



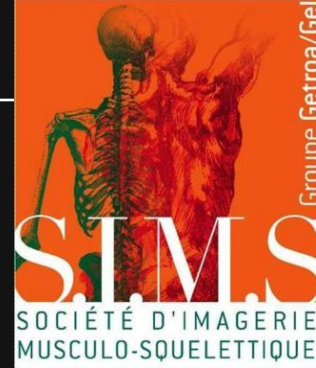
Echographie statique et dynamique de la hanche

*Les bonnes et les mauvaises
indications*

JL Brasseur

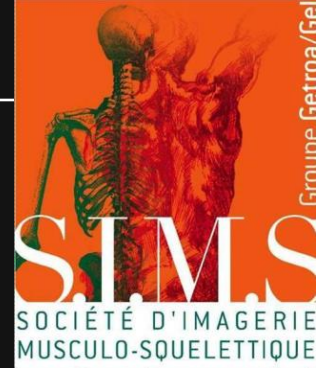
G H Pitié-Salpêtrière

**Réunion SFR Idf
Responsable D Folinais
12 Juin 2014**





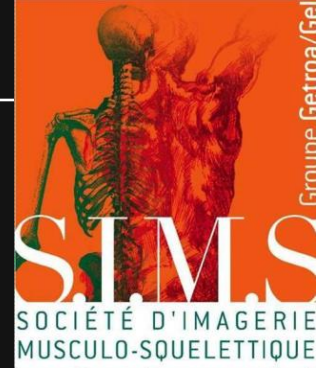
Echographie de la hanche



- **Peu** utilisée chez l'adulte
- Région **difficile** à examiner
- Diagnostic différentiels ++
- Source d'**irradiation** (adolescent)



Echographie de la hanche



AVANTAGES

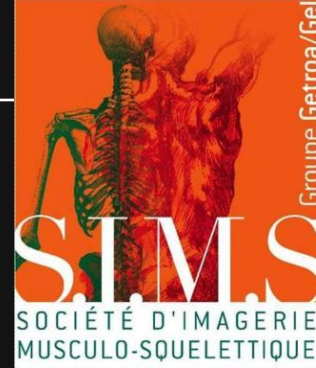
- Analyse ce que les RX ne voient pas
- Non irradiant
- Dynamique
- **Comparatif**
- Etude vasculaire possible

INCONVENIENTS

- **Difficile** (donc opérateur-dépendant)
- Les obèses
- Arrêt par la corticale



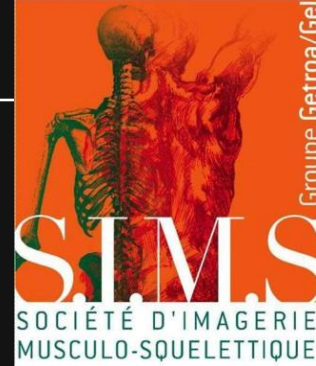
Mauvaises indications



- Les **pathologies osseuses** (sauf superficielles)
- ➔ **IRM**
- Les **pathologies ostéo-articulaires**
- ➔ **A° SCAN ou A° IRM**



Bonnes indications

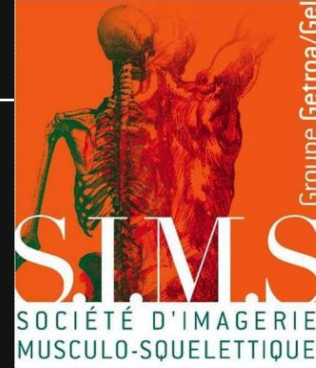


- Douleurs inguinales à radiologie normale
- Douleurs latérotrochantériennes
- Douleurs ischiatiques
- Voussures et masses du creux inguinal
- Ressauts



Versant antérieur ++

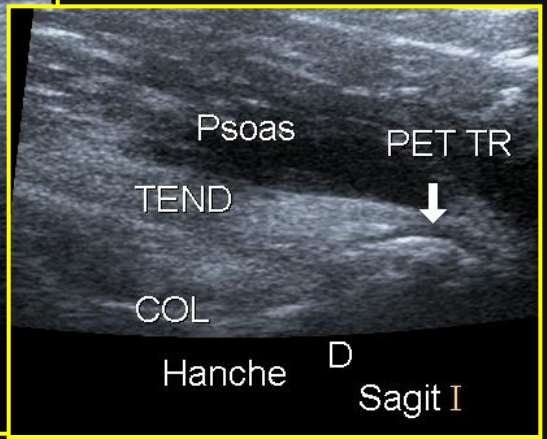
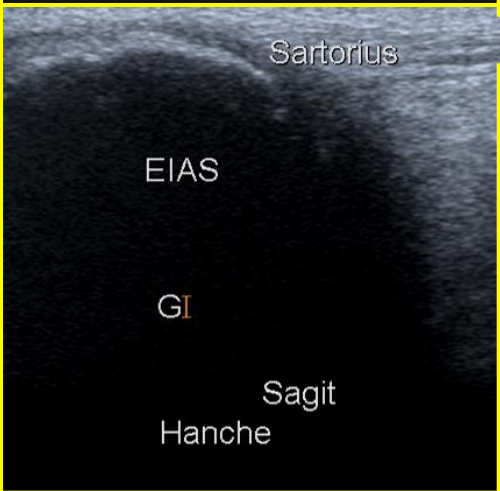
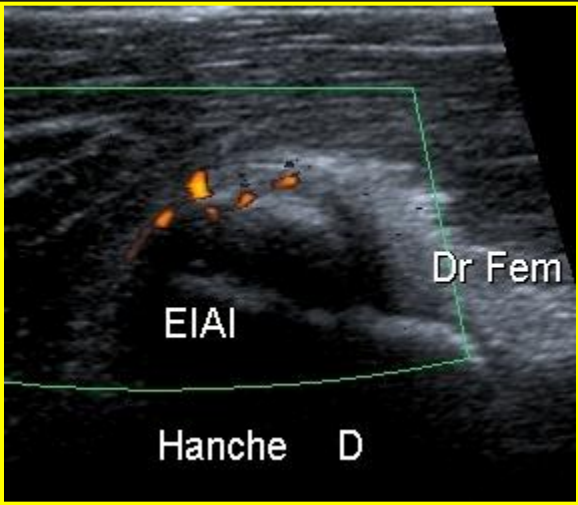
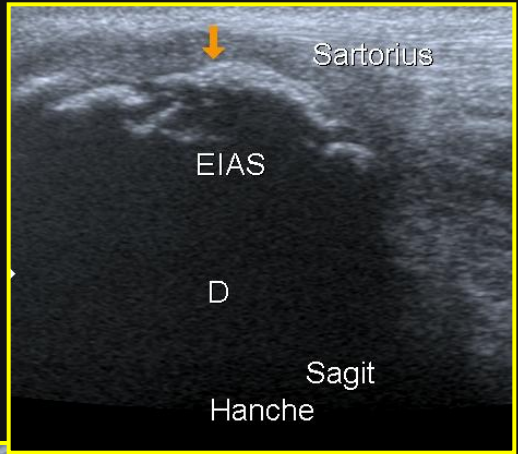
- Pathologies **osseuses**
- Atteintes articulaires
- Lésions musculotendineuses
- Ressaut antérieur
- Hernies
- Autres masses





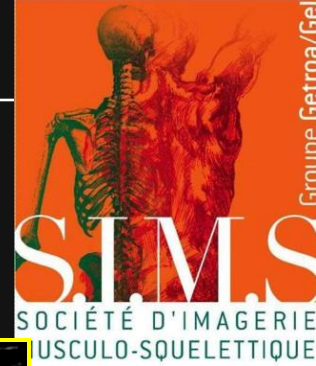
Lésions osseuses

- **Apophysose ++**
 - ✓ EIAS (Sartorius et TFL)
 - ✓ EIAI (Dr fémoral)
 - ✓ Psoas

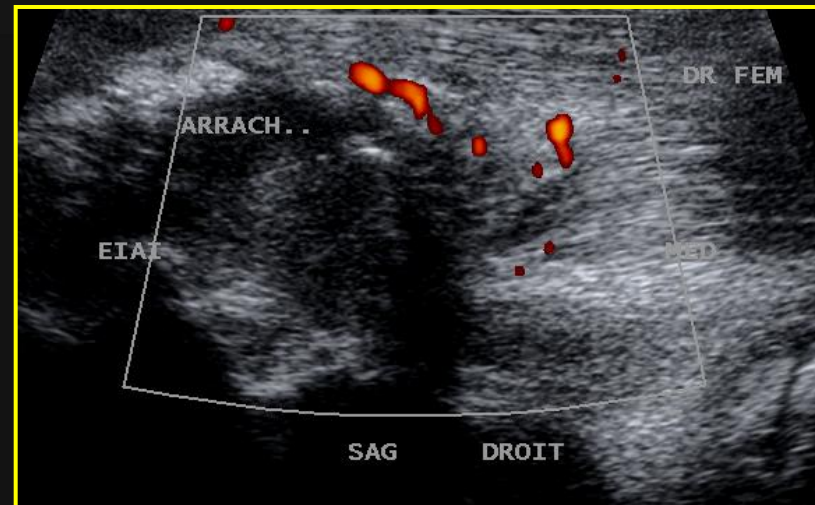
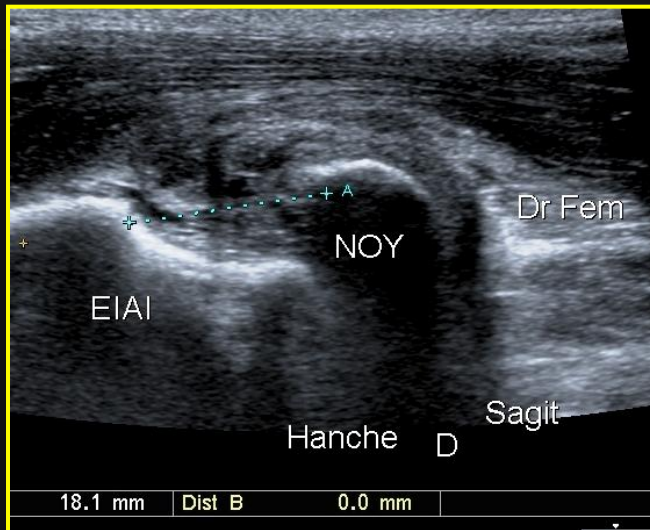
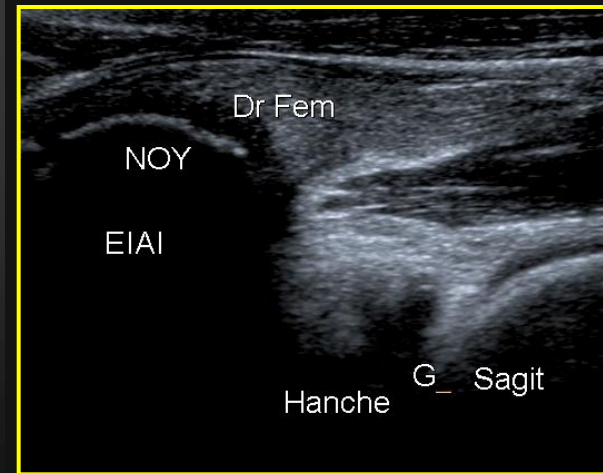




Lésions osseuses

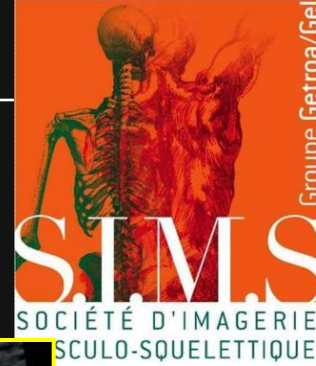


- Apophysoses
- **Arrachement**
 - ✓ Noyau (adolescent)
 - ✓ Insertion (adulte)

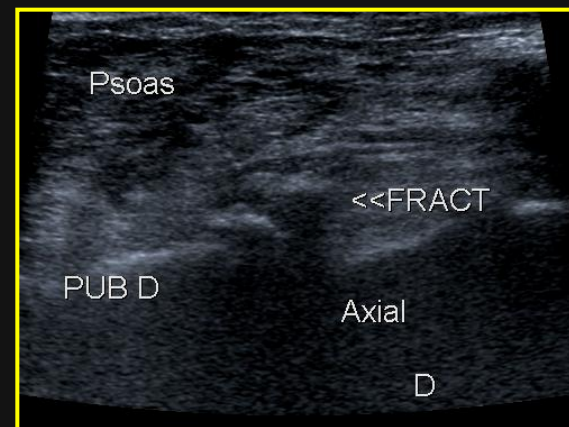
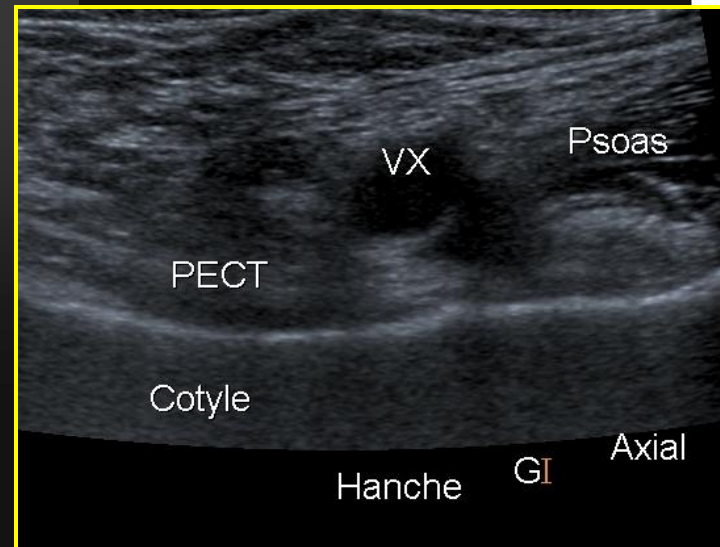
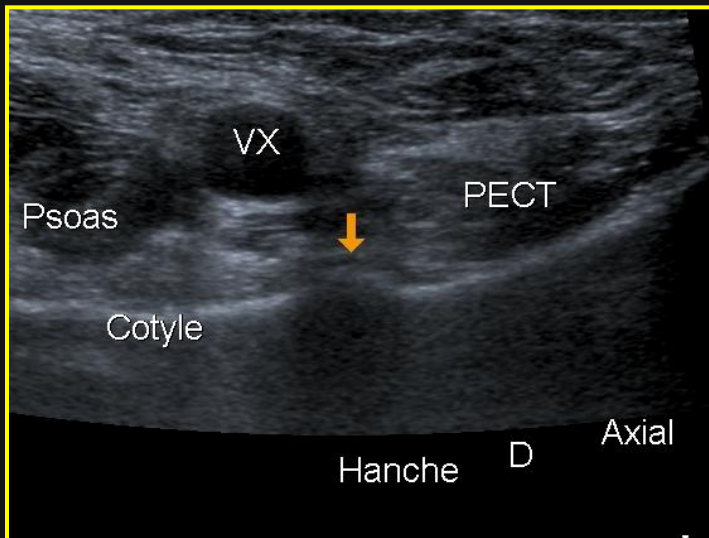




Lésions osseuses



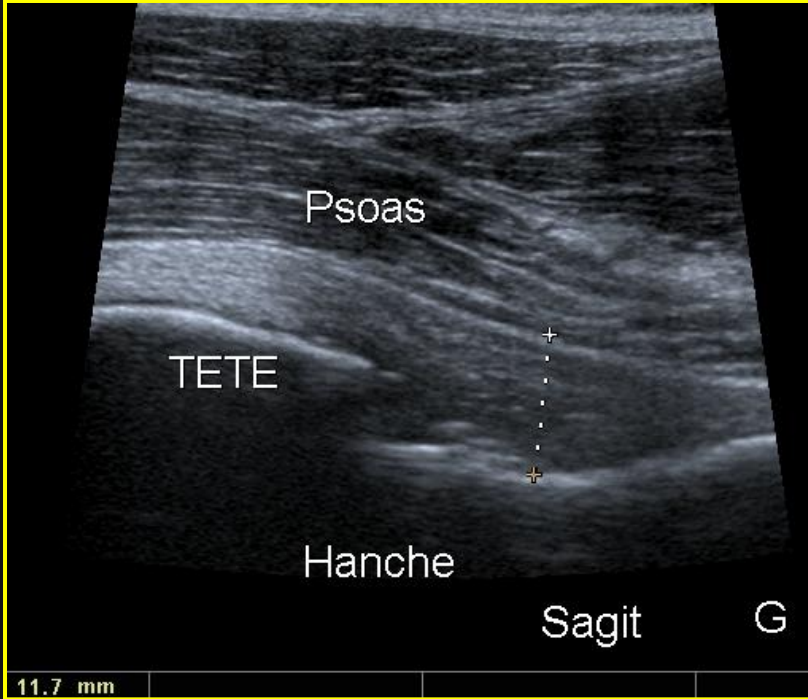
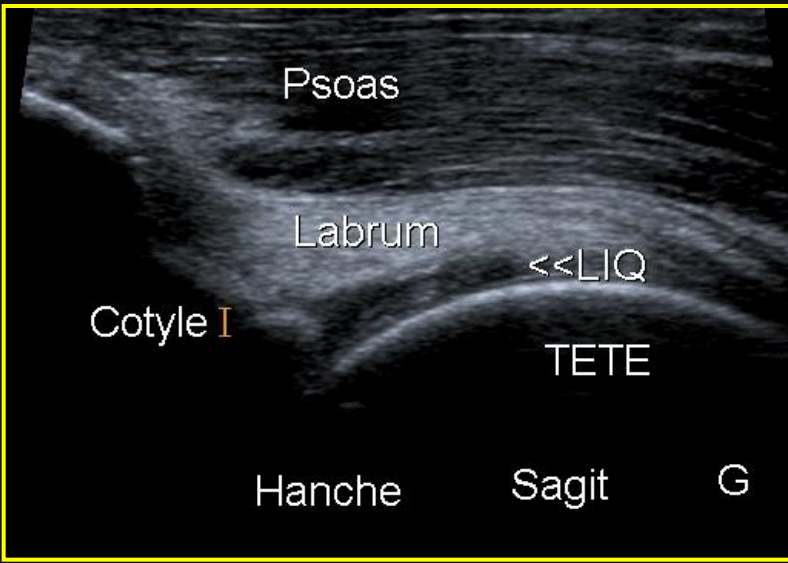
- Apophysoses
- Arrachement
- **FF et Fracture**





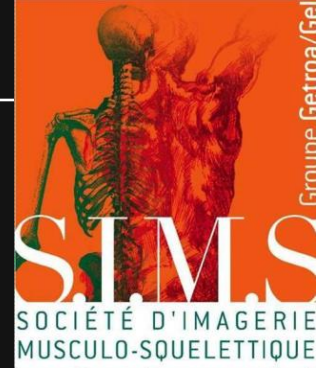
Pathologie articulaire

➤ DETECTION ++++



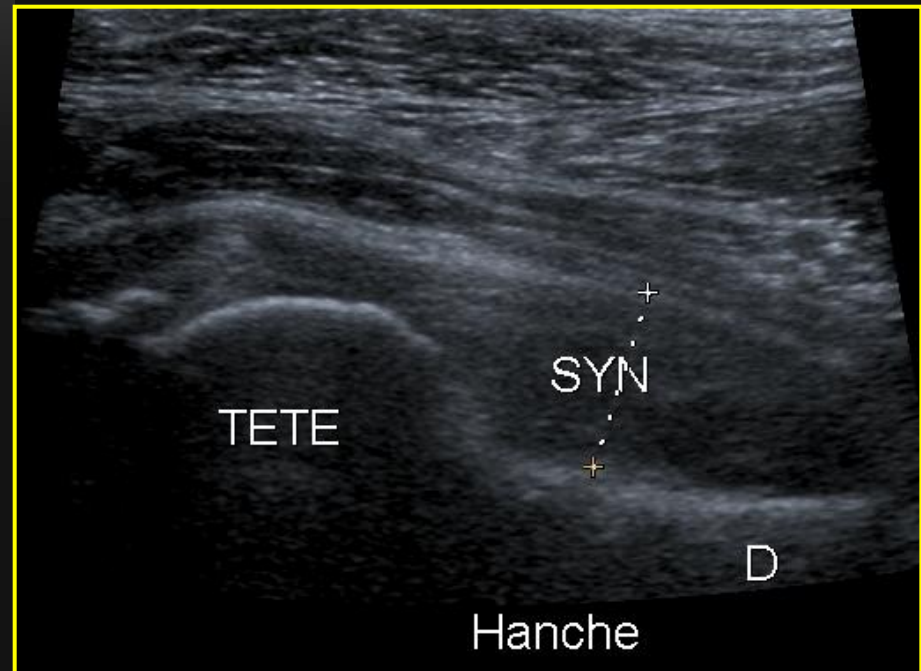


Pathologie articulaire



➤ Synovite

- ✓ Doppler
- ✓ Compression





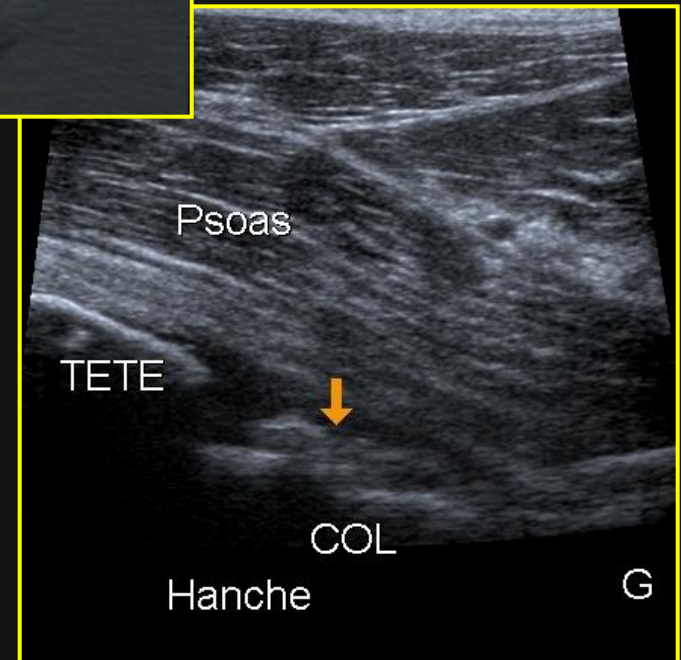
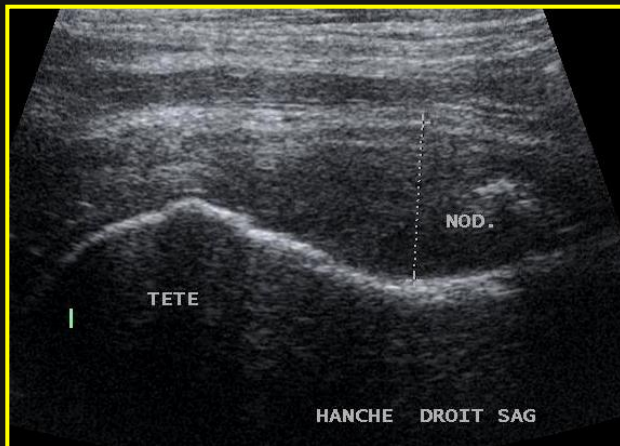
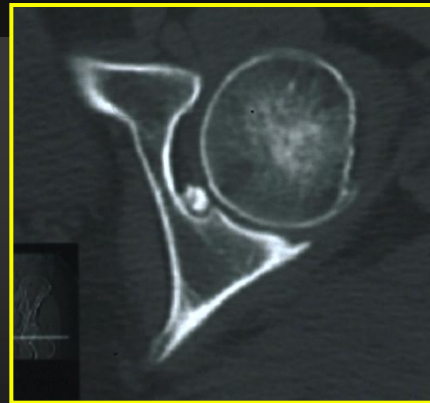
Pathologie articulaire

➤ Synovite

➤ **Nodule**

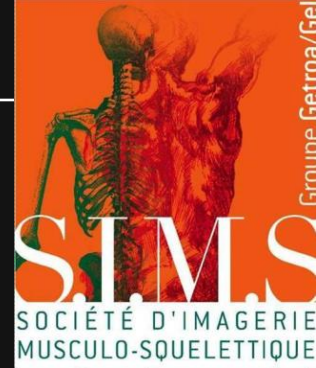
✓ Chondromateux

✓ Ostéochondromateux





Pathologie articulaire



➤ Synovite

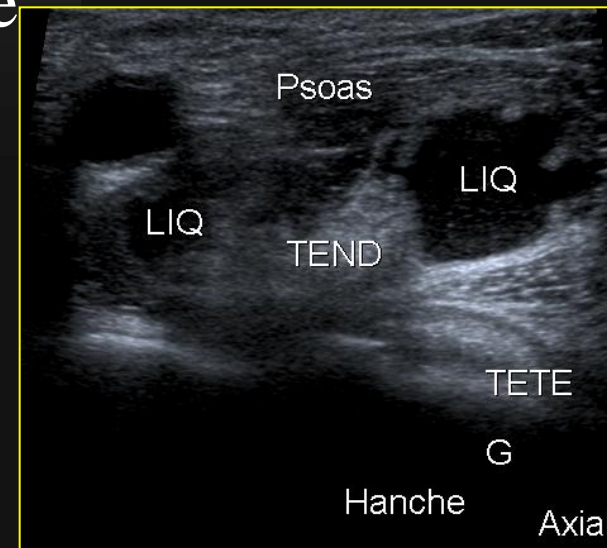
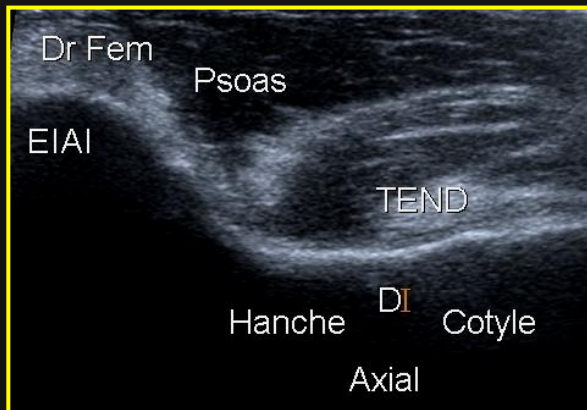
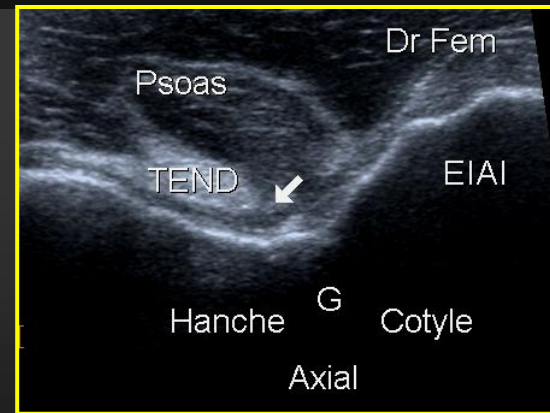
➤ Nodule

➤ Bursite du psoas

✓ « kyste poplité »

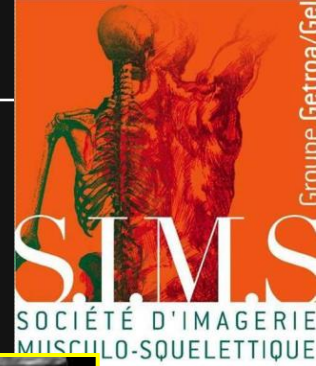
✓ latérale et/ou médiale

✓ entre tendon et os





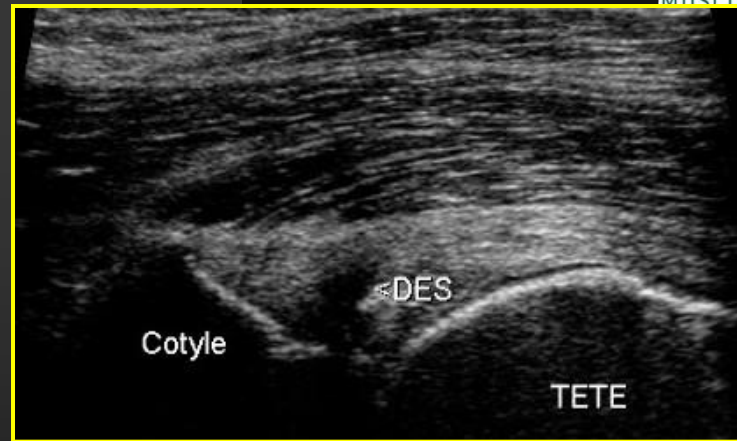
Pathologie articulaire



- Synovite
- Nodule
- Bursite du psoas

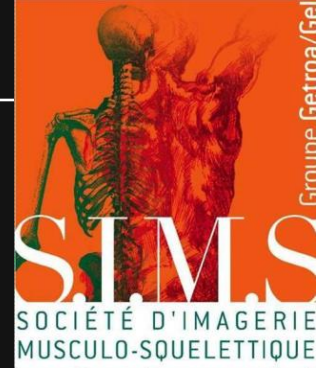
➤ Labrum

- ✓ Conflit antérieur
- ✓ Parfois asymptomatique
 - » comparaison
 - » palpation





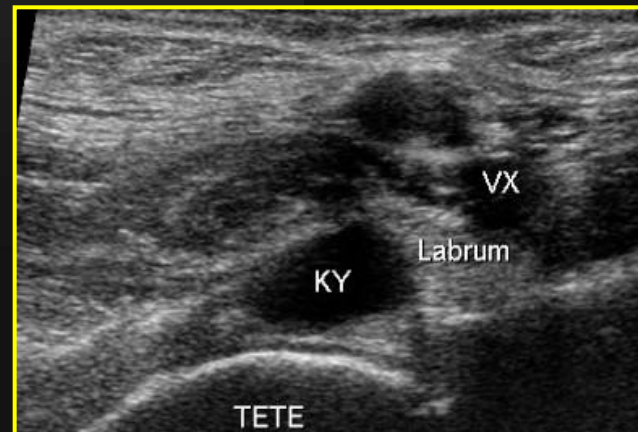
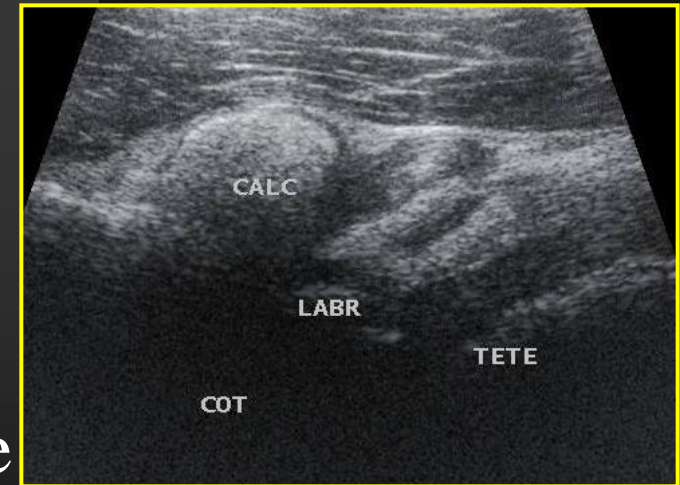
Pathologie articulaire



- Synovite
- Nodule
- Bursite du psoas

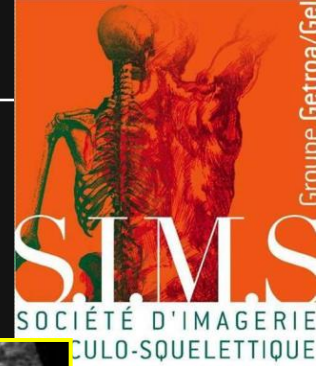
➤ Labrum

- ✓ Conflit antérieur
- ✓ Parfois asymptomatique
 - » comparaison
 - » palpation



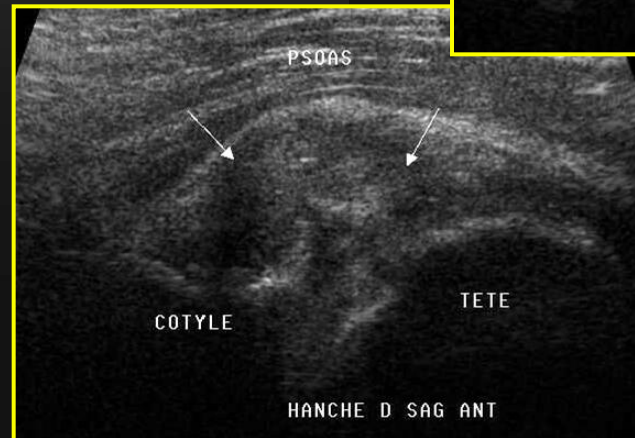
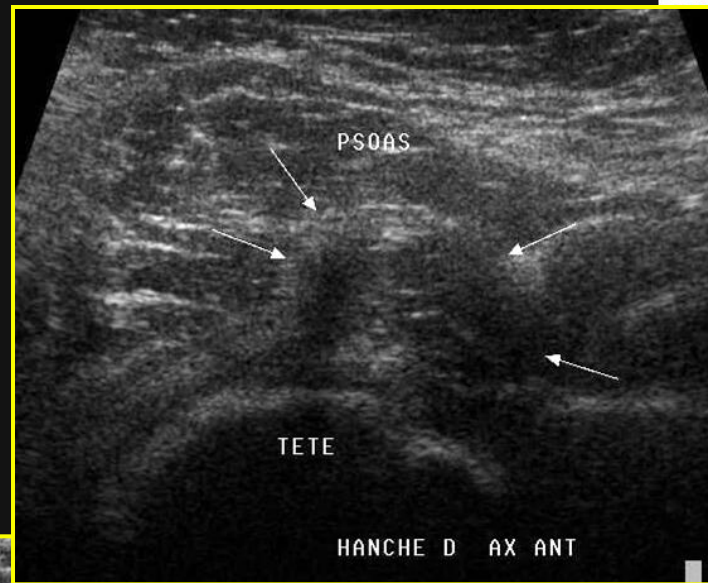


Pathologie articulaire



- Synovite
- Nodule
- Bursite du psoas
- Labrum

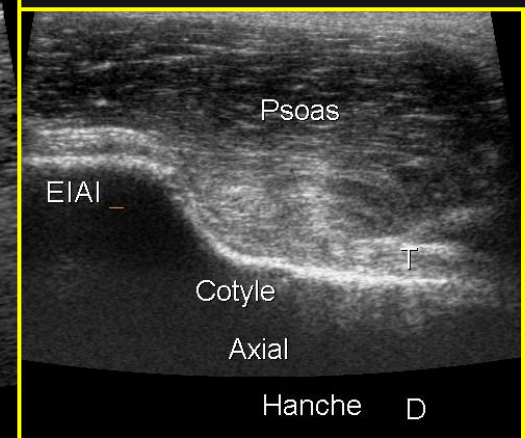
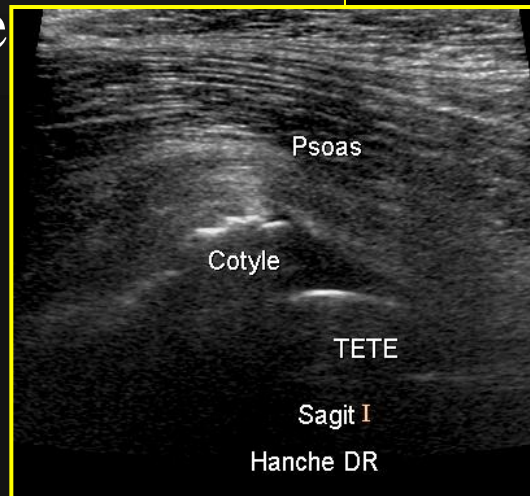
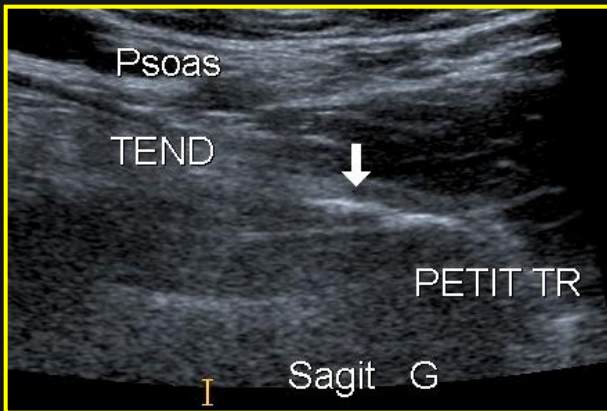
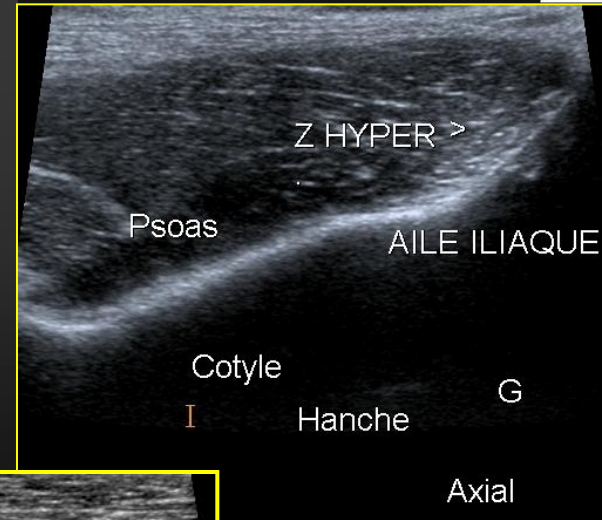
➤ Collection entre cotyle et psoas



Pathologies tendinomusculaires

➤ Antérieur PSOAS

- ✓ désinsertion osseuse
- ✓ lésion myotendineuse
- ✓ tendinopathies (conflit)
- ✓ enthésopathie

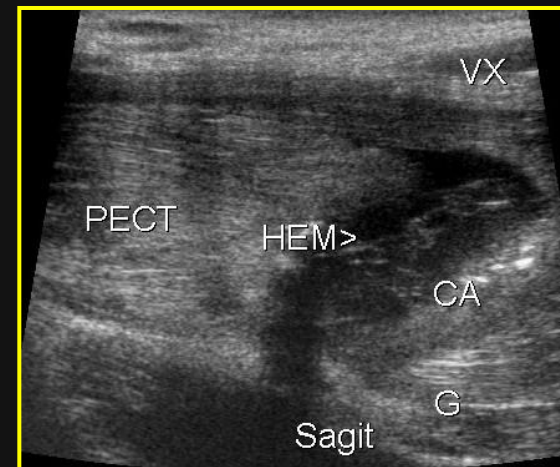
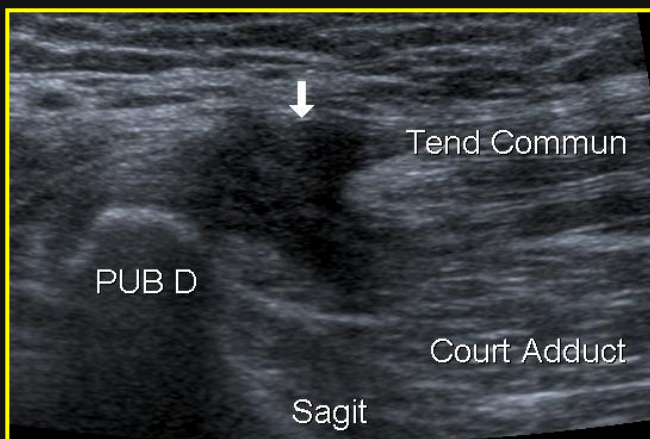
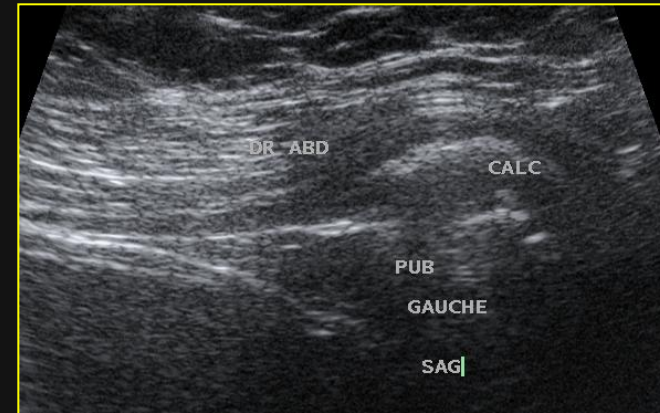


Pathologies tendinomusculaires

➤ Antérieur PSOAS

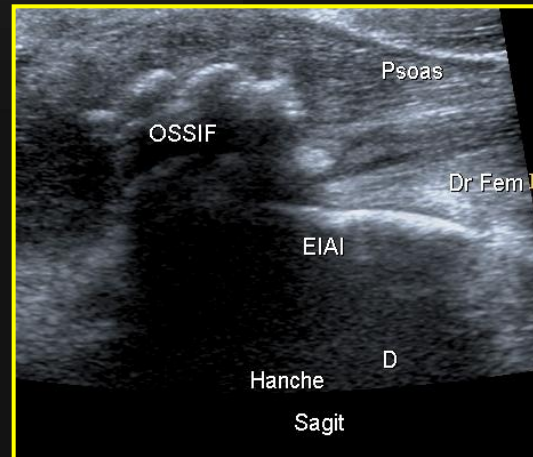
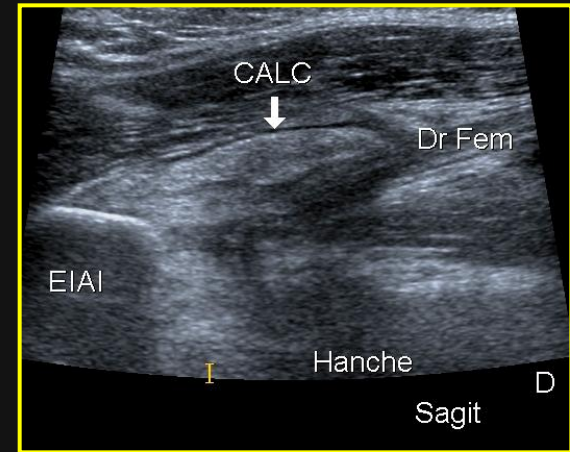
➤ Antéromédial

- ✓ pectiné
- ✓ droit abdomen
- ✓ tendon commun



Pathologies tendinomusculaires

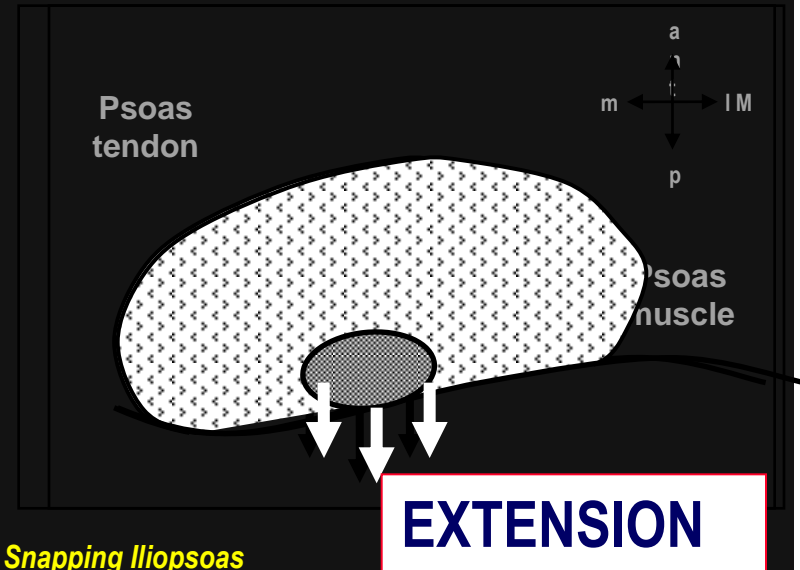
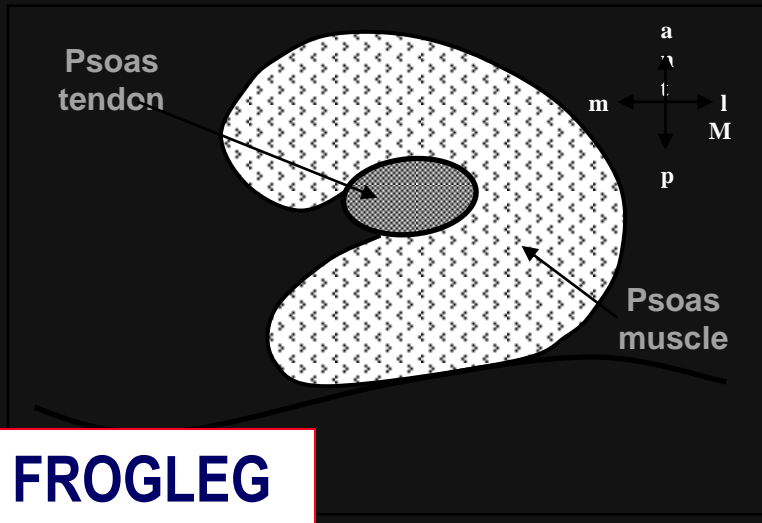
- Antérieur PSOAS
- Antéromédial
- **Antérolatéral**
 - ✓ Droit fémoral ++
 - ✓ Sartorius





Ressaut antérieur

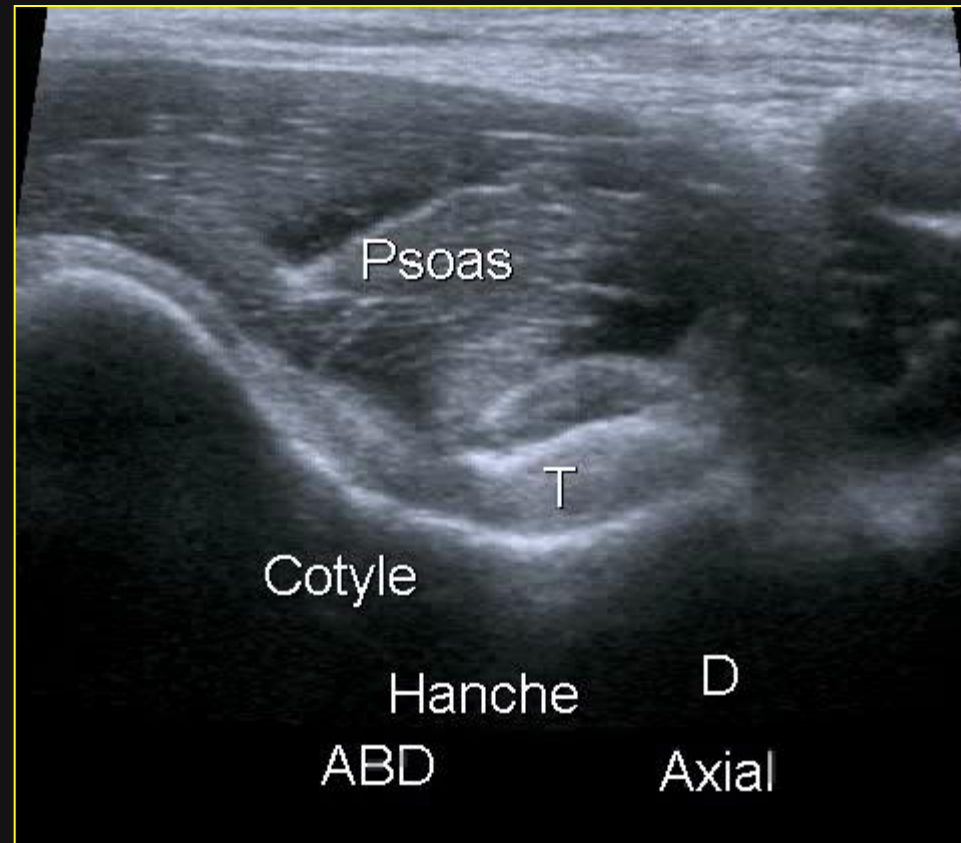
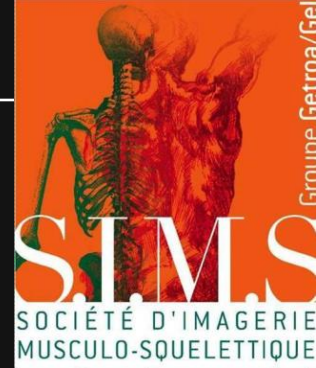
➤ Claquement du tendon contre le cotyle



Deslandes M, et al: The Snapping Iliopsoas Tendon: New Mechanisms Using Dynamic Sonography AJR 2008: march; 190:1-6



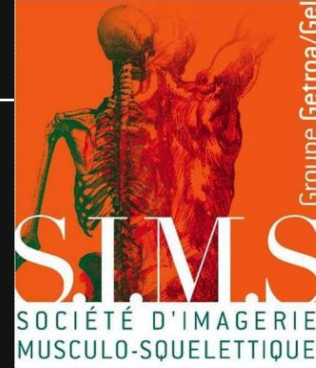
Ressaut antérieur dynamique





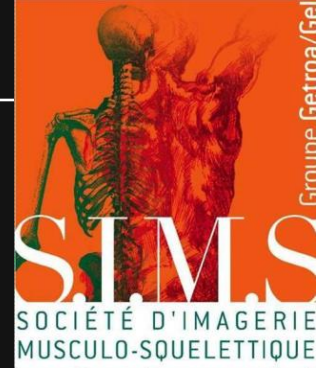
Versant antérieur ++

- Pathologies osseuses
- Atteintes articulaires
- Lésions musculotendineuses
- Ressaut antérieur
- **Hernies**
- Autres masses



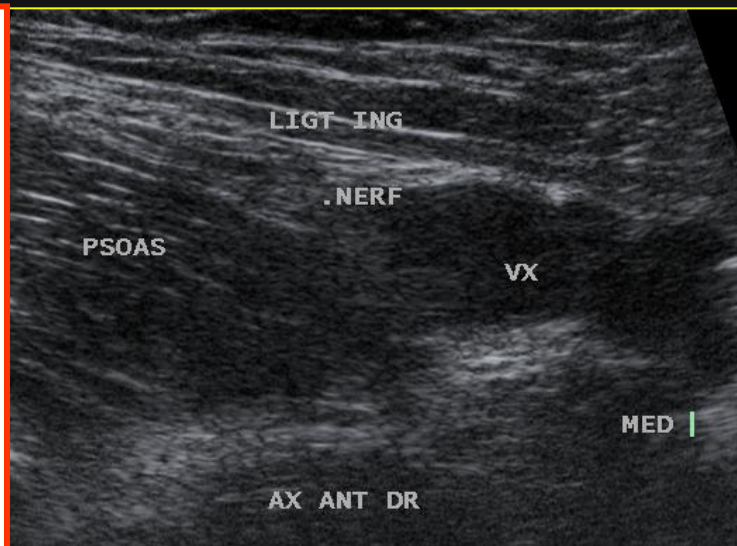
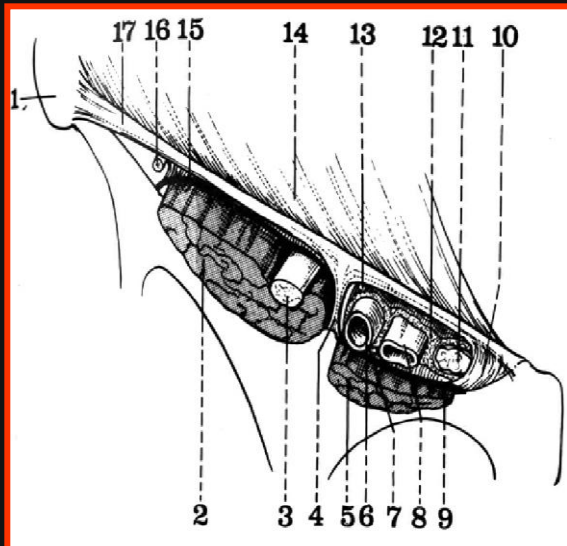


Les HERNIES



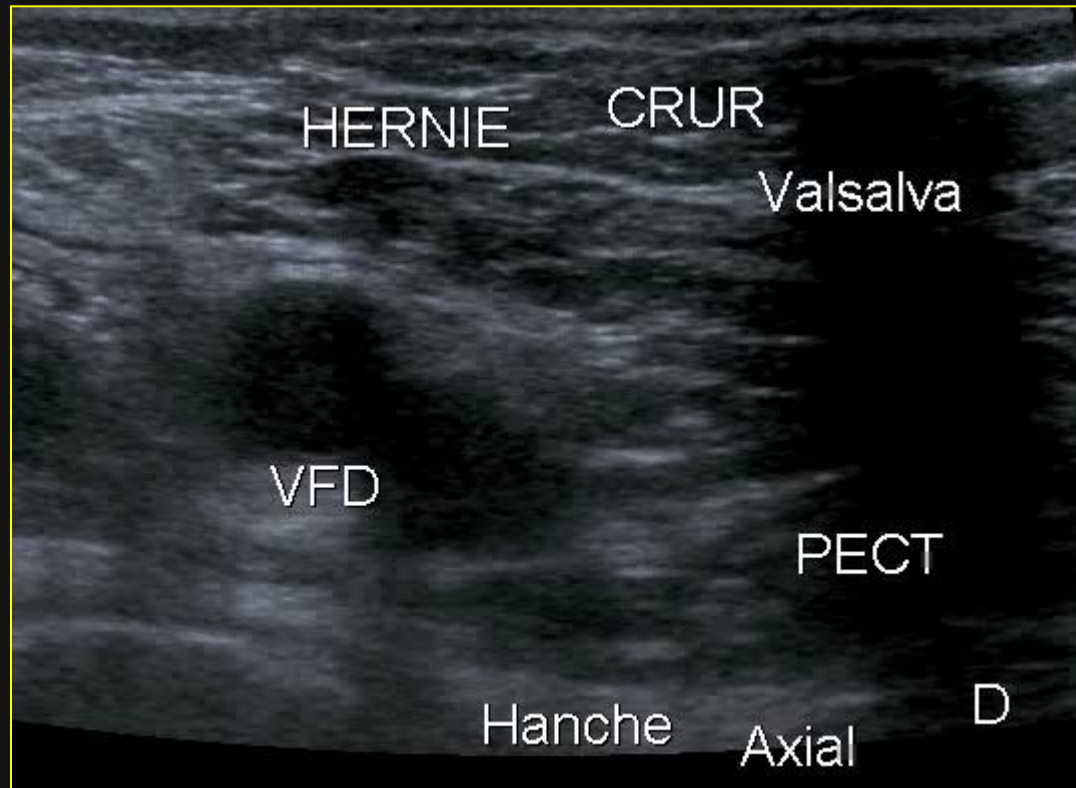
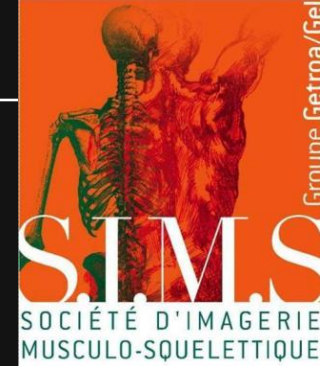
➤ Hernie CRURALE

- ✓ Chez la femme (et certains sportifs)
- ✓ Rarement palpable
- ✓ Presque toujours réductible



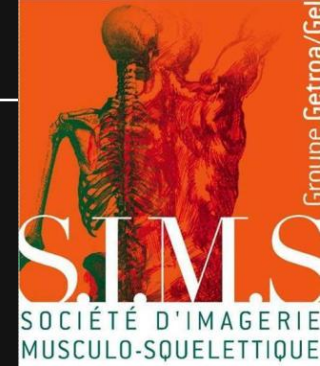
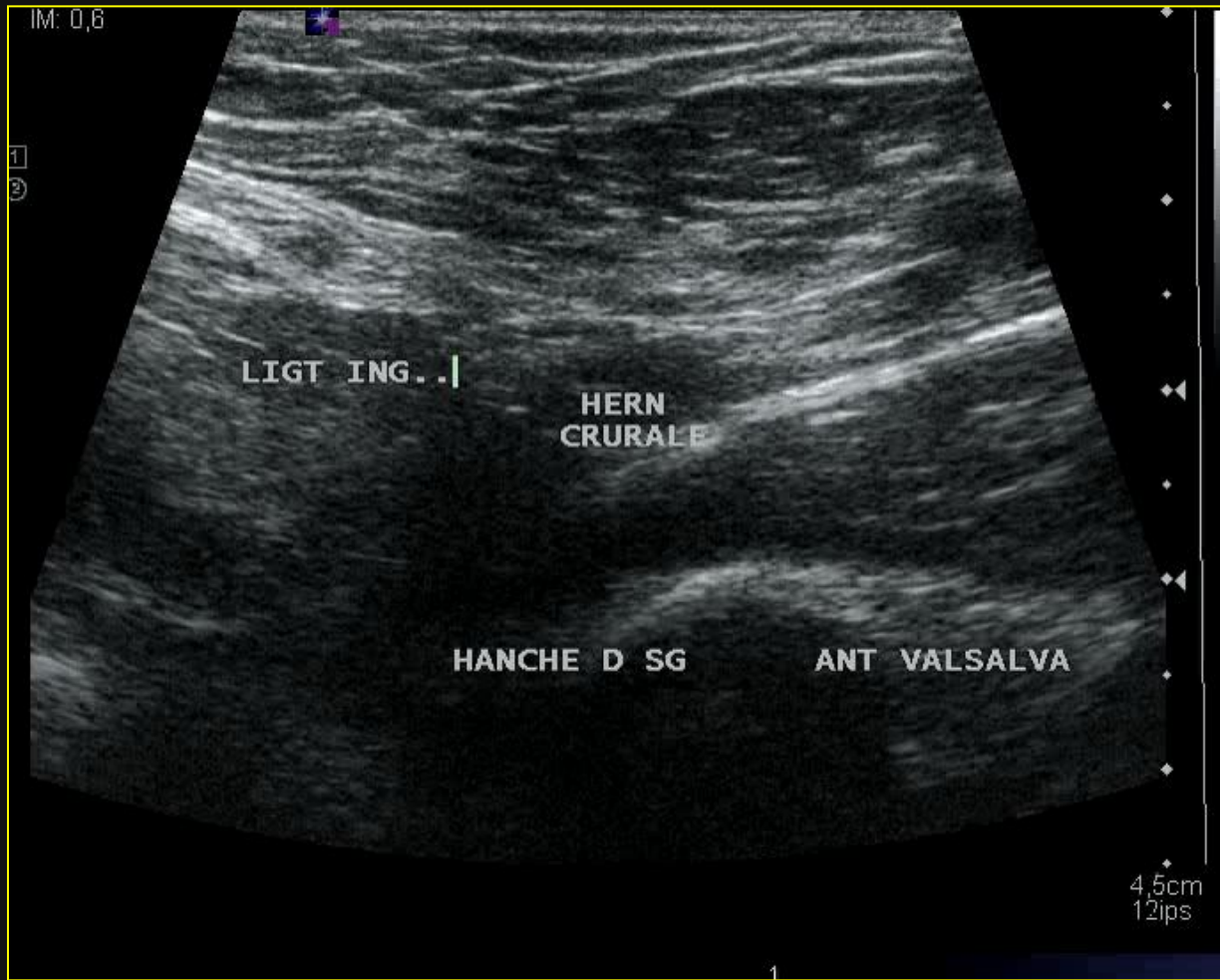


Hernie crurale



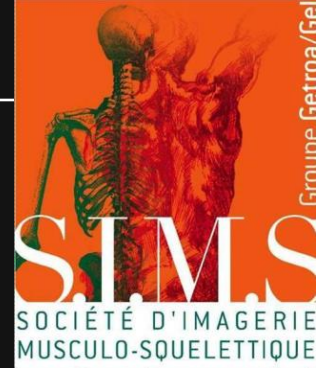


Hernie crurale sagittale





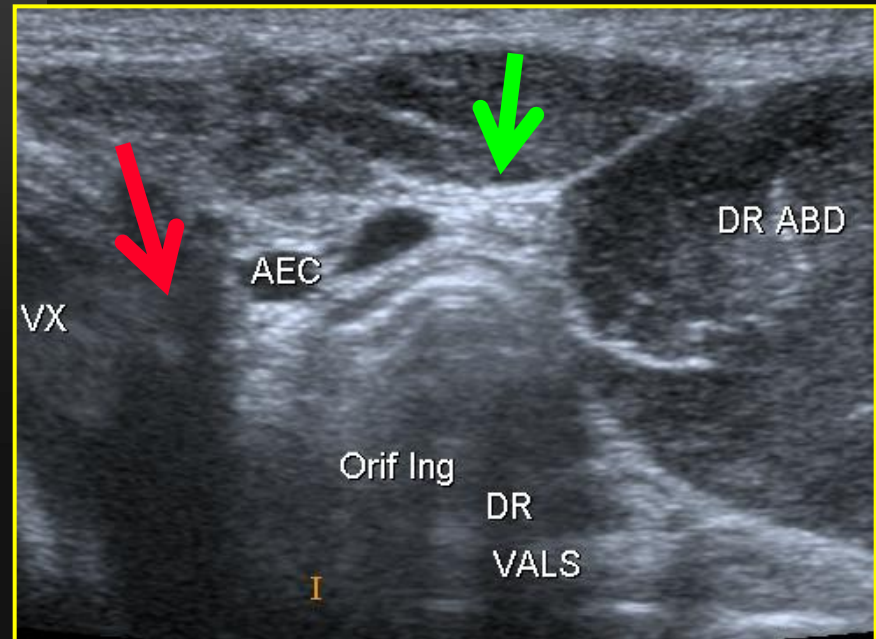
Les HERNIES



➤ Hernie crurale

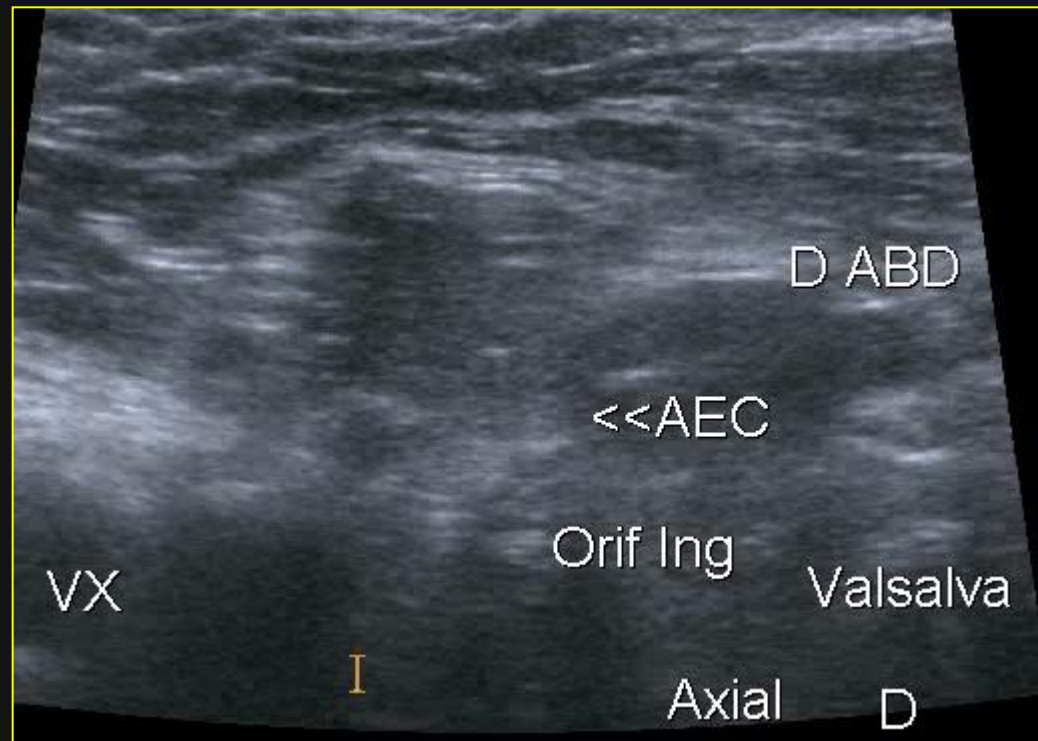
➤ **Hernie
INGUINALE**

- ✓ Chez l'homme
- ✓ **Directe** (sportif ;
médiale à l'AEC)
- ✓ **Indirecte** (enfant,
vieux ; latérale à
l'AEC)



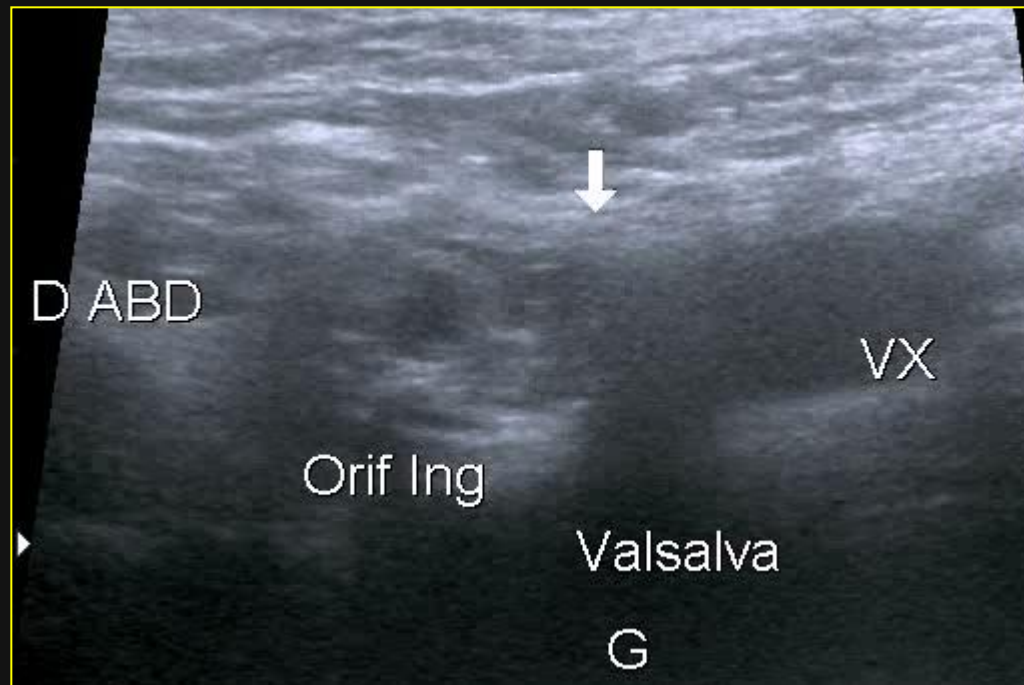


Hernie inguinale DIRECTE





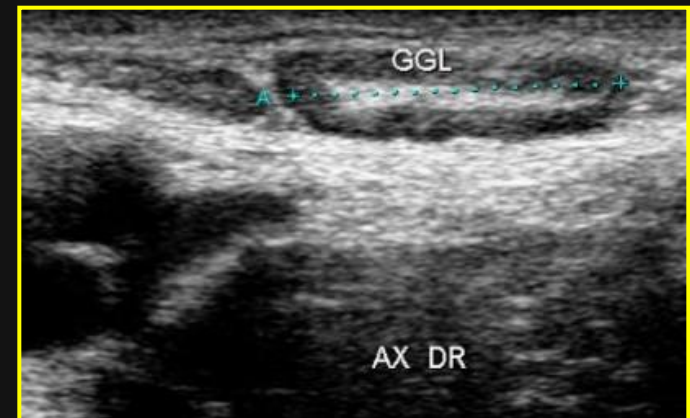
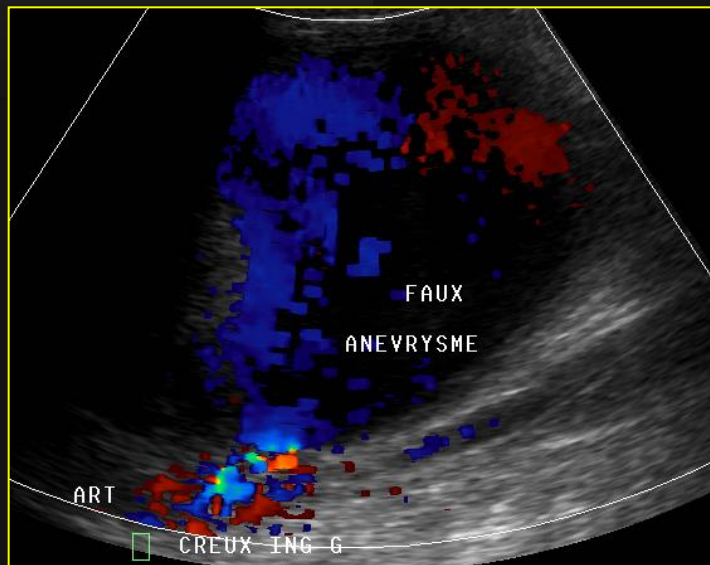
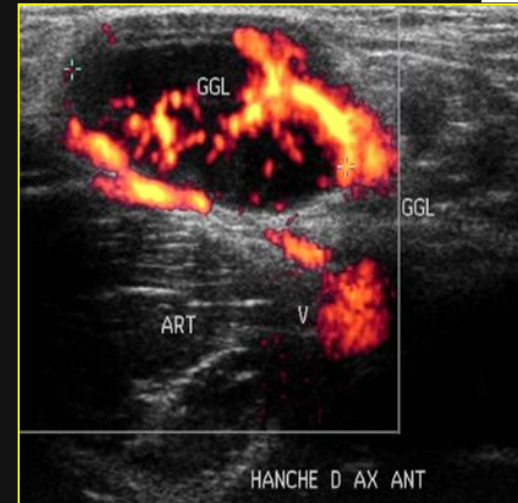
Hernie inguinale INDIRECTE





Autres masses

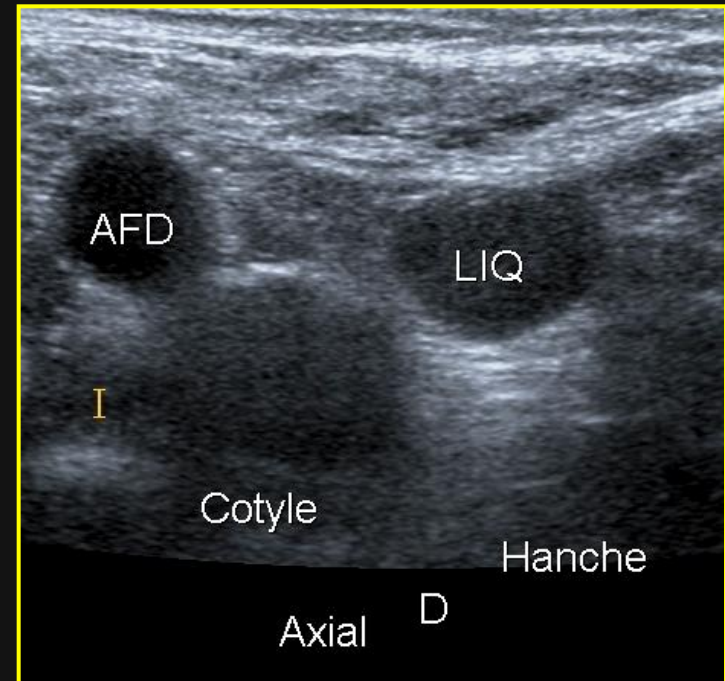
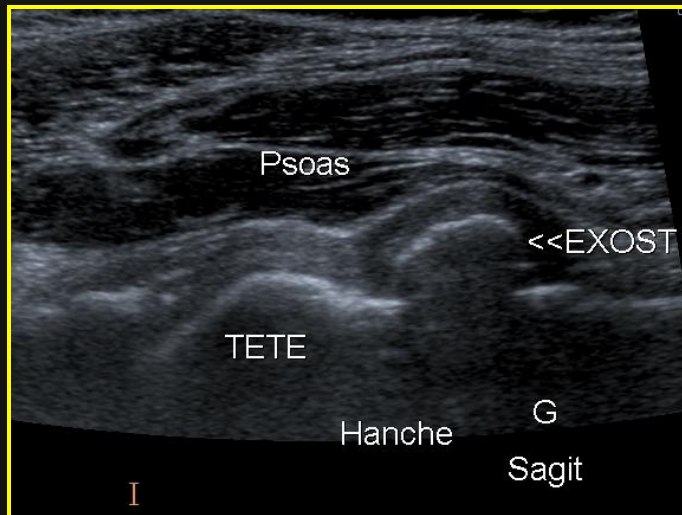
- Ganglion ++
- Vasculaire
-





Autres masses

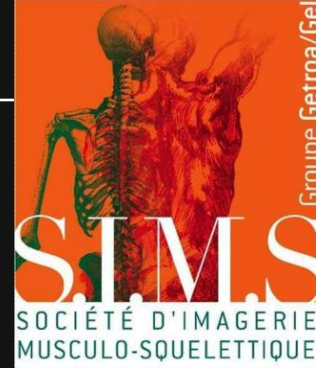
- Ganglion ++
- Vasculaire
-





Douleurs latérales péritrochantériennes

- Tendon du **petit** glutéal
(en avant)
- **Bande latérale** du moyen
glutéal (latéral)
- **Tendon** du moyen
glutéal (postérolatéral)



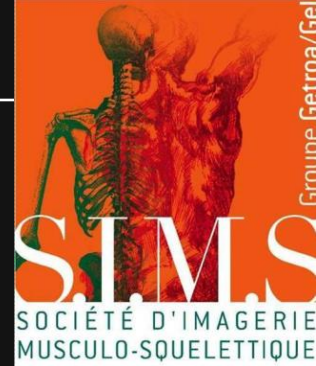


Pathologie périrochantérienne

- Beaucoup de **similitudes avec la coiffe** des rotateurs
 - ✓ Rupture, désinsertion, fissure
 - ✓ Bursite
 - ✓ Tendinopathie (calcification), ténosynovite
 - ✓ Enthésopathie (aiguë et chronique)
- + **Ressaut latéral**
- + Pathologie de la **bandelette iliotibiale**
- + Pathologie du **vaste latéral**
- (+ pathologie trochantérienne)



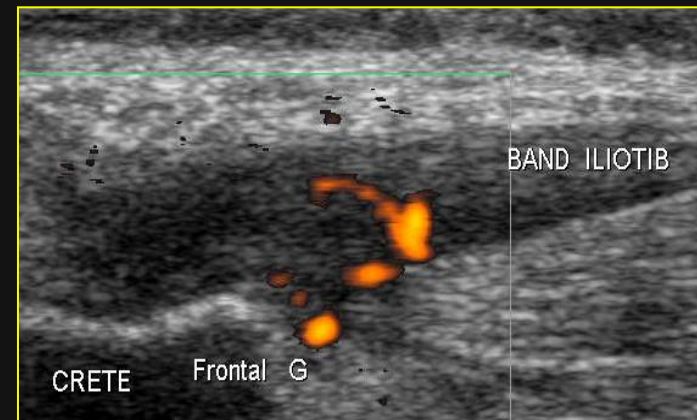
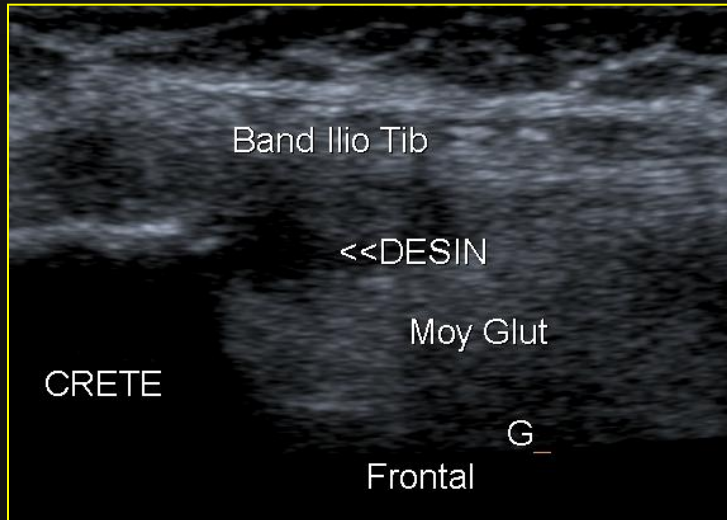
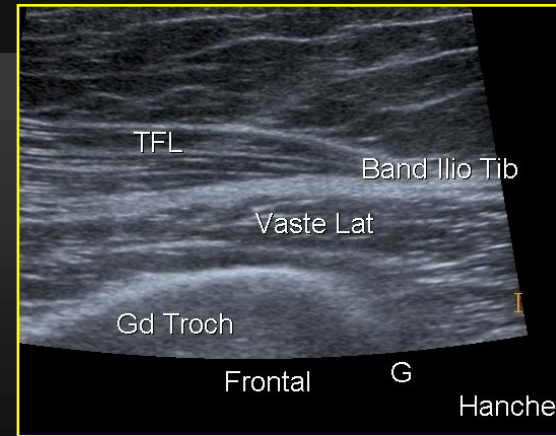
Ressaut latéral





Bandelette iliotibiale

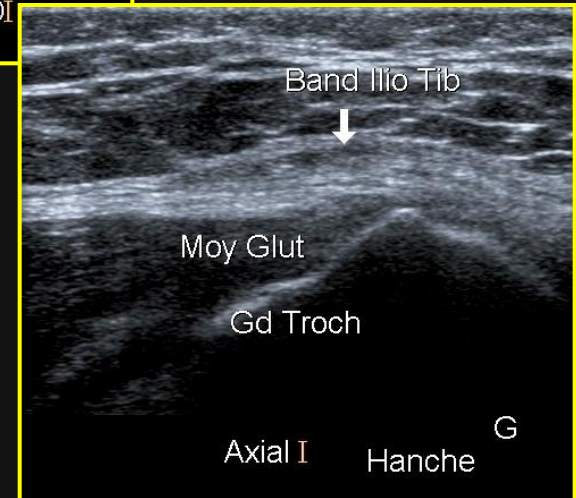
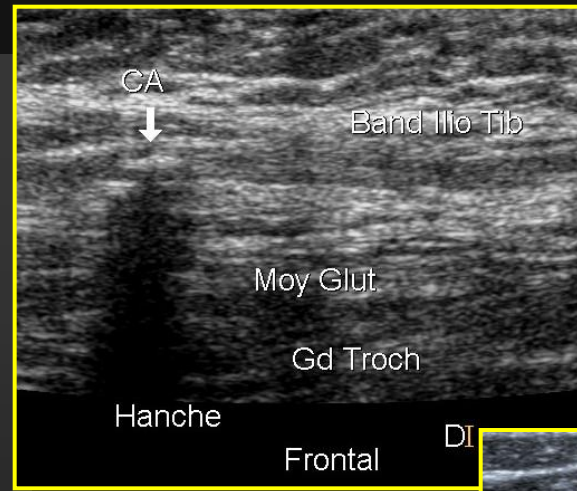
- Insertion **sur la crête**
 - ✓ Enthésopathie
 - ✓ Désinsertion





Bandelette iliotibiale

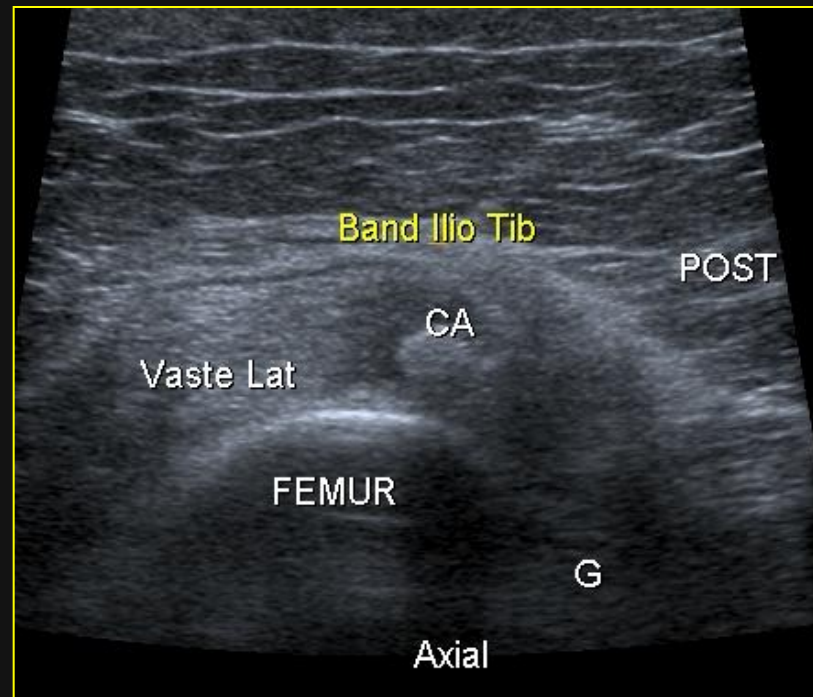
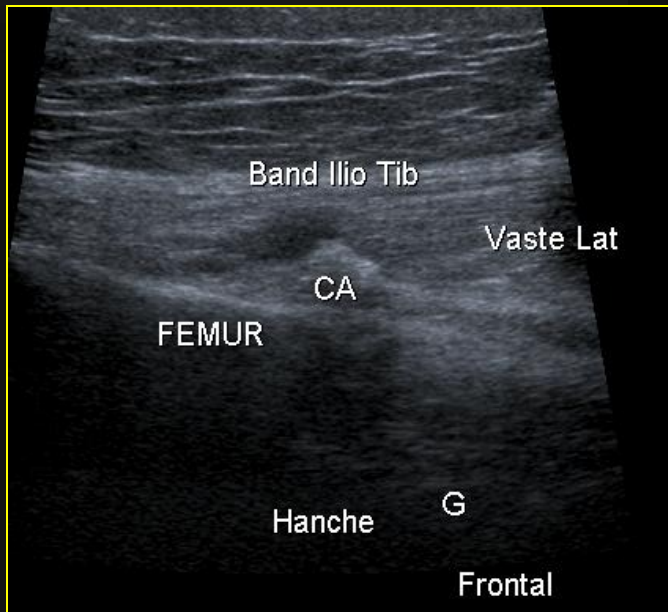
- Insertion sur la crête
- **Passage en surface du moyen glutéal sur la grand trochanter (post-op)**





Pathologies du vaste latéral

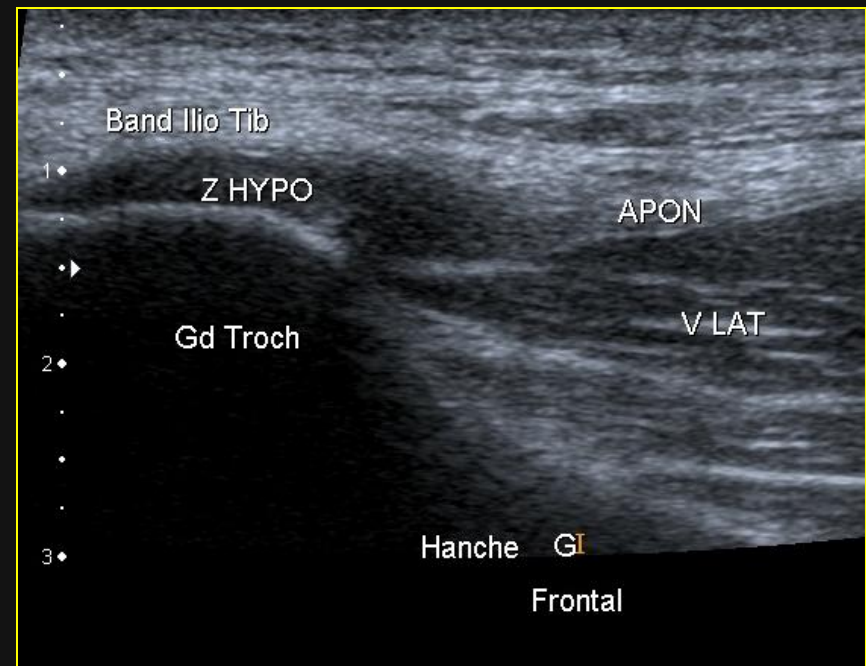
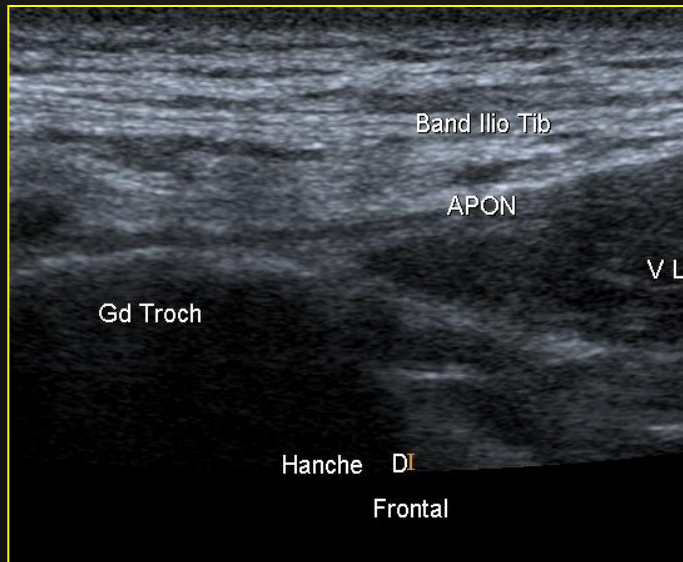
- **Calcification**
- **Enthésopathie**





Pathologies du vaste latéral

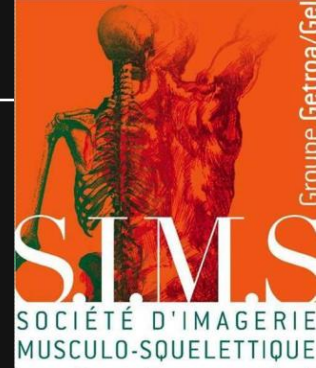
- Calcification
- Enthésopathie





Ischiojambiers

Insertion supérieure



- **Versant LATERAL de l'ischion**



Position de la sonde

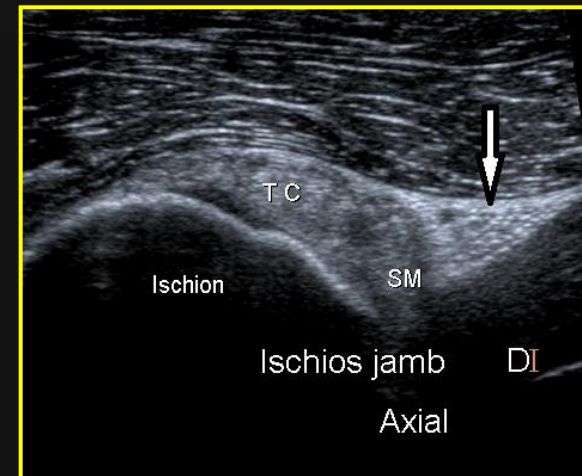
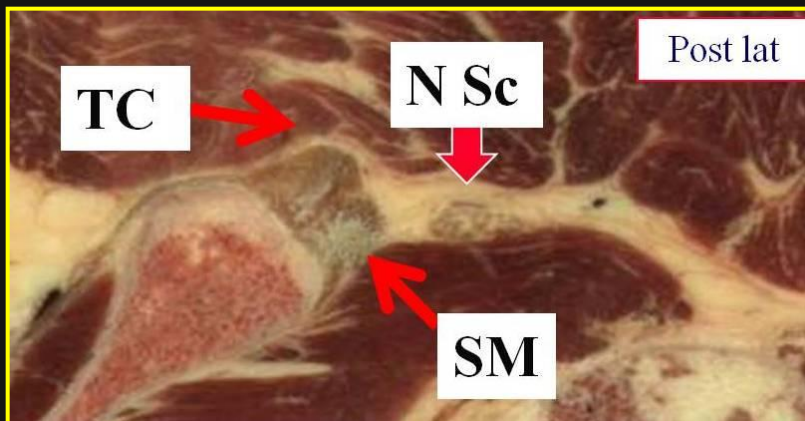
- **2 tendons (Conjoint et Semimembraneux)**
- **Sous le muscle grand glutéal et en superficie du carré fémoral**
- **Médial par rapport au nerf sciatique**





Insertion supérieure

- Versant latéral de l'ischion
- **2 tendons** (T conj superficiel)
- Sous le muscle grand glutéal et en superficie du carré fémoral
- Médial par rapport au nerf sciatique

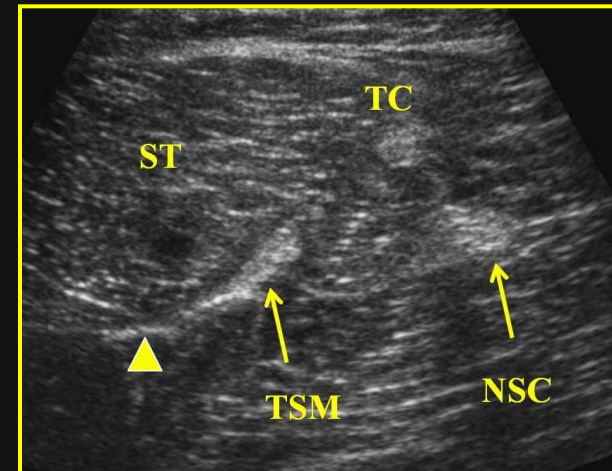
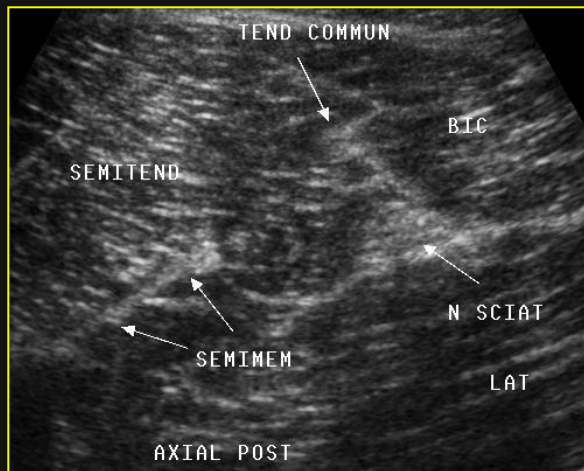
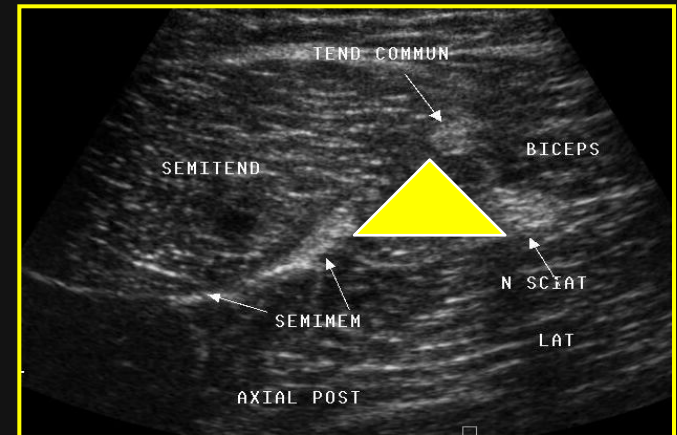




Repère échographique

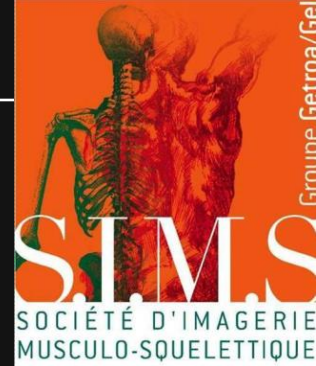
➤ Triangle de Cohen

- ✓ Tendon conjoint (TC)
- ✓ Tendon du semimembraneux (TSM)
- ✓ Nerf sciatique (NSC)





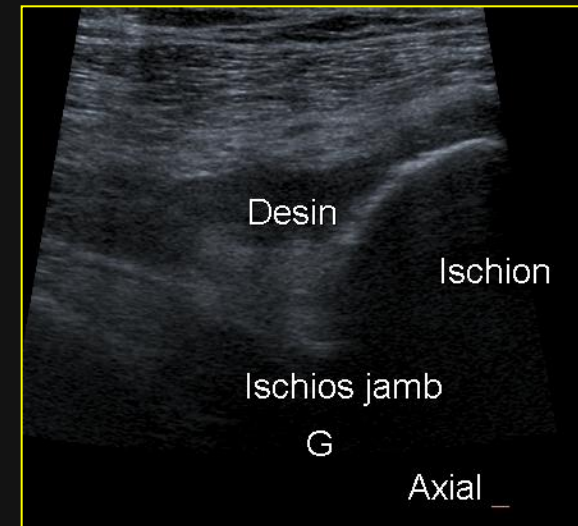
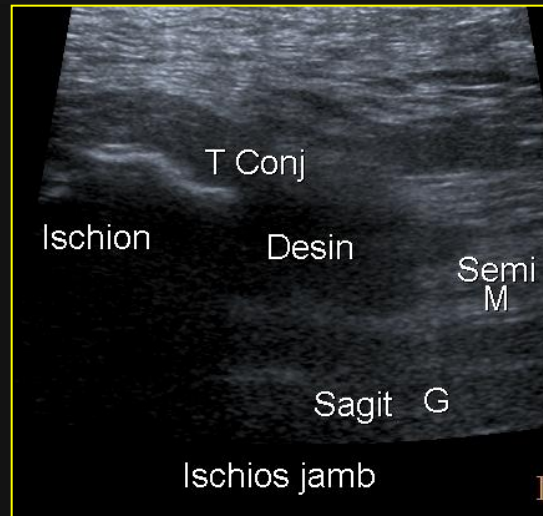
Lésions des enthèses



➤ Pathologie aiguë

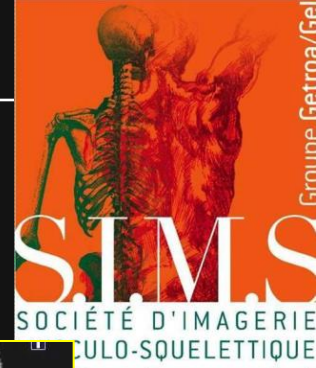
✓ Désinsertion **totale**

» 1 tendon (TC ou SM)





Lésions des enthèses

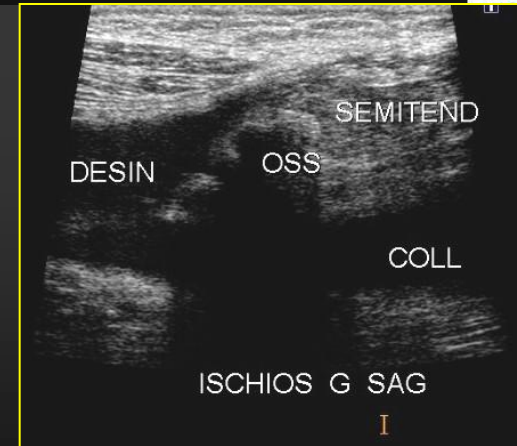
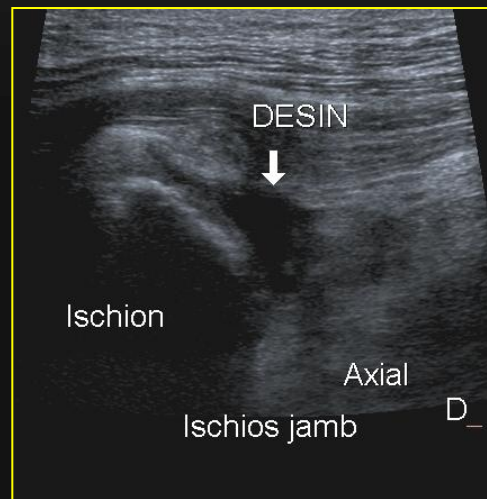


➤ Pathologie aiguë

✓ Désinsertion totale

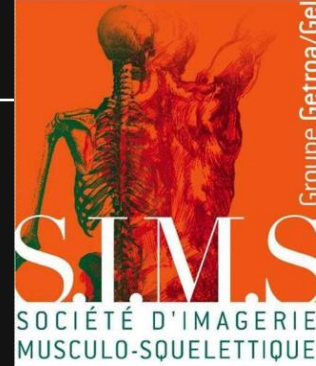
» 1 tendon (TC ou SM)

» 2 tendons (IRM en préop)



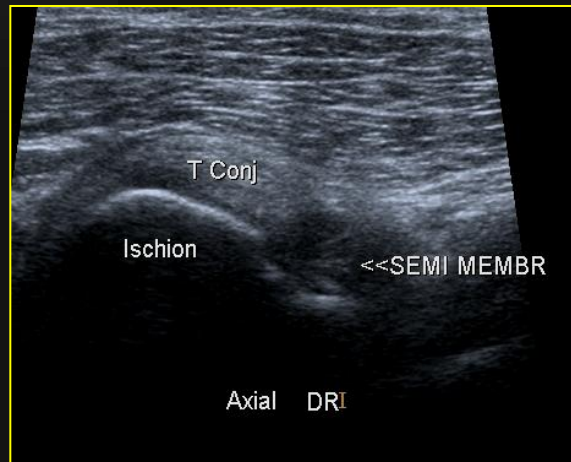
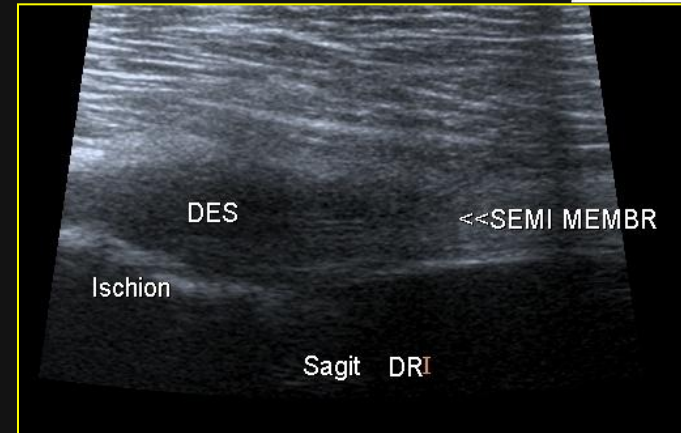


Lésions des enthèses



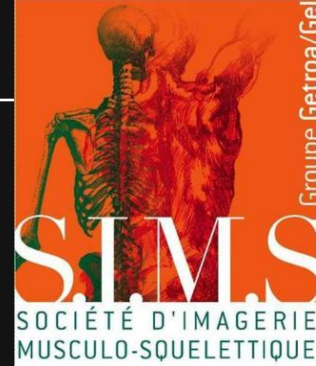
➤ Pathologie aiguë

- ✓ Désinsertion totale
(1 ou 2 tendons)
- ✓ Désinsertion
partielle





Lésions des enthèses



➤ Pathologie aiguë

- ✓ Désinsertion totale
- ✓ Désinsertion partielle
- ✓ **Avulsion** chez l'adolescent





Lésions des enthèses

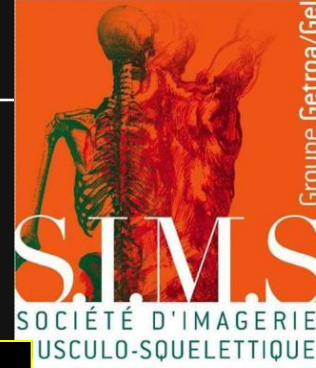
➤ Pathologie aiguë

- ✓ Désinsertion totale
- ✓ Désinsertion partielle
- ✓ **Avulsion** chez l'adolescent



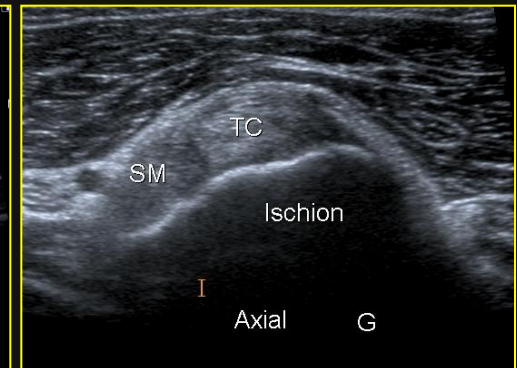
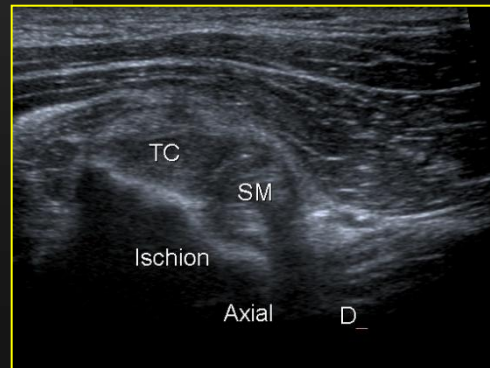
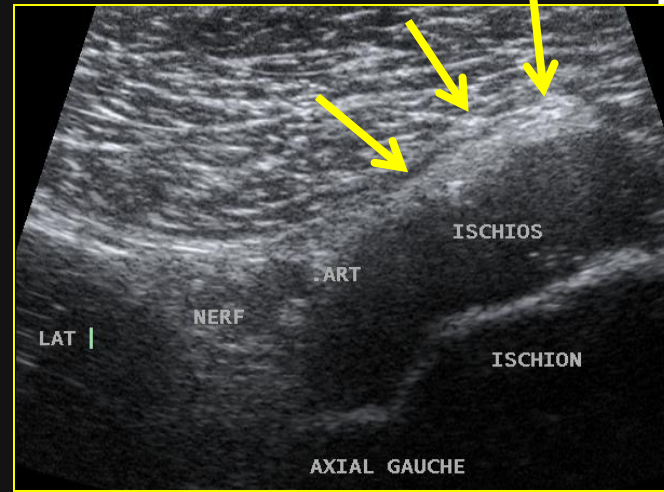


Lésions des enthèses



➤ Pathologie chronique

- ✓ Enthésopathie ++
- ✓ Calcification (enthèse ++)
- ✓ Apophysose
- ✓ Bursite de voisinage





Lésions des enthèses

➤ Pathologie chronique

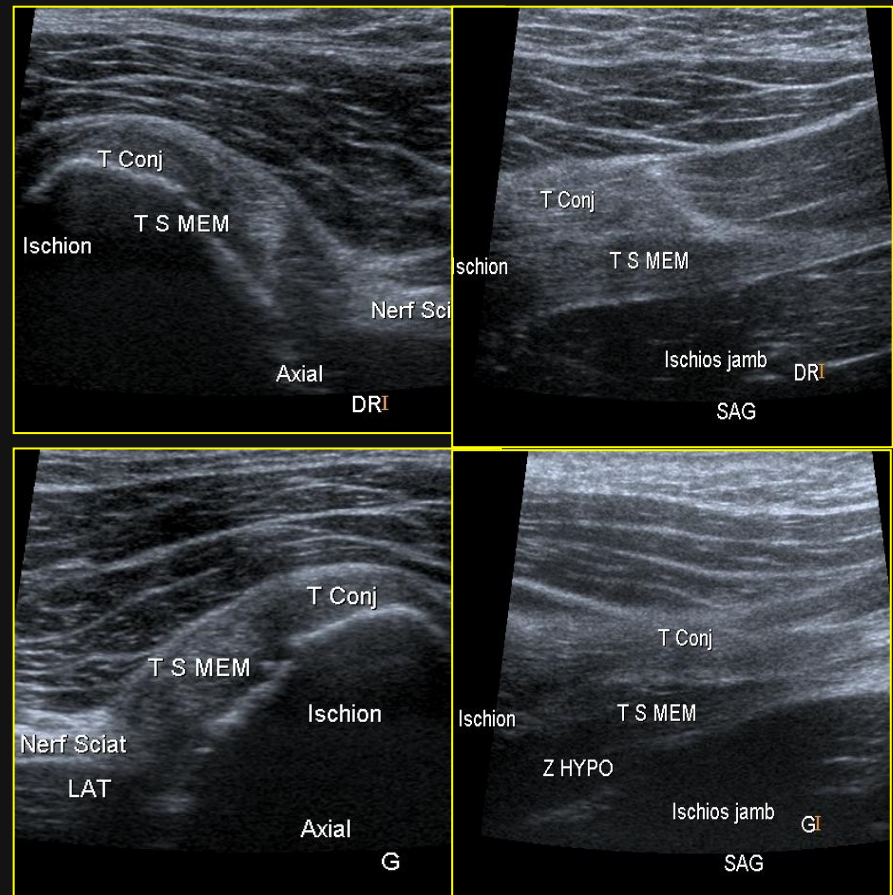
✓ Enthésopathie

++

✓ Calcification
(enthèse ++)

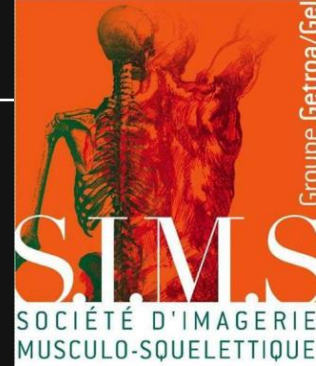
✓ Apophysose

✓ Bursite de voisinage



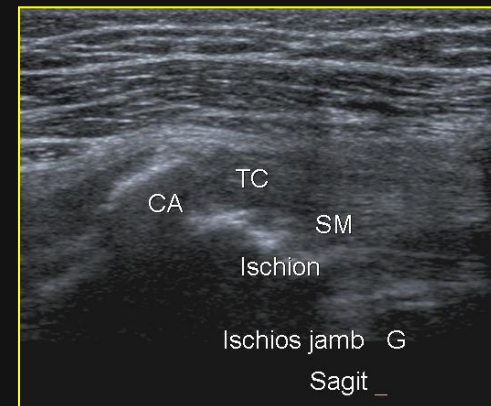
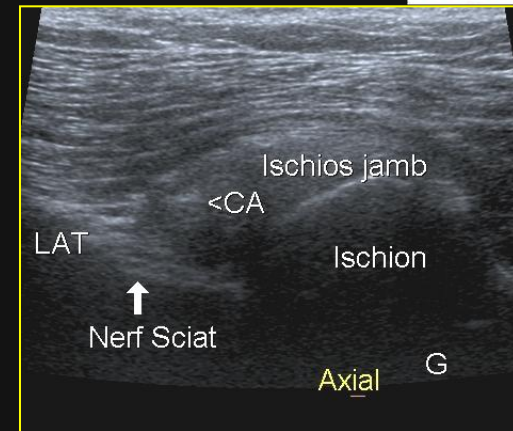


Lésions des enthèses



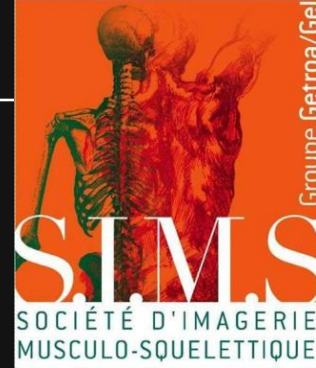
➤ Pathologie chronique

- ✓ Enthésopathie ++
- ✓ Calcification (enthèse ++)



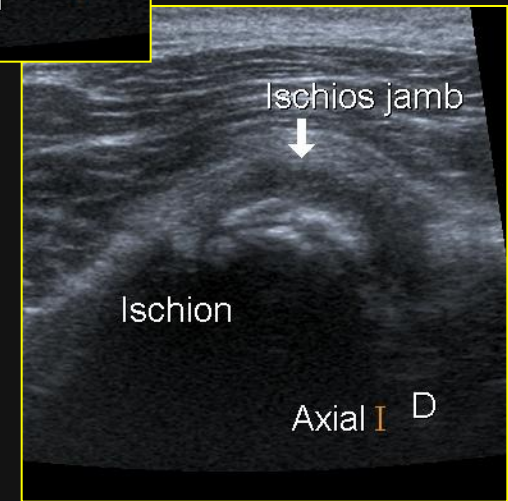
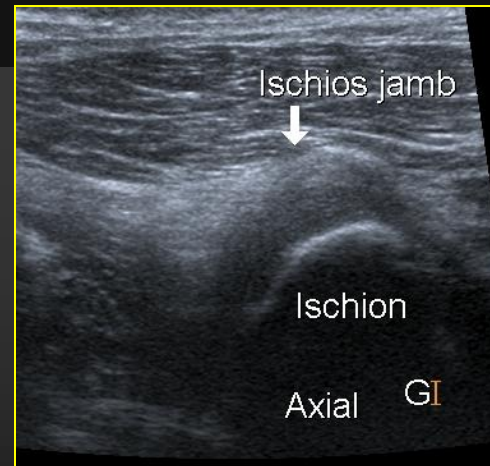


Lésions des enthèses et des tendons proximaux



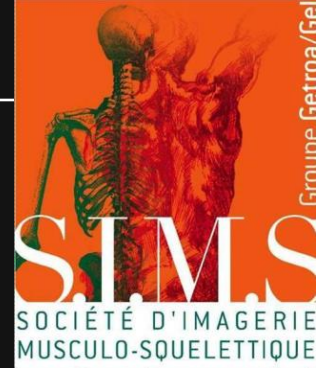
➤ Pathologie chronique

- ✓ Enthésopathie ++
- ✓ Calcification (enthèse ++)
- ✓ Apophysose



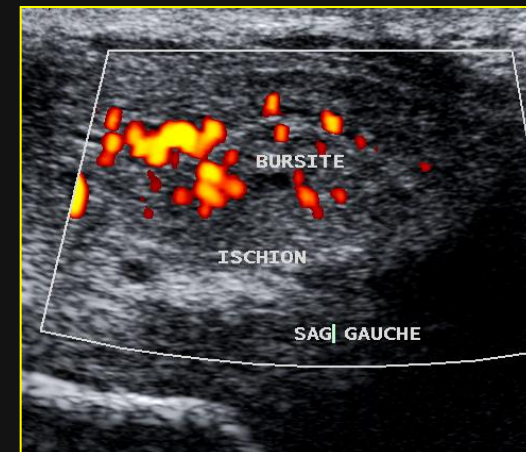
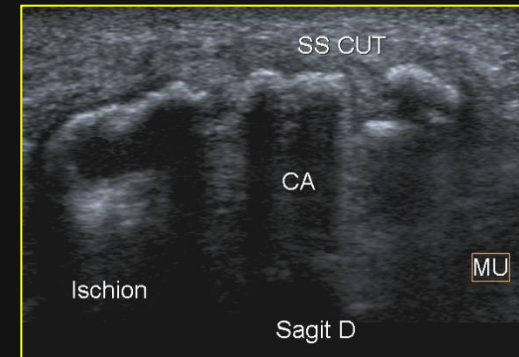
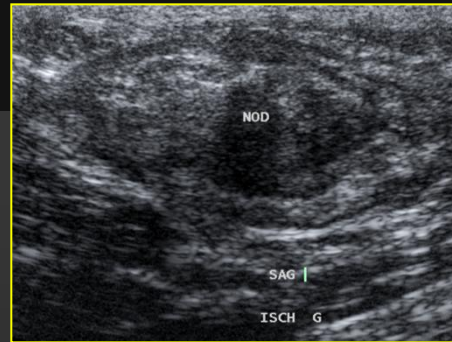


Lésions des enthèses



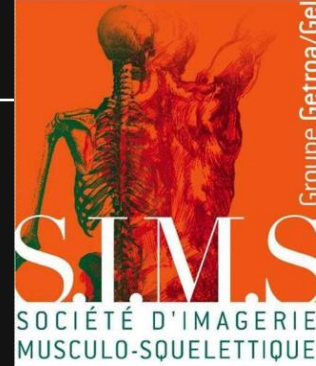
➤ Pathologie chronique

- ✓ Enthésopathie ++
- ✓ Calcification (enthèse ++)
- ✓ Apophysose
- ✓ Bursite de voisinage

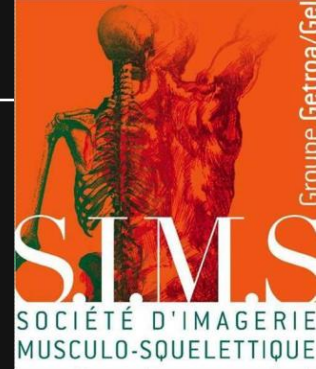




CONCLUSIONS



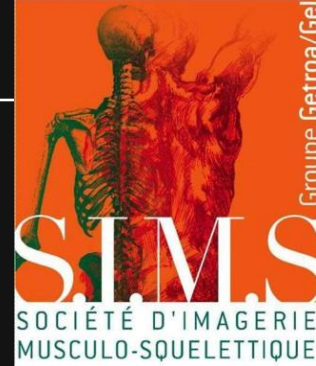
**En cas de douleur
(antérieure, latérale ou postérieure)
avec radiographie normale,
mais aussi de ressaut et de voussure,
l'échographie est le complément idéal
des clichés RX**



MERCI
de votre attention!!!!



SEMAINE
du 13 au 17 Avril 2015



**F M C en échographie
de l'appareil locomoteur**

Organisée par JL Brasseur et G Morvan

Mme Frédérique MIOT
SIMS 01 40 60 10 20