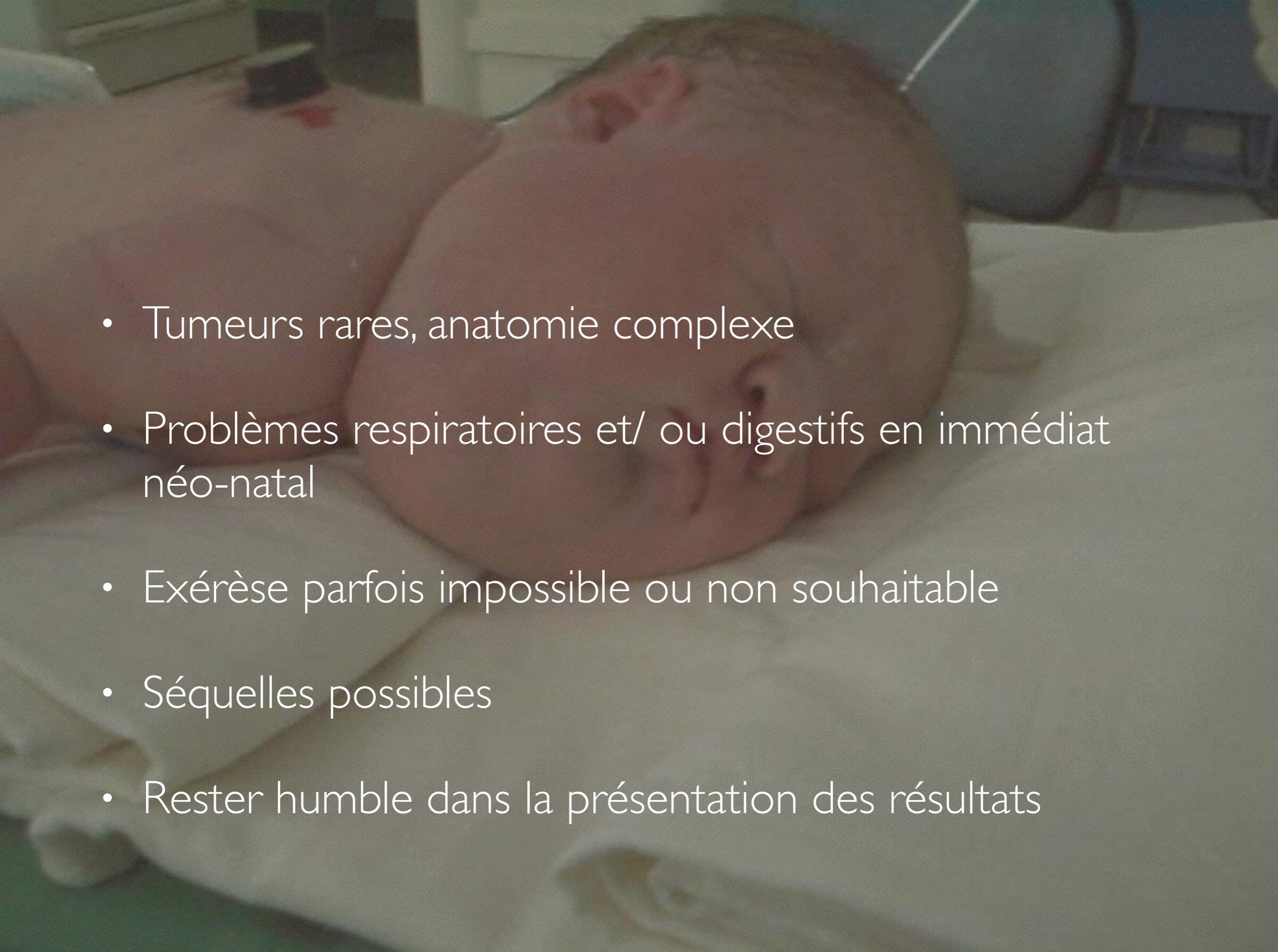




Tumeurs cervico-faciales

Chirurgie Pédiatrique Strasbourg

- 
- Tumeurs rares, anatomie complexe
 - Problèmes respiratoires et/ ou digestifs en immédiat néo-natal
 - Exérèse parfois impossible ou non souhaitable
 - Séquelles possibles
 - Rester humble dans la présentation des résultats

« Visible Patient »



Dernière synchro

PLUS ANCIENS

Full Body
General Anatomy
4 janv. 2018 à 12:54:34



Thoracic surgery
Short cases
8 sept. 2017 à 16:51:51



Pediatric surgery
Short cases
8 sept. 2017



Urological surgery
Short cases



Cas publics

Cas privés

À propos

Aide

Configuration

new

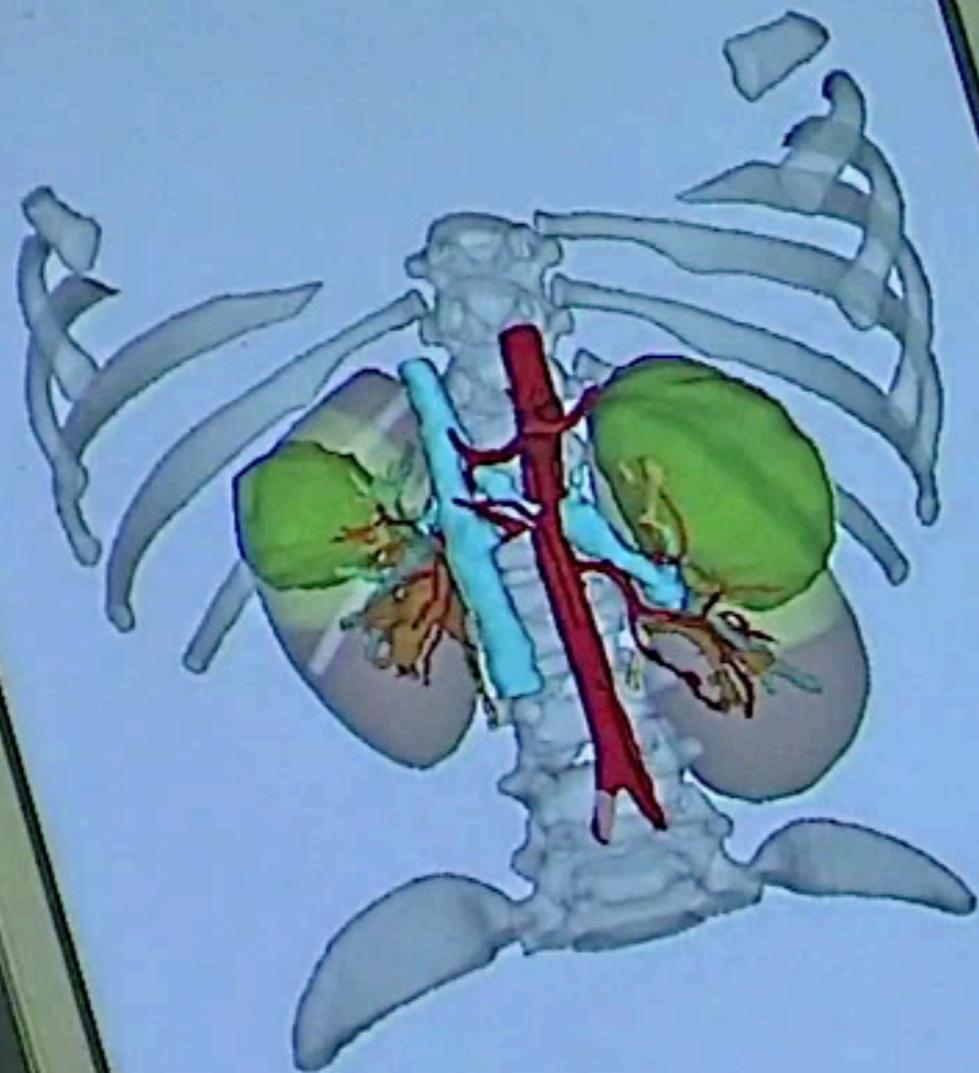
new

GO V. GUNO
GO V. GUNO
GO V. GUNO

Orange

2HQC9EZ1C9

< Retour



DERNIER MOIS



CHUstg-bec-all (/ /)
13 juin 2019 à 12:46:29

PLUS ANCIENS



2BVUWDVTWV

N° 1874

CHUstg-Bec-all (77)
26 mars 2019 à 14:30:18

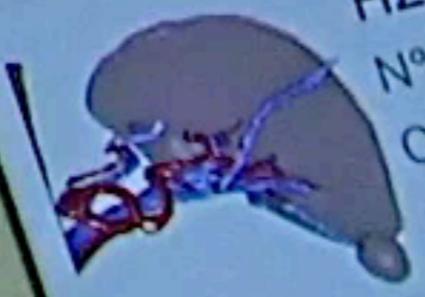


1VLCM7LUC

N°

CH

18 févr



HZZU5LTAK

N° 1804

CHUstg-Bec-all (77)
18 févr. 2019 à 12:44:14



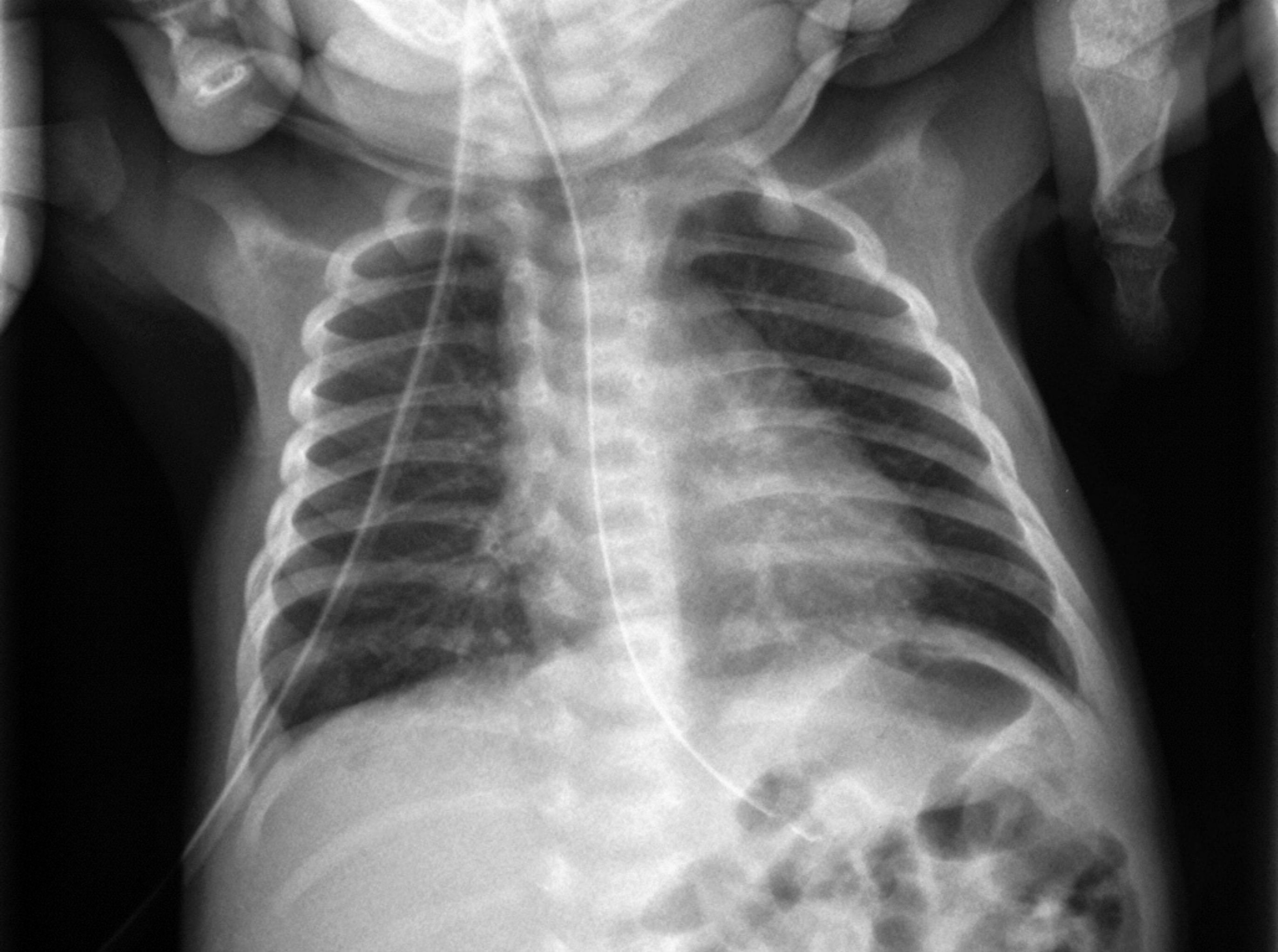
Configuration

60 45
oung.fr
oung.fr



Pas de diagnostic prénatal

- Gêne à la déglutition
- Gêne respiratoire
- Masse latéro cervicale gauche

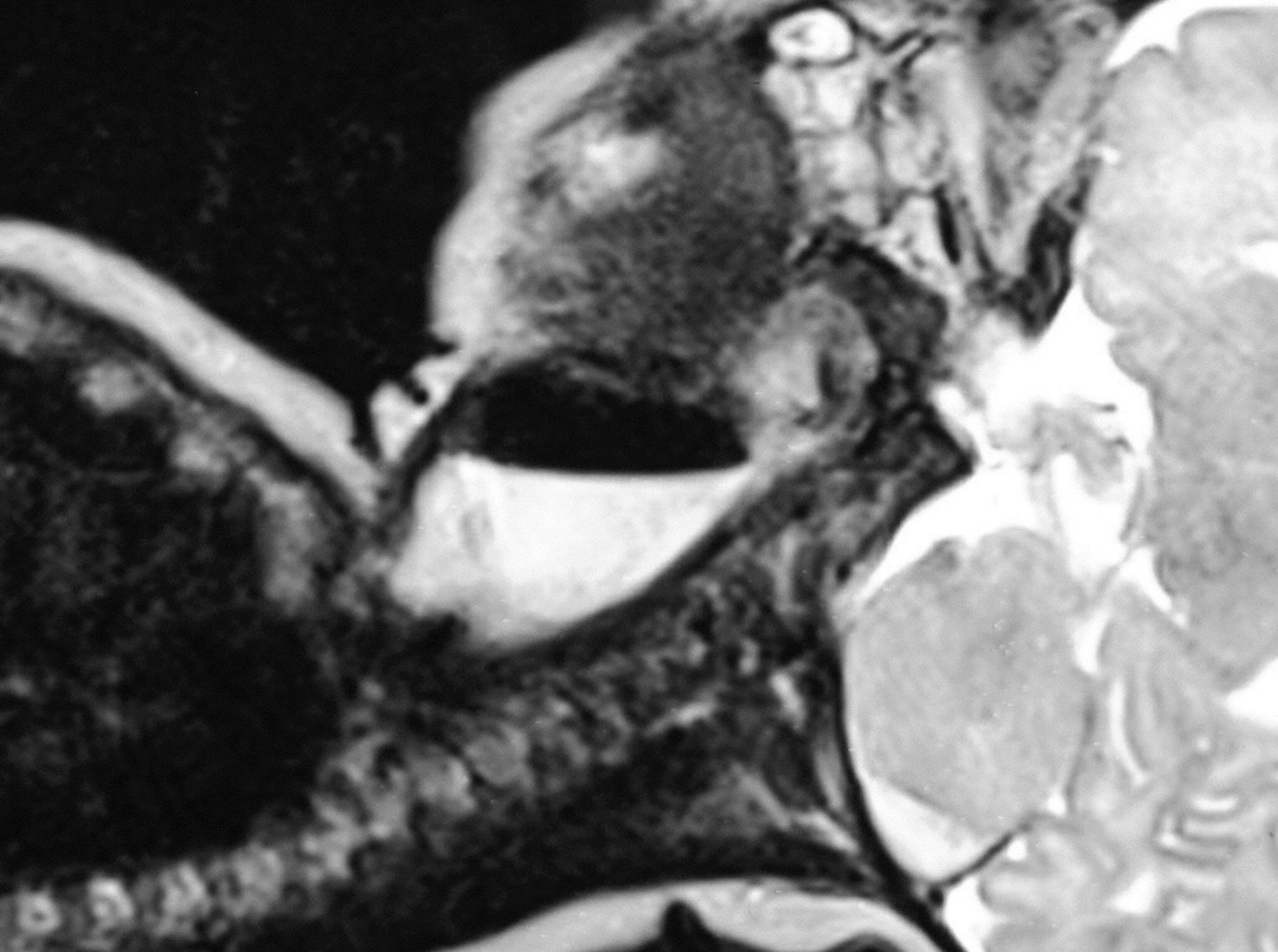


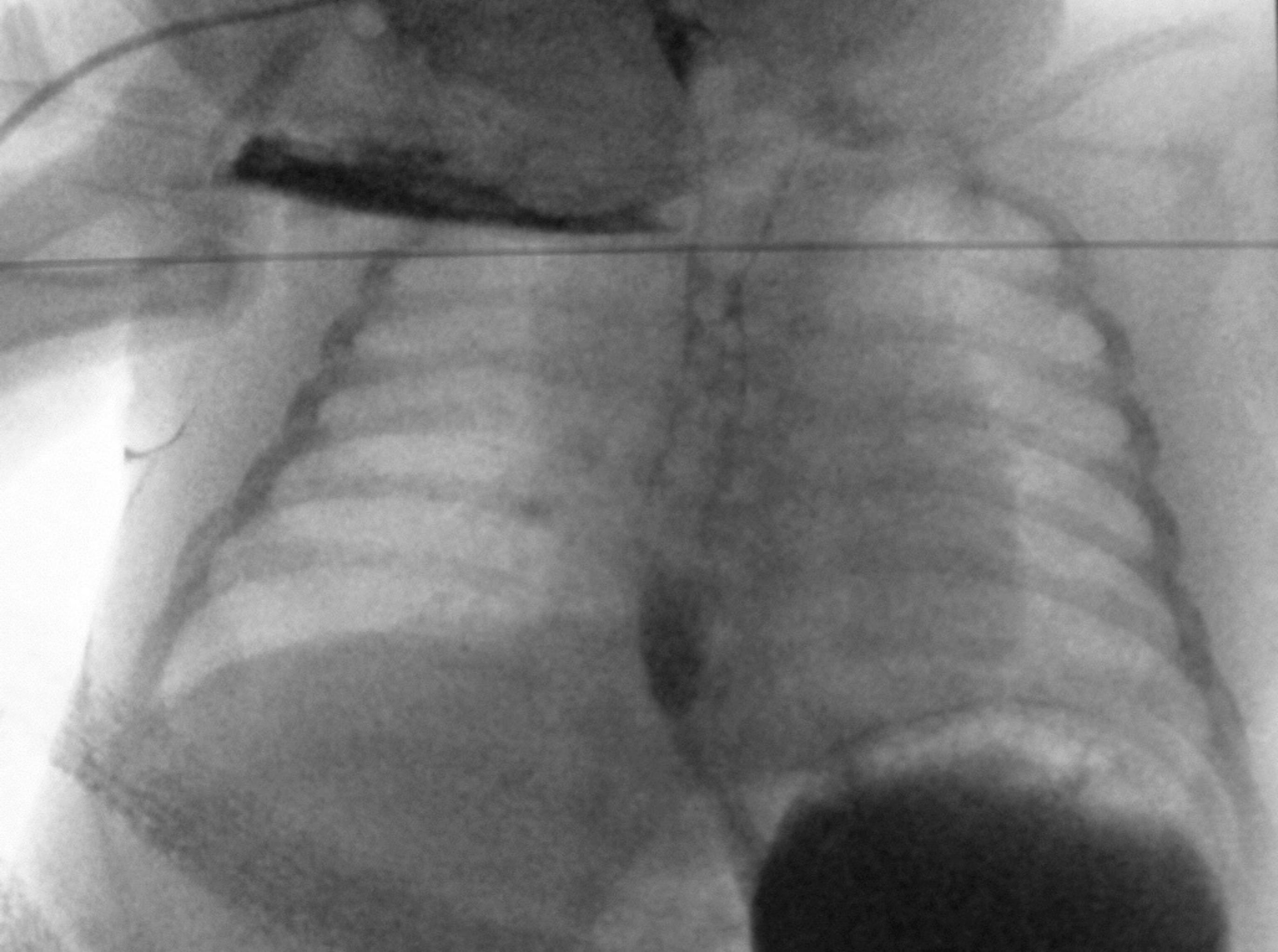
DE



Niveau hydro-aérique cervical

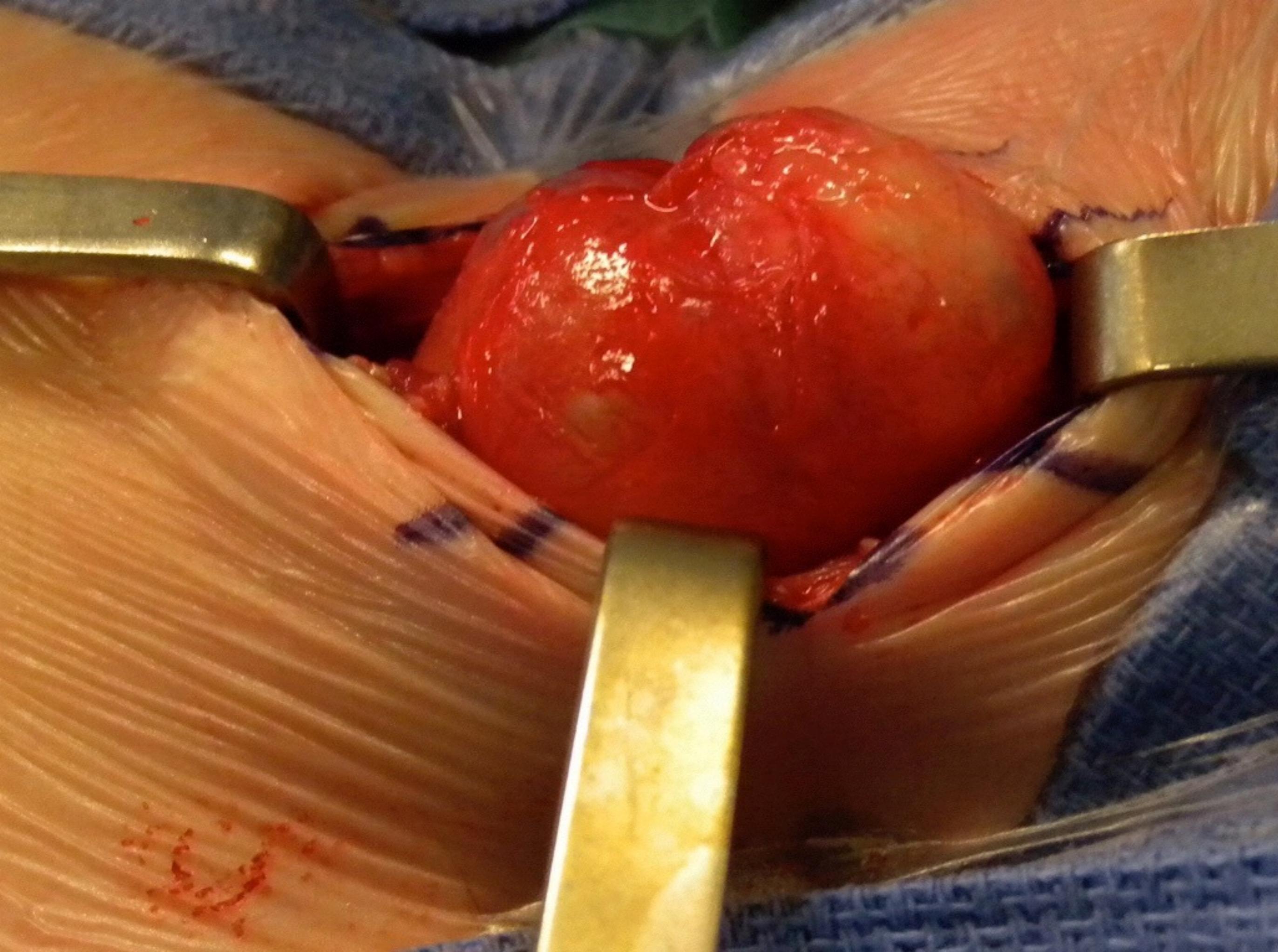


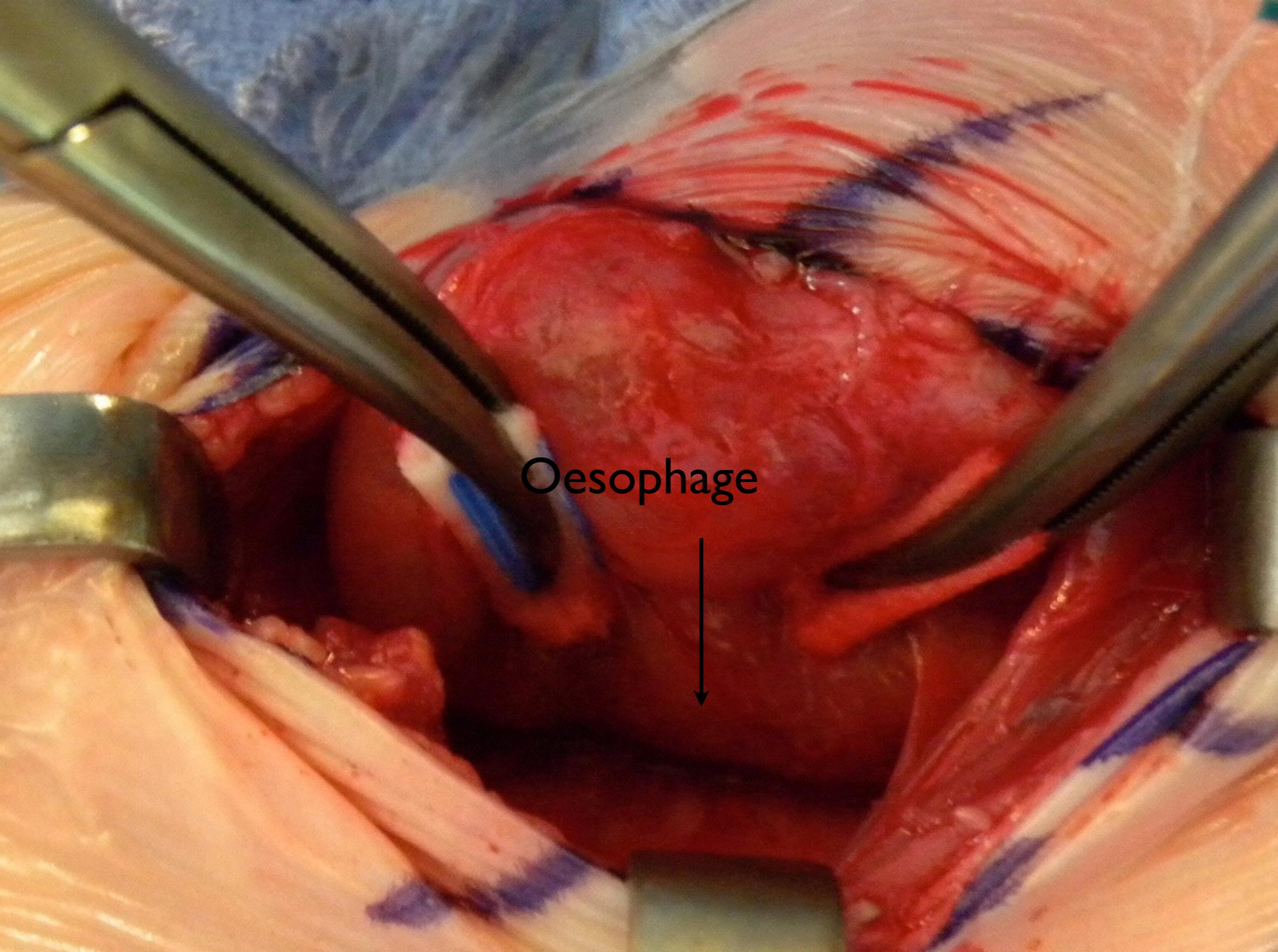






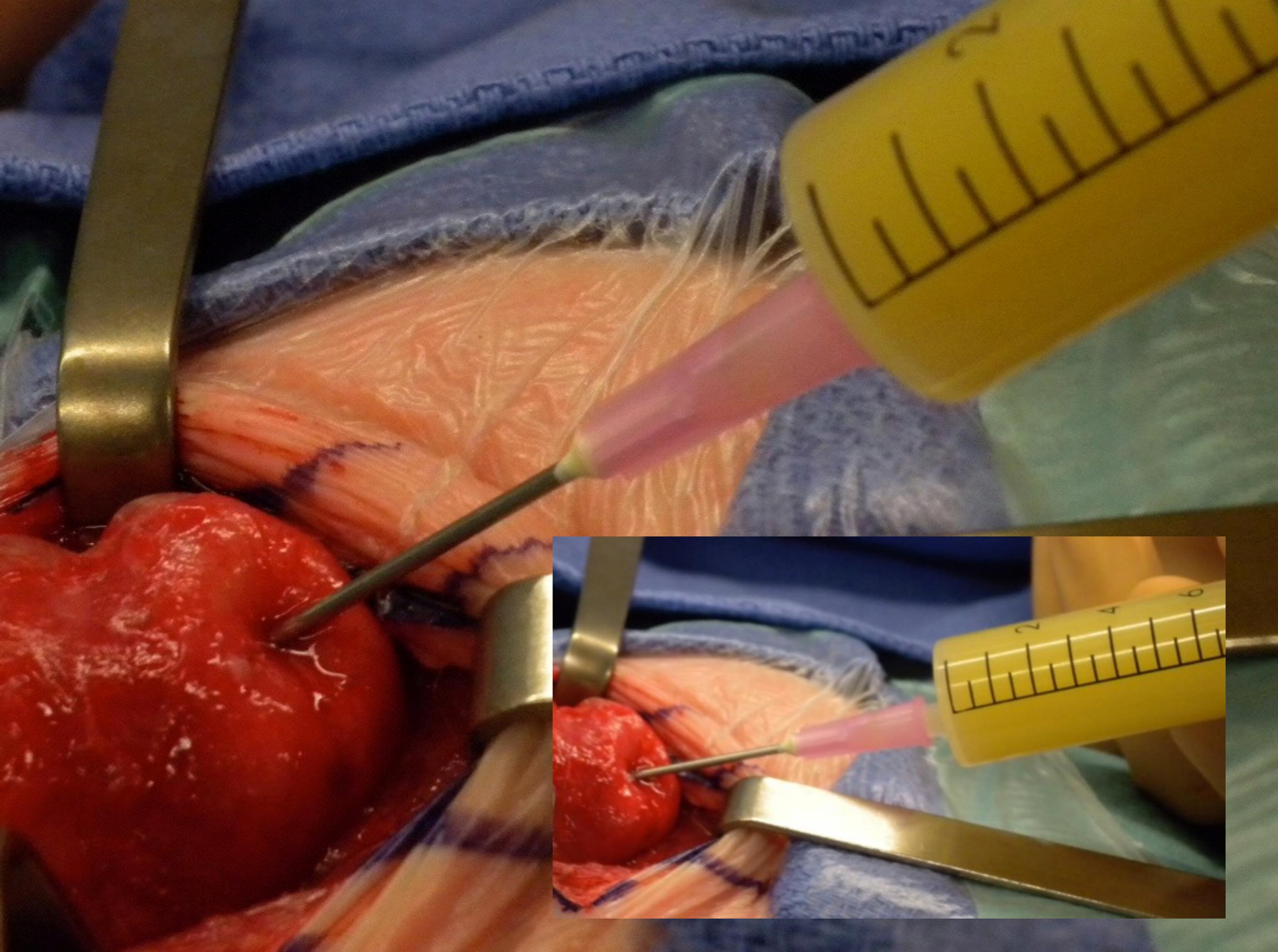
**Duplication Kystique
Communicante Oesophage
Cervical**

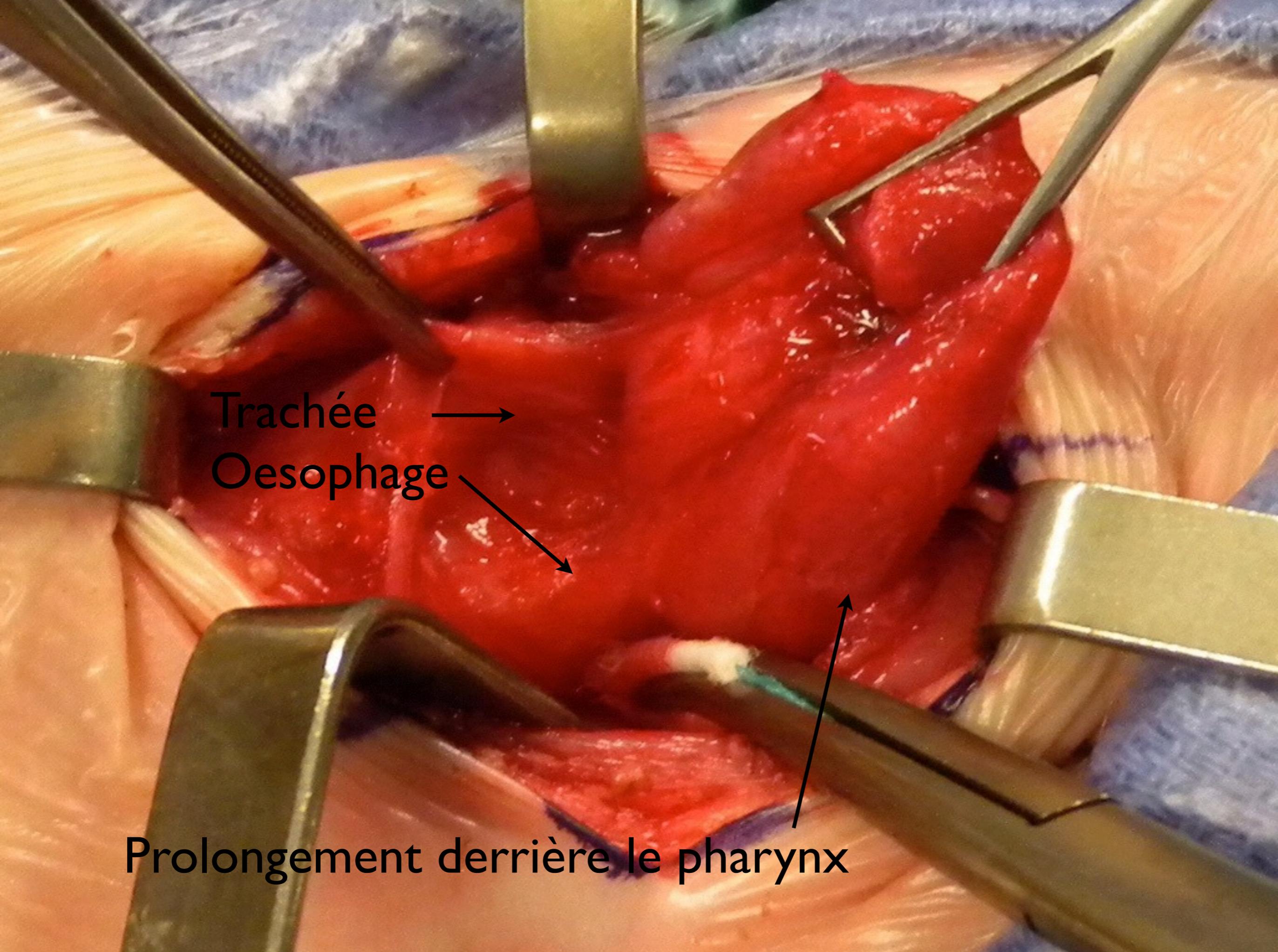




Oesophage



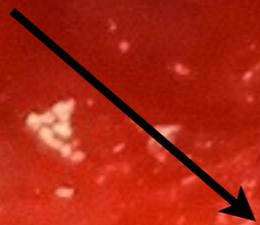




Trachée

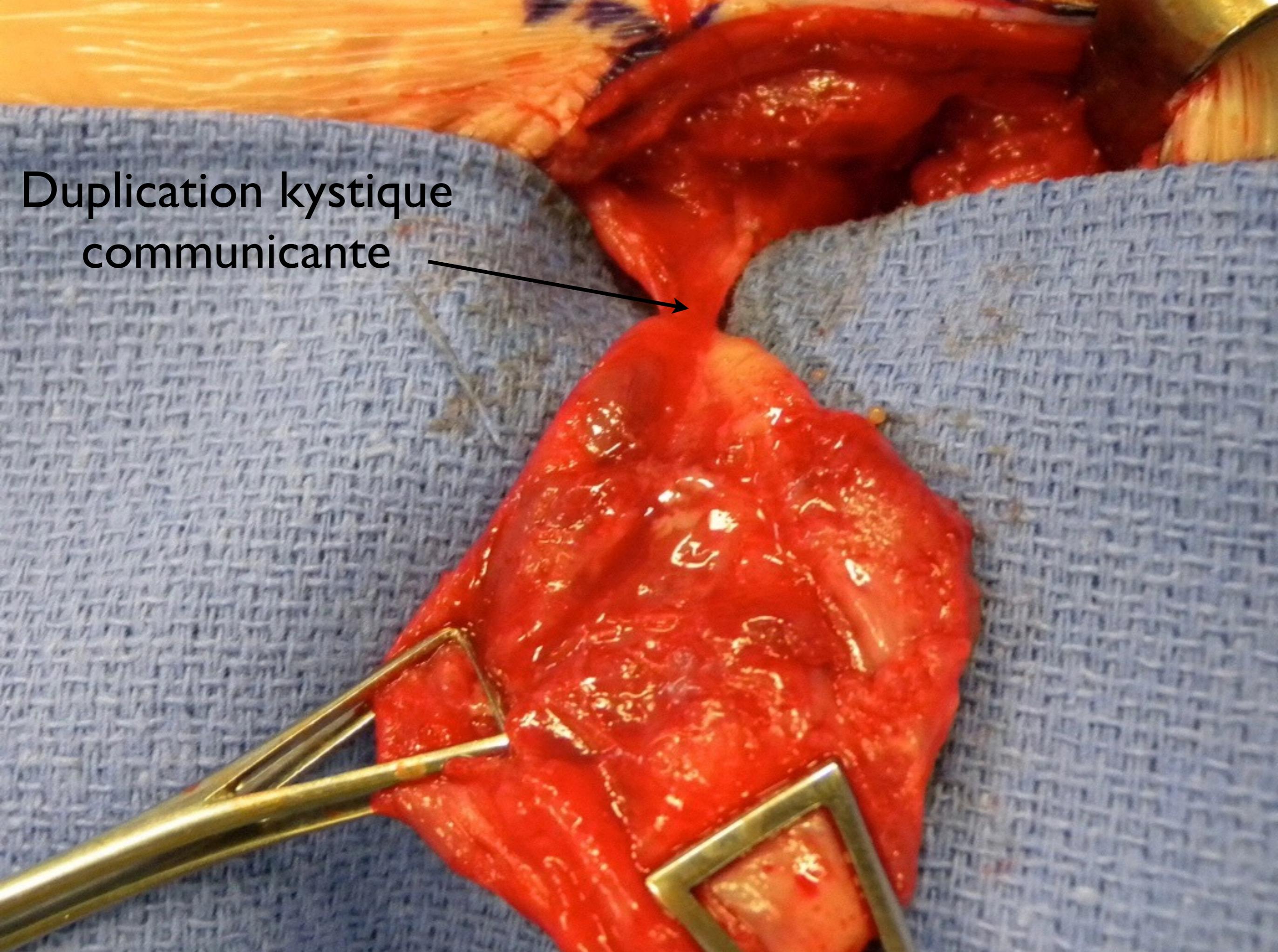


Oesophage



Prolongement derrière le pharynx

Duplication kystique
communicante





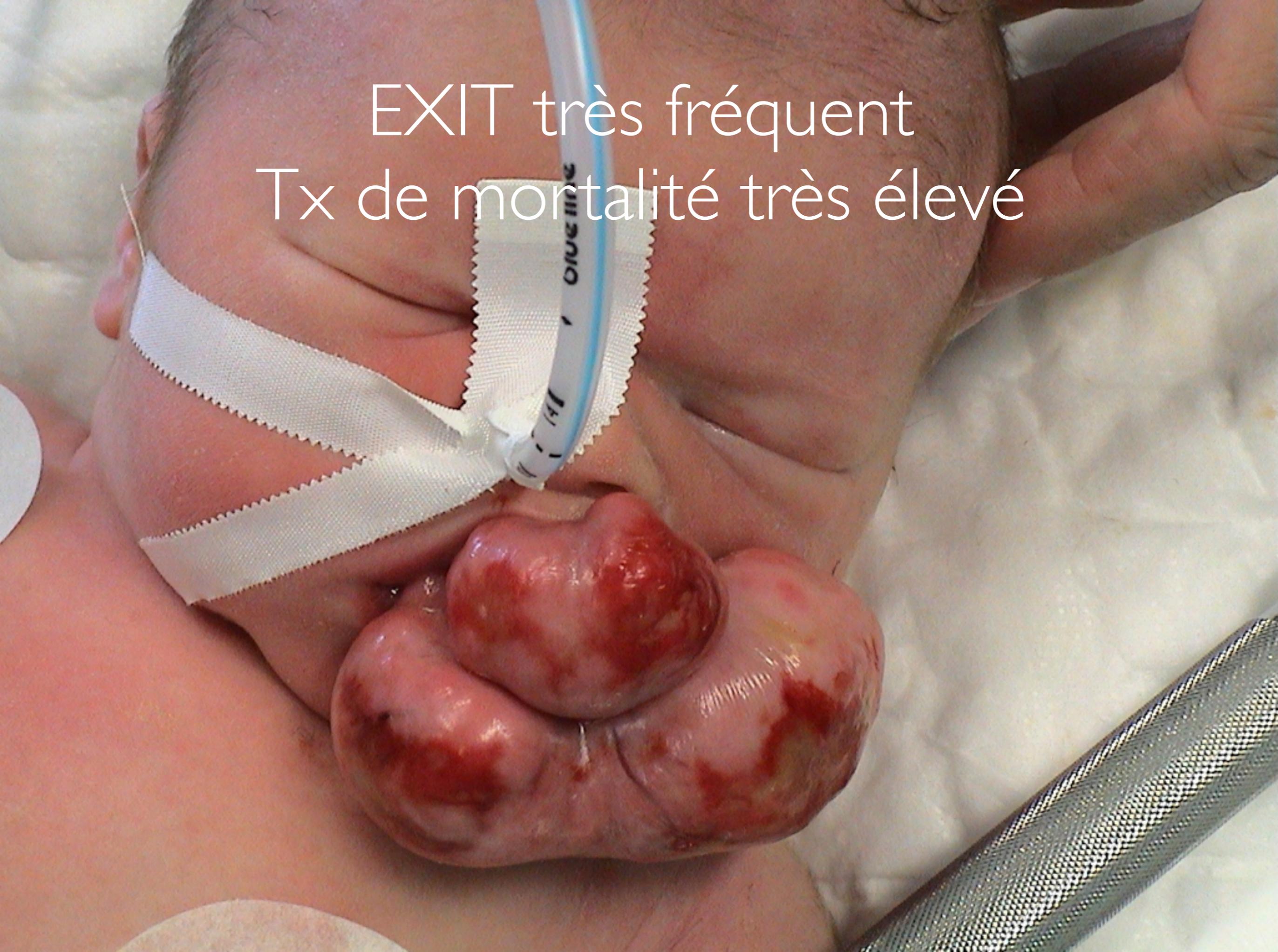
Tétine «aspirante»

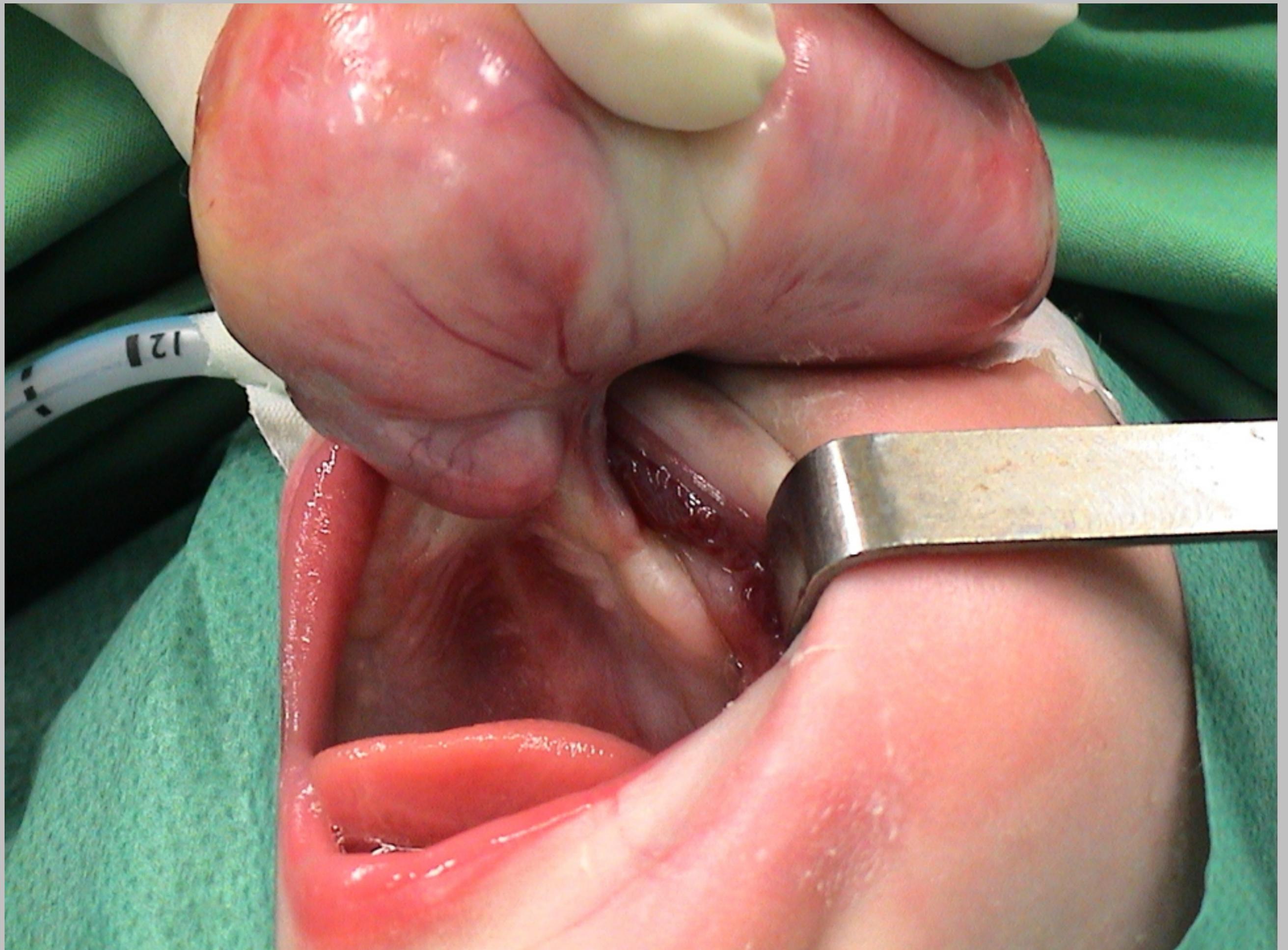


Tumeur ou Tératome Epignathe



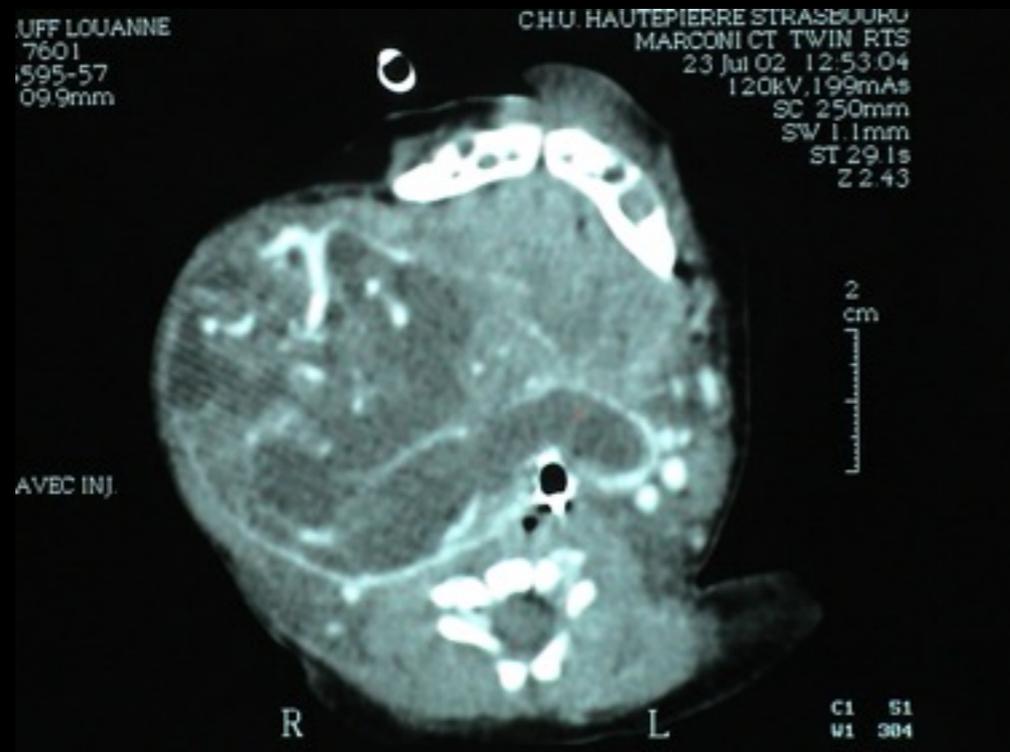
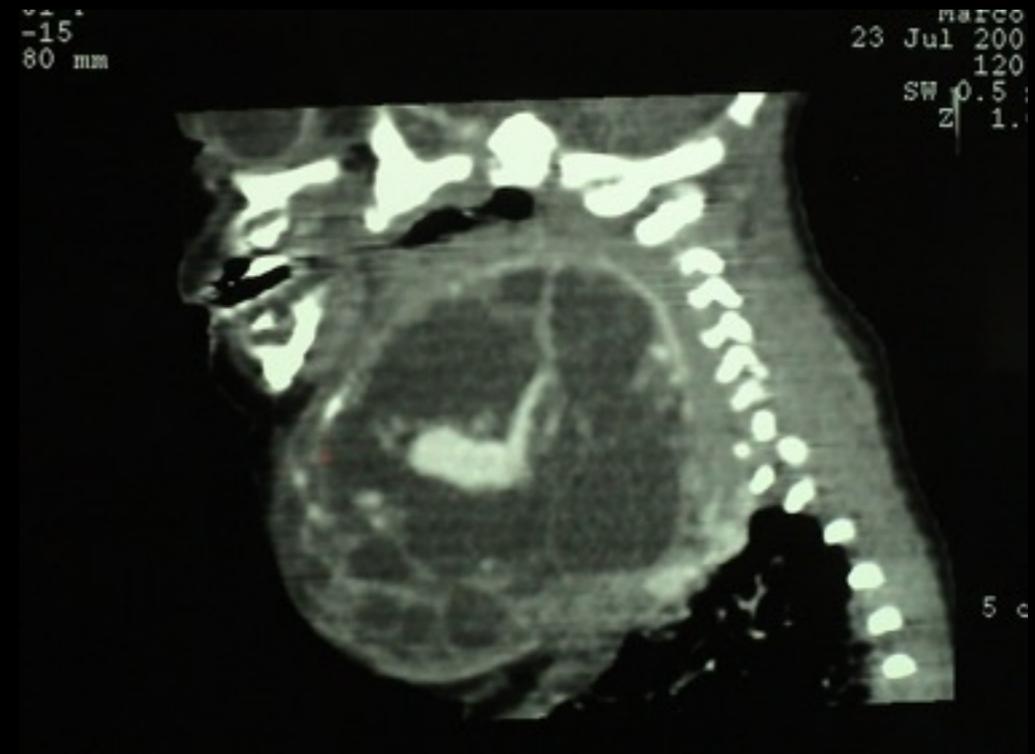
EXIT très fréquent
Tx de mortalité très élevé





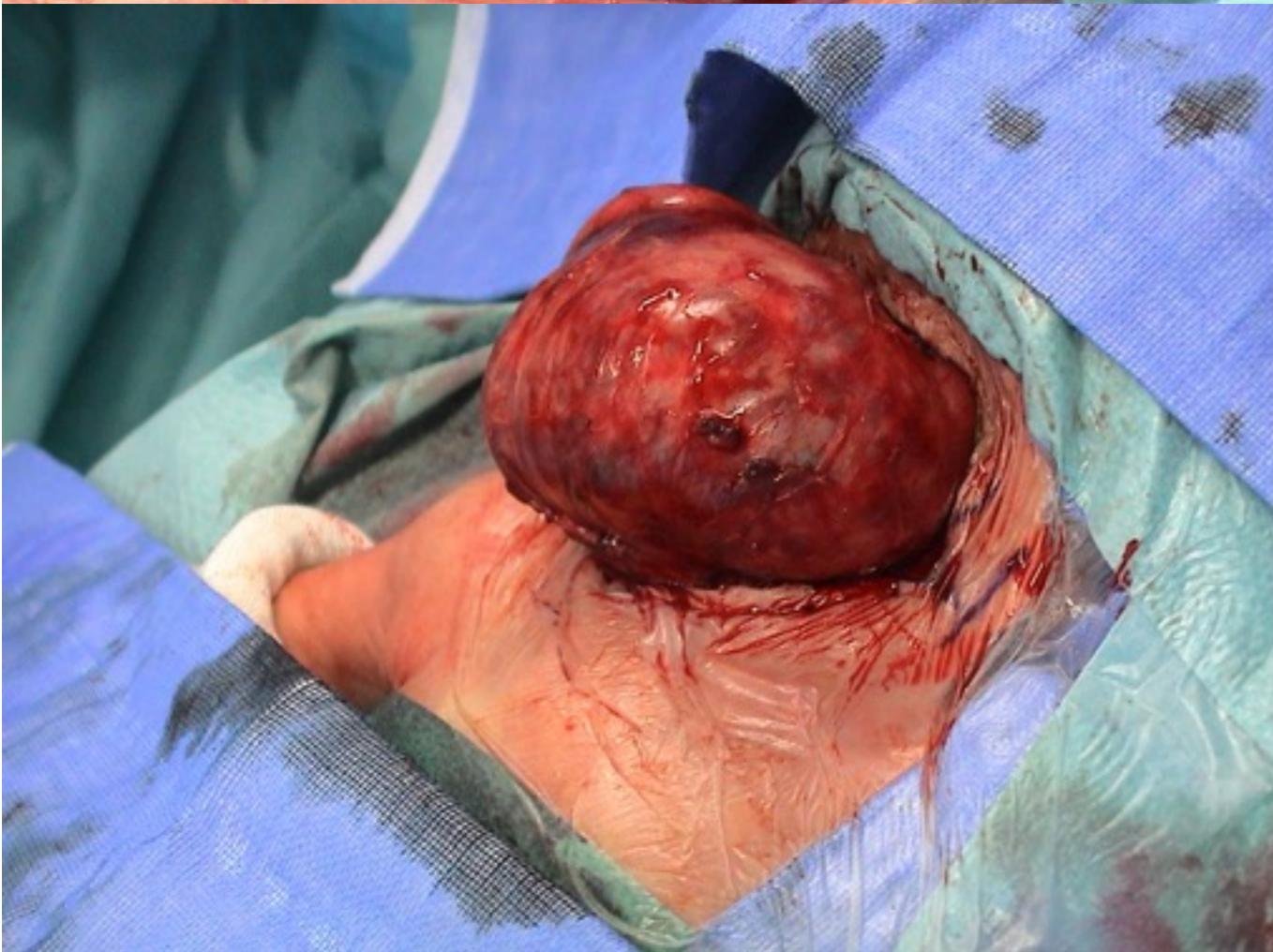
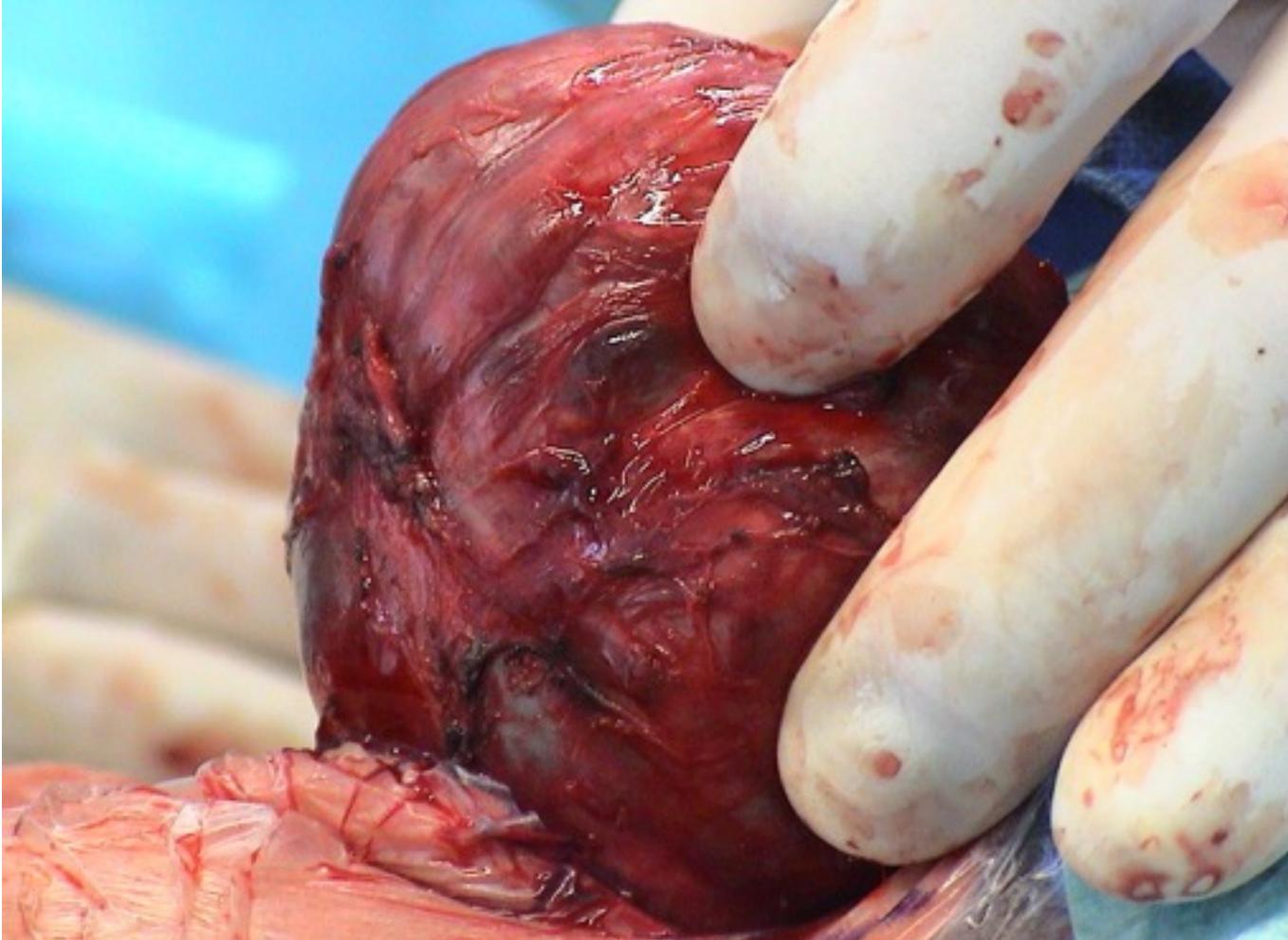


Tératome cervical

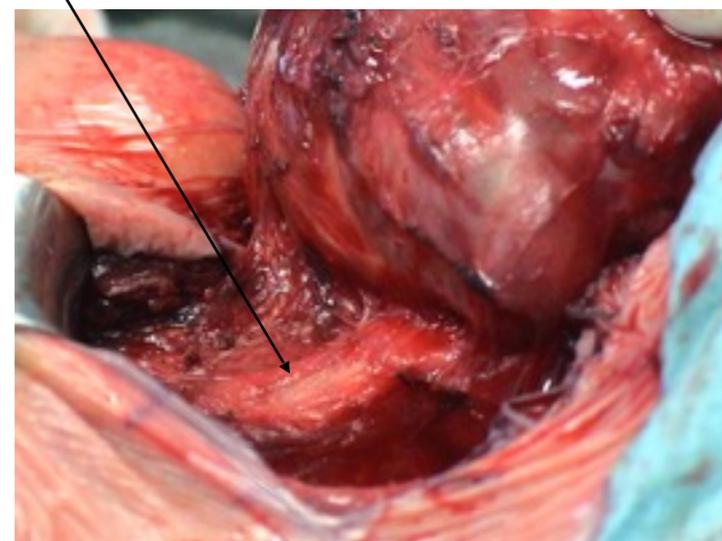
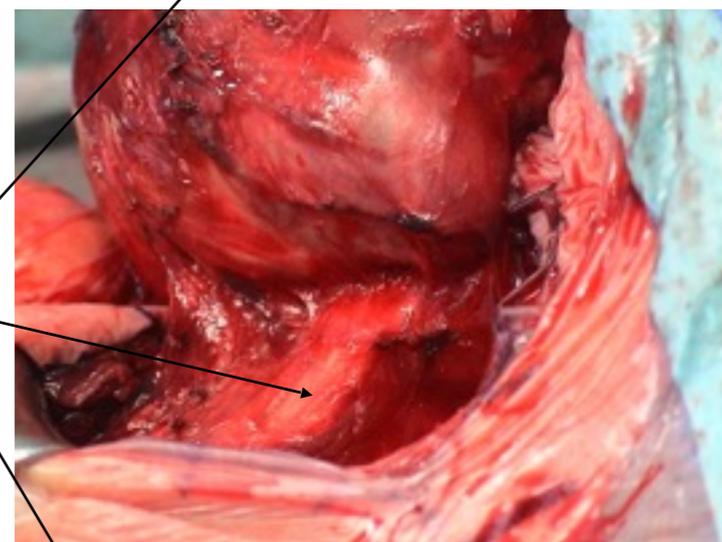
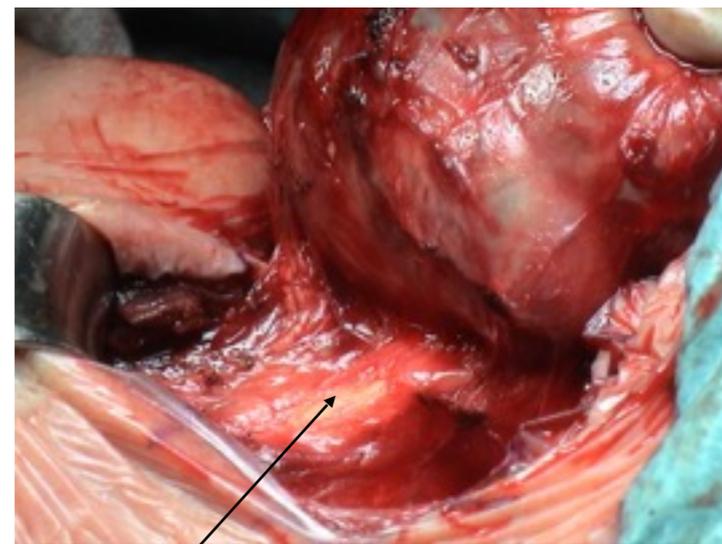


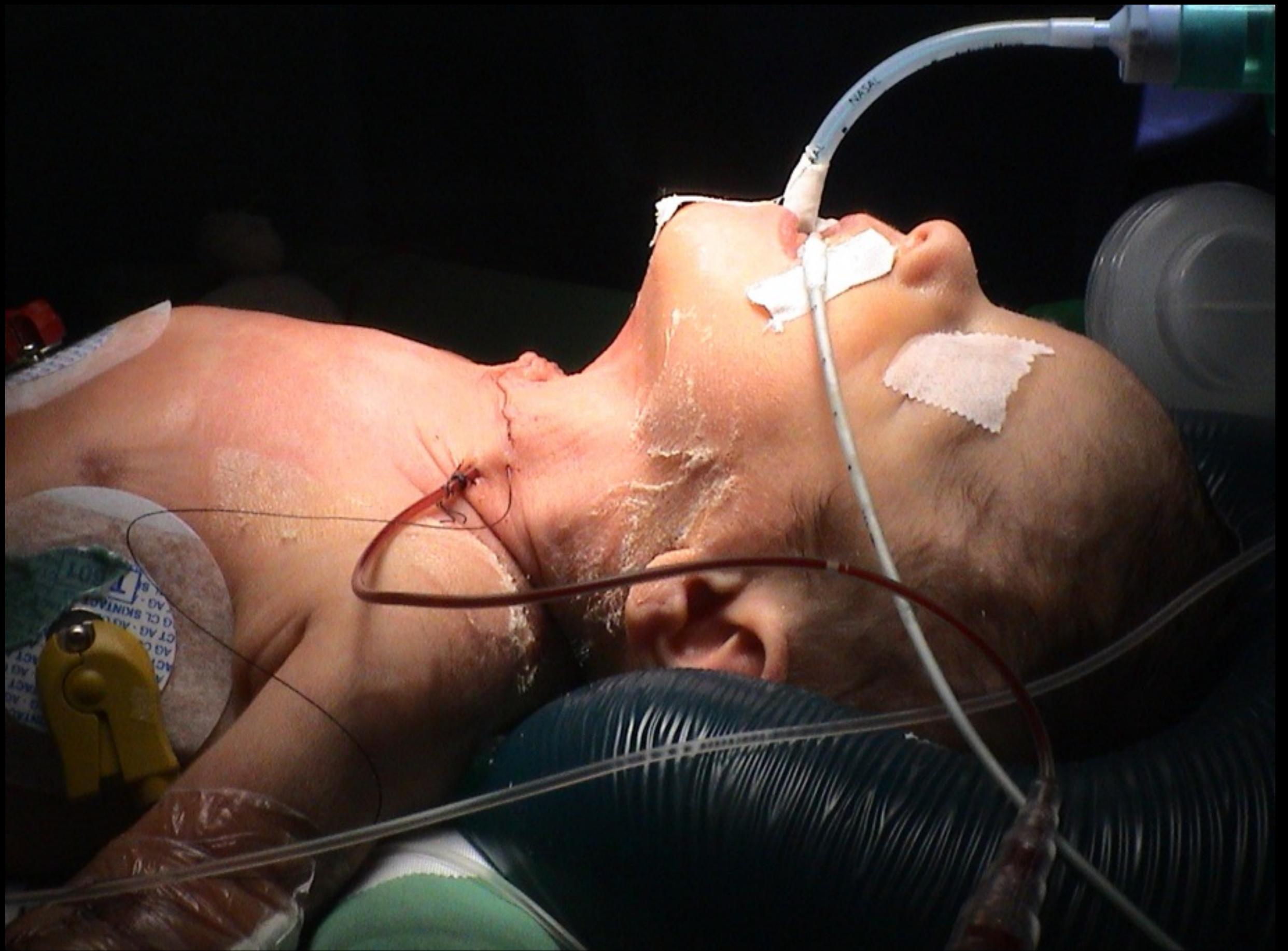






Trachée









Infection = guérison ?



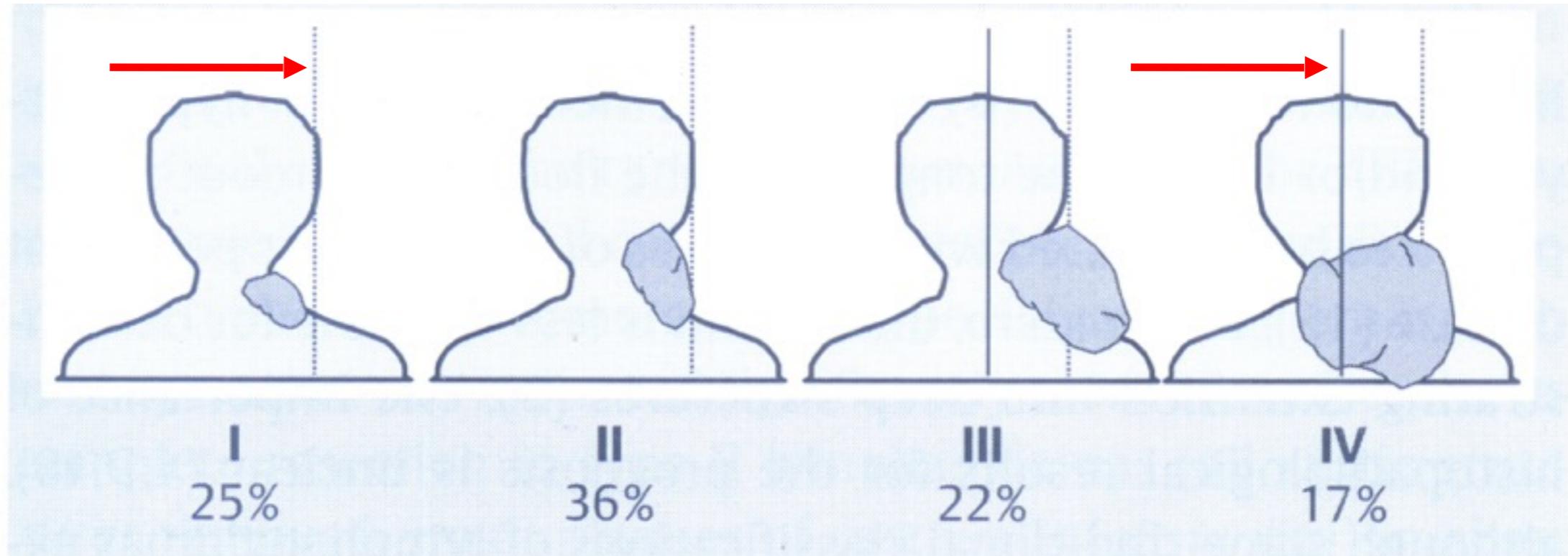
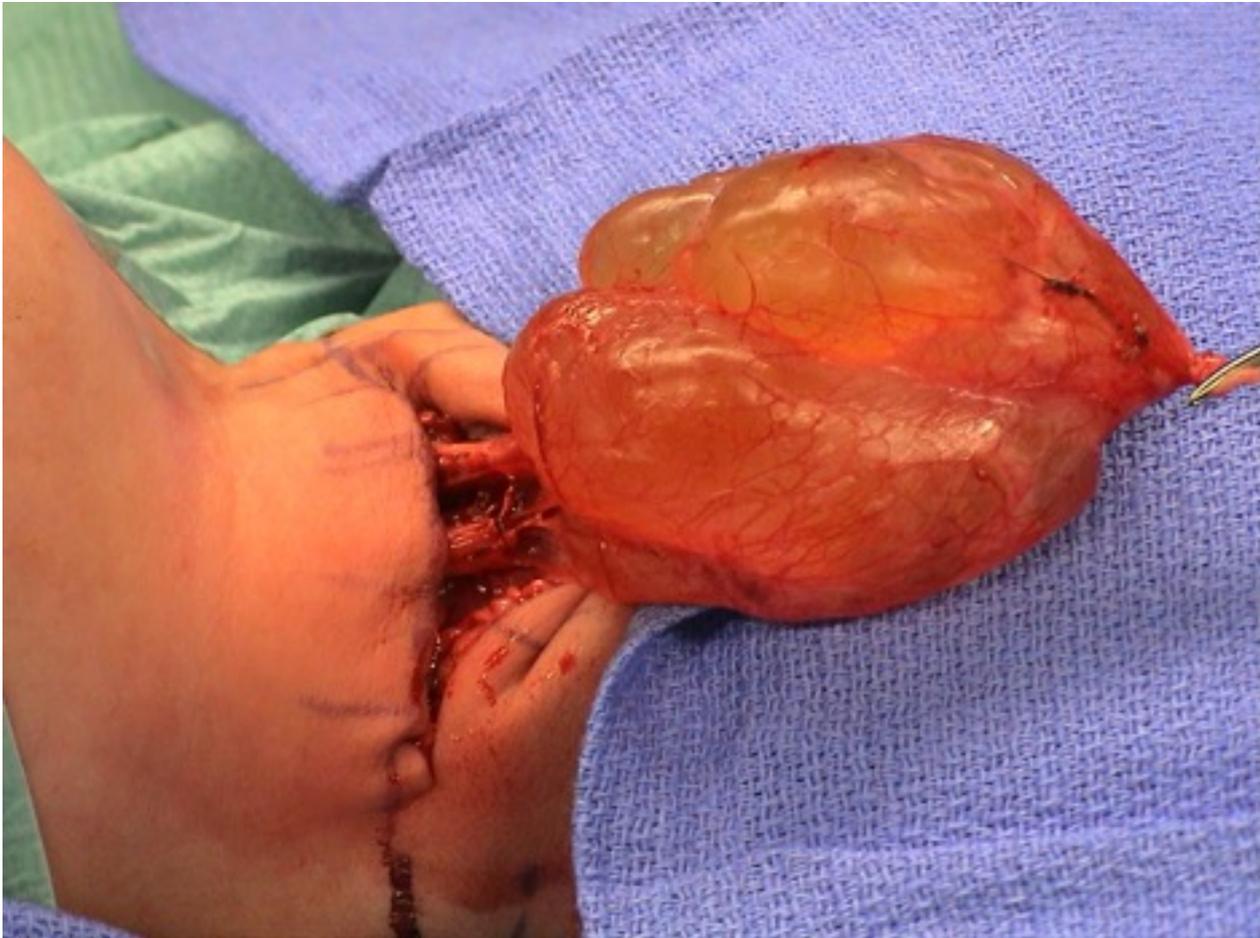


Fig. 1 Classification of lymphangioma colli in type I to IV dependent on the volume, e.g. the extension in relation to a line drawn at the lateral border of the head and through the midline of the body. Incidence of types in % of 36 reviewed cases.







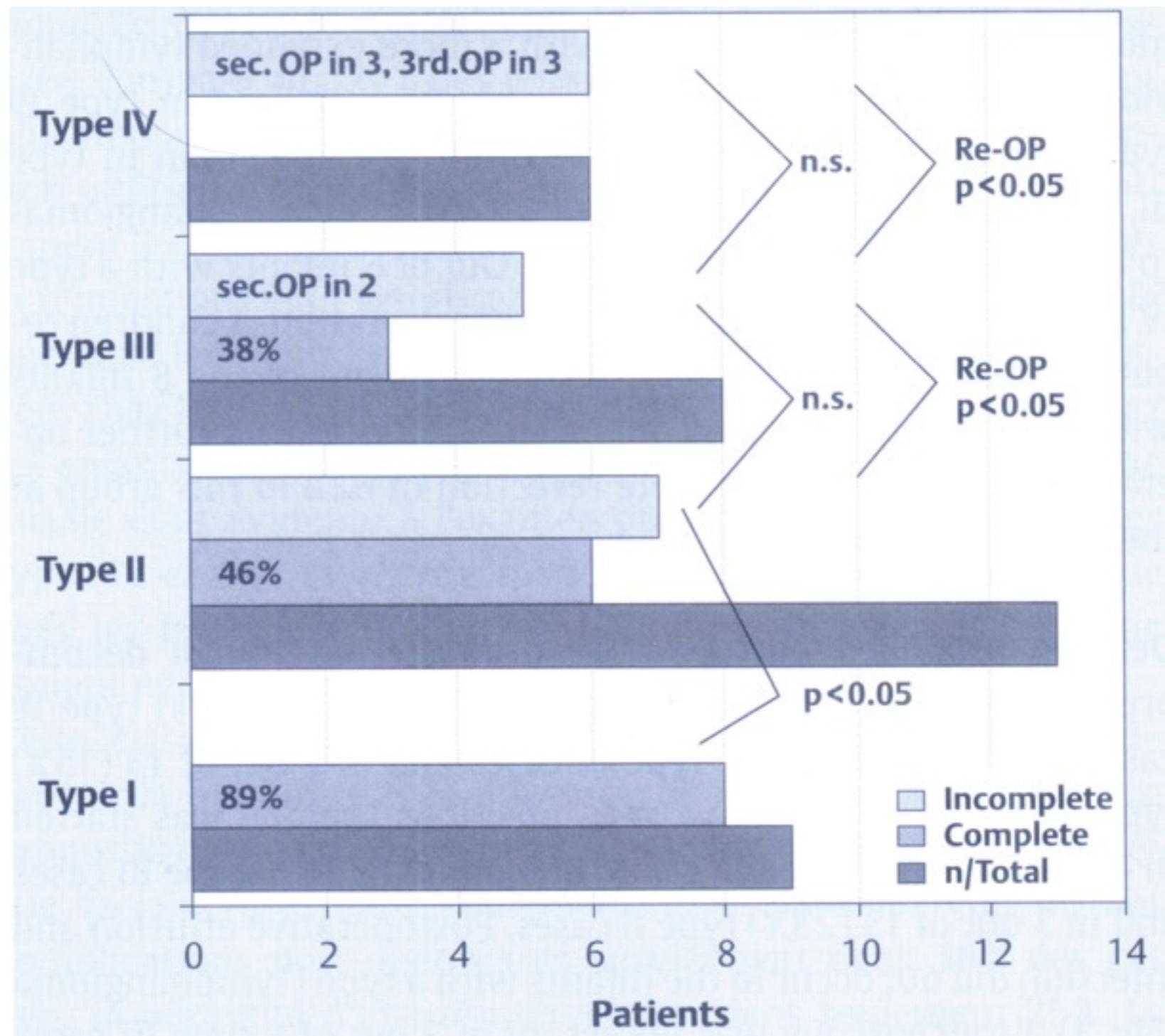


Quels examens faut-il envisager ?

Table 1 Performed diagnostic procedures depending on the volume of the lymphangioma colli in 36 cases

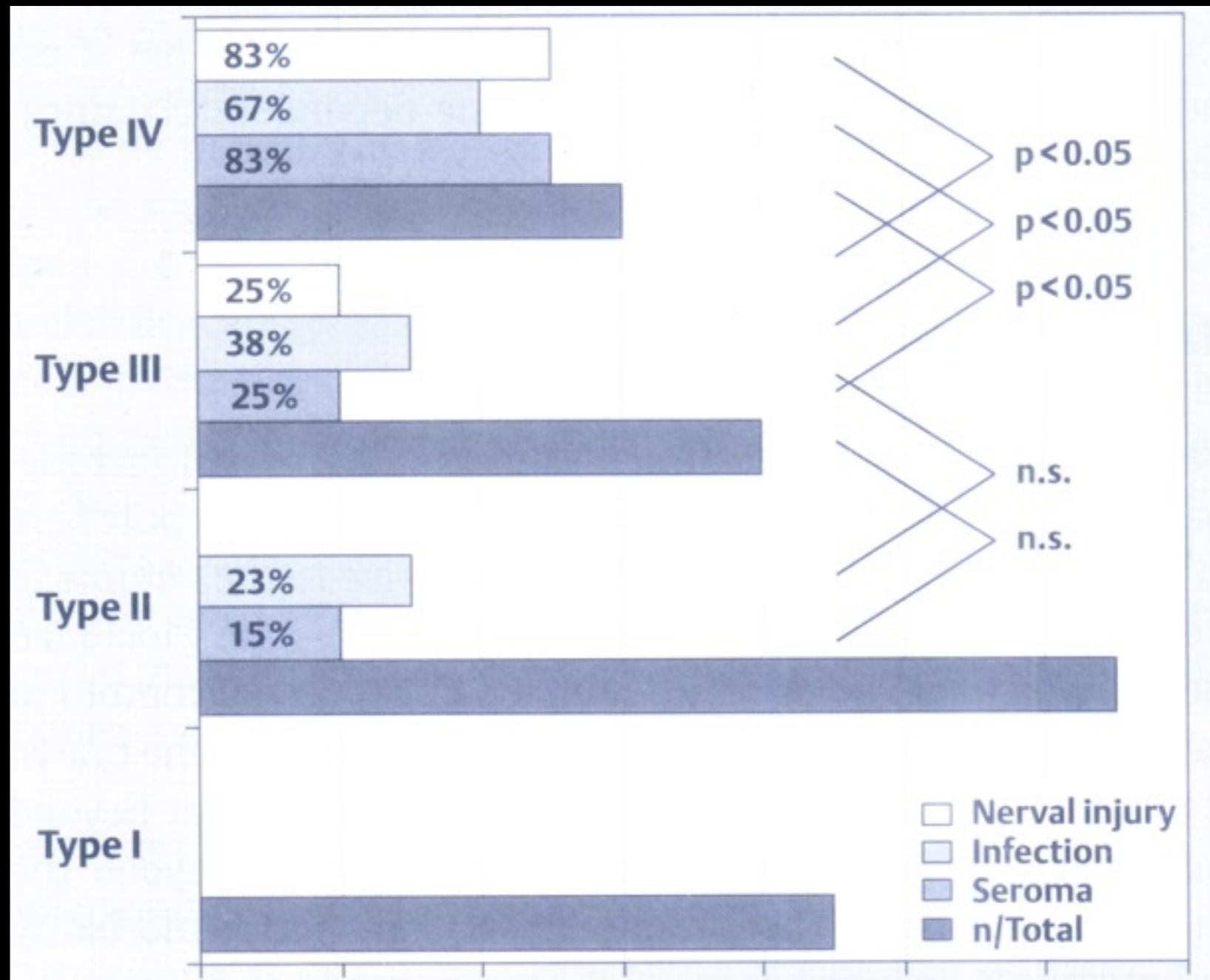
	<i>Type I</i> (n = 9)	<i>Type II</i> (n = 13)	<i>Type III</i> (n = 8)	<i>Type IV</i> (n = 6)
<i>Ultrasound</i>	1	10	8	6
<i>MRT</i>		5	7	5
<i>CT</i>			1	1
<i>Tracheoscopy</i>			2	4

écho, IRM, endoscopies



Type II et +, chirurgie incomplète fréquente

Quelles complications attendre de la chirurgie en fonction du grade ?



Type II et +, chirurgie délabrante possible

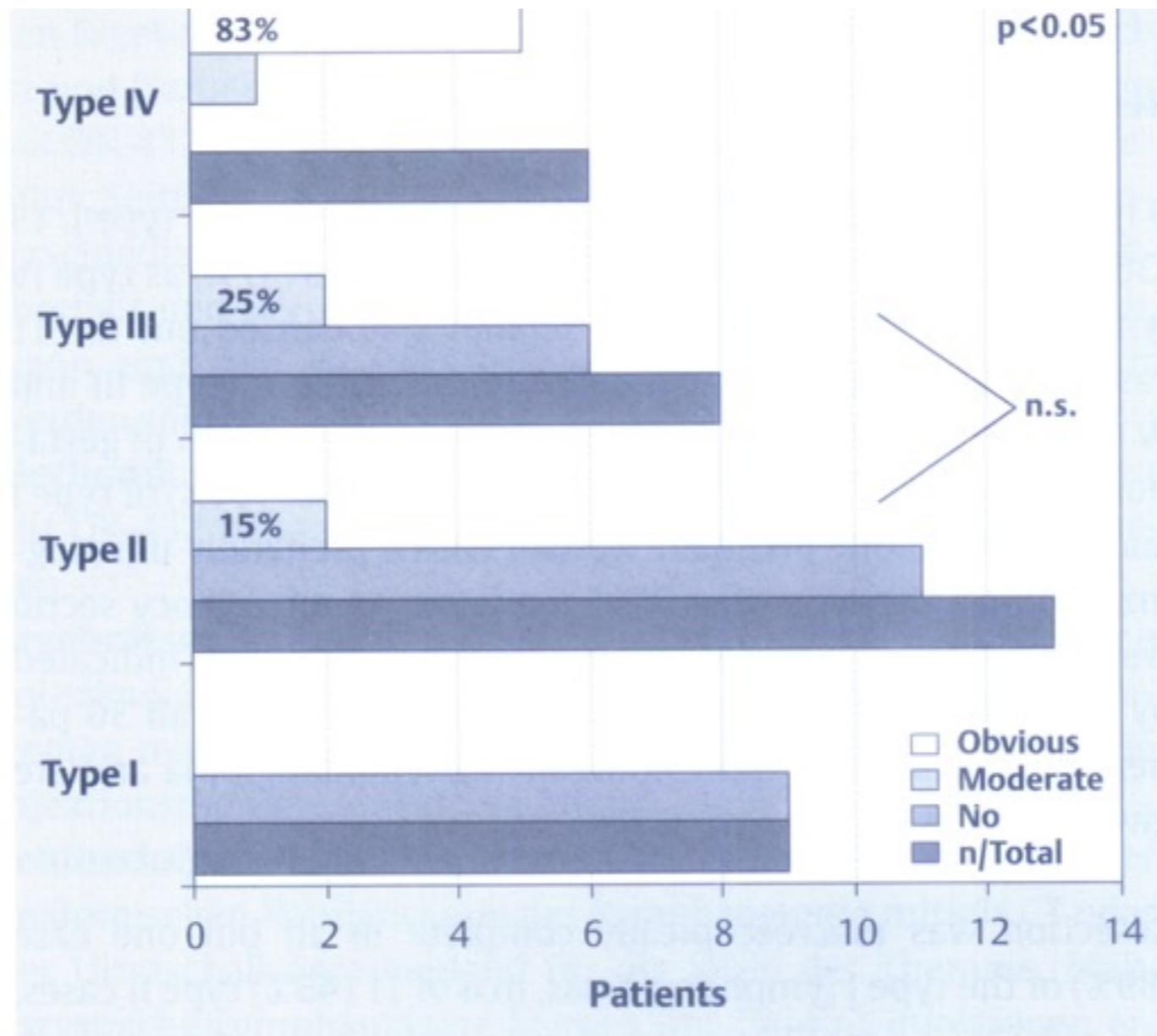


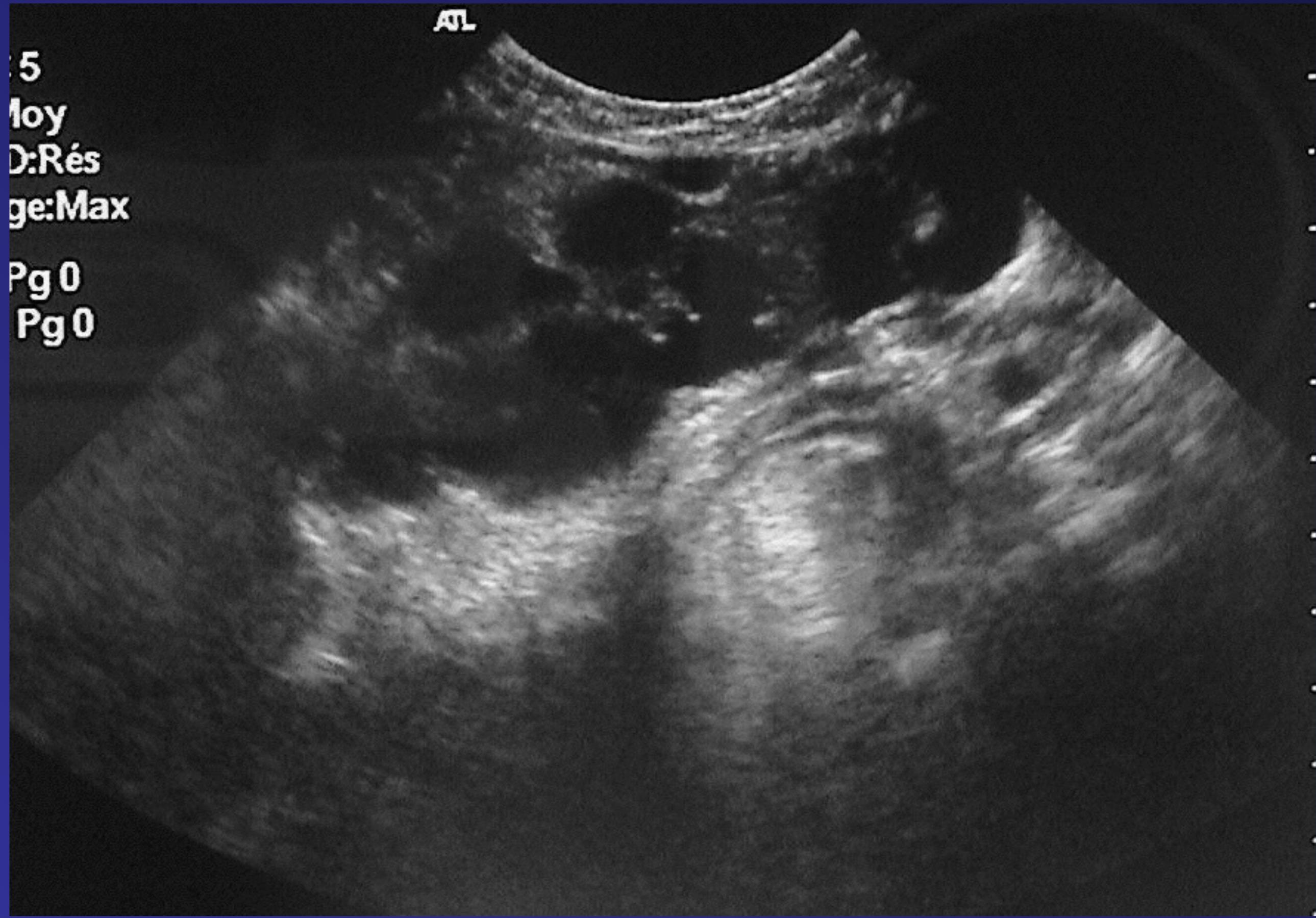
Fig. 4 Long-term follow-up: cosmetic deformity/asymmetry assessed as obvious, moderate, no deformity/asymmetry with respect to the introduced classification of lymphangioma colli (n = 36).

Type II et +, séquelles cosmétiques possibles

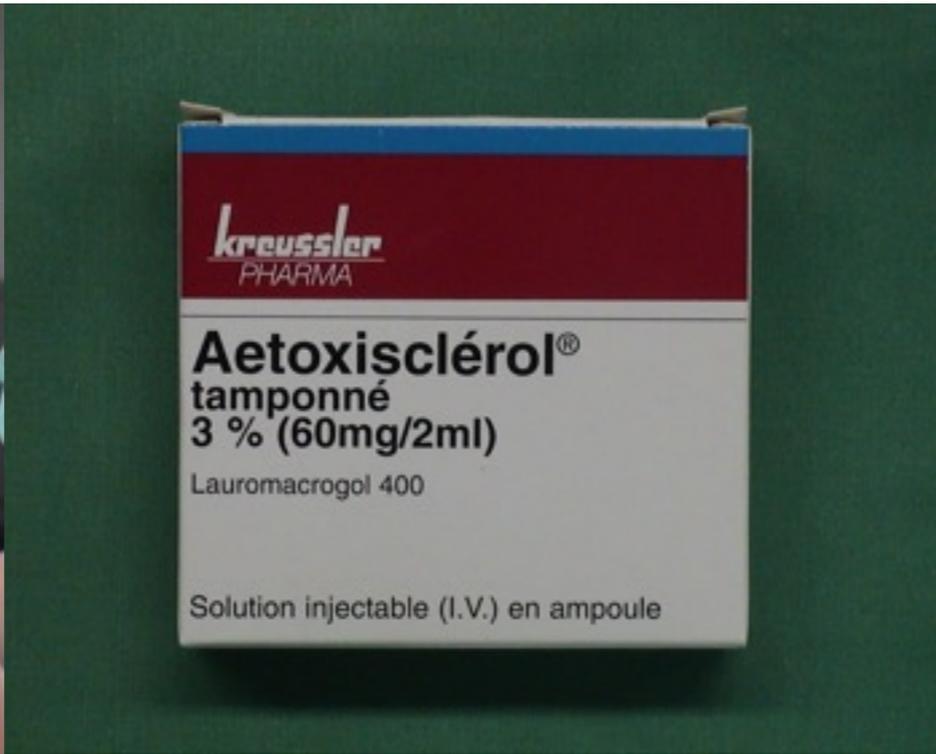
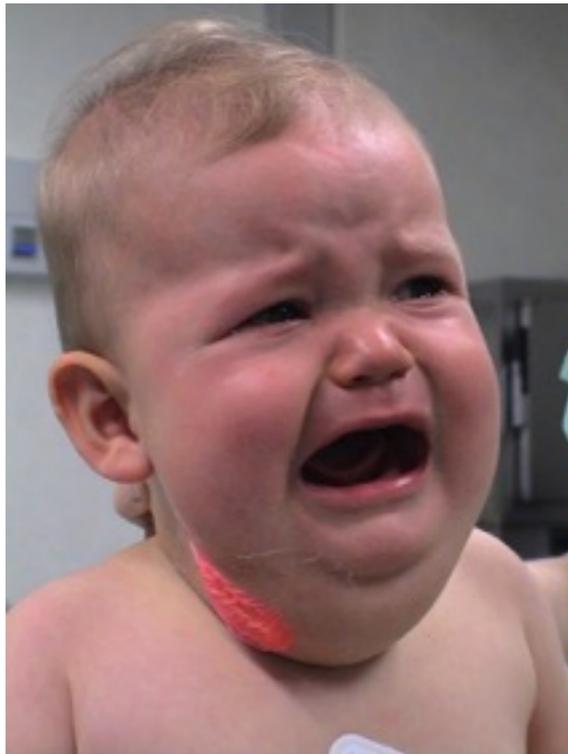


ATL

5
Moy
D:Rés
ge:Max
Pg 0
Pg 0









Nouveau-né, Dg prénatal

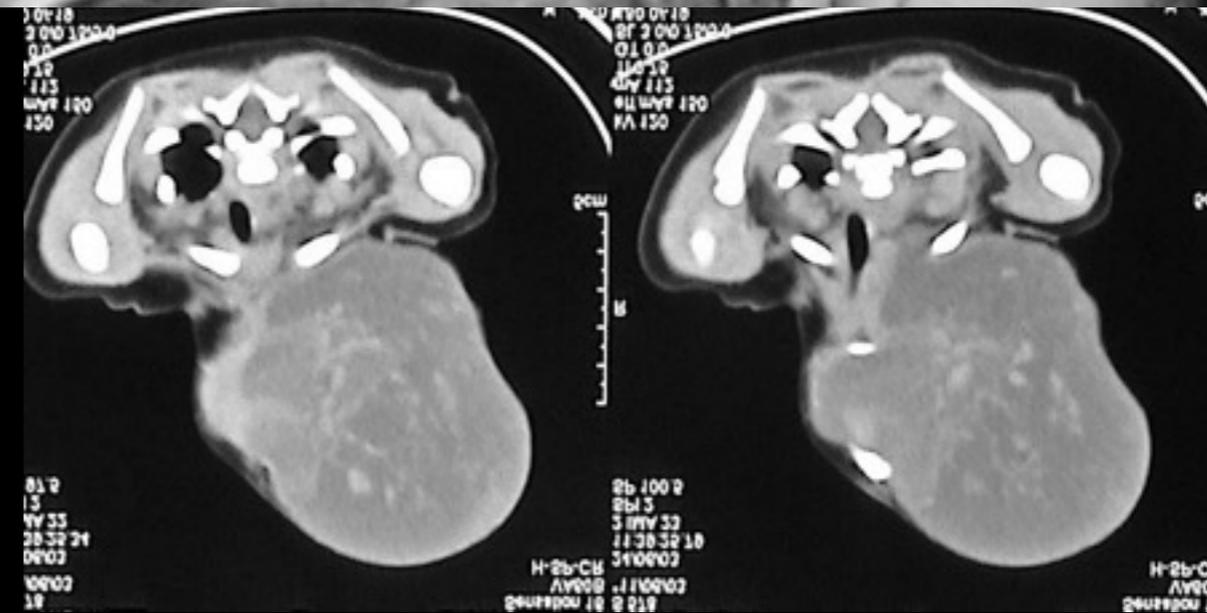
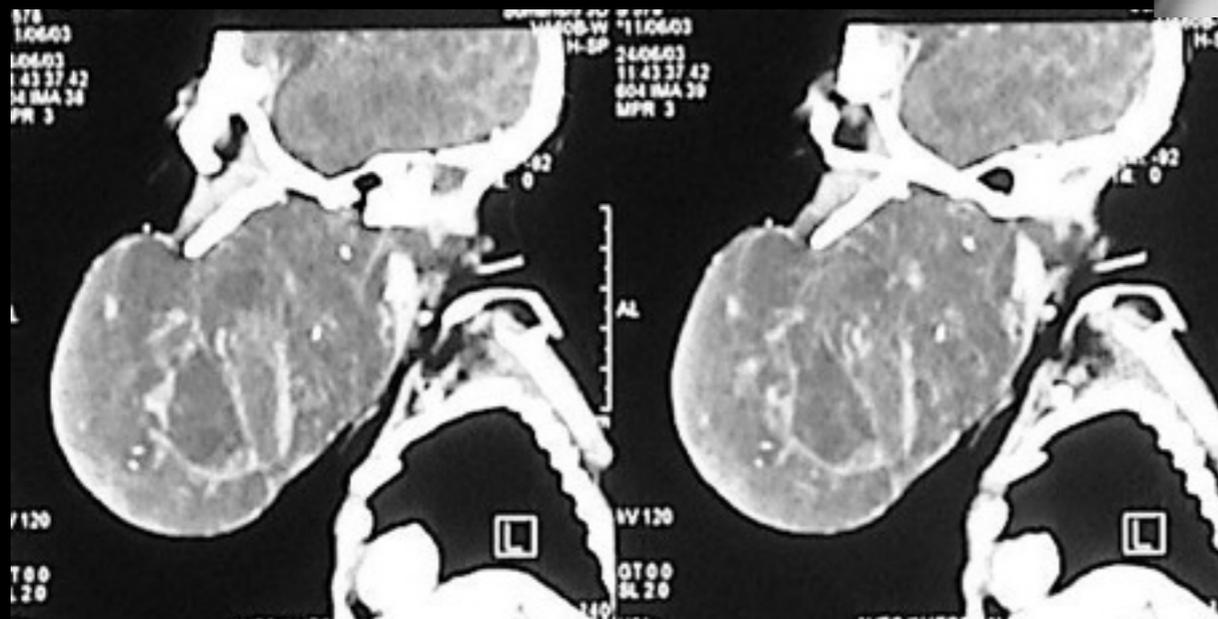
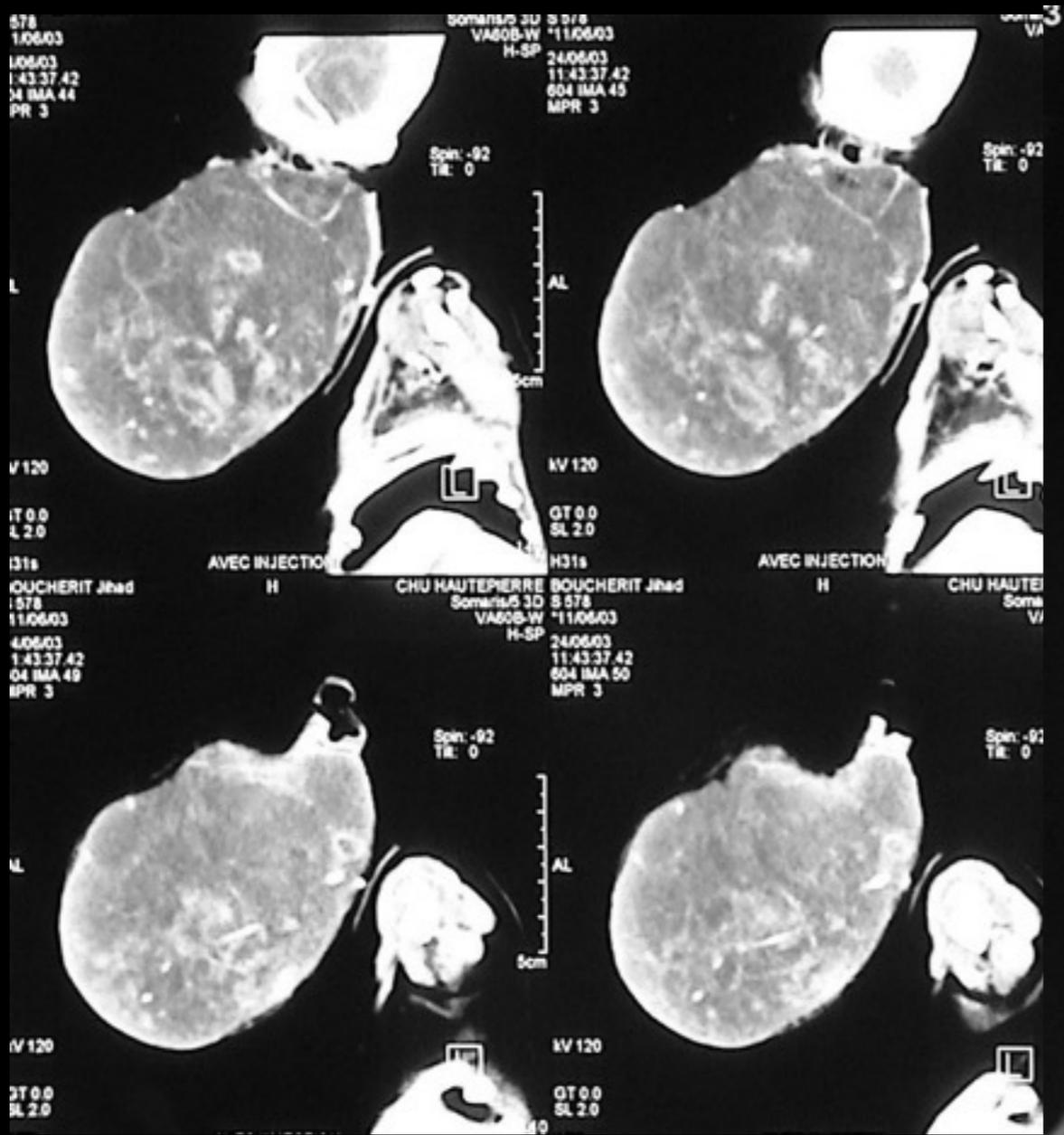




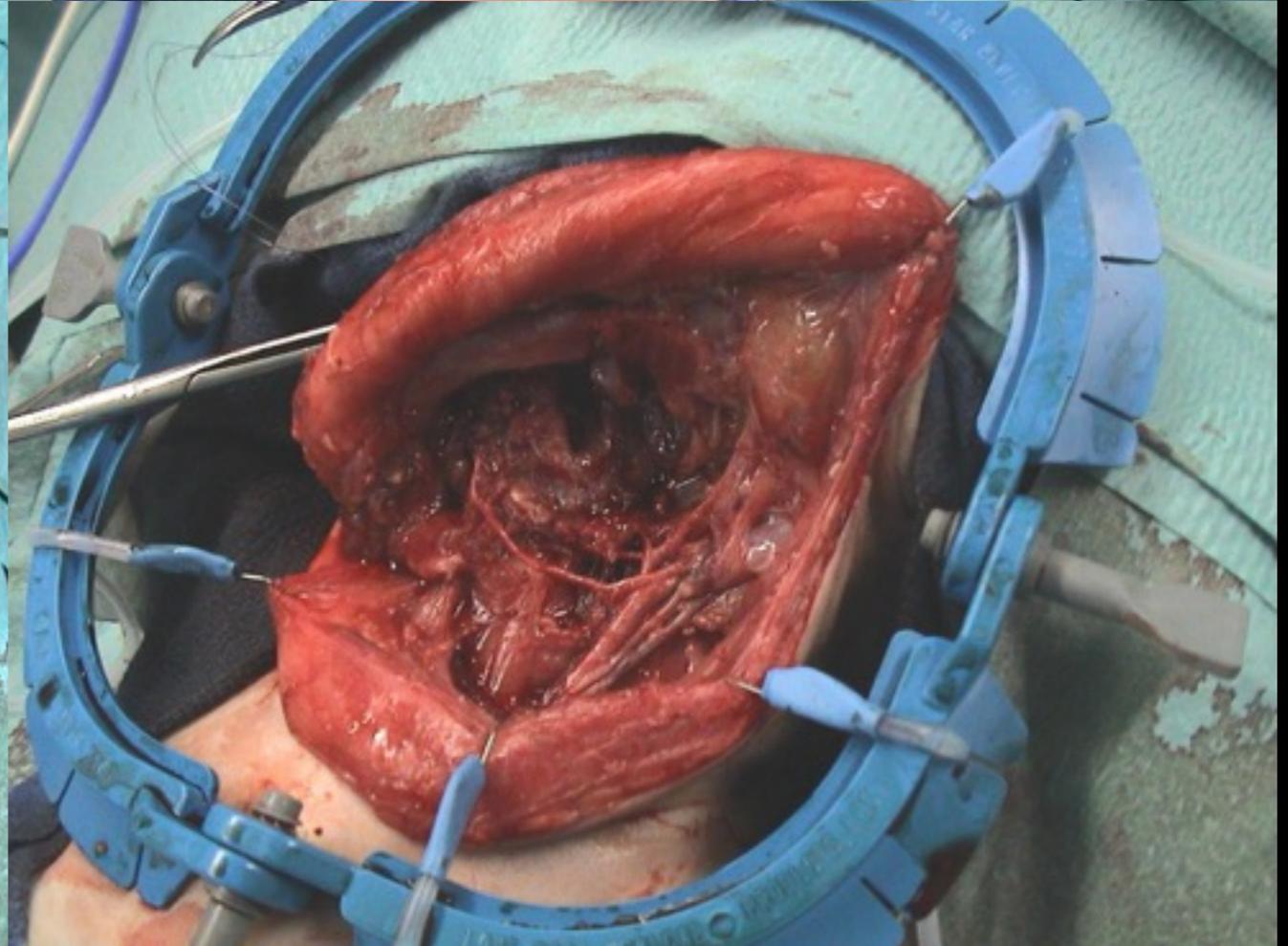
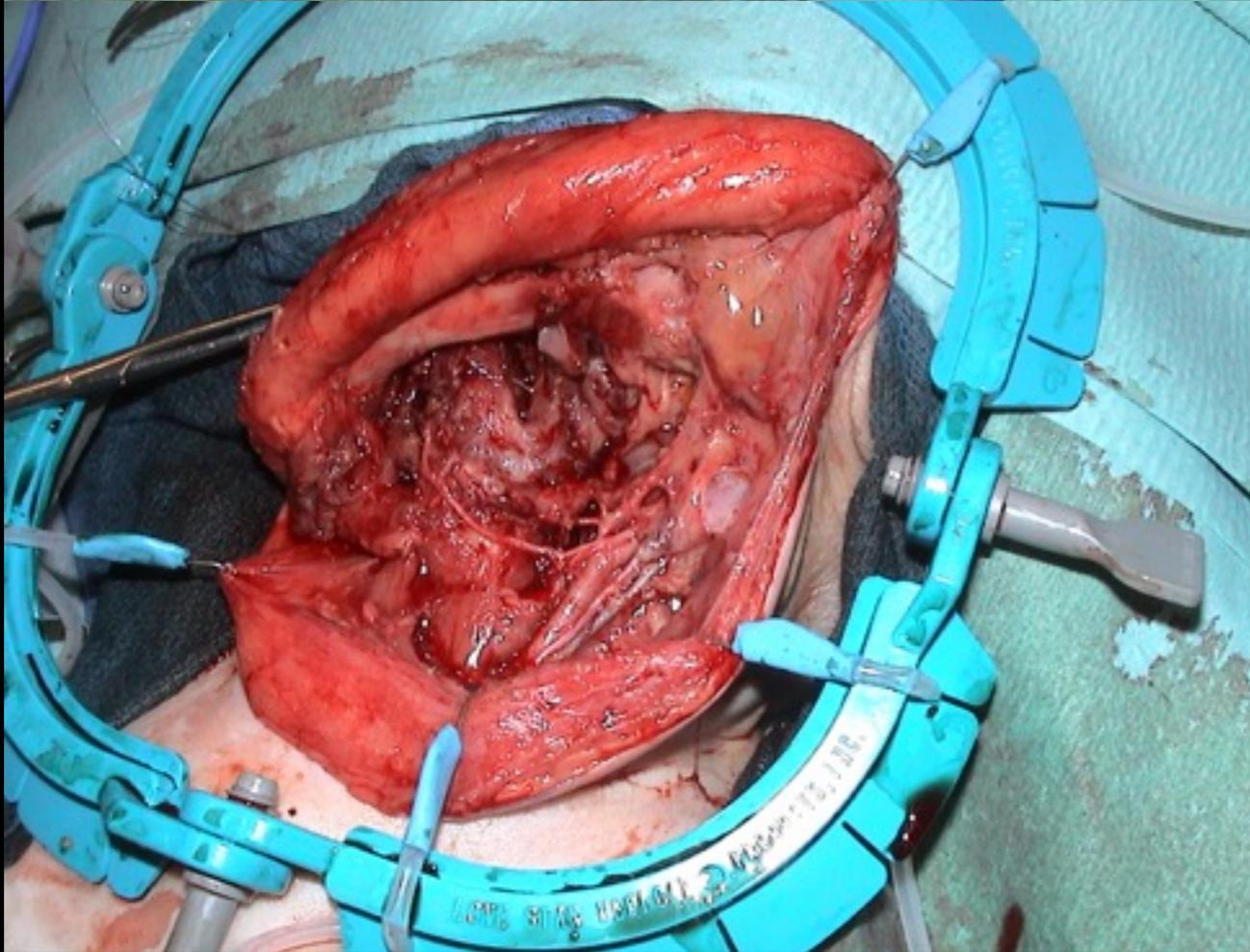
QUE FAIRE ?

Boit et respire...
Discuter les indications
de gastrostomie
et de trachéotomie...













Gastrotomie long terme



Conclusion

- Rareté des tumeurs cervico-faciales
- Imagerie et évaluation clinique (respirer, déglutir)
- Intérêt de la reconstruction 3D pour établir une stratégie
- Rester humble quant aux résultats

MERCI

Discussion

