



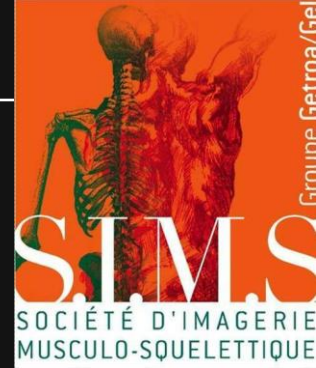
PUBALGIES

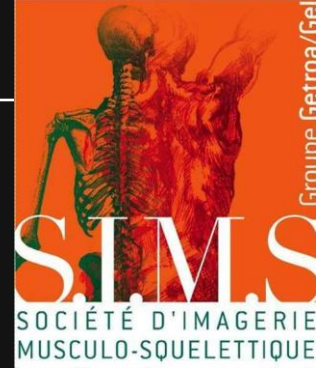
Indications et limites de l'échographie

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J P Laulom

BORDEAUX
5 Octobre 2012



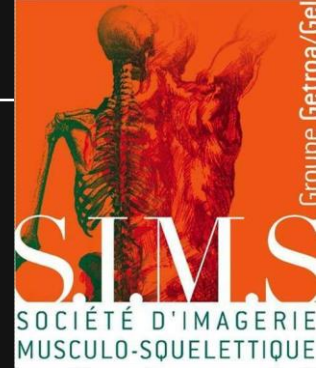


Introduction

- **Plusieurs origines** (symphyse, paroi, enthèses)
 - ✓ Isolées
 - ✓ Combinées
- **Facteurs favorisants**
 - ✓ Asymétrie des forces musculaires
 - ✓ Trouble statique sagittal



Importance de l'imagerie



Introduction

- Plusieurs **origines** (symphyse, paroi, enthèses)
- **Facteurs favorisants**

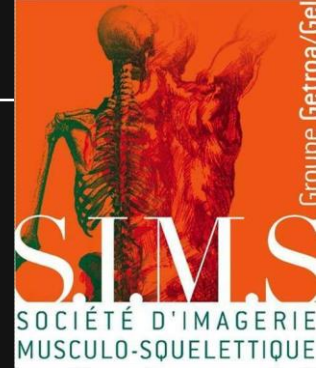


**Importance de l'imagerie
pour**

- **Démembrer** la (ou les) cause(s)
- Déterminer le **degré de gravité** des lésions



Intérêt des clichés standard



- **Statique pelvienne (EOS ++)**
 - ✓ De **PROFIL**
 - » Morphologiques
 - » Conséquences des asymétries musculaires
 - ✓ + celle du rachis
 - » Courbures rachidiennes
 - » Position de la charnière par rapport aux têtes

- Étude de la **symphyse**



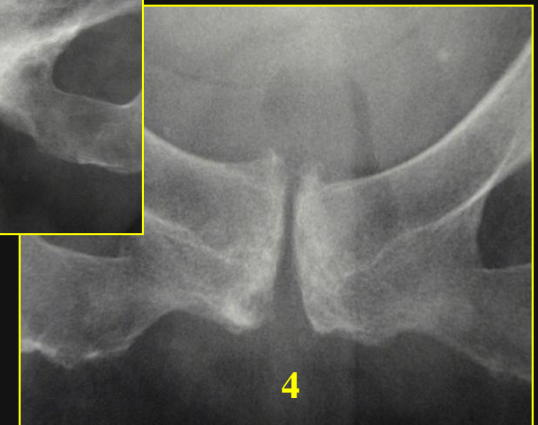
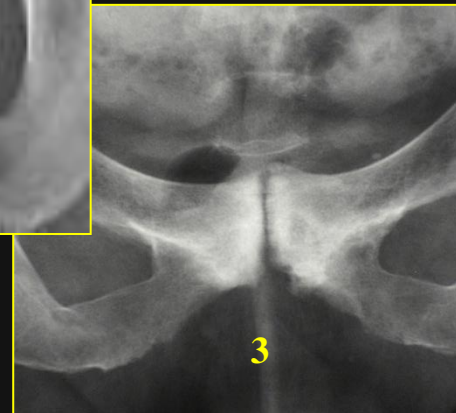
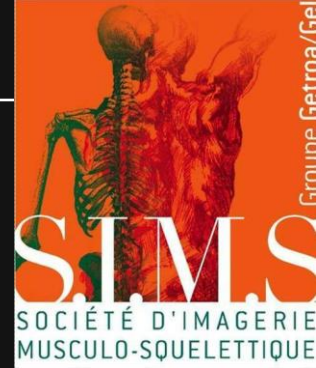
Mesures de la statique pelvienne

- **Pente sacrée**
- **Version pelvienne**



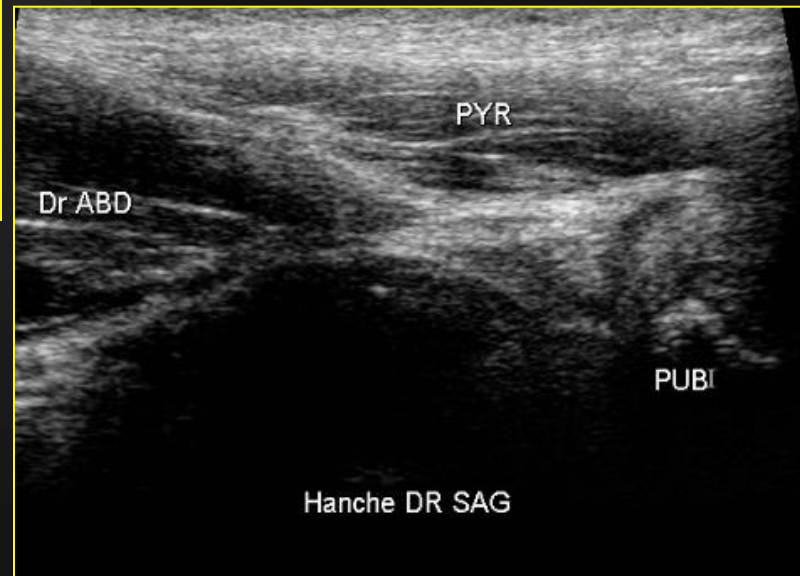
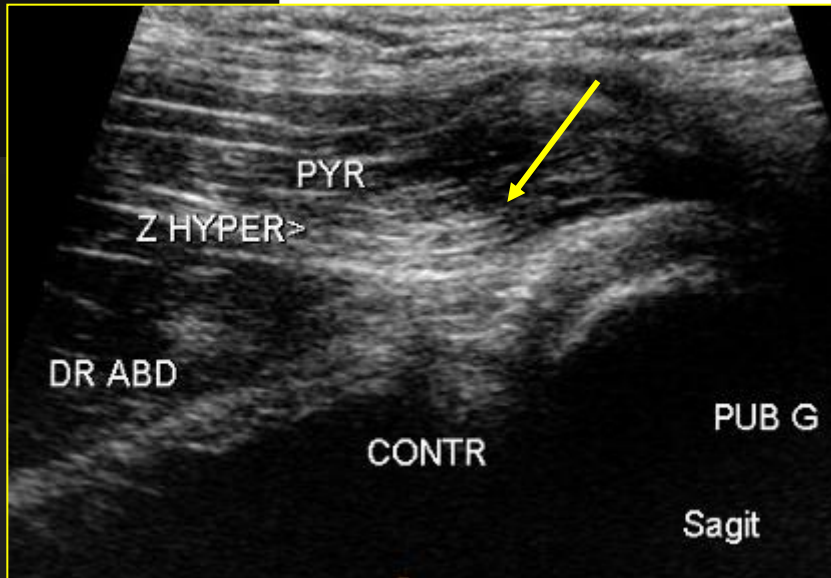
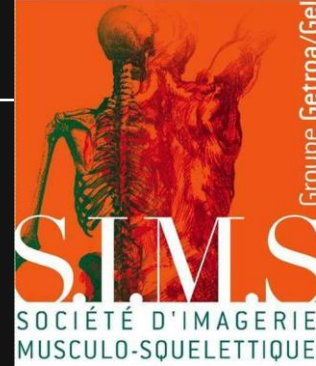


4 Stades





Échographie



➤ Étude **globale**

- ✓ Insertions tendineuses
- ✓ Symphyse
- ✓ Muscles
- ✓ Orifices herniaires



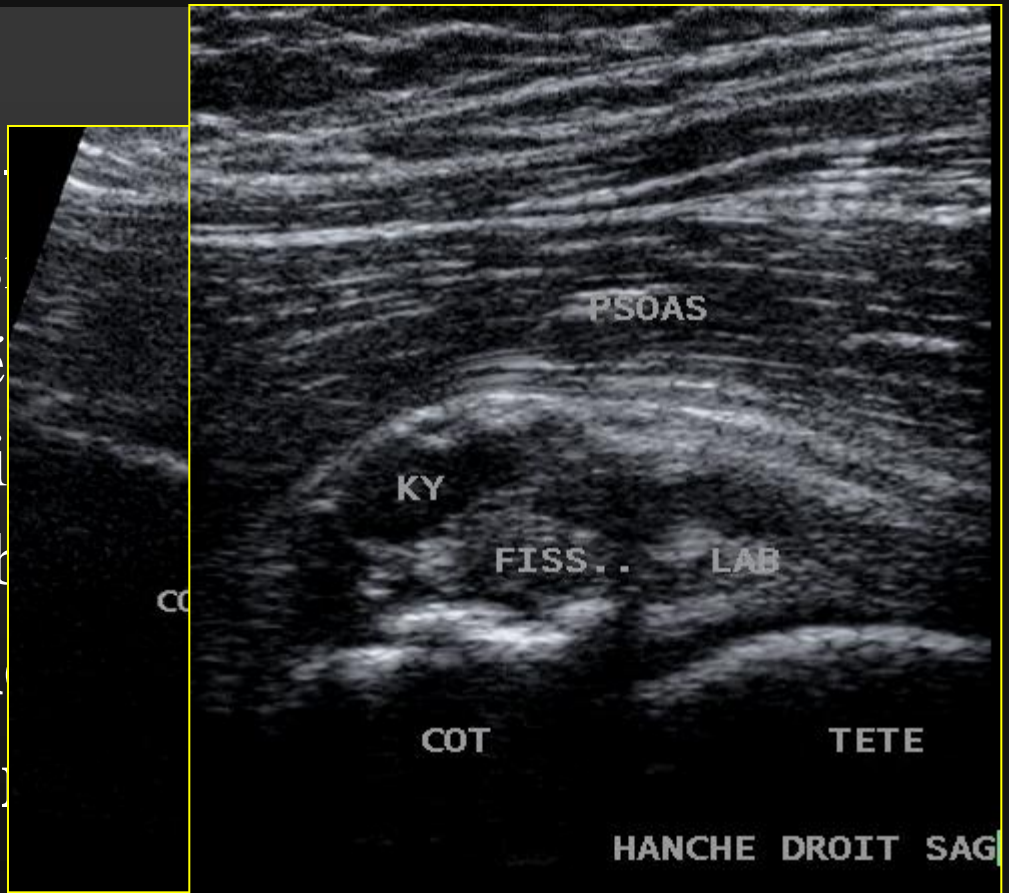
Réalisation de l'échographie

➤ Région latérale

- ✓ Interligne coxo
- ✓ Labrum et burs
- ✓ EIAl et droit fé
- ✓ Psoas (+ inserti
- ✓ Branche iliopub

➤ Région pubienne

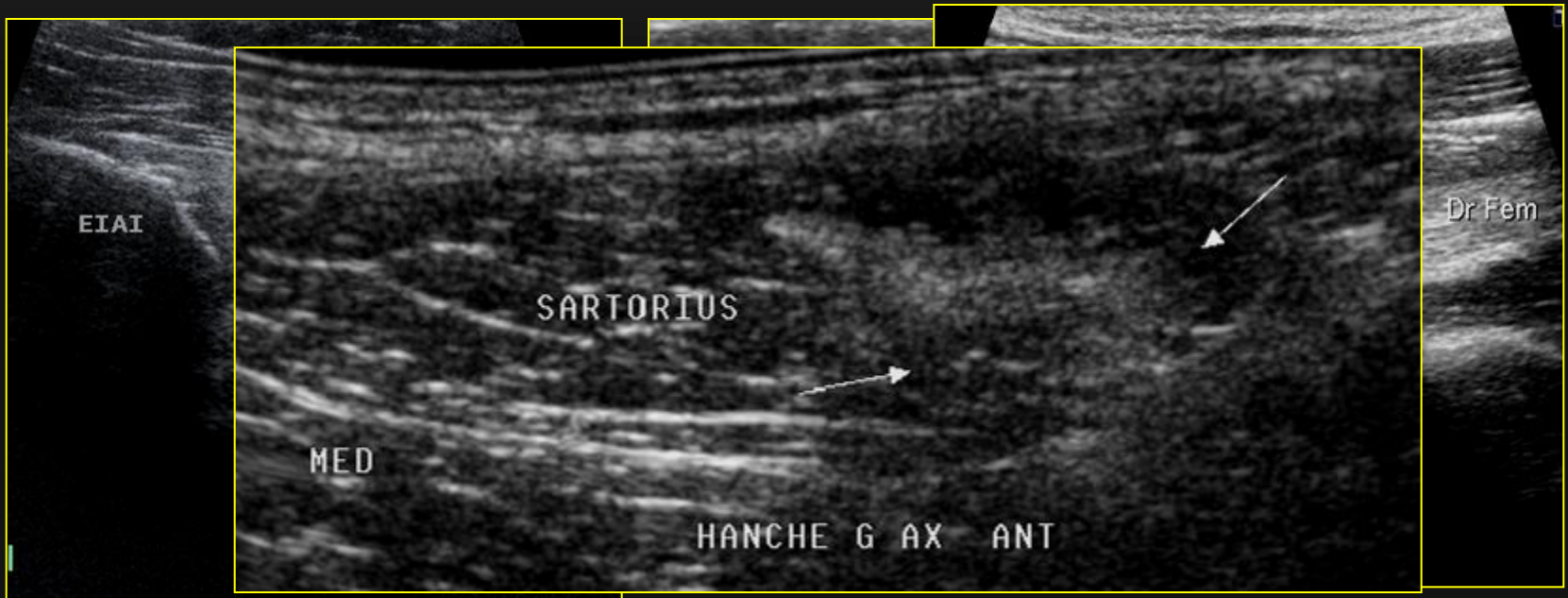
➤ Orifices herniai





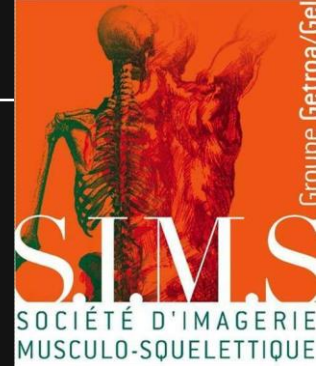
Région latérale

- Pathologie articulaire, bursale, labrale
- Pathologie **tendinomusculaire**





Région latérale

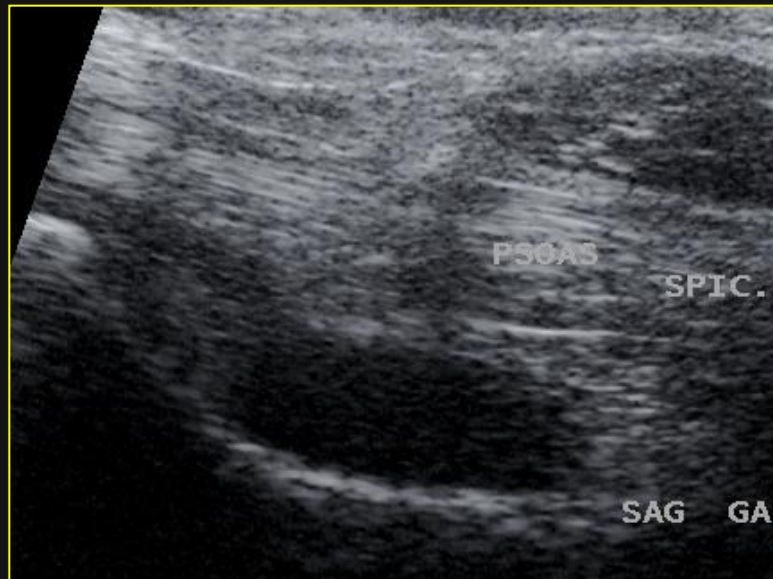


➤ Pathologie articulaire, bursale, labrale

➤ Pathologie **tendinomusculaire**

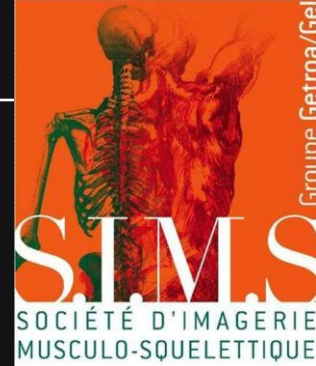
✓ Droit fémoral, Sartorius

✓ Psoas

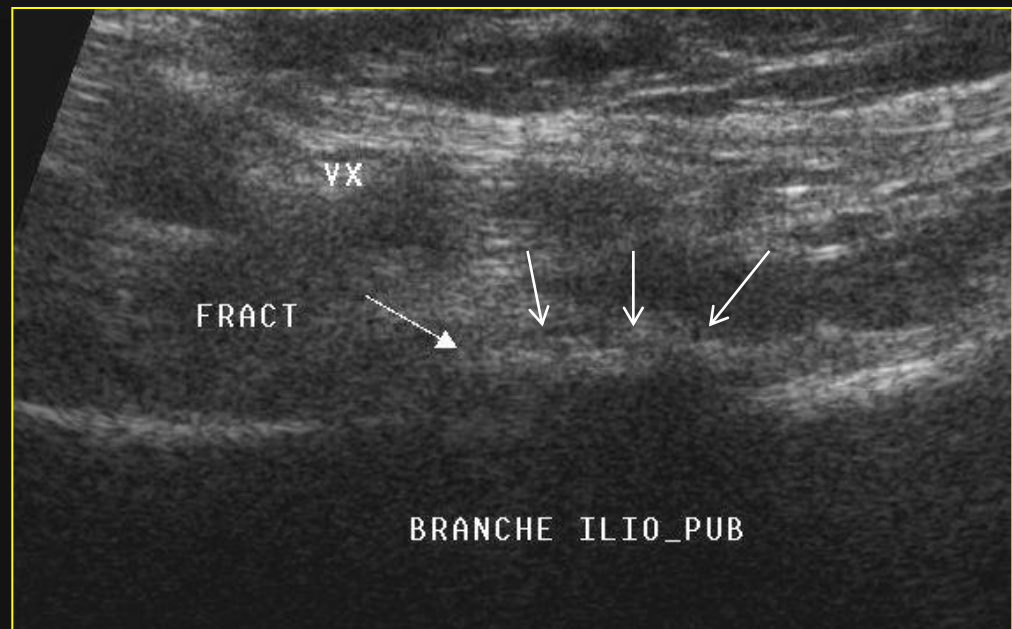




Région latérale

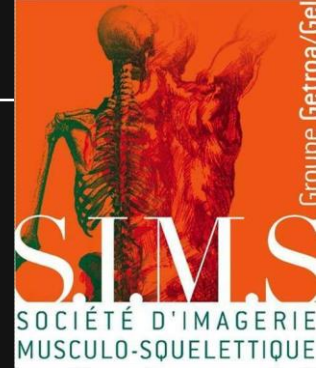


- Pathologie articulaire, bursale, labrale
- Pathologie tendinomusculaire
- Pathologie **osseuse**

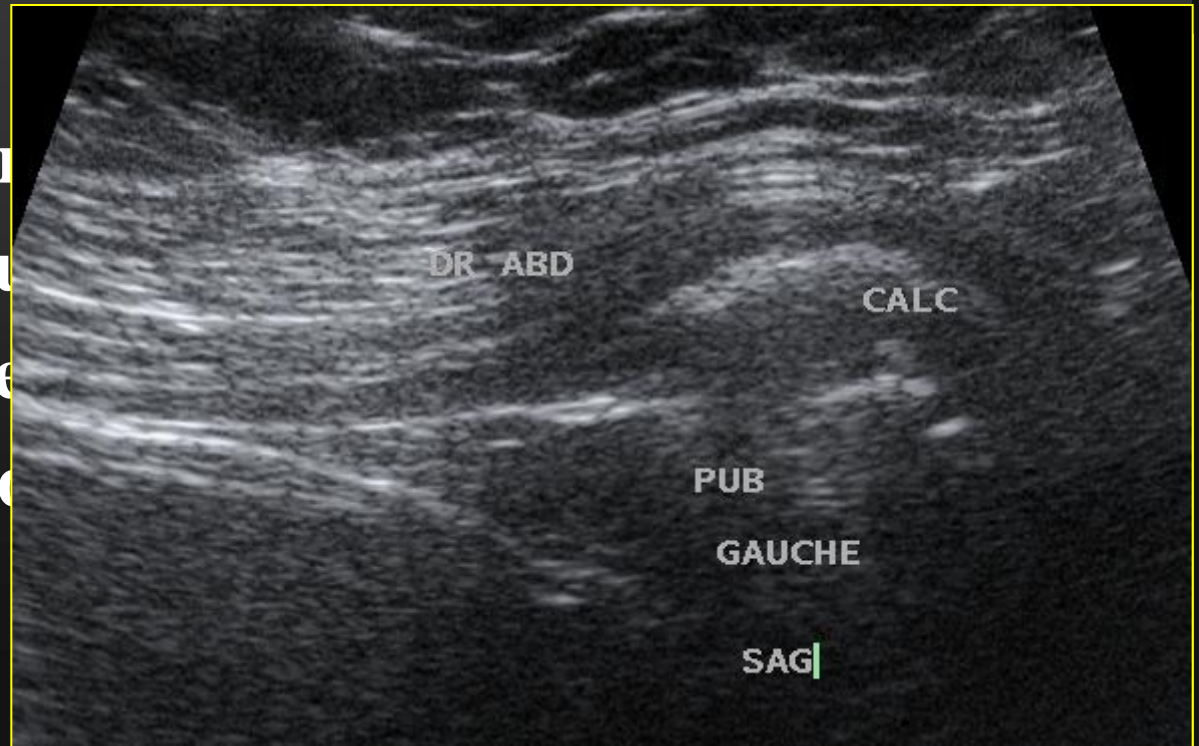




Région pubienne



- Insertion du **droit de l'abdomen** (+pyramidal)
- Symphyse
- Fibres comp
- Insertion du
- Insertion de
- Muscles ad

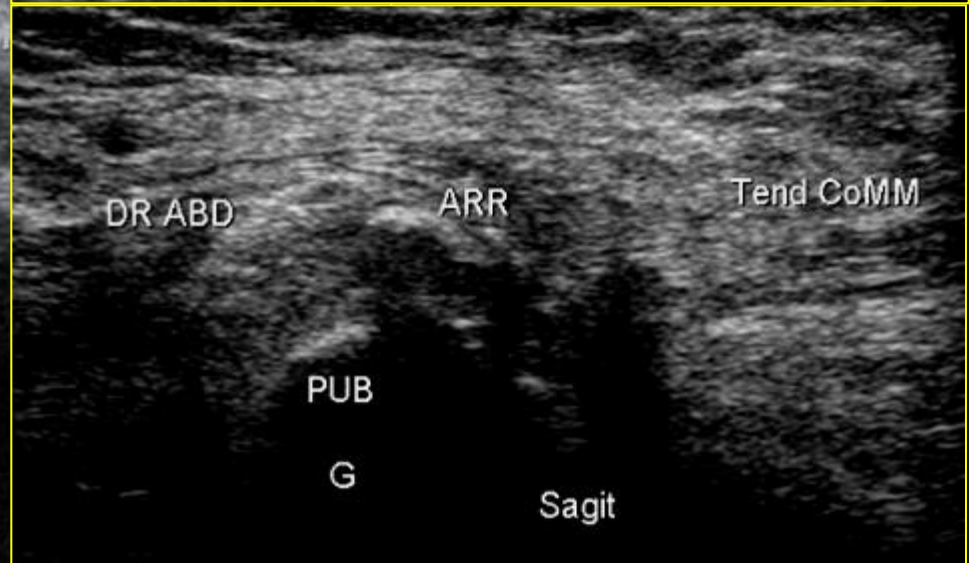
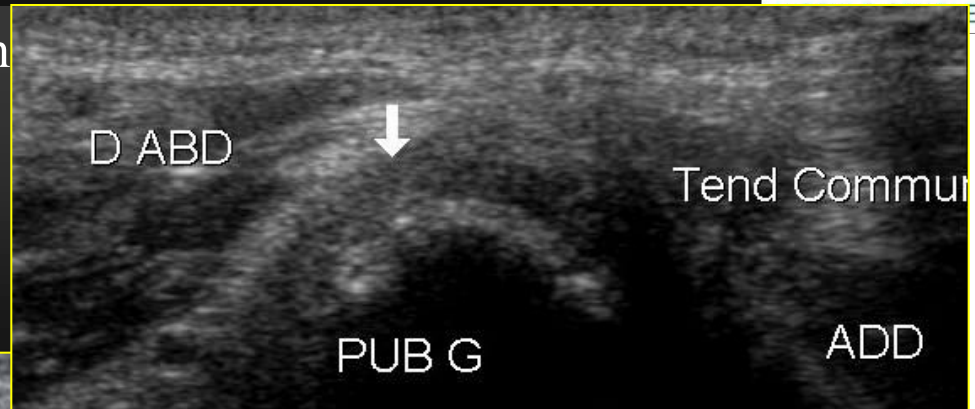
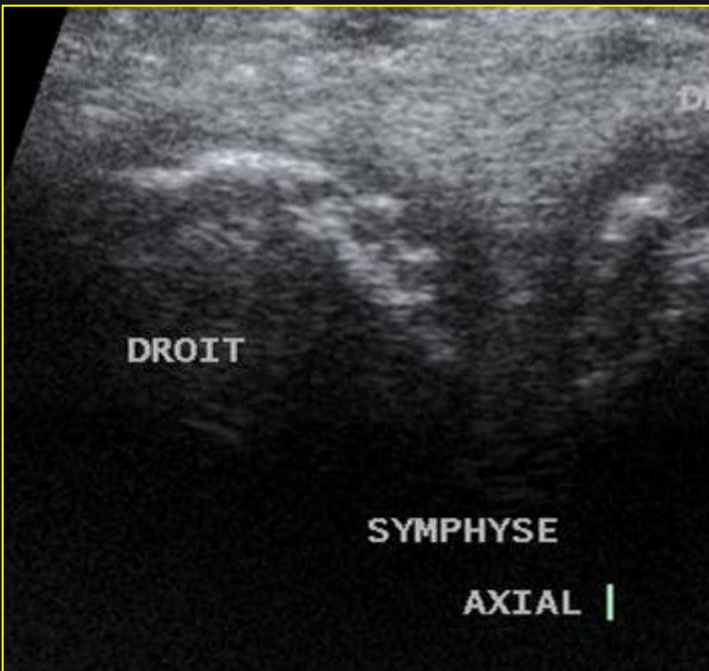




Région pubienne



- Insertion du droit de l'abdom
- **Symphyse**
- **Fibres communes**

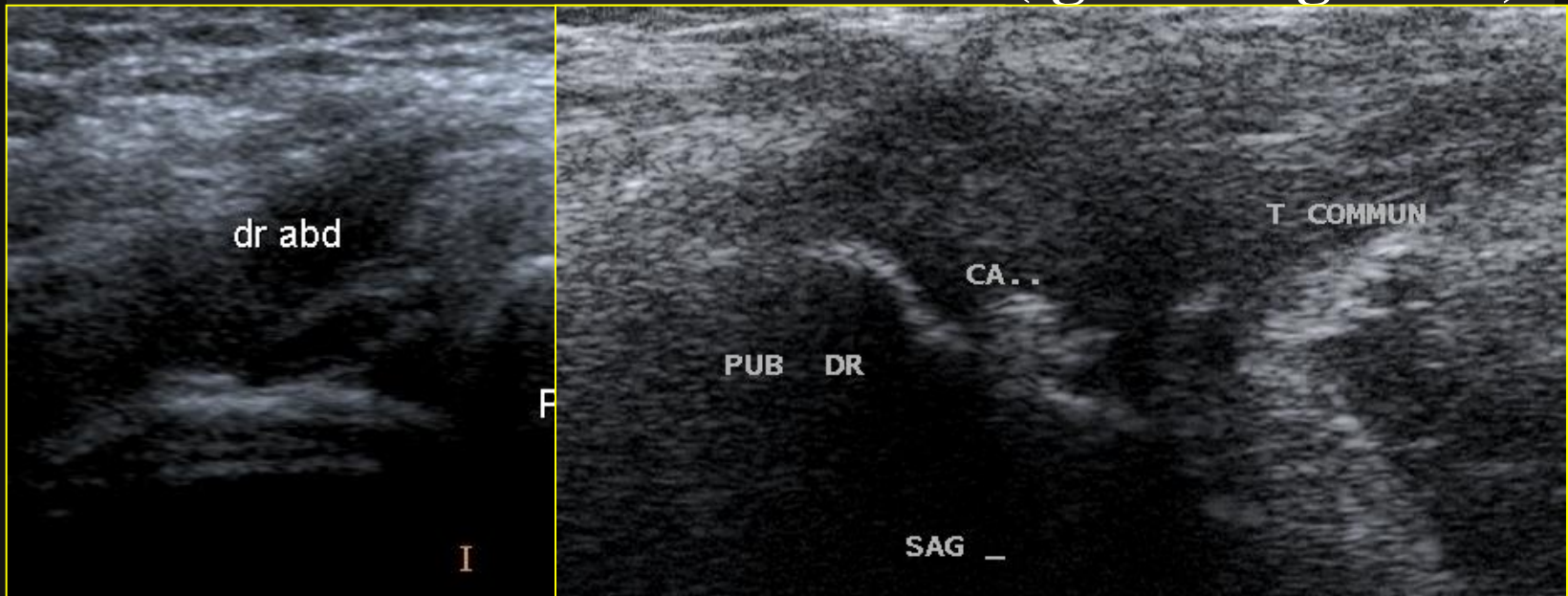




Région pubienne



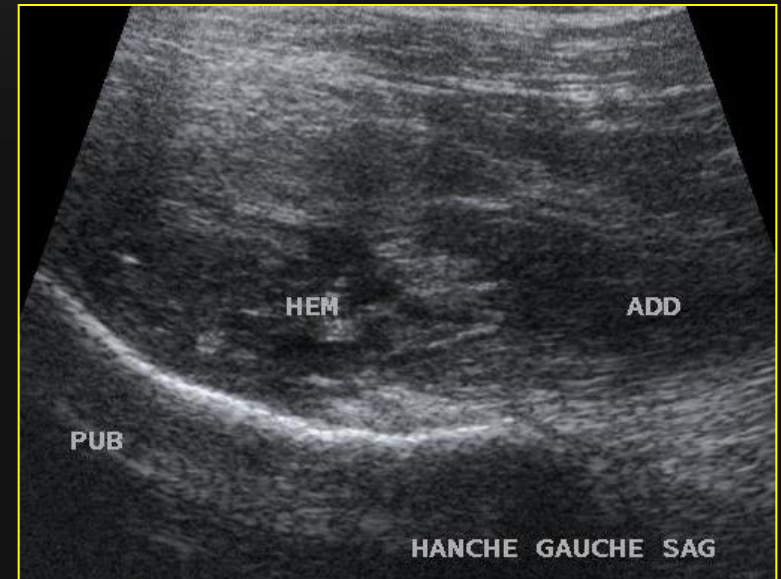
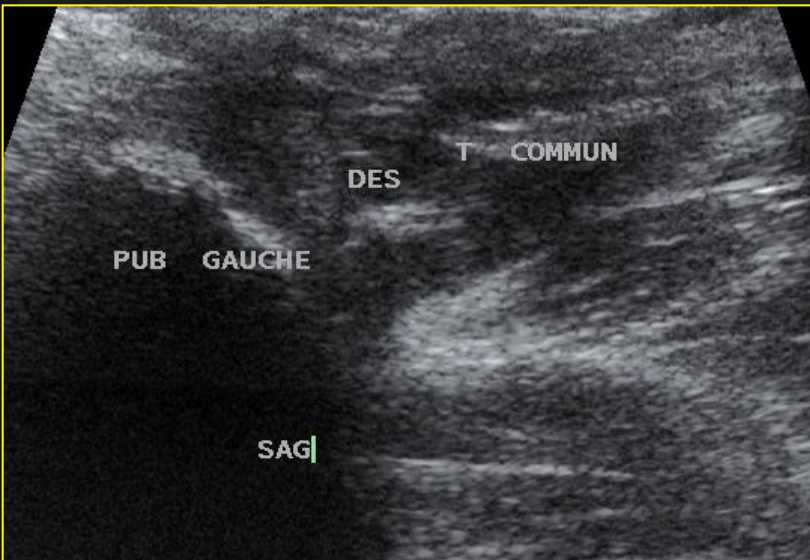
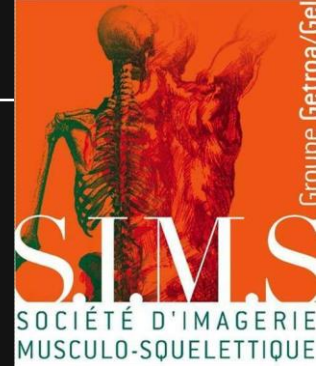
- Insertion du droit de l'abdomen (+pyramidal)
- Symphyse
- Fibres communes
- Insertion du **tendon commun** (lg add + gracile)





Région pubienne

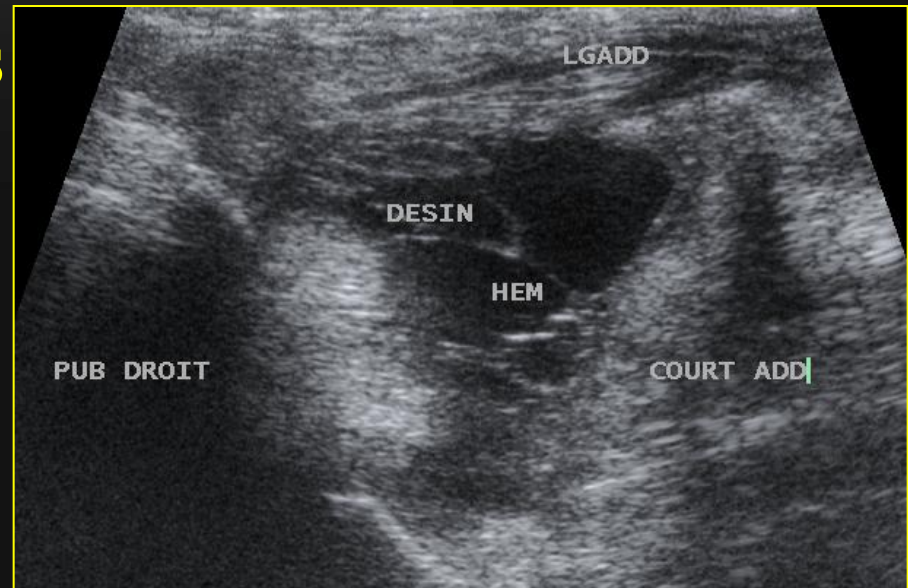
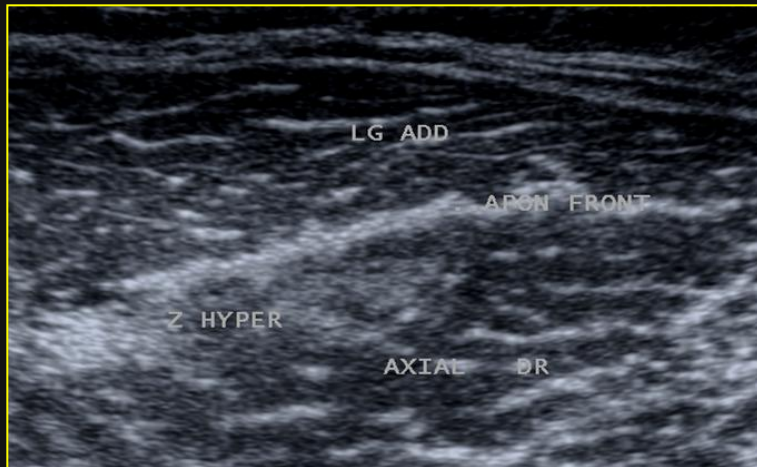
- Insertion du droit de l'abdomen (+pyramidal)
- Symphyse
- Fibres communes
- Insertion du tendon commun (lg add + gracile)
- **Insertion des adducteurs**





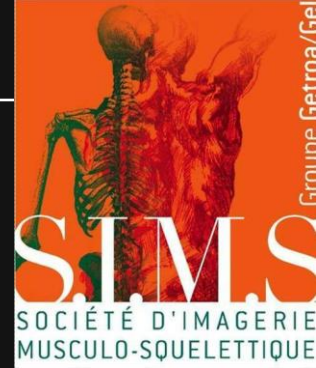
Région pubienne

- Insertion du droit de l'abdomen (+pyramidal)
- Symphyse
- Fibres communes
- Insertion du tendon commun (lg add + gracile)
- Insertion des adducteurs
- **Muscles adducteurs**





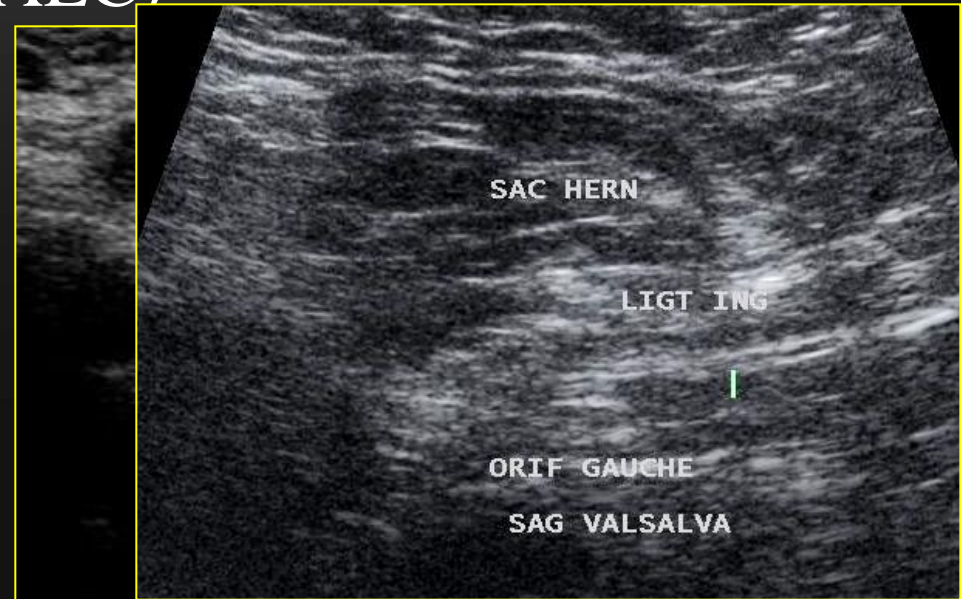
Orifices herniaires



➤ Inguinal

- ✓ Repérage du cordon
- ✓ Balayage sagittal
- ✓ Coupe oblique (AEC)
- ✓ Valsalva
- ✓ Sagittal

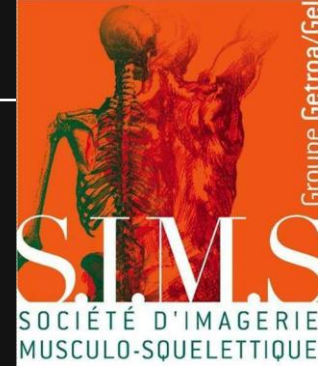
➤ Crural





Hernie inguinale

Étude dynamique

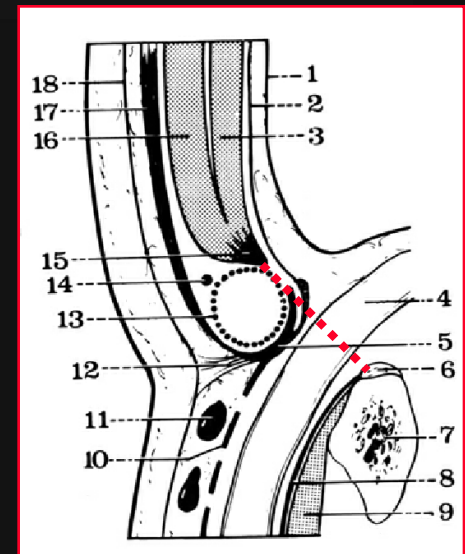
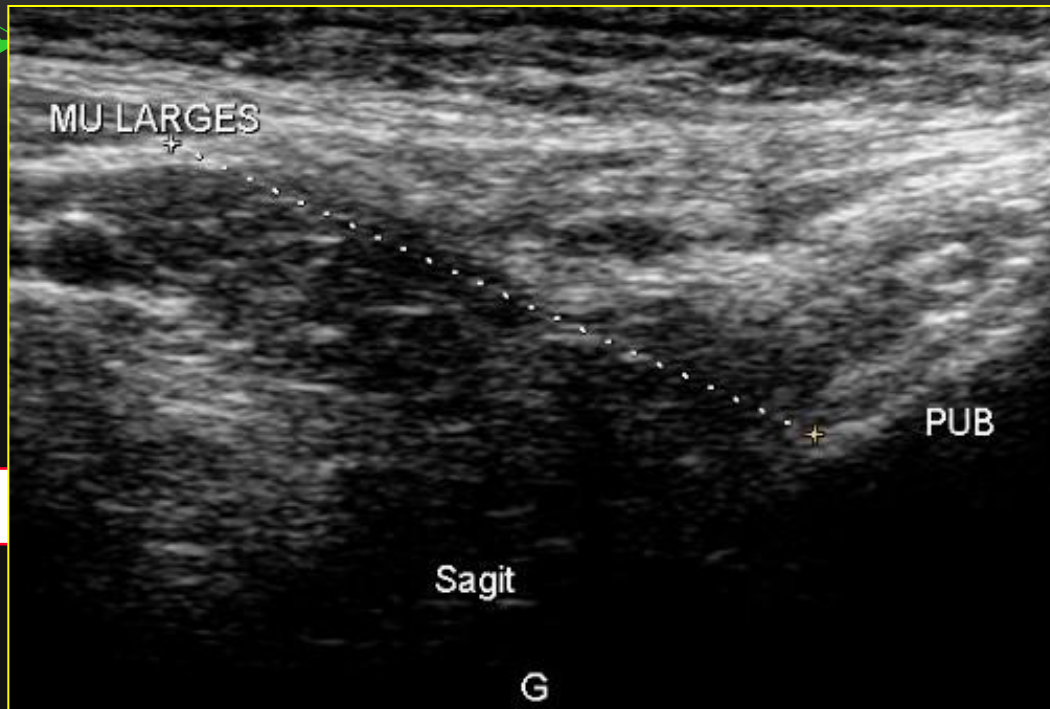




Hauteur du canal inguinal

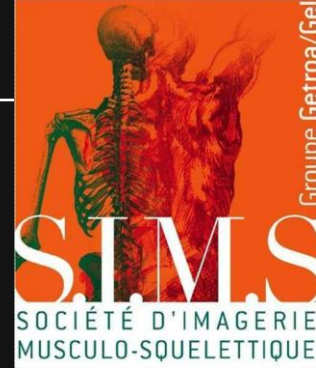
➤ Insuffisance pariétale, signe de **Malgaigne**

➤ (muscle de **canal**)





Orifice inguinal



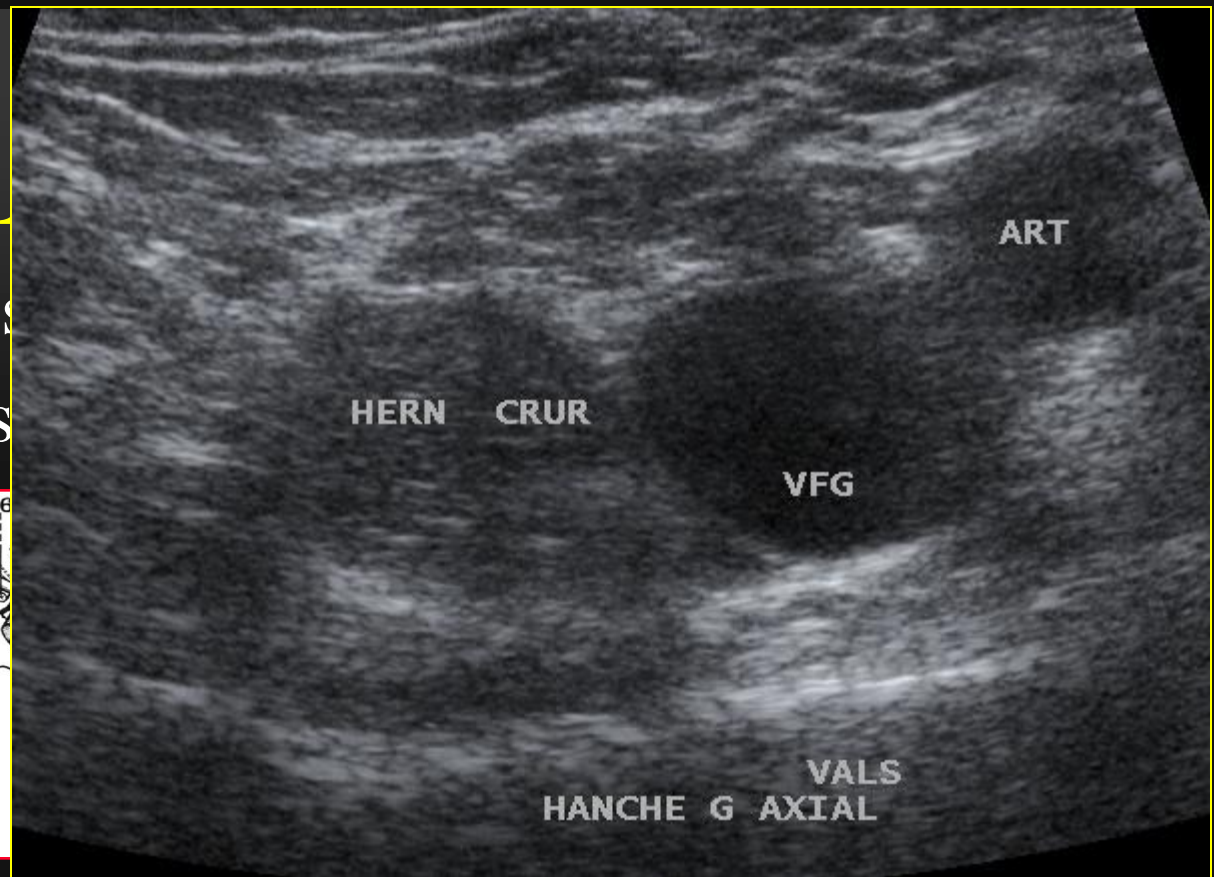
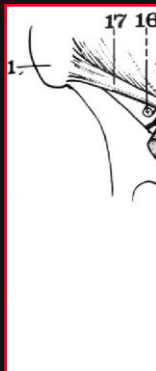
- **Direct ++ (Sport's hernia)**
- **Versant médial de l'AEC**
- **Réductible à ce stade (dyn++)**
- **Graisse ++ (pas d'anses digestives)**
- **Palpation sous la sonde**
- **+ Tissu sous cutané**





Orifices herniaires

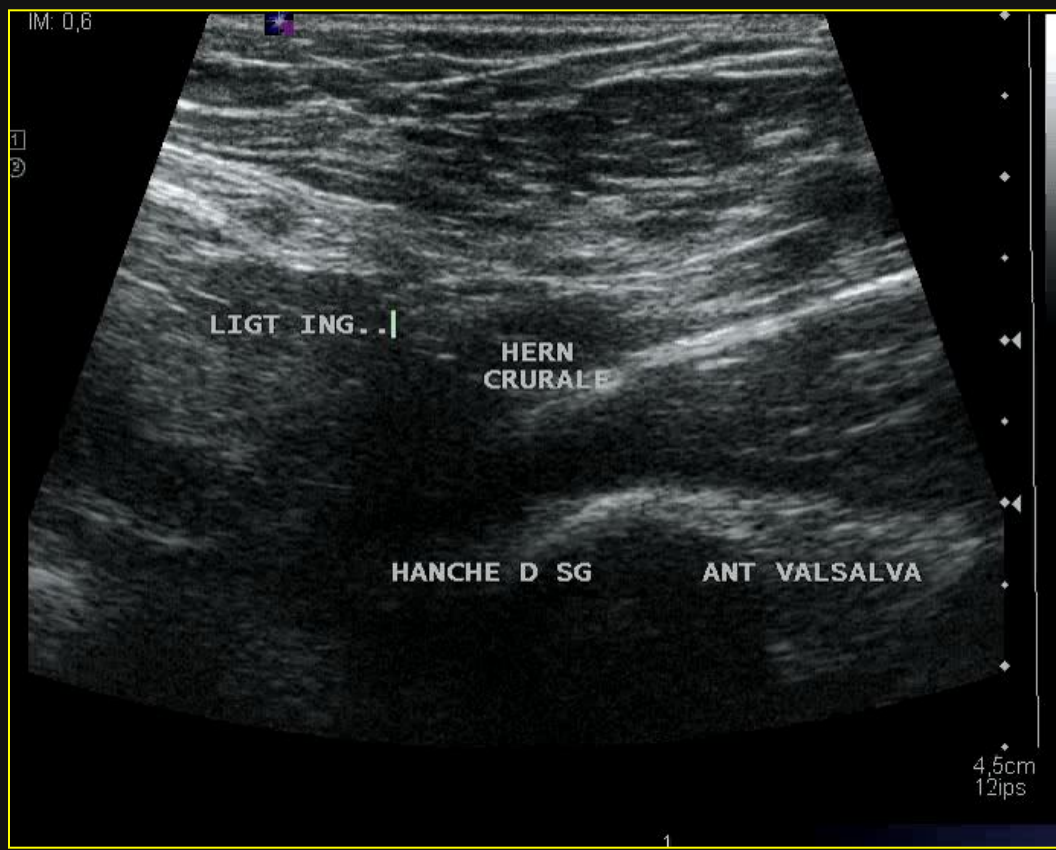
- Inguinal
- **CRURAL**
 - ✓ Femmes
 - ✓ Sportifs





Hernie crurale

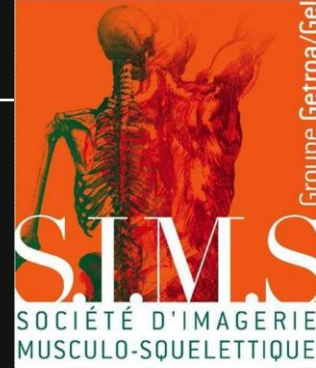
Étude dynamique

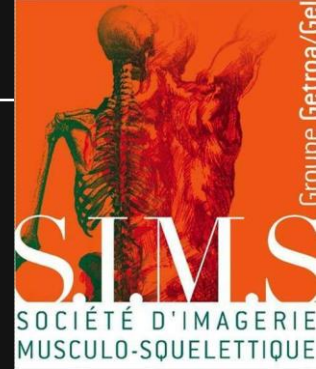




CONCLUSION

- Couple **RX + ECHO** systématique
- Démembrement des **étiologies** de la pubalgie
- Evaluation de la **gravité**





MERCI
de votre attention!!!!