

Apport de l'IRM et de la tomodensitométrie dans l'analyse prénatale des malformations de la face

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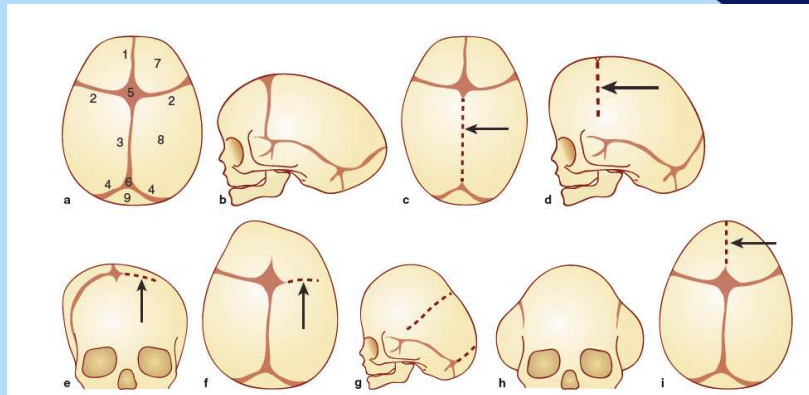
Complémentarité échographie-IRM-TDM

- Voûte du crâne
- Massif facial
 - > oreilles
 - > yeux, orbites
 - > os propres du nez, épine nasale, fosses nasales
 - > maxillaire supérieur, palais osseux
 - > langue
 - > mandibule, articulation temporo-mandibulaire

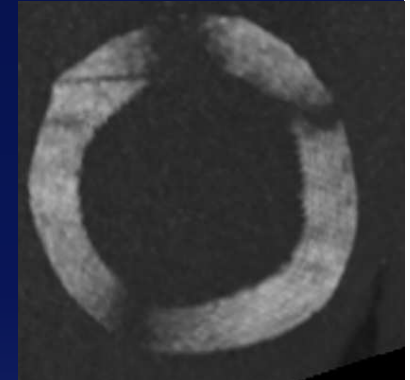
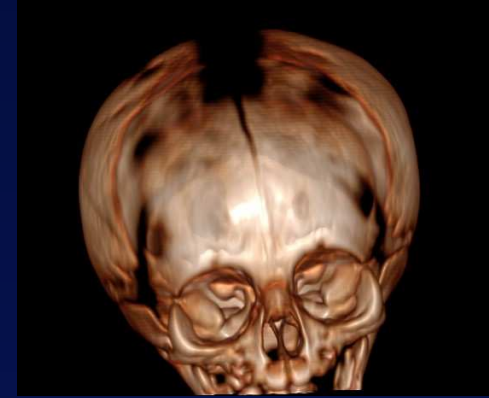
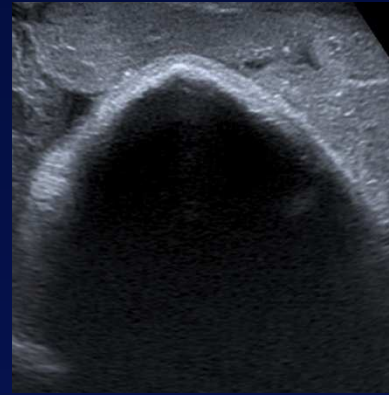
- Fentes
- Dysostoses mandibulo-faciales
- Anomalies des oreilles
- Anomalies des yeux
- Craniosténoses
- Phénotype de Binder
- Syndrome de Pierre-Robin
- Tumeurs de la face

Voûte du crâne

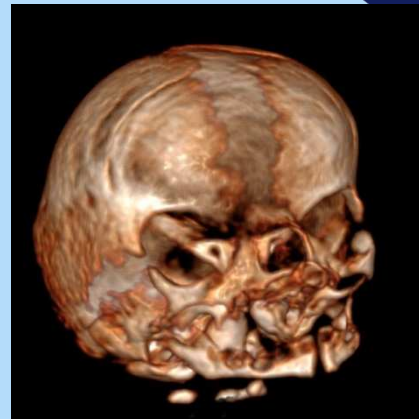
- TDM+++
- IRM
- Principale application : les craniosténoses

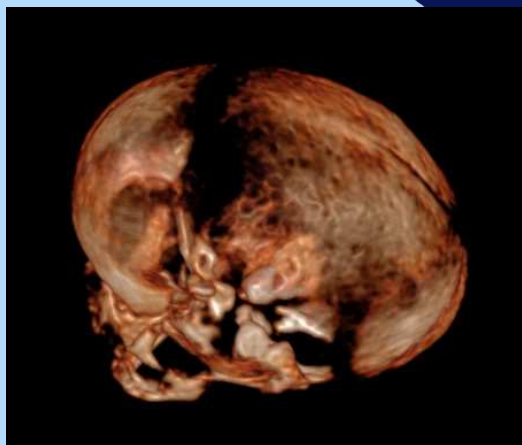
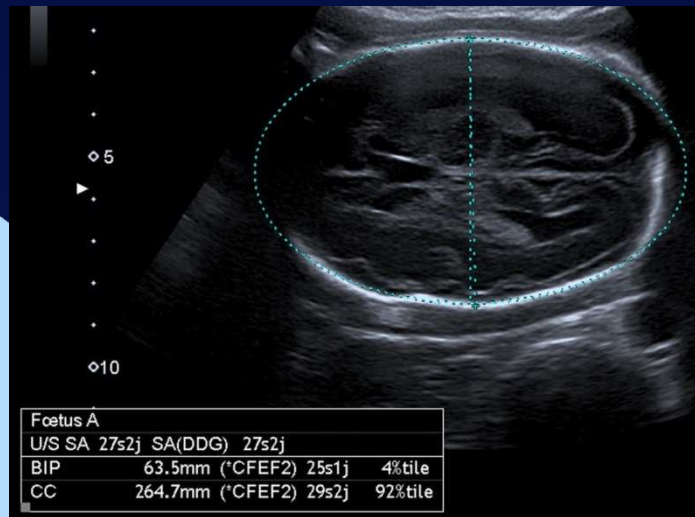


craniosténose
métopique



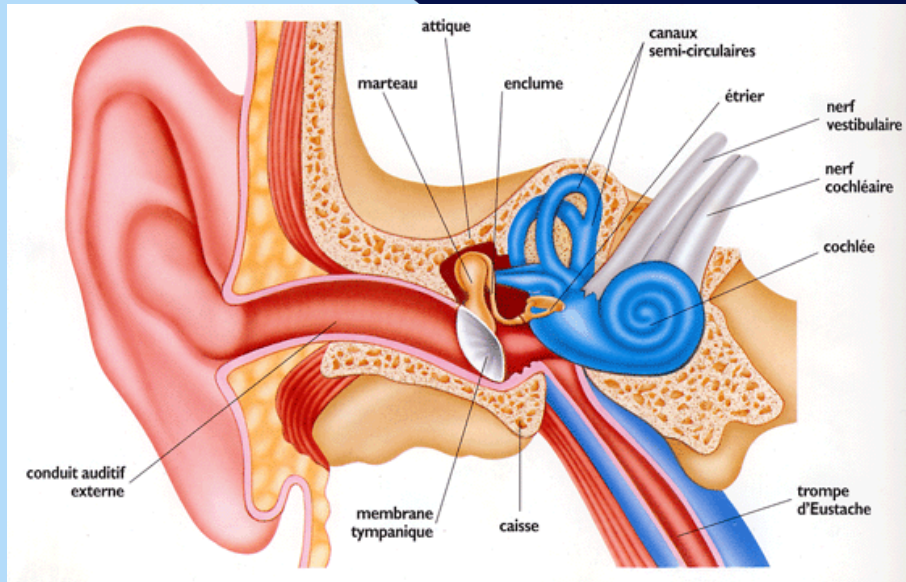
craniosténose
coronale
droite



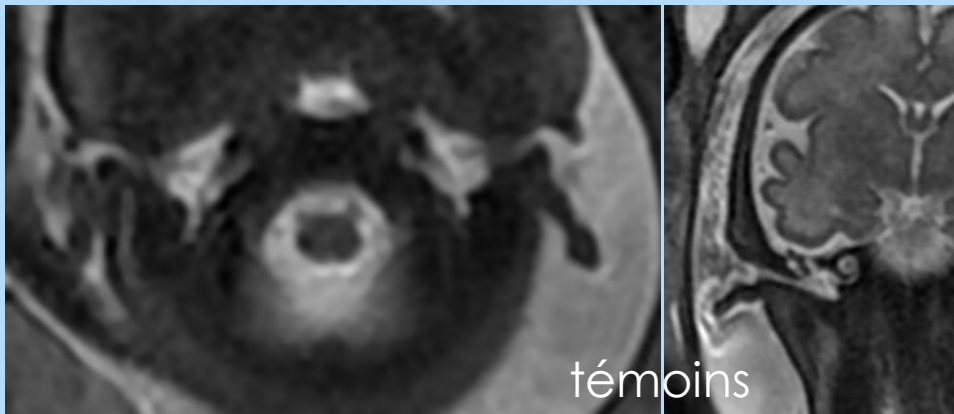


Craniosténose sagittale partielle

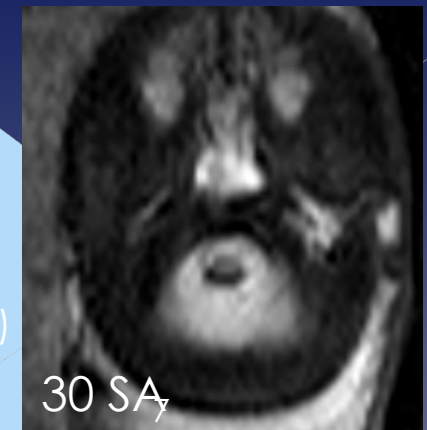
Oreilles



Oreille externe = échographie
CAE, oreille moyenne et interne =
TDM et/ou IRM
Complémentarité



Application :
aplasie majeure de
l'oreille droite
Point d'appel :
anomalie du pavillon
de l'oreille (échographie)

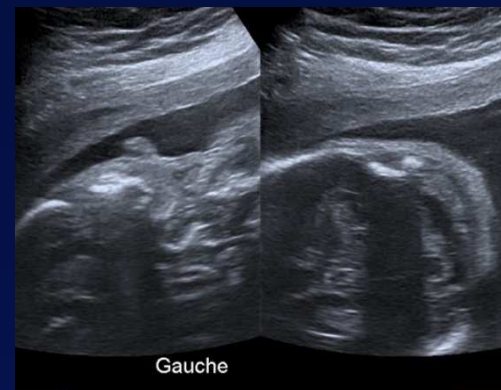


Oreille externe

24 SA +4

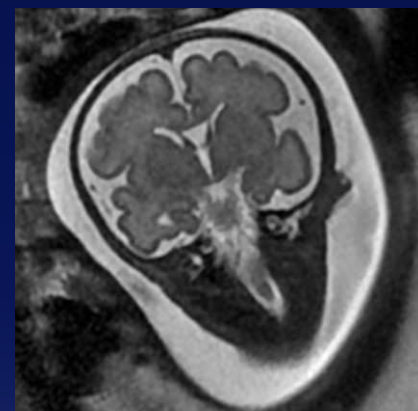
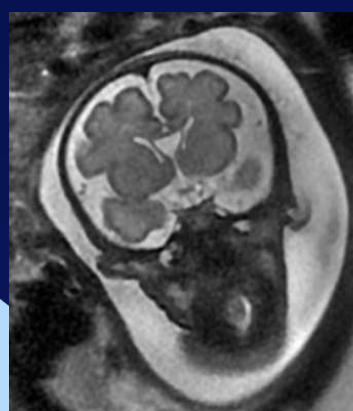
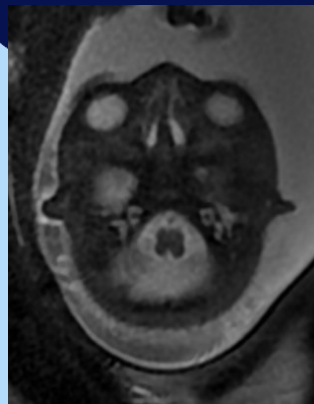


Droit I



Gauche

31 SA + 4



J0

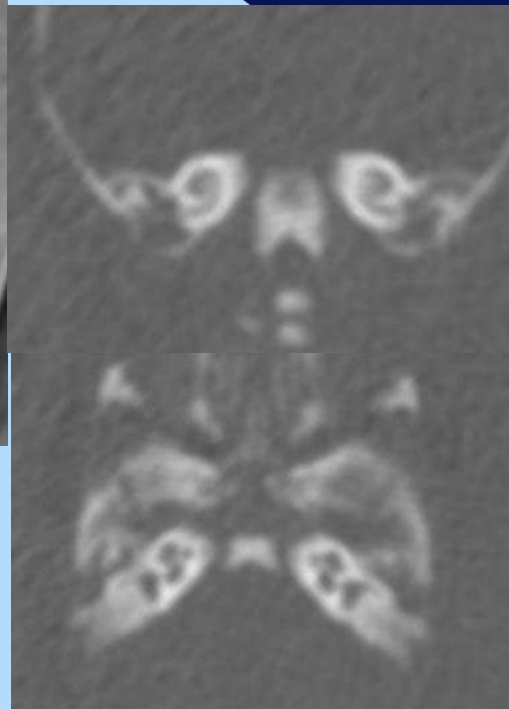
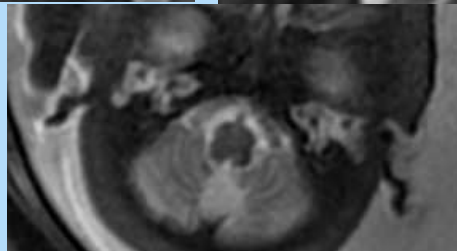
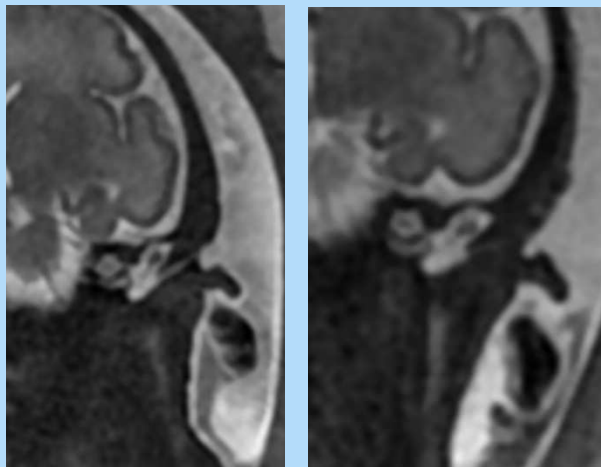
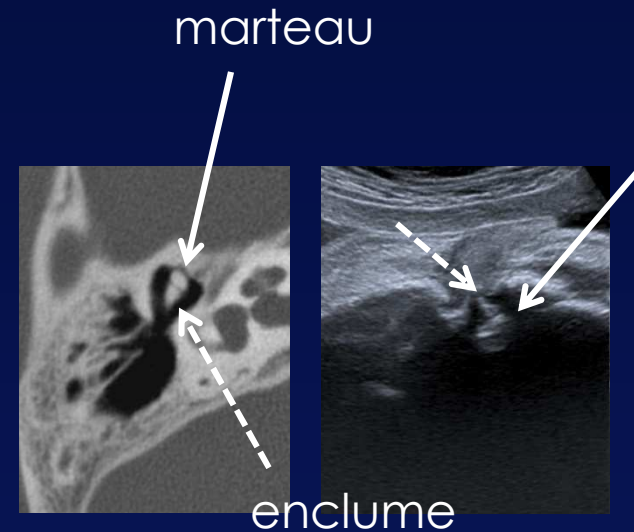
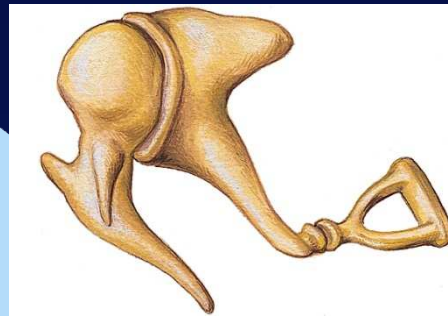
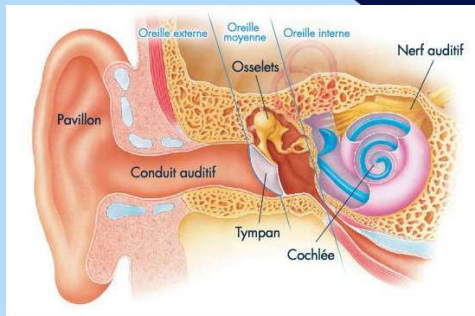


droite



gauche

Oreille moyenne

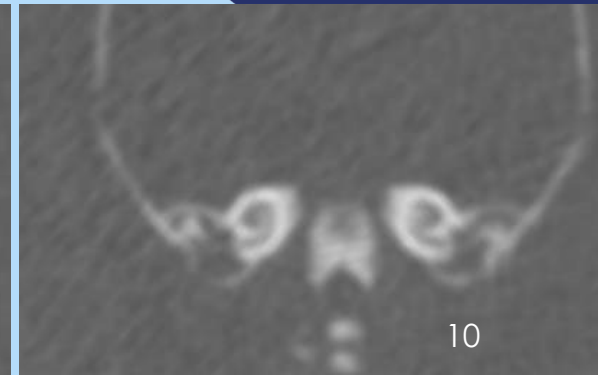
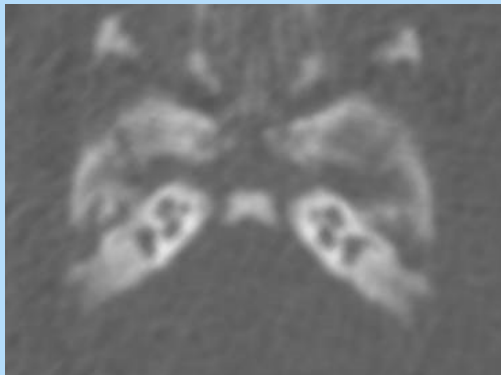
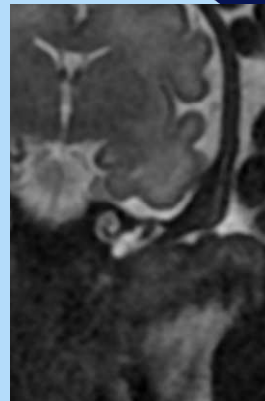
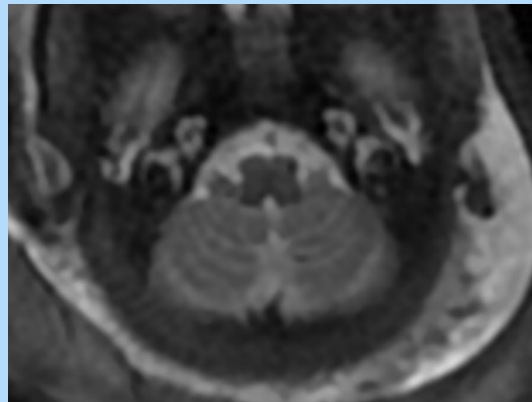
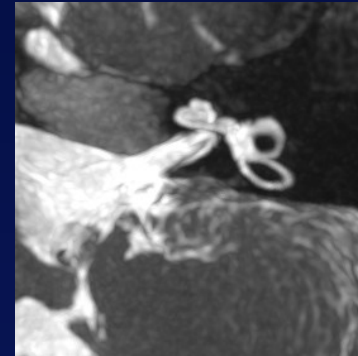
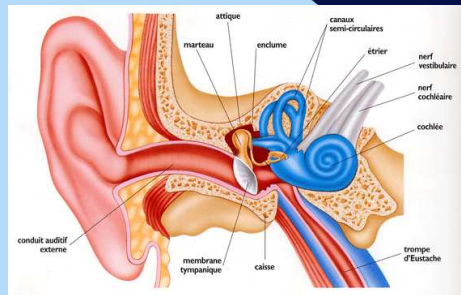


Application :
aplasie majeure de
l'oreille
Point d'appel :
anomalie du pavillon
de l'oreille (échographie)

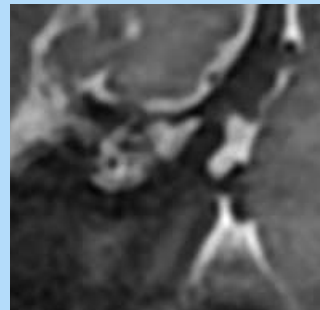
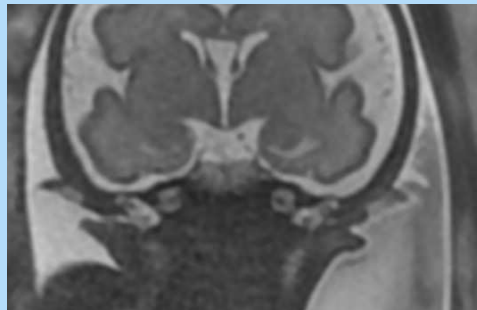
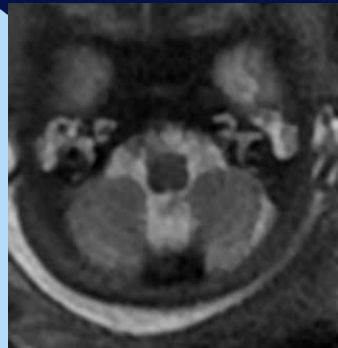
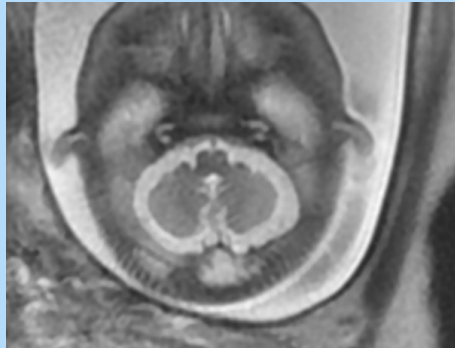
Etrier non vu (trop petit)
Marteau et enclume mal différenciés



Oreille interne

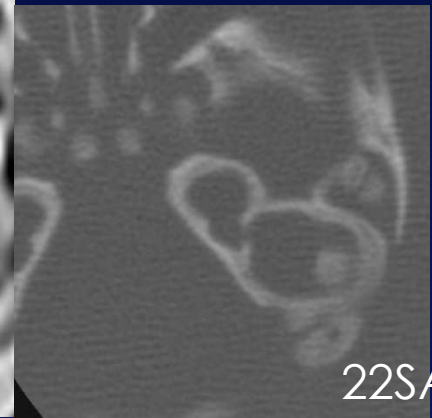
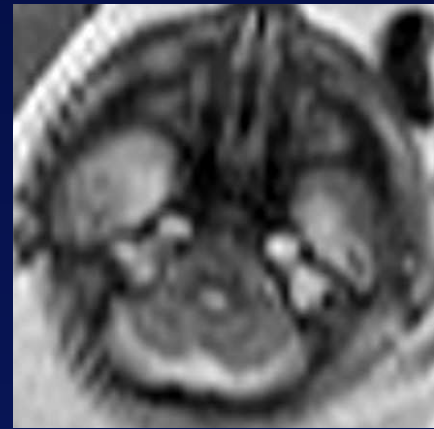


Pathologie de l'oreille interne

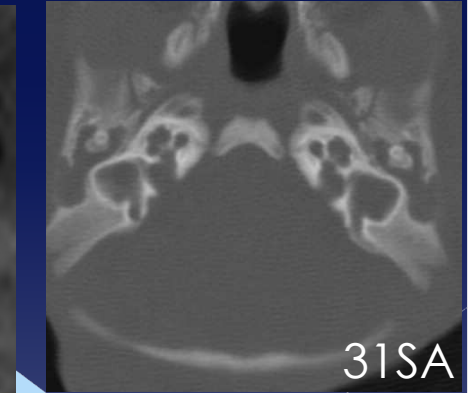
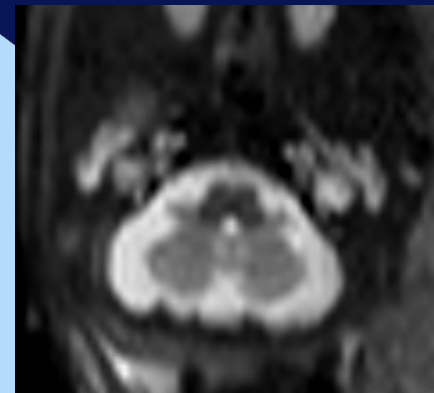


CHARGE

témoin



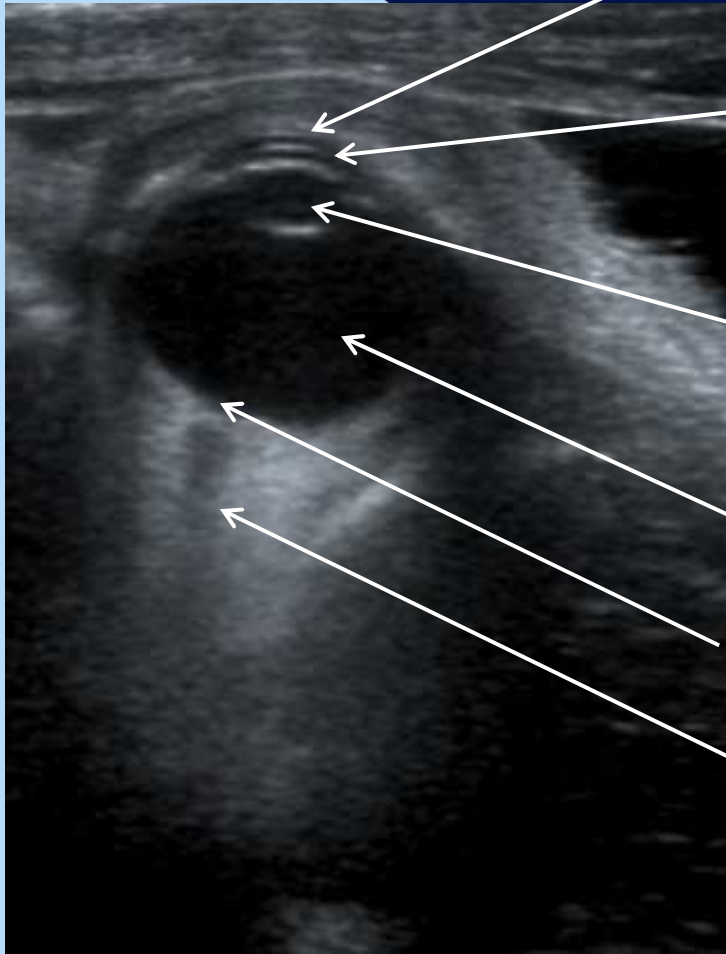
22SA



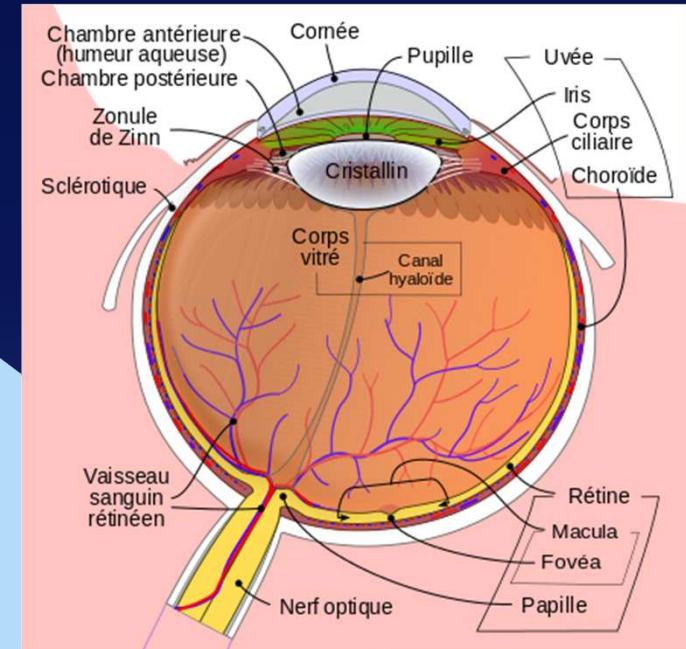
31SA

Défaut de segmentation de la cochlée
Anomalie vestibulaire

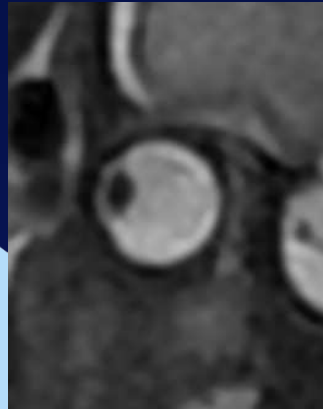
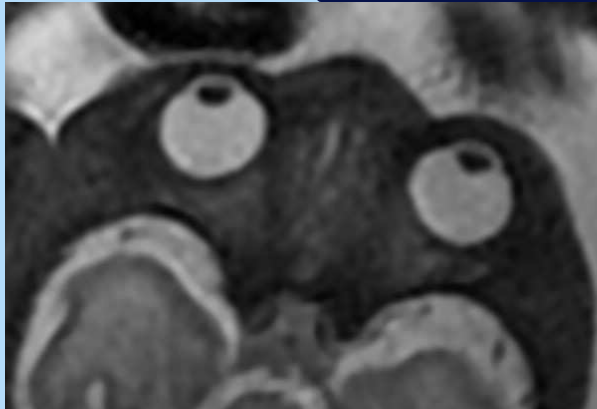
OEIL



cornée
chambre antérieure
cristallin
vitré
papille
nerf optique



Œil et orbite TDM et IRM



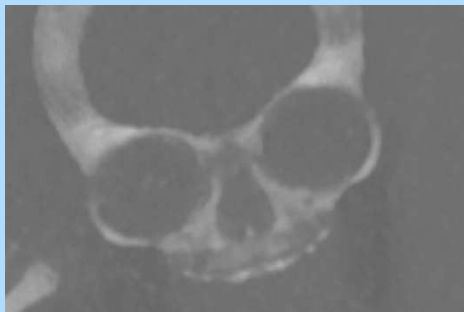
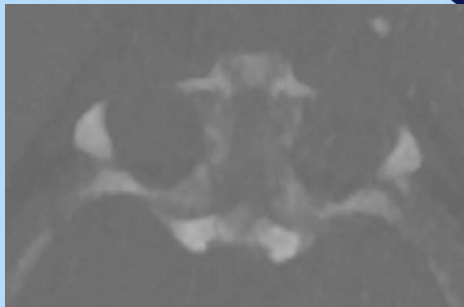
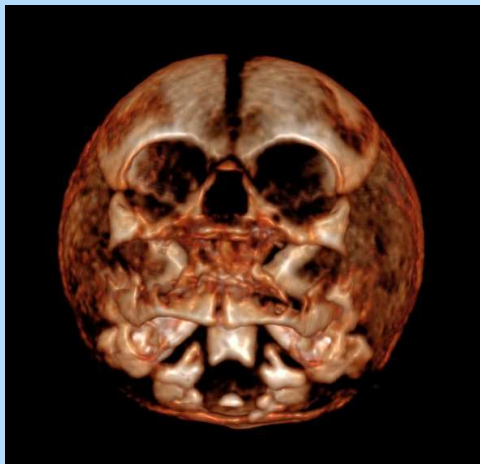
IRM:

Globe oculaire

Cristallin

Chiasma et départ des NO

Pas de visibilité des NO dans leur portion intra-orbitaire ++



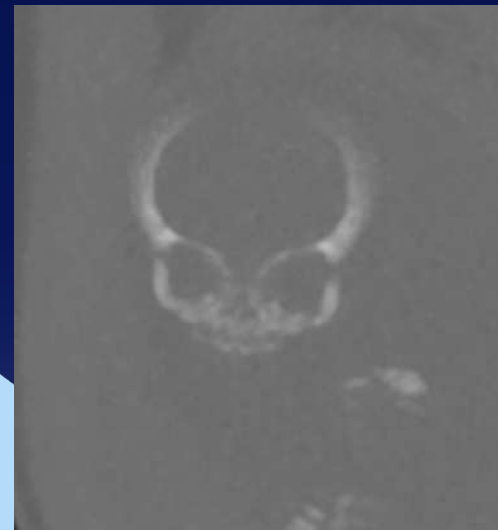
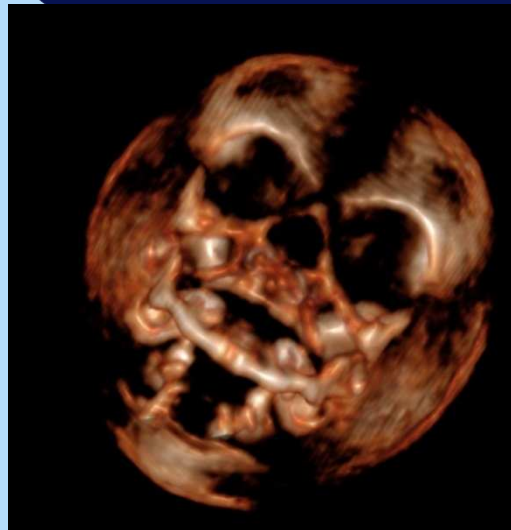
Orbite
TDM +++

Pathologie orbitaire et oculaire

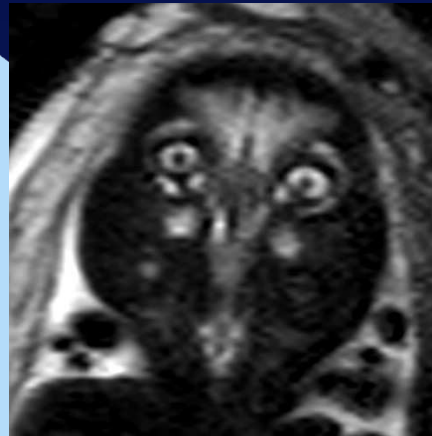
27 SA



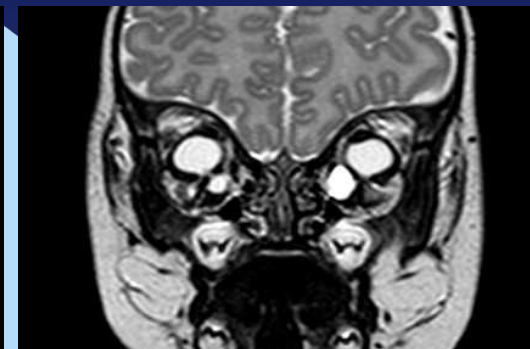
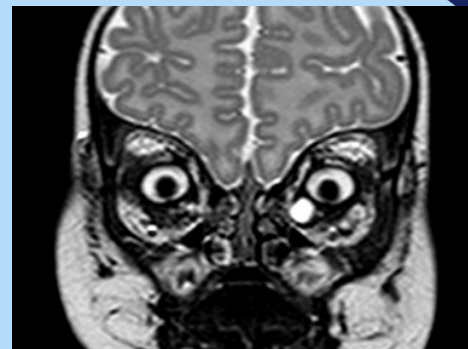
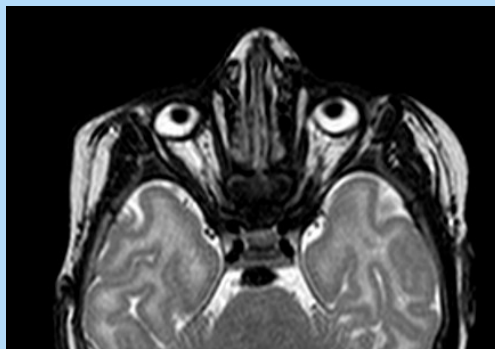
Microphthalmie droite
Buphtalmie gauche



32 SA + 4



2 mois



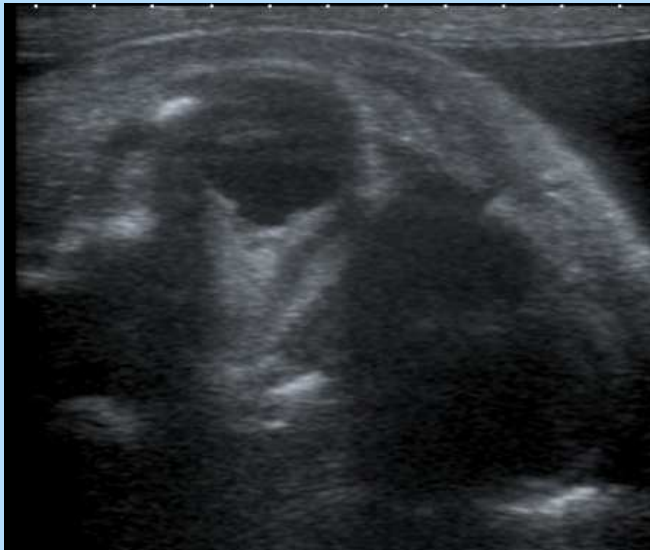
Microphtalmie bilatérale avec kyste colobomateux

30 SA



Colobome dans un syndrome de CHARGE
(hydramnios rendant l'analyse des yeux
difficile en échographie)

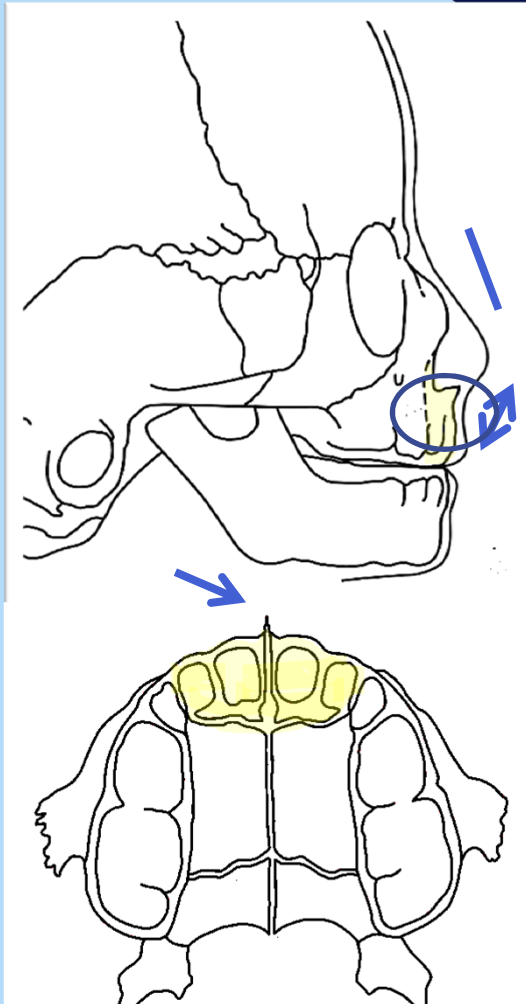
28 SA



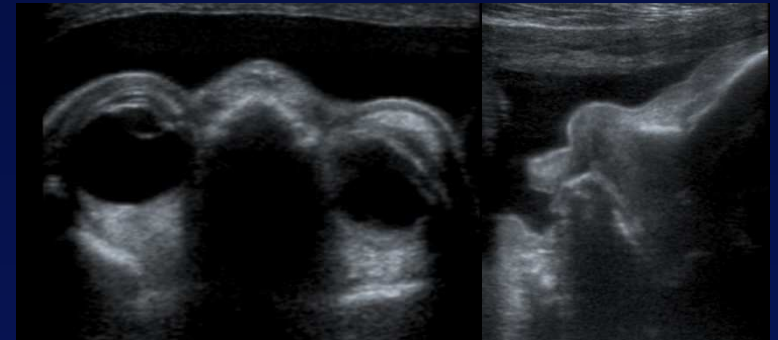
2 mois



Os propres du nez, épine nasale



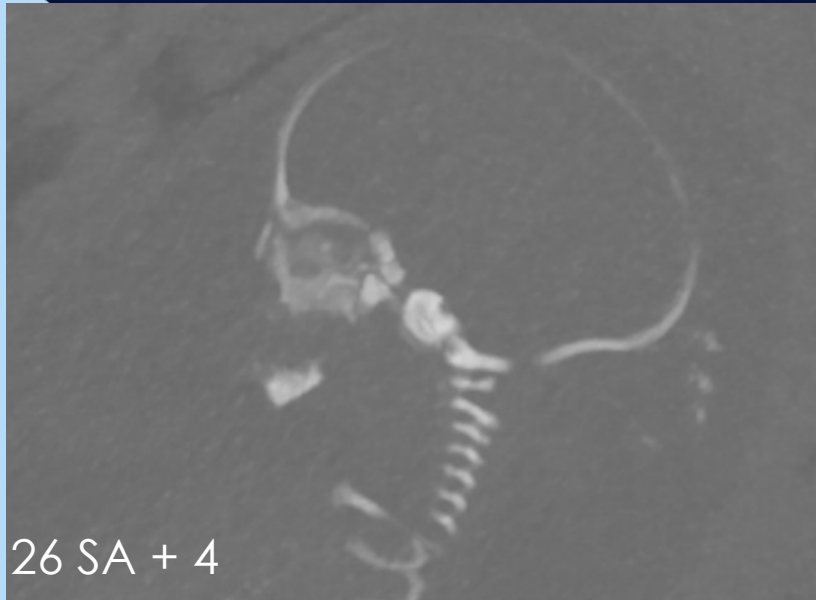
Dr Panuel



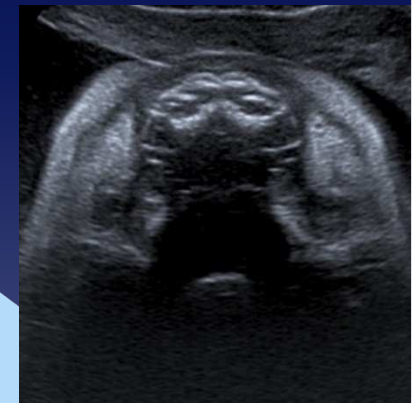
témoin

Aplatissement du profil de la face
avec ouverture de l'angle fronto-nasal
Columelle courte
Agénésie de l'épine nasale
Défaut d'occlusion dentaire

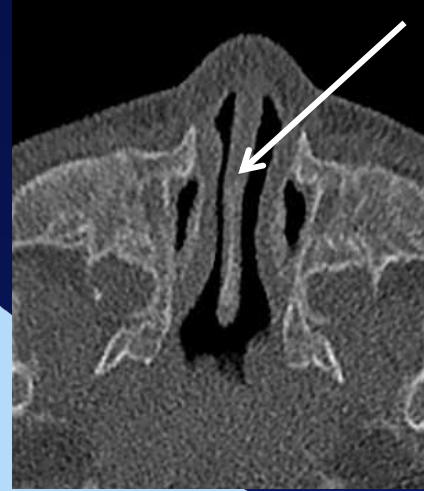
Dysplasie maxillo-nasale, dysostose
maxillo-nasale
Phénotype de Binder



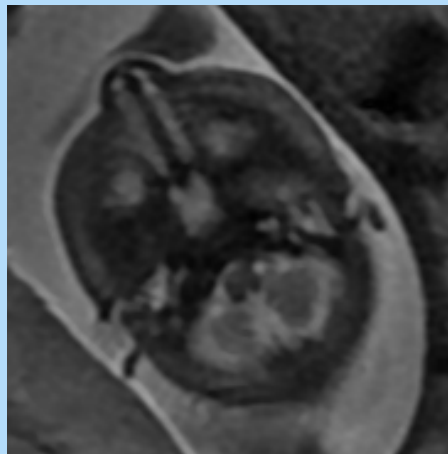
Témoïn 29 SA



Fosses nasales



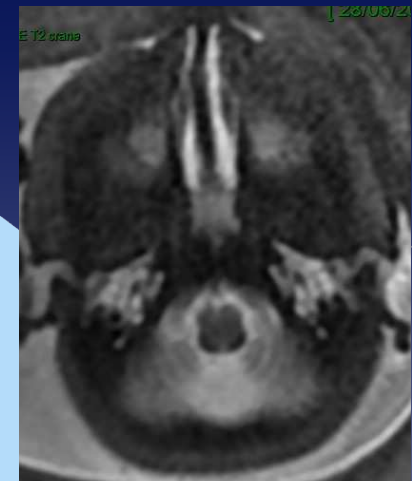
Cloison nasale



Atrésie choanale
bilatérale
(CHARGE)

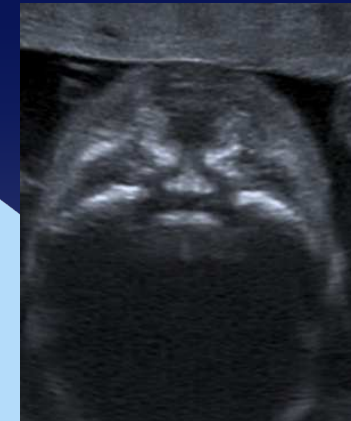
31 SA

Dr Bach-Séguret



témoign,

Maxillaire supérieur palais osseux



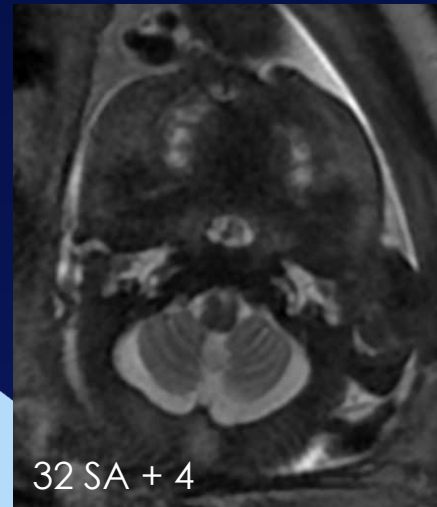
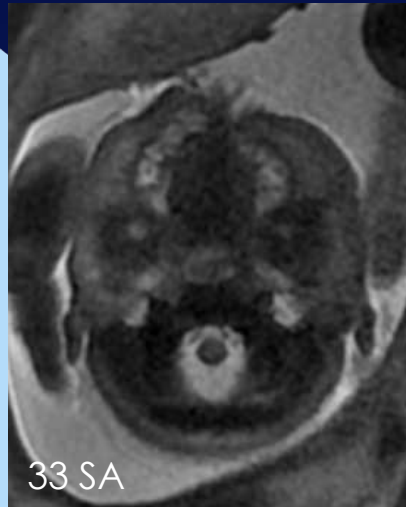
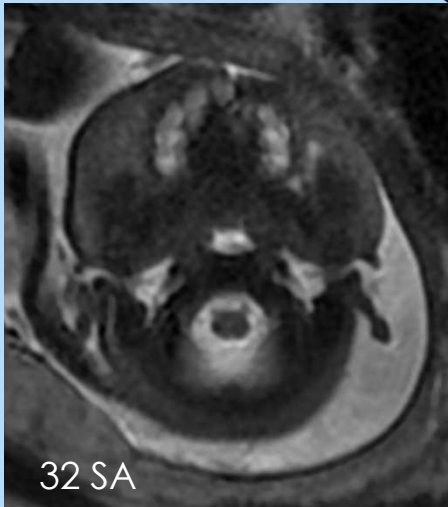
hypoplasie

Fente
unilatérale

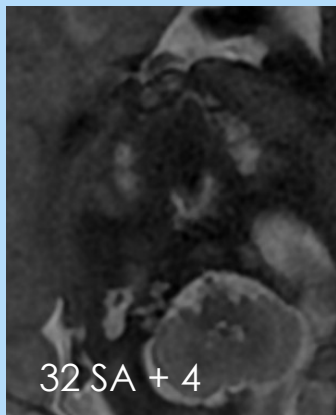
Fente bilatérale

Fente palatine

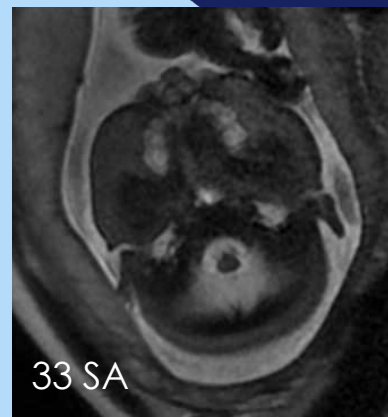
Fente labio-alvéolaire



Fente alvéolaire unilatérale

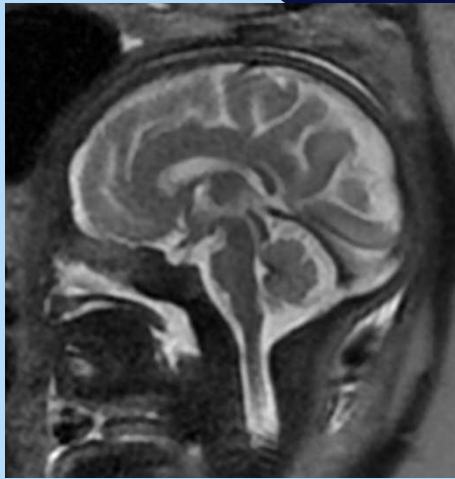


Fente labio-alvéolaire bilatérale

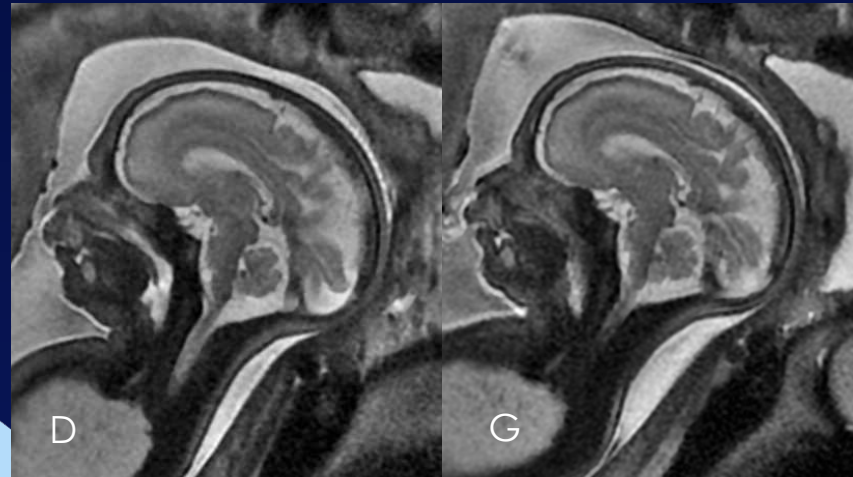


Fente labio-alvéolaire bilatérale 21

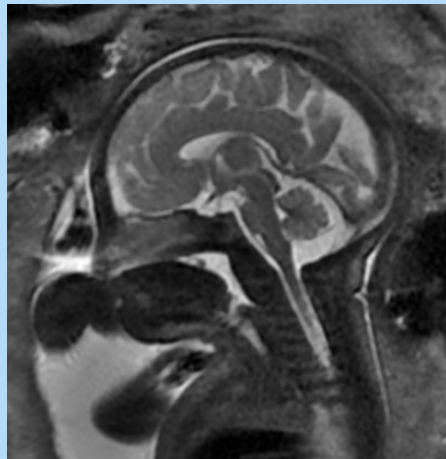
Fente palatine



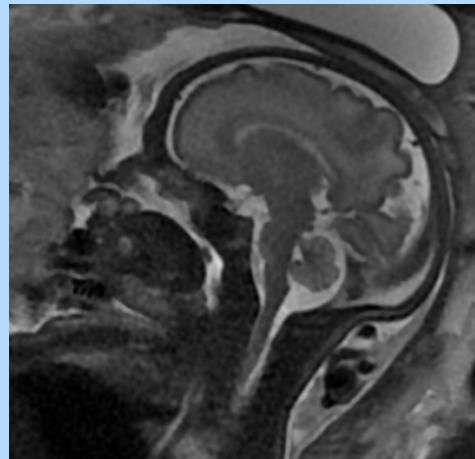
Palais normal



33 SA Fente alvéolo-palatine unilatérale G

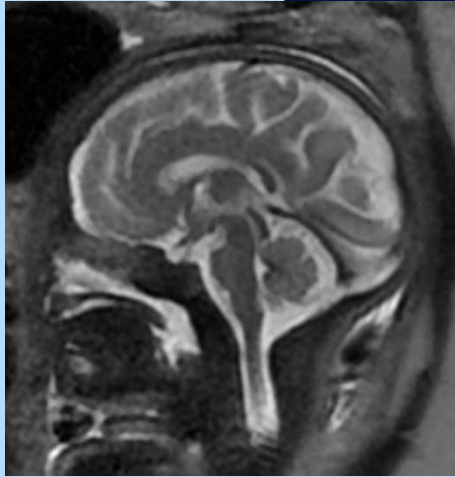


32 SA fente labio-palatine unilatérale G

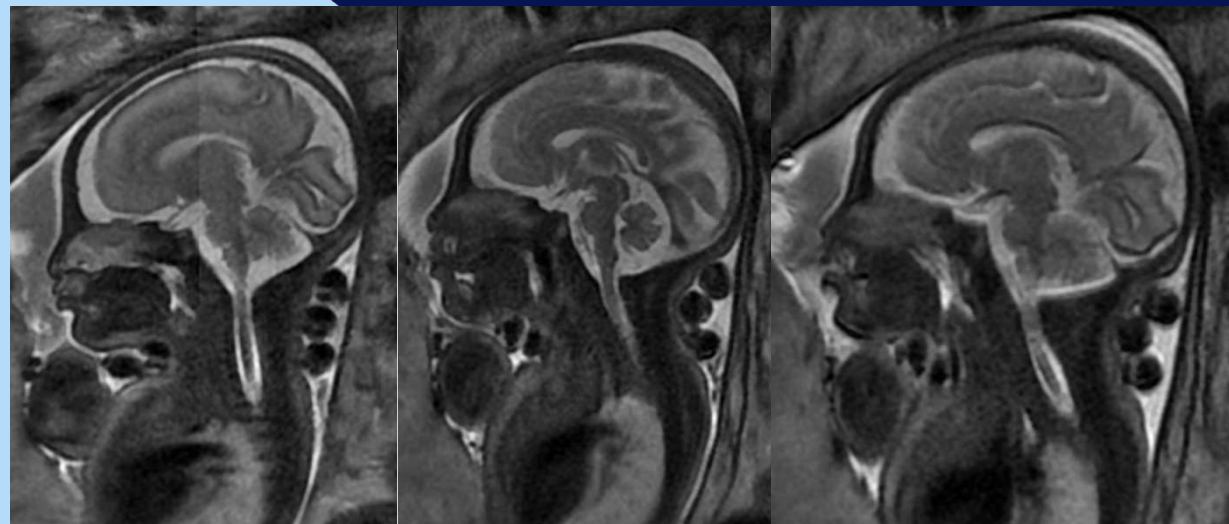


32 SA + 5
fente labio-alvéolaire
+ palatine bilatérale

Fente palatine

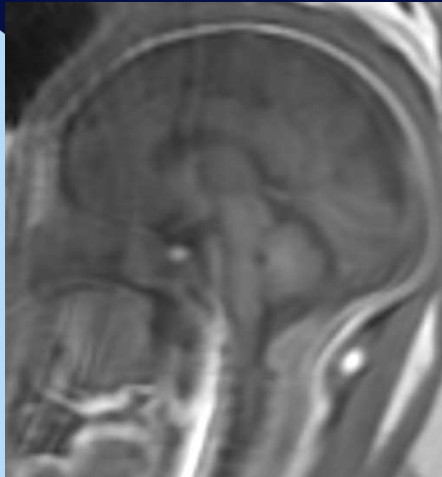


Palais normal

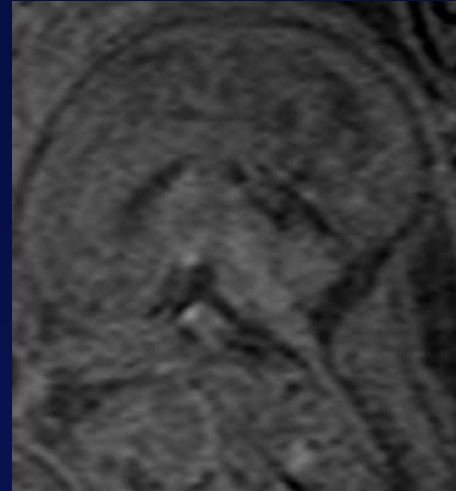


31 SA + 3 fente labio-alvéolaire bilatérale + palatine

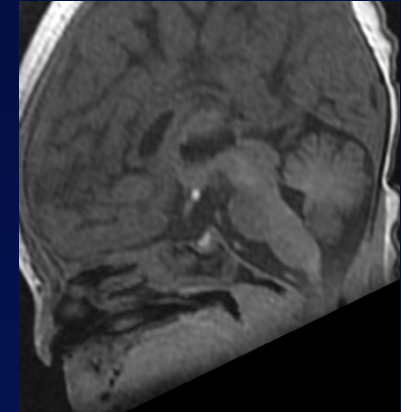
Même foetus
Répétition des séquences +++



Fente labio-alvéolaire
+ hypophyse normale



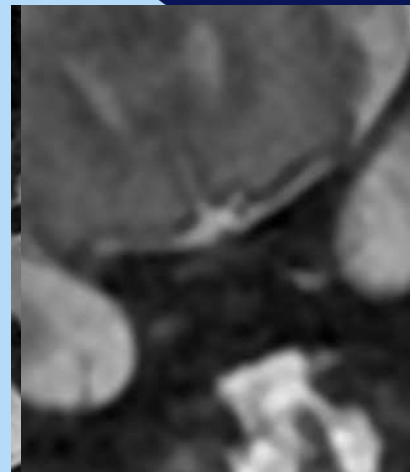
Fente labio-alvéolaire
+ post-hypophyse ectopique



Nouveau-né
(autre patient)



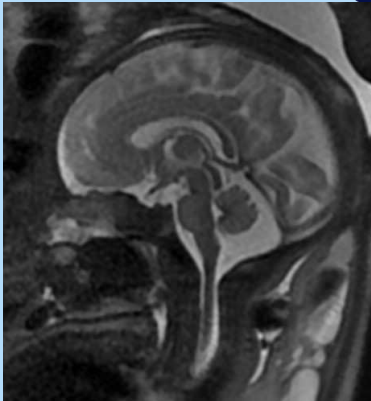
Pas de sillons olfactifs



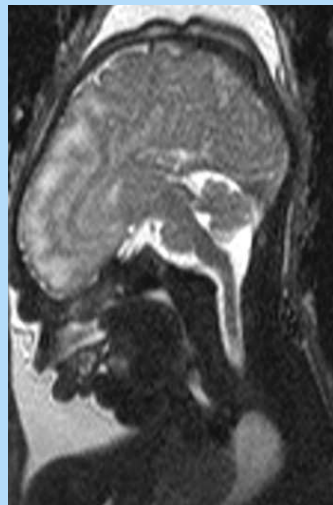
Hypoplasie bulbe + sillon G
Agénésie bulbe + sillon D

32 SA fente labio-alvéolaire gauche

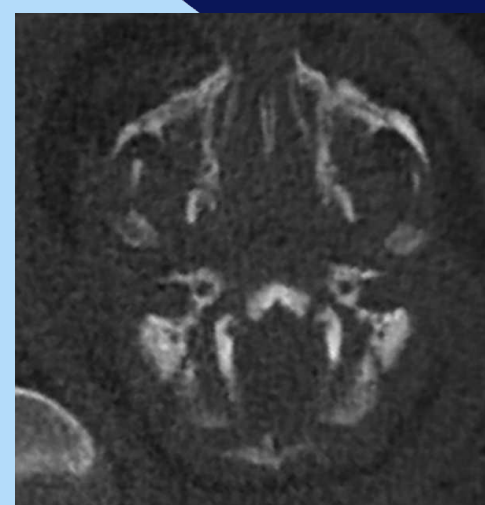
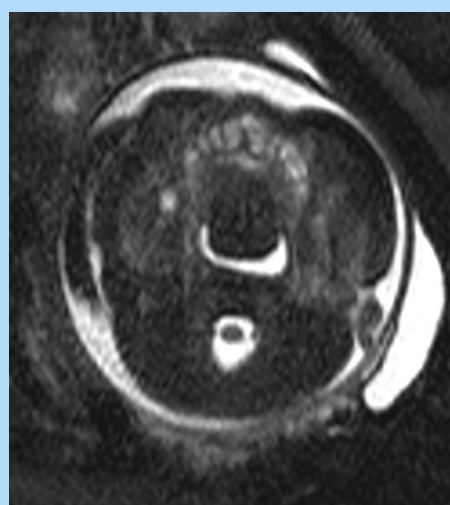
Syndrôme de Pierre-Robin



32 SA + 5



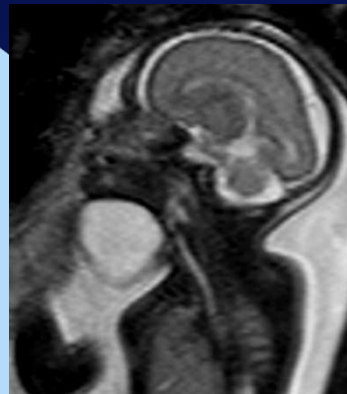
38 SA



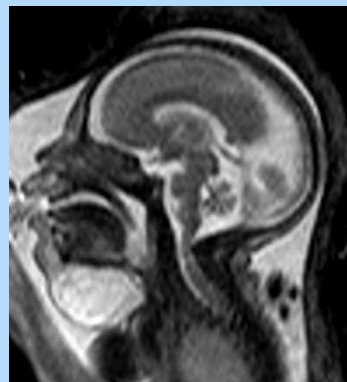
Langue

- position
- structure

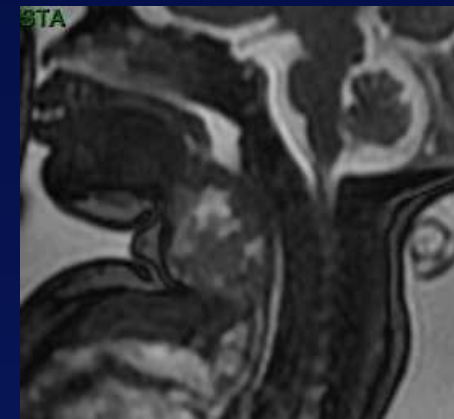
25 SA + 3
malformation
lymphatique
langue normale



26 SA
malformation
lymphatique
extension sus-mylo-
hyoïdienne



33 SA + 5
Tératome
Langue normale



Mandibule

Articulation temporo-mandibulaire

OAV

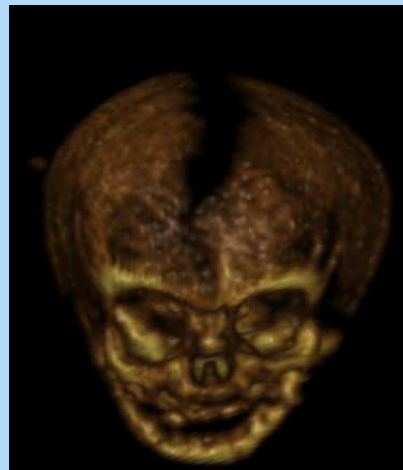
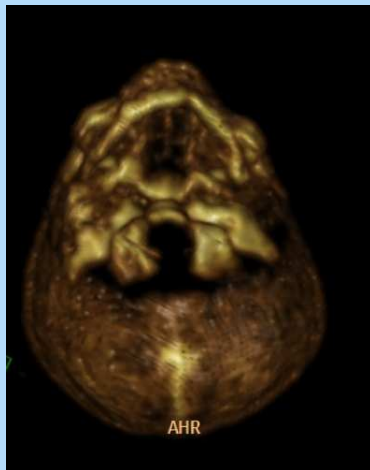
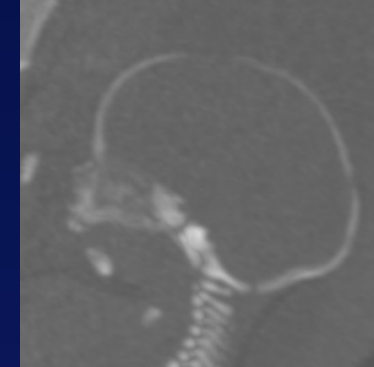
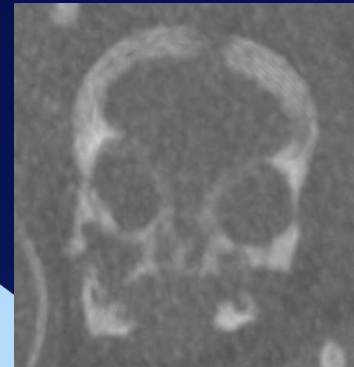
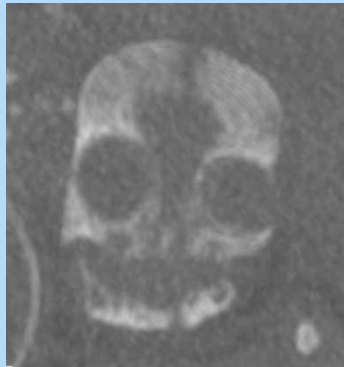


Syndrôme de
Treacher-Collins



Point d'appel des dysostoses facio-mandibulaires (+ hydramnios)

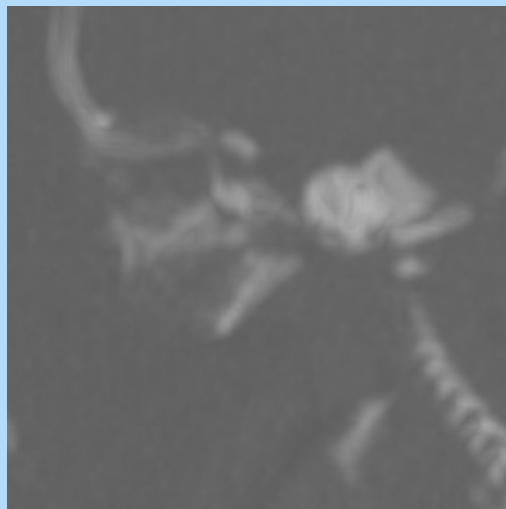
Spectre OAV (Oculo Auriculo Vertébral) asymétrie mandibulaire



AHR

Spectre OAV

Articulation temporo-mandibulaire

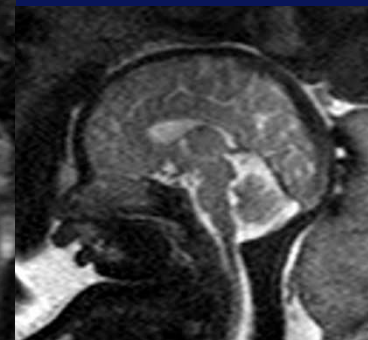
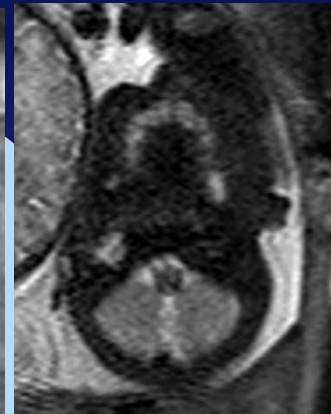
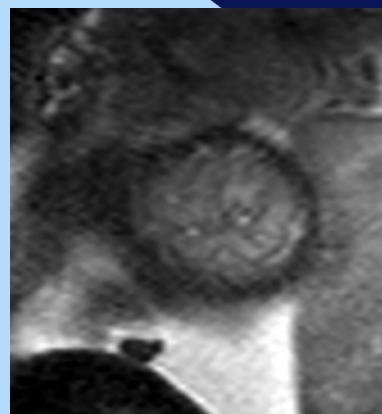
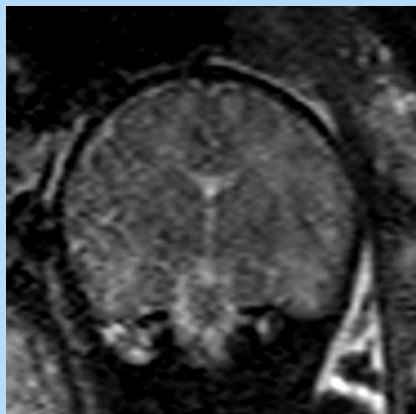
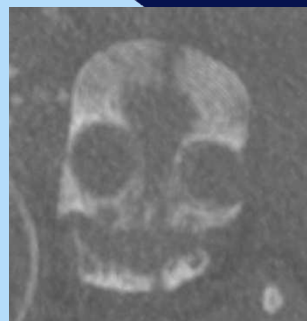


28 SA + 5



Post IMG 32 SA

- Première grossesse, grossesse gémellaire bichoriale biamniotique obtenue par FIV
- 25 SA : rétrognathisme chez J2
- Avis demandé à 36 SA + 2



Oreille droite

Oreille gauche

J6

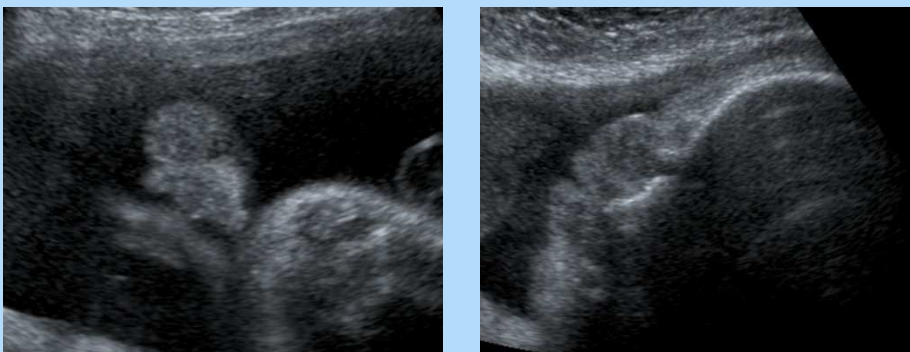
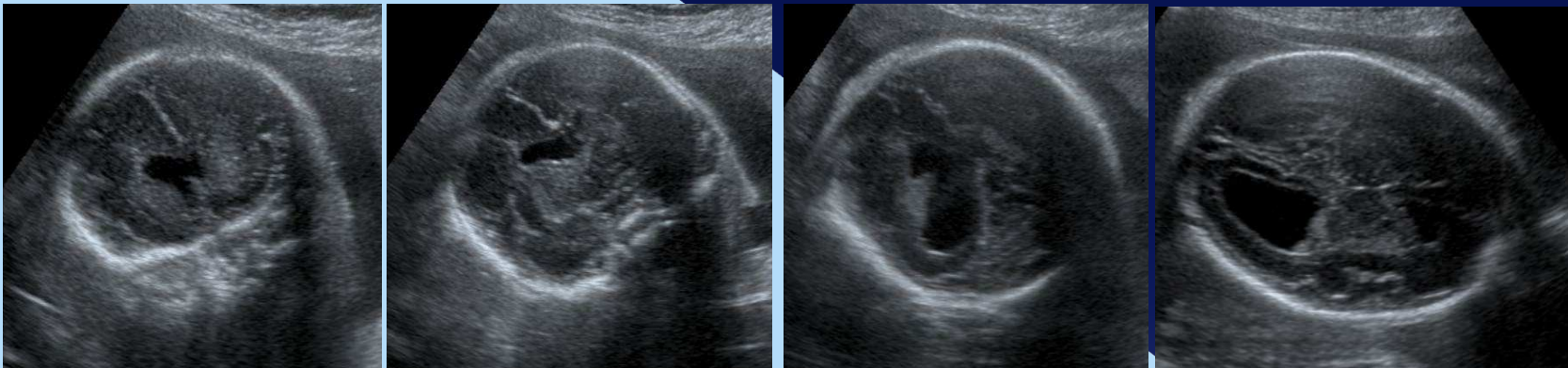


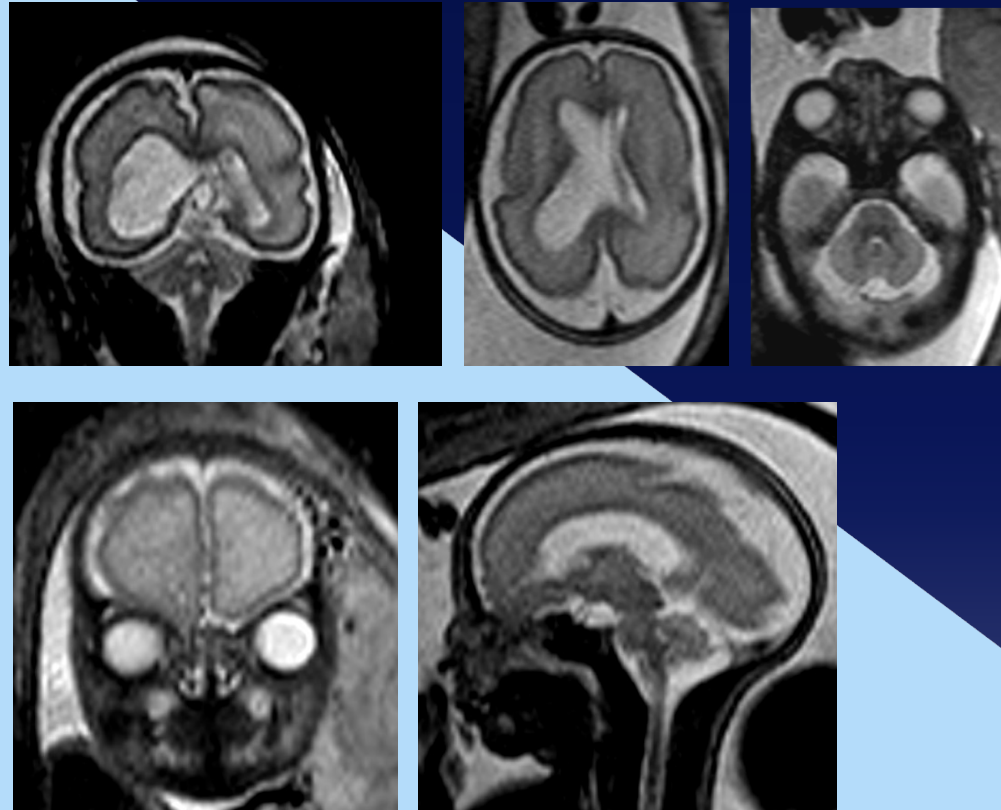
4 ans



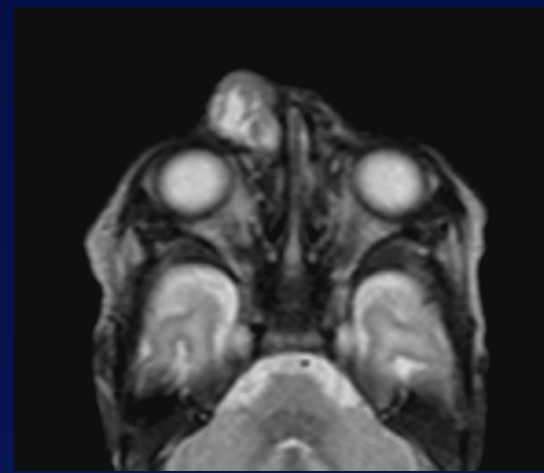
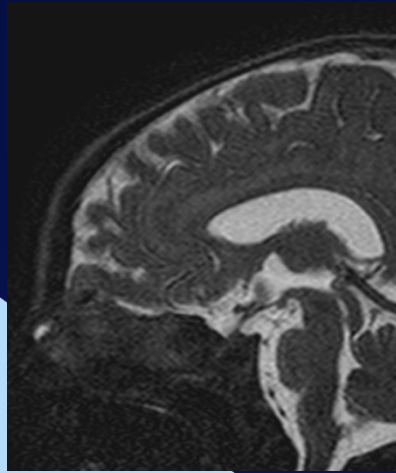
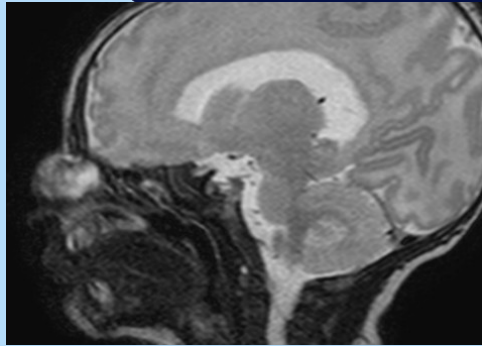
Spectre OAV

- pas de consanguinité
- écho à 22 SA : VM unilatérale à 22 mm
- CC mal vu
- 27 SA : VM stable (+ rupture septale)
- pas de caryotype
- sérologies négatives
- adressée à 28 SA





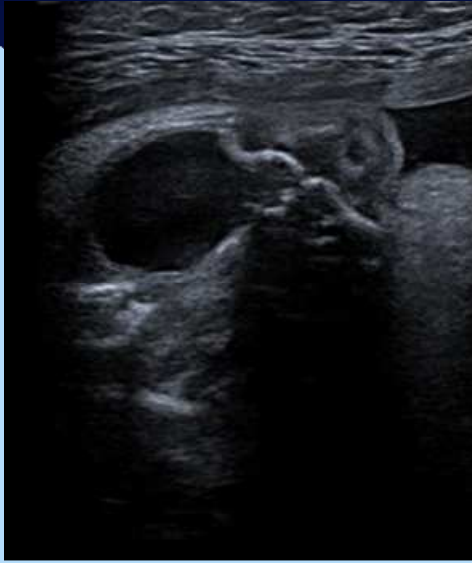
VLD = 20 mm, VLG = 6 mm

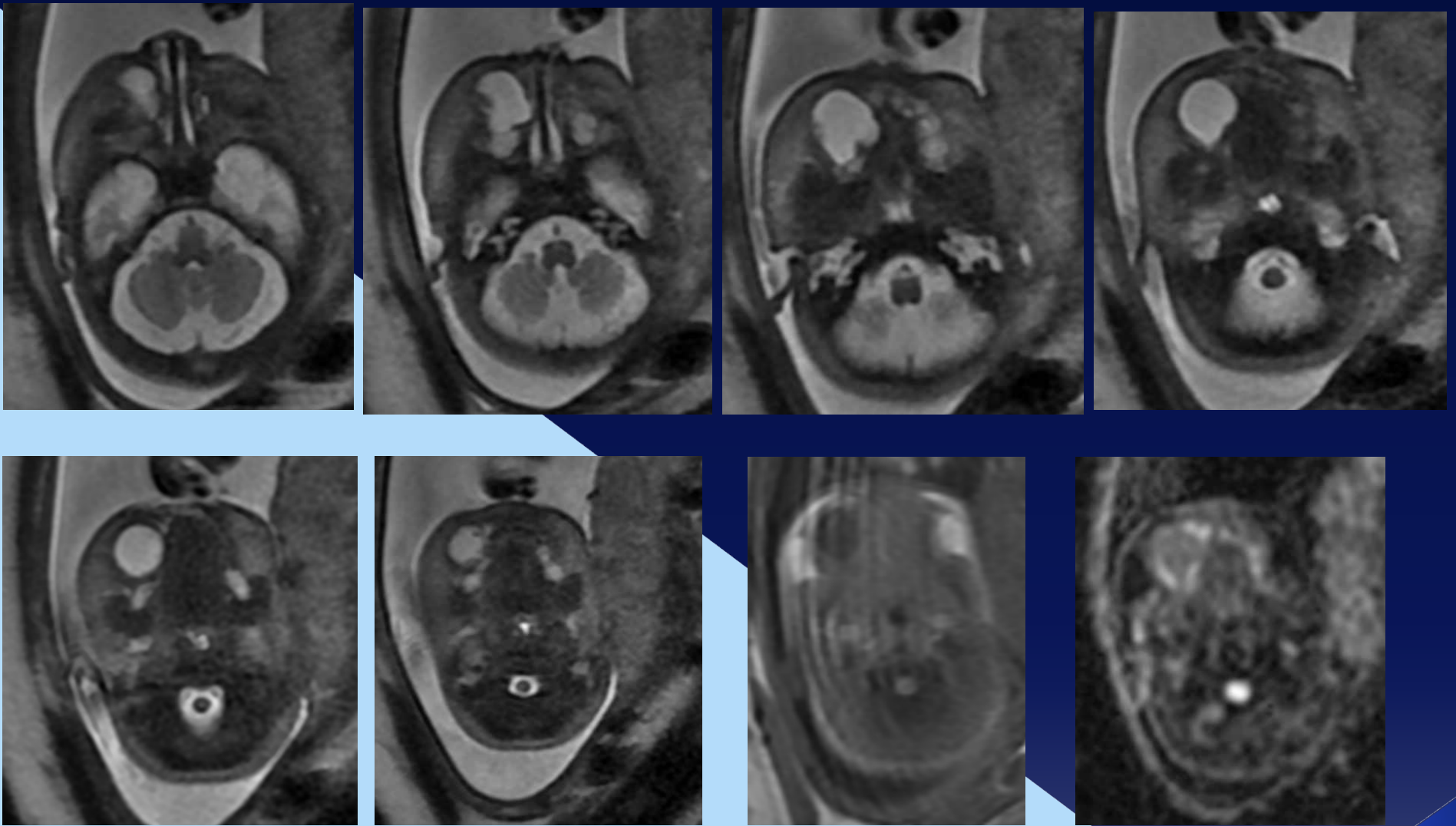


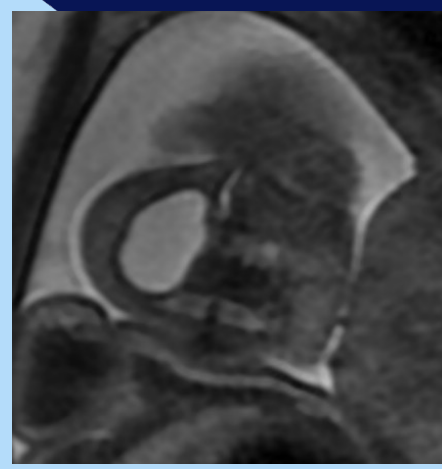
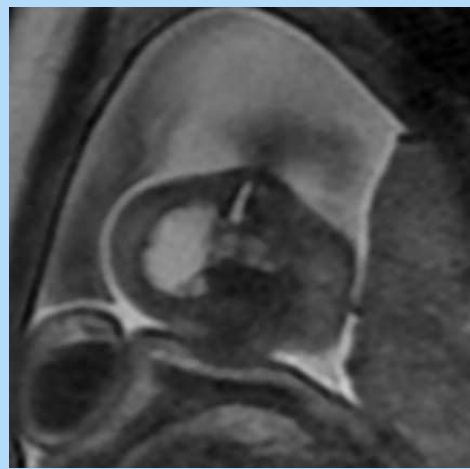
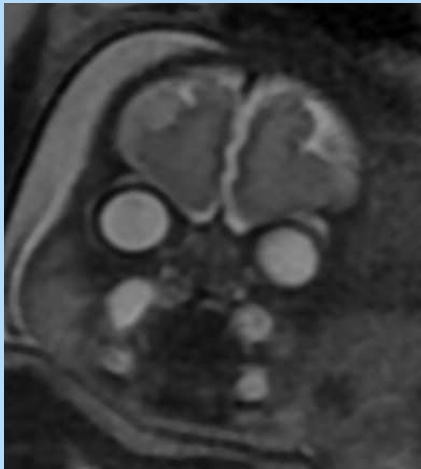
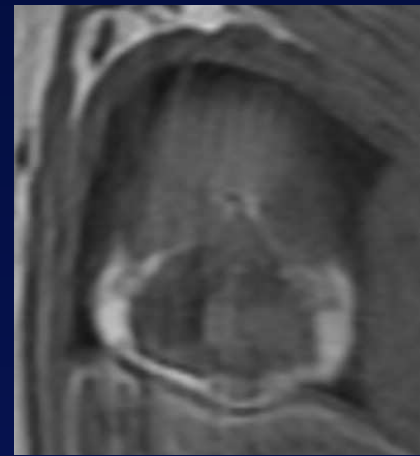
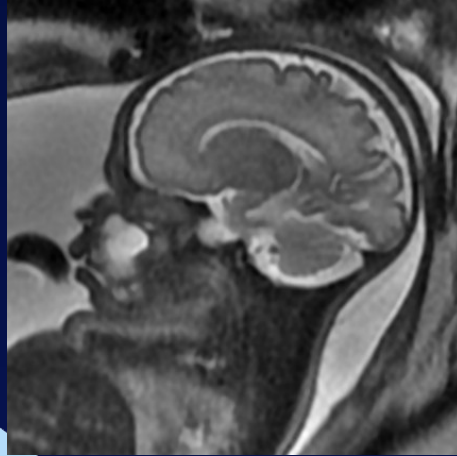
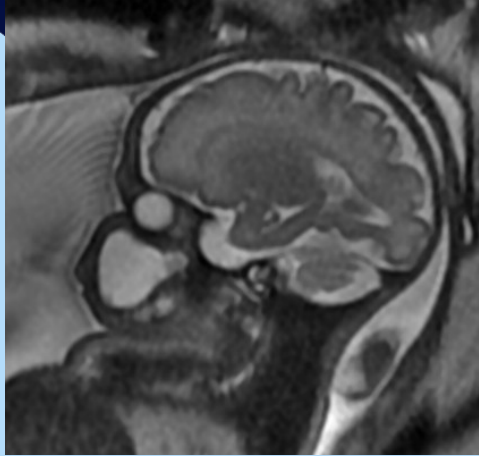
Encéphalocèle fronto-ethmoïdale

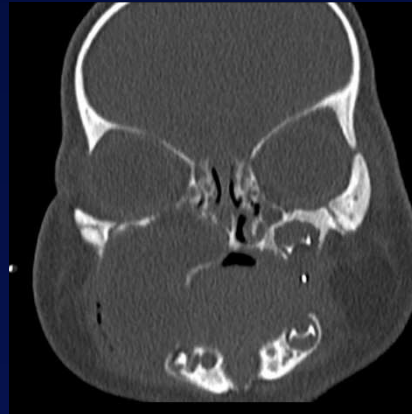
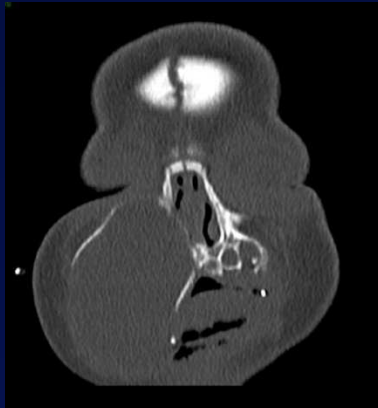
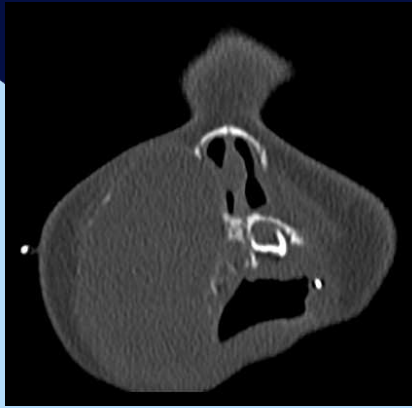
- ATCD d'IMG pour agénésie rénale bilatérale
- ATCD de môle
- 1 enfant bien portant
- Pour cette grossesse : 1/8438, suivi pour pyélectasie bilatérale modérée
- Echographies normales à 22 et 27 SA par ailleurs
- Adressée à 33 SA



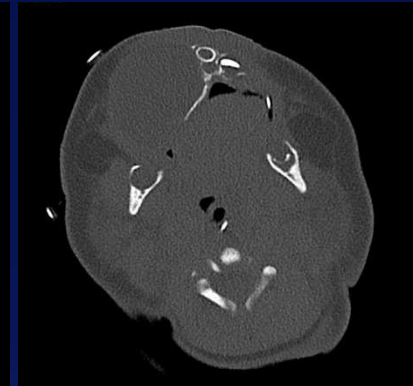
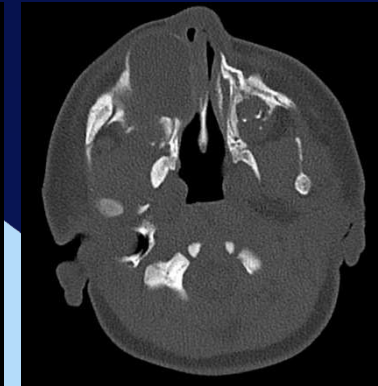
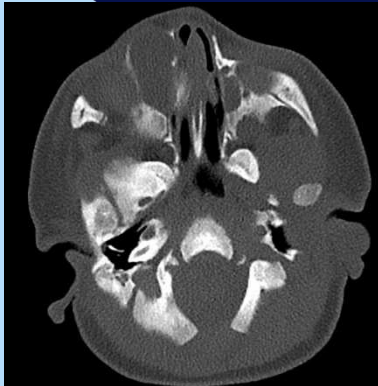




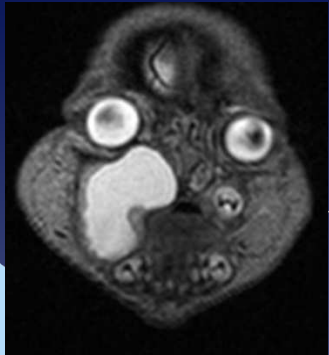
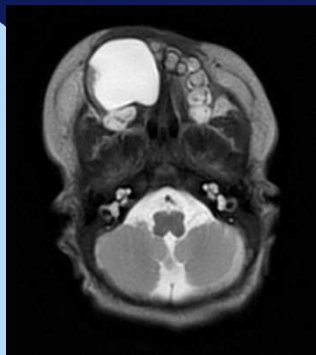
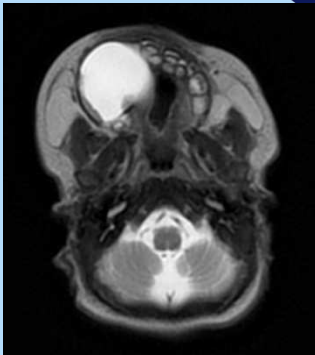
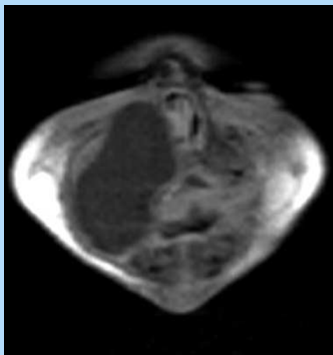
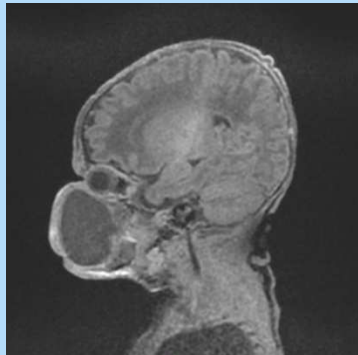




J1



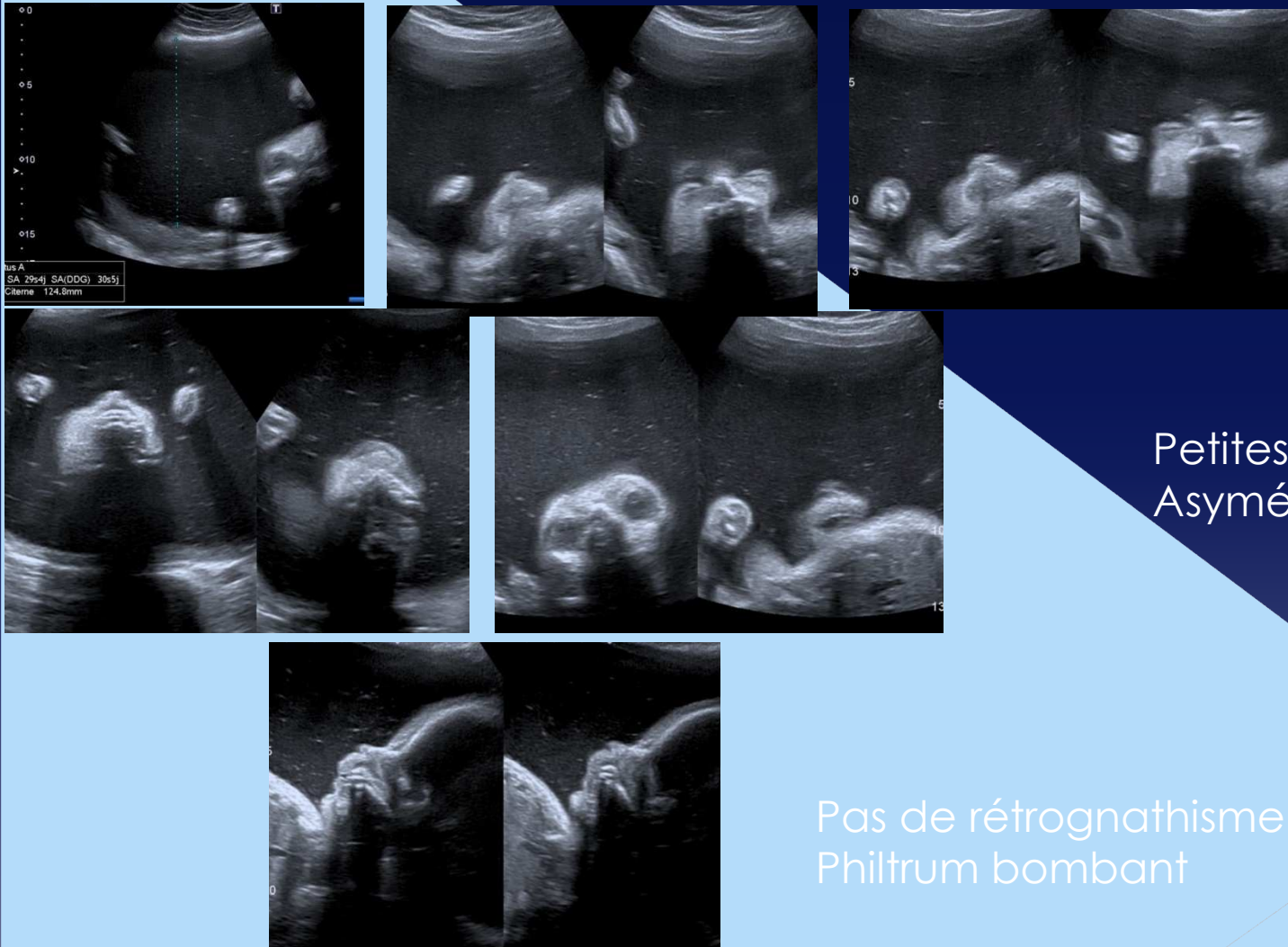
J8



Améloblastome

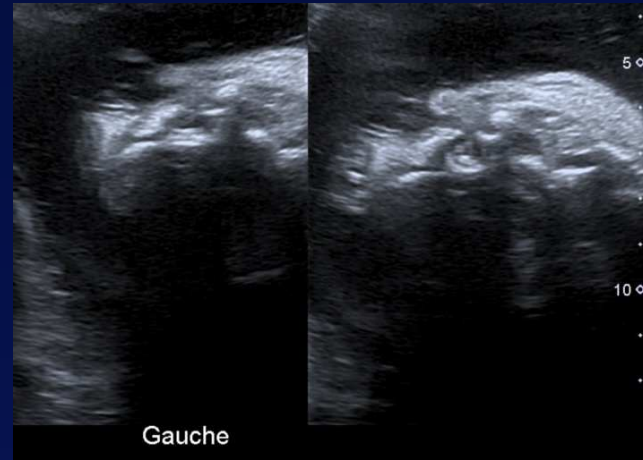
- Couple non apparenté, origine turque
- 27 SA : hydramnios , micrognathisme et oreilles bas implantées
- Amniocentèse à 30 SA
- Adressée à 30 SA +5
- Suspicion de syndrome de Treacher-Collins

Mme Kar..

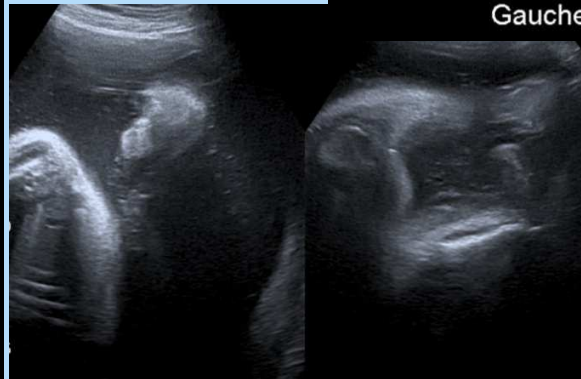


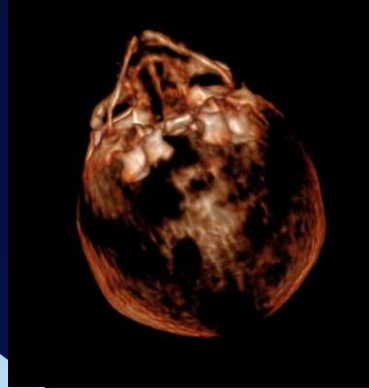
Petites narines
Asymétrie des deux joues

Pas de rétrognathisme
Philtrum bombant

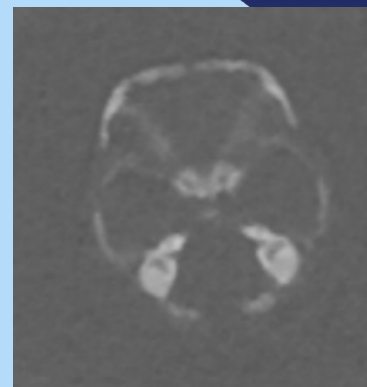
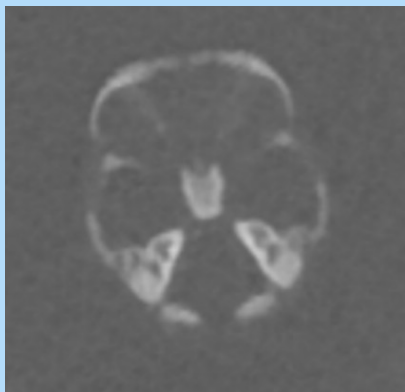
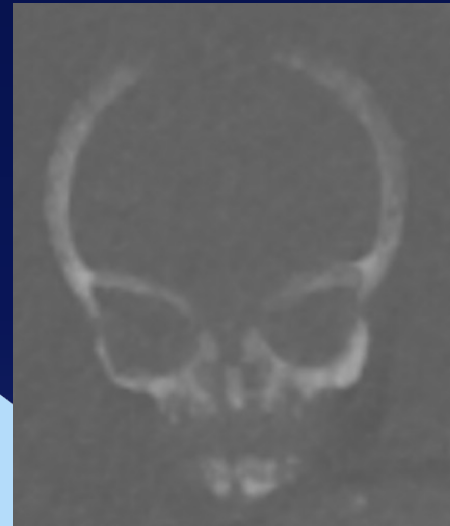
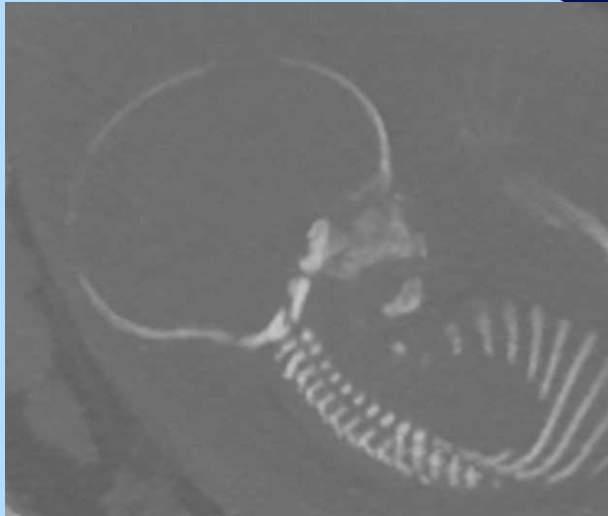


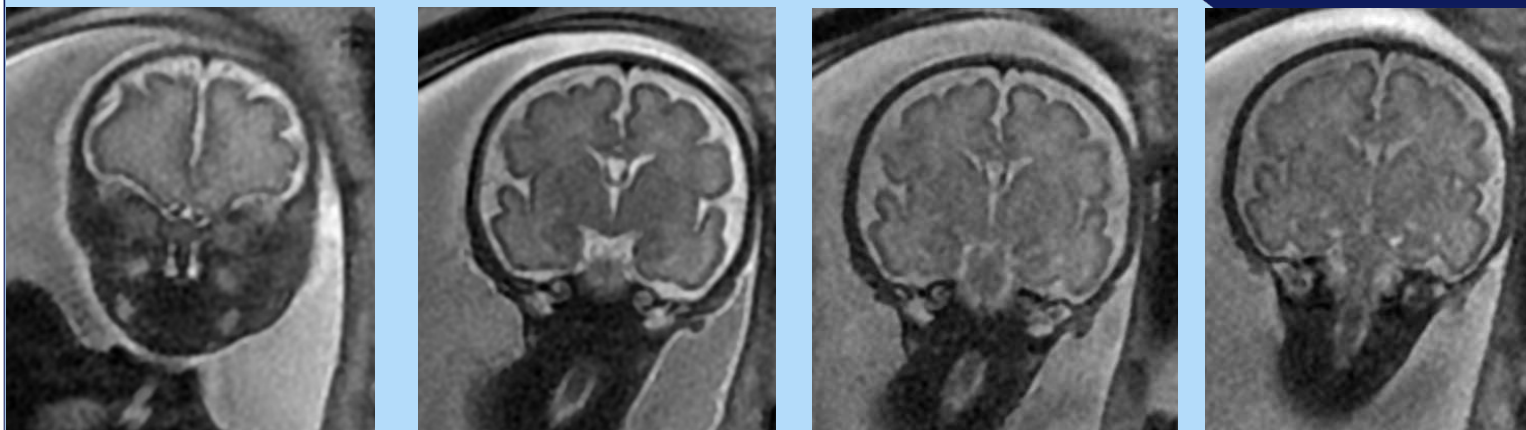
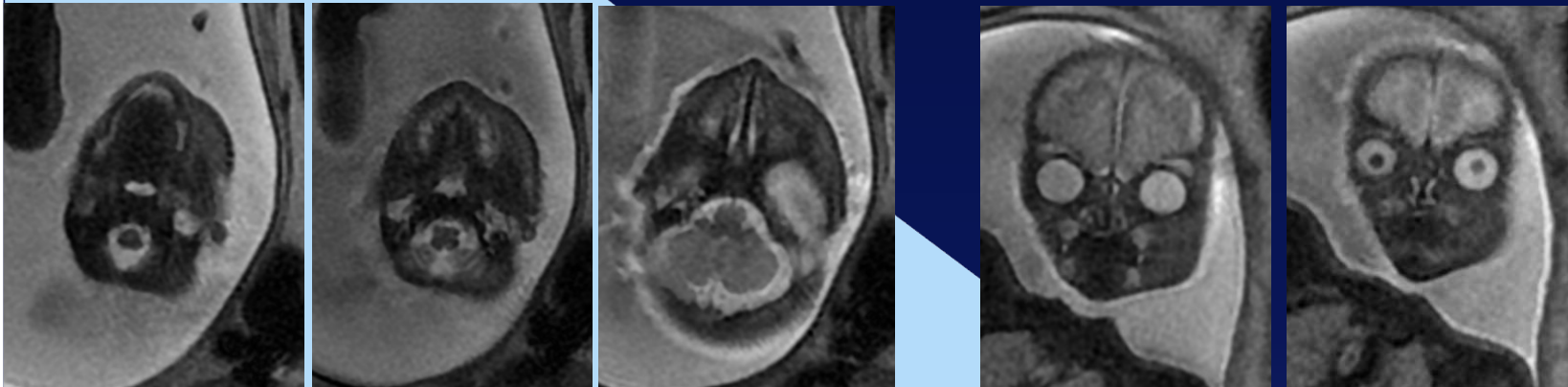
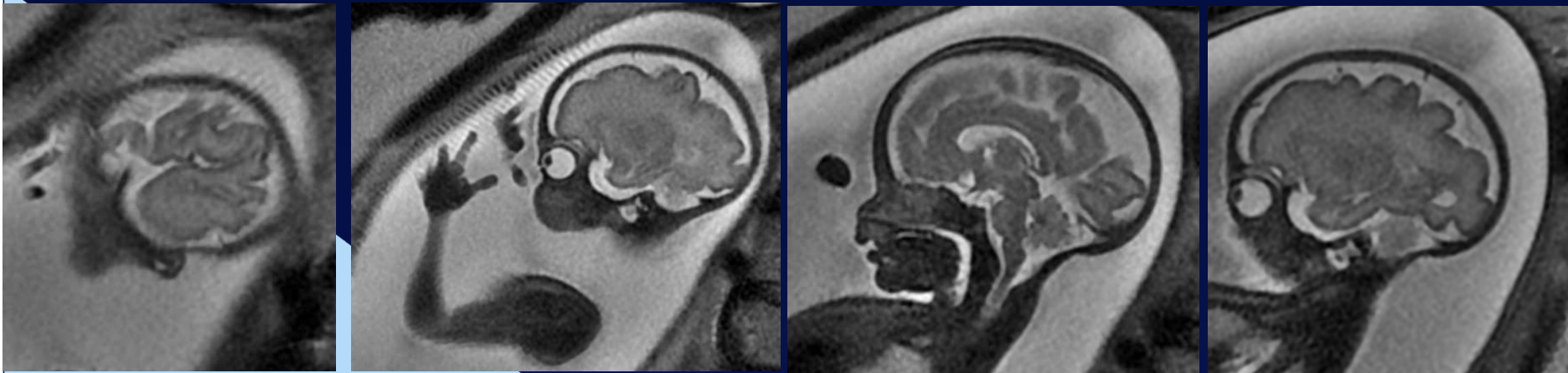
Petites oreilles





Pas d'anomalie
osseuse





Petites oreilles
paraissant bas
implantées
CAE non vus
Oreilles moyennes
et internes
normales
Joue droite
anormale

- MFIU à 32 SA + 3
- Biochimie du liquide amniotique :
 - > alpha FP = 59 MoM
 - > protéines = 11g/l



Epidermolyse bulleuse

messages

- ◎ TDM (os)
 - > voûte du crâne, orbite, base du crâne, mandibule, ATM
- ◎ IRM (tissus mous)
 - > globes oculaires
 - > langue
 - > palais
 - > fosses nasales
 - > oreilles externes, moyennes et internes

Merci!

