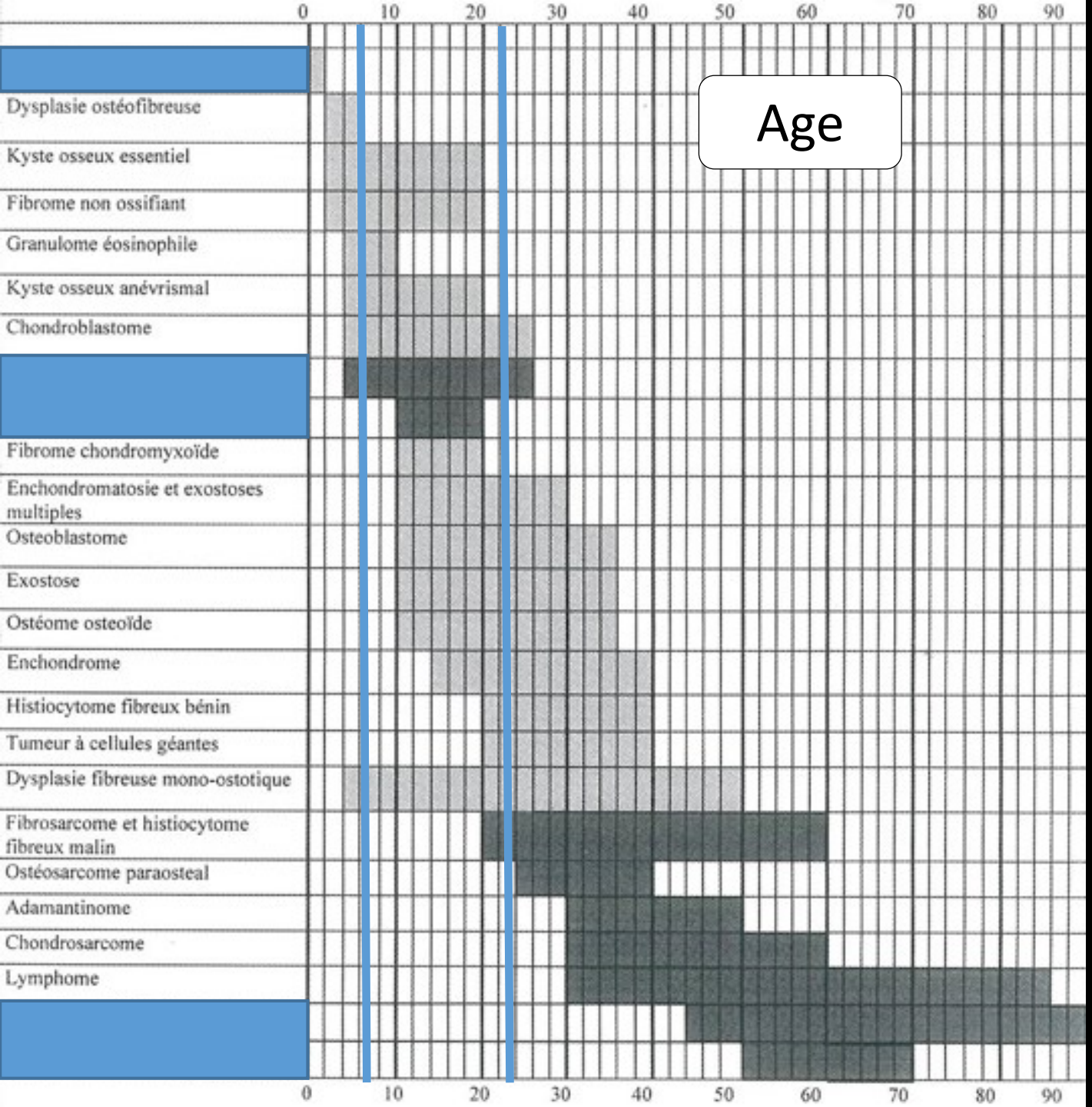
02 février 2016

Tumeurs osseuses

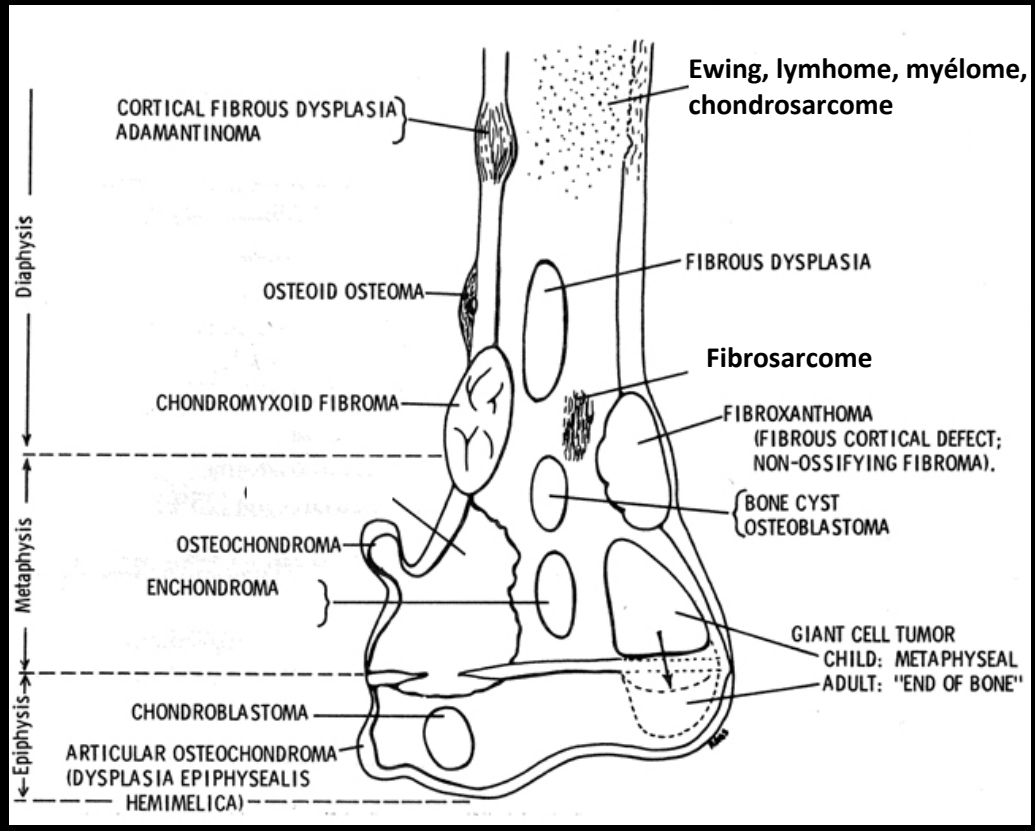
bénignes

A. Larbi
L. Sibille



Douleurs / tuméfaction

Sd inflammatoire



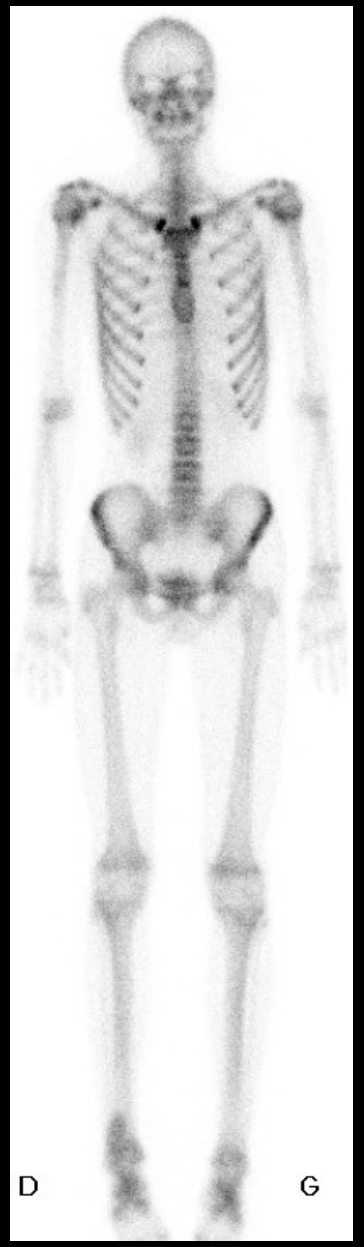
Madewell JE, RCNA 1981; 19:715

Localisation

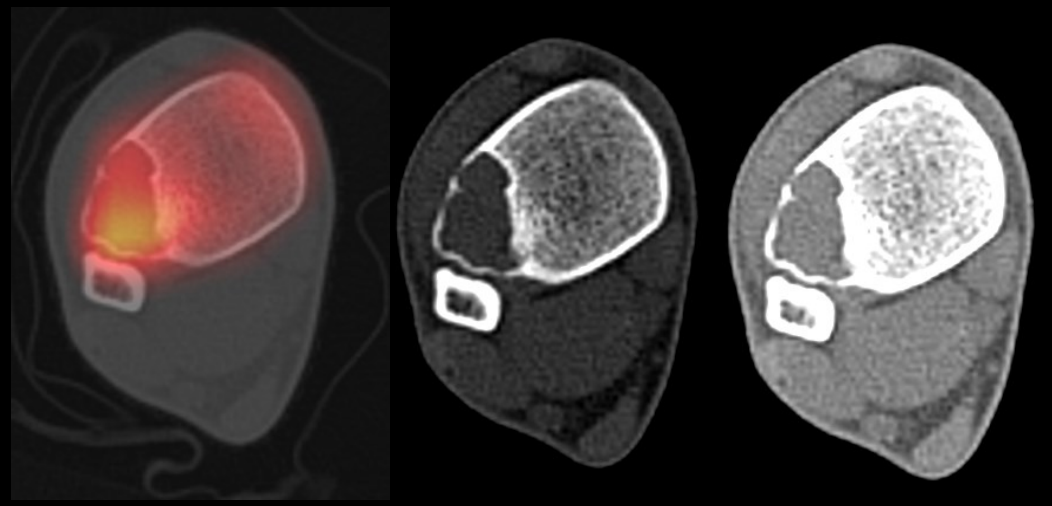
Imagerie des tumeurs osseuses, Railhac et al

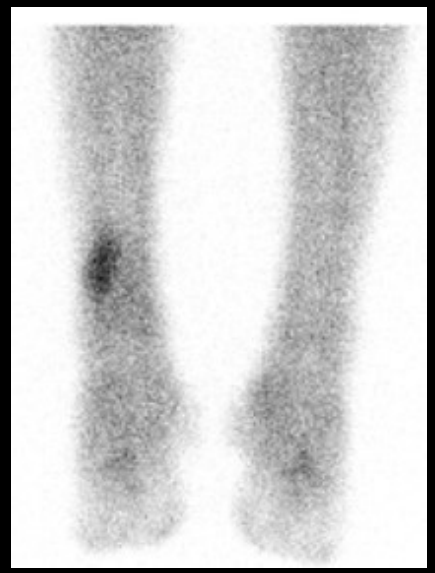
BENIN	Caractéristiques	MALIN
< 3 cm	TAILLE	> 6cm
Epiphyse	SIEGE	Métaphyse - Diaphyse
Nettes	LIMITES	Mal définies
Géographique IA/B	OSTEOLYSE	Géographique IB/C; Mité II; Perméative III
Corticale normale ou épaissie: - sans - unilamellaire continue Corticale détruite: - coque continue épaisse	REACTION PERIOSTEE	Corticale normale: - plurilamellaire continue/discontinue/spiculée Corticale détruite: - discontinue unilamellaire (soulevée avec triangle de Codman)/plurilamellaire
Limitée	EXTENSION	Importantes érosions endostées (scalloping) Rupture corticale Envahissement parties molles
Lente	EVOLUTION	Rapide

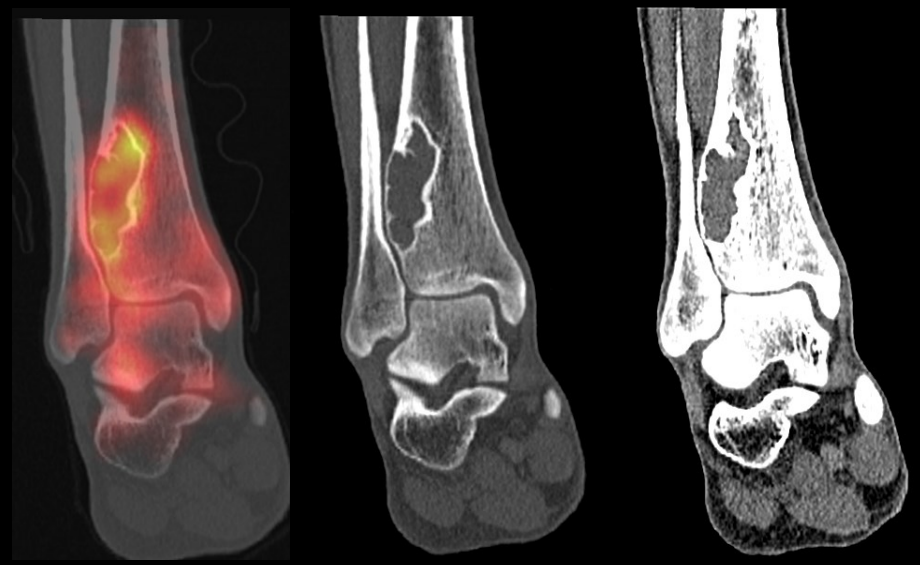
M. A. Hedy, 18 ans
Dl jambe droite



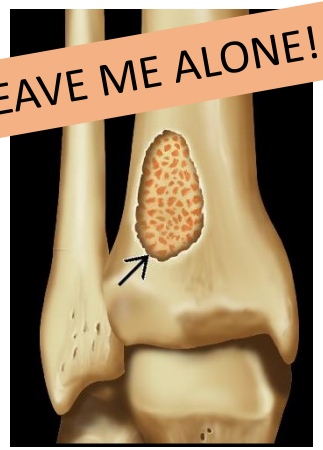
SO





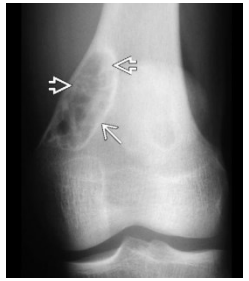


FNO



FNO (>2cm)/ Cortical defect (<2cm)

- Enfant/adolescent (30%)
- Asymptomatique sauf complication
- genou, tibia distal
- 8% multifocal (+NeuroFibromatose=Sd Jaffe-Campanacci)
- Imagerie:
  - Dg Rx
  - TDM: cortical (sauf fibula, ulna), sus metaphyse, gd axe vertical, lyse géographique avec sclérose périph,
  - SO: +/-
  - FDG: +/- à +

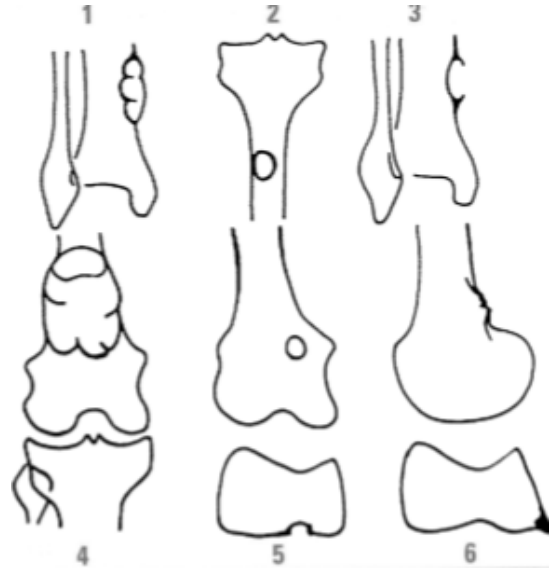


- Complications:

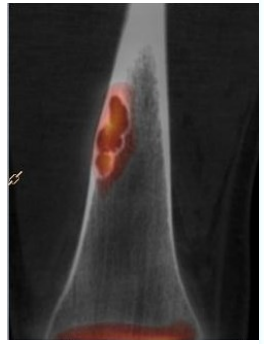
Fracture (rare), guérison spontanée

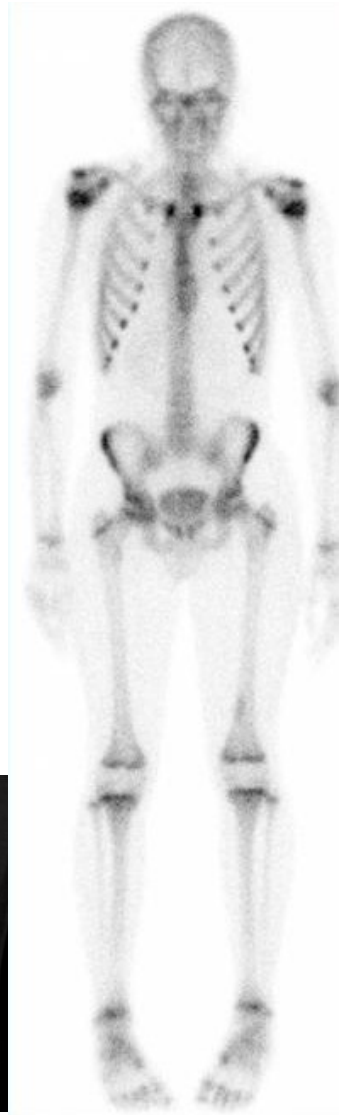
- Dg différentiel:

Fibrome desmoplastique, kyste osseux simpe, kyste anevrismal



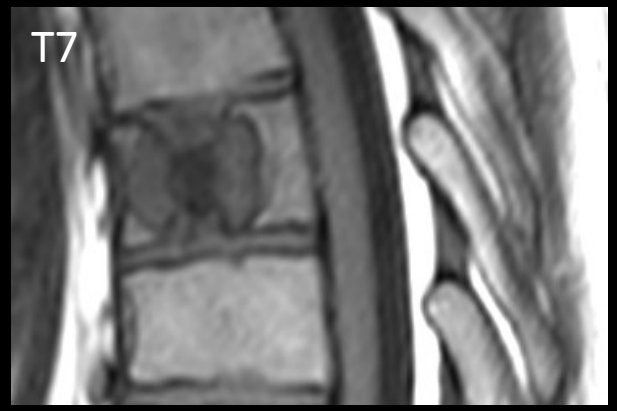
1. Typique
2. Arrondie
3. *Cortical defect*
4. Volumineux
5. Supra-condylien postéro-médial
6. Desmoïde corticale

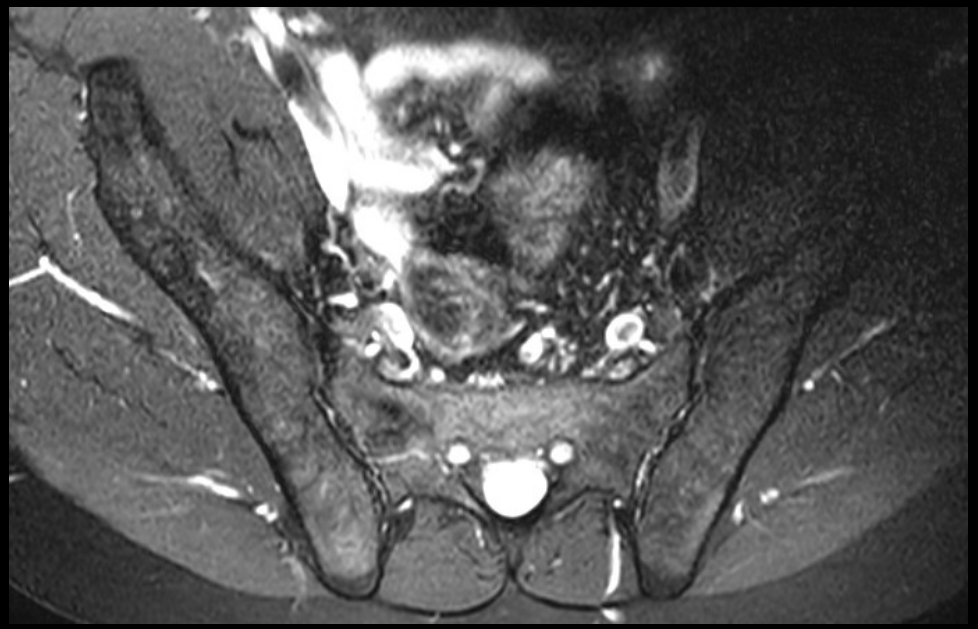


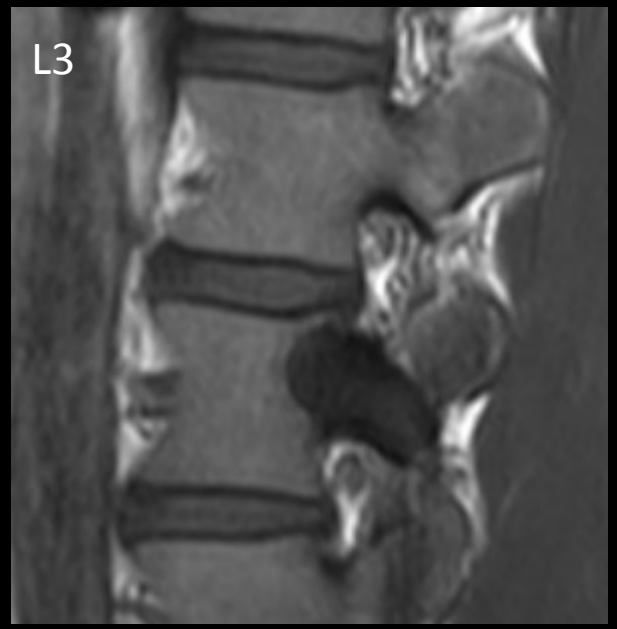


M. B. Rachid, 25 ans
Lombofessalgies gauches
Psoriasis

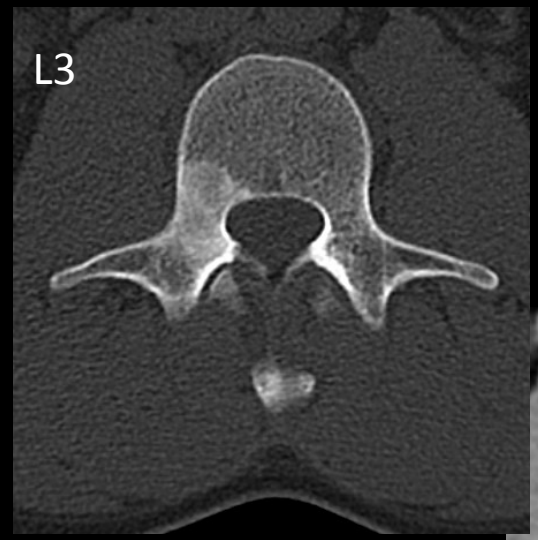
IRM

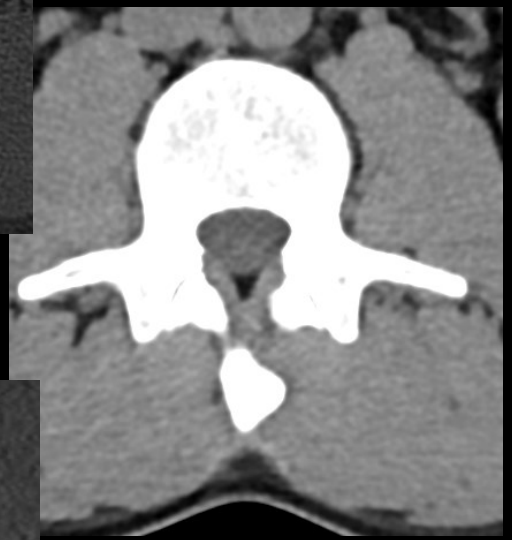


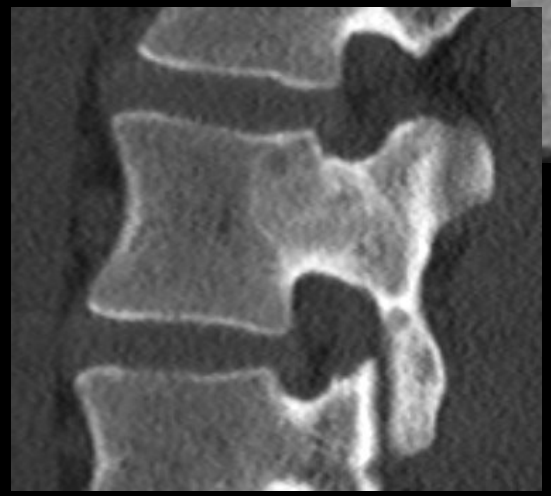


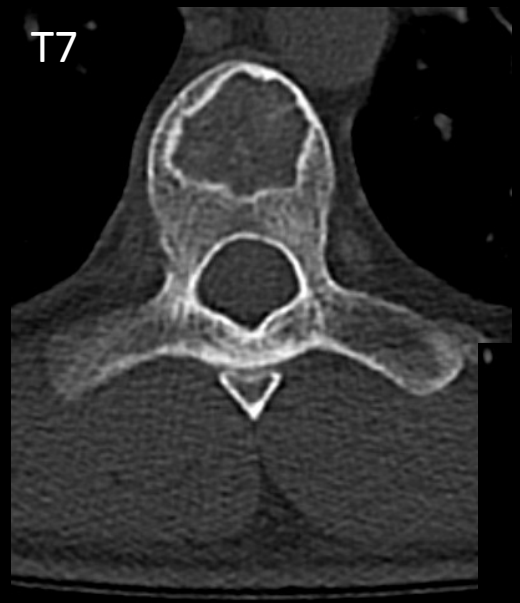


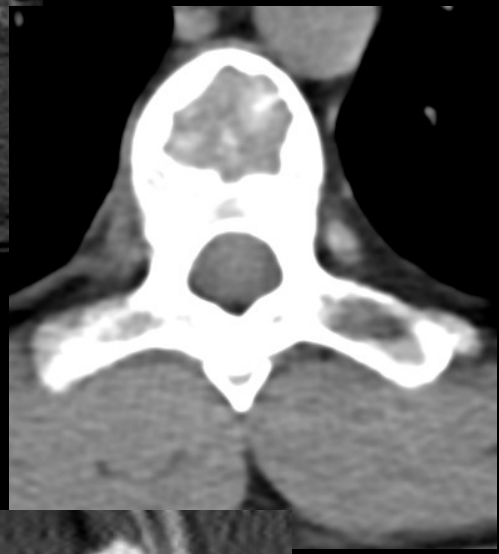
TDM

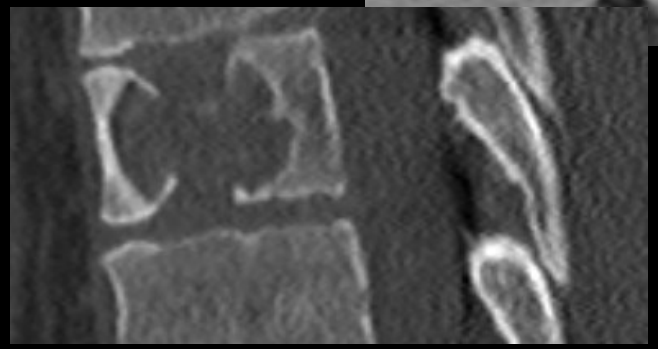


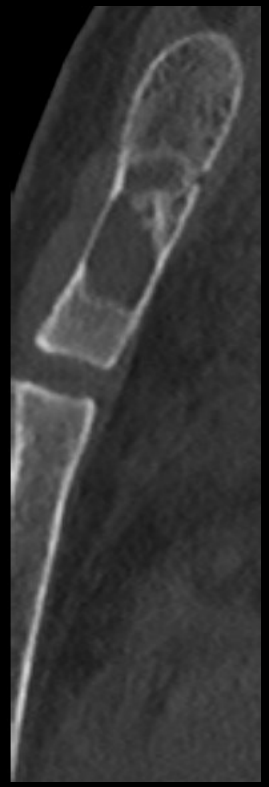


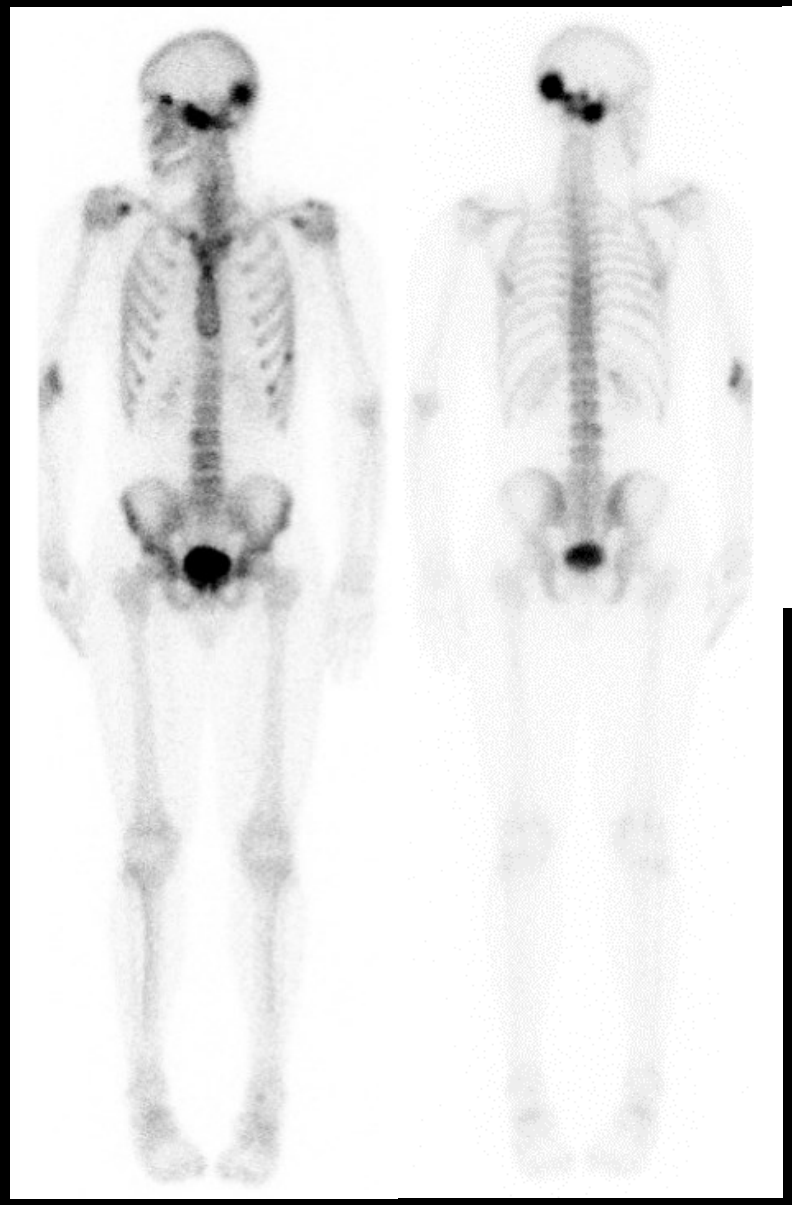


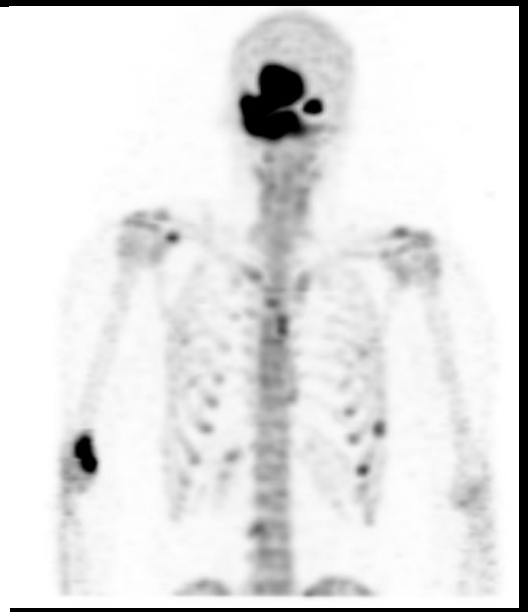


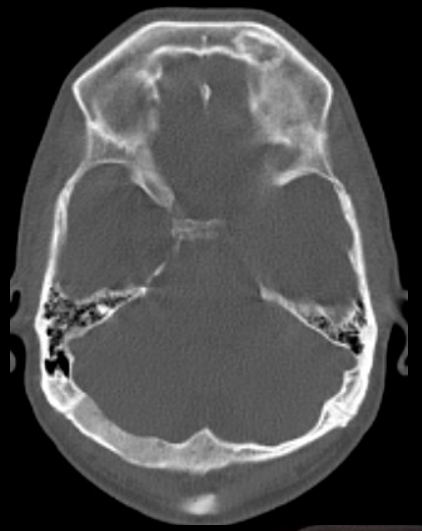












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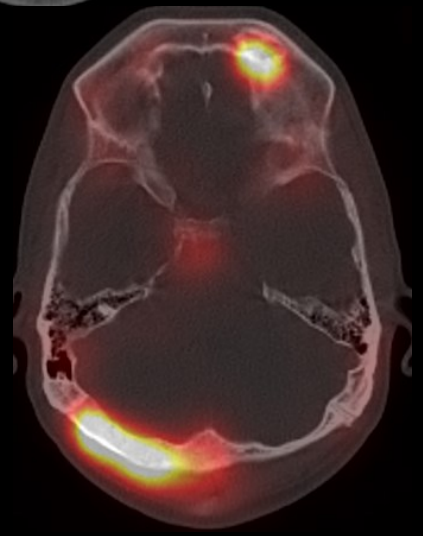
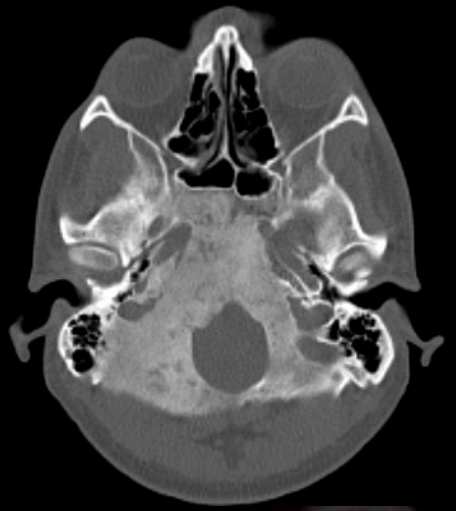
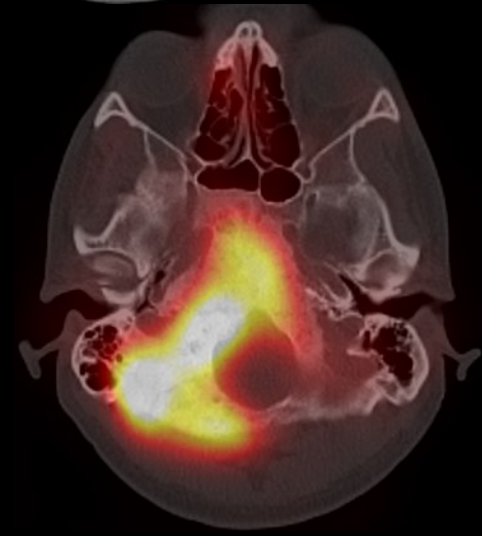
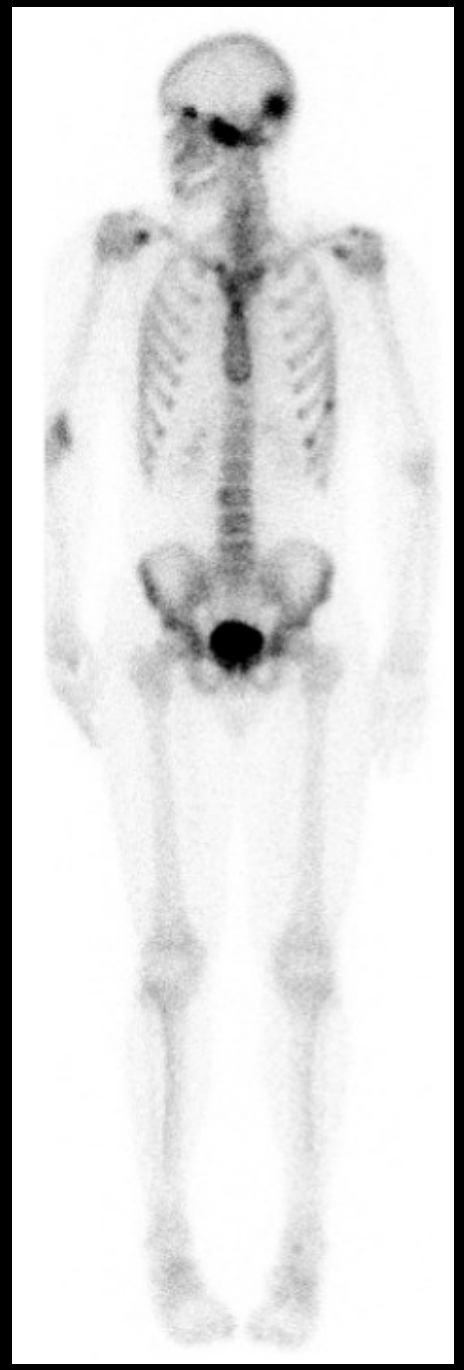
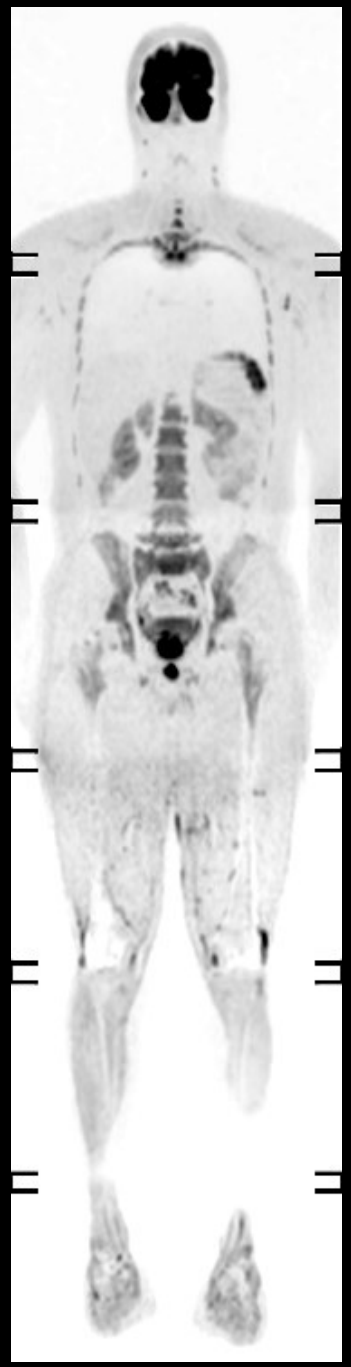
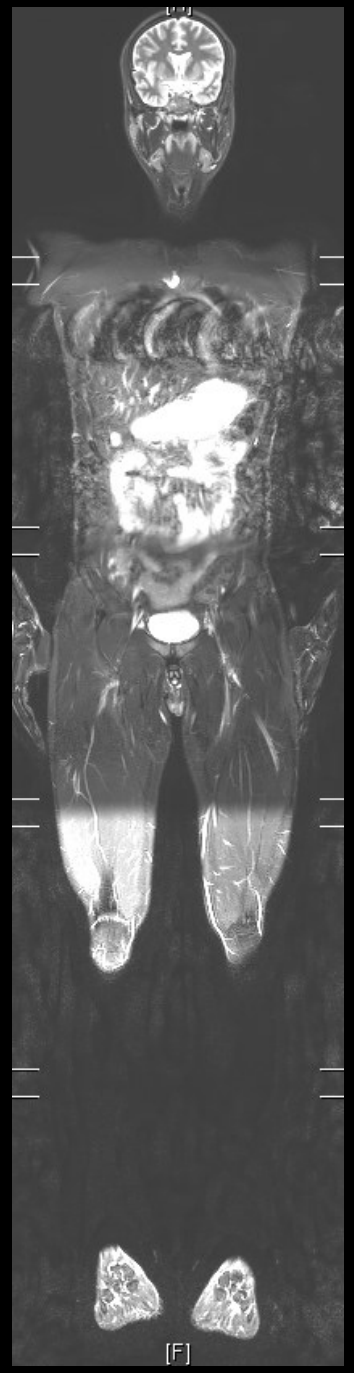






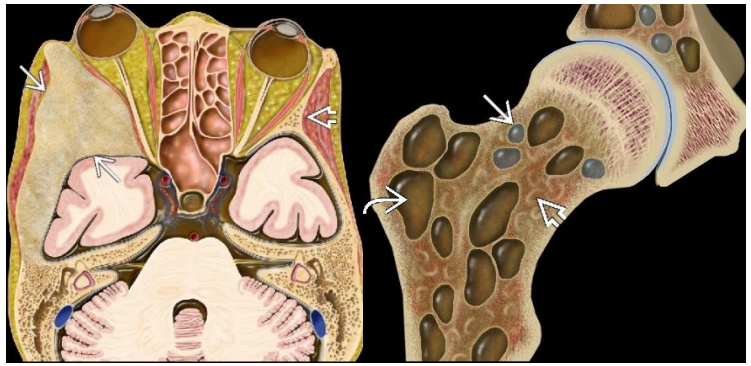




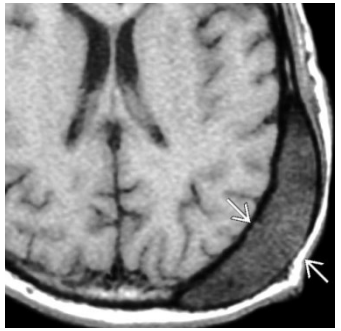


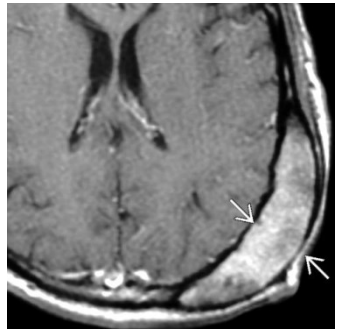
IRM

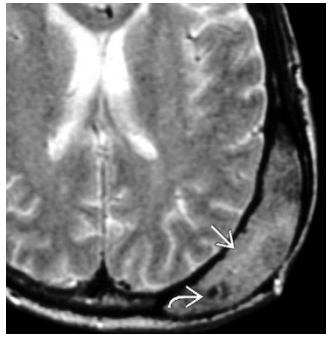
Dysplasie fibreuse

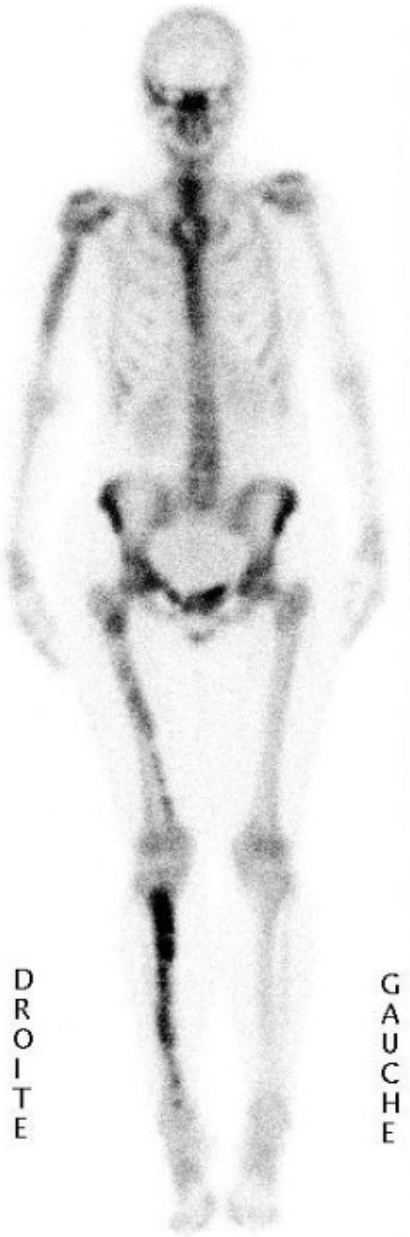


Dysplasie fibreuse









- Tous les âges (5-50ans)
- Asymptomatique sauf complication
- Crâne, fémur, tibia…
- Polyostotique (15-20%)…unilatéral

McCune-Albright (+anomalies endocriniennes, taches café au lait)

Mazabraud (+myxome des tissus mous)

- Imagerie:
  - TDM: diaphyso-métaphysaire, médullaire, verre dépoli (bulle lytique à sclérose dense), corticale respectée
  - SO: + (sauf kystique)
  - FDG: +
  - IRM: hypoT1, gado + hétérogène si actif
- Complications:

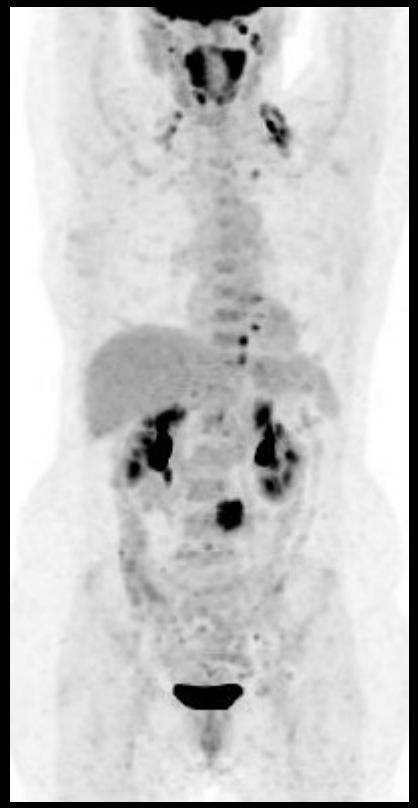
Déformation/compression nerveuse, microfracture, transformation (très rare)

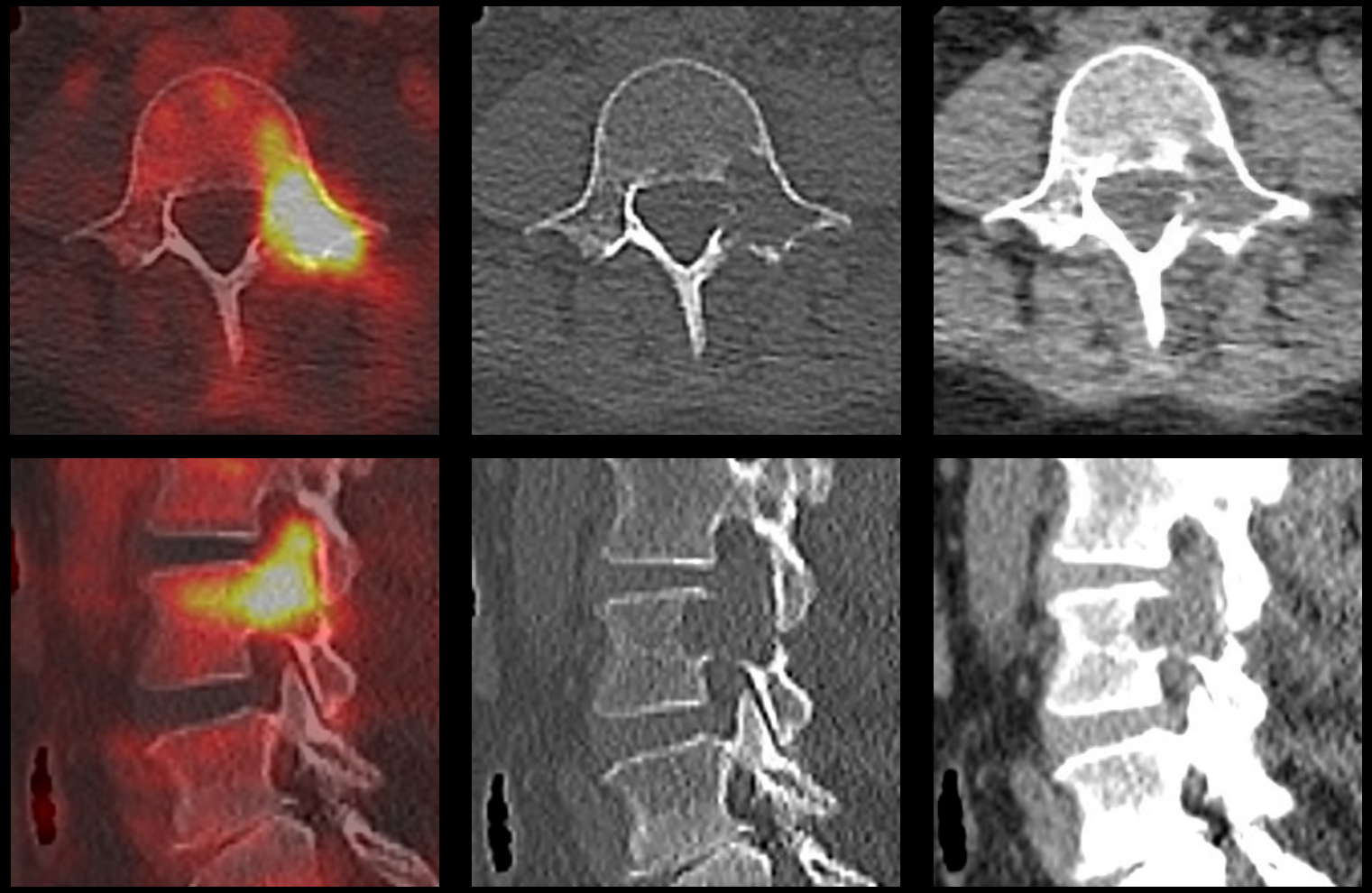
- Dg différentiel:

Paget, TCG…

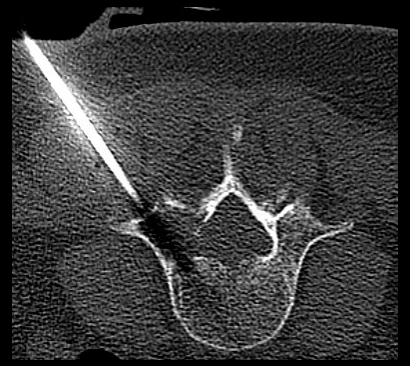
Mme C. Catherine, 53 ans
Lésion lytique de L4
Recherche de primitif

TEP-TDM FDG

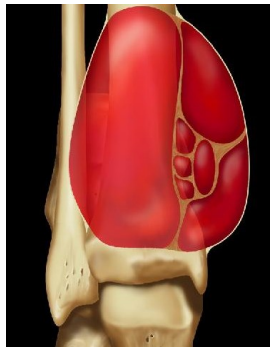


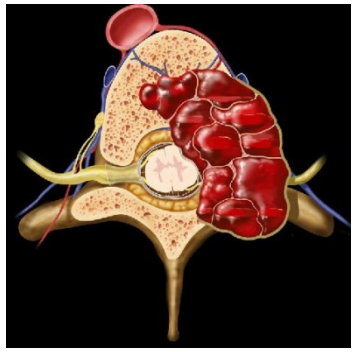


CAT ?

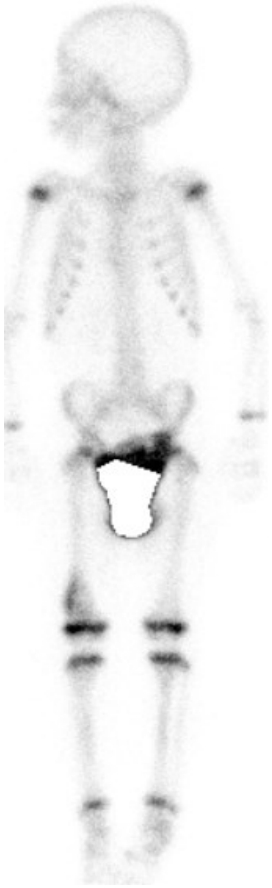


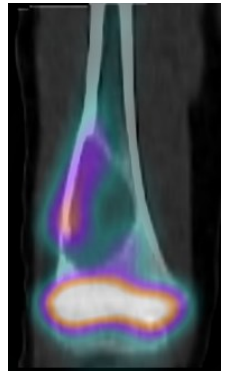
KOA
primitif





Kyste osseux anevrismal



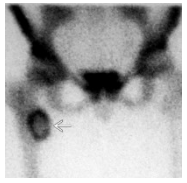


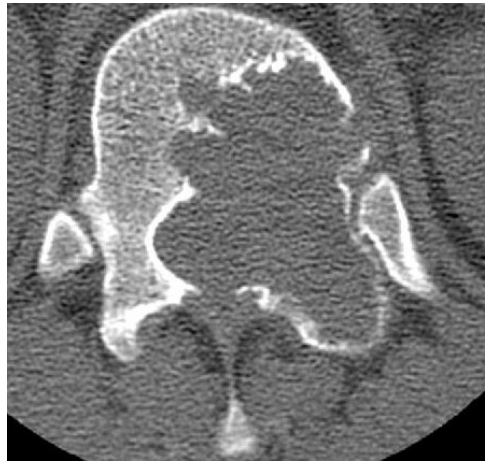
- Plus fréquent de 5-30 ans
- 70% primitif, secondaire (TCG, osteoB, chondroB…)
- Douleur
- Os longs, vertèbres, mains
- Imagerie:
  - TDM: lytique +/- fine sclérose periph, métaphysaire, excentré
  - SO: + (« doughnut »)
  - FDG: ++
  - IRM: niveau fluide-fluide, septa, sang
- Complications:

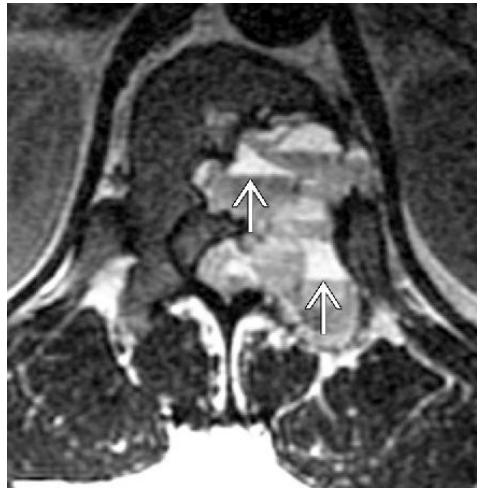
Fracture, atteinte neuro

- Dg différentiel:

Ostéosarcome télangiectasique, TCG…

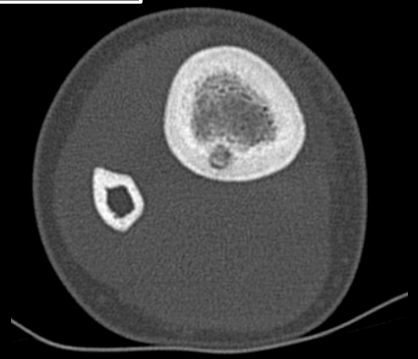


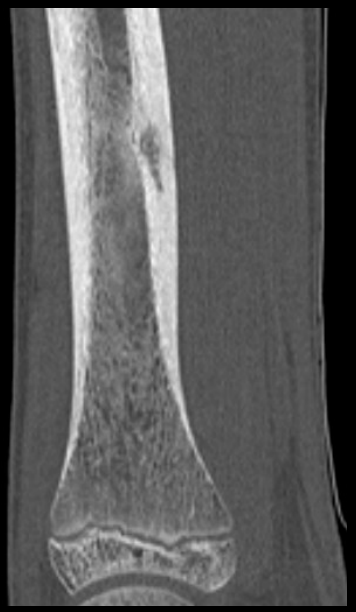


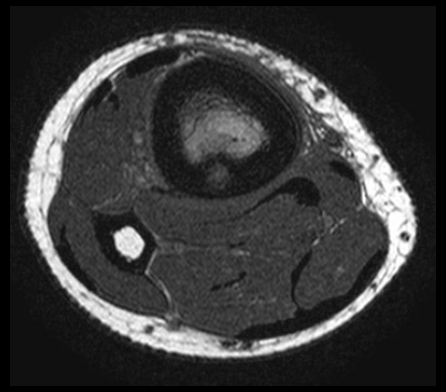


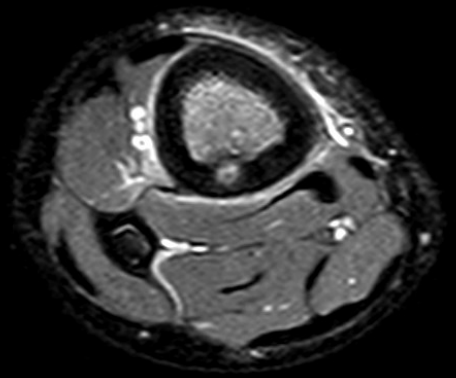
M. K. Romain, 13 ans
Douleurs jambe droite

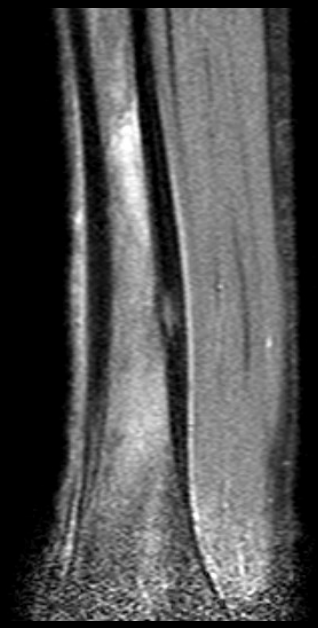
2010



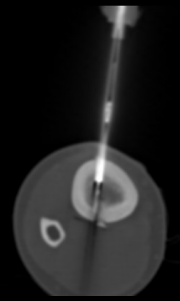








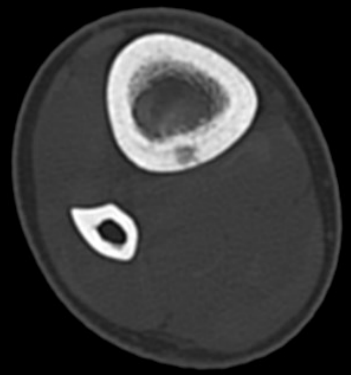
Ostéome ostéoïde

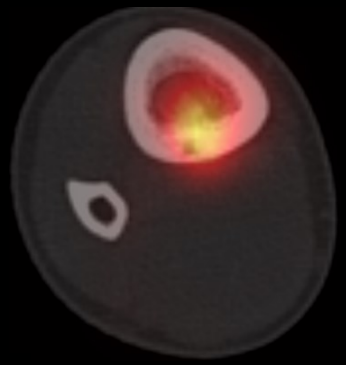


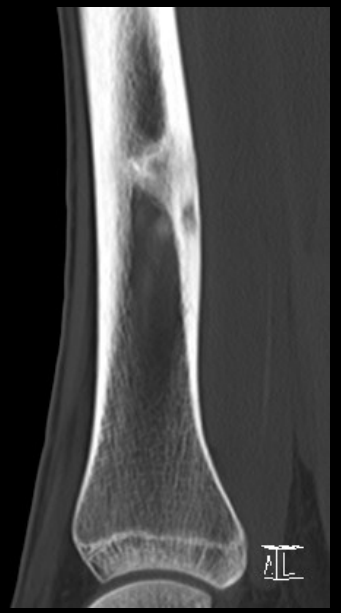
→ Thermoablation par RF

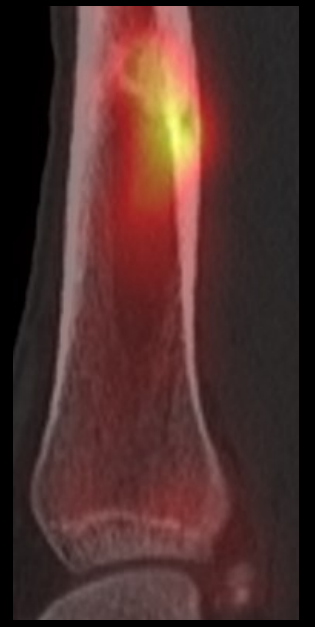
2013

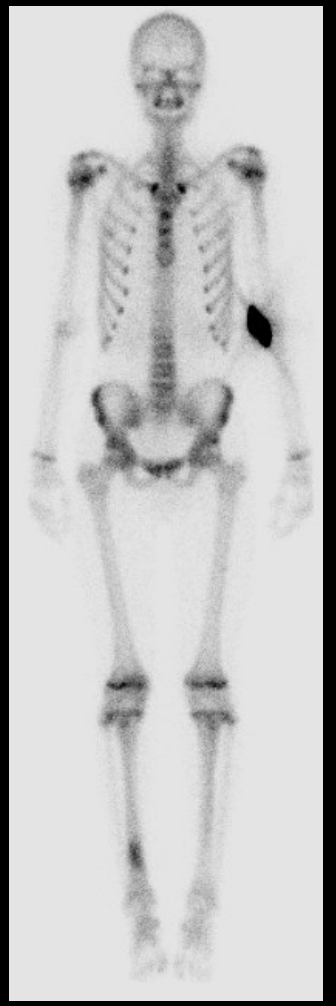
TDM
IRM
SO

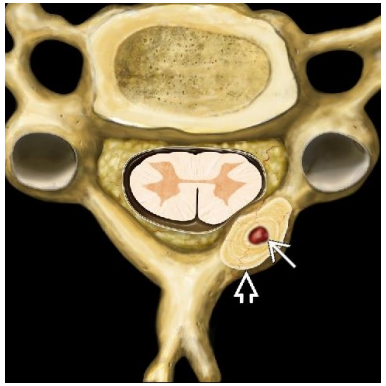




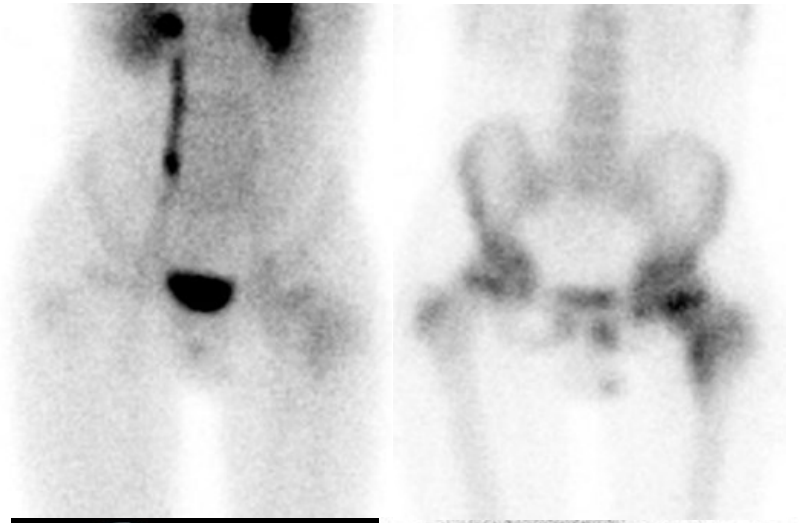








Ostéome Ostéoïde

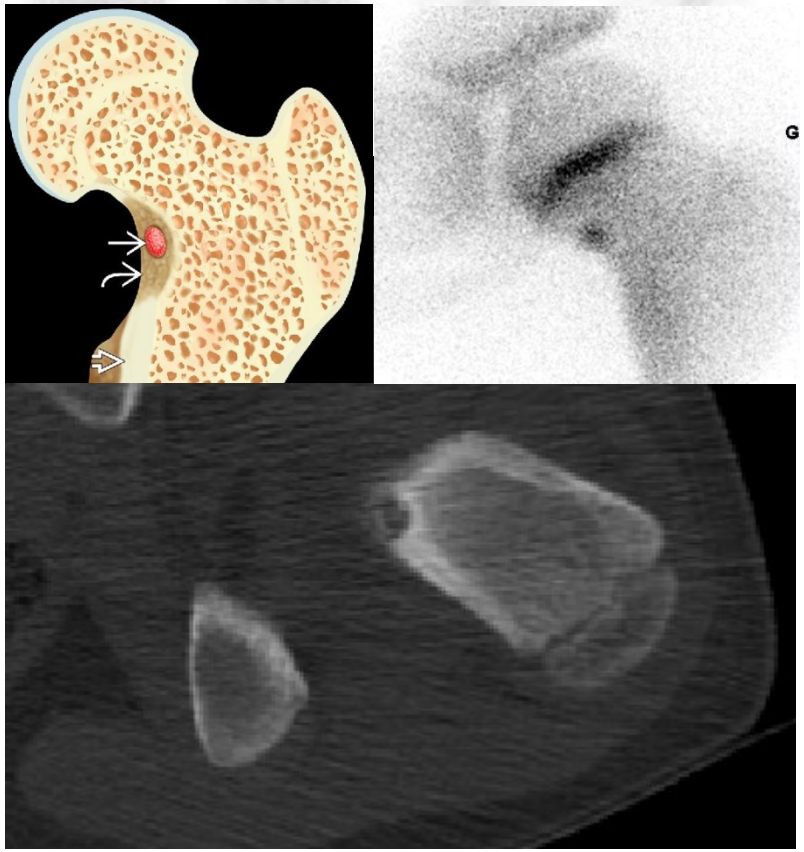


- 10-25 ans
- Fréquent (4-10% tumeurs primitives)
- Douleurs nocturnes persistantes++
- Fémur/tibia/humerus >> mains/pieds>vertèbres
- Imagerie:
  - TDM: cortical diaphysaire (intracaspulaire, médullaire), nidus lytique (+/centre hyperdense), vx nourricier, sclérose réactionnelle
  - SO: +++ (nidus>lésions réactionnelles)
  - FDG: +/-
  - IRM: nidus Gd+++, lésions réactionnelles (périoste, MOH, t.mous)
- Complications:

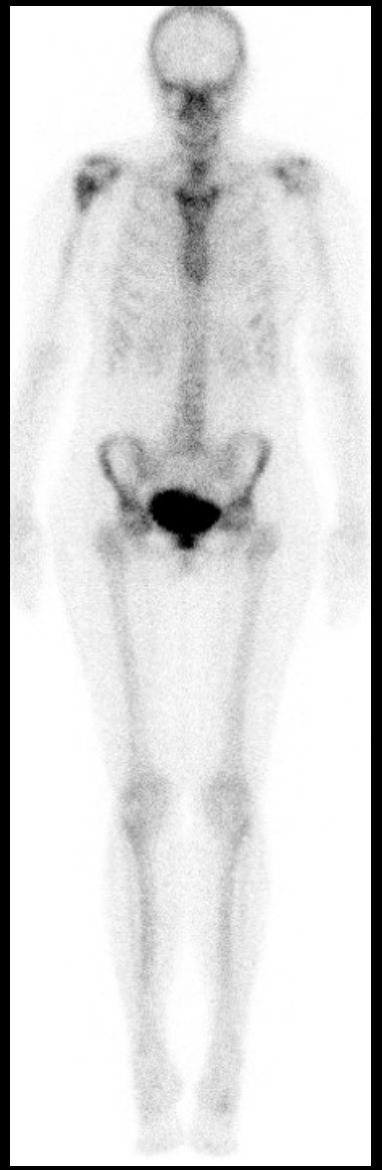
Fracture (rare), scoliose

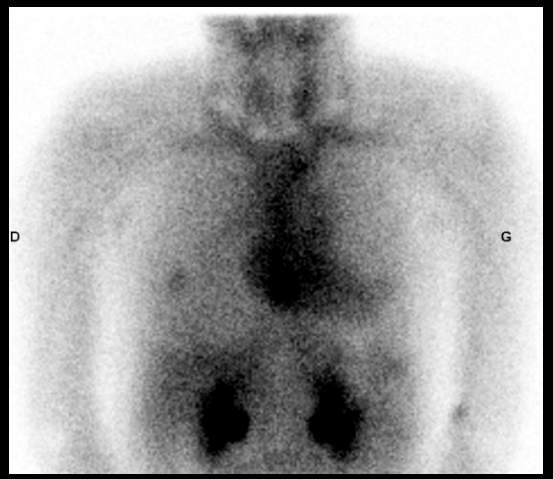
- Dg différentiel:

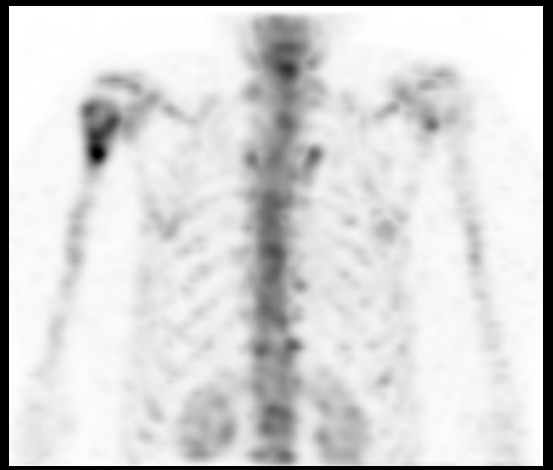
Fracture de fatigue, ostéomyélite chronique…



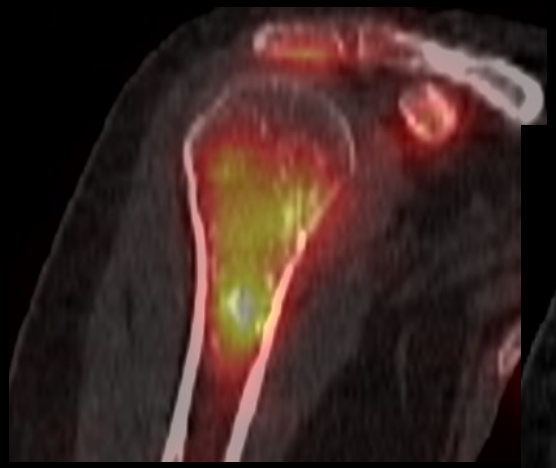
Mme D. Sylvie, 50 ans
Lésion de l’humérus droit de découverte fortuite

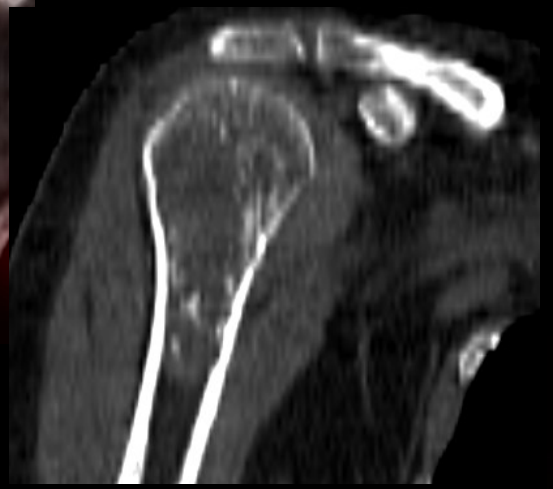


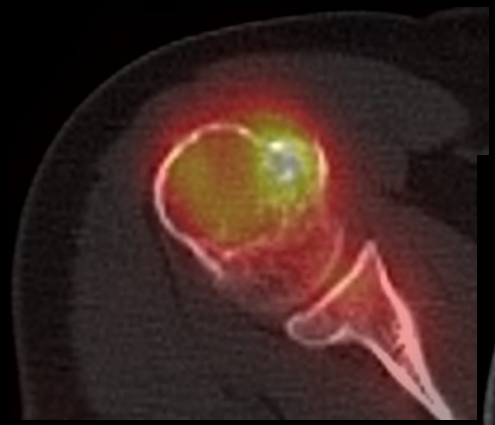


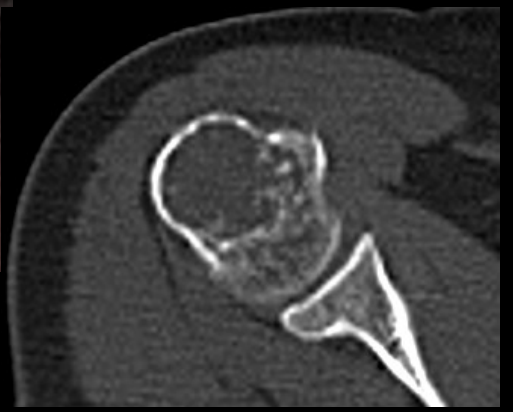


SO

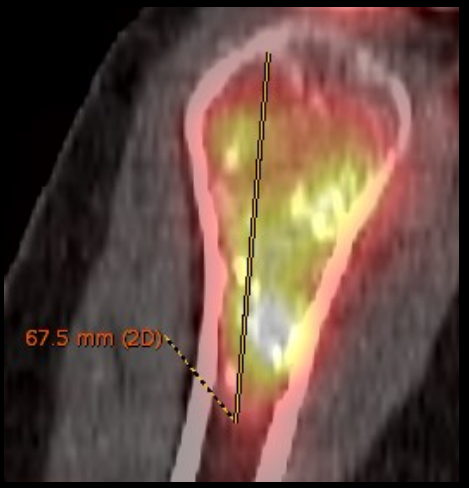


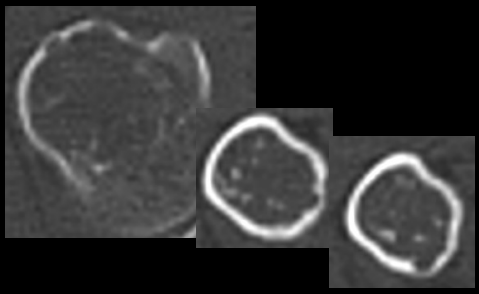


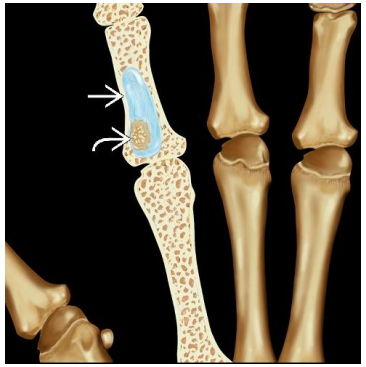




Enchondrome…?







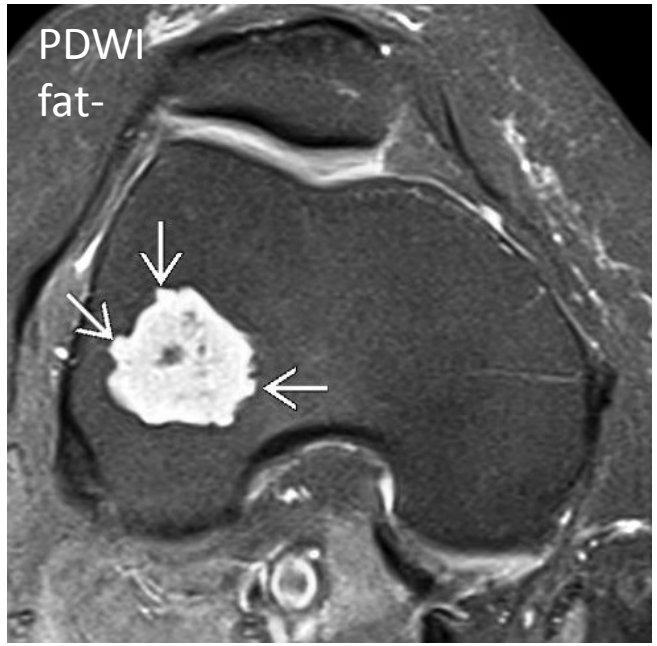
Enchondrome (chondrome central)

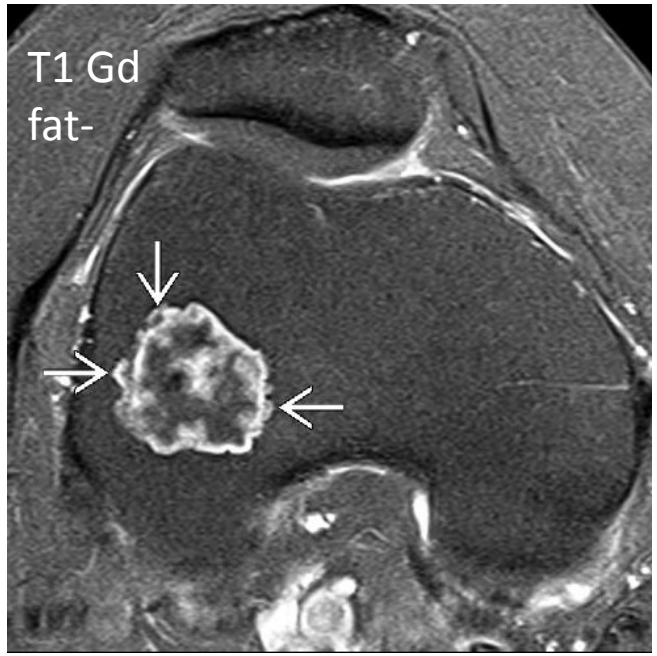
- Tous âges (20-40ans)
- Fréquent
- Asymptomatique
- mains/pieds>humérus prox>femur>tibia prox
- Enchondrome protubérant, Chondrome périosté (périphérique), enchondromatose ou maladie d'Ollier (+ hémangiomes des tissus mous=Sd Maffucci)
- Imagerie:
  - TDM: metaphysodiaphysaire, médullaire ou excentré, <5cm, matrice cartilagineuse
  - SO: +
  - FDG: +/-
  - IRM: Hypo T1, HyperT2 (fluide) lobulés, Gd+ periph et septa (lobules)
- Complications:

Fracture, dégénérescence

- Dg différentiel:

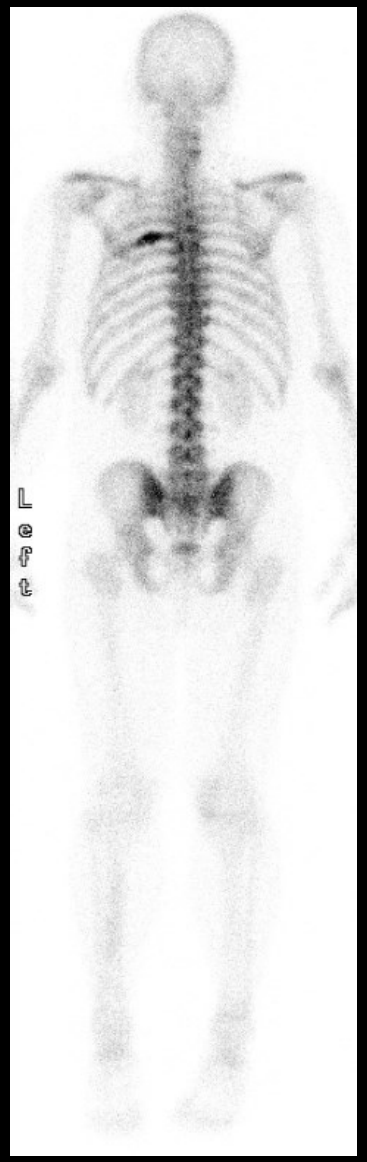
Chondrosarcome (dl, 50-70ans, enchodromatose, epiphysaire, >6cm, érosion endostée >2/3, déformation corticale, IRM Gd+ periph en flaque>sans Gd, évolution: disparition des Ca++)

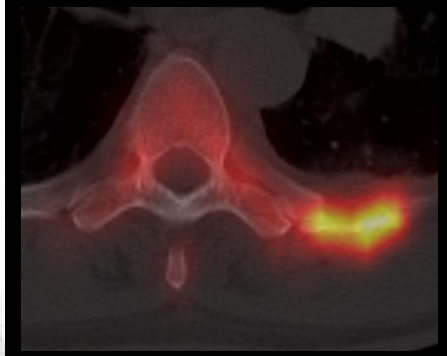


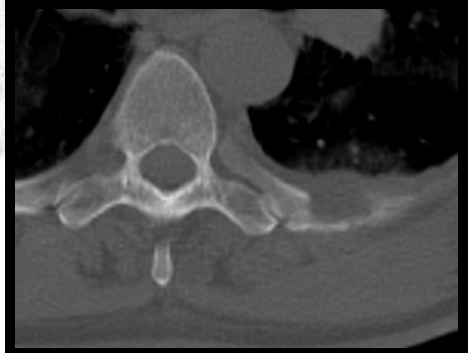


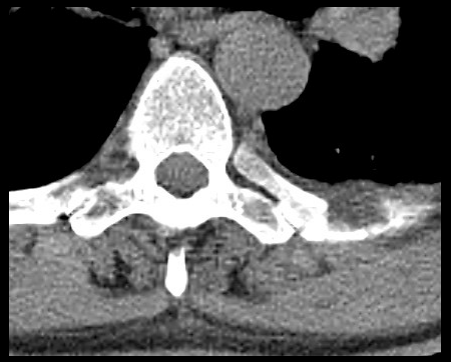
Mme A. Patrick, 53 ans
Fumeur
Douleurs pariétales thoraciques

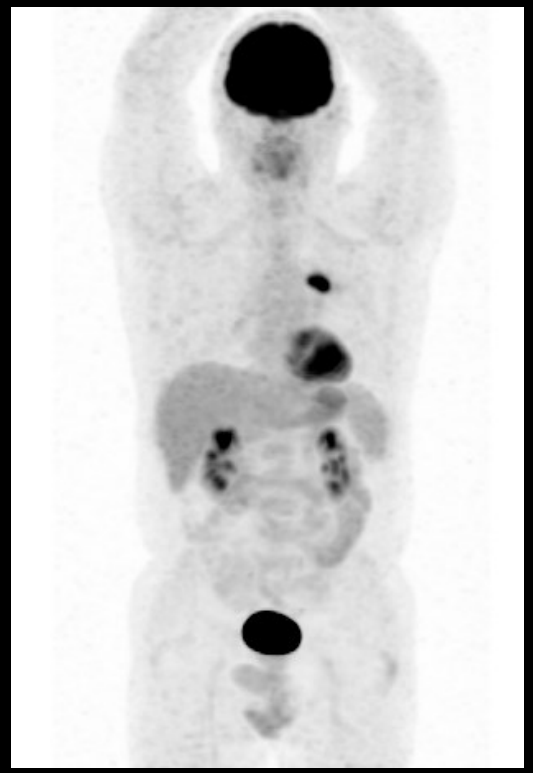
SO
TEP FDG

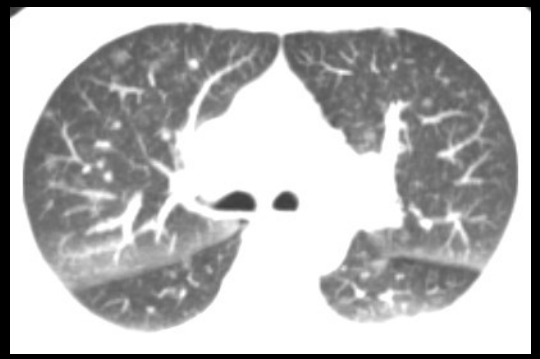


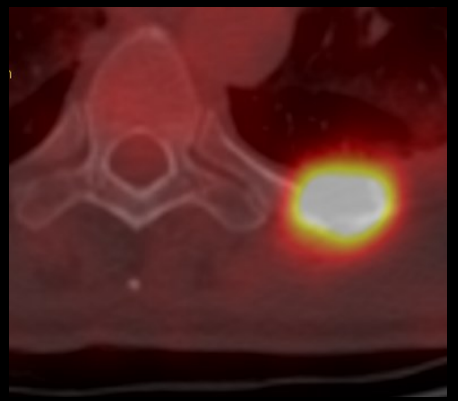


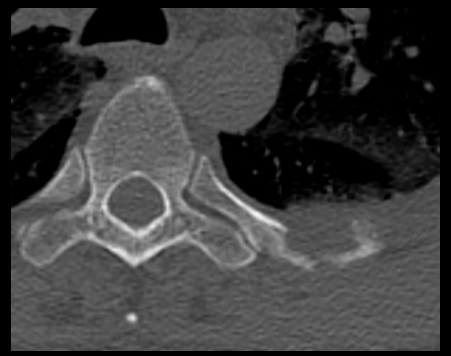


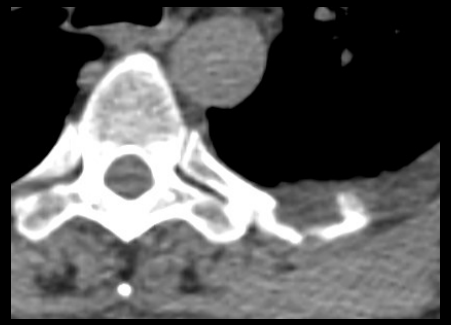




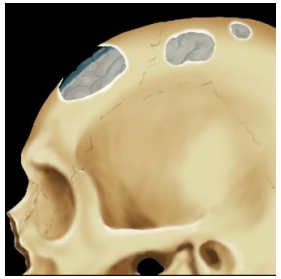
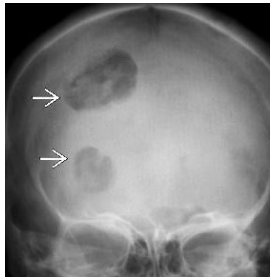




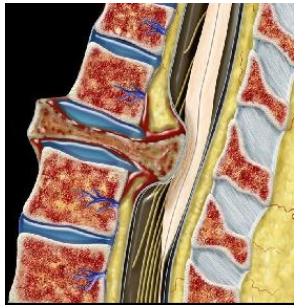
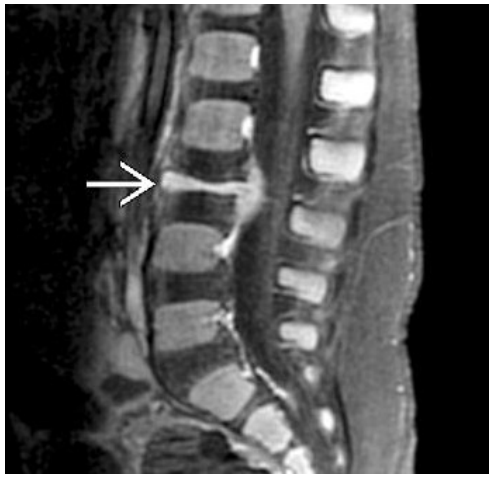




Histiocytose
Langerhansienne

Histiocytose Langerhansienne
granulome éosinophile, histiocytose X

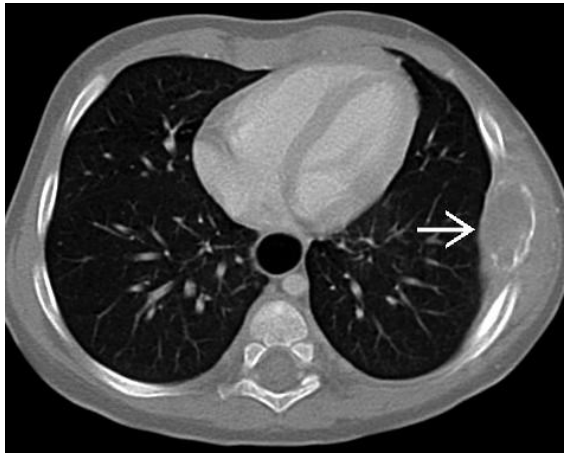



- Tous âges (5-10 ans et 85% <30ans)
- 1% des tumeurs osseuses
- Douleurs
- Mono>polyostotique: os plats > longs > rachis
- Imagerie:
  - TDM: initialement très agressif (lyse perméative, évolution très rapide, 1-15 cm, atteinte corticale, réaction périostée, tissus mous… séquestre osseux) puis non agressif après maturation,
  - SO: +
  - FDG: ++
  - IRM: Hypo T1, HyperT2 (fluide) hétérogène, Gd++ moelle et tissus mous
- Complications:

Vertebra plana, dentaire, atteintes associées (cutanée, hypohyse,poumon…)

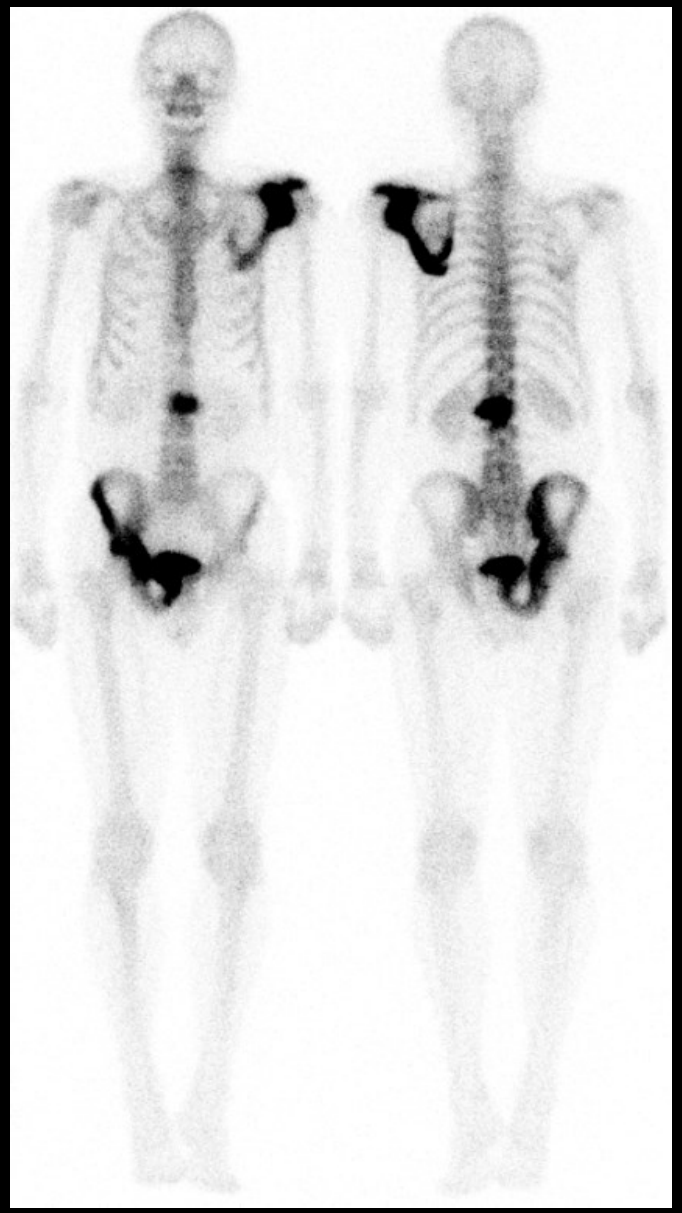
- Dg différentiel:

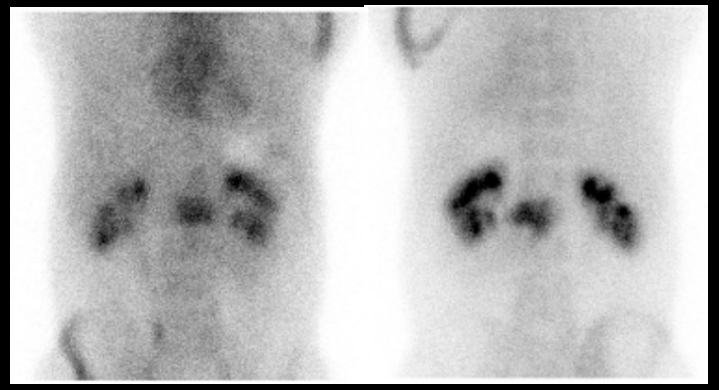
Ewing, ostéomyélite, meta et lymphome

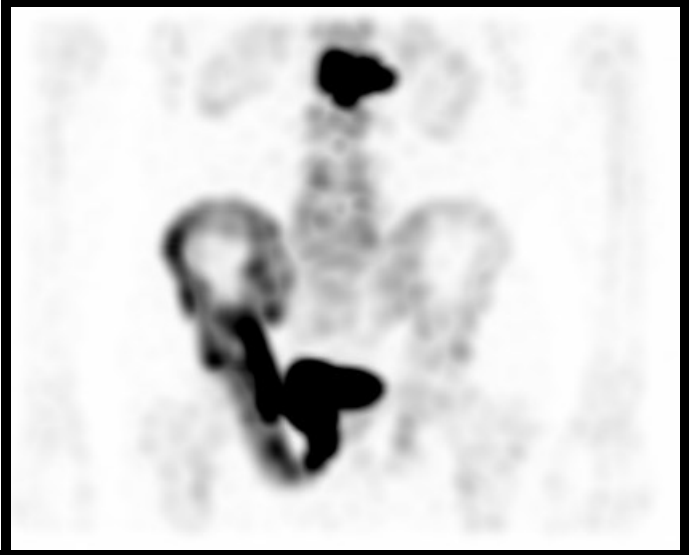


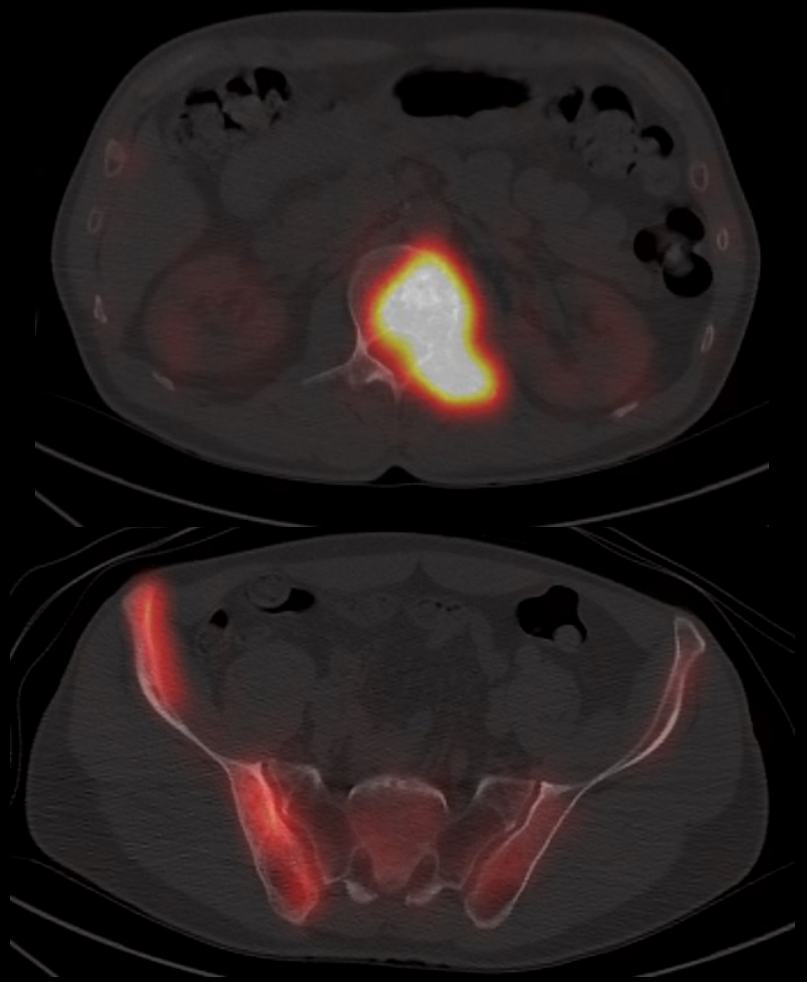
M. M. Raymond, 62 ans
H en rhumato
Lombalgies inflammatoires

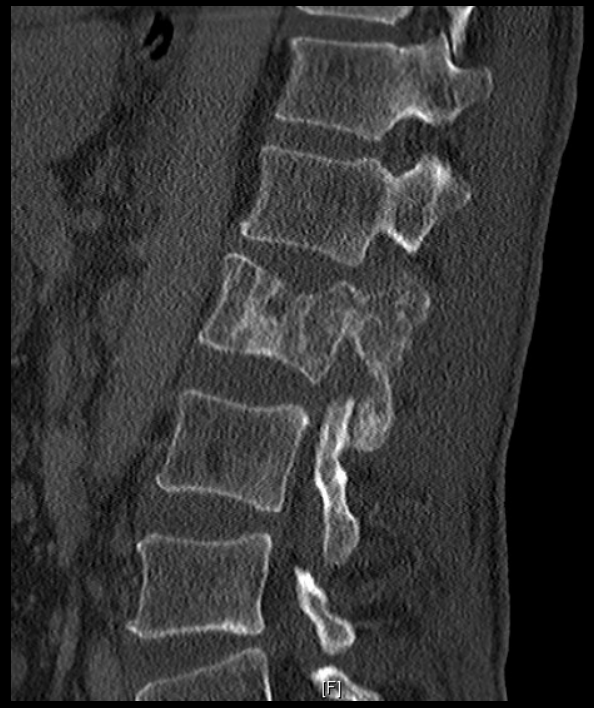
SO

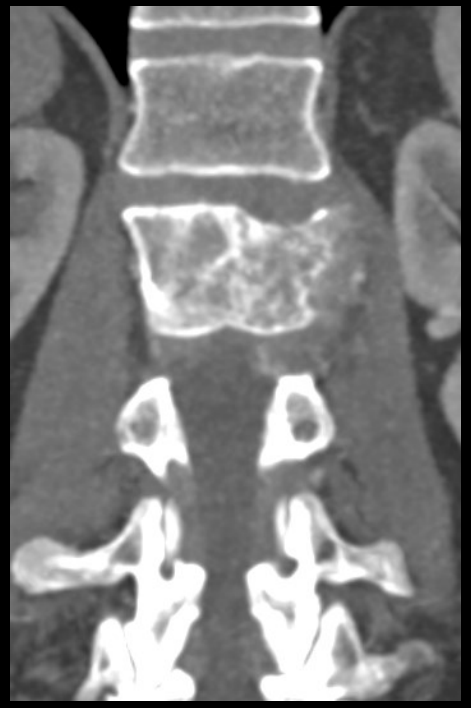




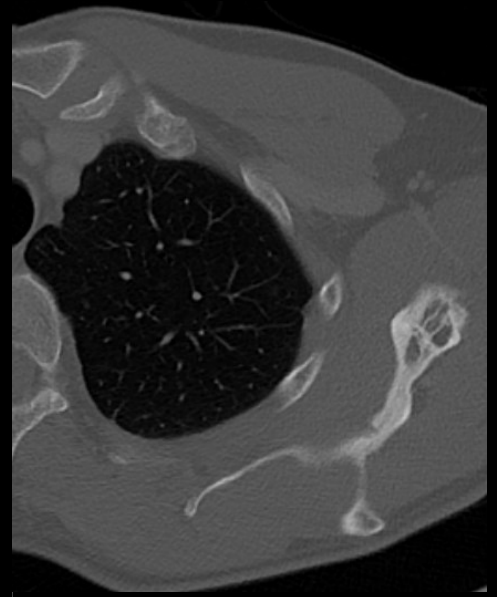


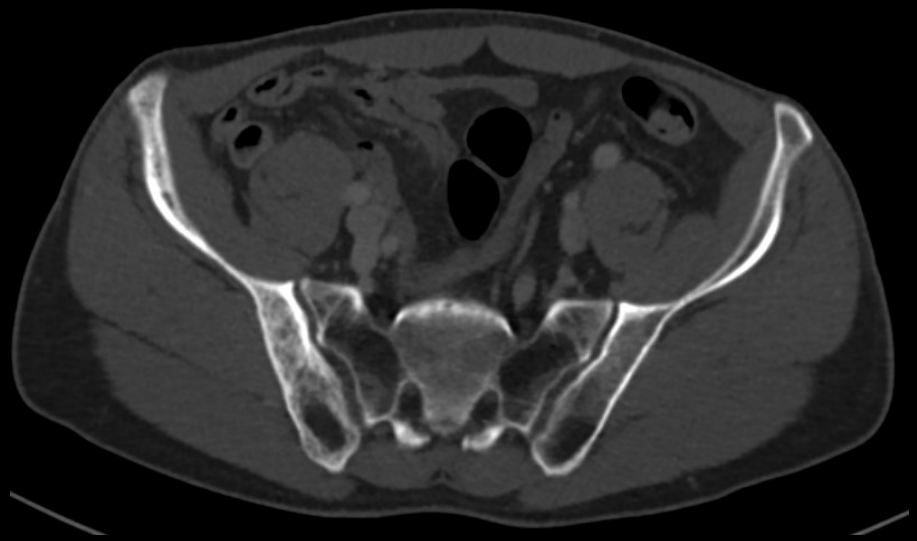






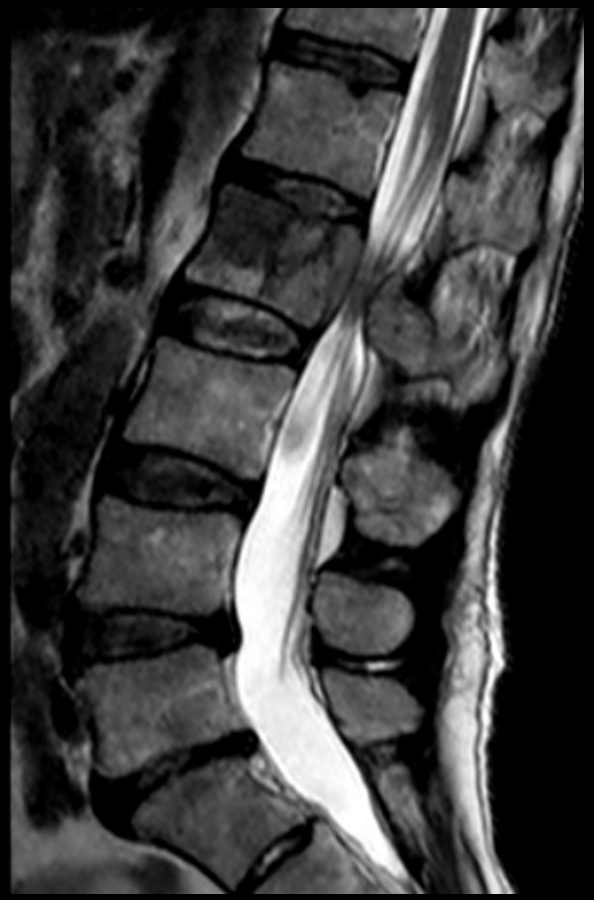
TDM

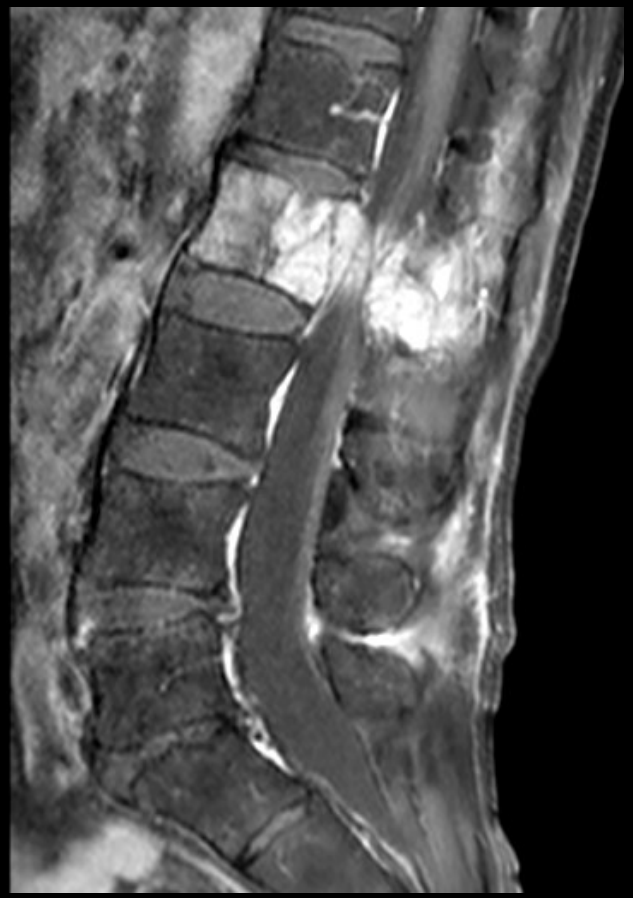


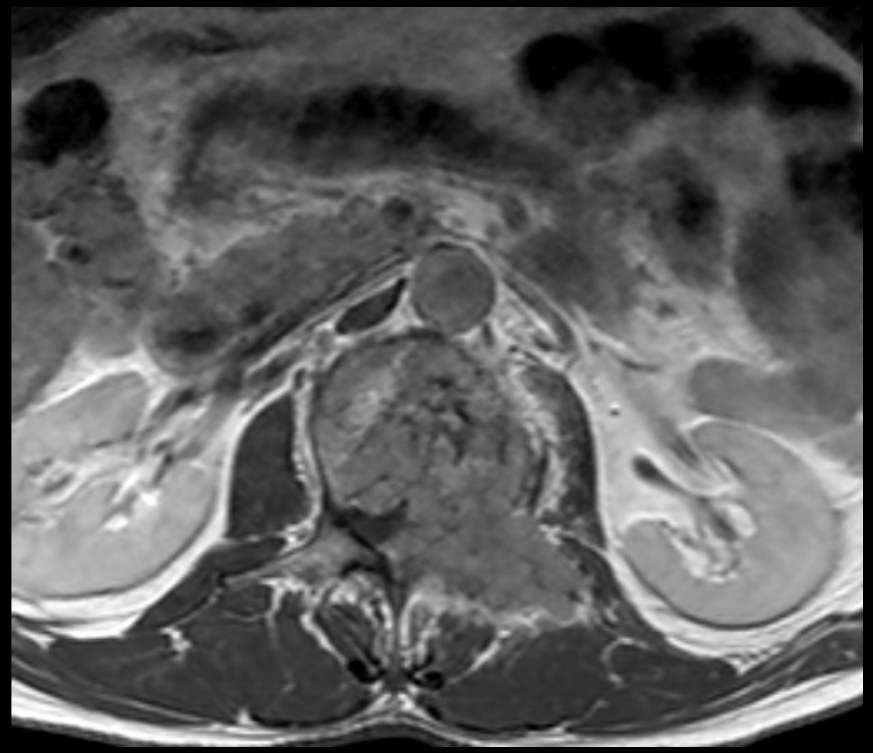


Douleurs croissantes et difficultés à la marche

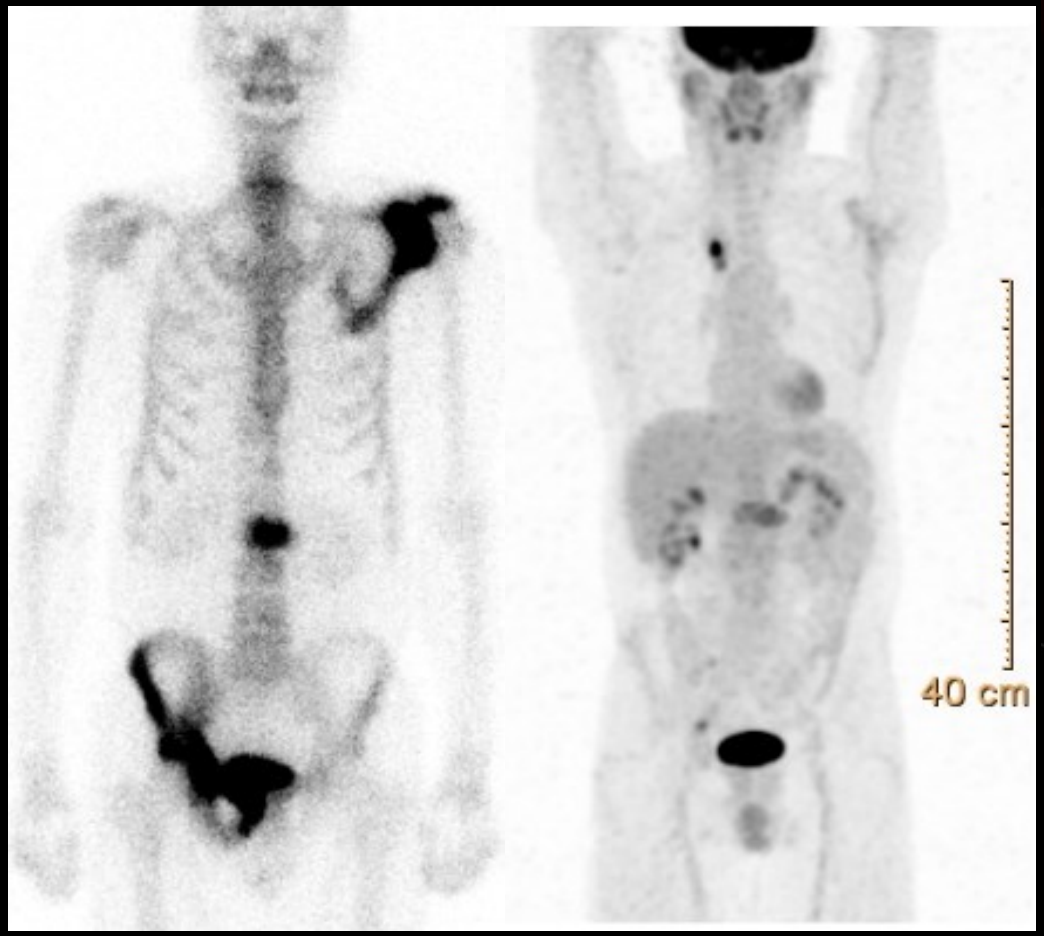
IRM

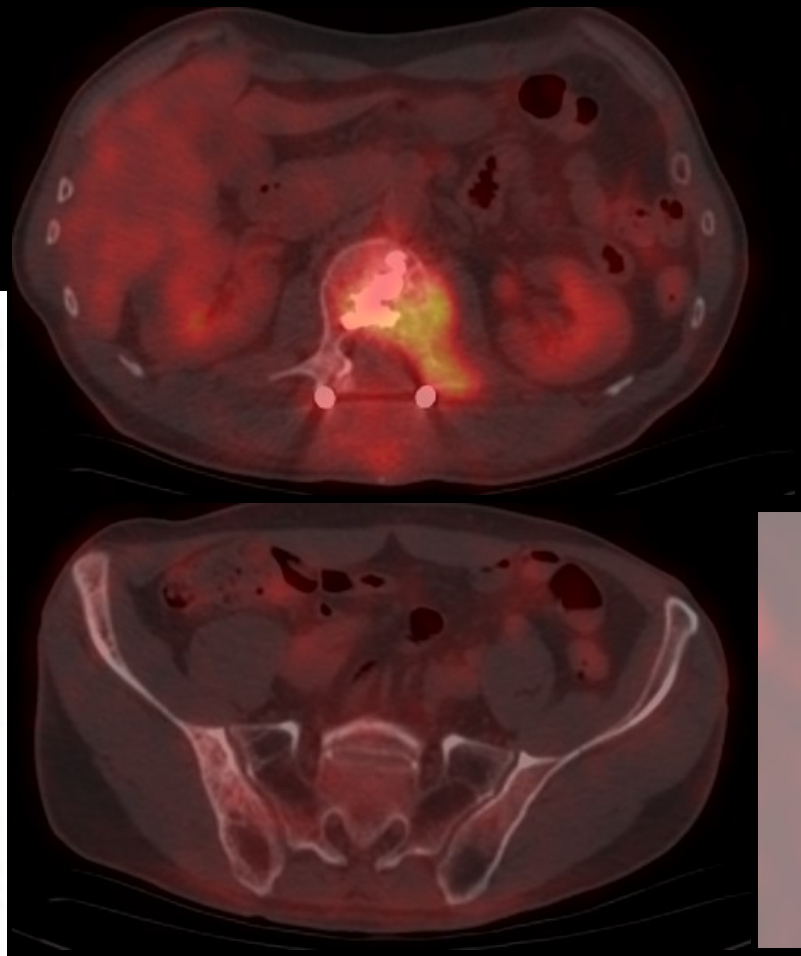




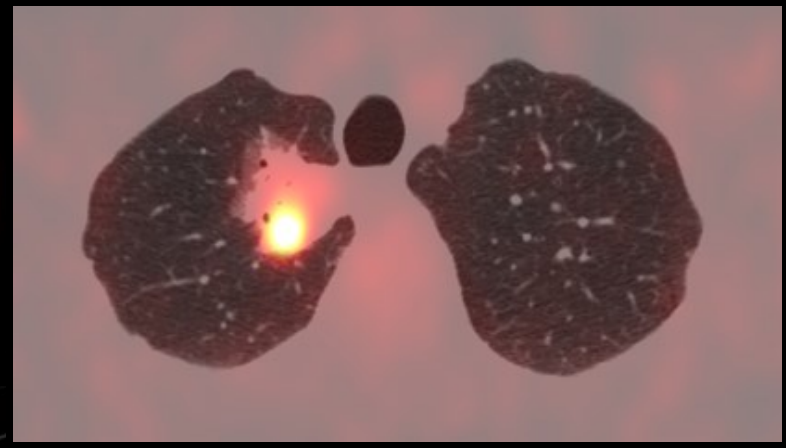


BE poumon

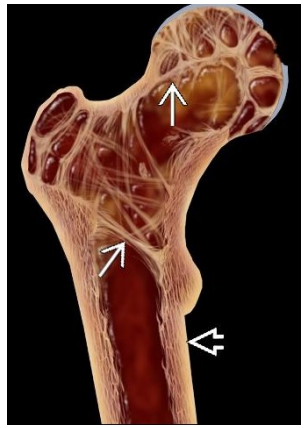




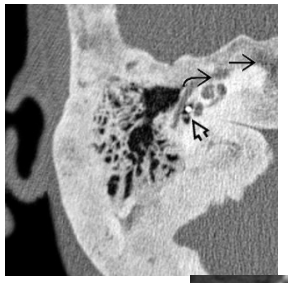
FDG

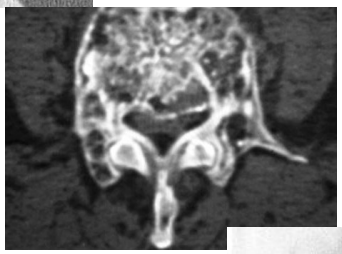


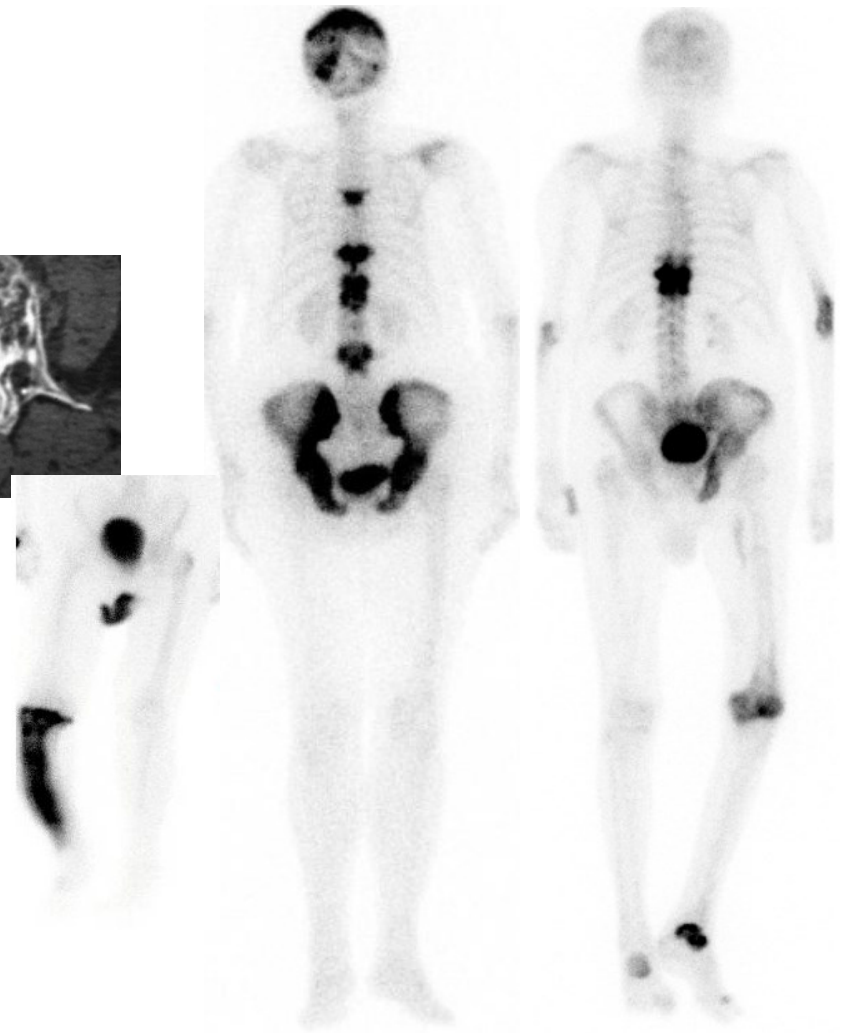
Maladie de Paget
et métastase



Maladie de Paget







- Caucasien, 55-85 ans (10% chez >80ans)
- Asymptomatique, dl, déformation…
- 65-90% polyostotique
- Imagerie:
  - TDM: taille, trabéculation, corticale, graisse médullaire conservée…
  - SO: cartographie, activité
  - FDG – (sauf qq exceptions)

- Complications:

fracture, compression, sarcome, hypervascularisation…

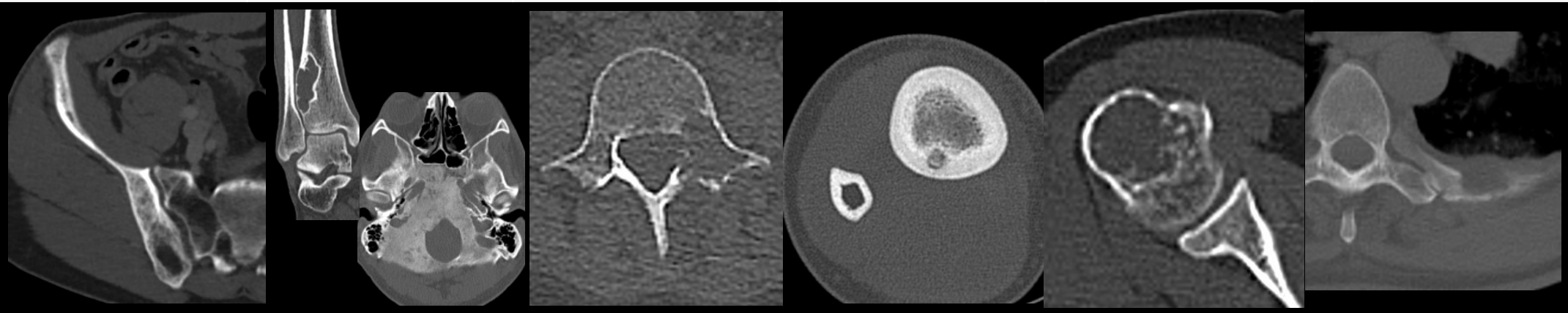
- Dg différentiel:

meta, dysplasie fibreuse, myelome, myelofibrose

*aspect agressif possible (+ infections)

Tumeurs osseuses bénignes

Contingent graisseux	Fibreux	Kystiques	Ostéogéniques	Chondrogéniques	Histiocytaires	Post-traumatiques / variantes de la normale
Lipome Infarctus Angiome* **Paget**	**FNO** F. desmoïde cortical **Dysplasie fibreuse**	K. essentiel **KOA*** K. dermoïde K. mucoïde K. synovial	**Ostéome ostéoïde** Ostéoblastome* Ostéome Enostose Ostéopoécilie Mélorhéostose	**Chondrome*** Chondroblastome F. chondromyxoïde Ostéochondrome (exostose)	**H. Langerhansienne*** (et HCNL) TCG*	Myosite ossifiante* Cal osseux*



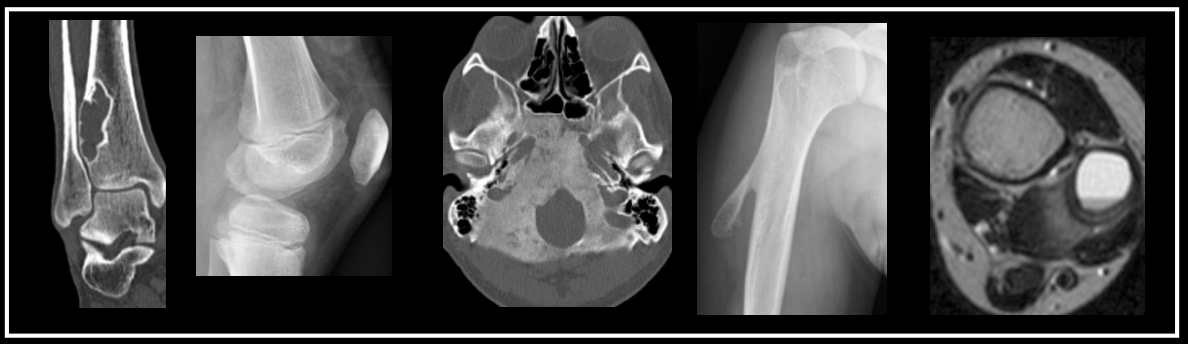
Tumeurs osseuses

Non agressif = Bénin

Do not touch

TTT
(biopsie)

FNO/cortical defect
Desmoïde cortical
Dysplasie fibreuse
Ostéochondrome (exostose)
Kyste osseux essentiel



Incertain ou agressif

RCP

TDM
IRM
Scinti, TEP

Biopsie
TTT

Merci de votre participation