BOURRELET

JP. Bonvarlet D. Folinais

IAL NOLLET

Quelle histoire !

Homme de 62 ans non retraité, sportif de loisir

Fin juillet 2004, au décours d'une partie de tennis

Petite douleur de l'aine droite résolutive

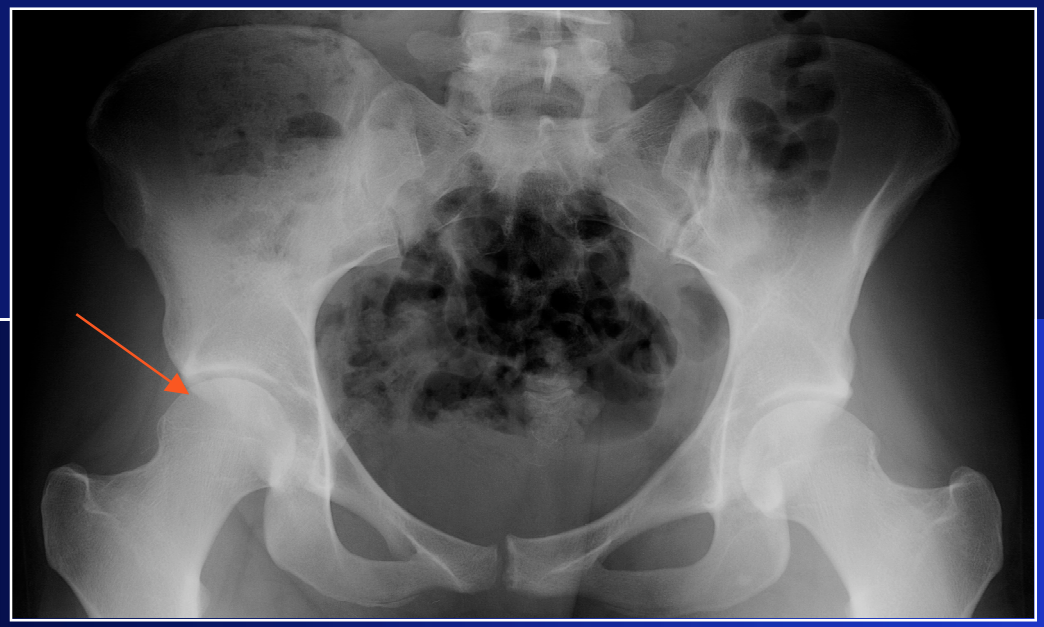
48 h plus tard en croisant les jambes au cours d'un apéritif, claquement dans aine droite

Douleur progressive irradiant dans membre inférieur vers genou et le pied

Douleur insomniante imposant la prise d'antalgiques dans la nuit

Le lendemain une radio est demandée devant l'impotence, la boiterie et la limitation des amplitudes

Radio standard



Pas d'anomalie

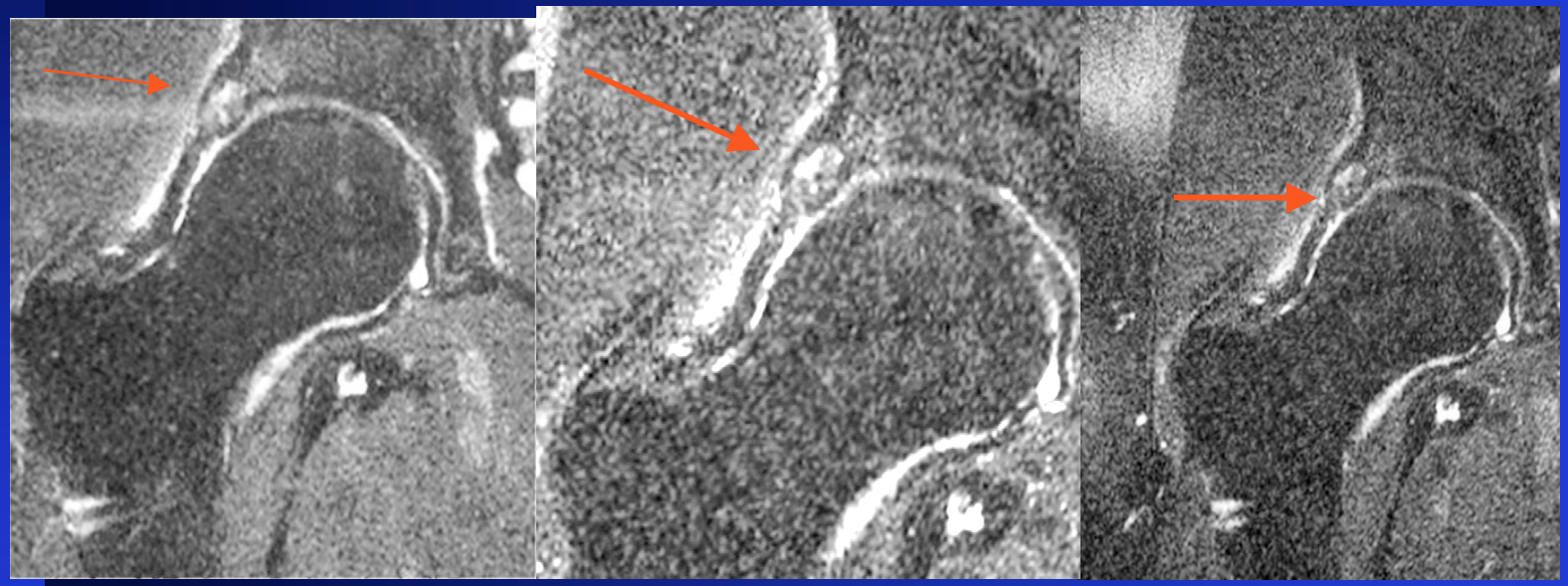
Sauf à la relecture un petit épaississement des parties molles

Devant la persistance des douleurs une IRM est demandée en urgence à J+5

Elle va montrer……..

Une lésion du Bourrelet de Hanche

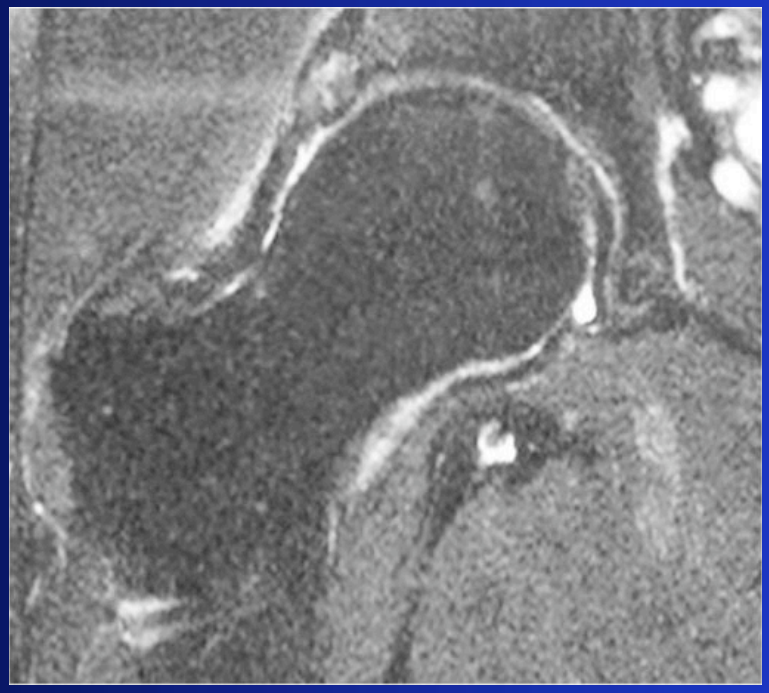
- Un Kyste Eclaté avec une réaction inflammatoire



Evolution

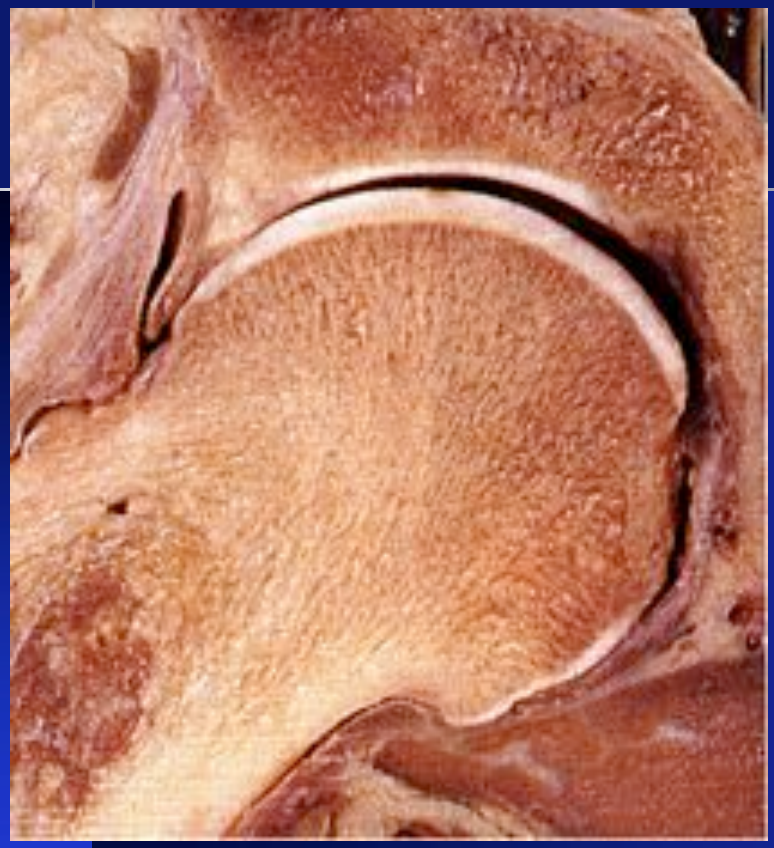
Les douleurs vont disparaître et la mobilité de hanche est restaurée en 48 heures.

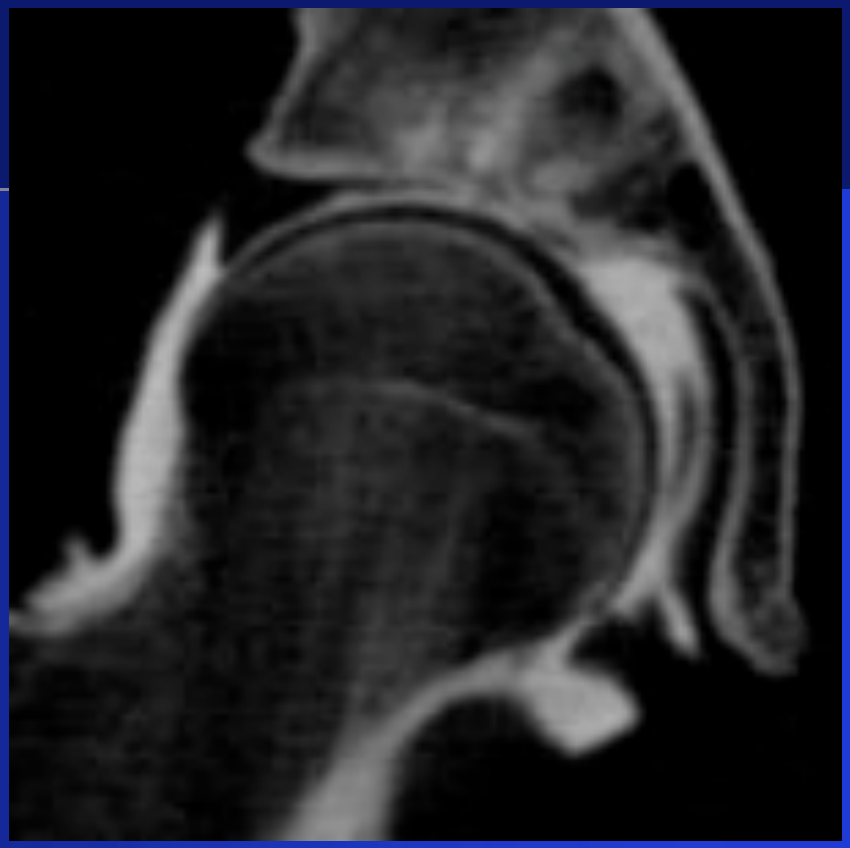
Avec un recul de 4 mois il n'existe plus aucune douleur ni de séquelles



Qu’est ce que le bourrelet ?

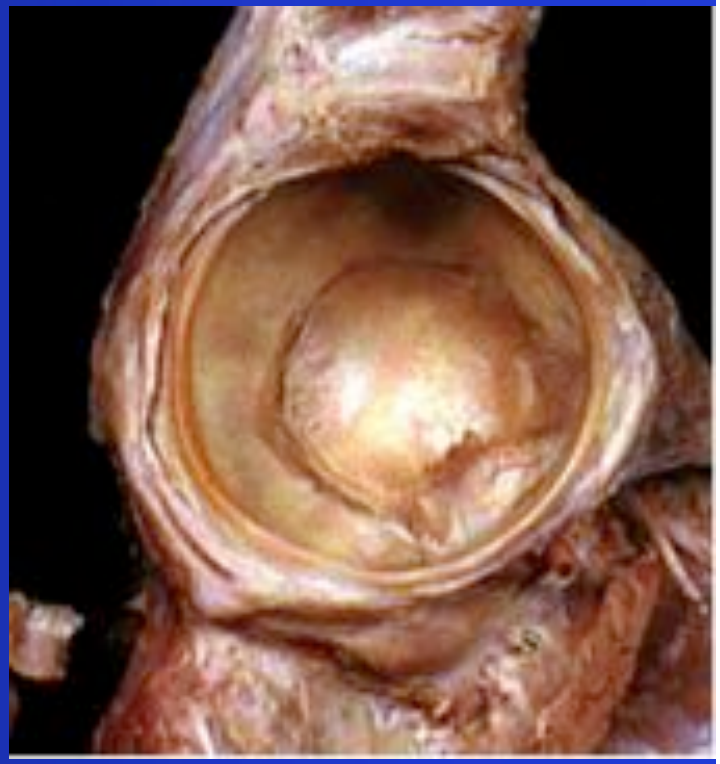
De Hanche



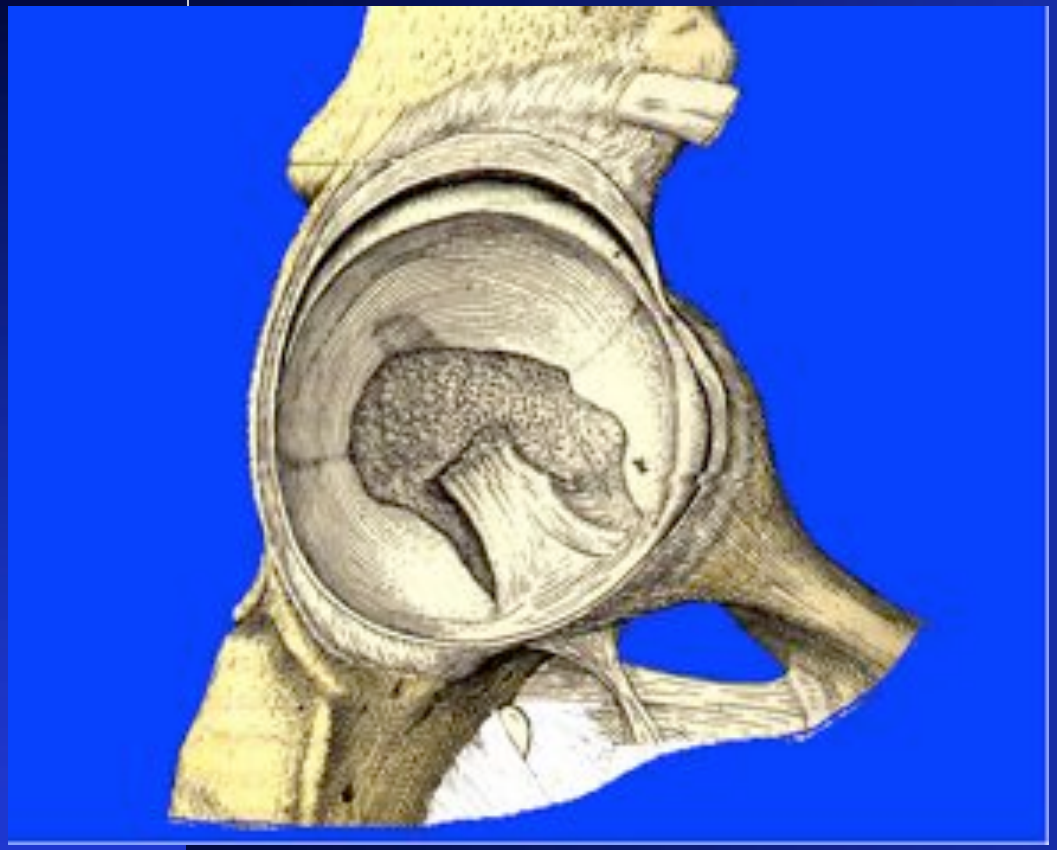


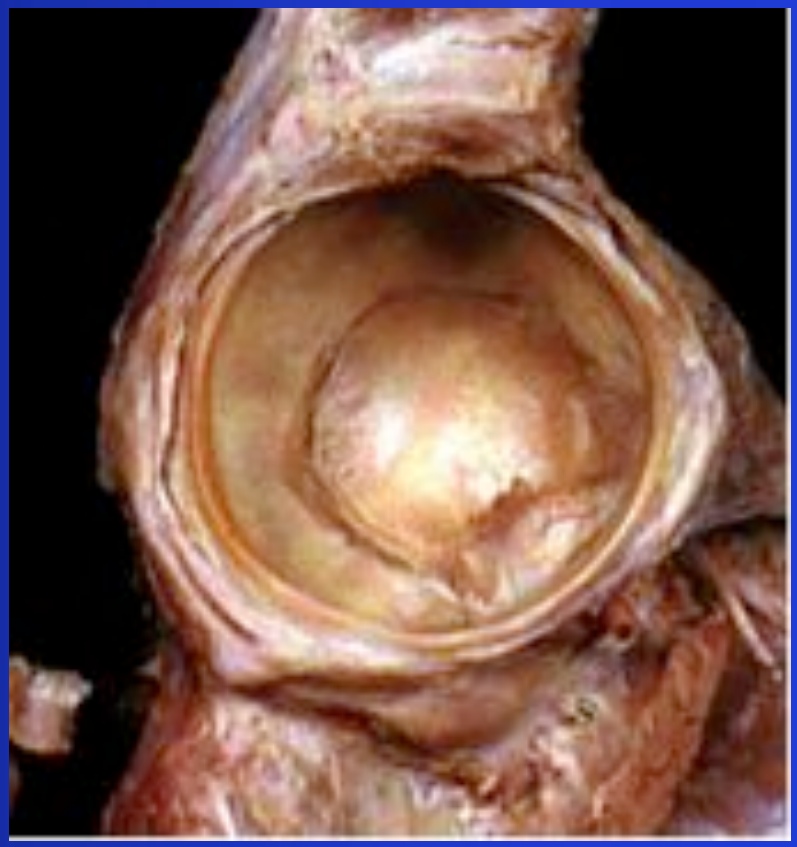
Anatomie

- MOYENS D'ÉTUDE
- ASPECTS NORMAUX
- ASPECTS ANORMAUX
- VALEUR PATHOGÈNE ?



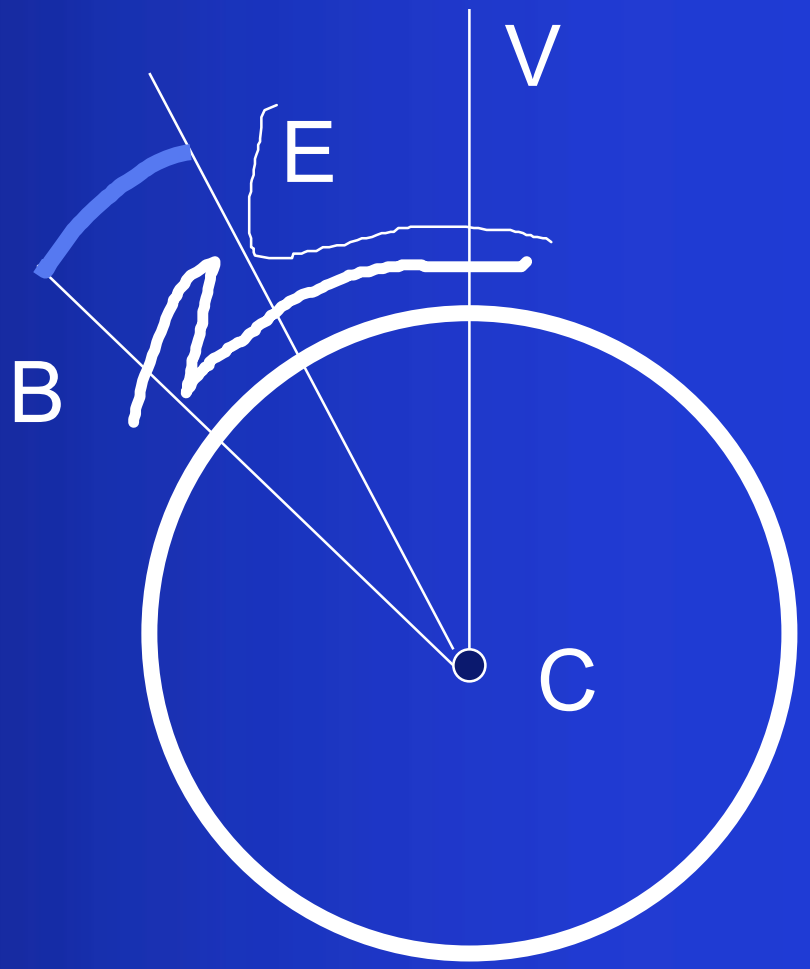
BOURRELET NORMAL





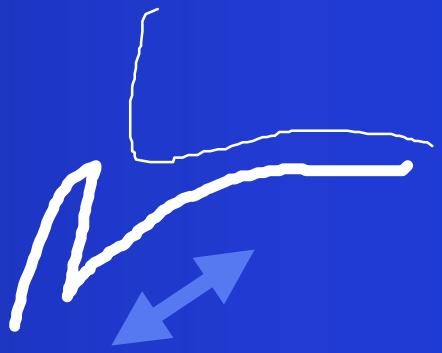
BOURRELET TAILLE

- VALEUR ANGULAIRE
- 15° (+/- 10°) = 70%
- >35° = 10%
- <20° = 20%
- (LE BOURRELET COTYLOÏDIEN, 121 ARTHRO, A CHEVROT… J Radiol 1988)



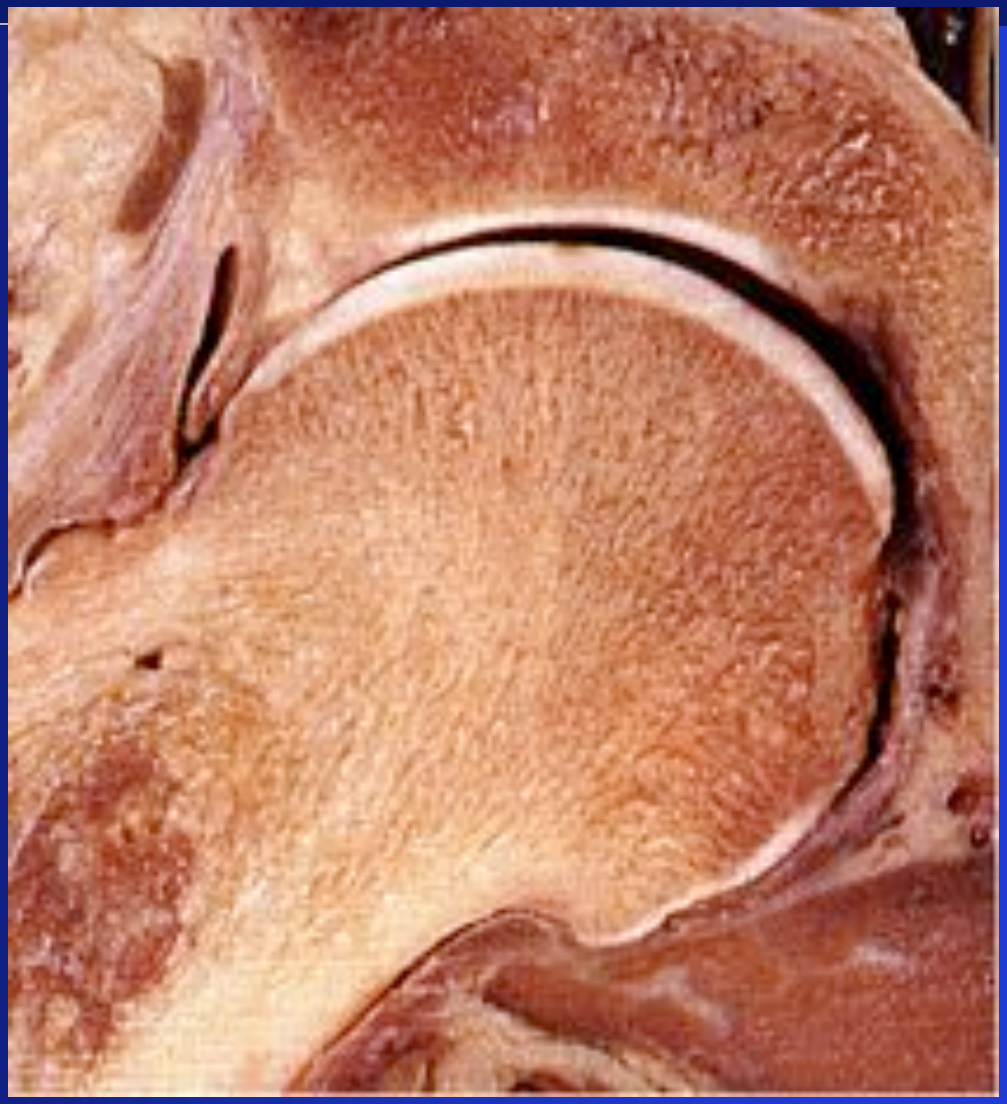
BOURRELET TAILLE

- VARIABLE
- LONGUEUR : 4 À 12mm
- ABSENCE DE BOURRELET (PATIENTS ASYMPTOMATIQUES) : 28% (IRM STANDARD SANS ARTHROGRAPHIE. LECOUVET RADIOLOGY 1995)

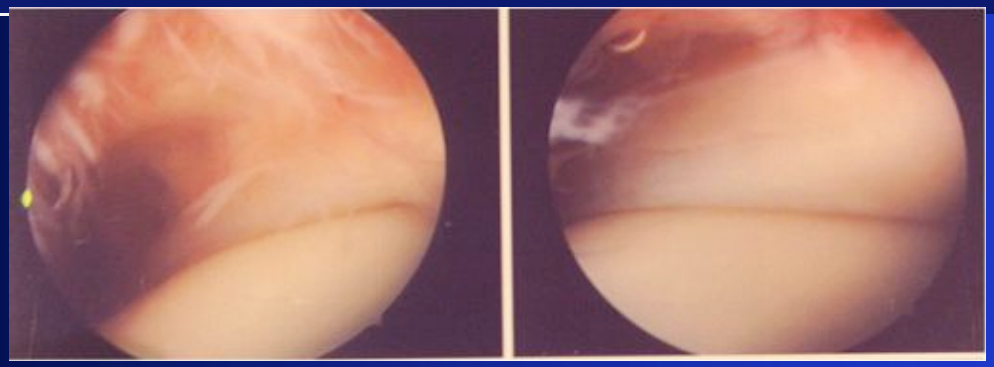


BOURRELET

- CONTINUITÉ CARTILAGE COTYLOÏDIEN
- RÉCESSUS SUS LIMBIQUE ET INSERTION CAPSULAIRE



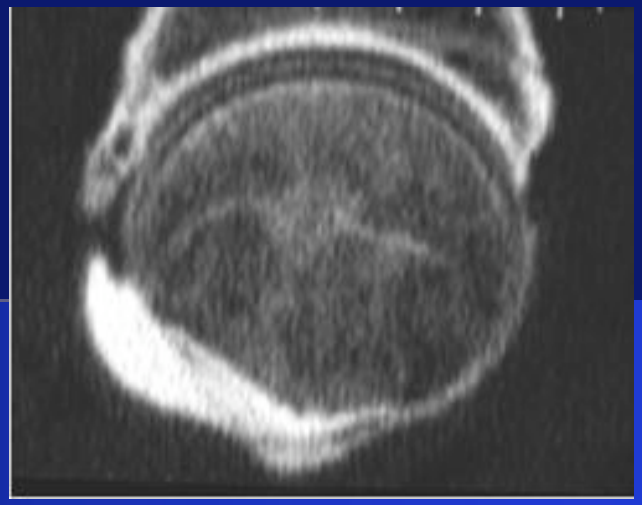
Vue endoscopique

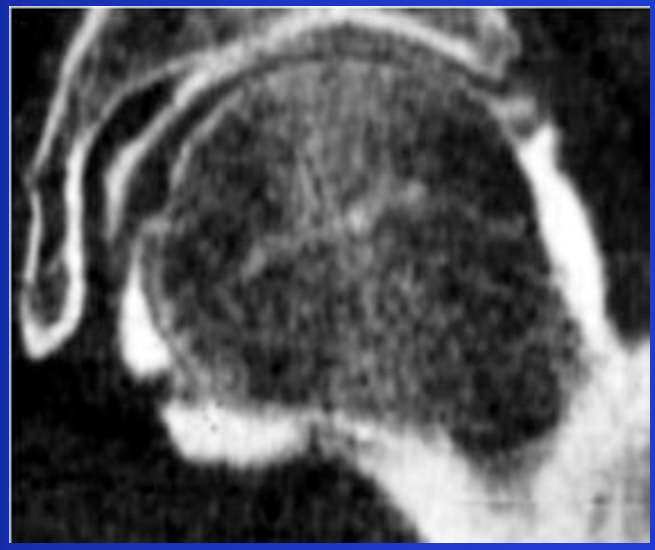


Vue de la face supérieure

Moyens d'Etude

- Arthroscanner
- IRM
- Arthro IRM



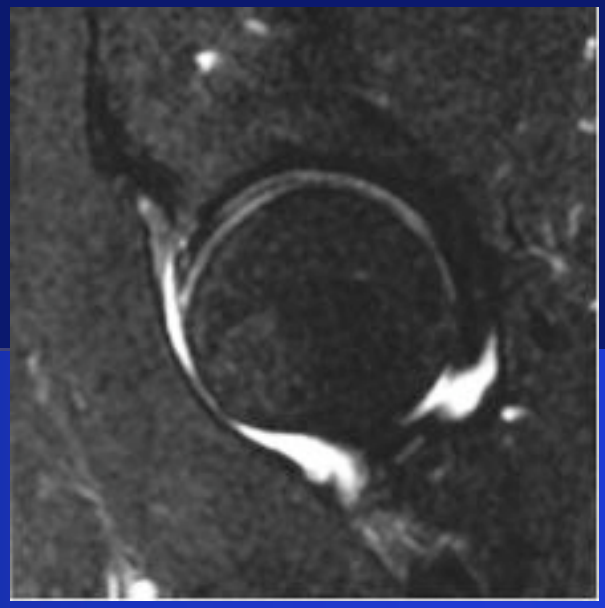


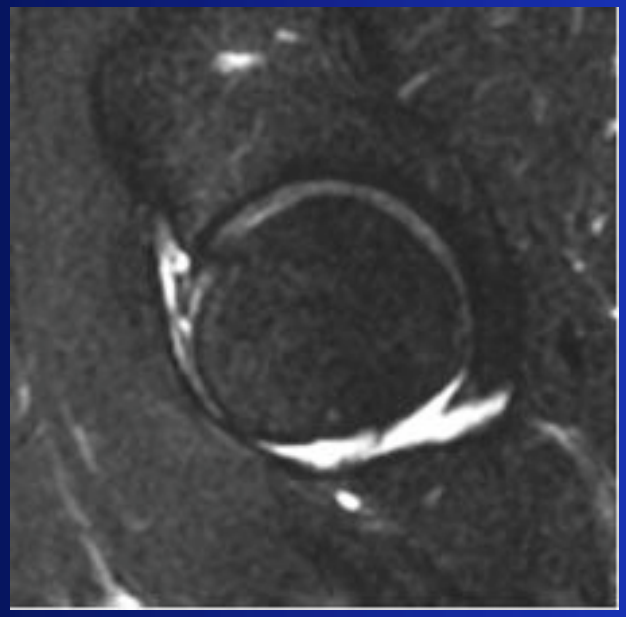
Moyens d'Etude

Arthroscanner

IRM

Arthro IRM



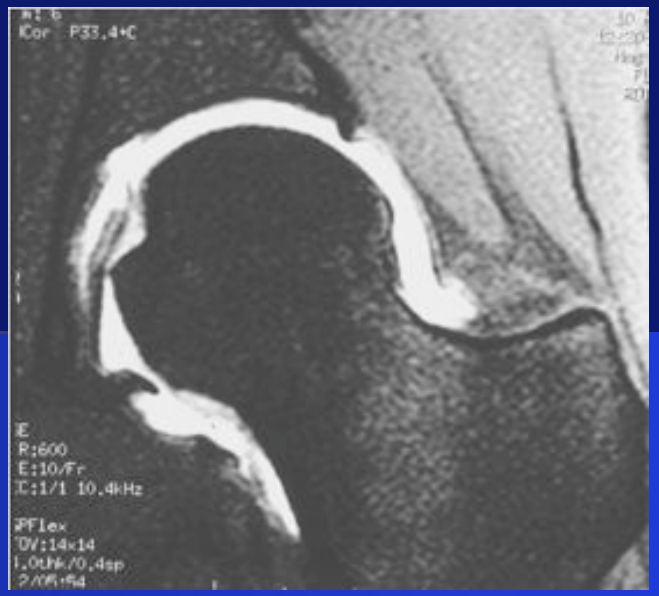


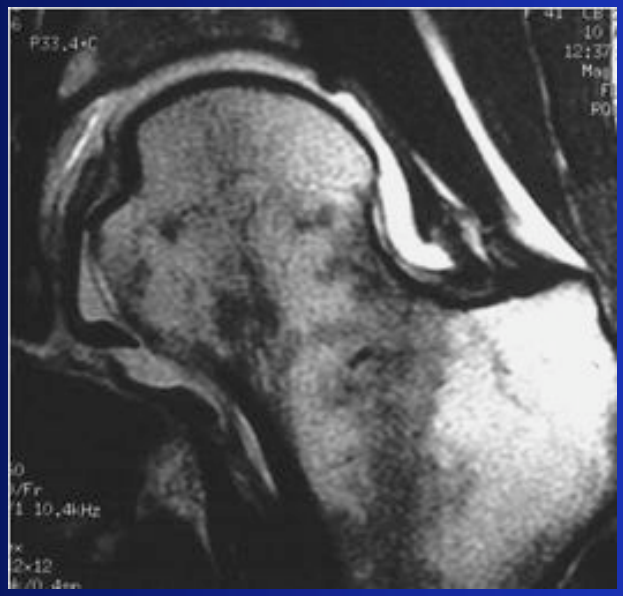
Moyens d'Etude

Arthroscanner

IRM

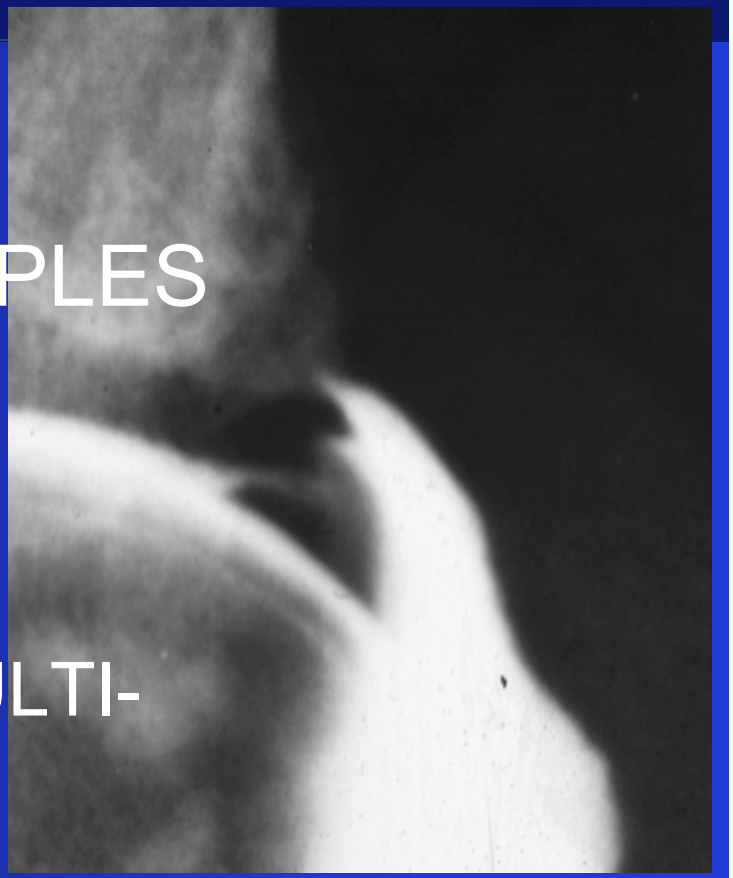
Arthro IRM





BOURRELET PATHOLOGIQUE

- DÉSINSERTIONS, FISSURATIONS, FRAGMENTATIONS MULTIPLES DE TYPE DÉGÉNÉRATIF
  - FISSURES TRAUMATIQUES LINÉAIRES
  - ASPECT DÉGÉNÉRATIF MULTI-FRAGMENTAIRE



BOURRELET

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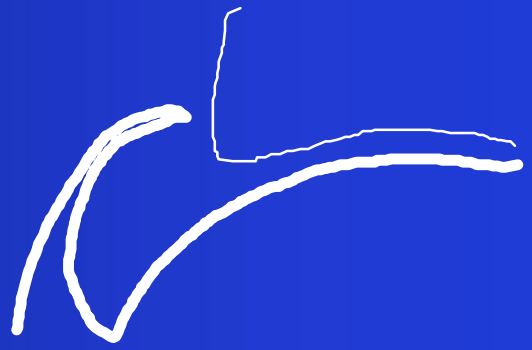
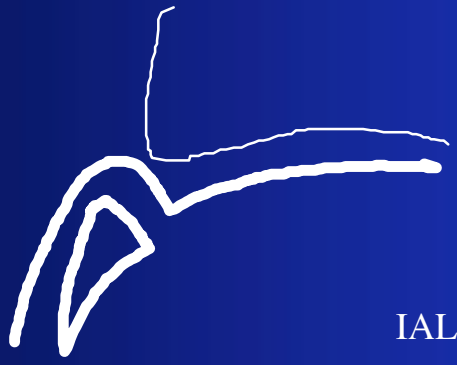
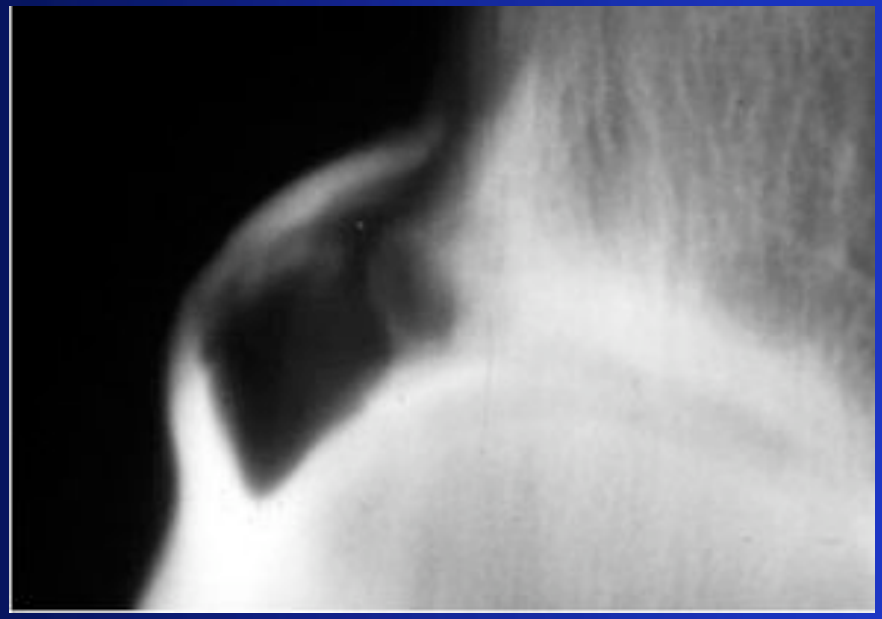


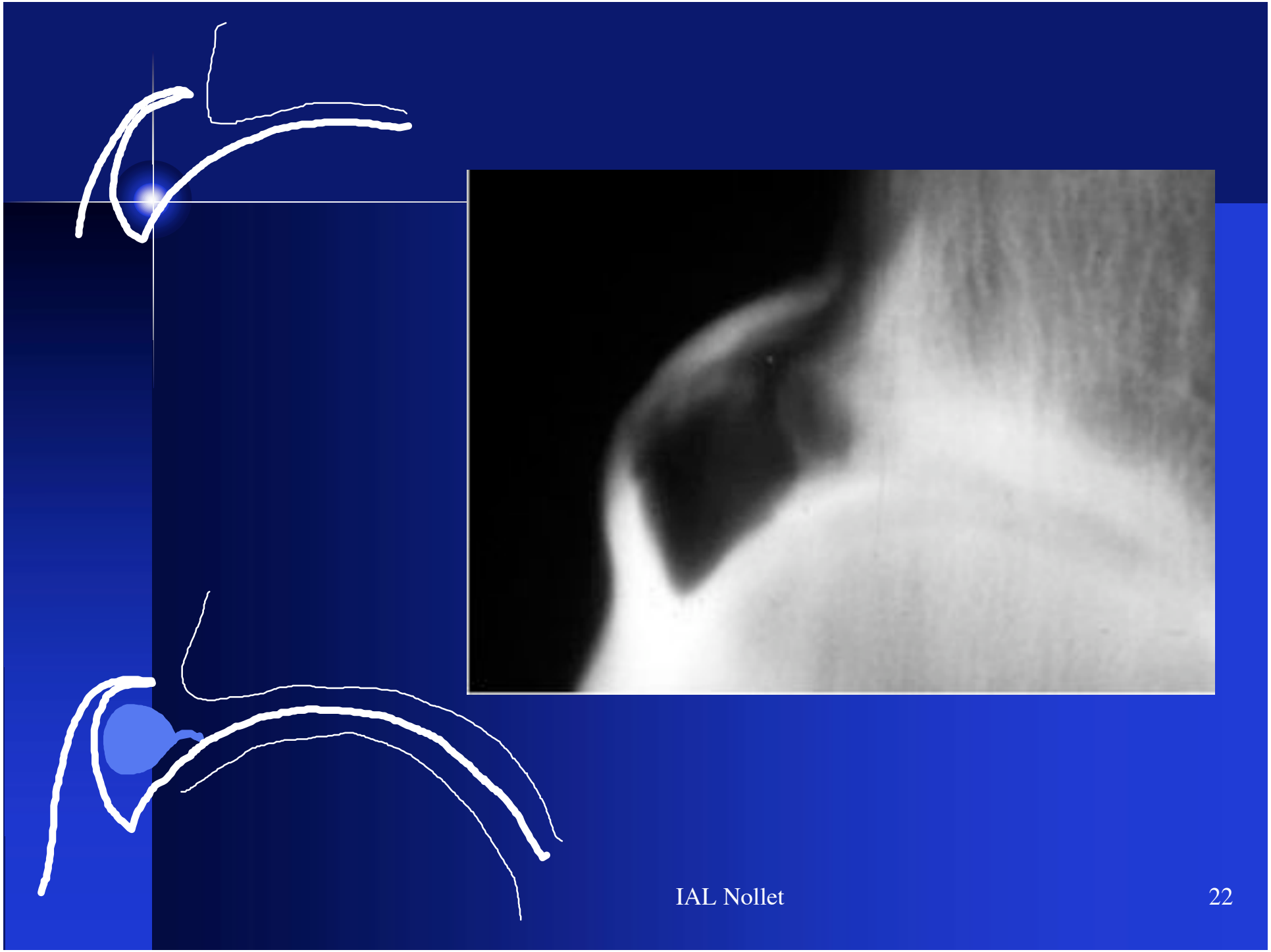


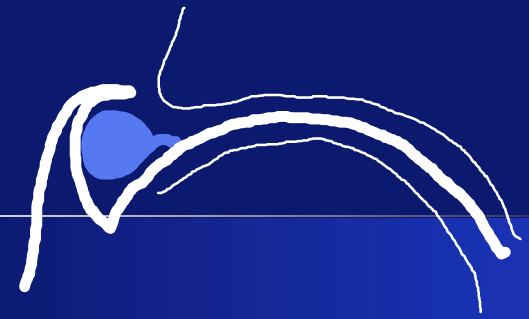
3

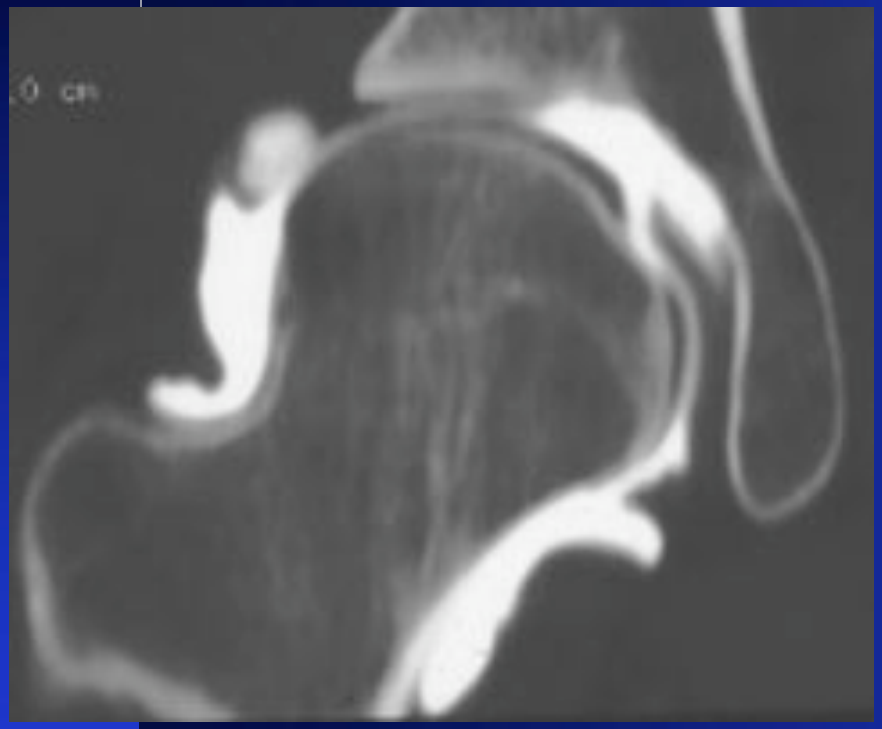
BOURRELET PATHOLOGIQUE

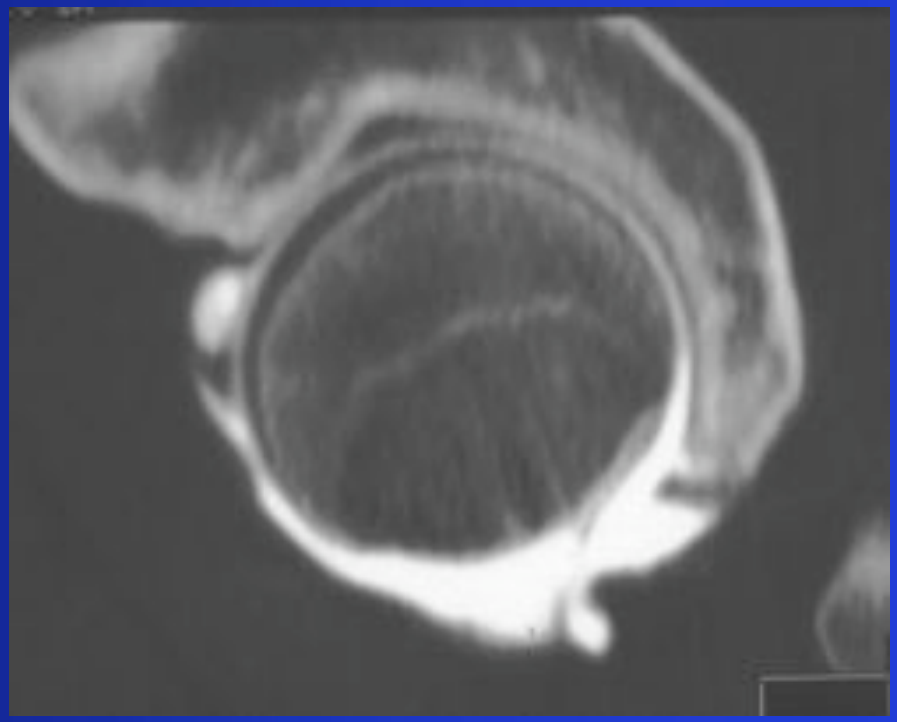
- KYSTES SUS-LIMBIQUES
- KYSTE +/- CONTRASTE
- ARTHRO-IRM : LIQUIDIEN OU MUCOÏDE EN SÉQUENCES T2

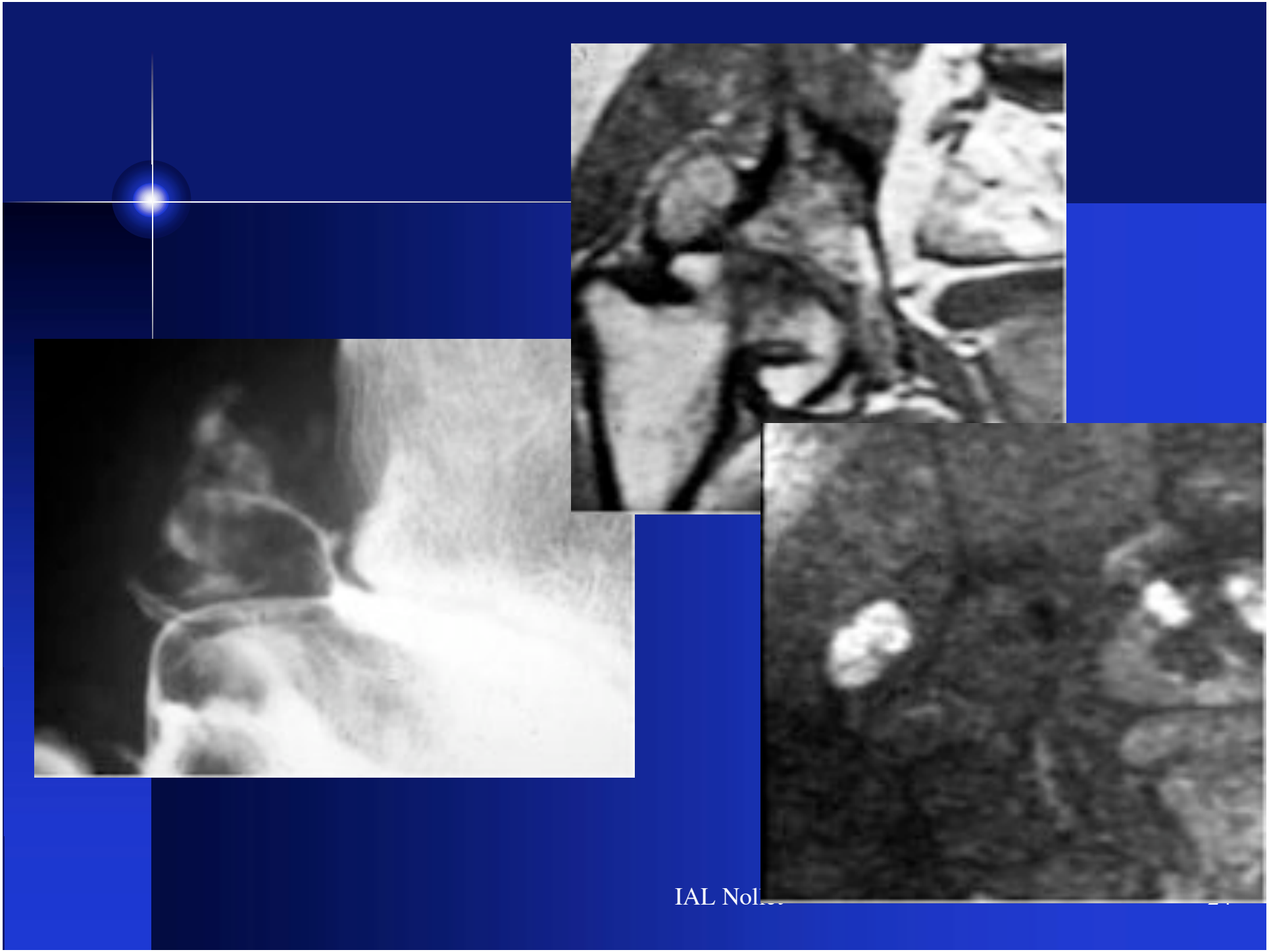












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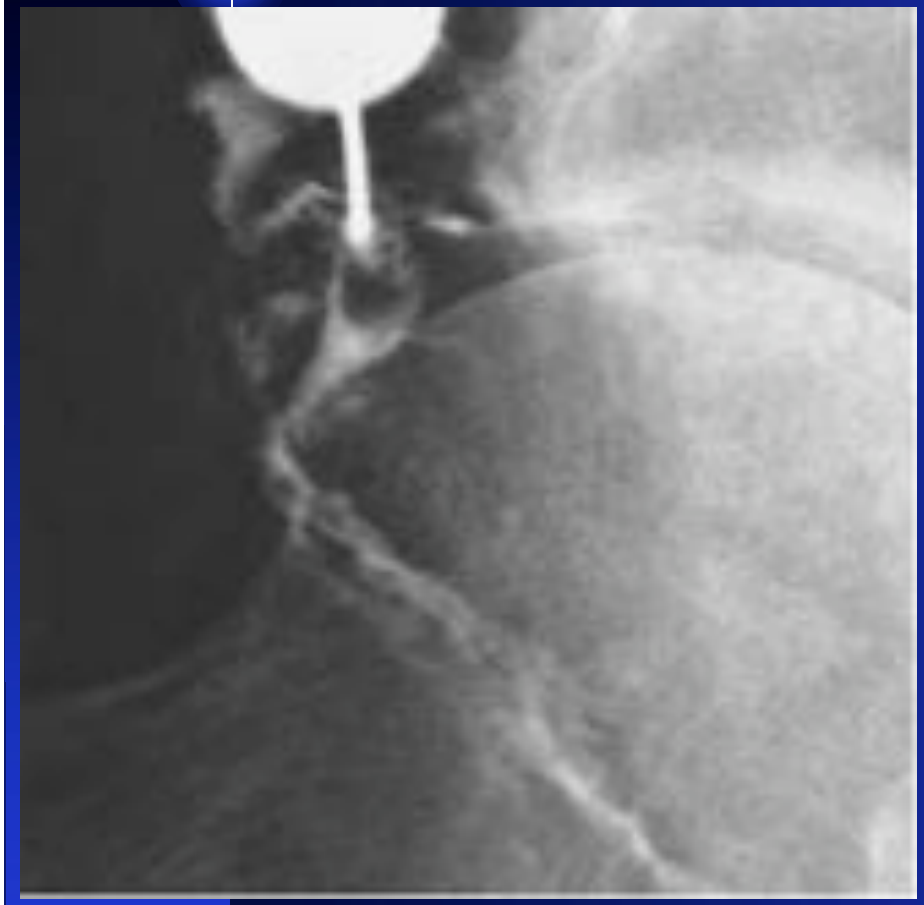

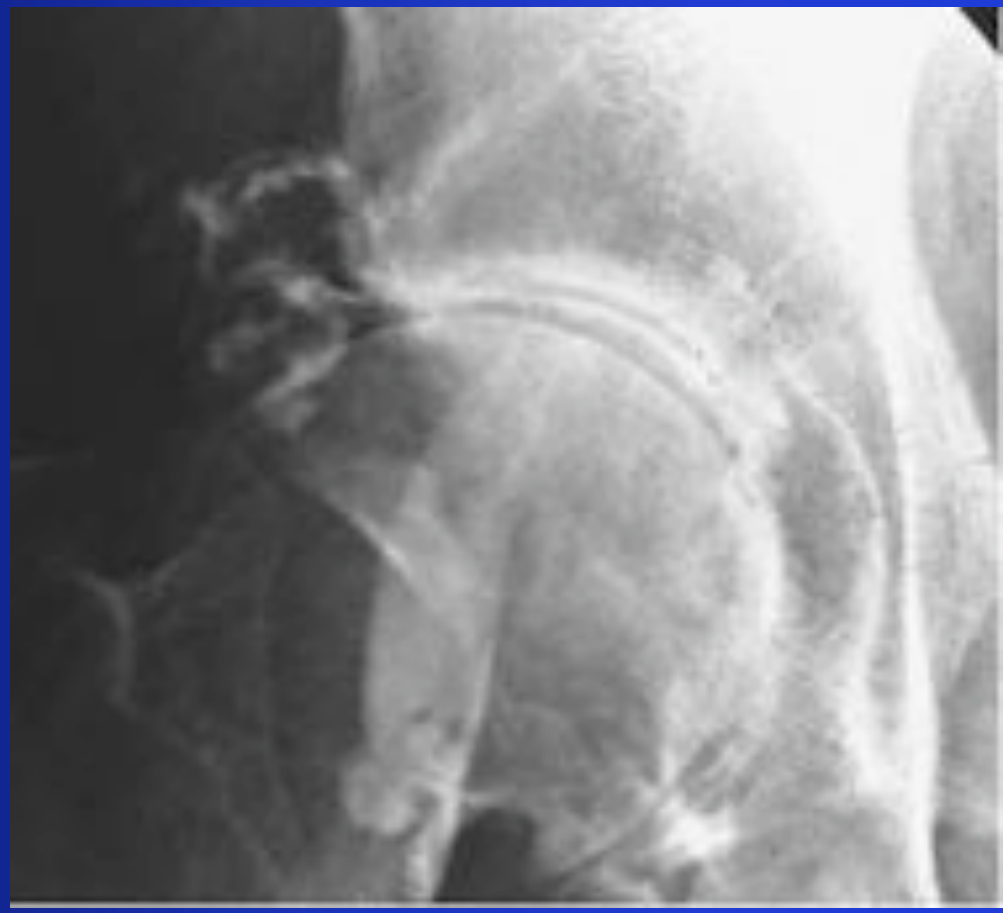

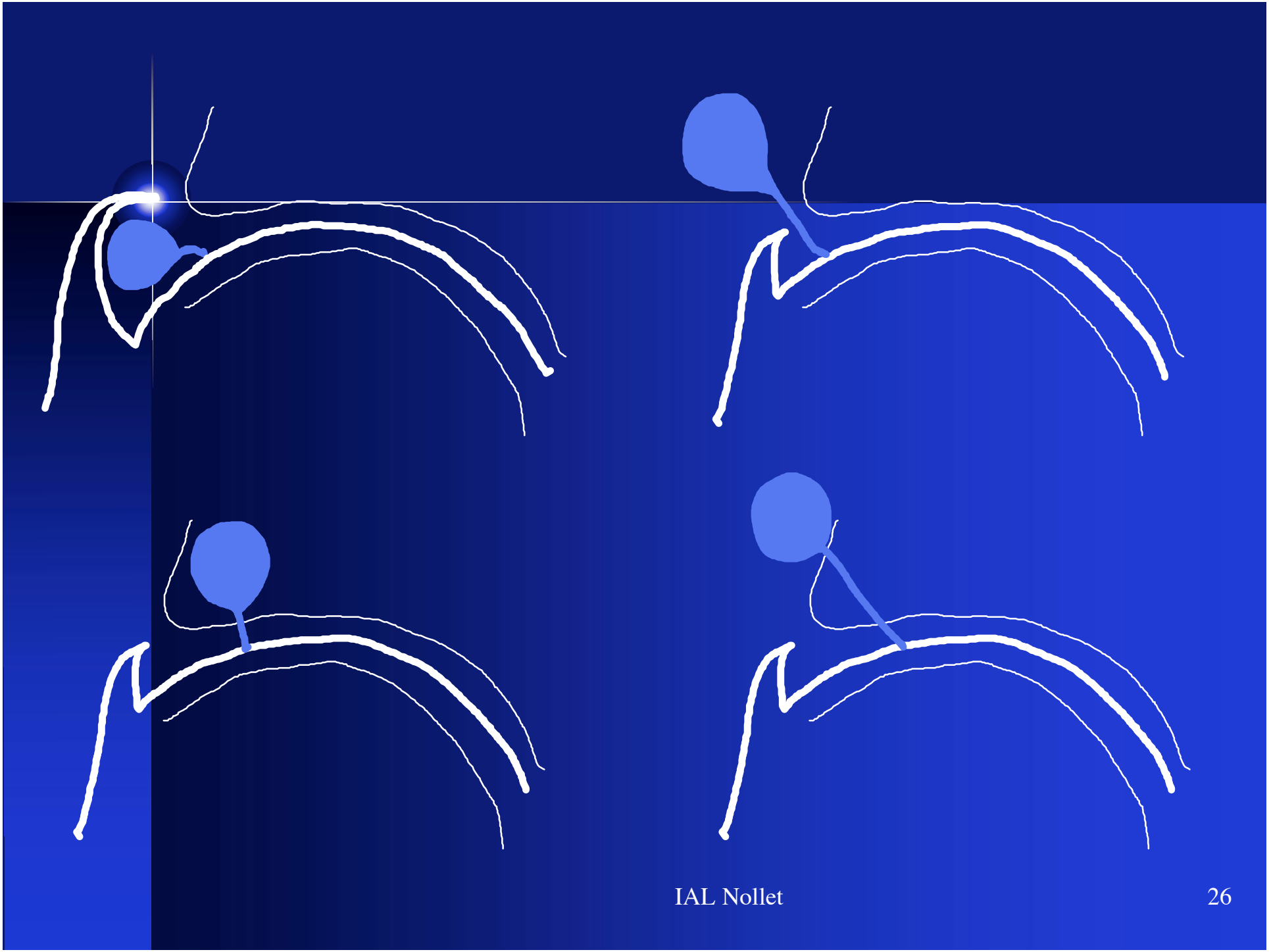

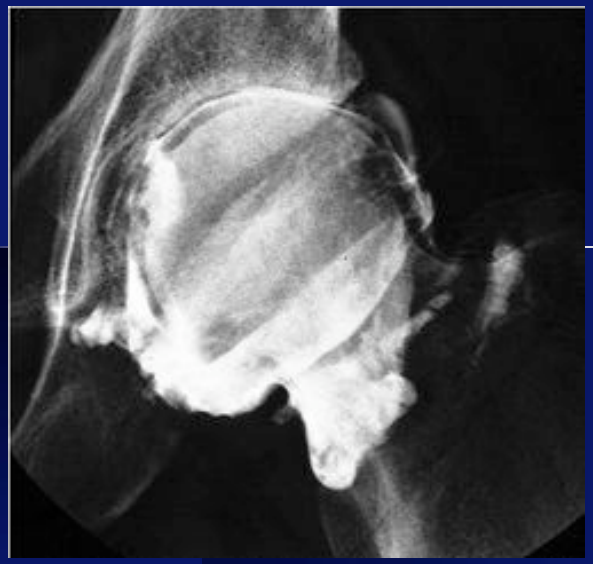

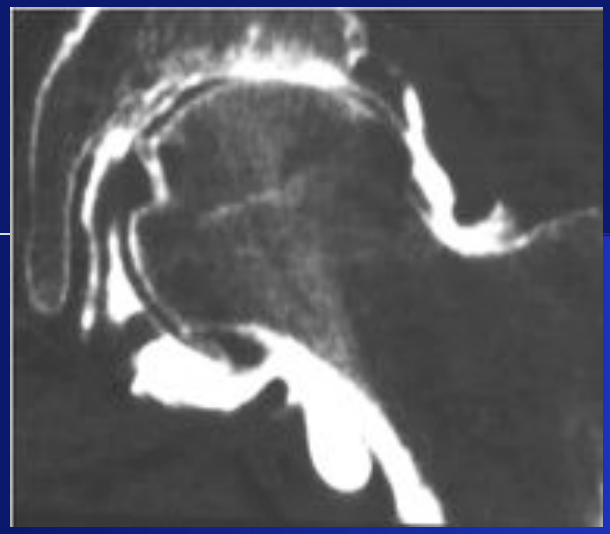

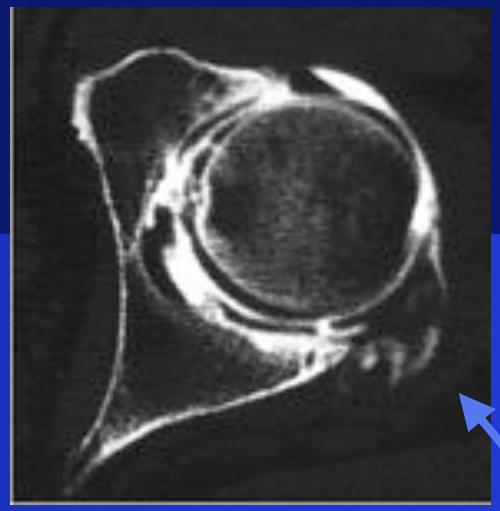

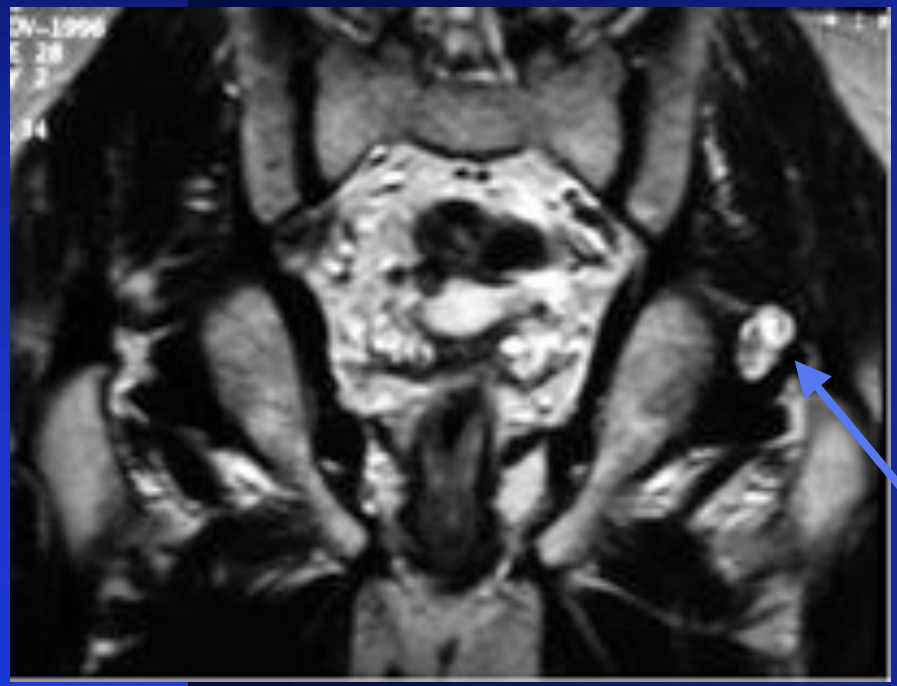

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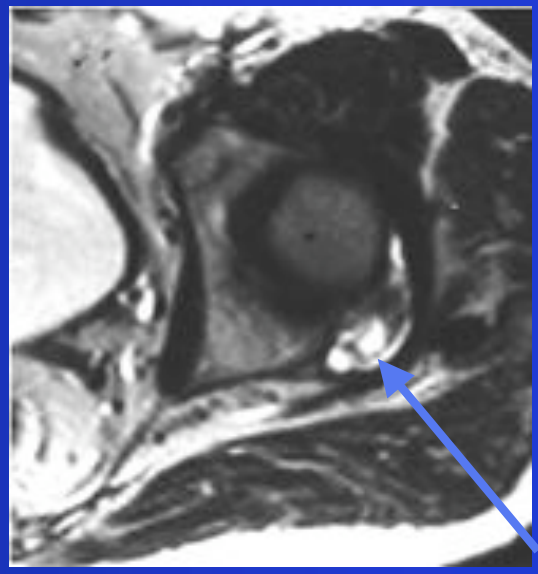

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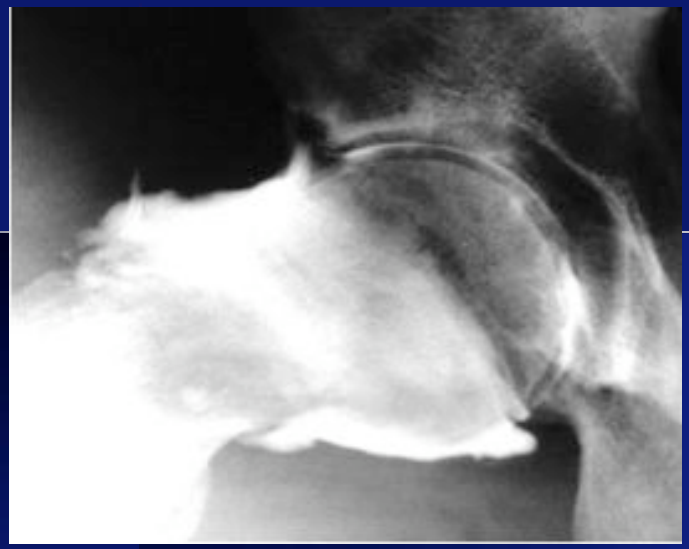
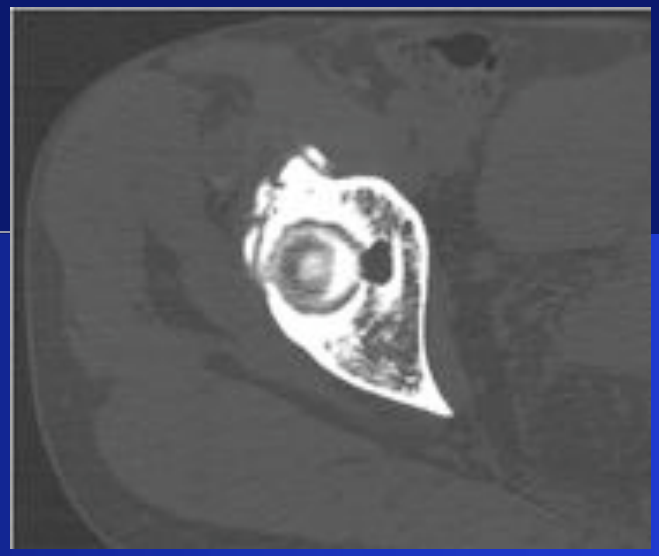
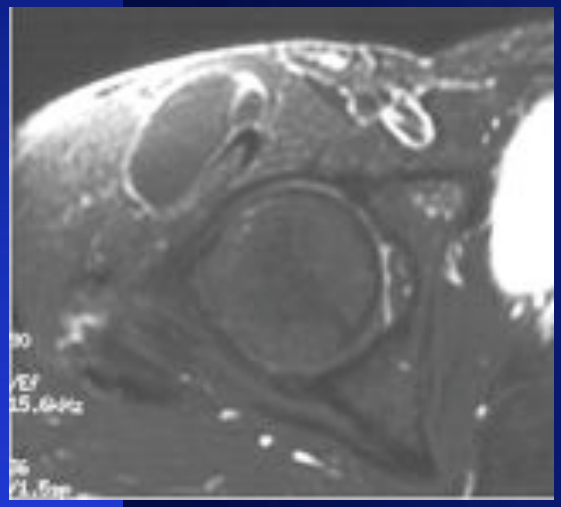
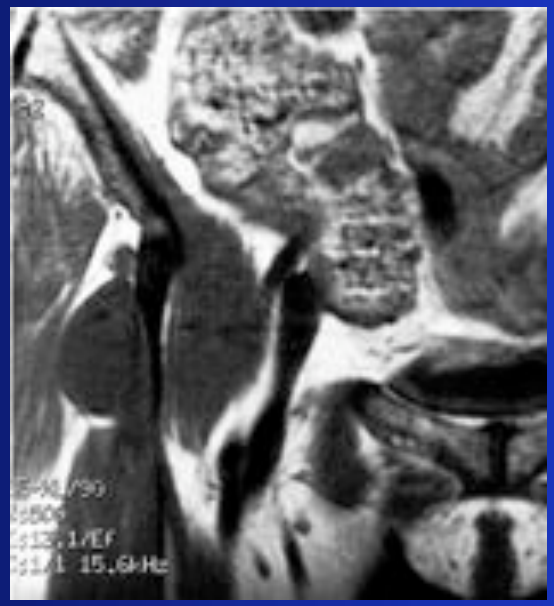
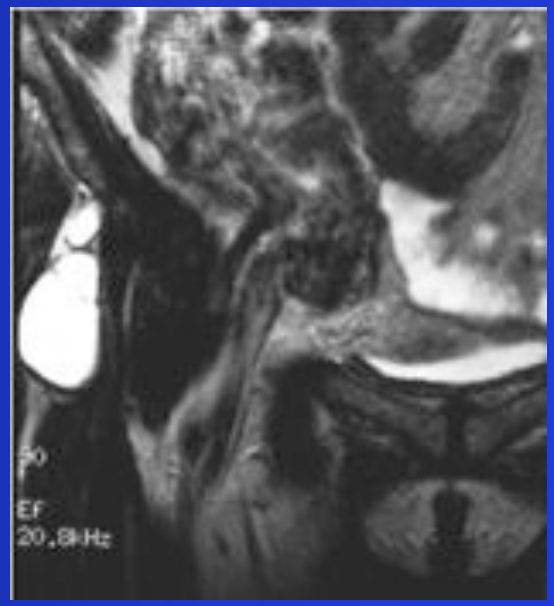




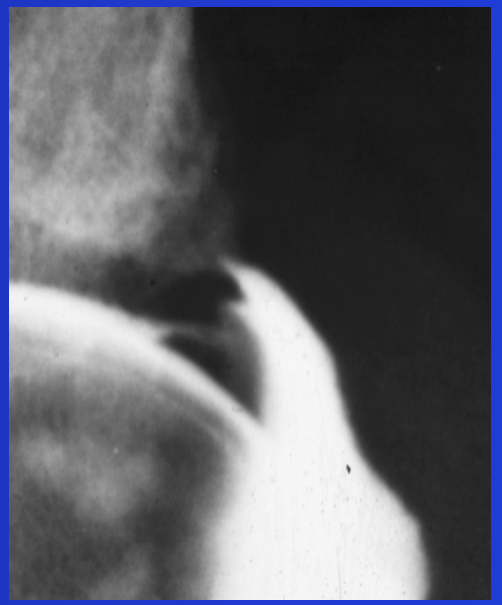






CONCLUSION

- BOURRELET PATHO ?
- BLOCAGE DE HANCHE AVEC IMAGERIE NORMALE
- CLINIQUE +/- SPÉCIFIQUE
- ARTHROGRAPHIE ++
- ARTHRO-SCANNER +++
- ARTHRO-IRM ?
- RELATION IMAGE / CLINIQUE ?



Merci

Ushuaia 2004