE**

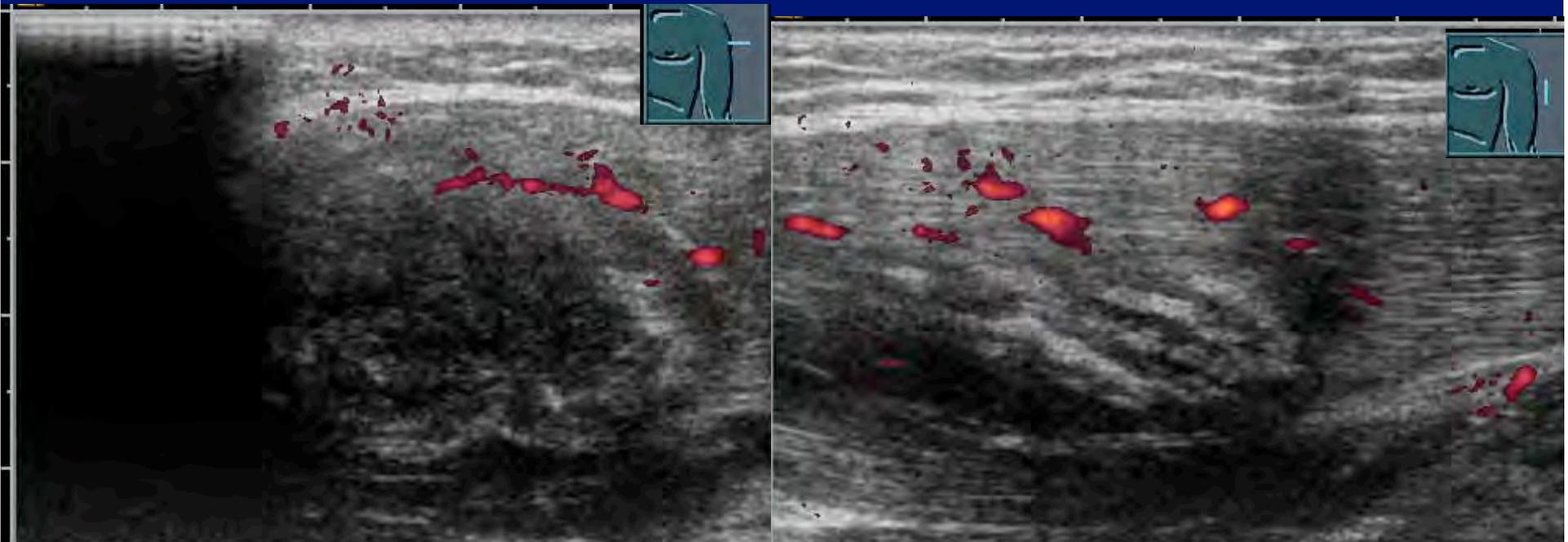
- ÉCHOGRAPHIE
  - ÉPANCHEMENTS, BURSITES



- **ÉCHOGRAPHIE**
  - **TENDONS ET MUSCLES**



- **ÉCHOGRAPHIE**  
– **VASCULARISATION**



- **ÉCHOGRAPHIE**
  - **ÉPANCHEMENTS, BURSITES**
  - **TENDONS ET MUSCLES**
  - **LIGAMENTS ?**

# CONCLUSIONS

- ON NE TROUVE QUE CE QUE L'ON CHERCHE, ON NE CHERCHE QUE CE QUE L'ON CONNAIT
- **RADIOGRAPHIES : TOUJOURS**
- **SI DOULEURS / LIMITATION SANS ORIENTATION CLINIQUE ET RX NLES : IRM**
- **SI DC TJRS INCERTAIN : TDM +/- ARTHRO**