

Retentissement pulmonaire des cardiopathies congénitales

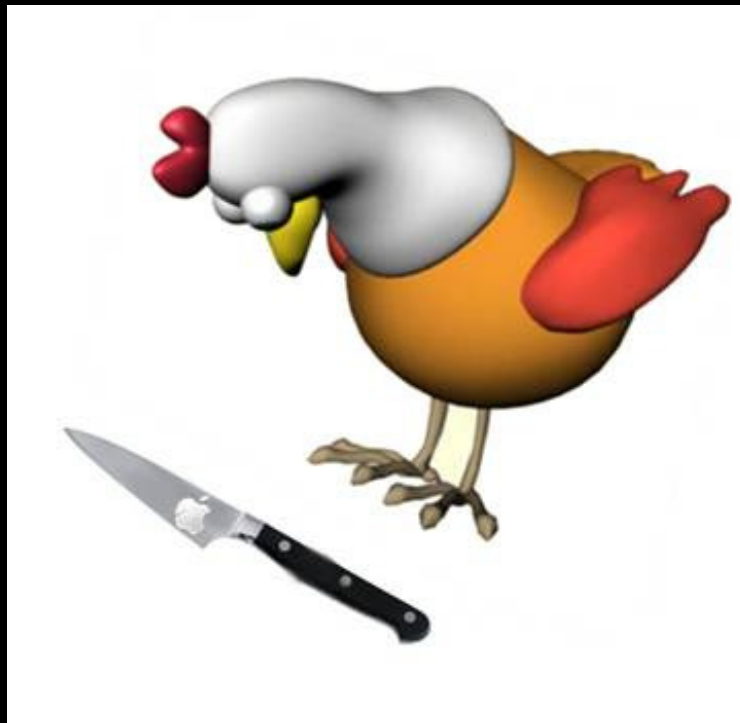
CAS CLINIQUES

Journée de printemps de la SIT

A AZARINE- MP REVEL

Thorax et cardiopathies congénitales

?

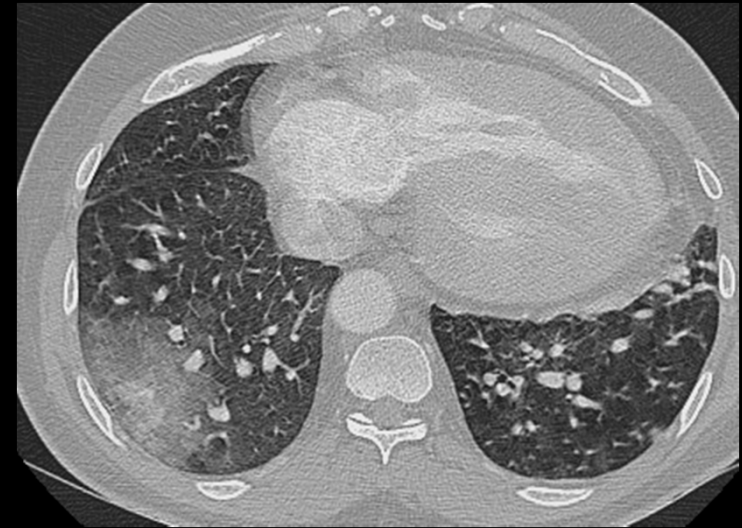


Quels Mécanismes?

1- Cardiopathies avec sténose de la voie pulmonaire (APSO, Fallot, ...)

- Hypervascularisation systémique compensatrice

HEMOPTYSIES



Quels Mécanismes?

- Autre conséquence plus rare de l'hypoperfusion pulmonaire = cavités parenchymateuses

Cardiol Young. 2010 Feb;20(1):91-3. doi: 10.1017/S1047951109991156. Epub 2010 Feb 22.

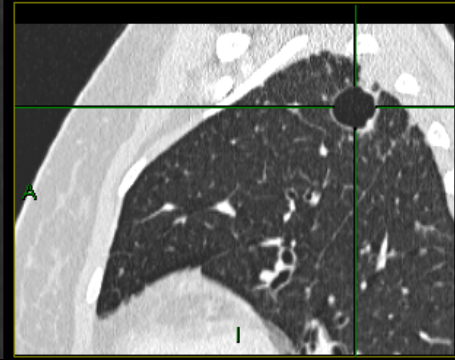
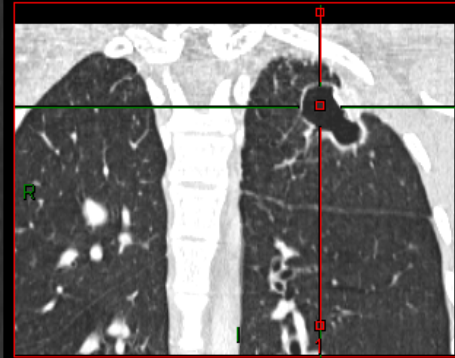
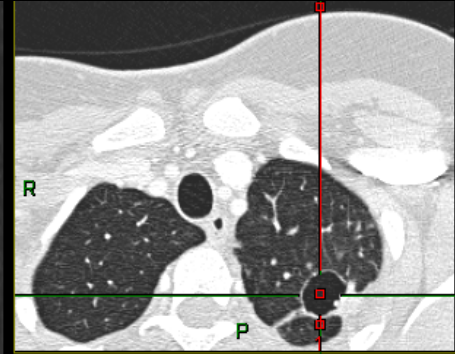
Lung abscess in adults with tetralogy of fallot and pulmonary atresia.

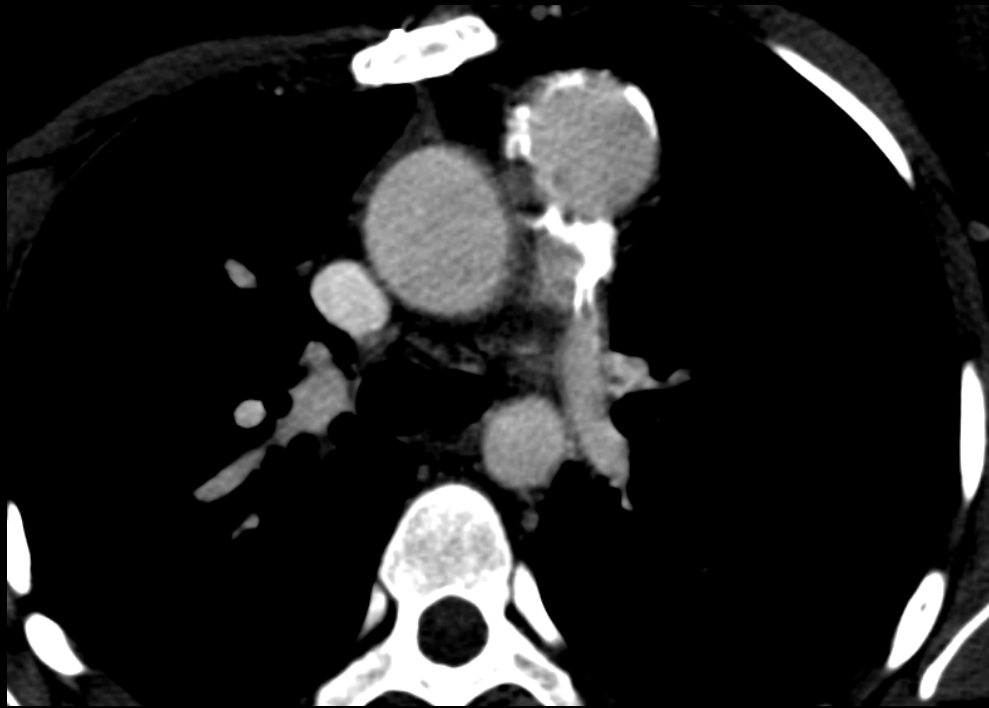
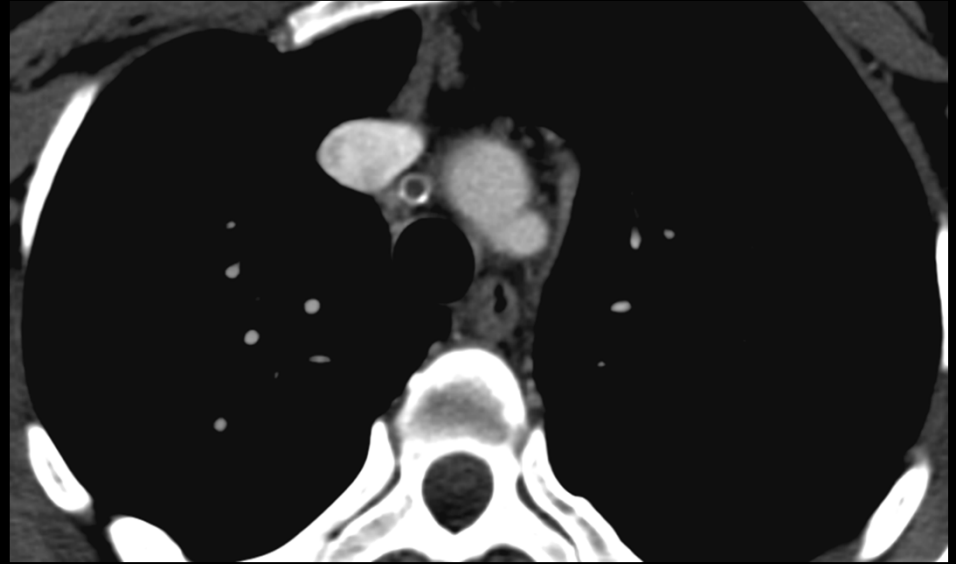
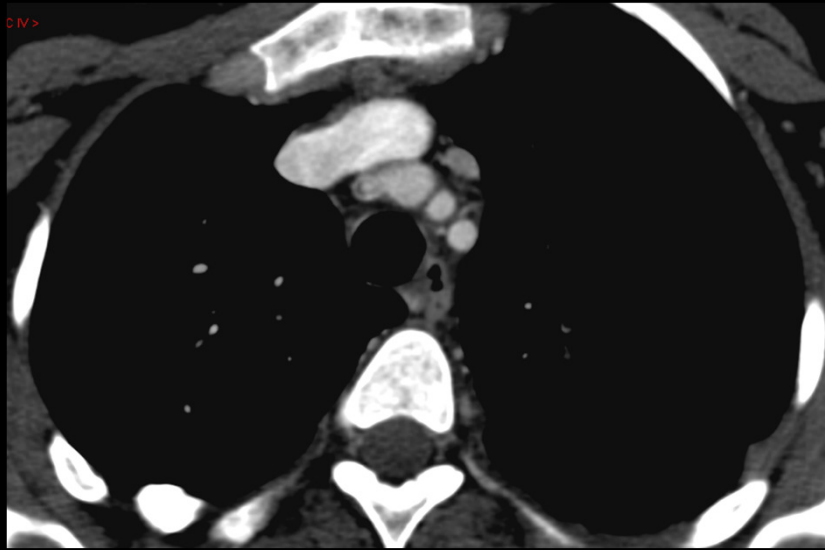
O'Donnell CP, Landzberg MJ, Mullen MP.

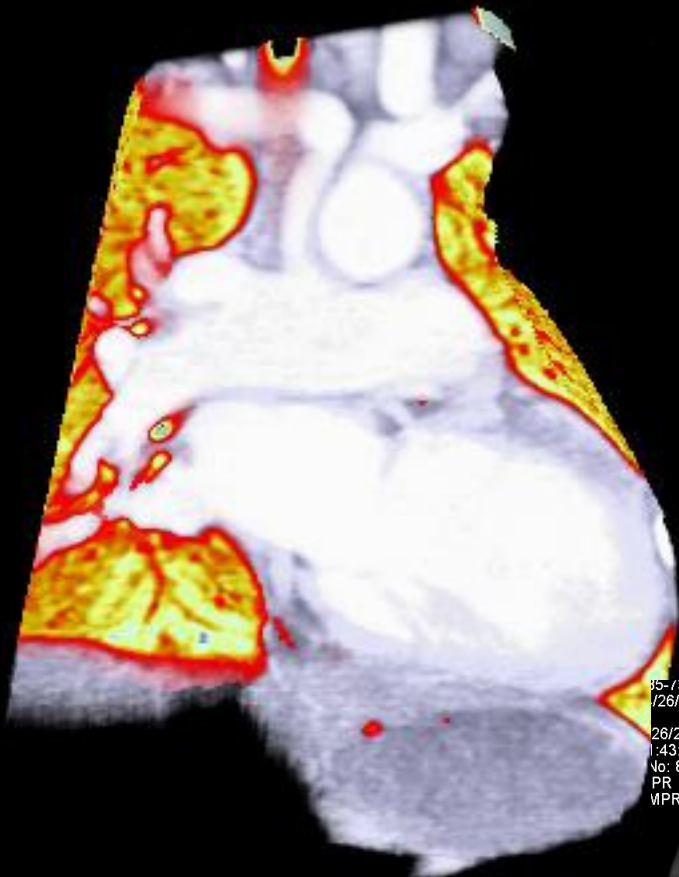
Department of Cardiology, Children's Hospital, 300 Longwood Avenue, Boston, MA, 02115, USA.

Abstract

We describe 5 adults with tetralogy of Fallot and pulmonary atresia who developed lung abscesses, including some infected with atypical microbial pathogens, with important morbidity. We hypothesize that patients with such anatomy are at risk for chronic pulmonary infection due to hypo-perfusion of the pulmonary parenchyma. This previously unreported clinical association should be considered in the differential diagnosis of patients with tetralogy of Fallot and pulmonary atresia who alter their respiratory state.







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T
I

085-73-41
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2/26/2013
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MPR
<MPR Collection>

SOMATOM Definition AS+
syngo CT 2012E

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2D 3 Min/Max: 190 /416

Spin: 31
Tilt: -95

RF

2D 1 Distance: 0.29 cm
2D 1 Min/Max: 240 /438

2D 2 Distance: 0.91 cm
2D 2 Min/Max: 231 /427

F

SOMATOM Definition AS
syngo CT 2012

SP F899.3
W 940
C 188

COTRAST 22 ML

085-73-41
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2/26/2013
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Tilt: 1

2D 1 Distance: 0.12 cm
2D 1 Min/Max: 270 /375

2D 1

LH

L
P

SP R54
W 940
C 188

Quels Mécanismes?

2- Cardiopathies avec shunt gauche droit (CIV, CIA)

- HTAP

DYSPNEE



Quels Mécanismes?

3- Cardiopathies associées à des retours veineux pulmonaires anormaux

(Une association fréquente: RVPA partiel & CIA)

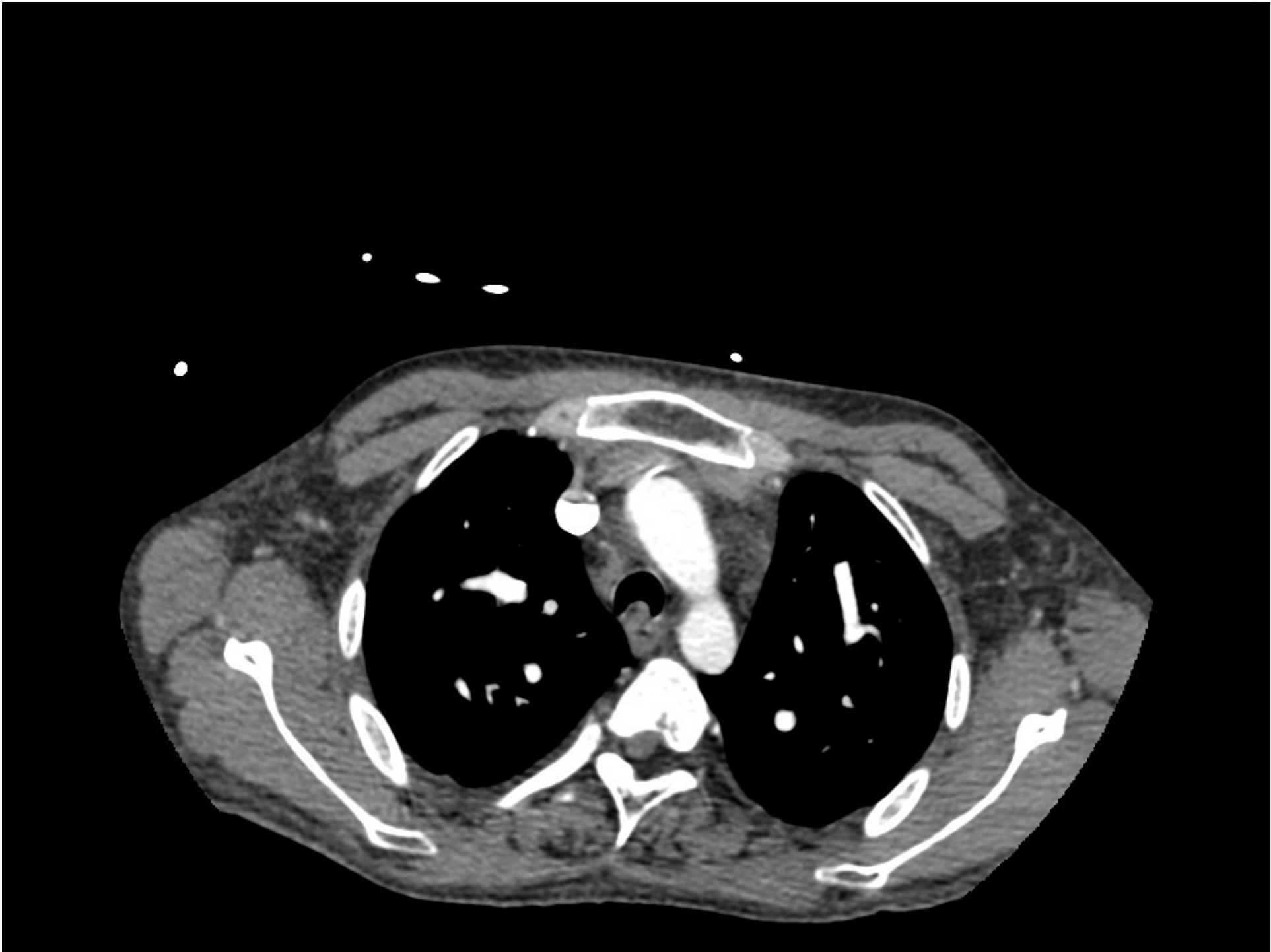
- Modification de la planification chirurgicale (cardiaque ou thoracique)

NB: Les RVPA partiels
Isolés sont
ASYMPTOMATIQUES



CAS 1.

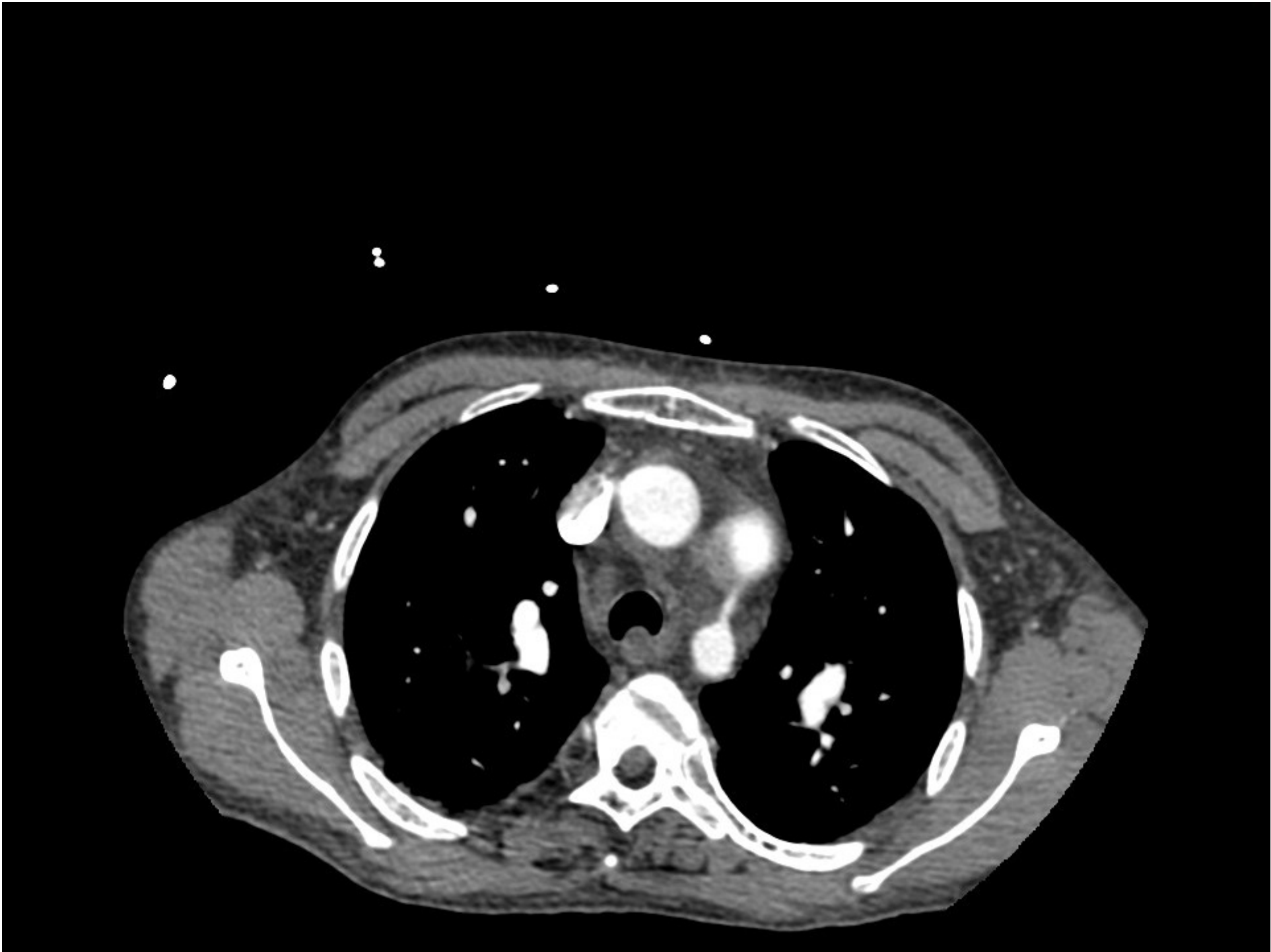
- H 17 ans, pakistanais, situation irrégulière, pas d'interrogatoire possible
- Adressé pour suspicion d'embolie pulmonaire devant une dyspnée

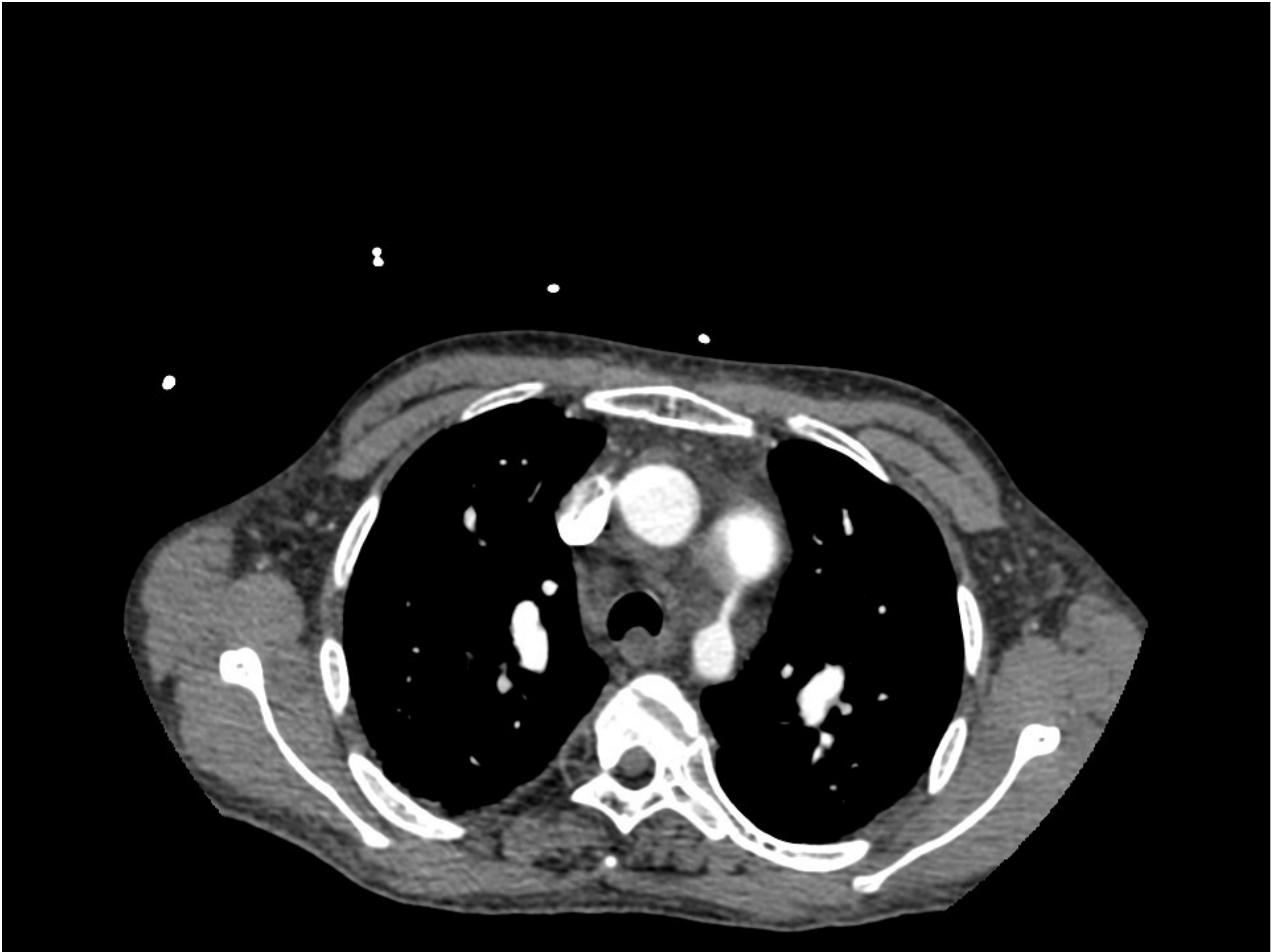


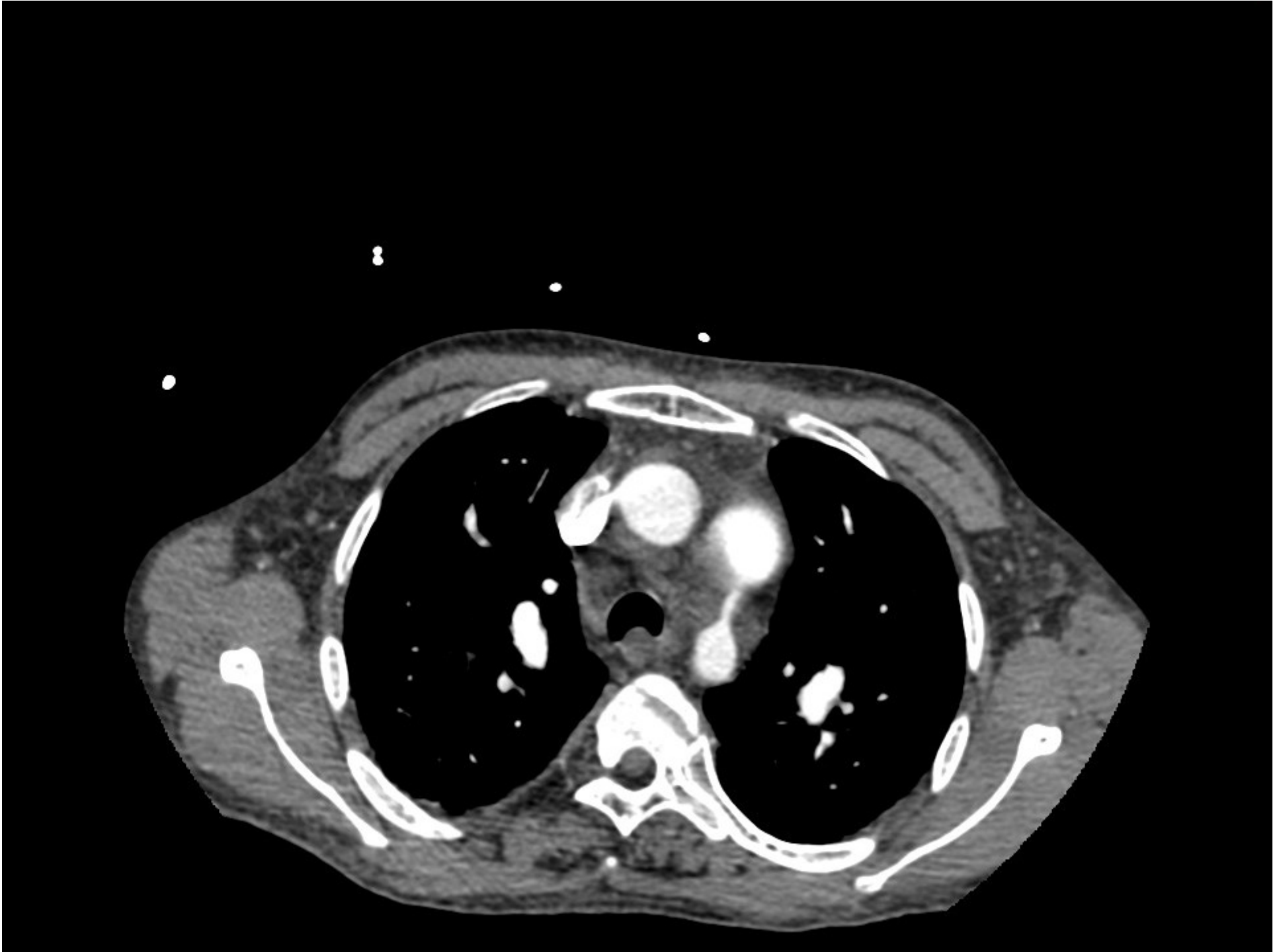






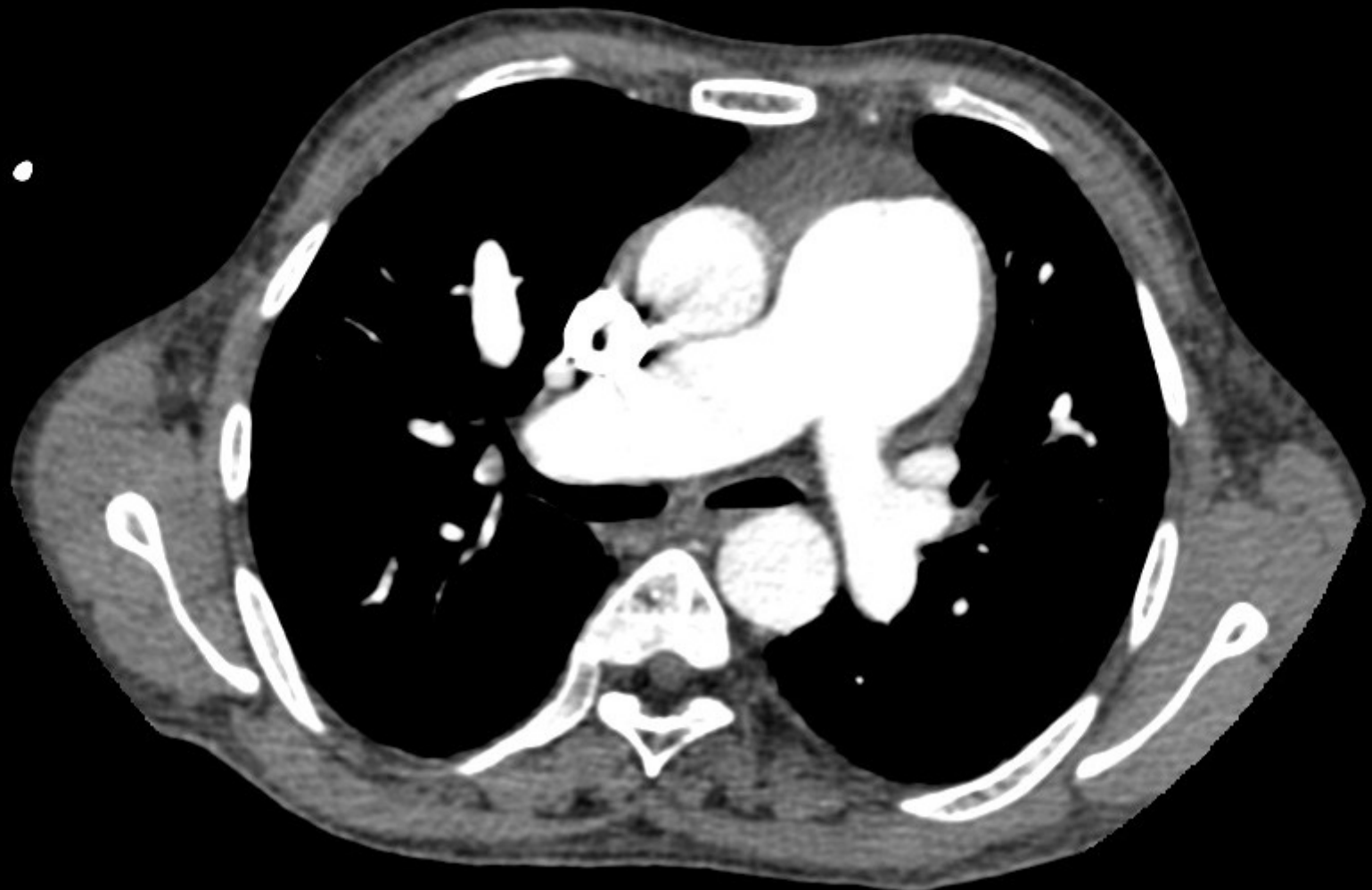




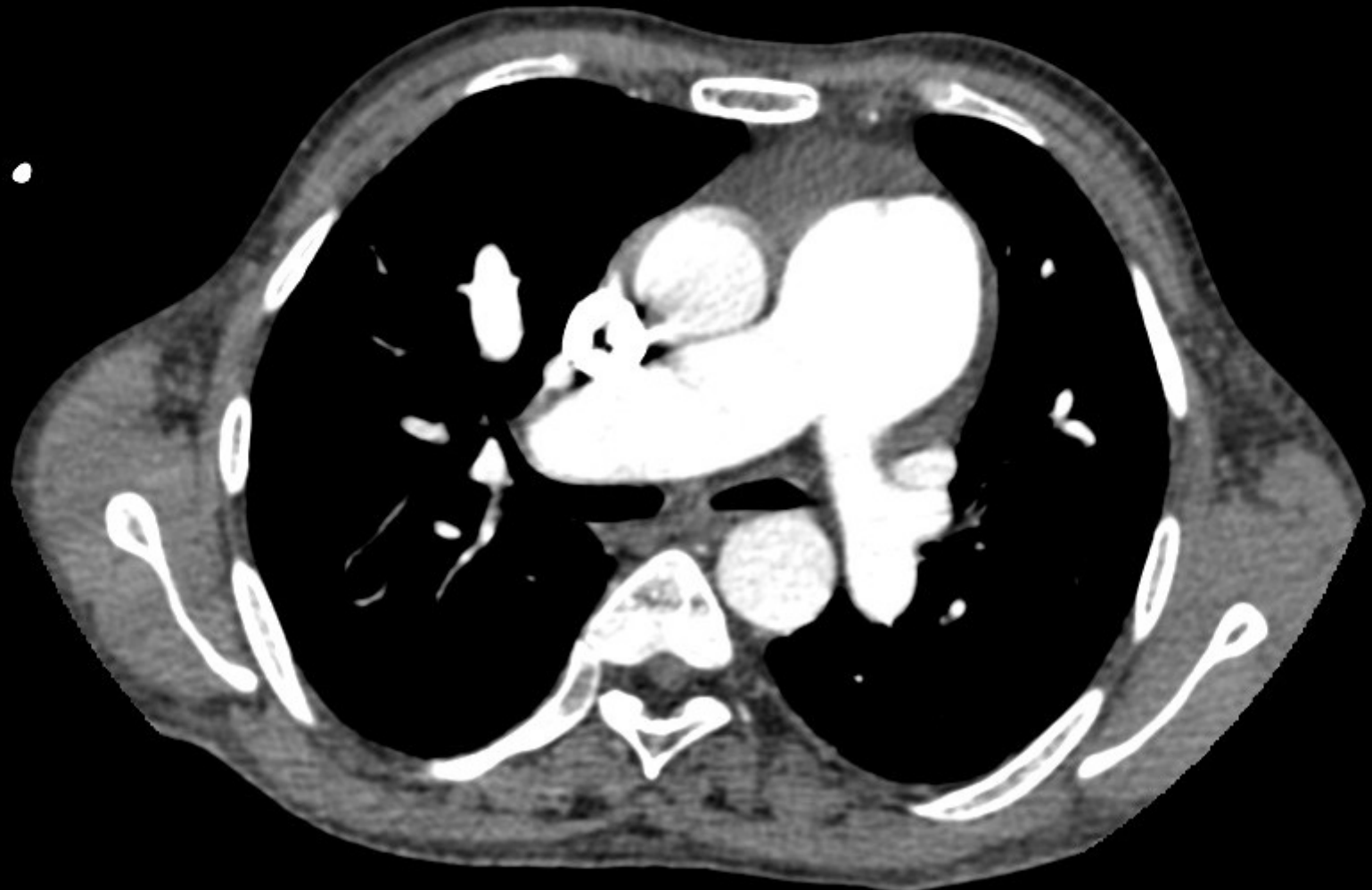




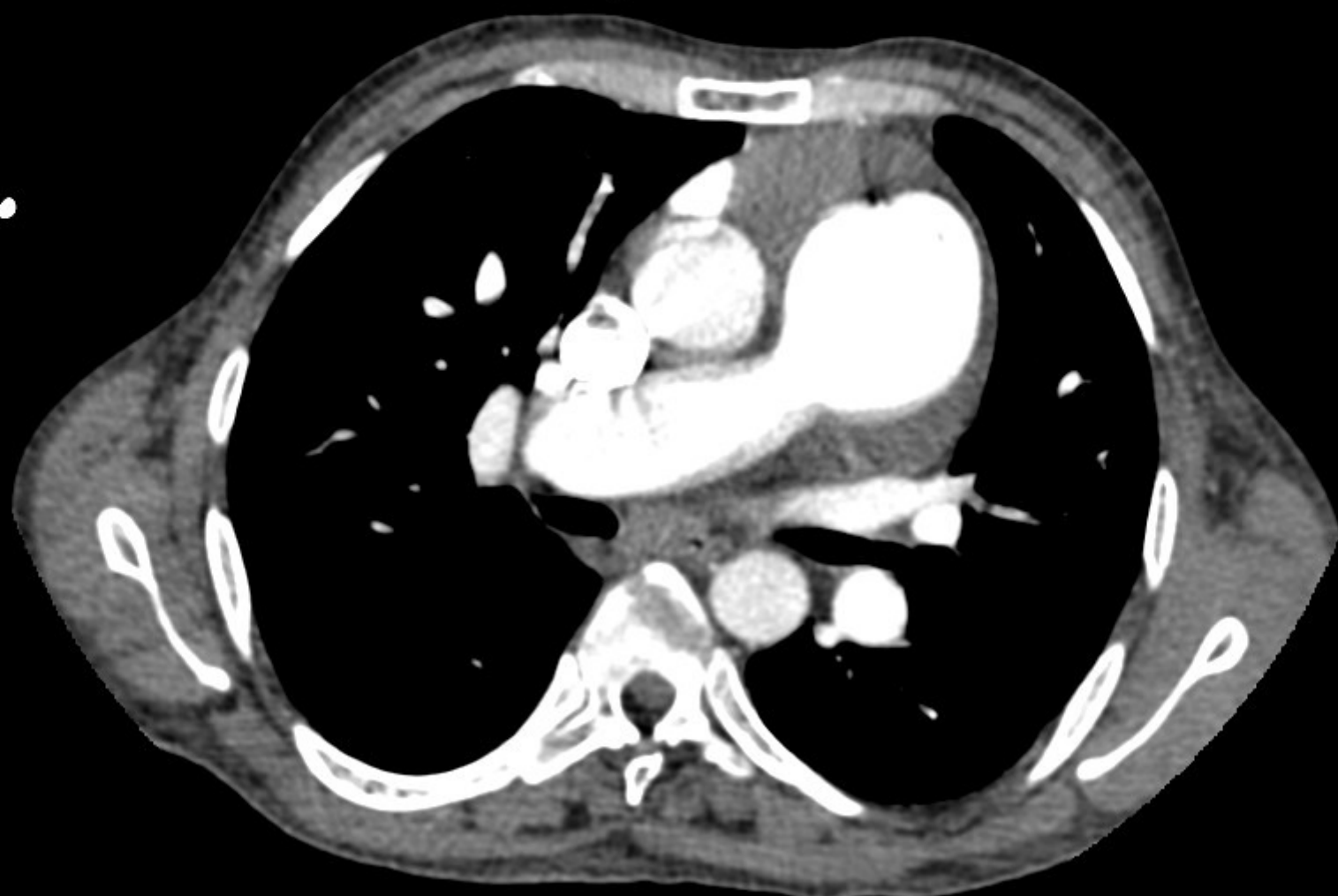




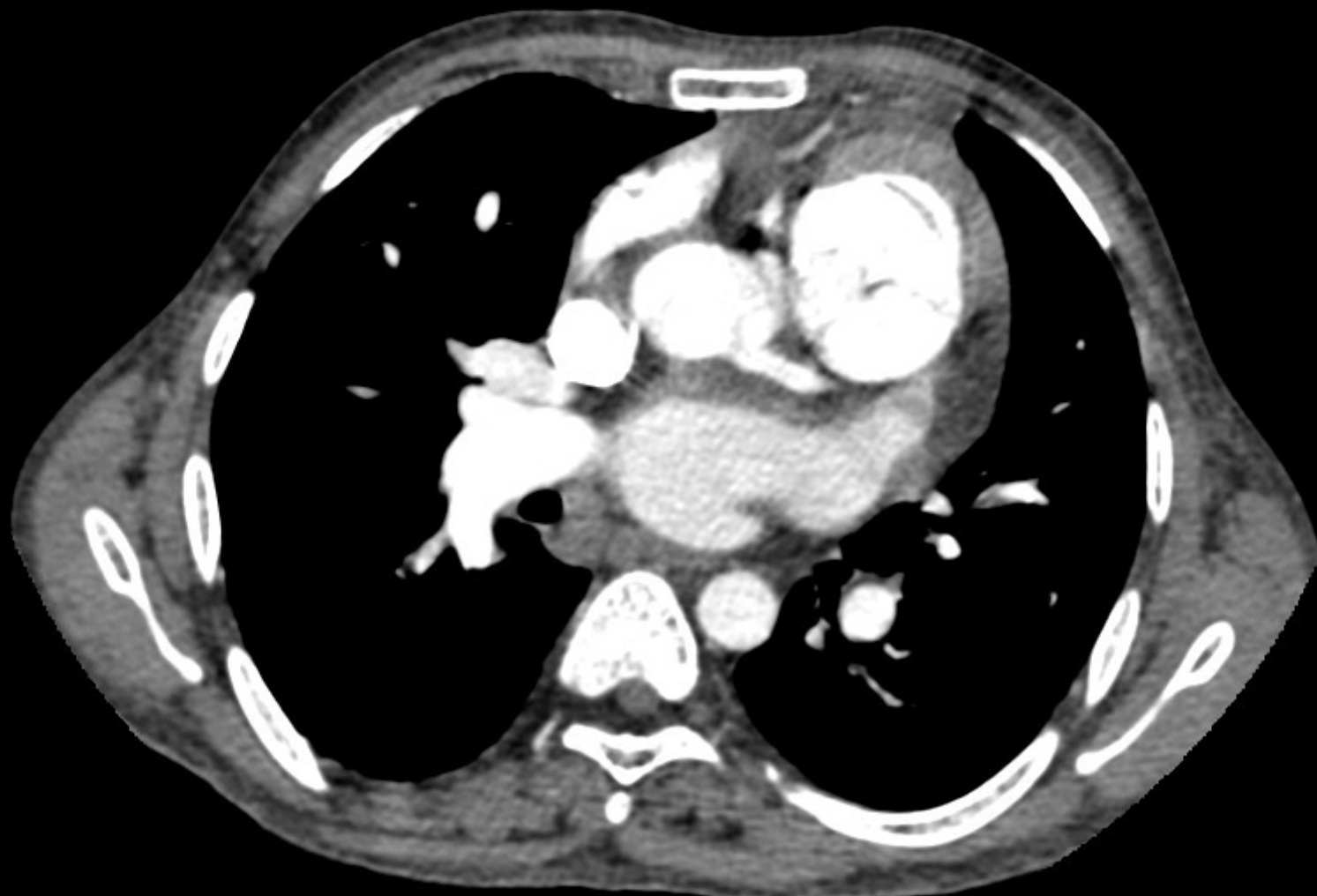


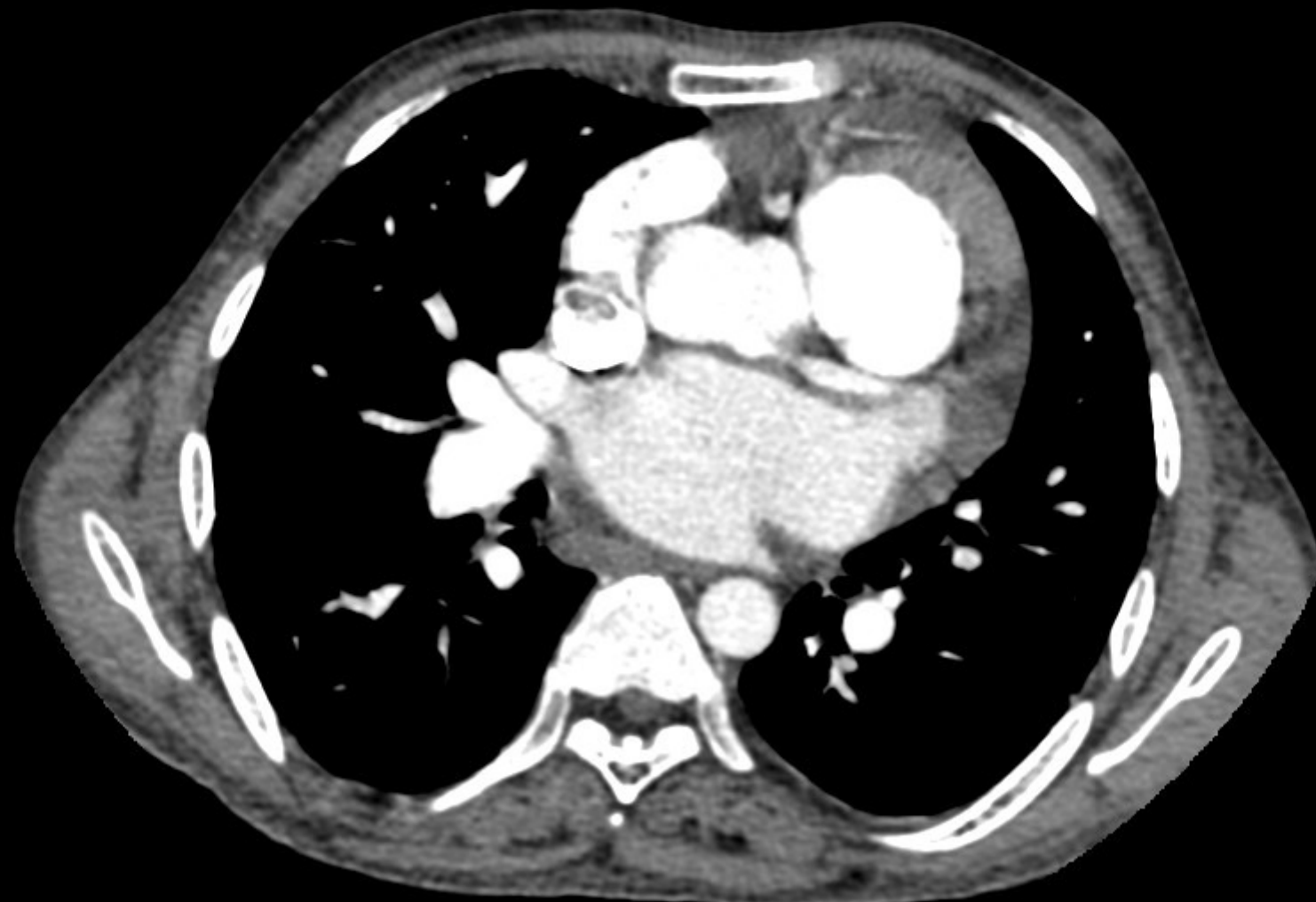








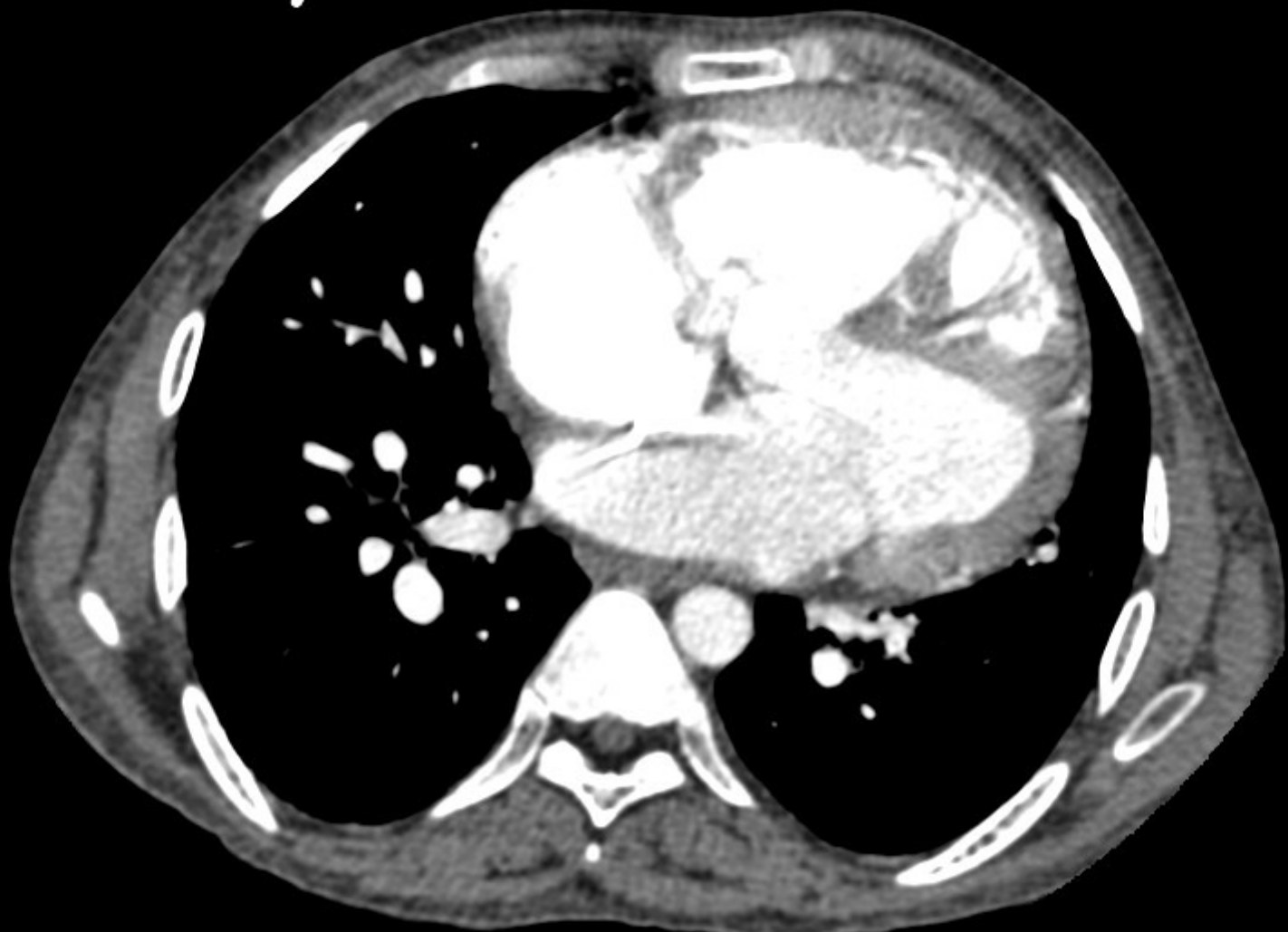












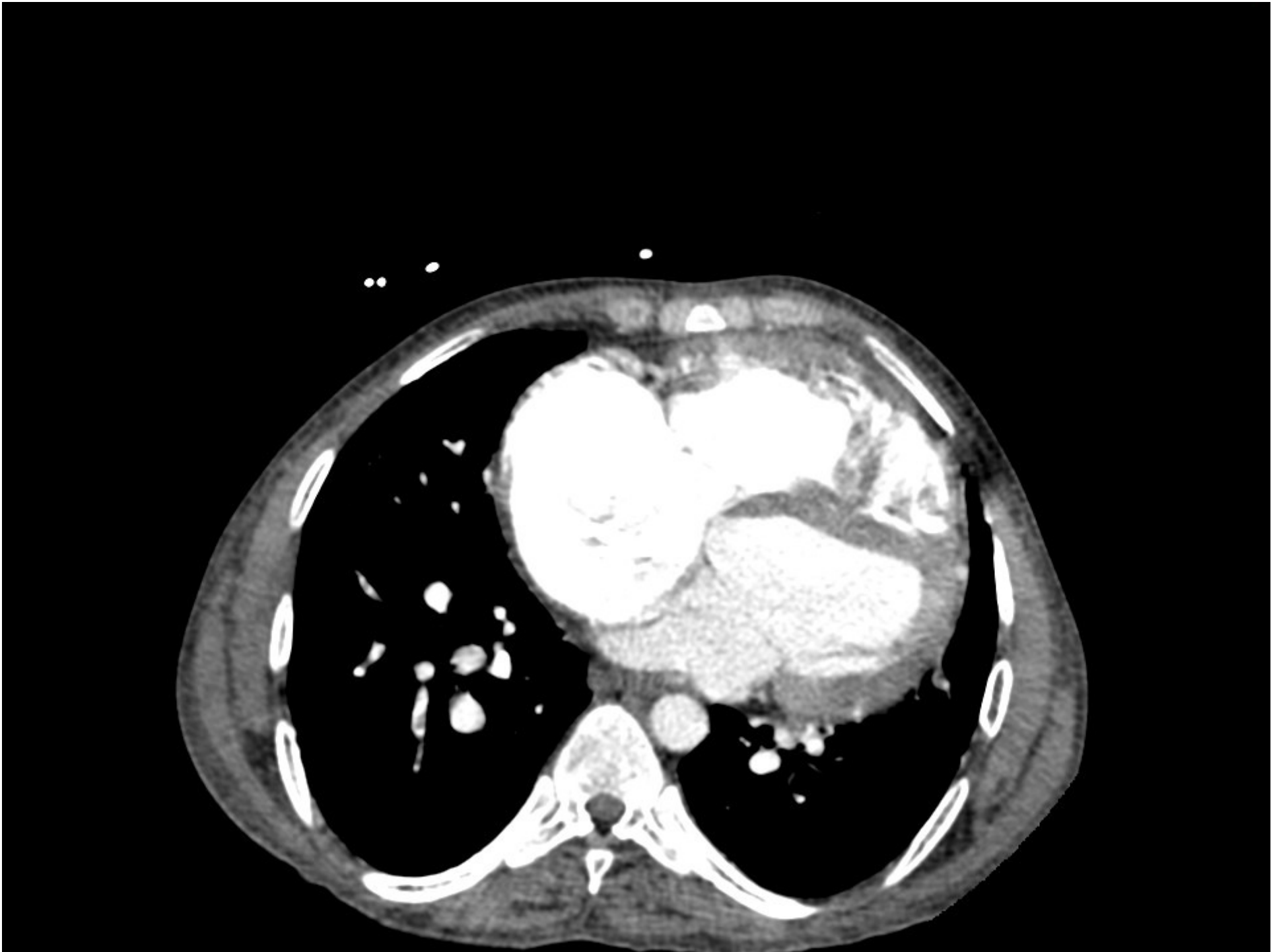


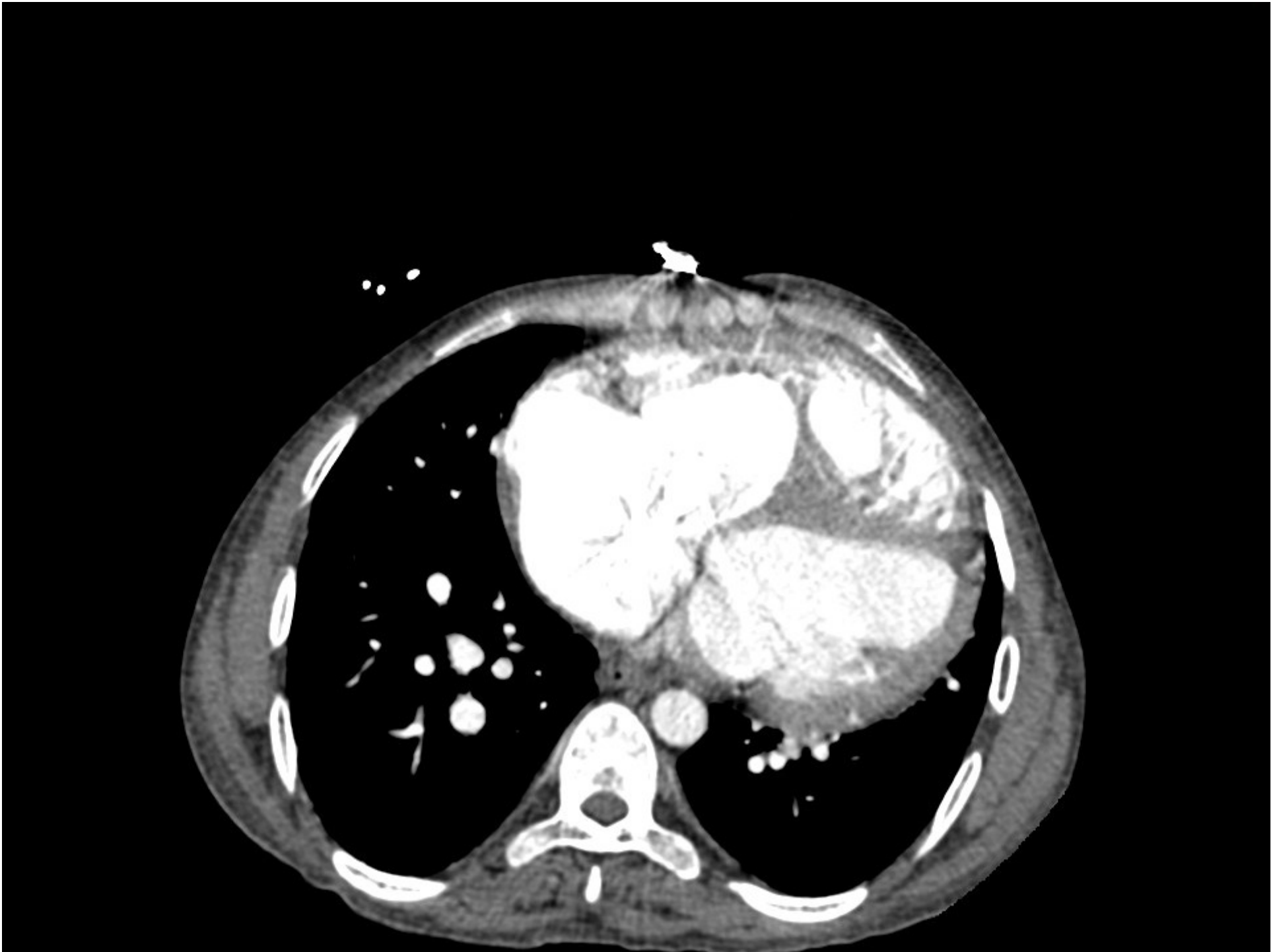










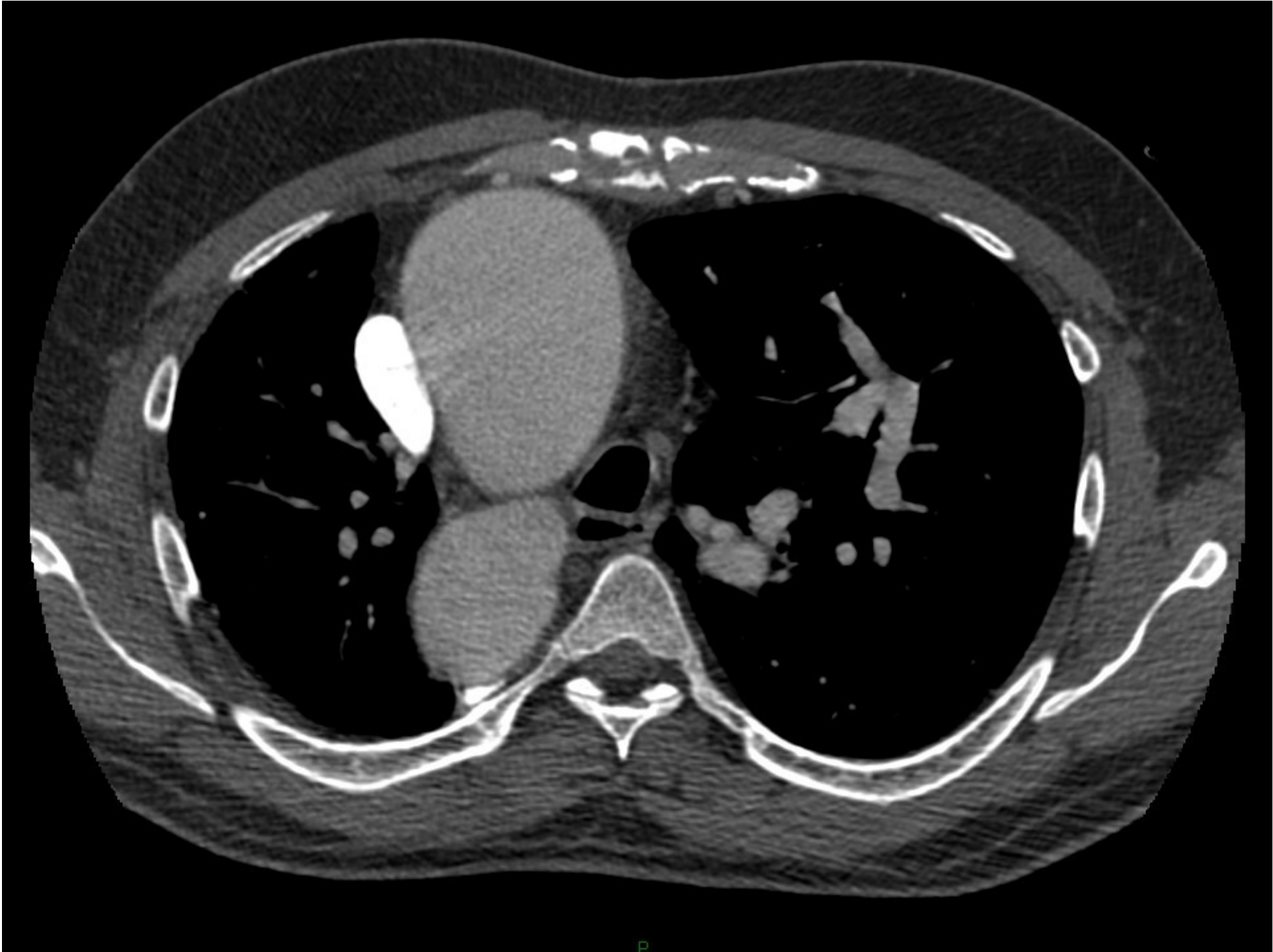


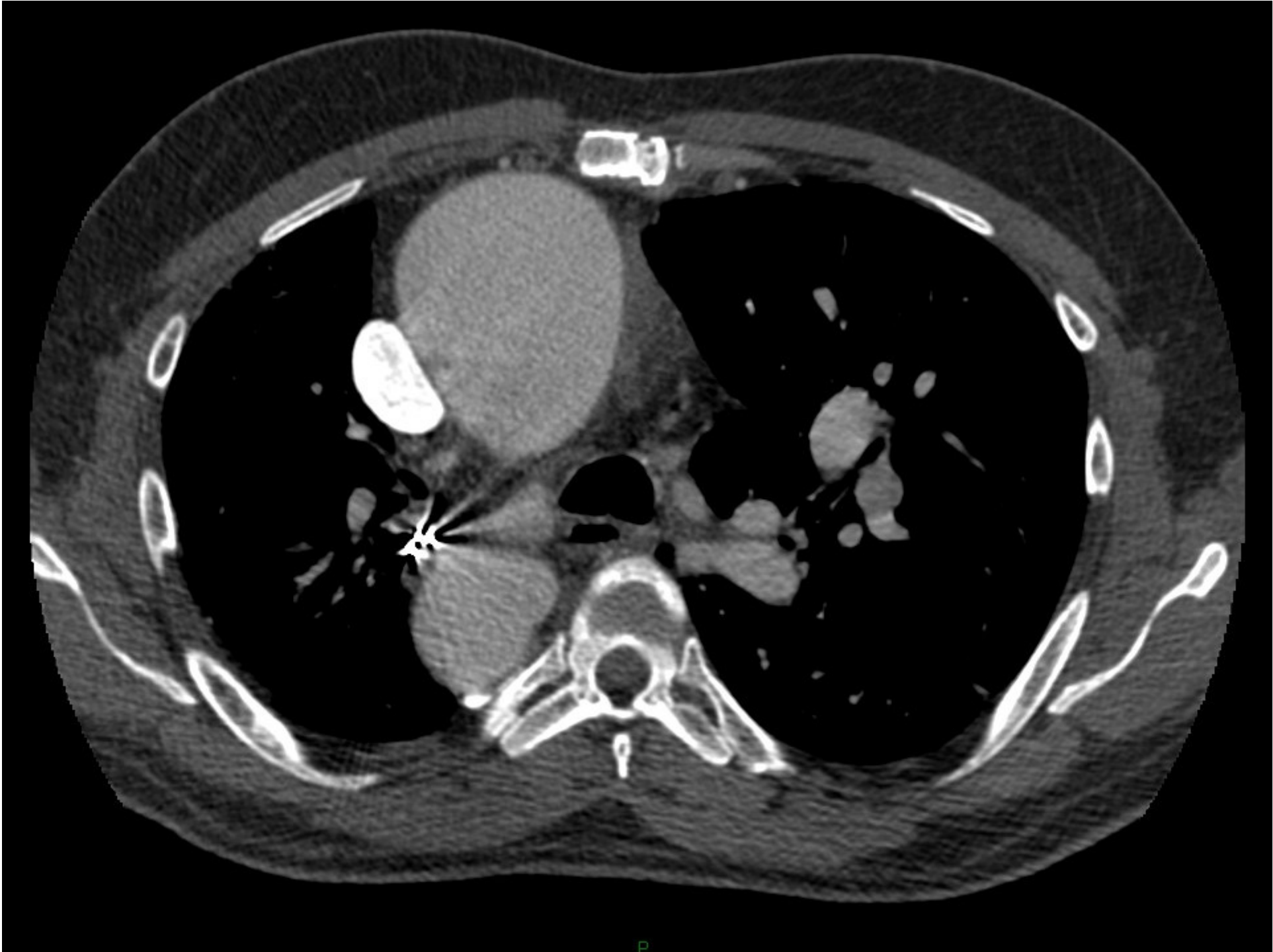


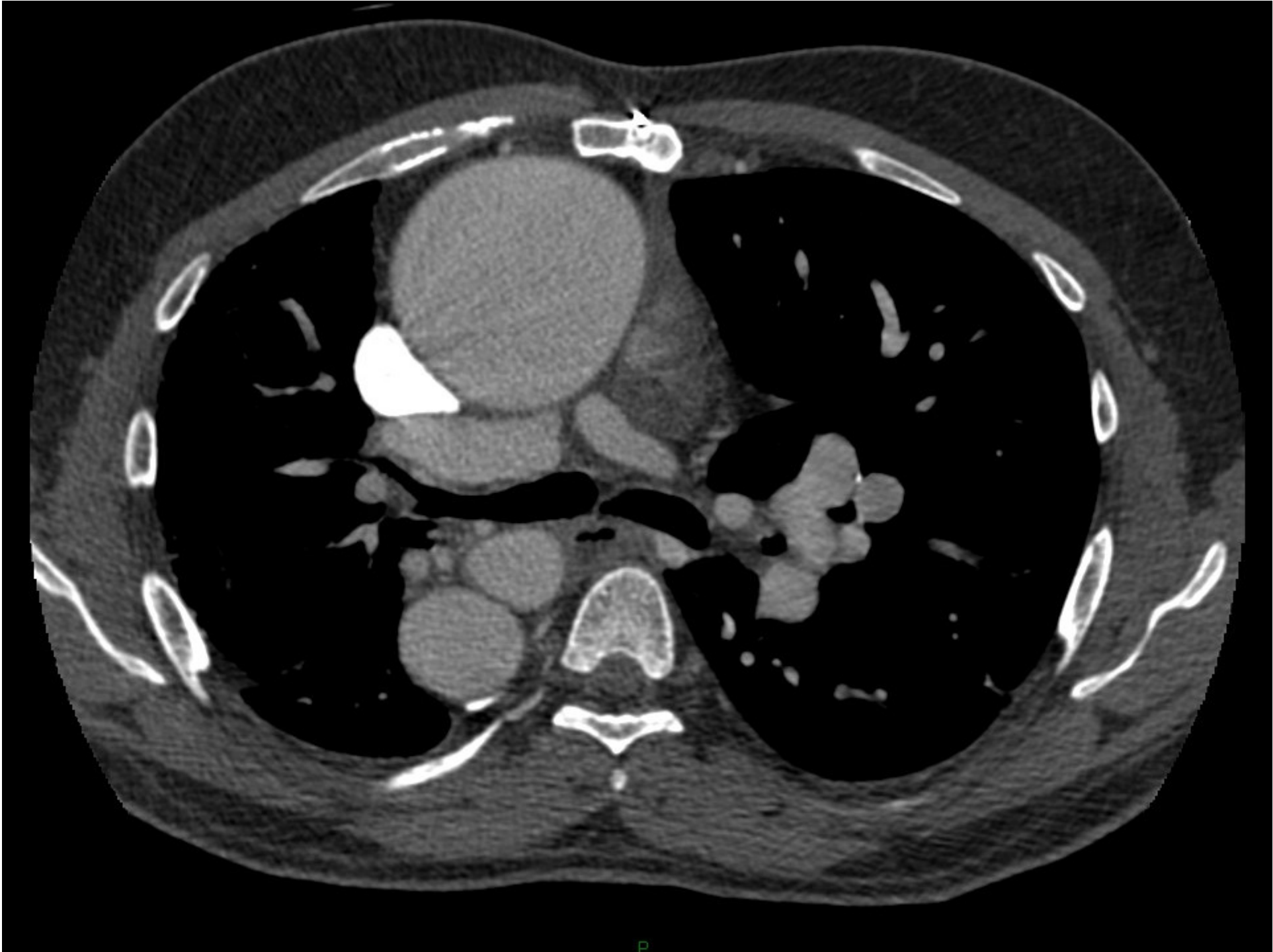
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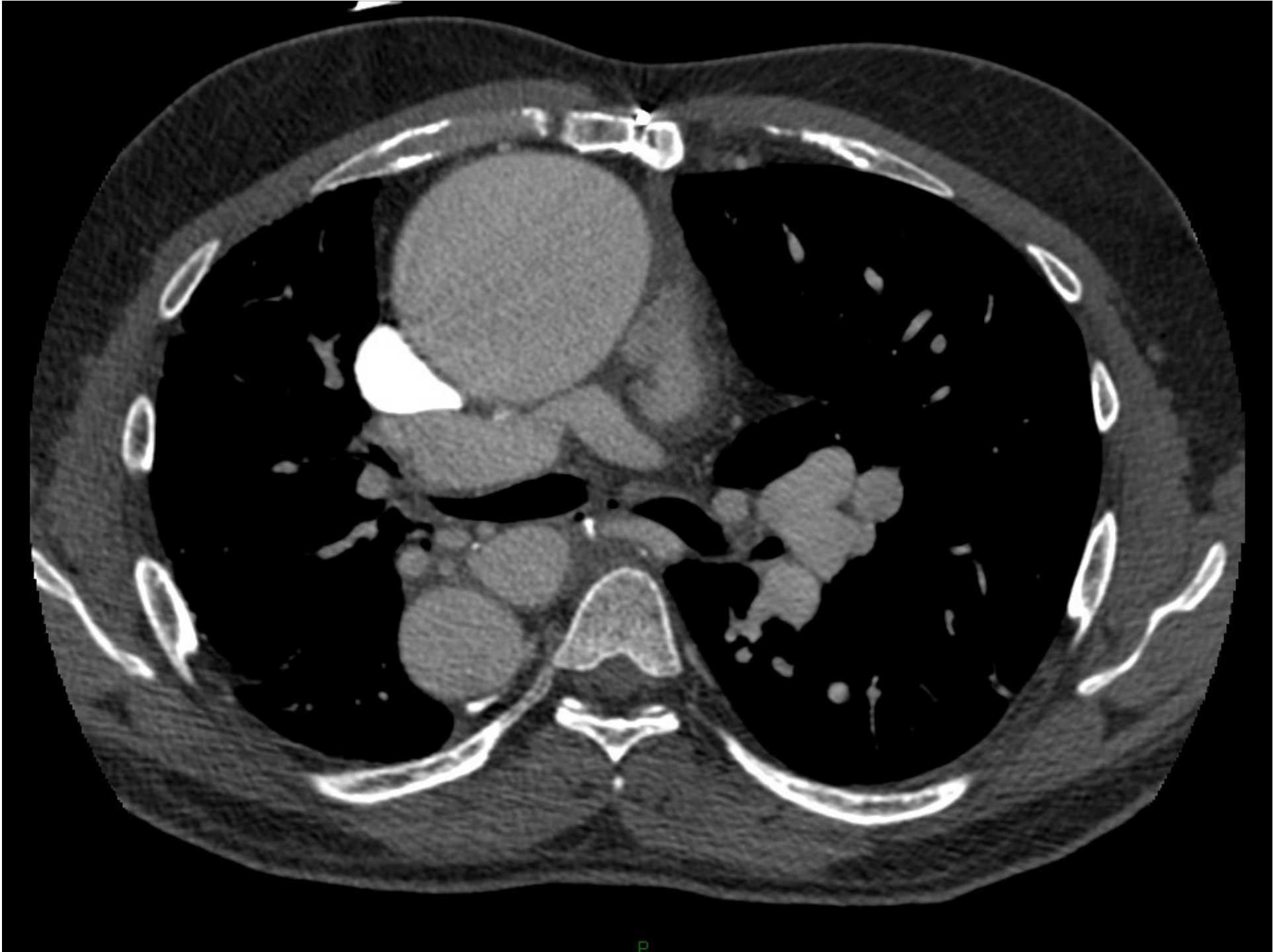
- H 40 ans
- APSO, hémoptysie

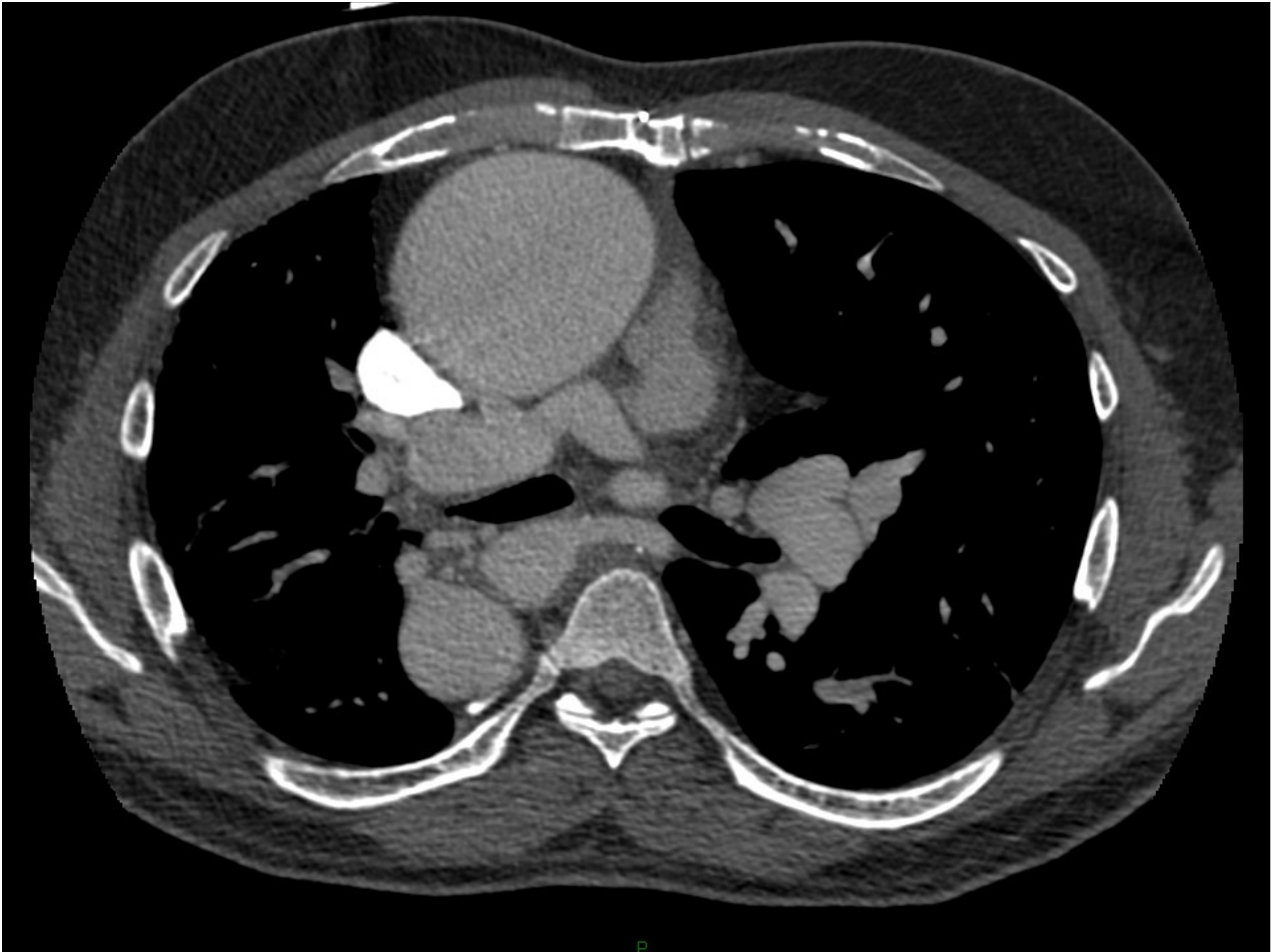


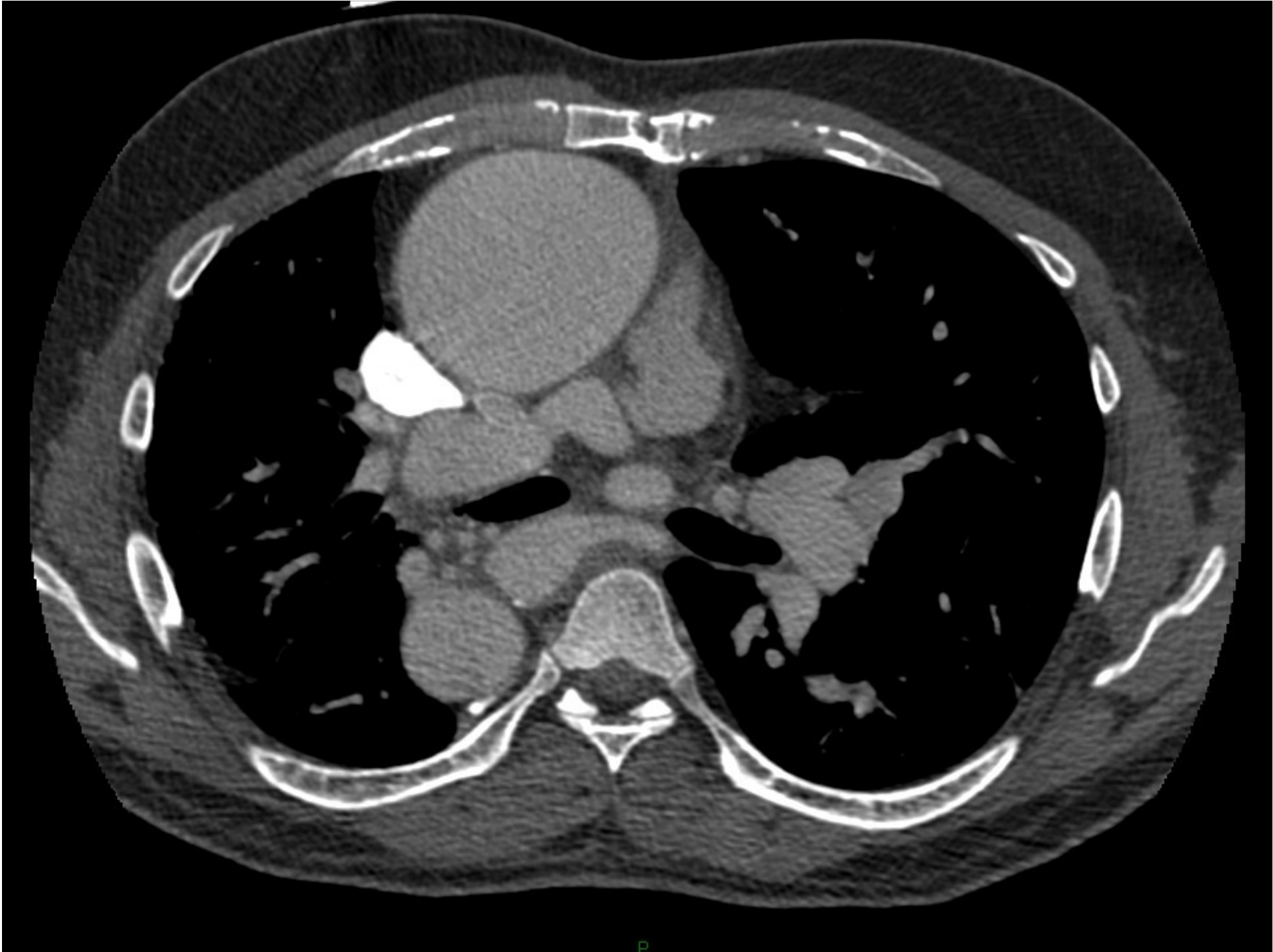


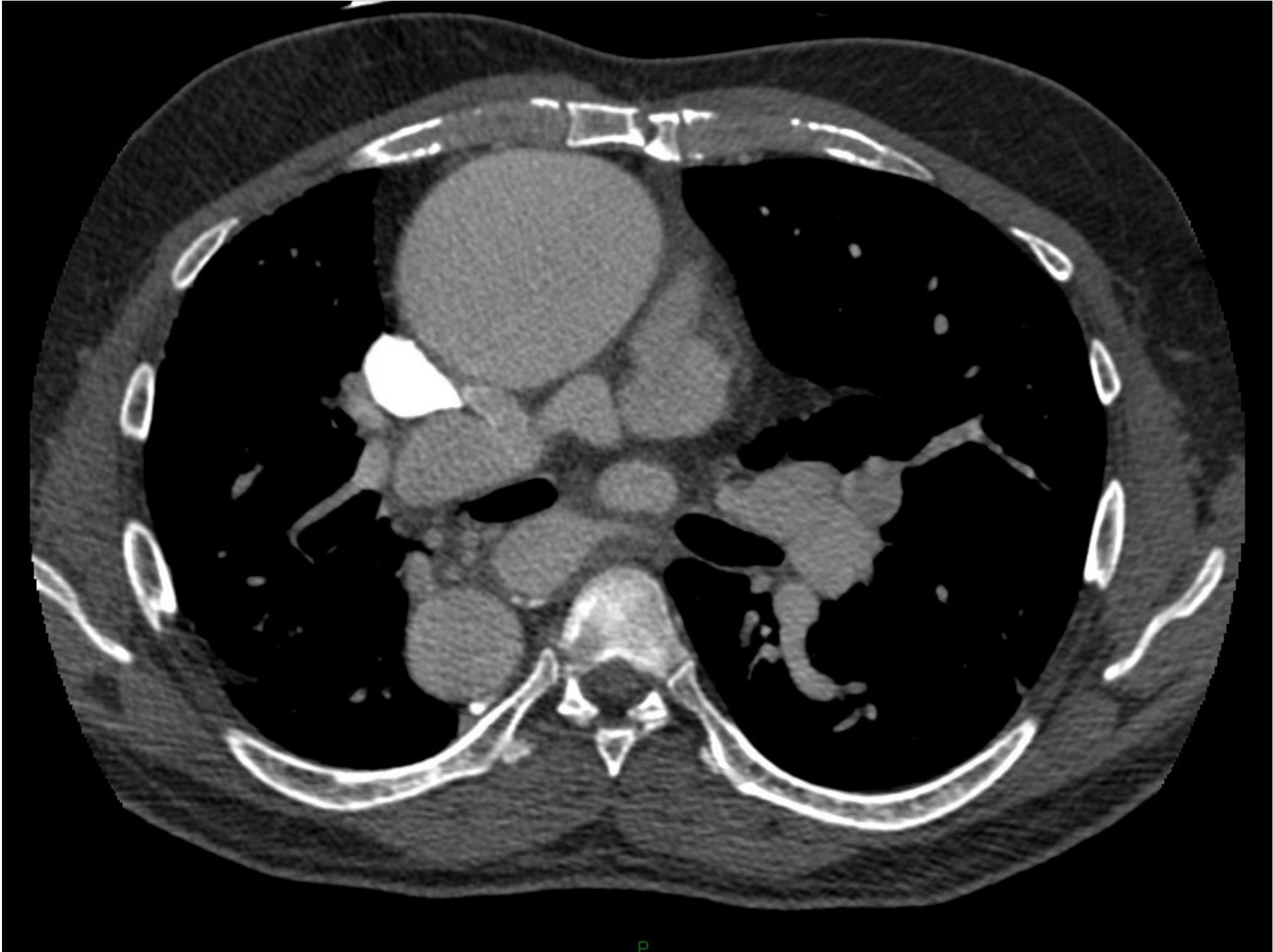


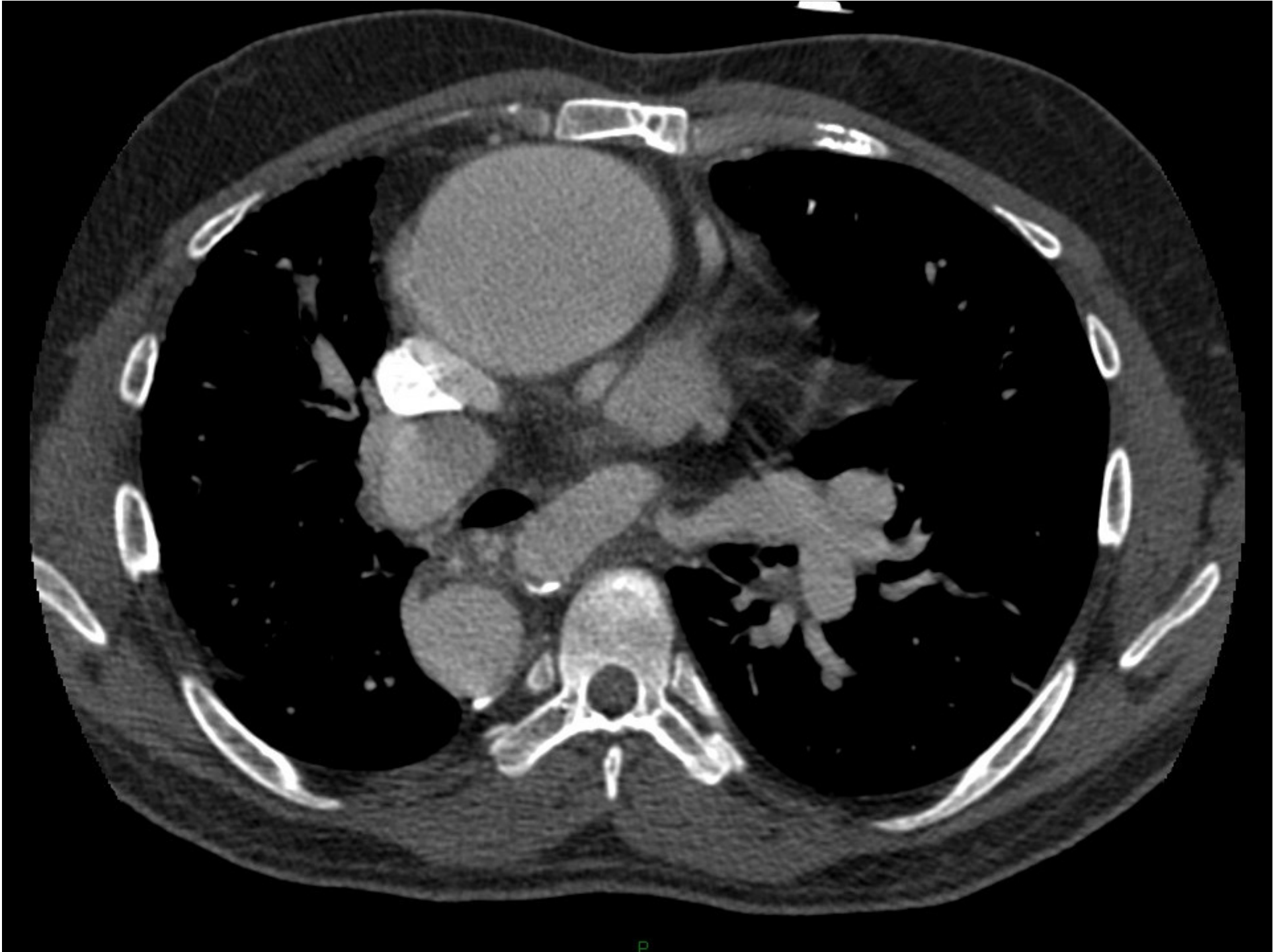








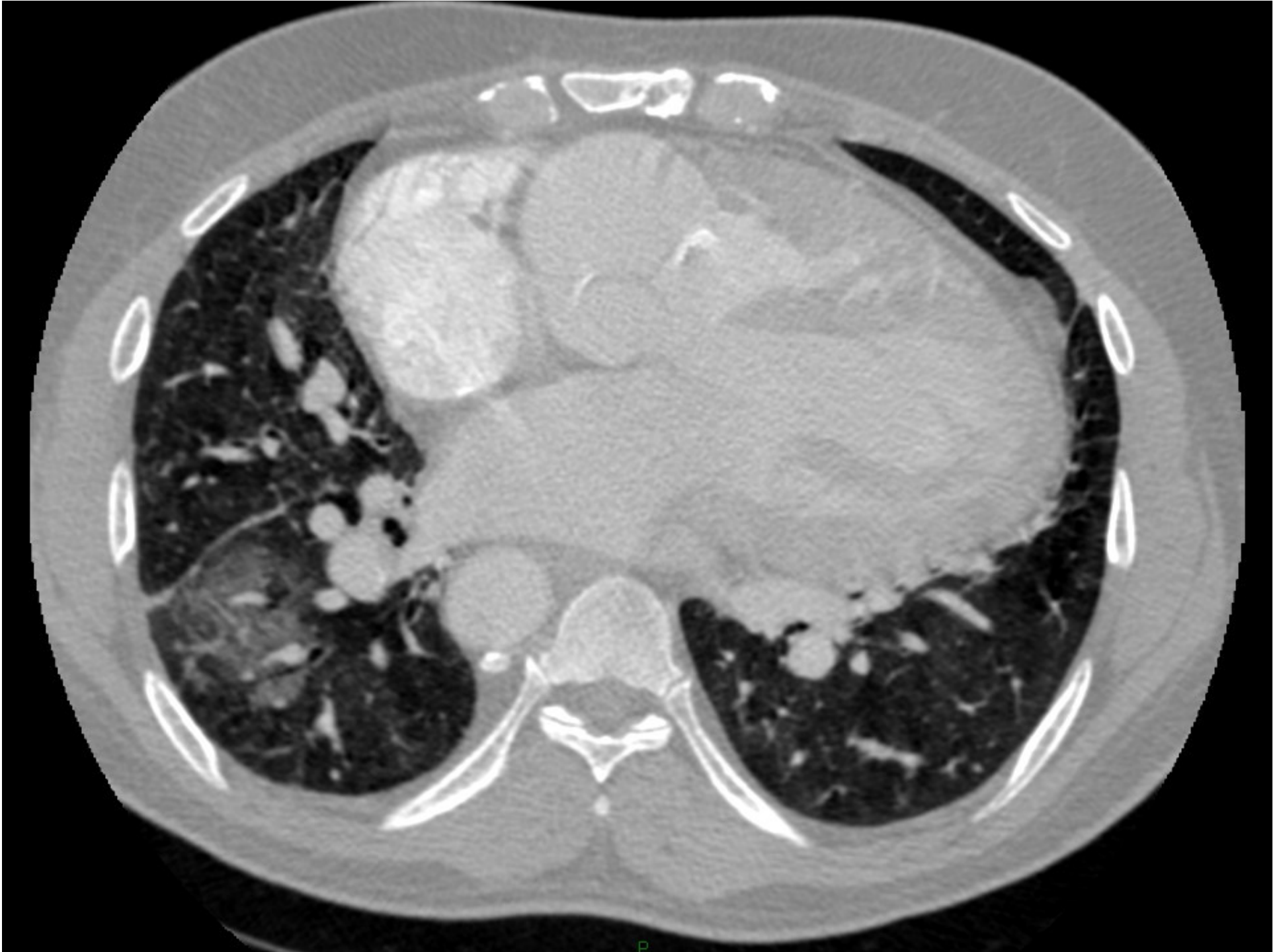






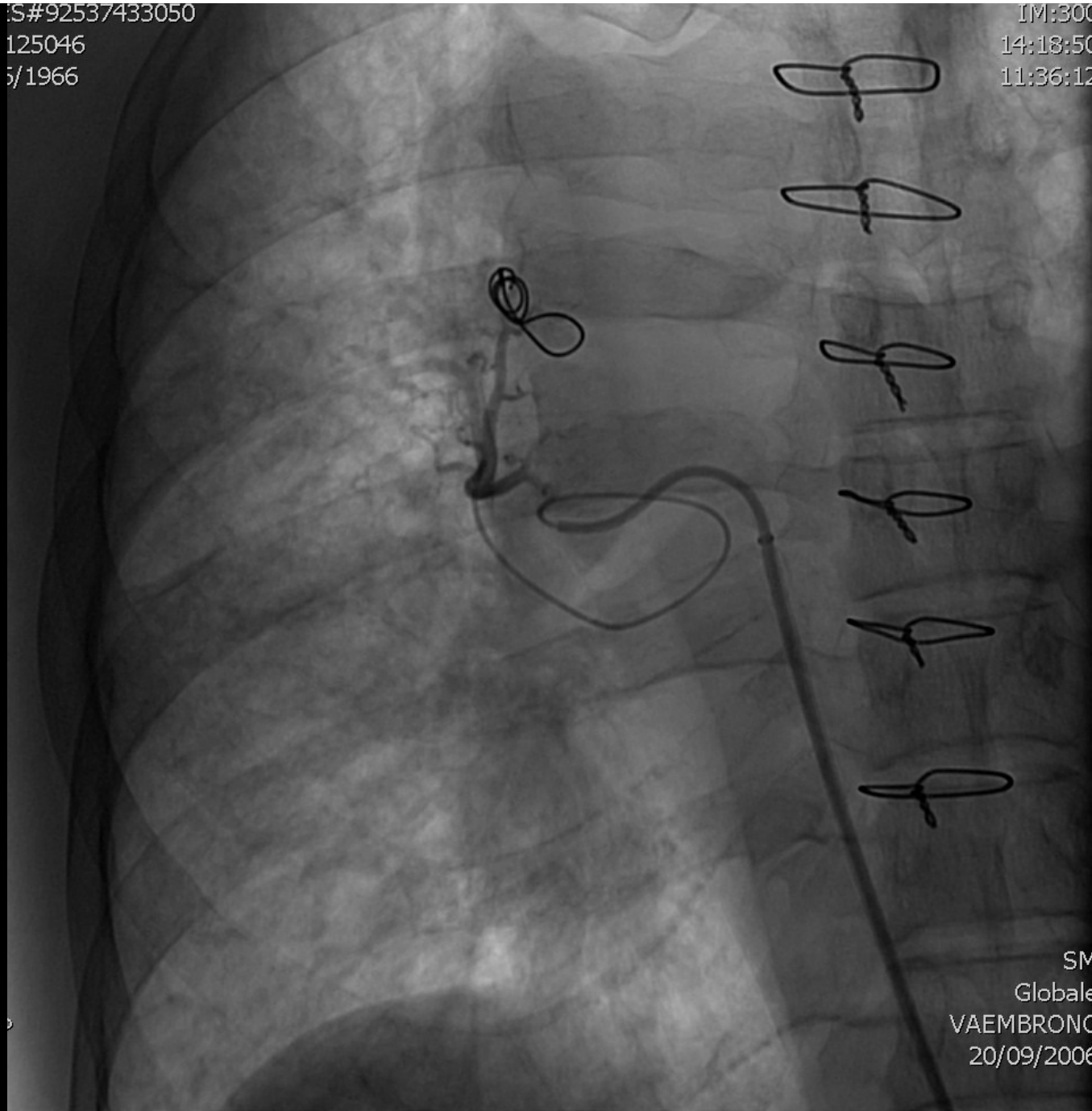






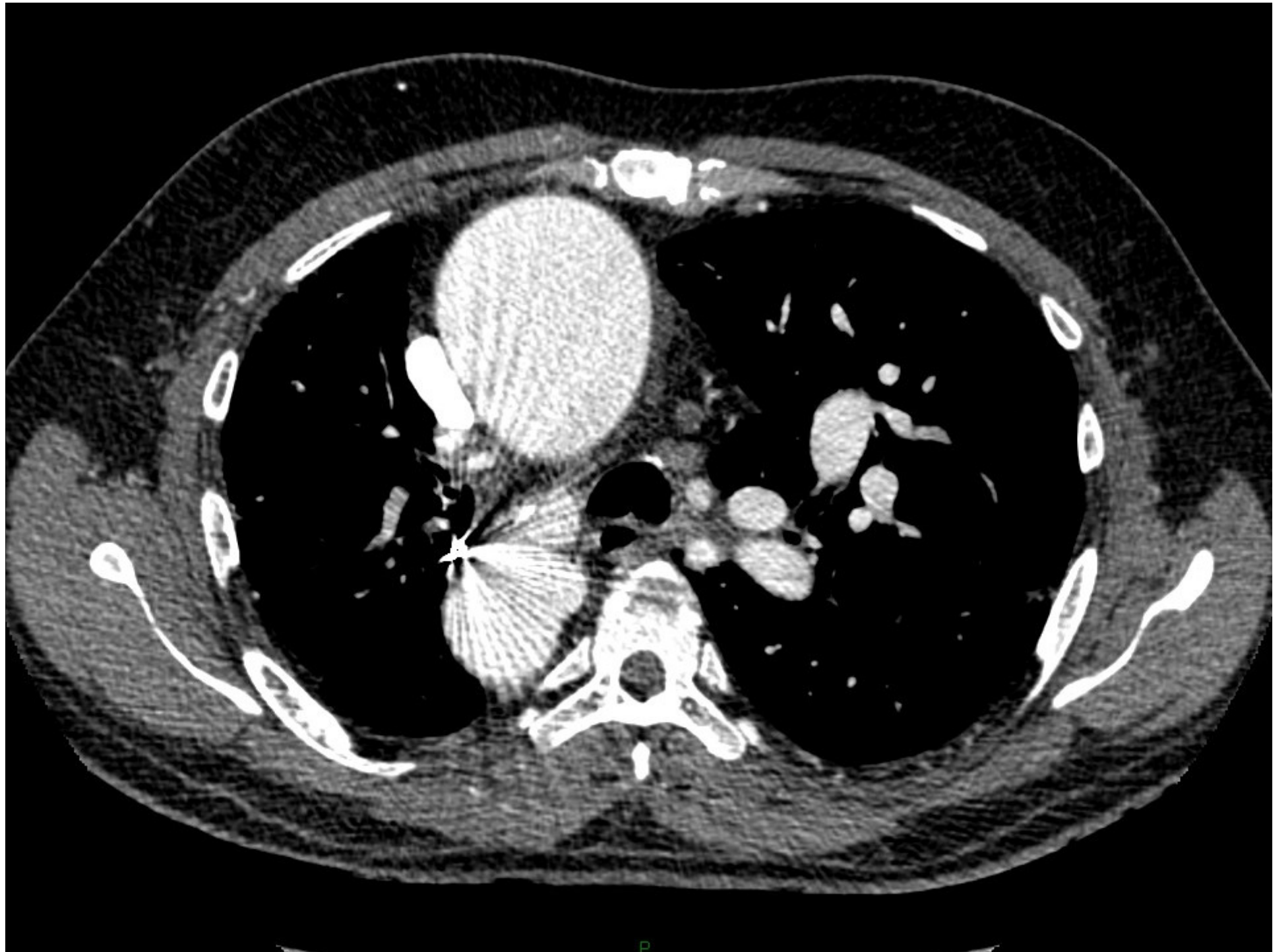
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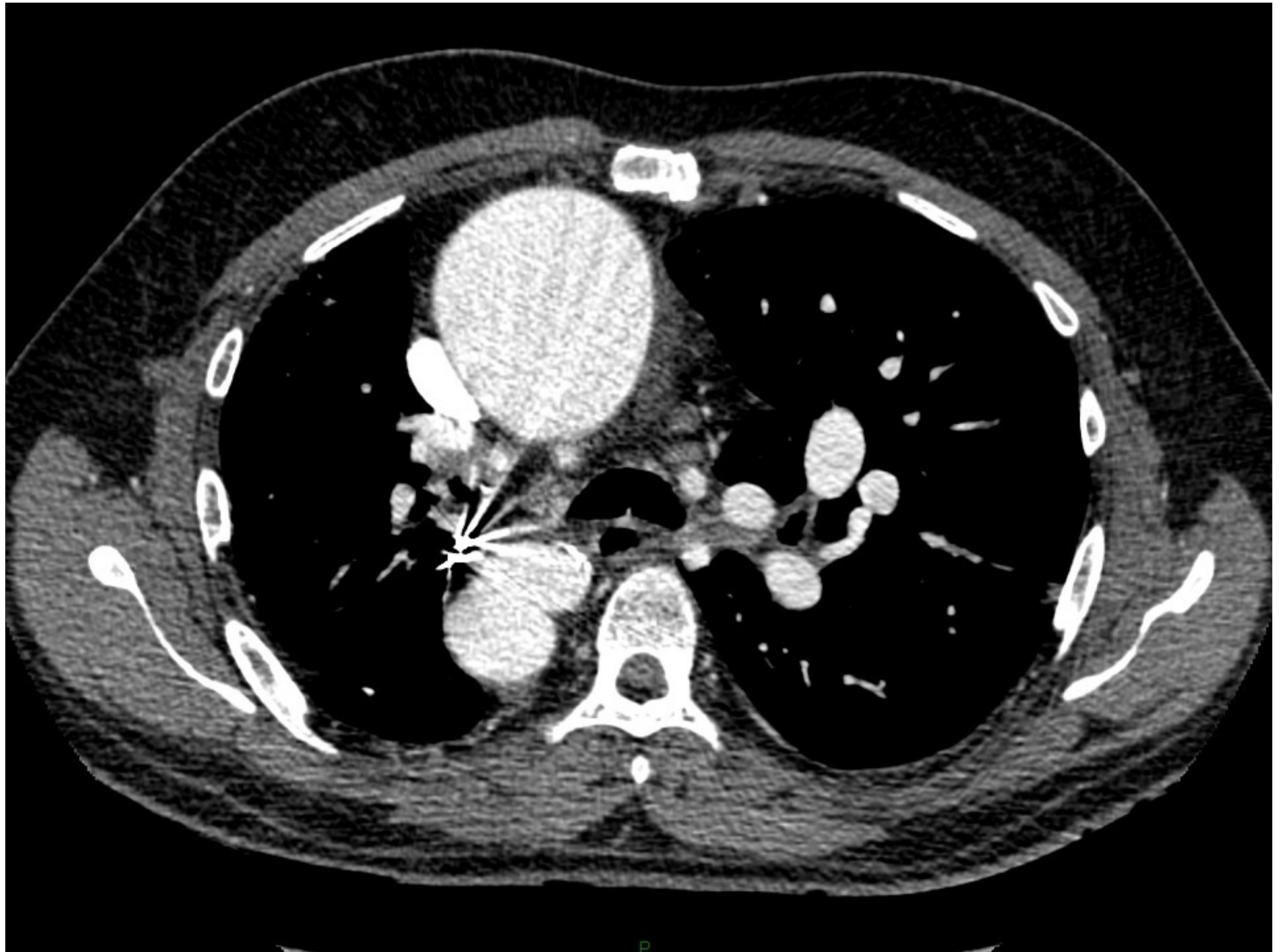
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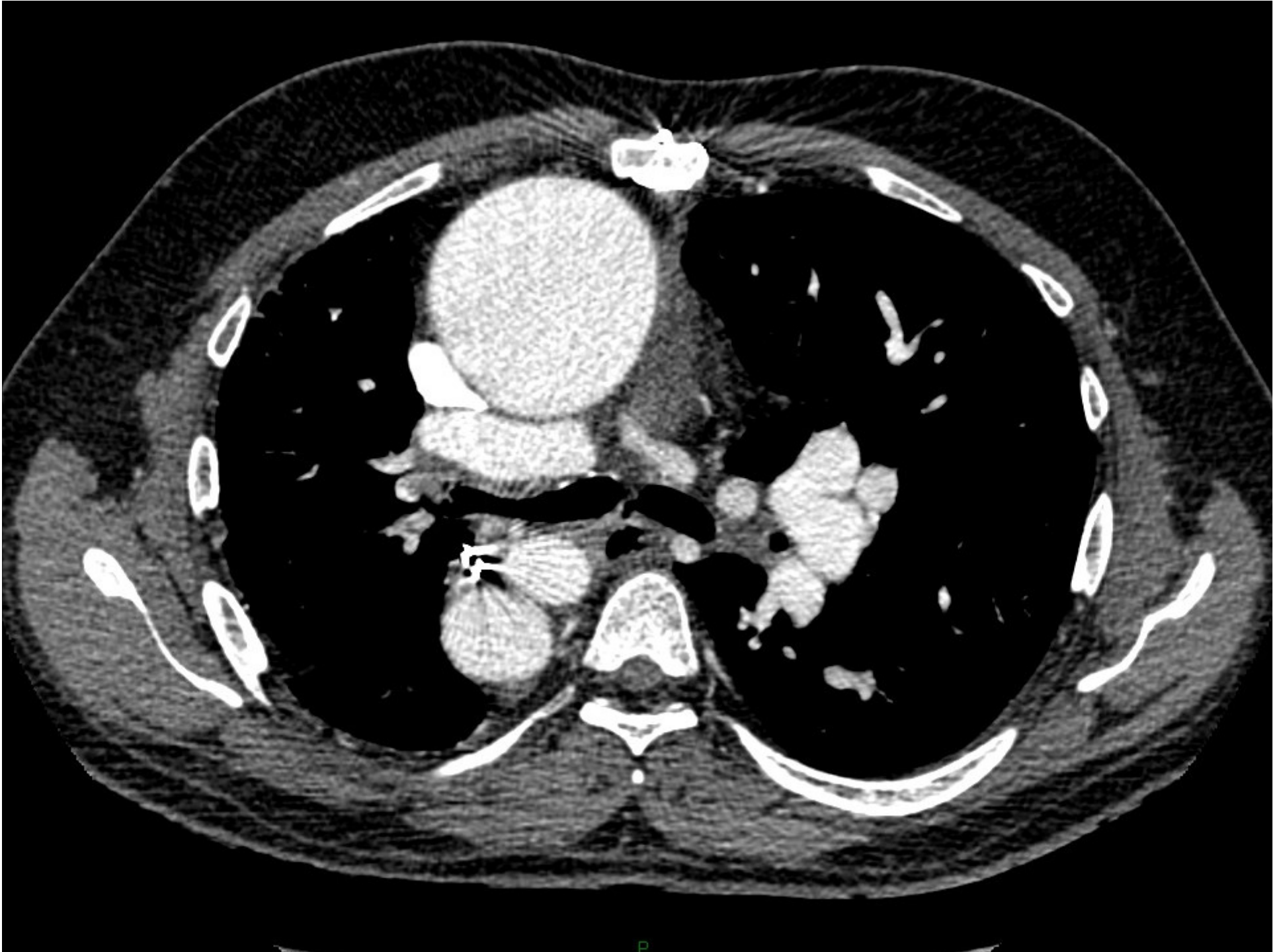


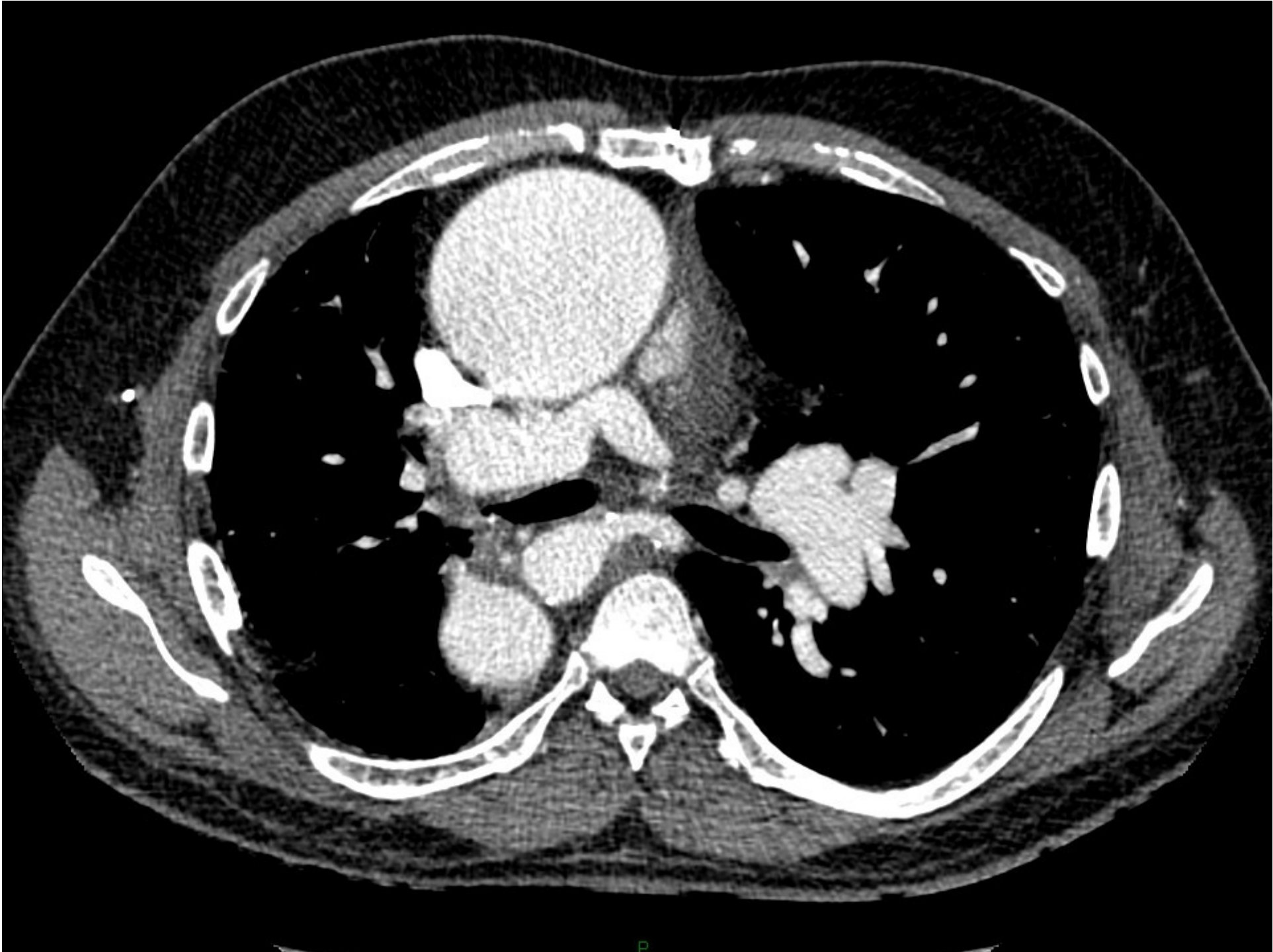
SM
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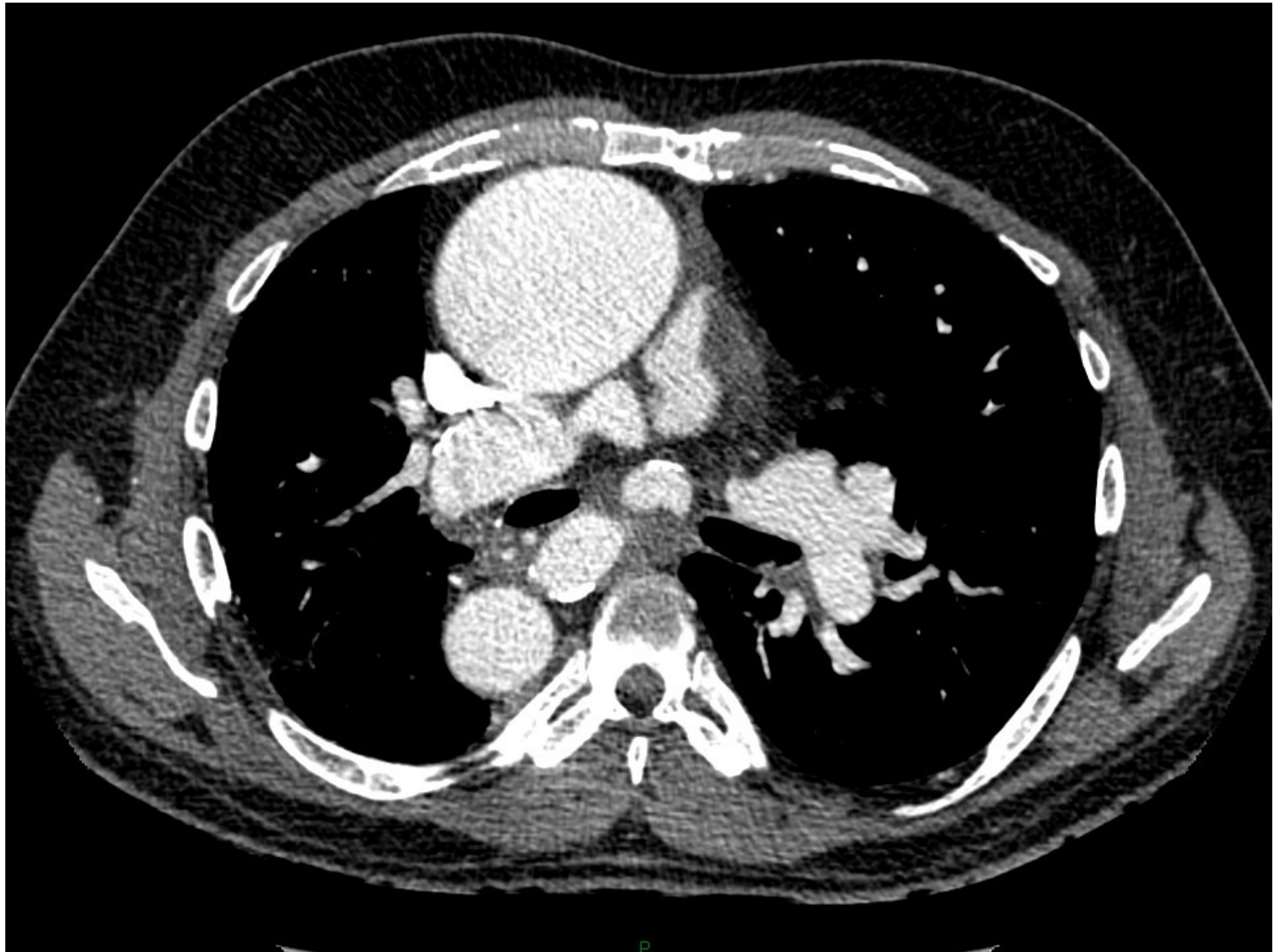


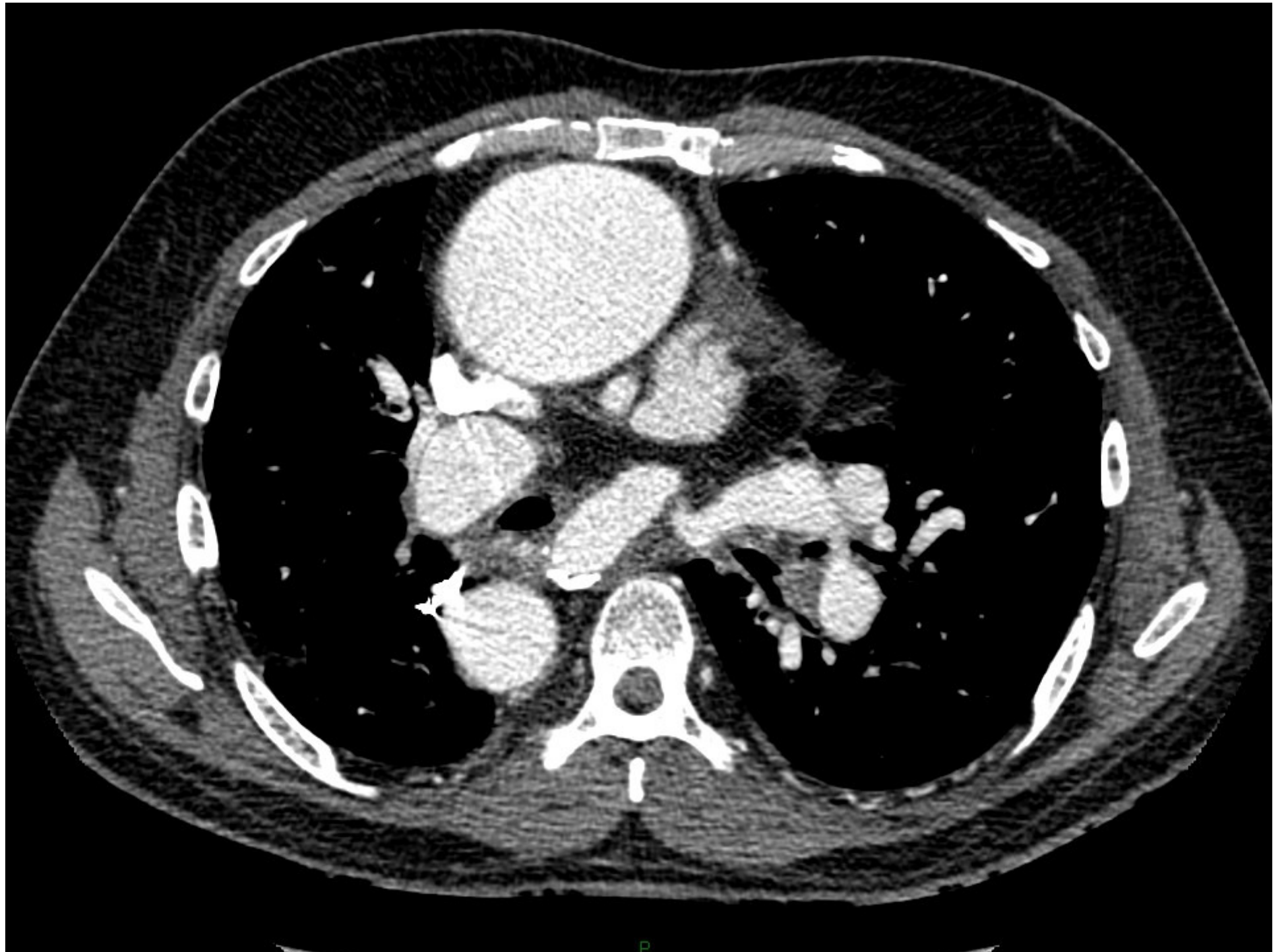


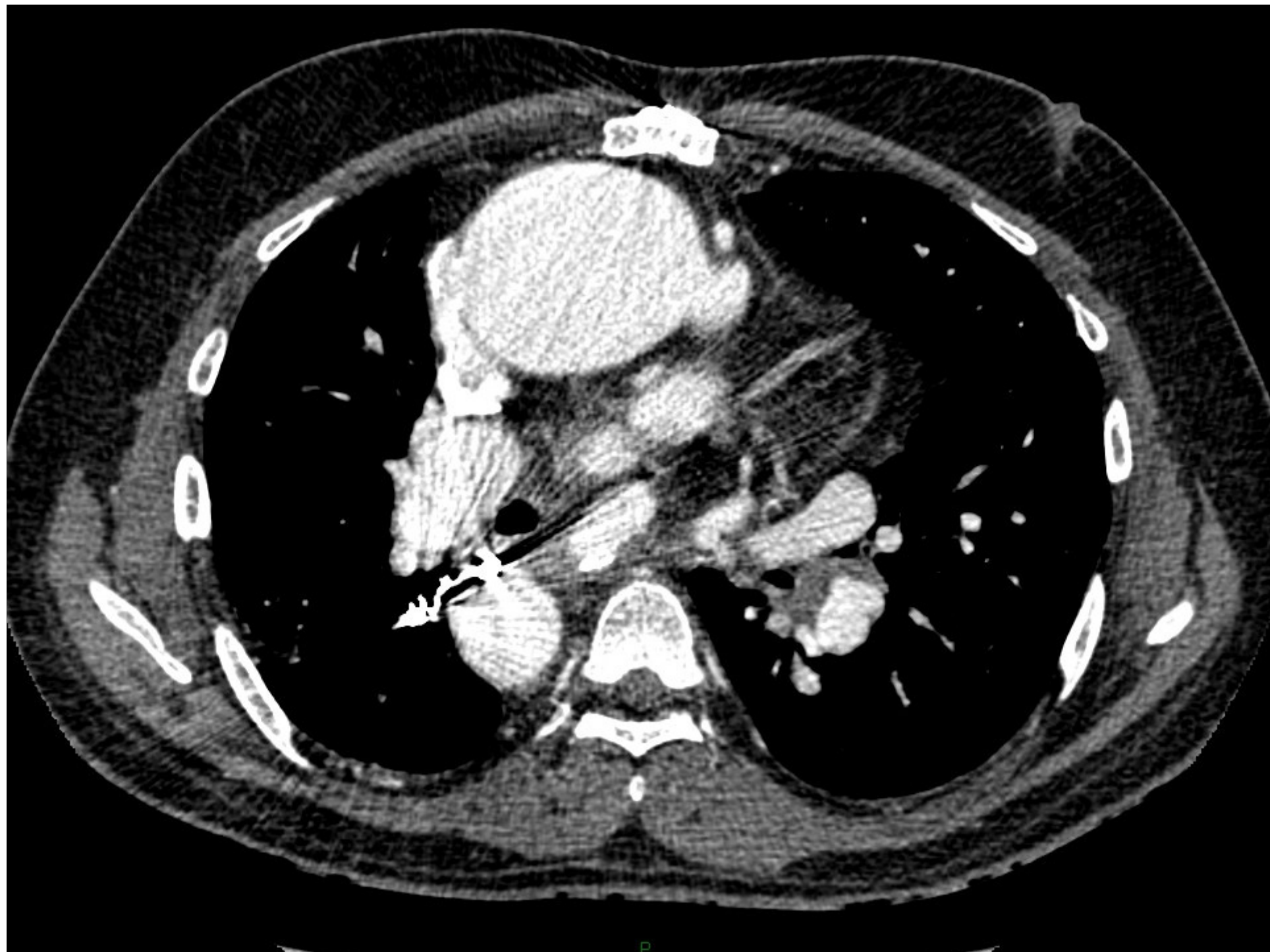






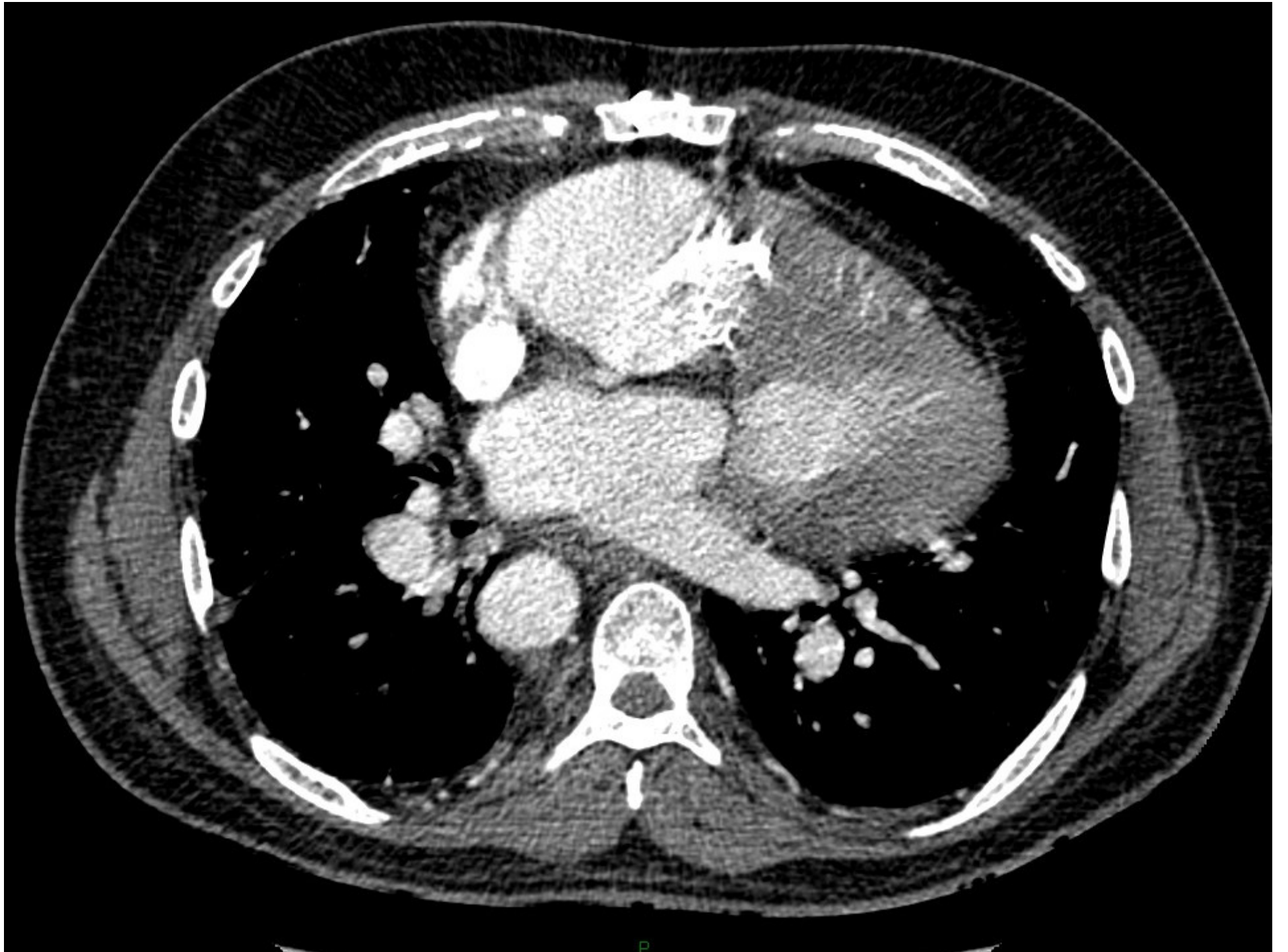


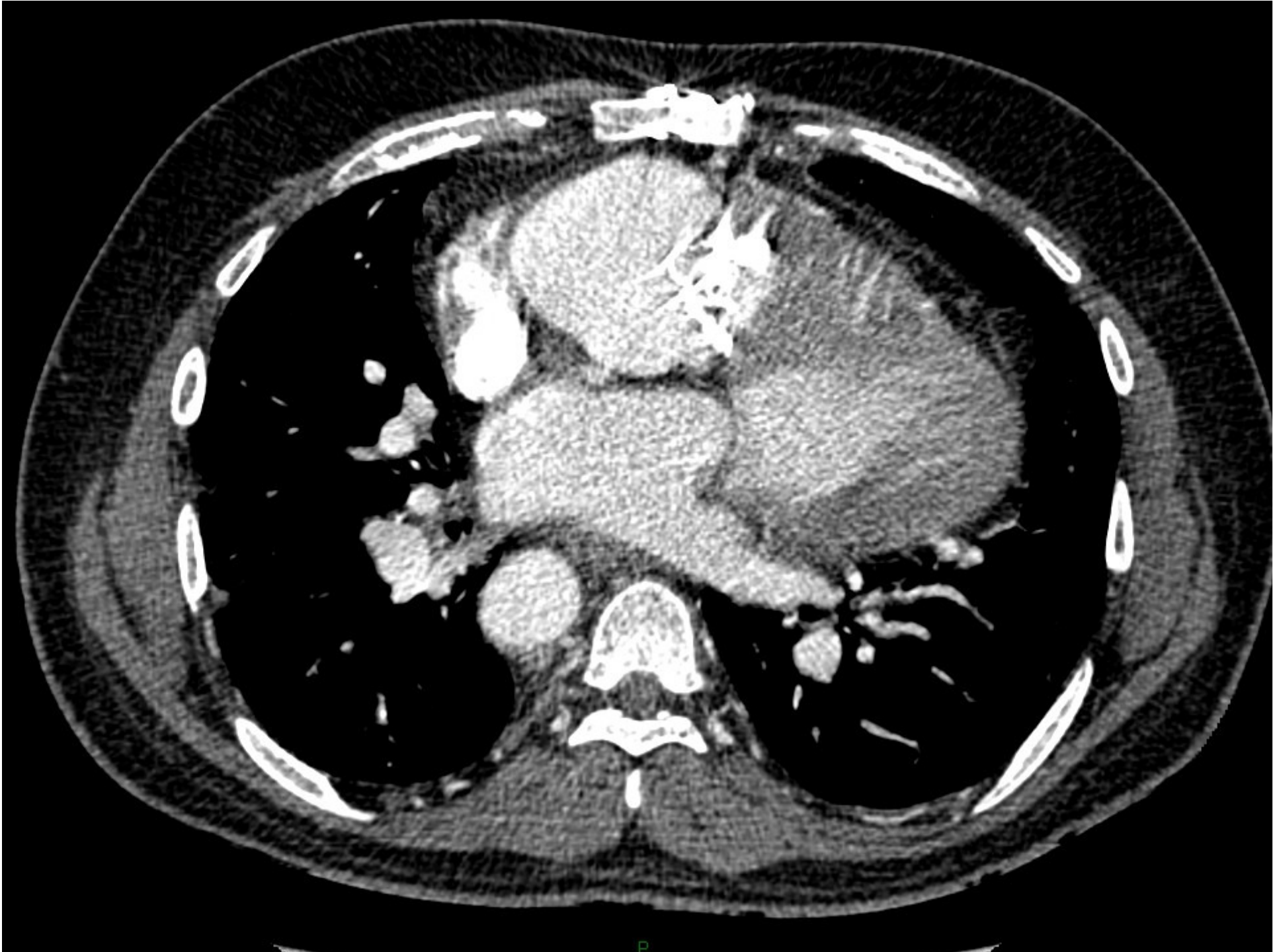






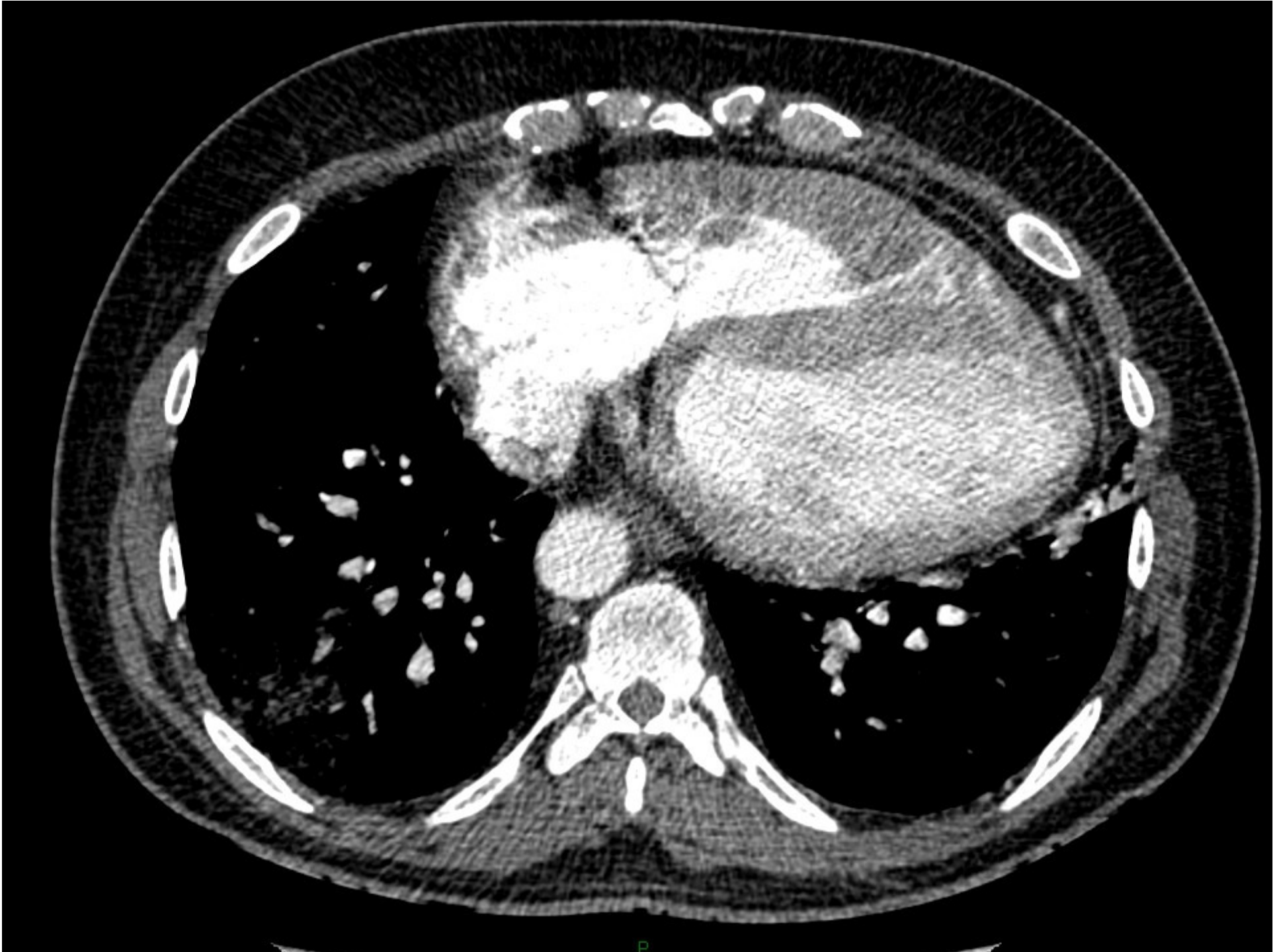




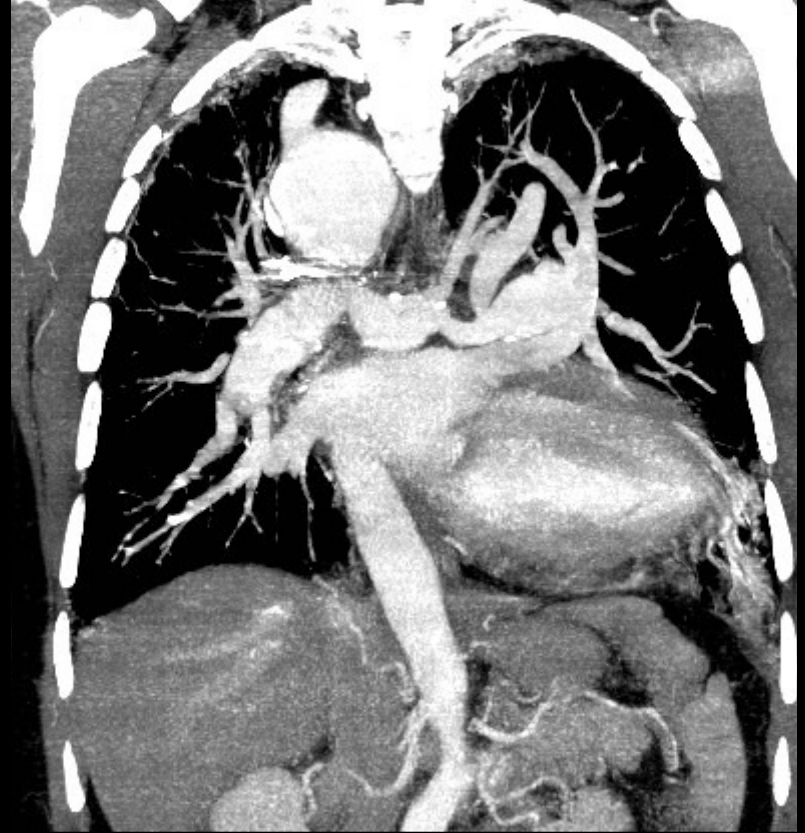












CAS 3.

- F 20 ans
- Fallot, cavité apicale sur la radio







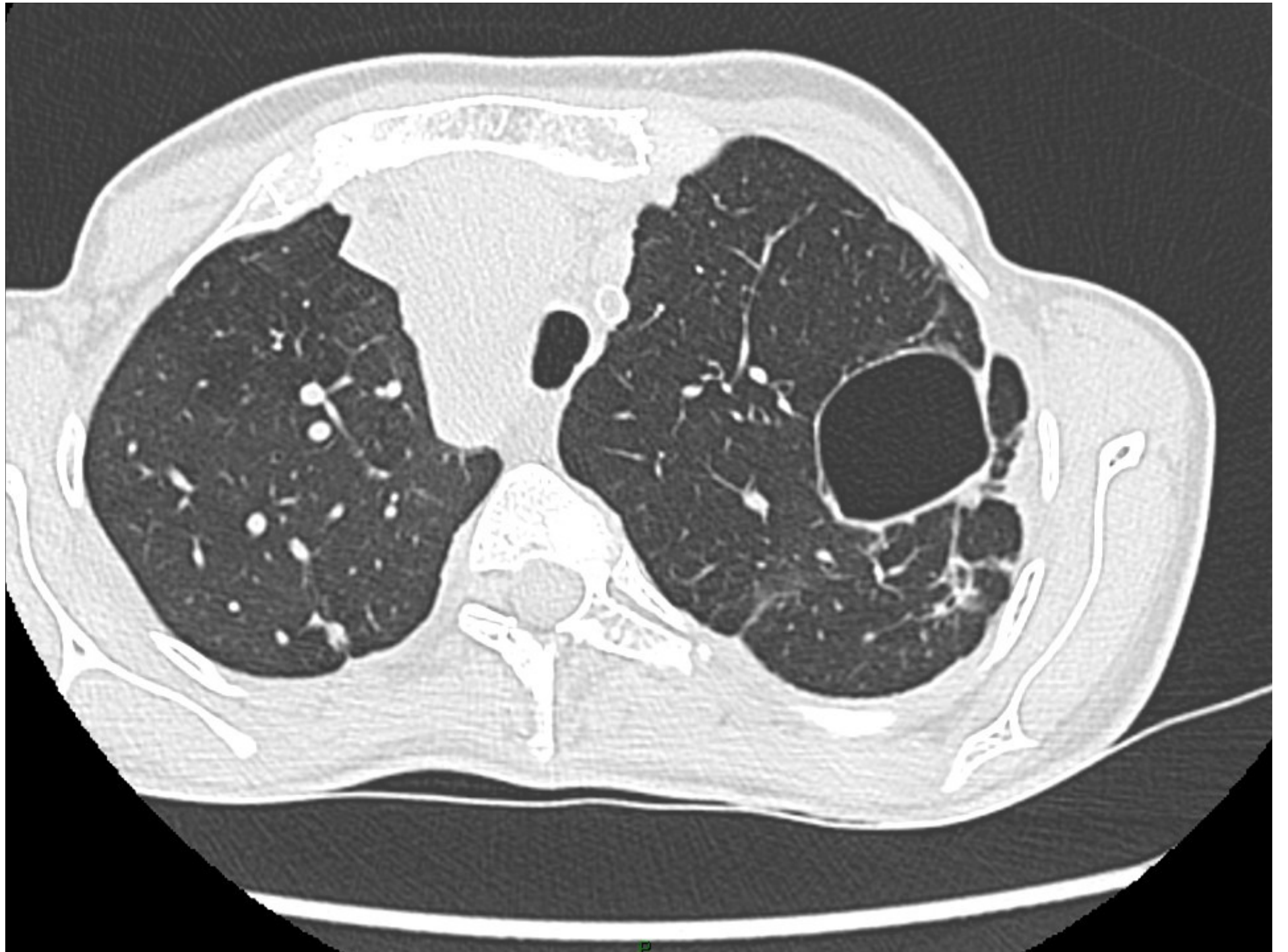




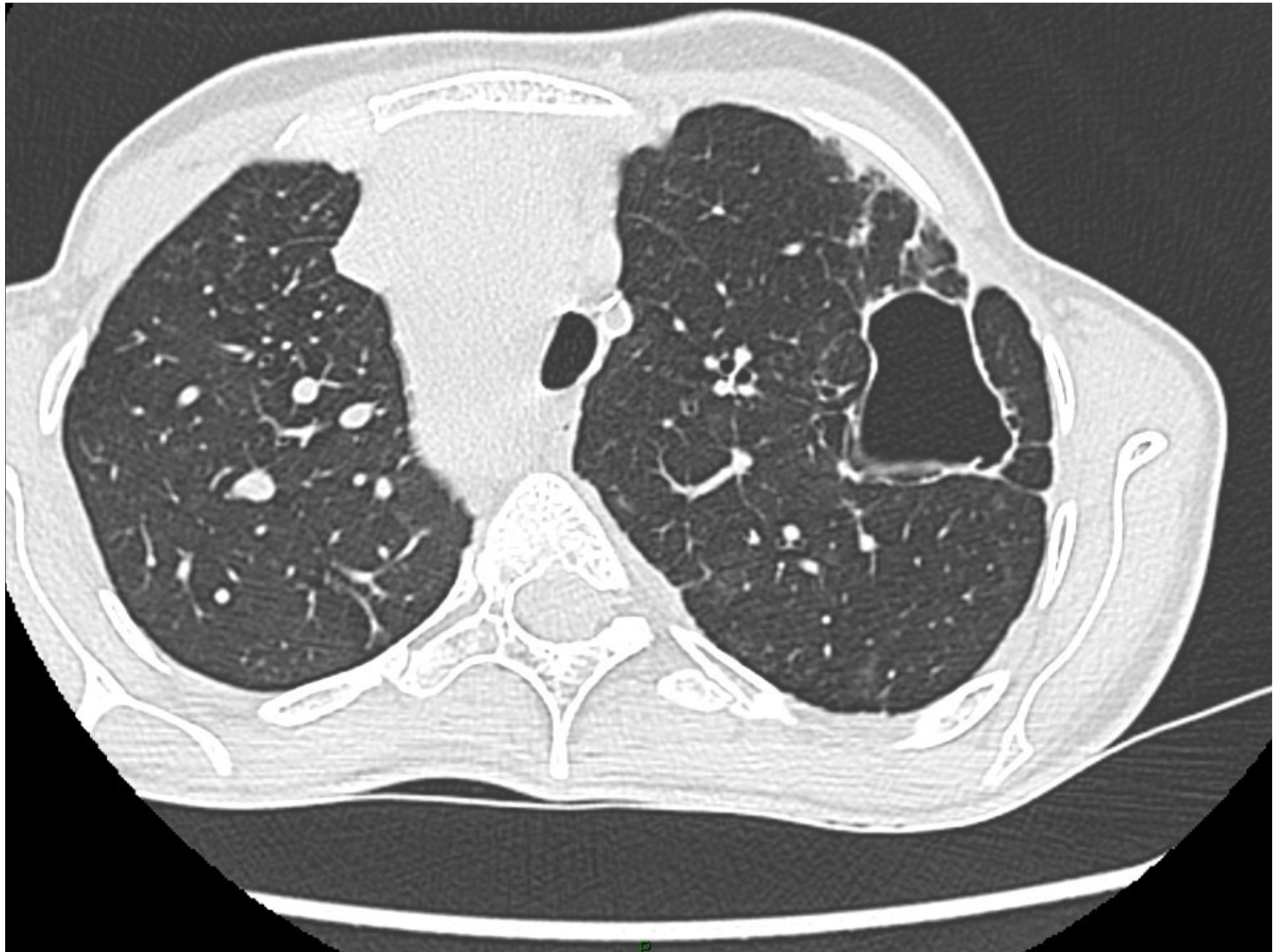




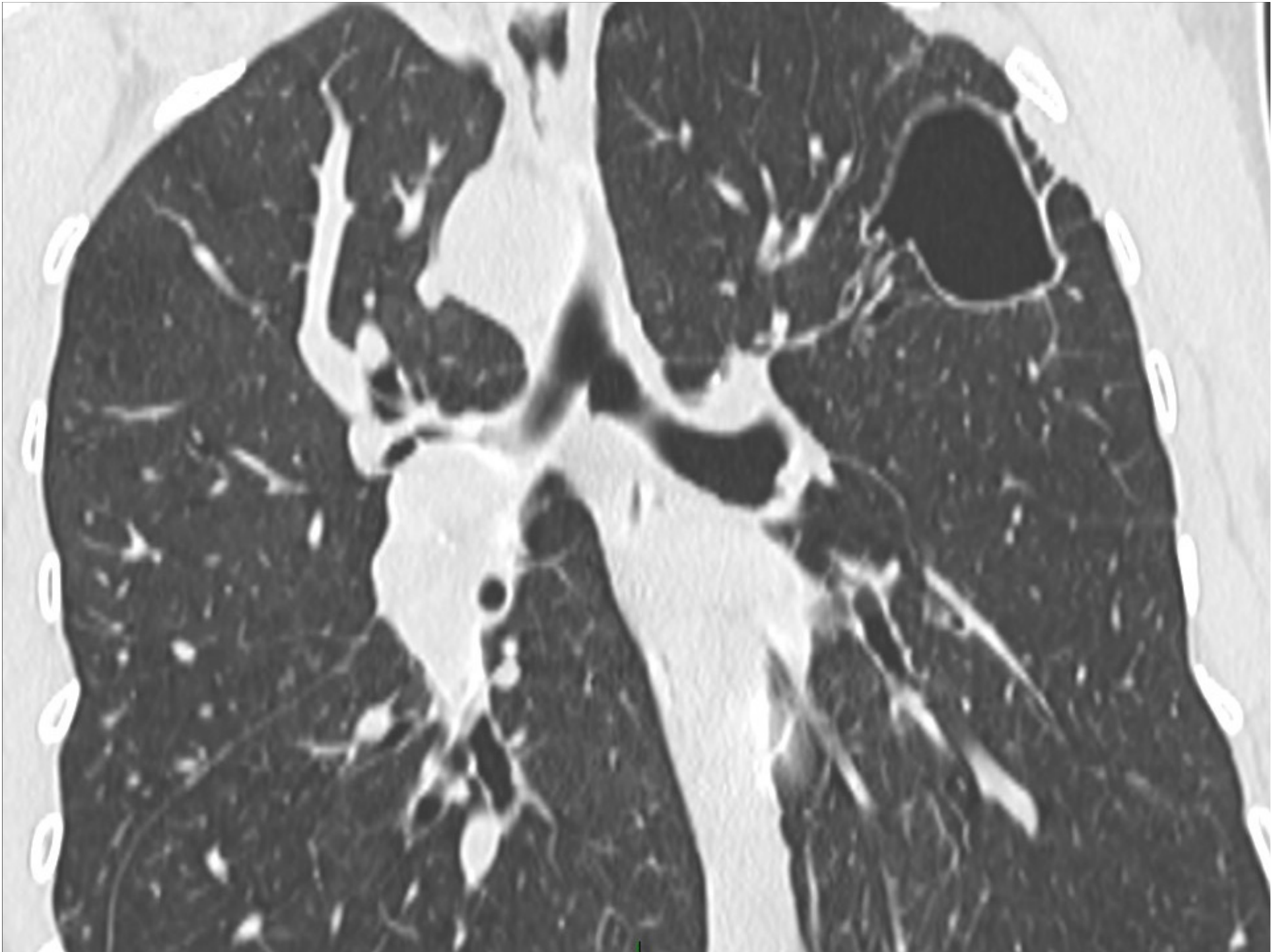




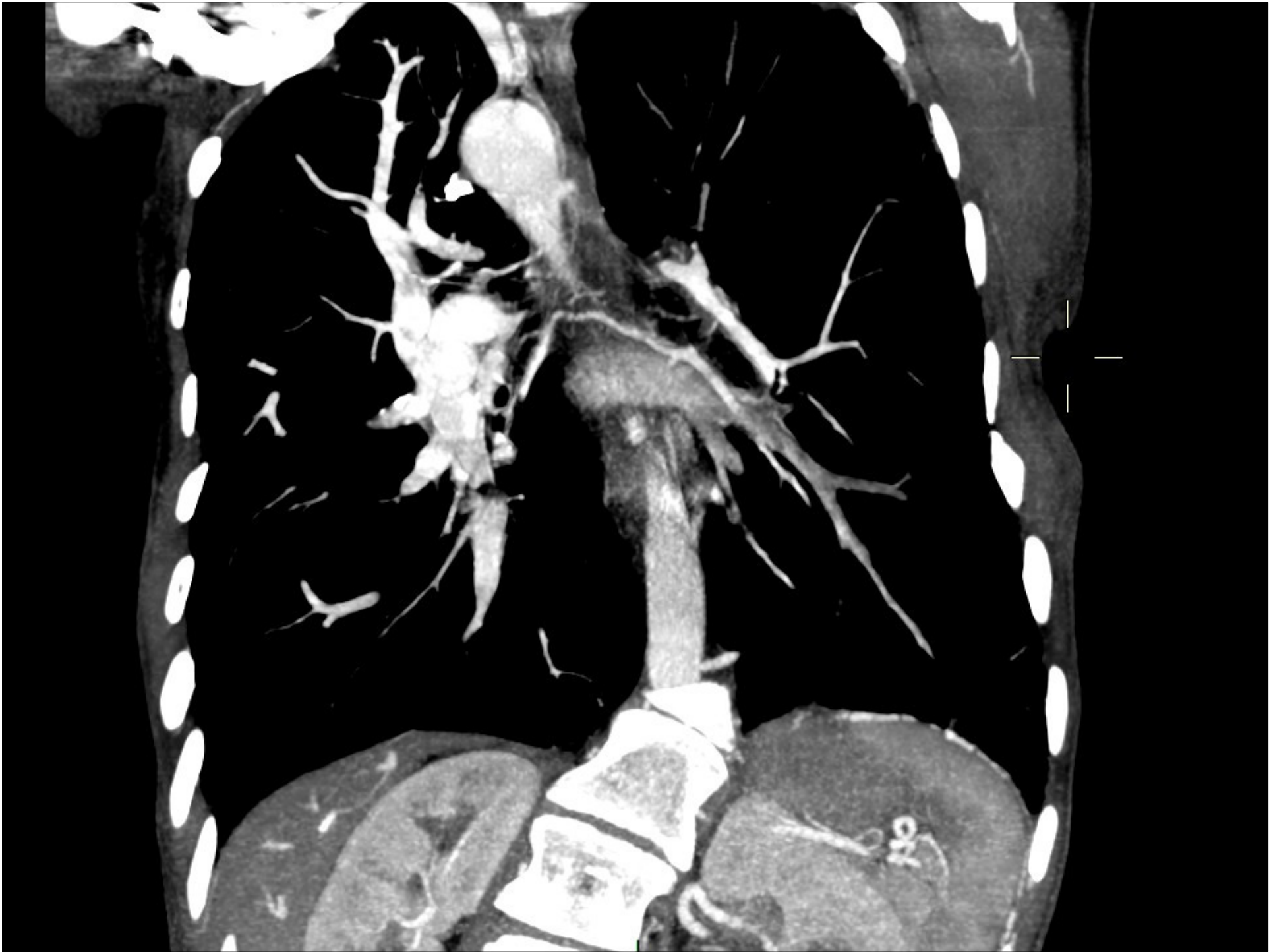


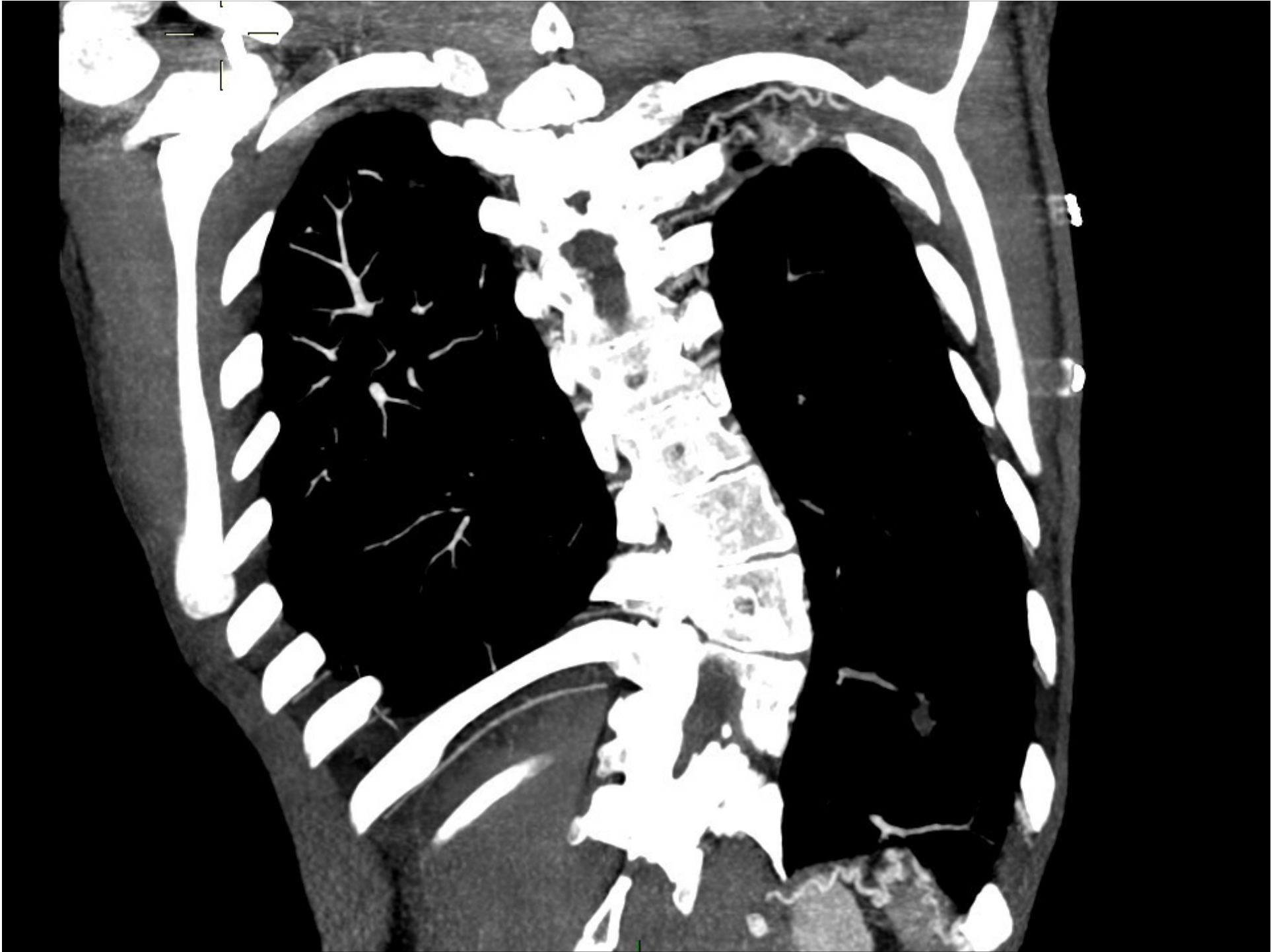












CAS 4.

- H 60 ans
- Bilan préopératoire d'un carcinome bronchique



(Clé) >



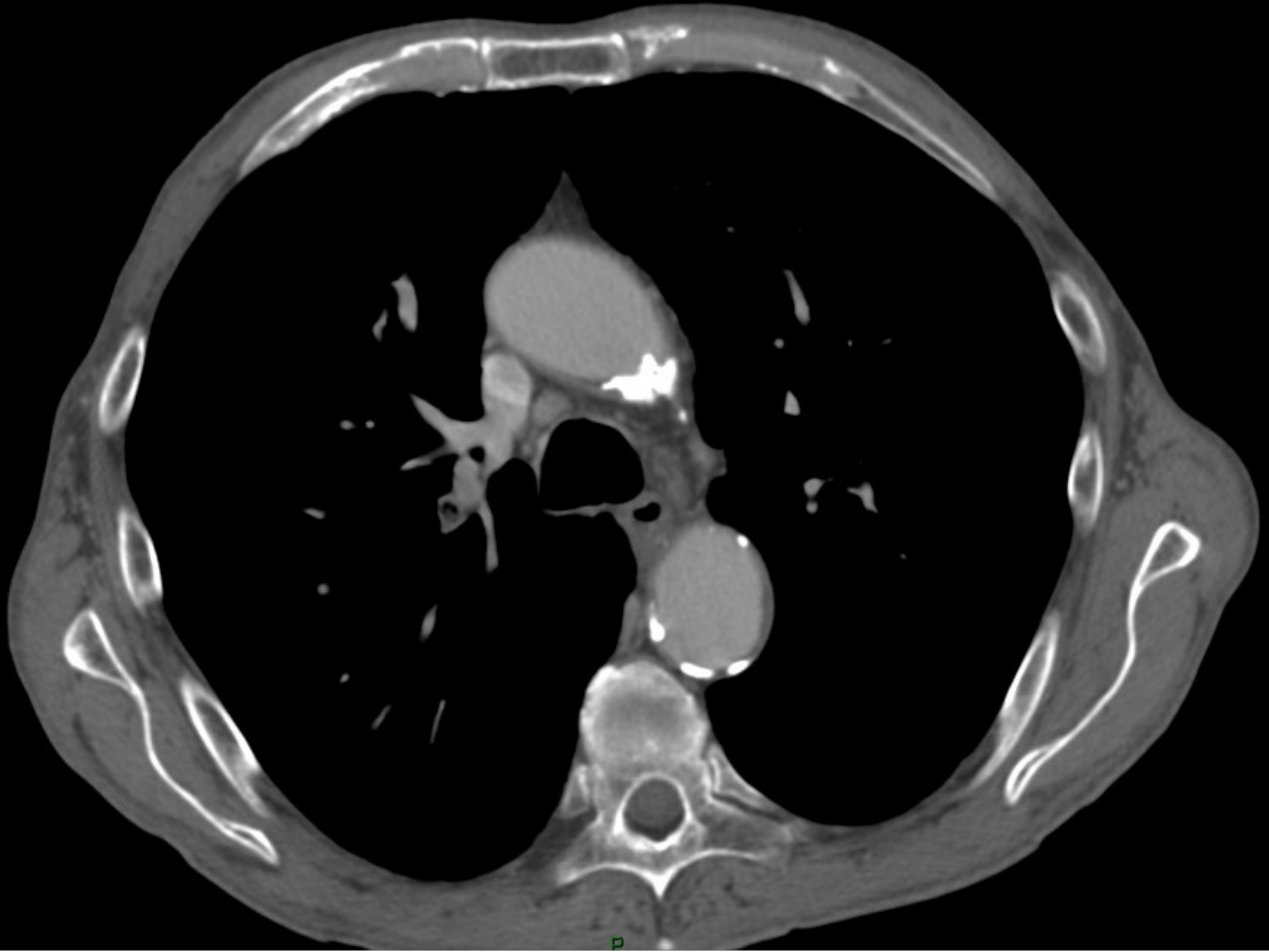
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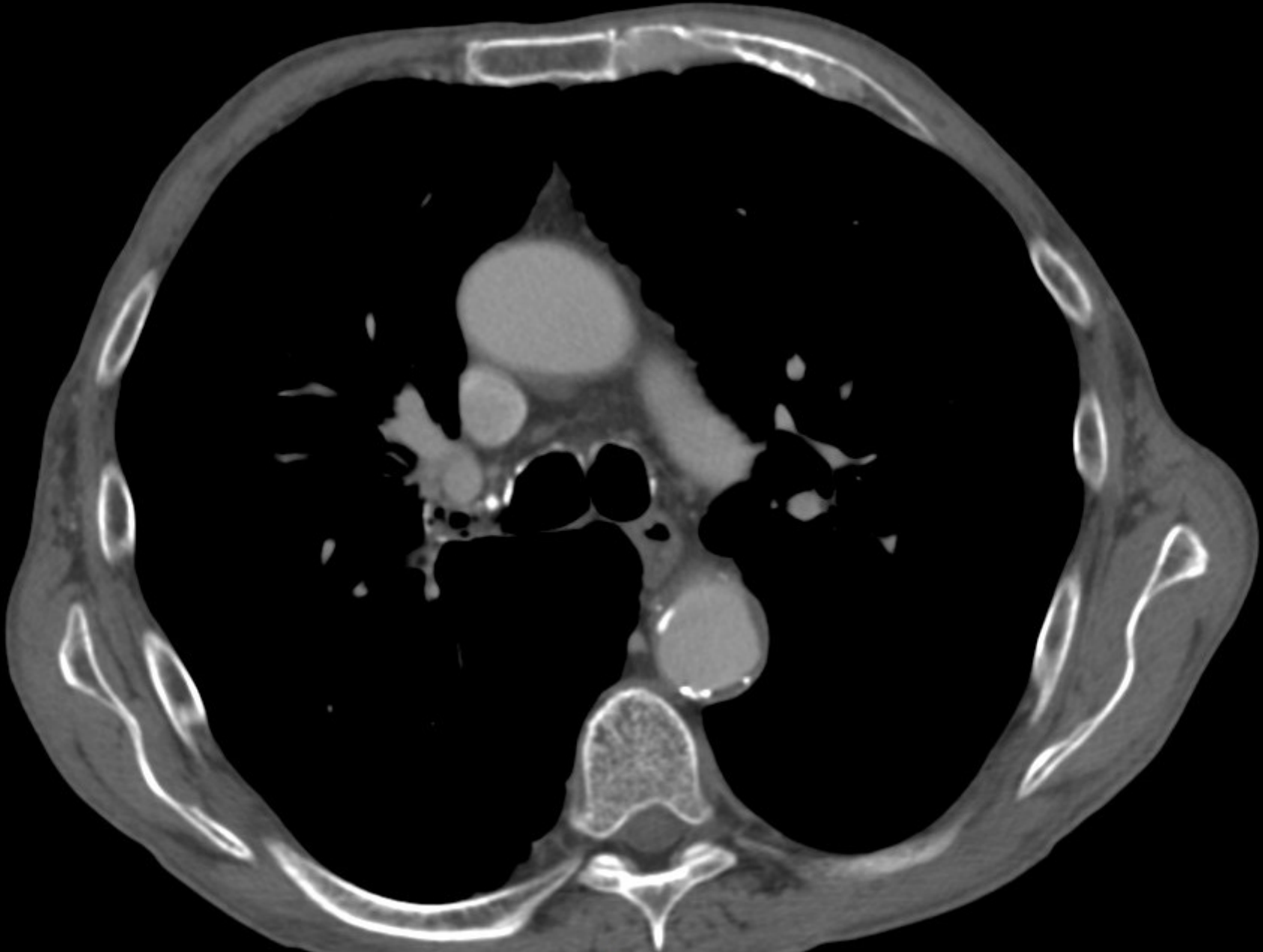


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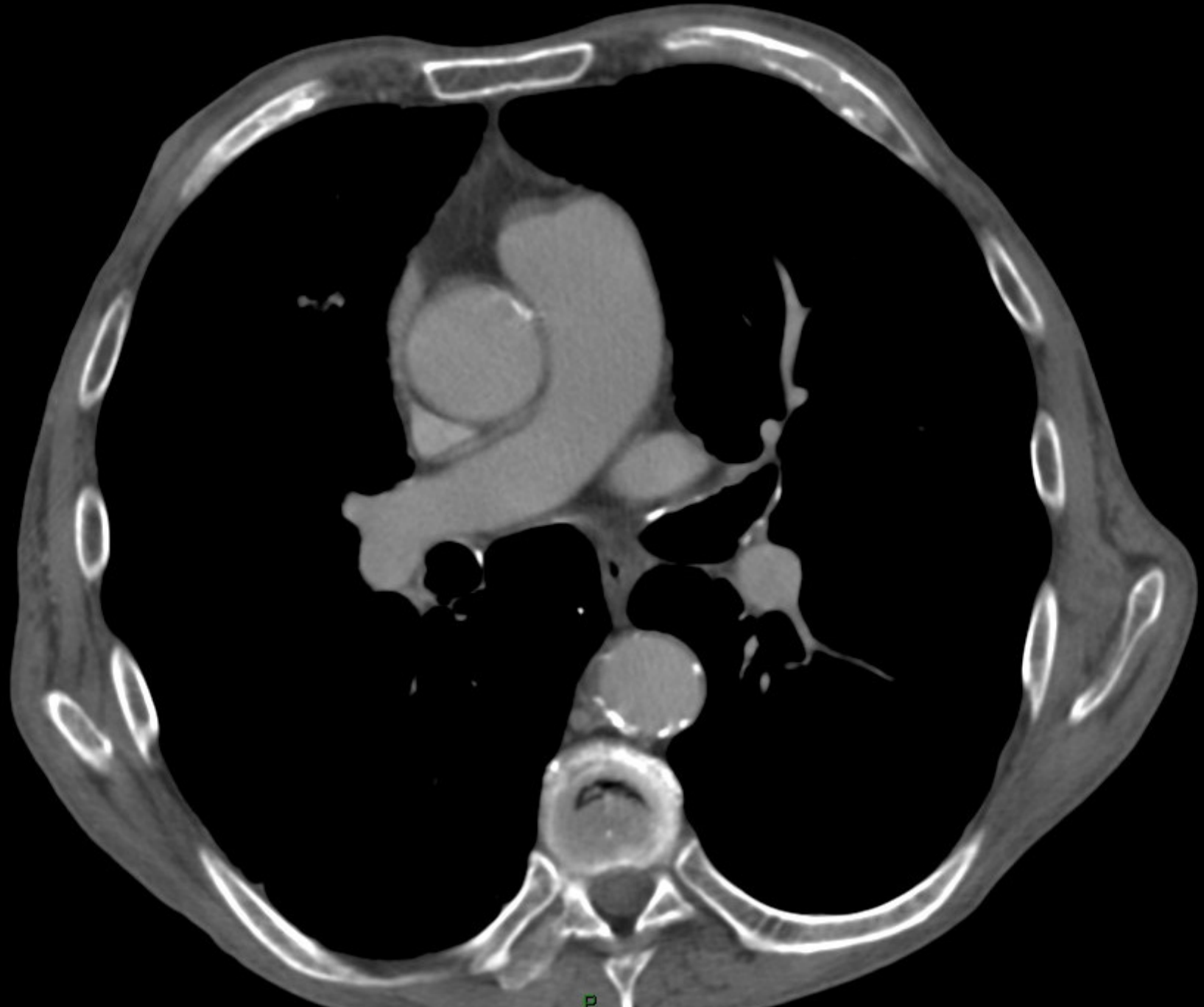


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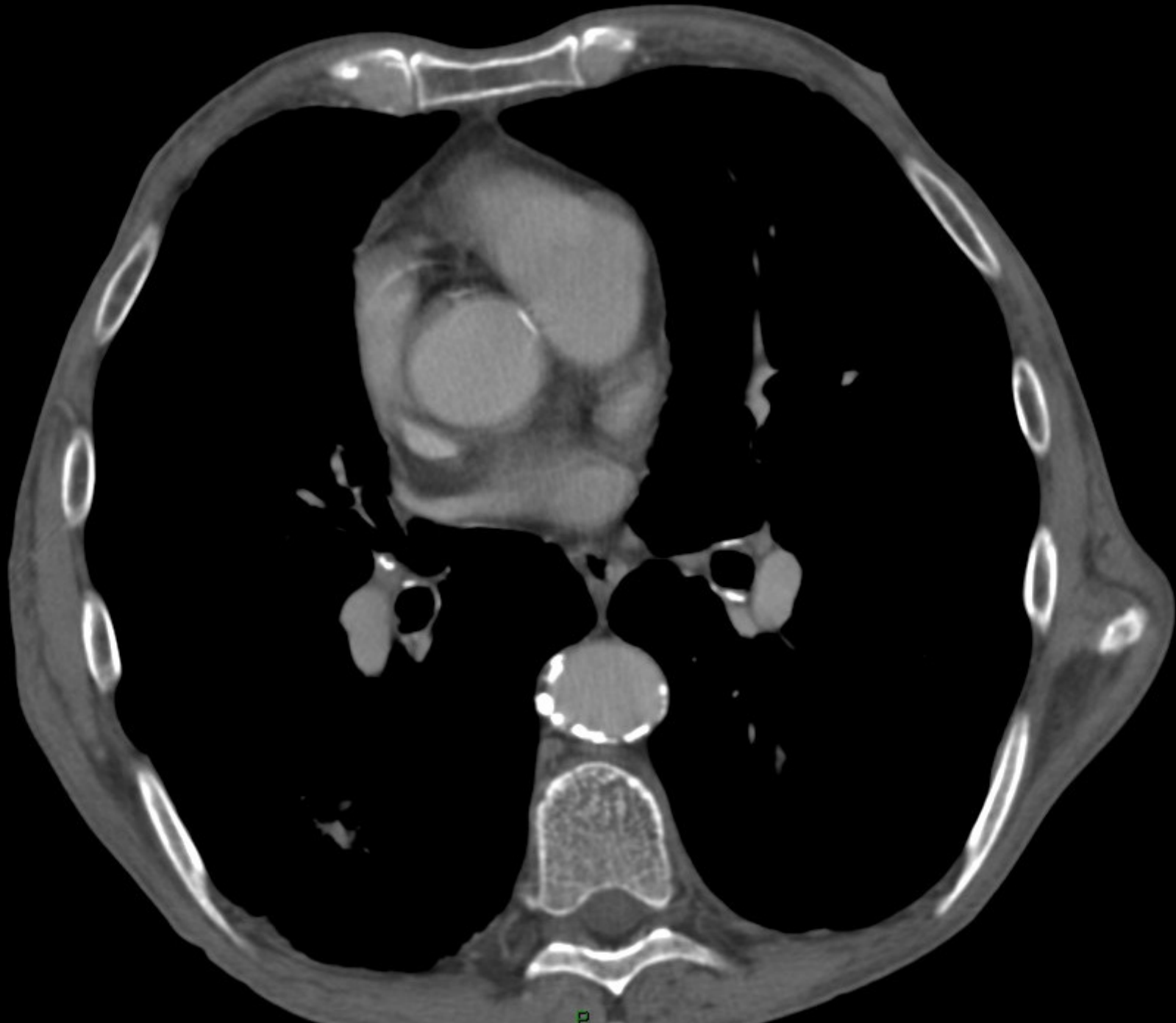
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CAS 5.

- F 50 ans
- Bilan préop

Clé) >



P

Clé) >



P

(Clé) >



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P

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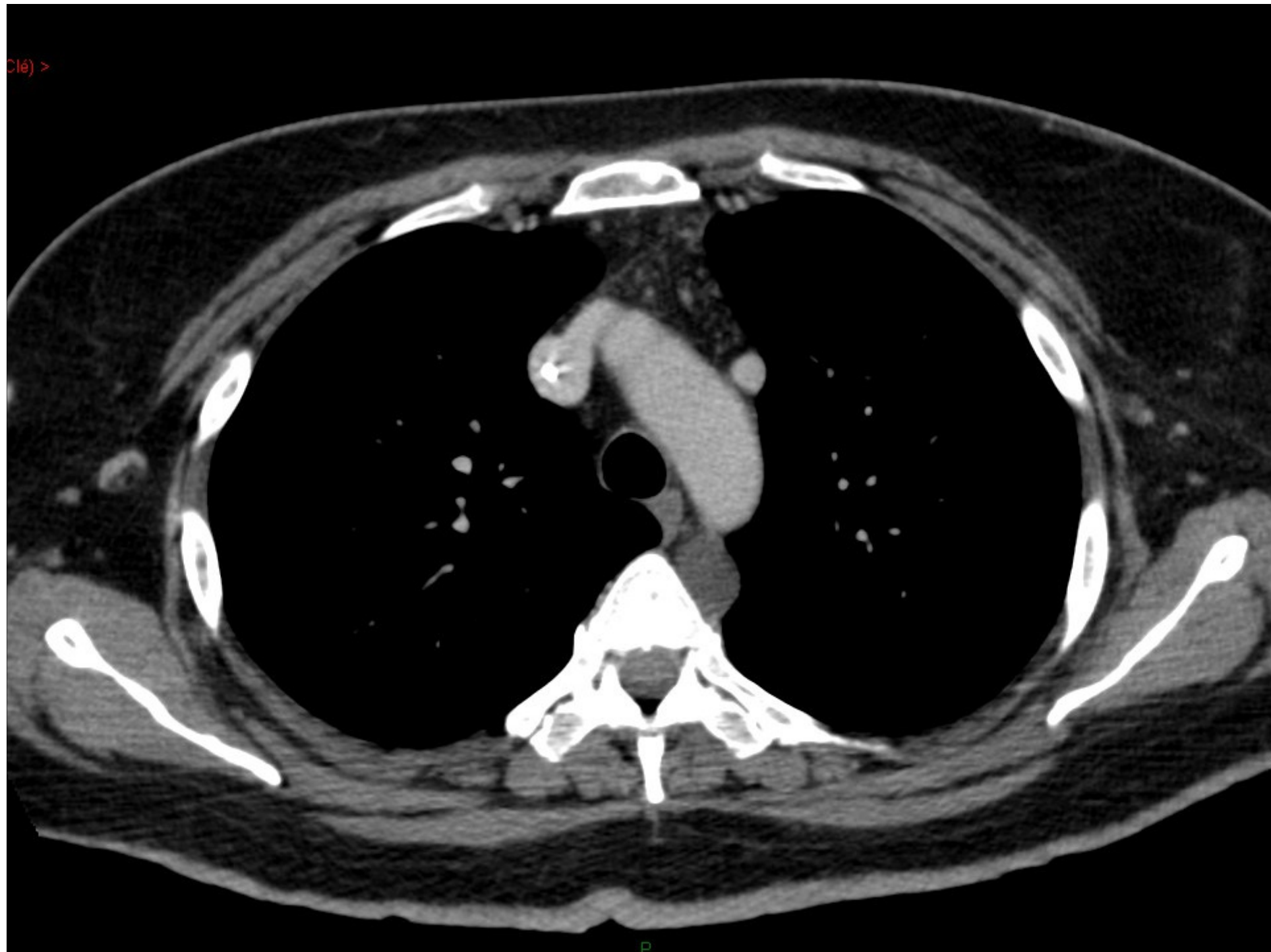
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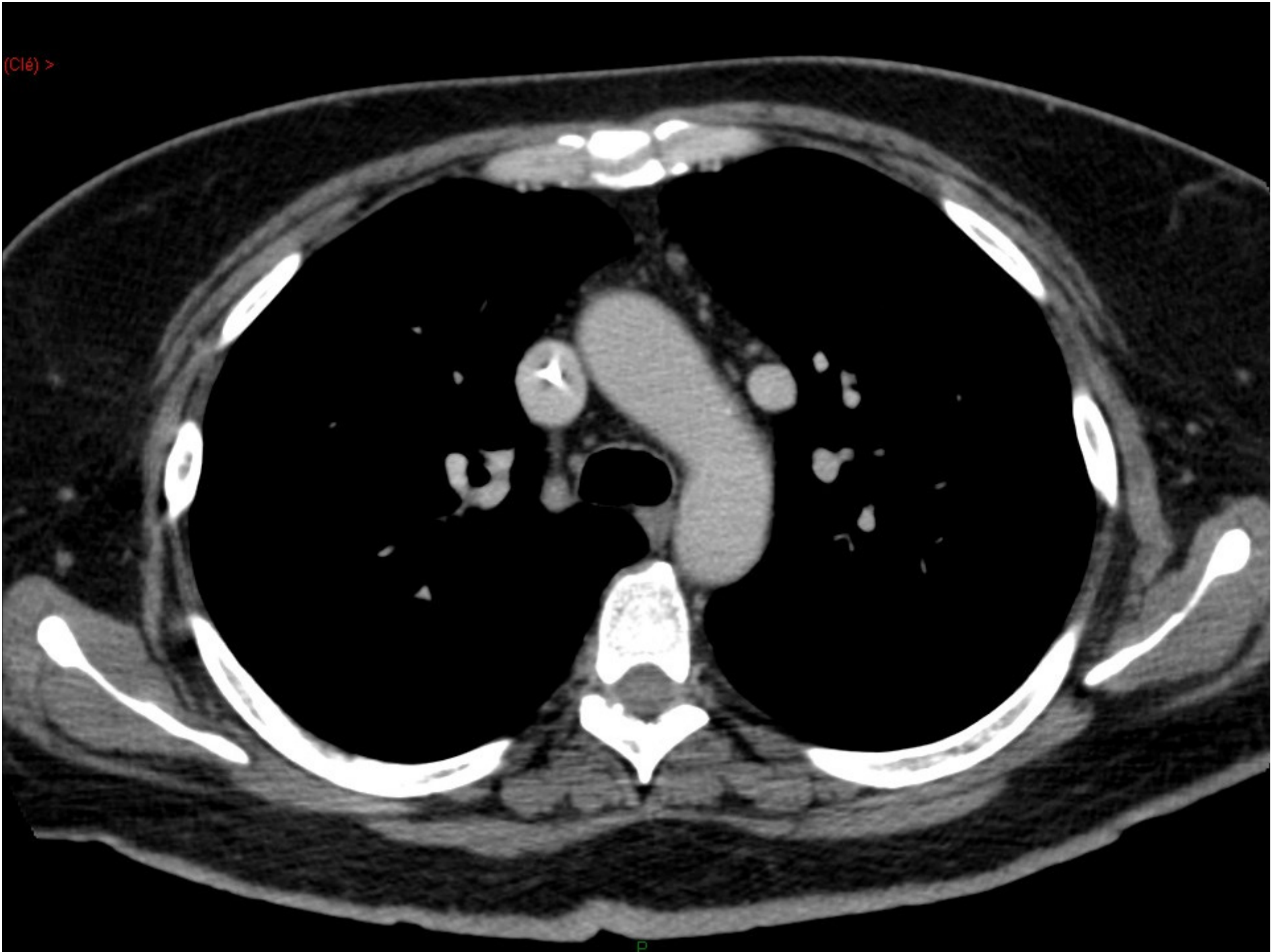
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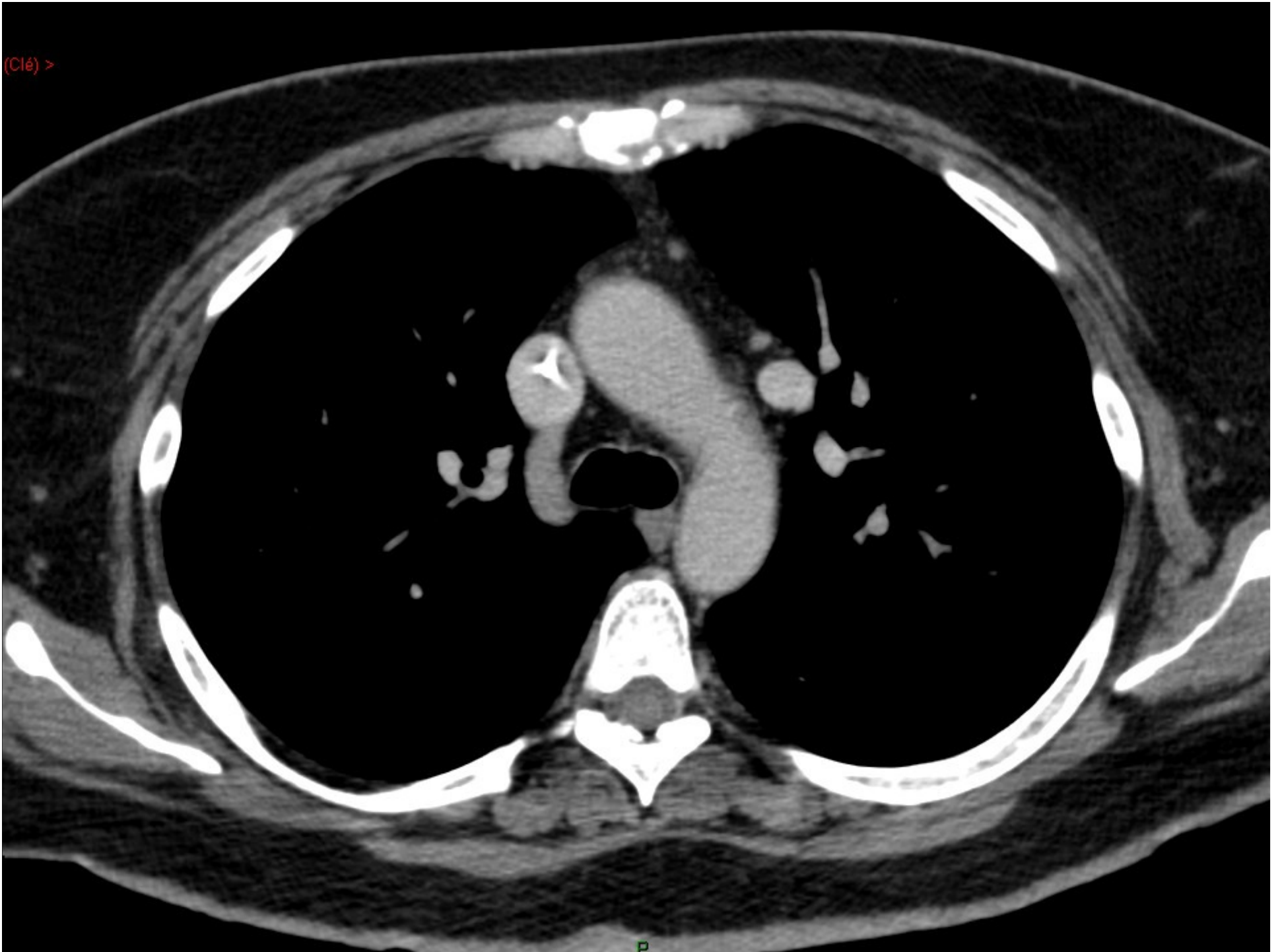


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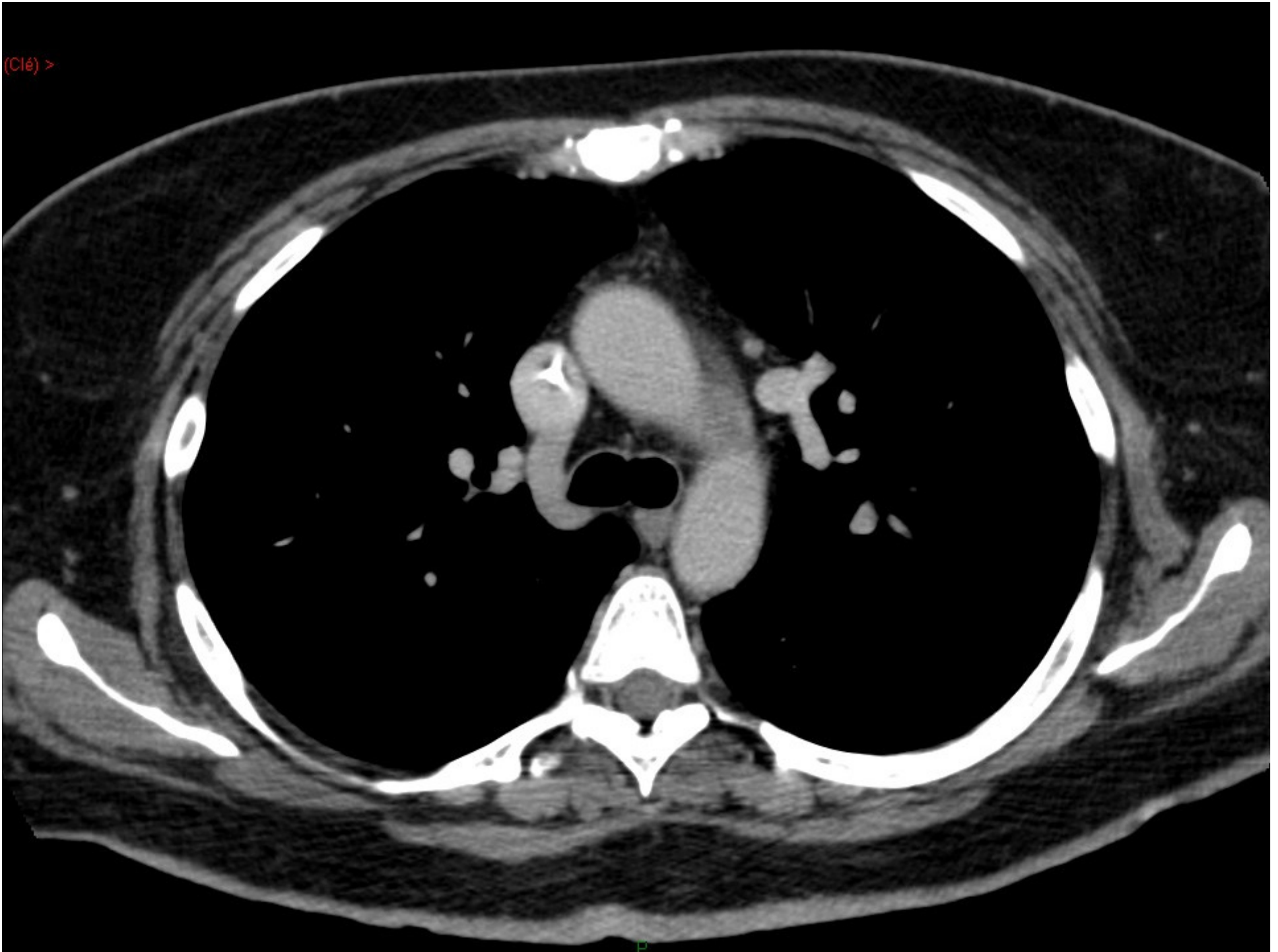
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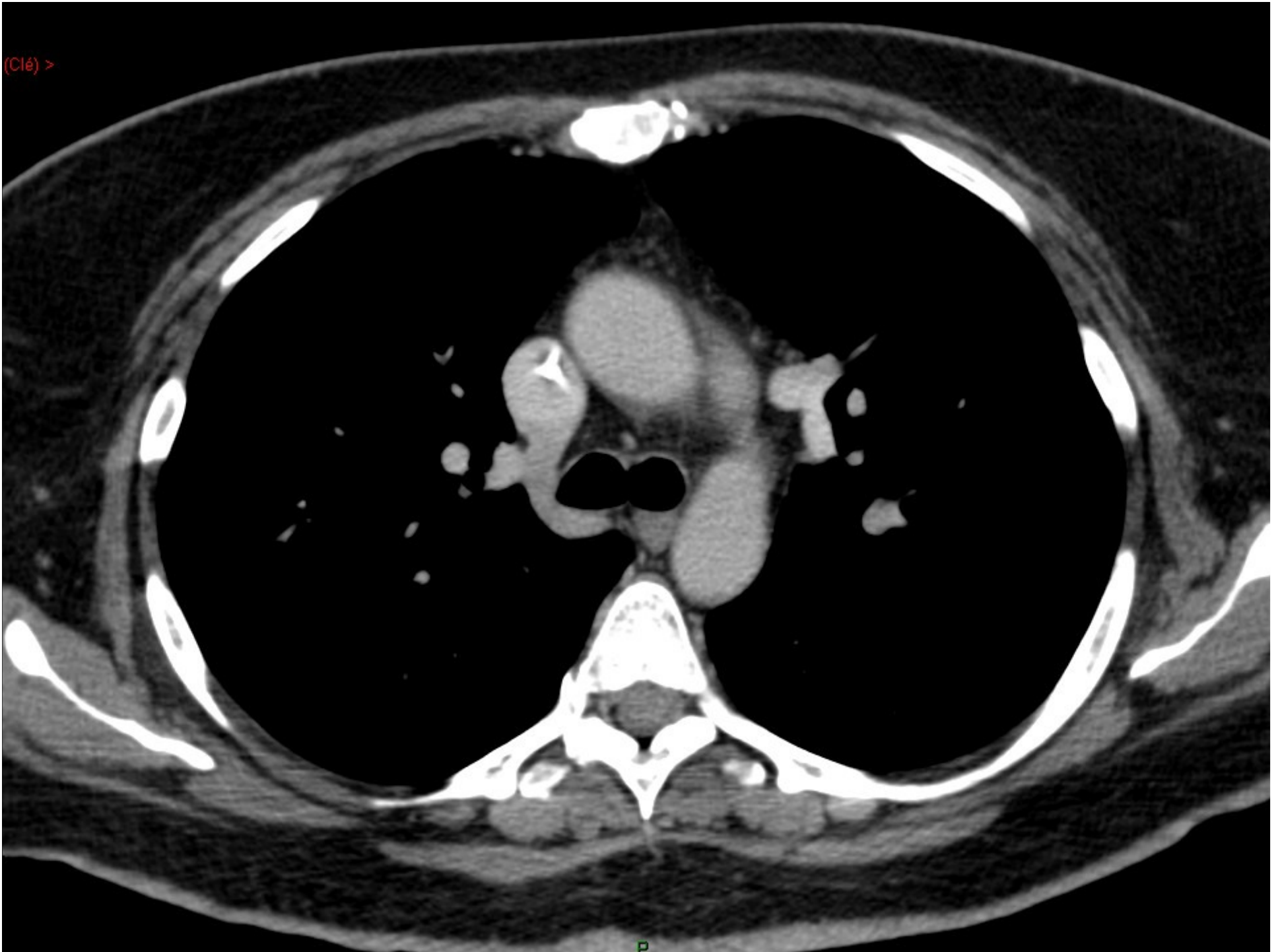
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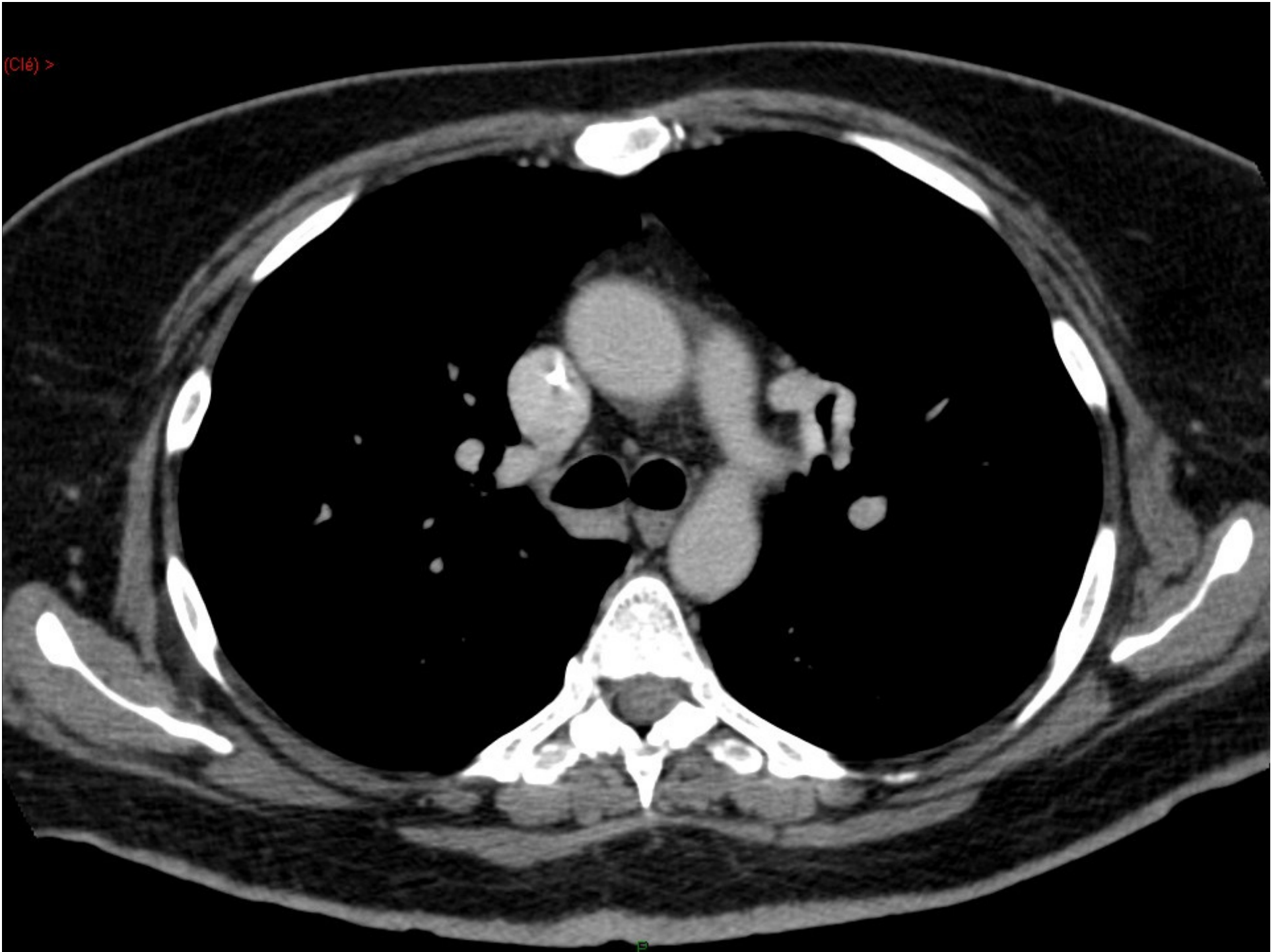


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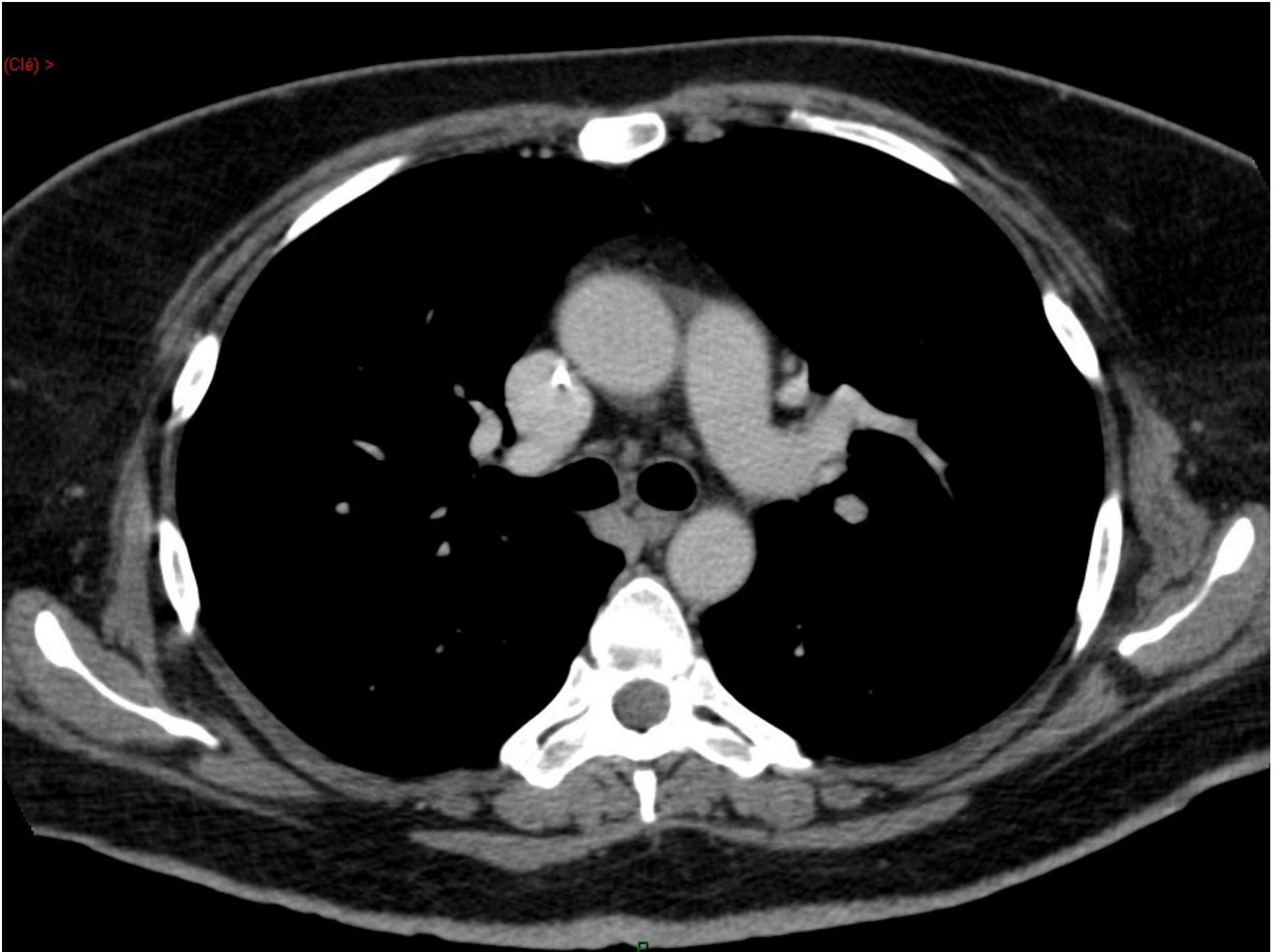


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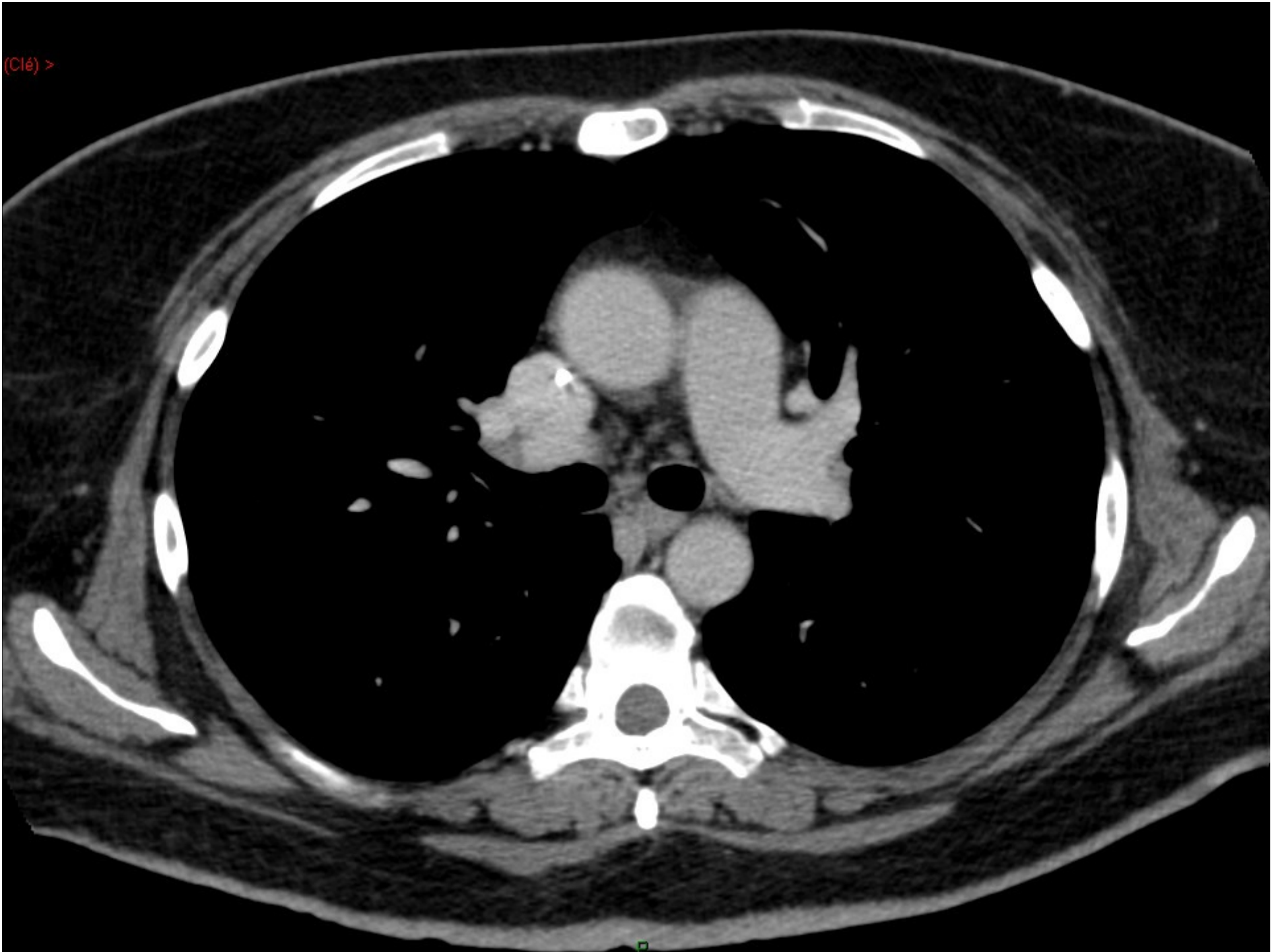
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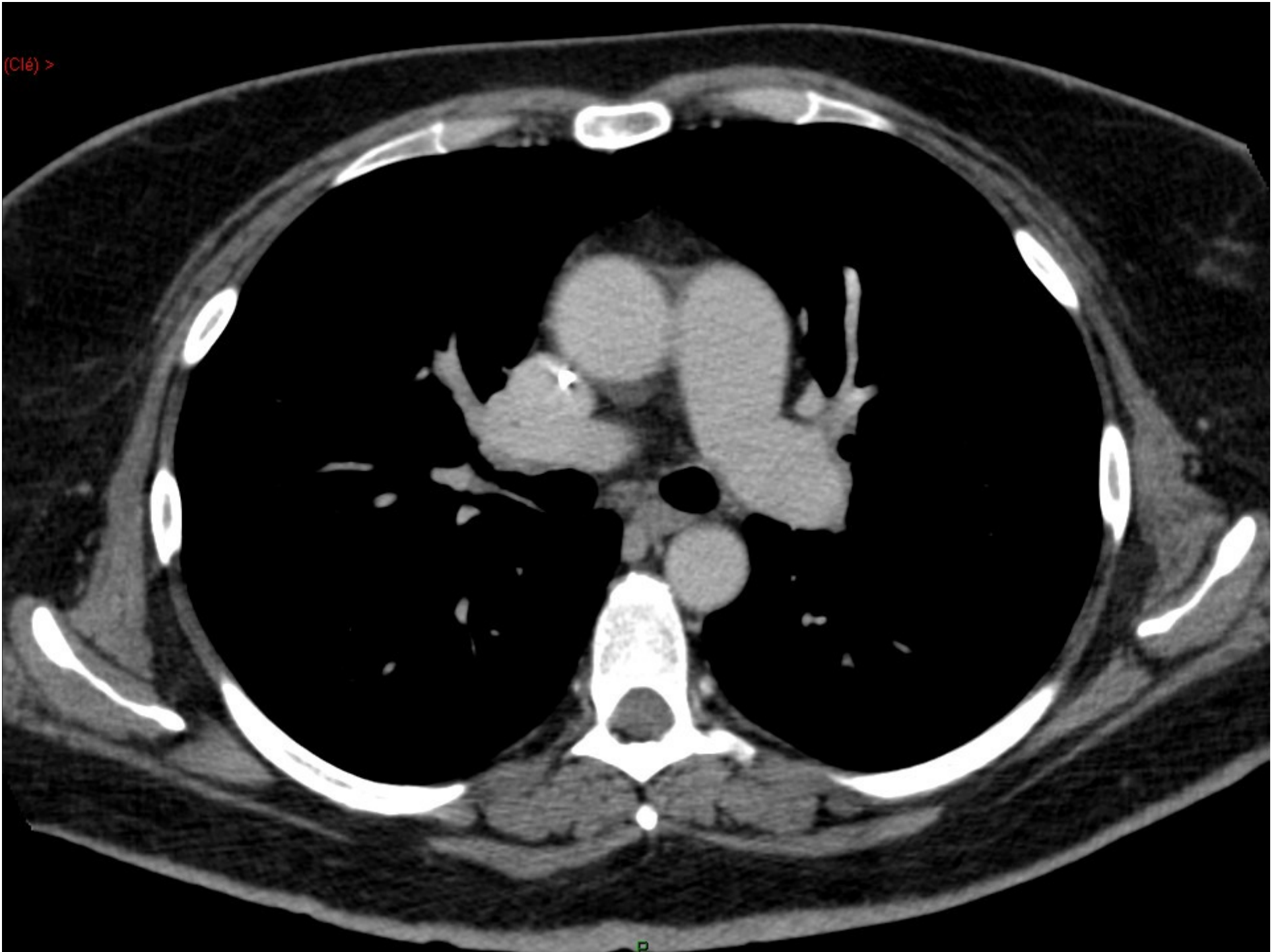
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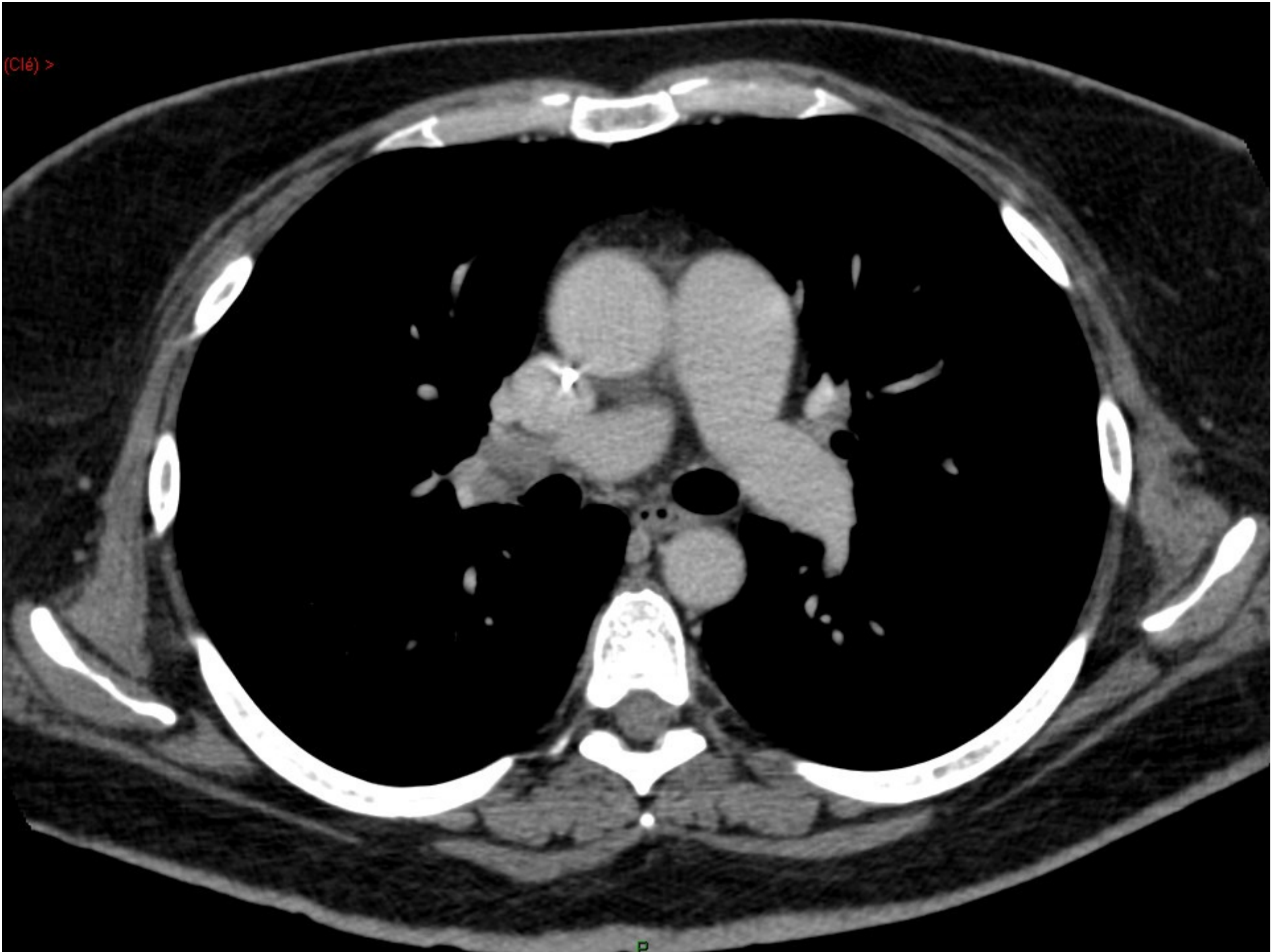
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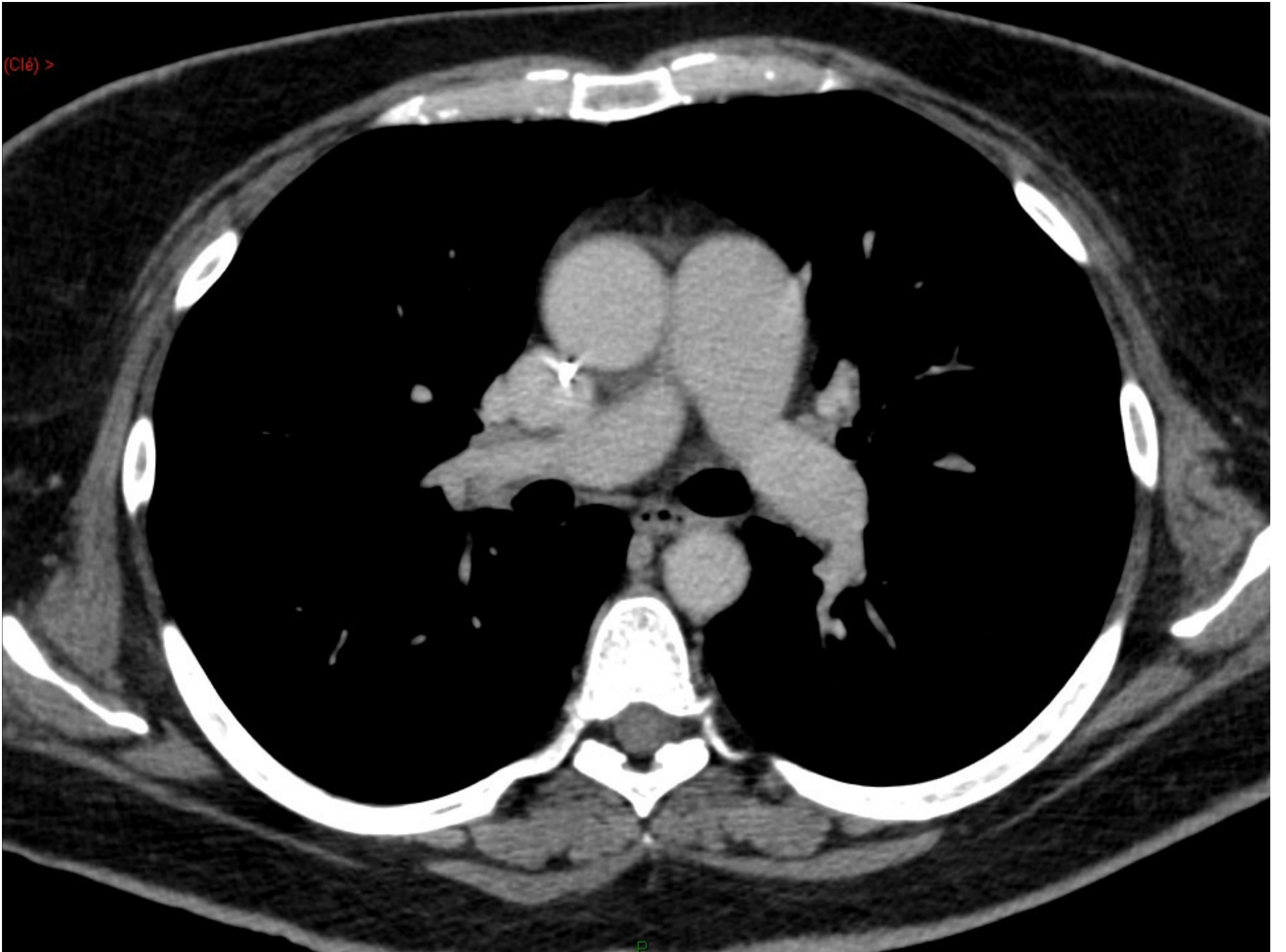
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