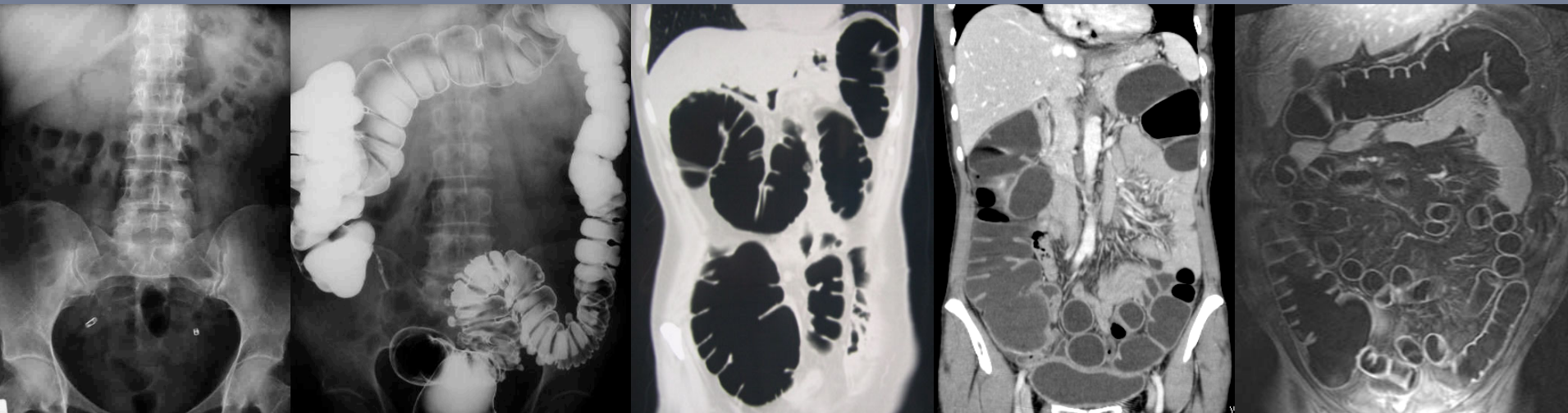
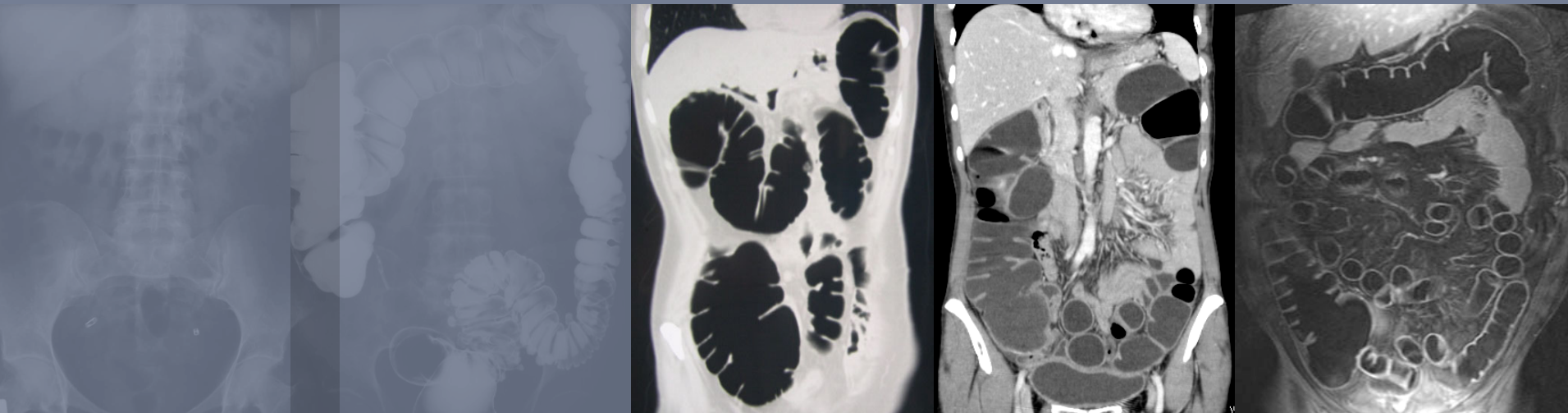


# Radio anatomie du colon et du rectum

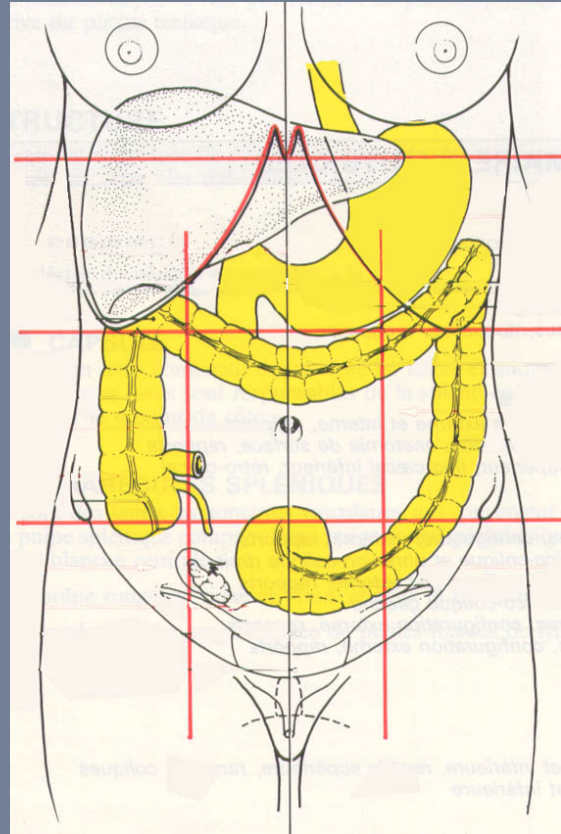
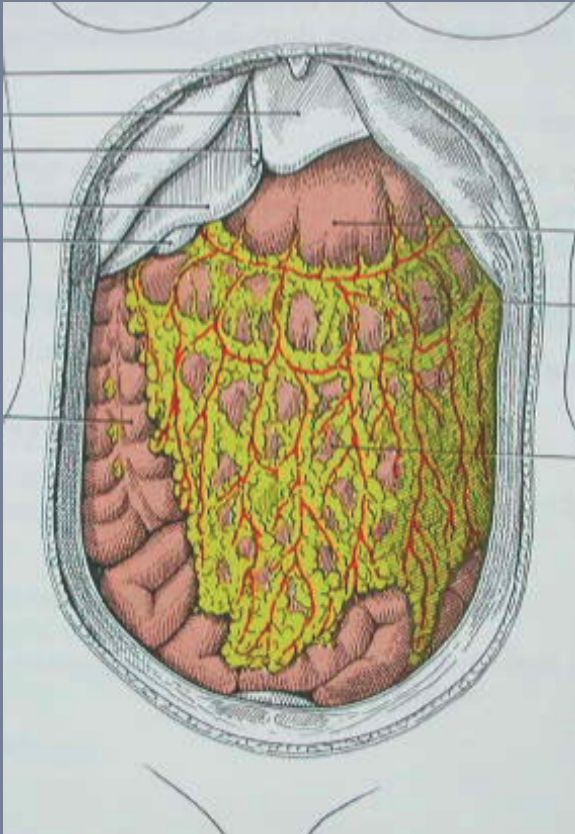


# Radio anatomie du colon et du rectum



# Disposition

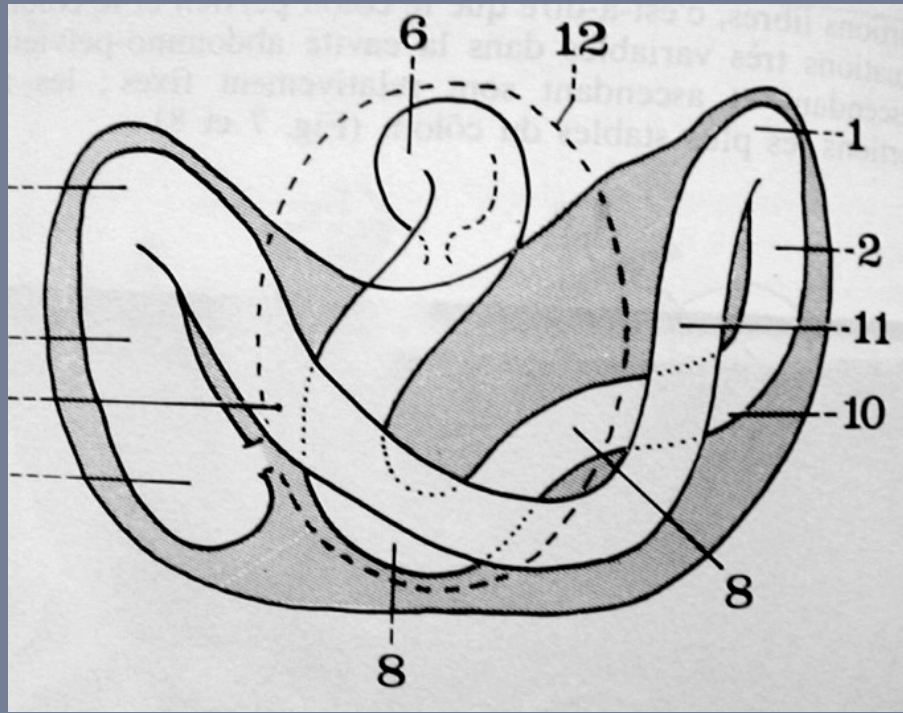
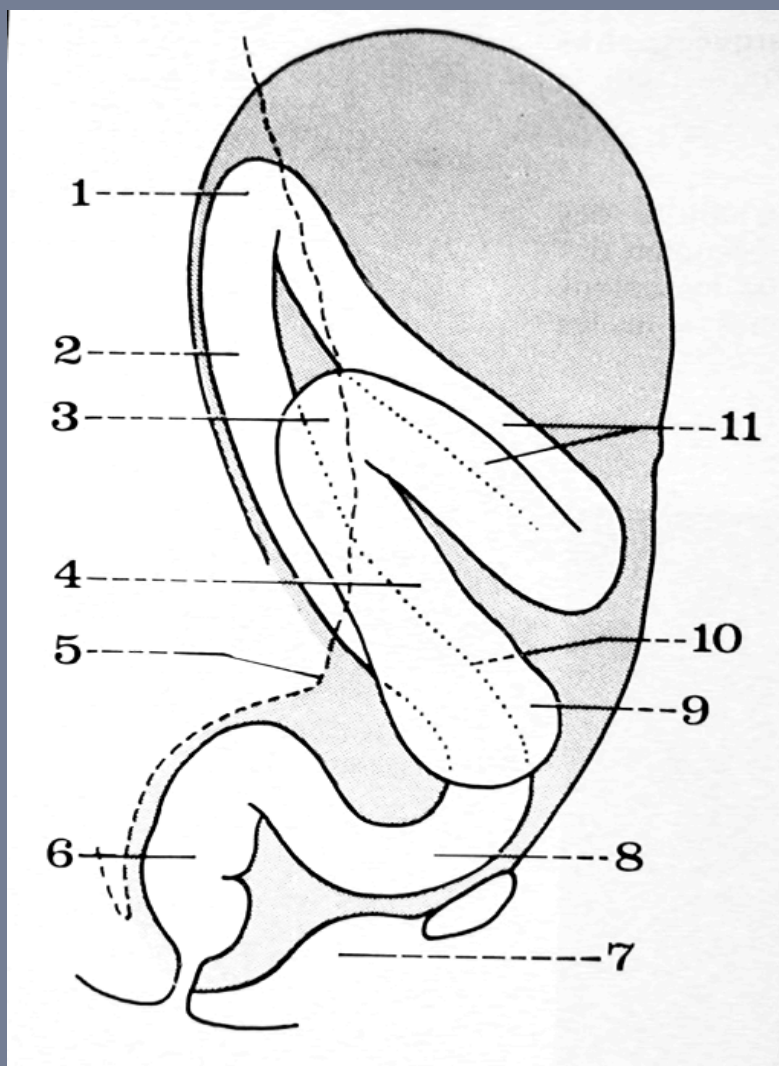
- Cadre autour de l'intestin grêle
- Fixité: angles, charnière recto-sigmoïdienne
- Accollement au PP. post de la face post. des côlon D et G





# Disposition

- Transverse et sigmoïde : ANT.
- C. Dt et G : POST.



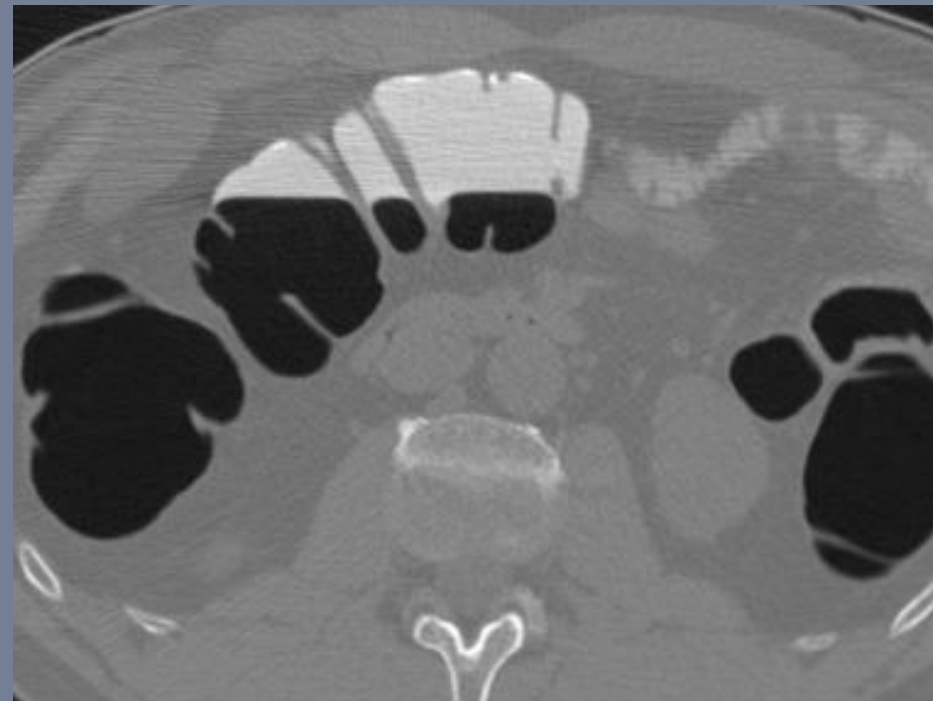


## Disposition

- Transverse et sigmoïde : ANT.
- C. Dt et G : POST.



*Décubitus*



*Procubitus*

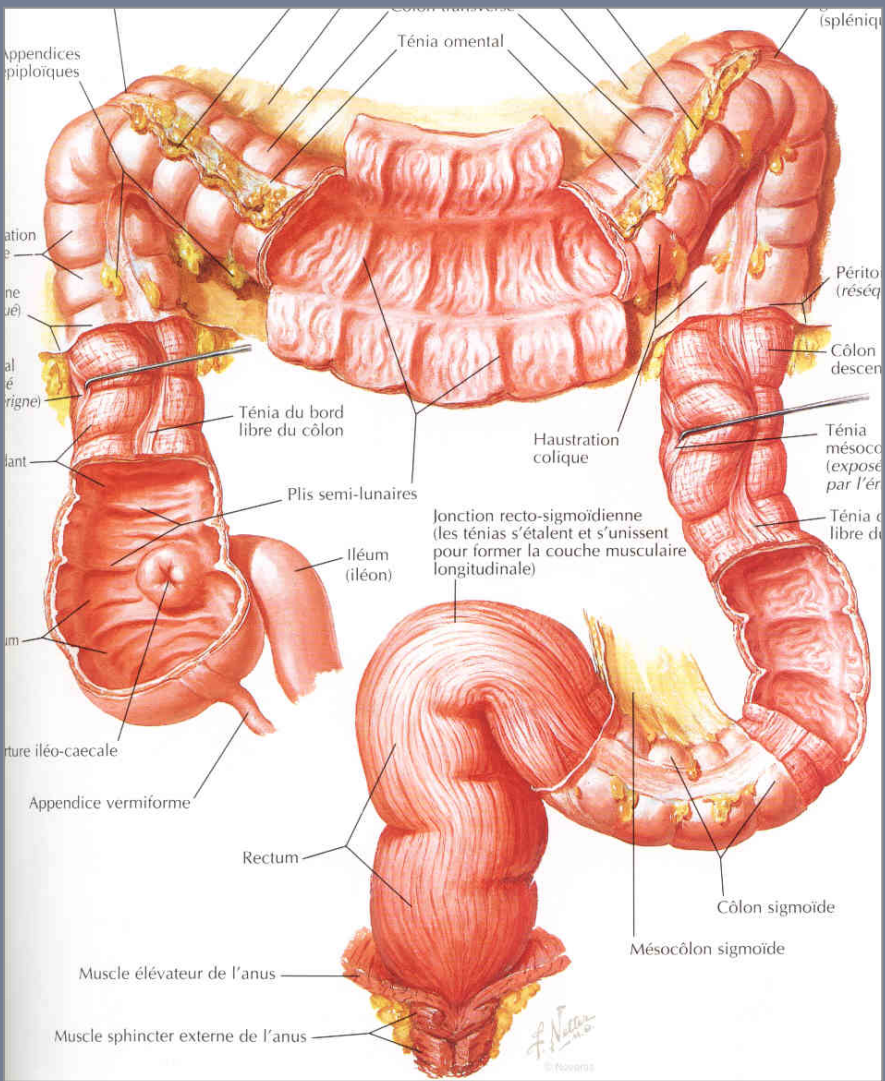
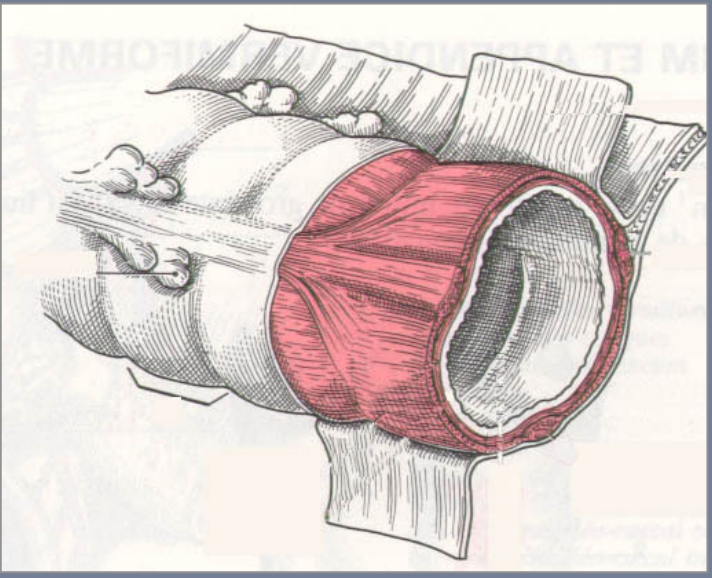
- normales:
  - 1.50 m de longueur,
  - 3 à 8 cm de diamètre
- trop long : dolicho-côlon,
- trop large : méga-côlon



Réplétion avec de grandes quantités (2 l. d'eau)

# Configuration externe

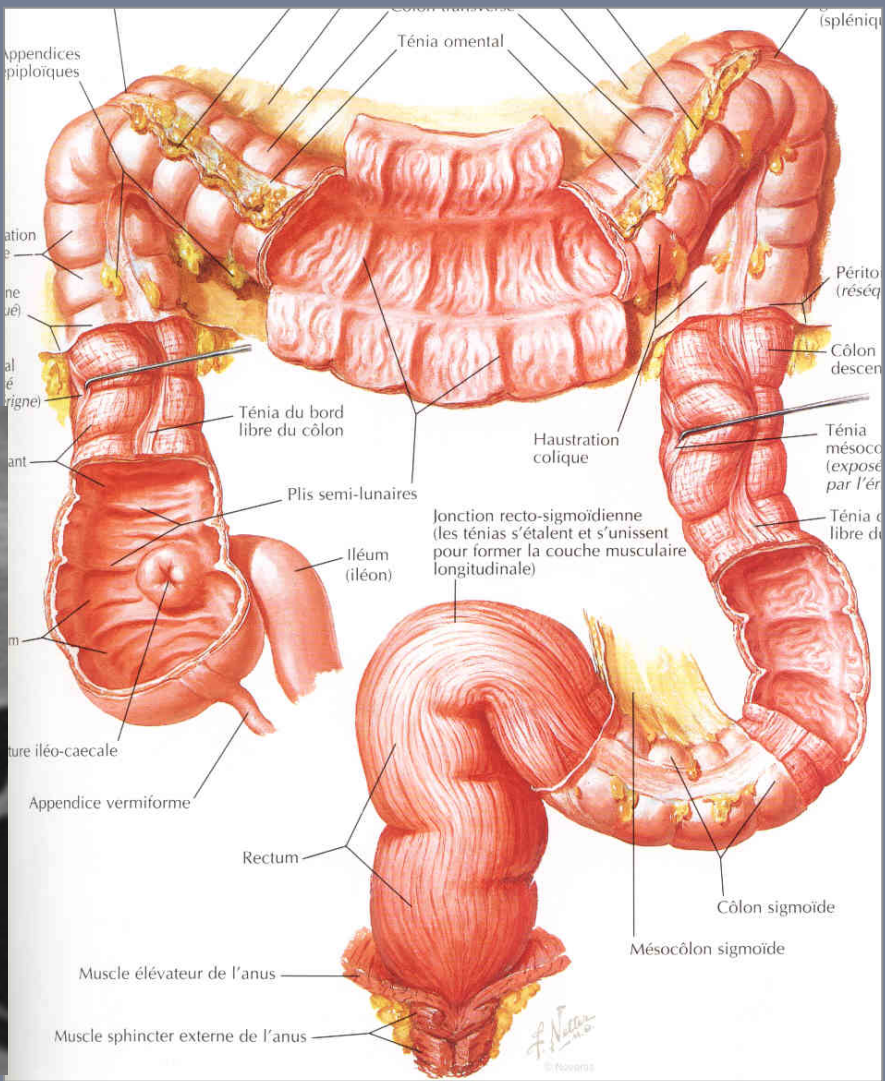
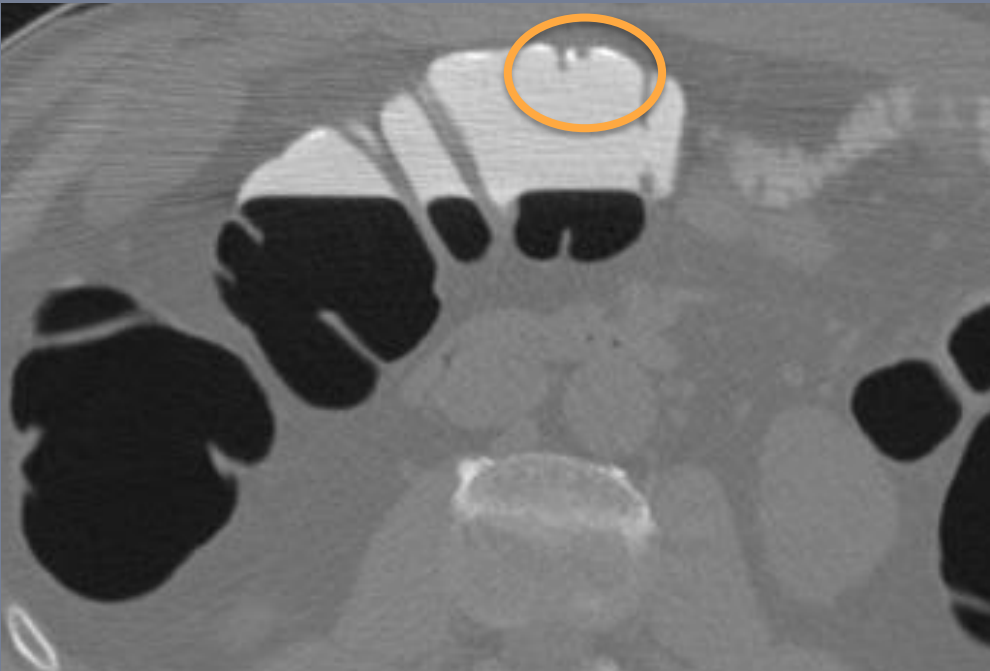
- Bandelettes ( ténias coliques)
- Bosselures : haustrations  
plis semi-lunaires



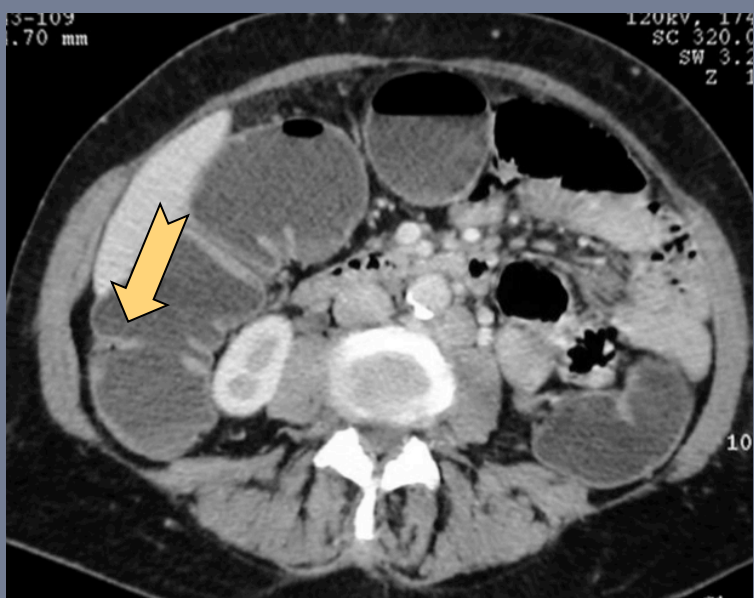
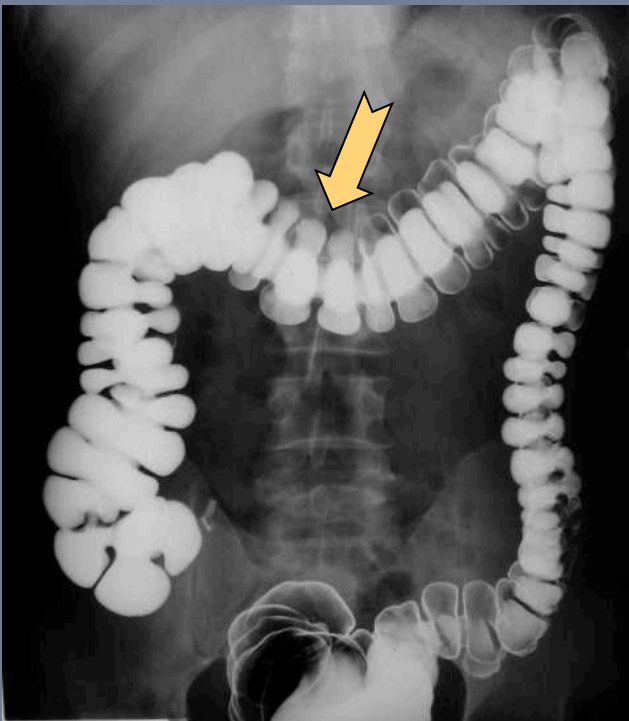
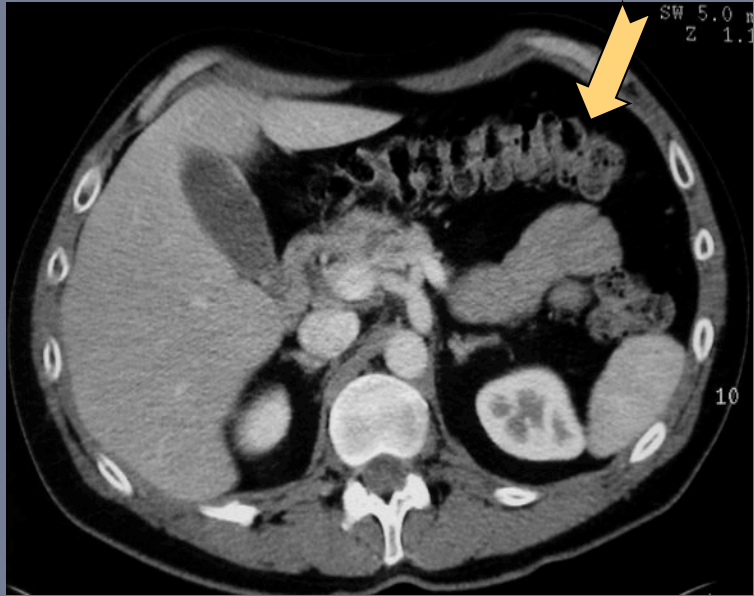
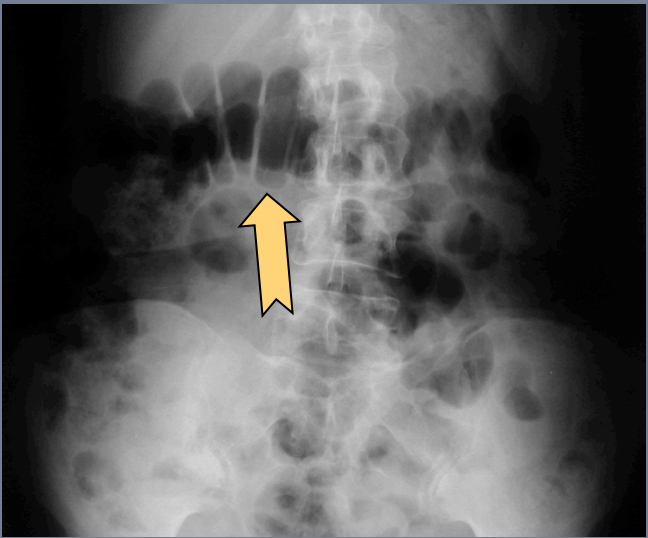


# Configuration externe

- Bandelettes ( ténias coliques)
- Bosselures : haustrations  
plis semi-lunaires



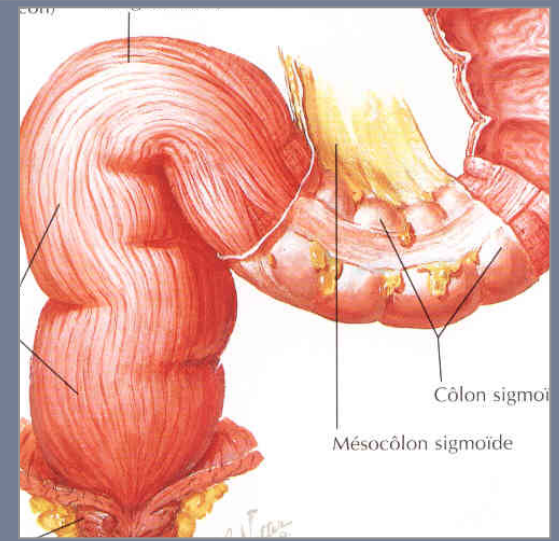
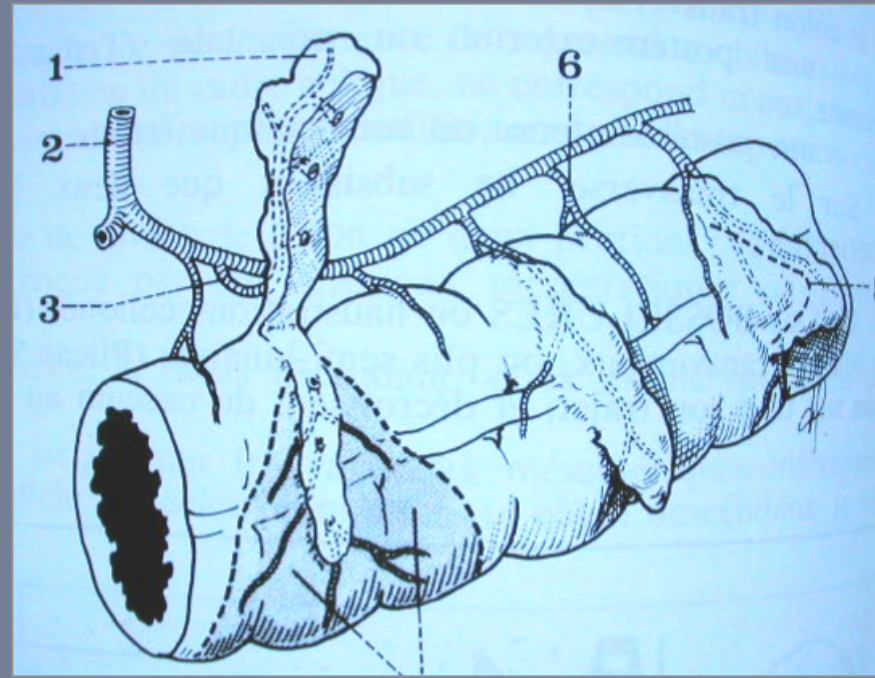
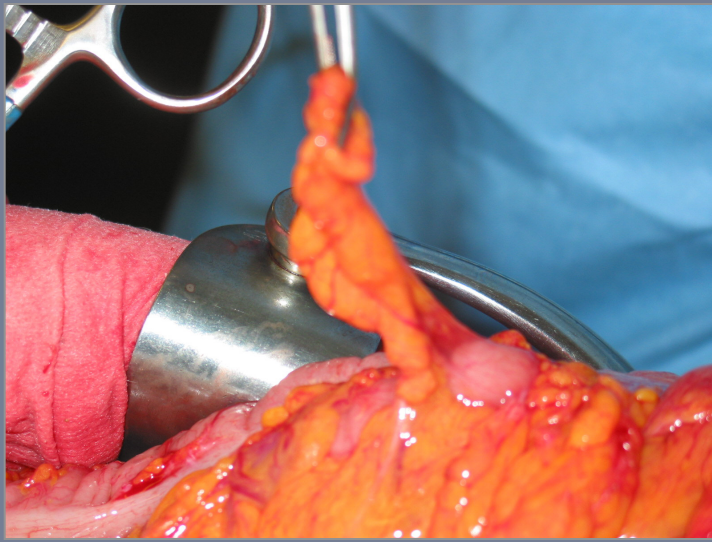
# Configuration externe





# Configuration externe

Appendices épiploïques:  
formations séro-graisseuses,  
vascularisation précaire

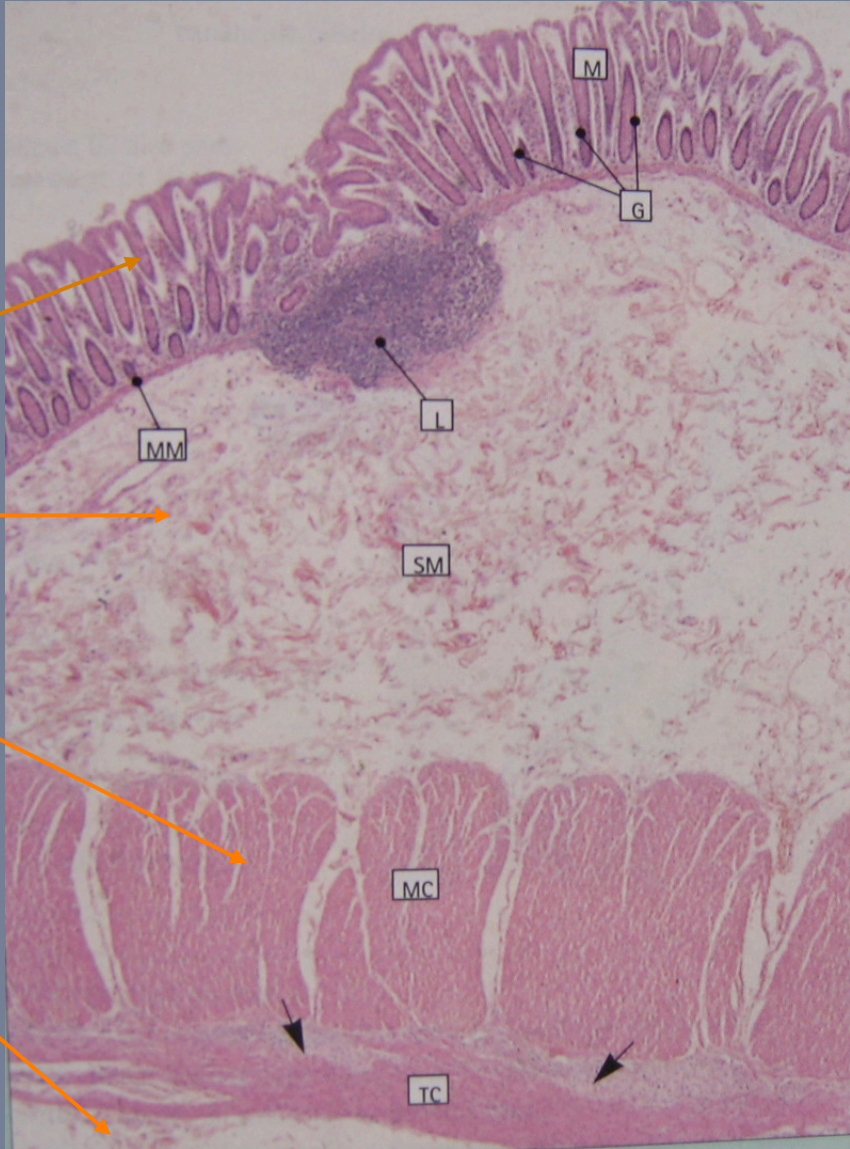




# Structure

4 tuniques:

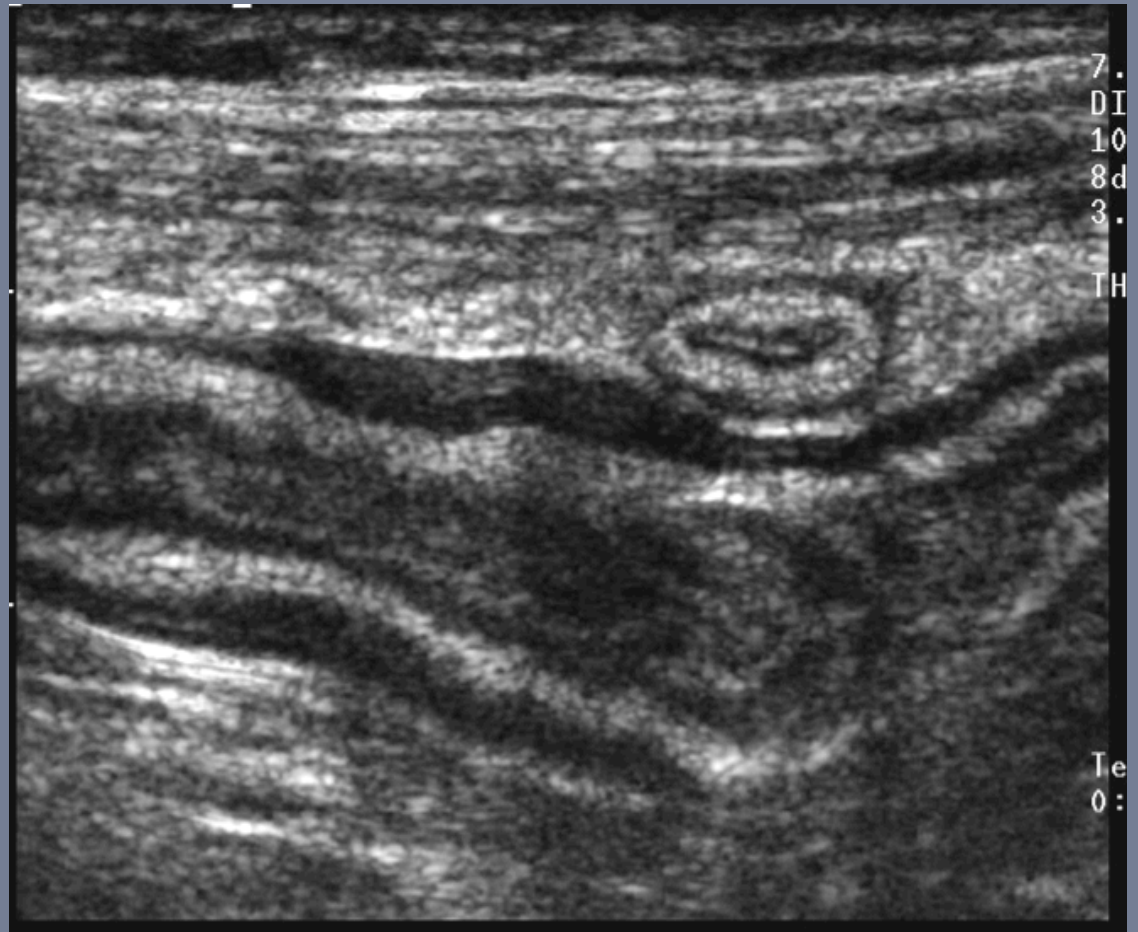
- muqueuse
- sous-muqueuse
- musculieuse
- séreuse



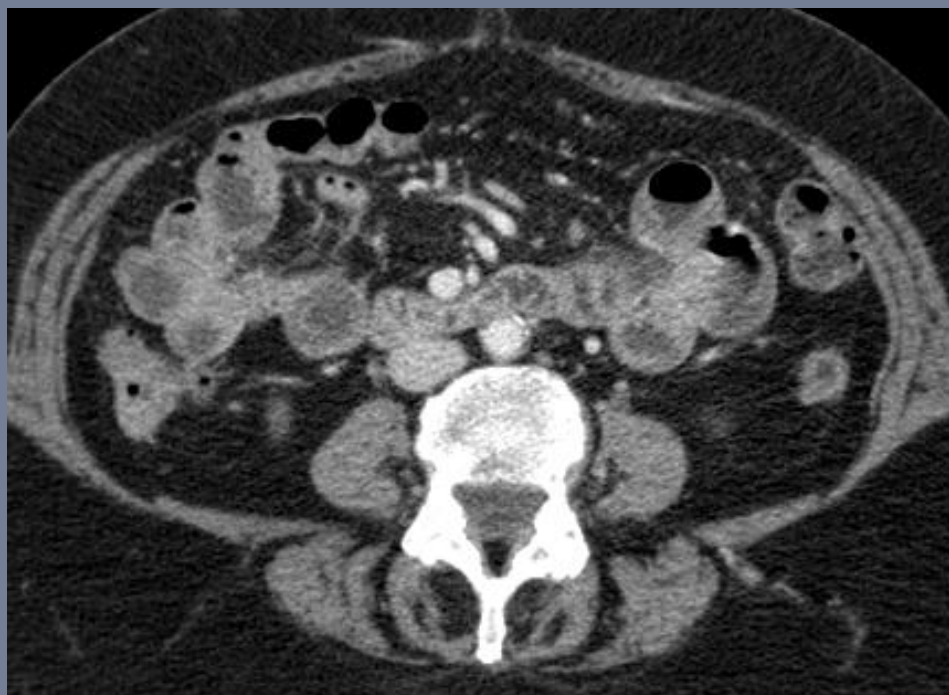
En US : 5 lignes; air +++ ; haustrations; pas de péristaltisme

4 tuniques:

- muqueuse
- sous-muqueuse
- musculéuse
- séreuse



En TDM: paroi fine et régulière, tuniques non individualisables  
graisse péricolique



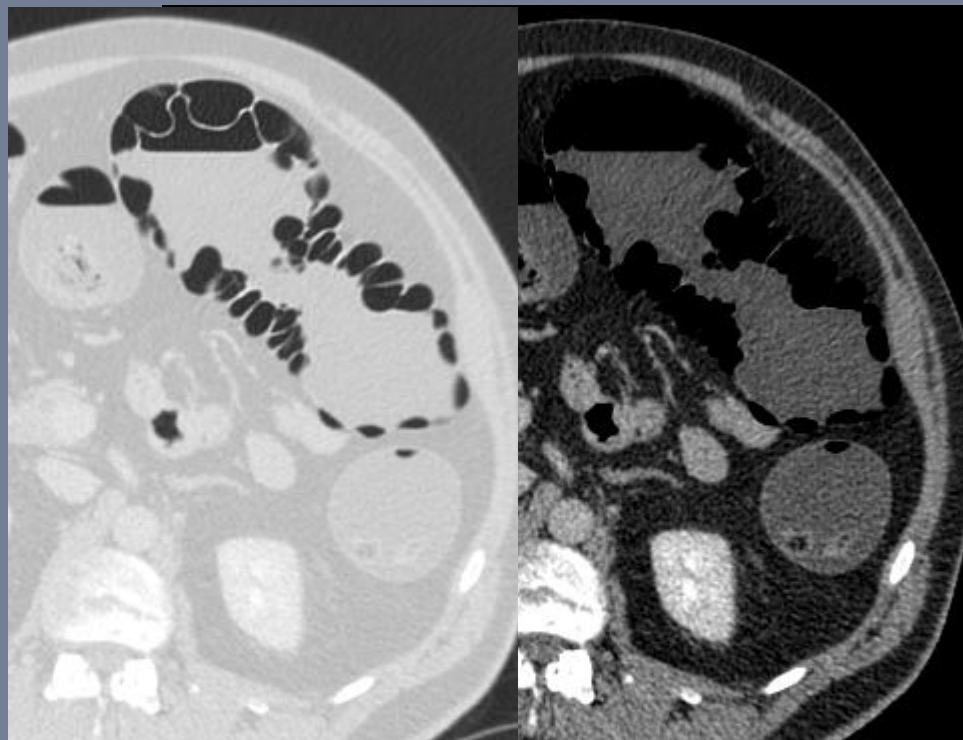
paroi colique normale  
(coloscanner à l'eau)



En TDM: paroi anormale



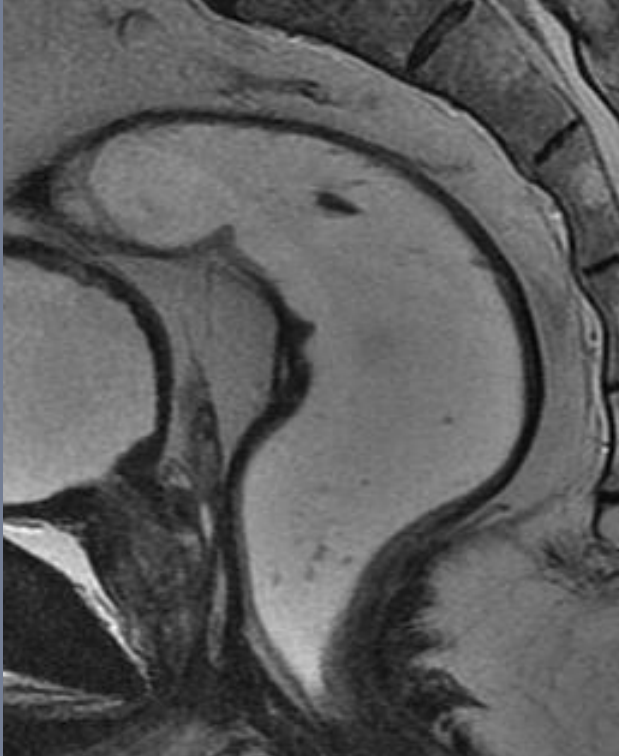
œdème ss-muqueux  
(colite infectieuse)



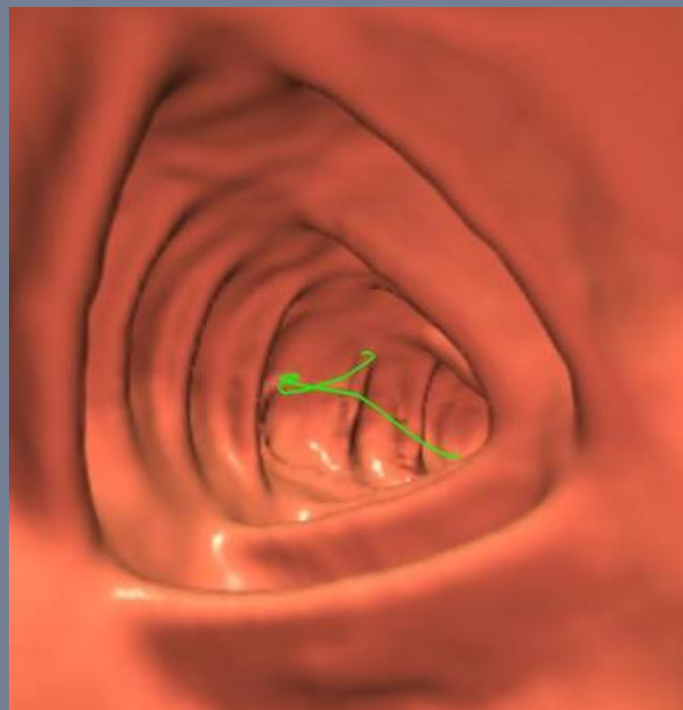
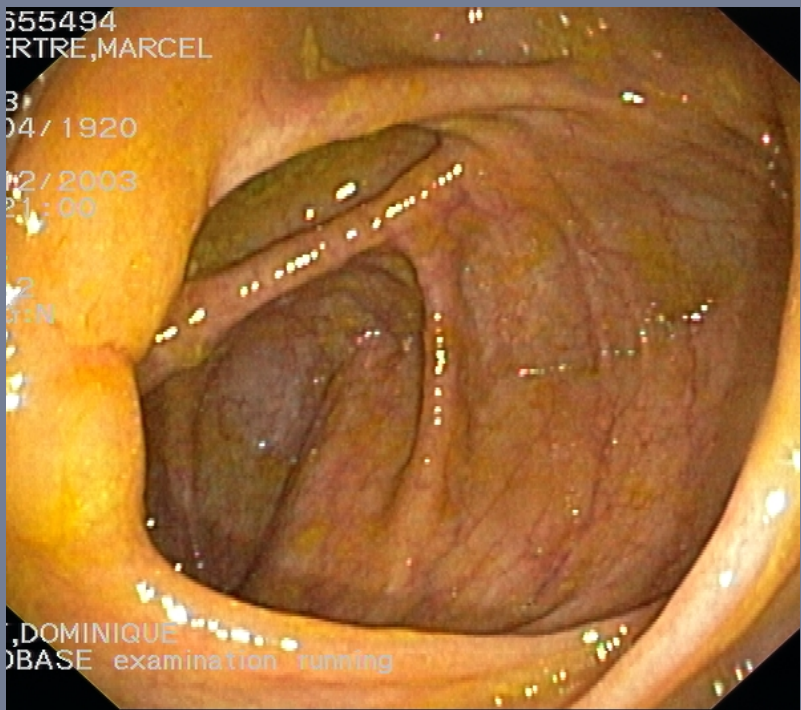
pneumatose kystique

# Structure de la paroi

En IRM: muqueuse / sous-muqueuse / musculieuse



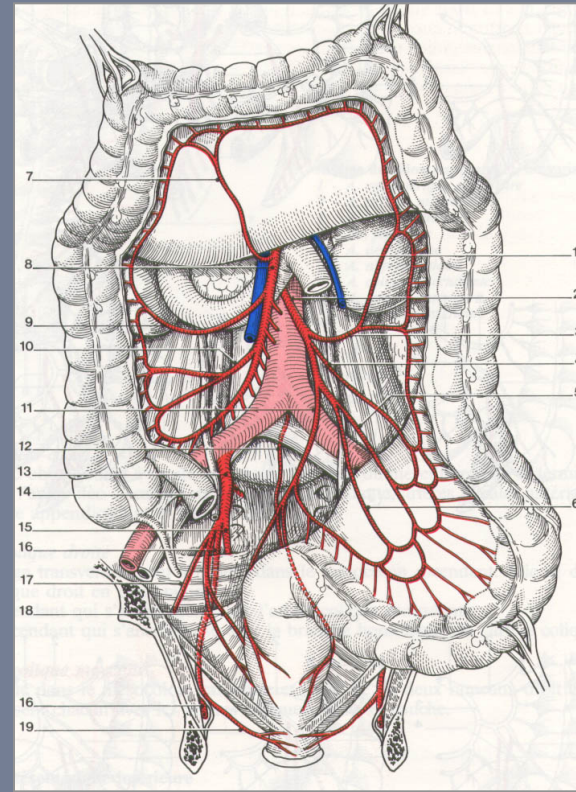
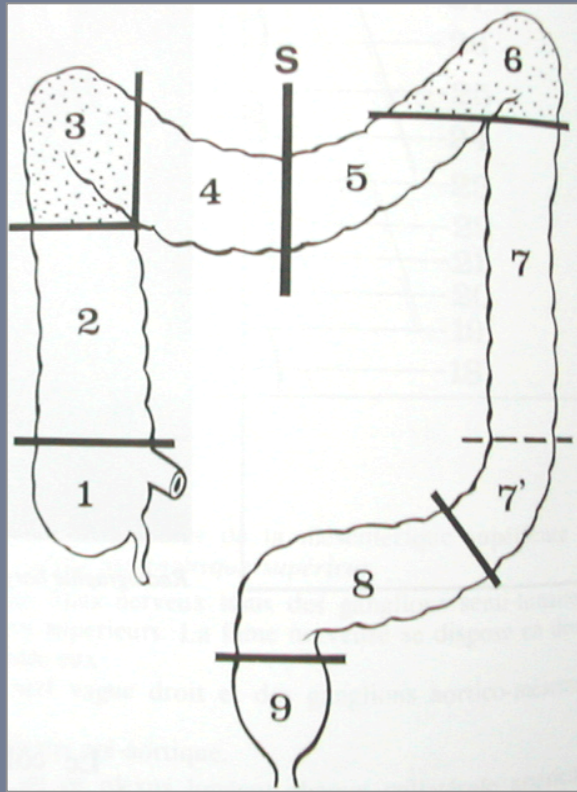
## En colo virtuelle: muqueuse



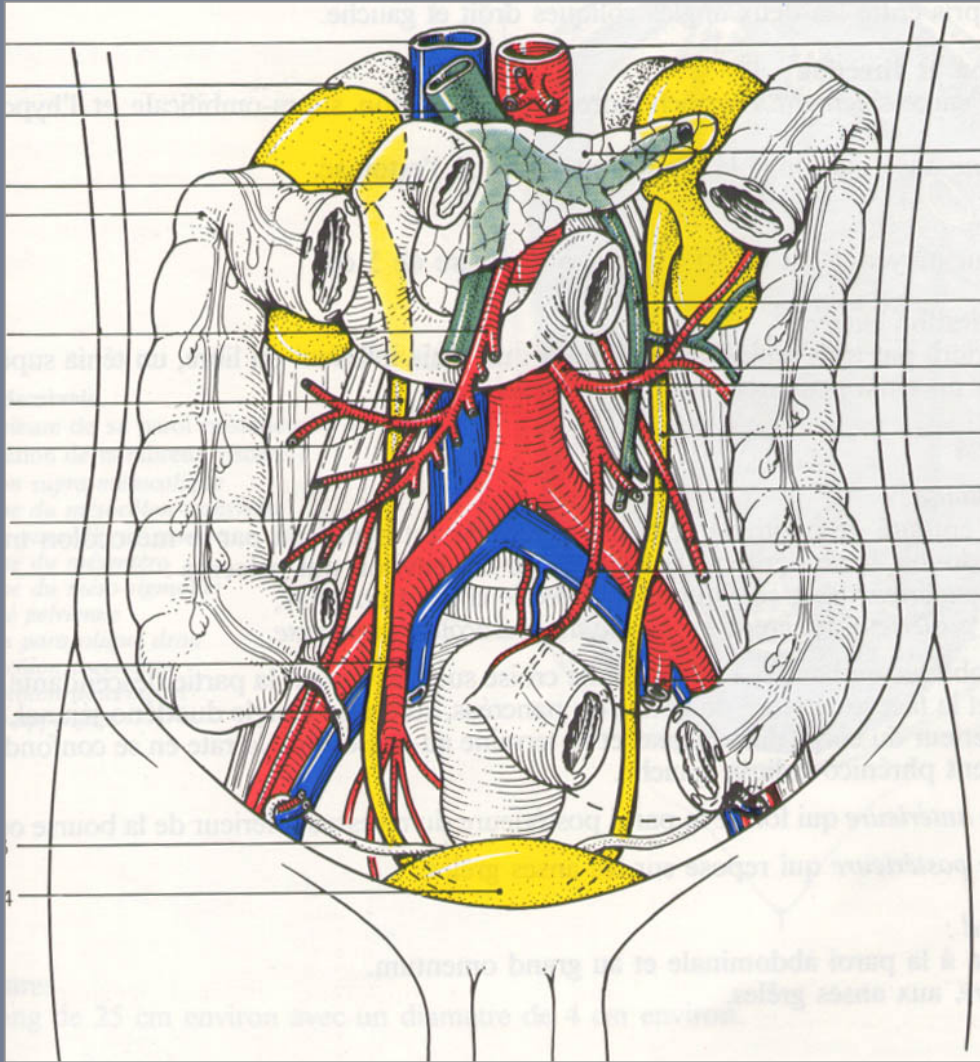


## Division anatomo-chirurgicale

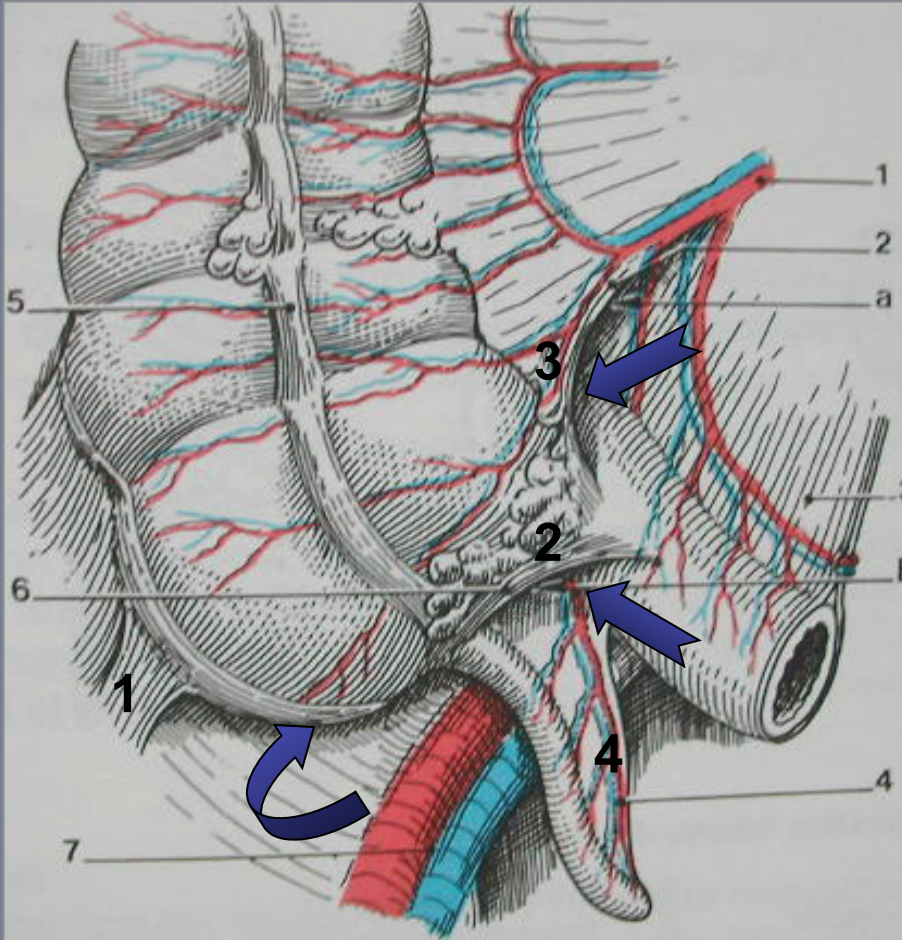
- ☞ colon droit / vx méésentériques SUP.
- ☞ colon gauche / vx méésentériques INF.



## Différents segments

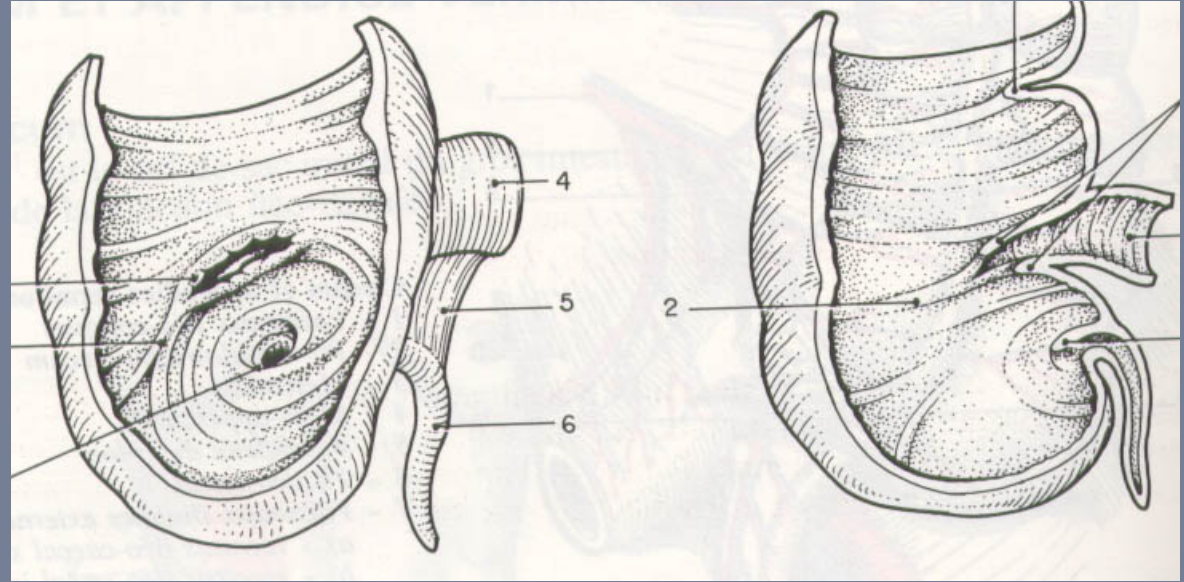
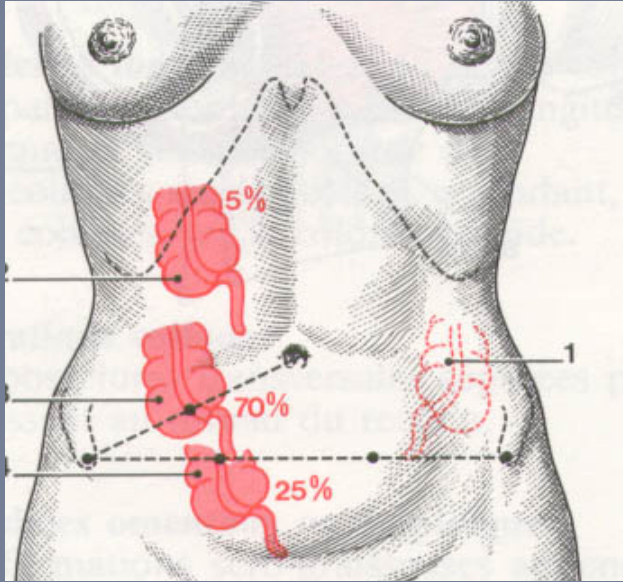


- Caecum, appendice, valvule de Bauhin
- Côlon ascendant
- Angle colique droit
- Côlon transverse
- Angle colique G
- Côlon descendant
- Côlon sigmoïde
- Rectum

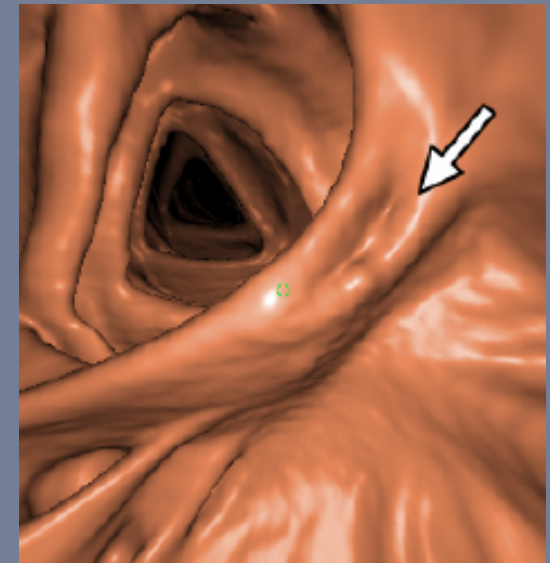


- libre, mobile
- 2 plis péritonéaux post. (1)  
⇒ récessus rétro cæcal
- pli iléo-caecal (2)
- pli péritonéal de l' ar. caecale ant.(3):  
⇒ récessus iléo-caecal sup.  
récessus iléo-caecal inf.  
(en avant du méso-appendice 4)

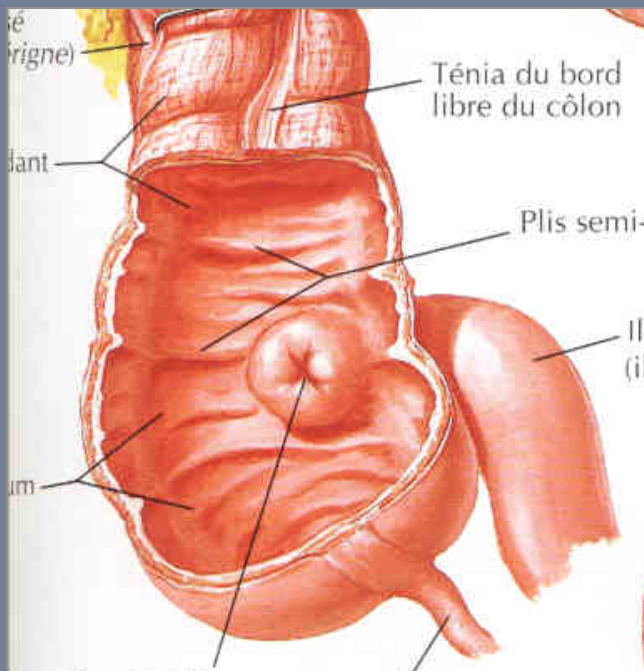
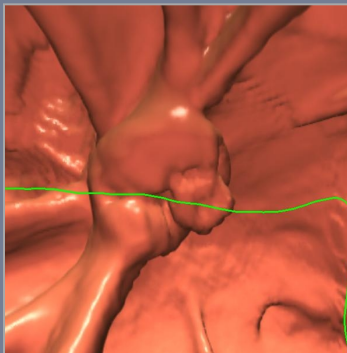
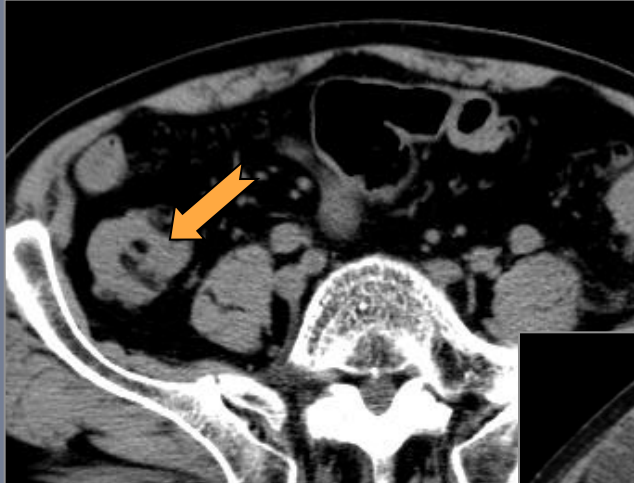
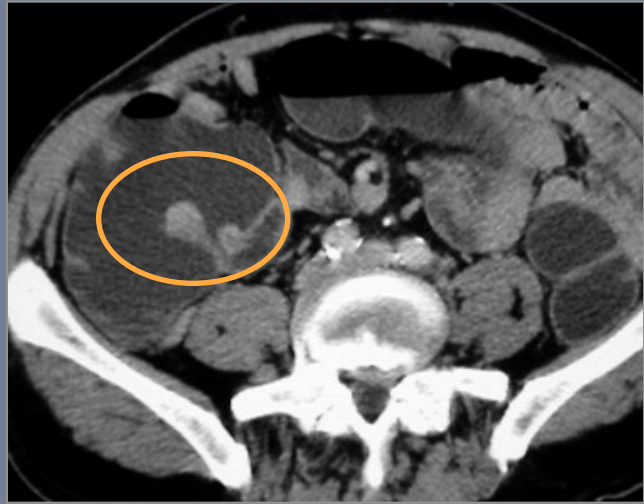




- 6 à 8 cm de calibre
- 2 orifices
  - appendiculaire
  - iléocaecal (lèvres sup et inf)

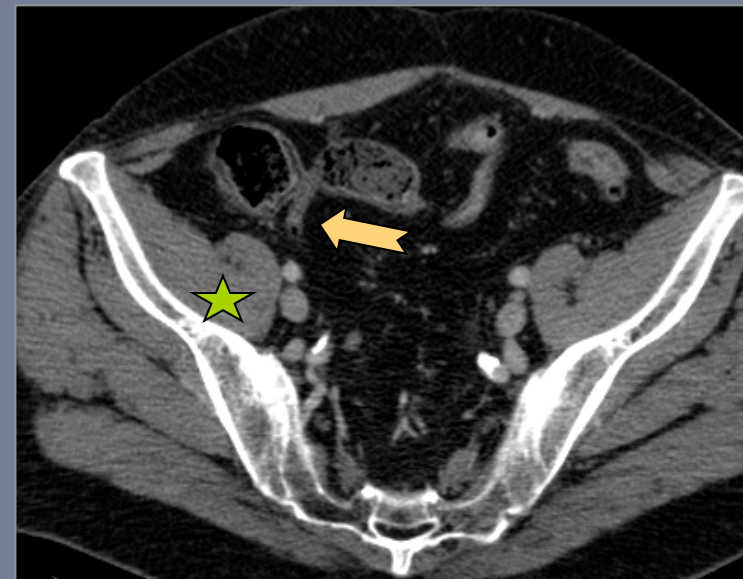
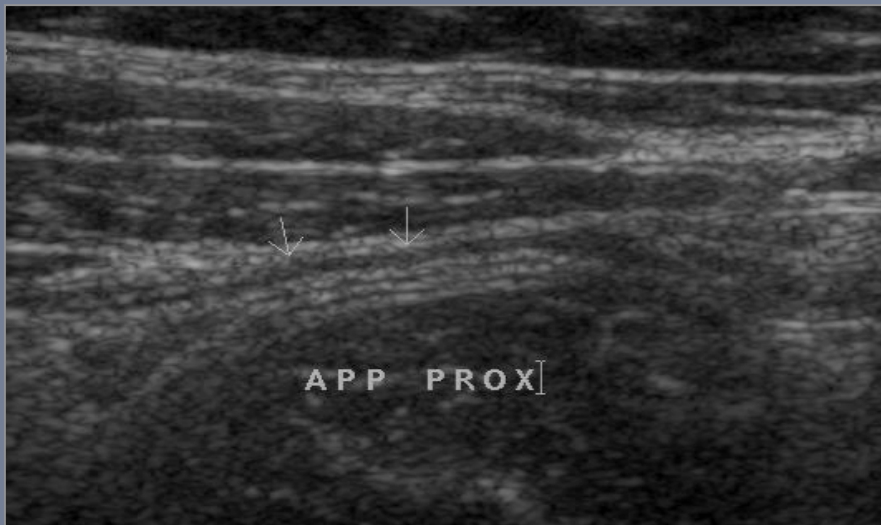
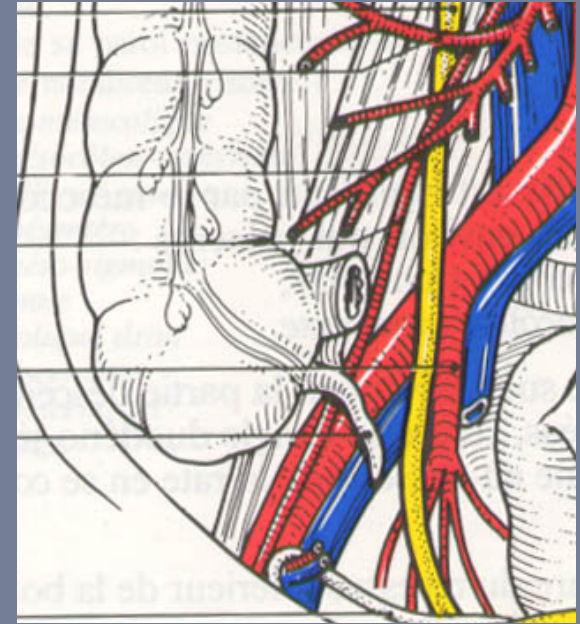


- 2 lèvres (sup. et inf.)
- normalement continente
- parfois lipomateuse





- L : 2 à 20cm, diamètre : 6 mm
- appendu fond du caecum  
(convergence des 3 ténias)
- en avant du psoas,  
des vaisseaux iliaques D.
- habituellement médio-cæcal



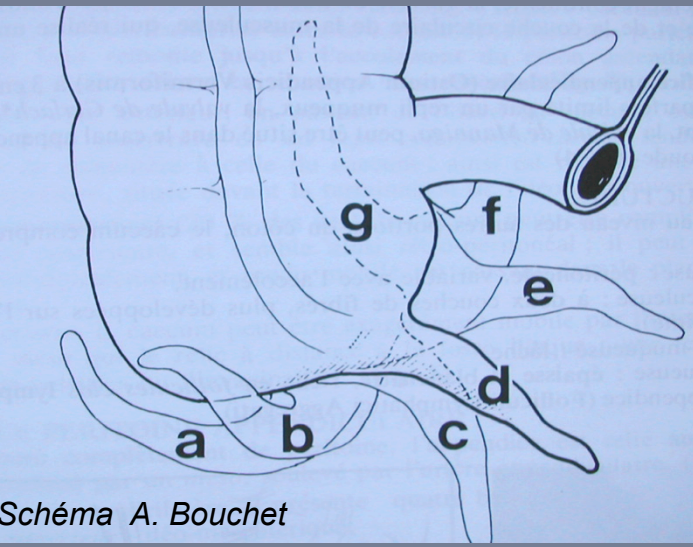
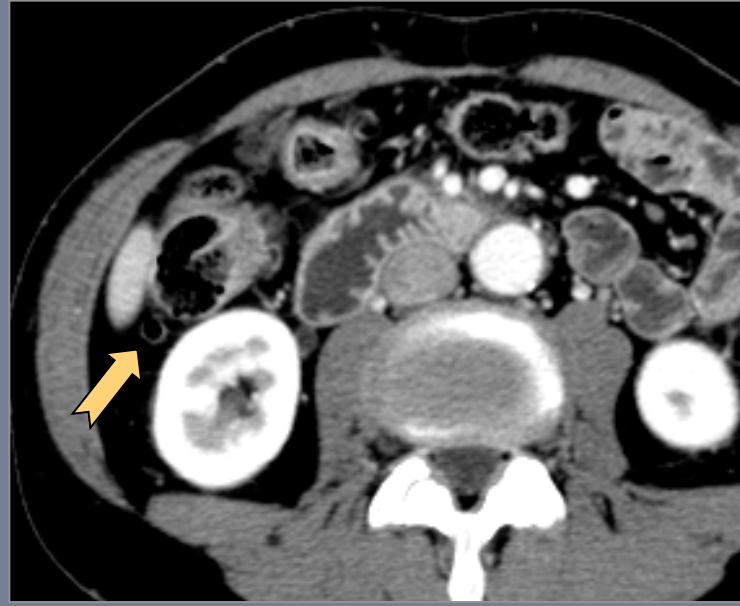


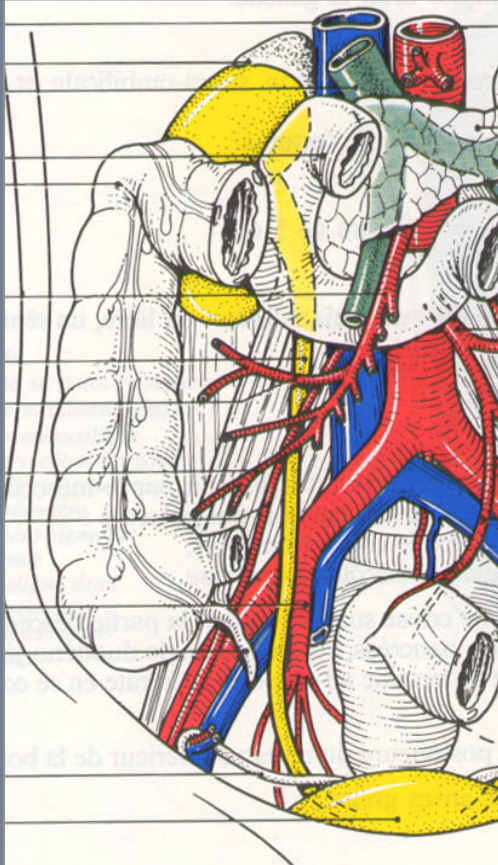
Schéma A. Bouchet

Variantes:

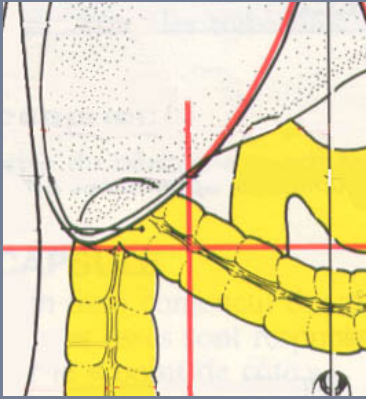
- rétro-caecale
- latéro caecale
- méso coeliaque



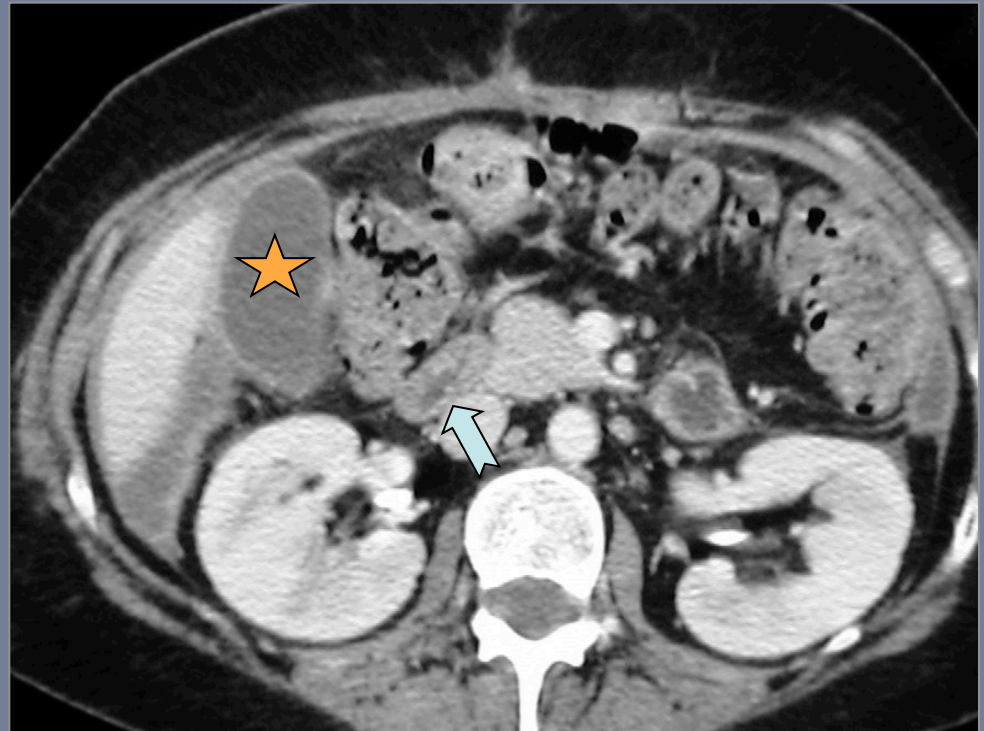
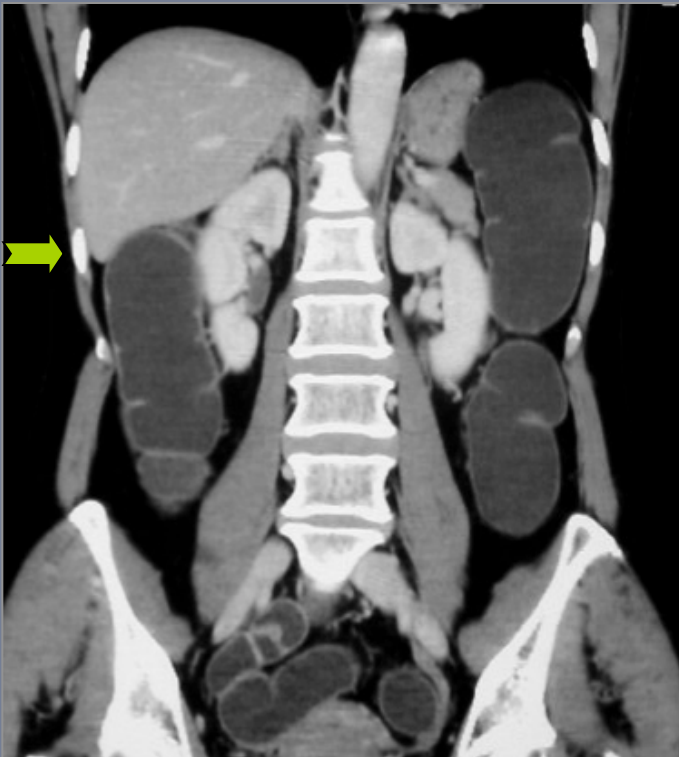


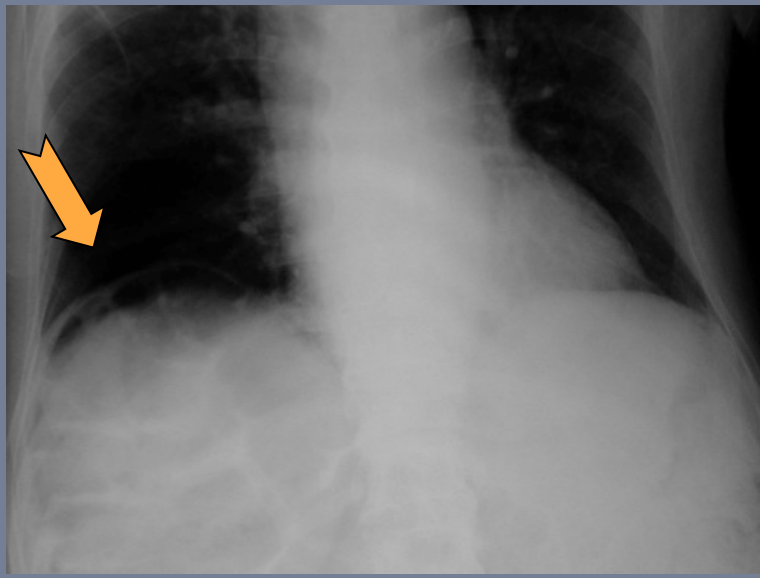
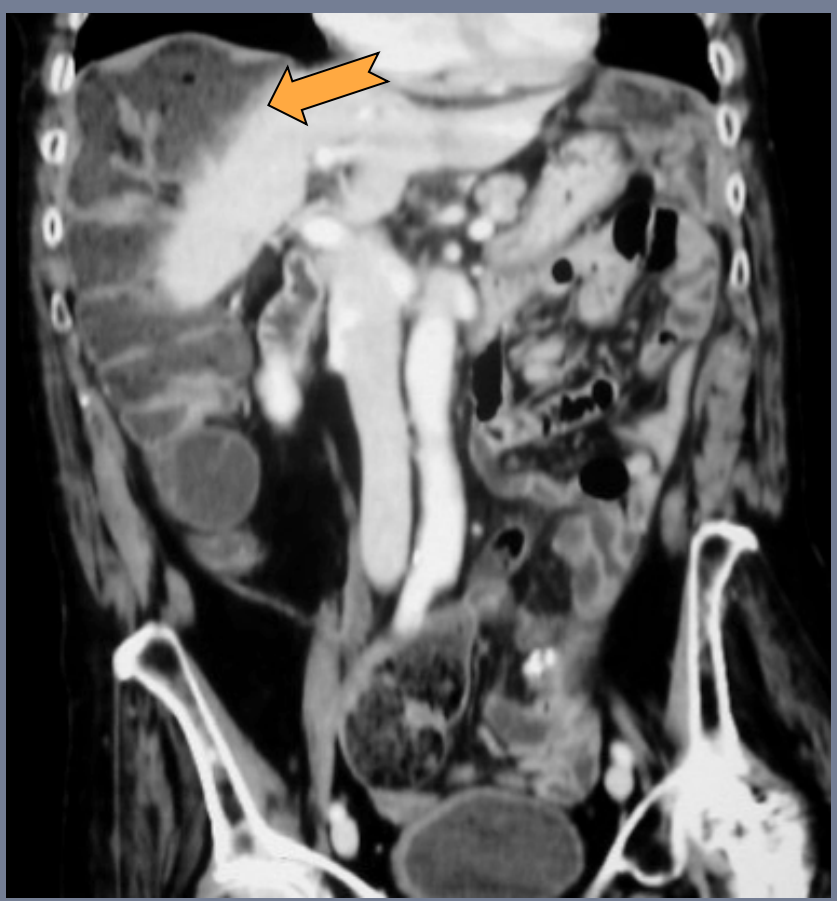
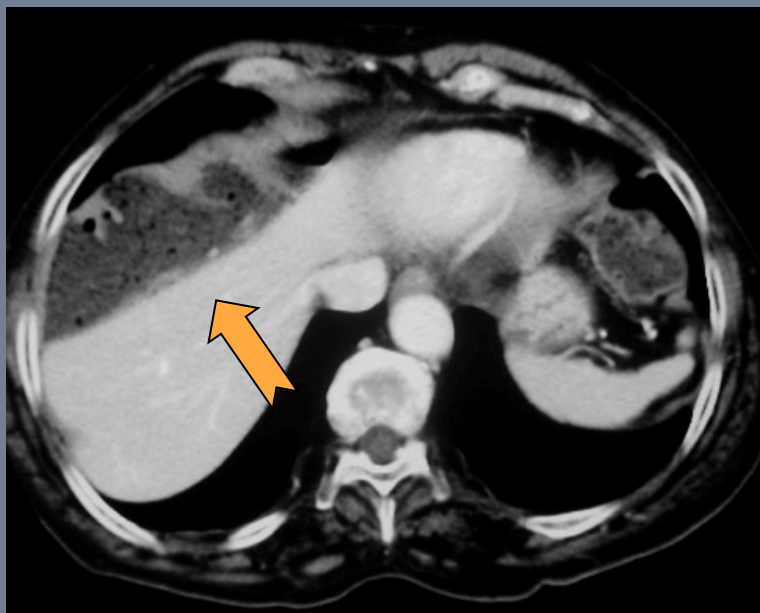


péritonisé, accolé par la face post.  
gouttière para colique D



- 10ème côte, rein droit
- face viscérale du foie, **vésicule biliaire**
- duodénum
- diaphragme (ligament phrénico-colique D)

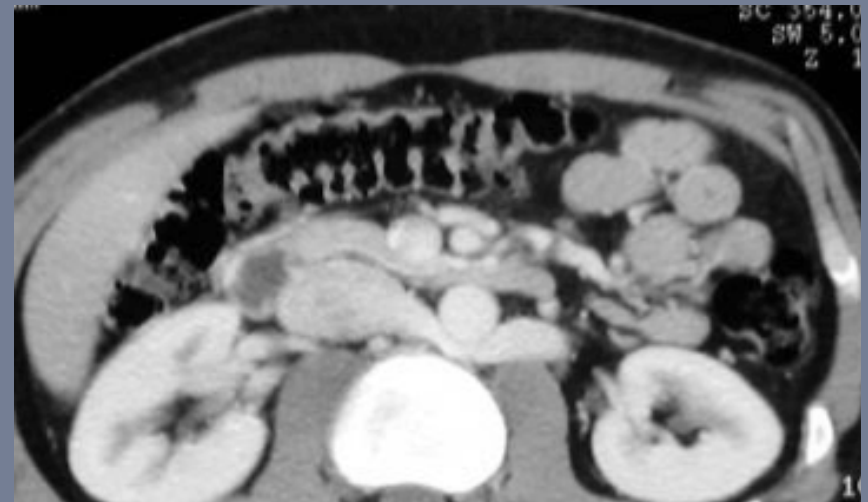
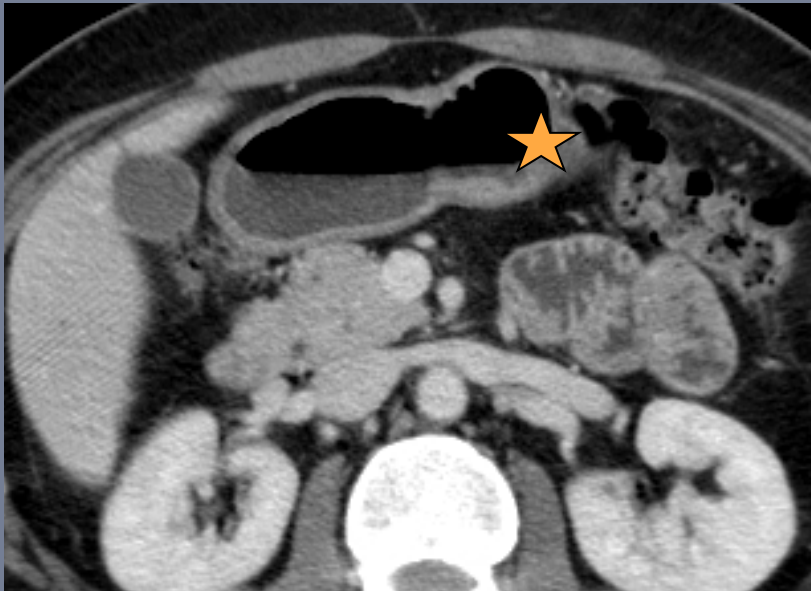
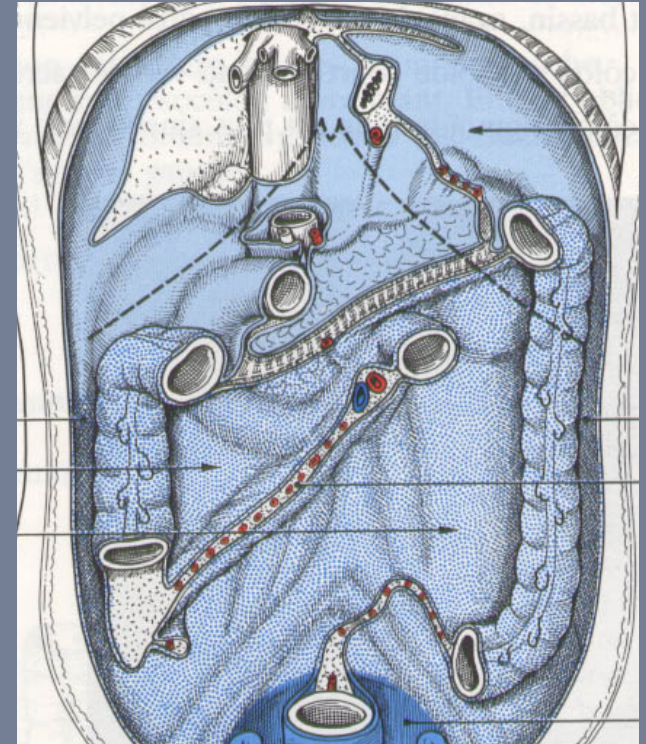




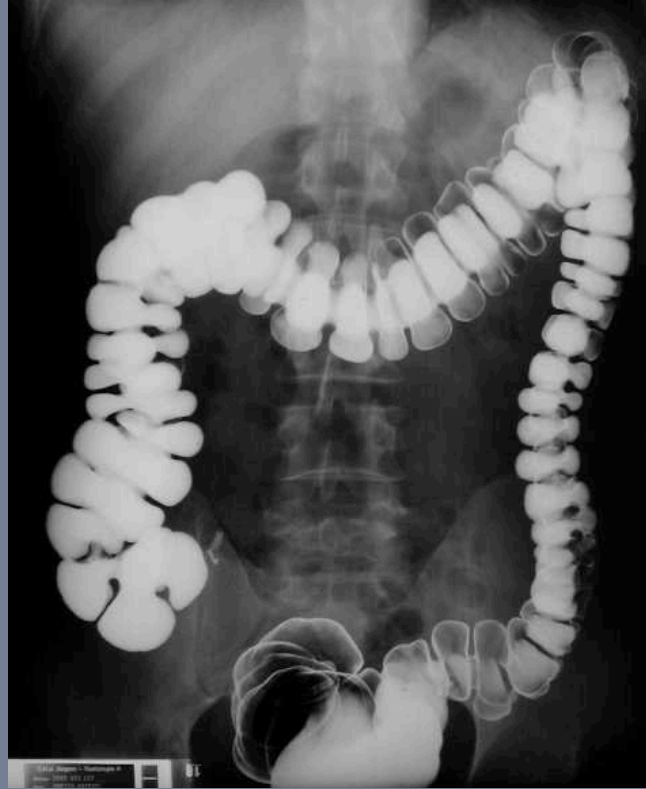
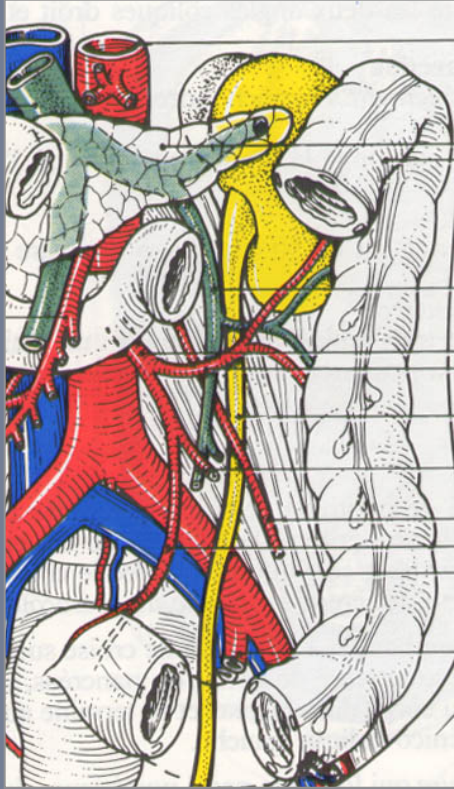
Interposition colique  
inter hépato-diaphragmatique:  
**syndrome de Chilaiditi**



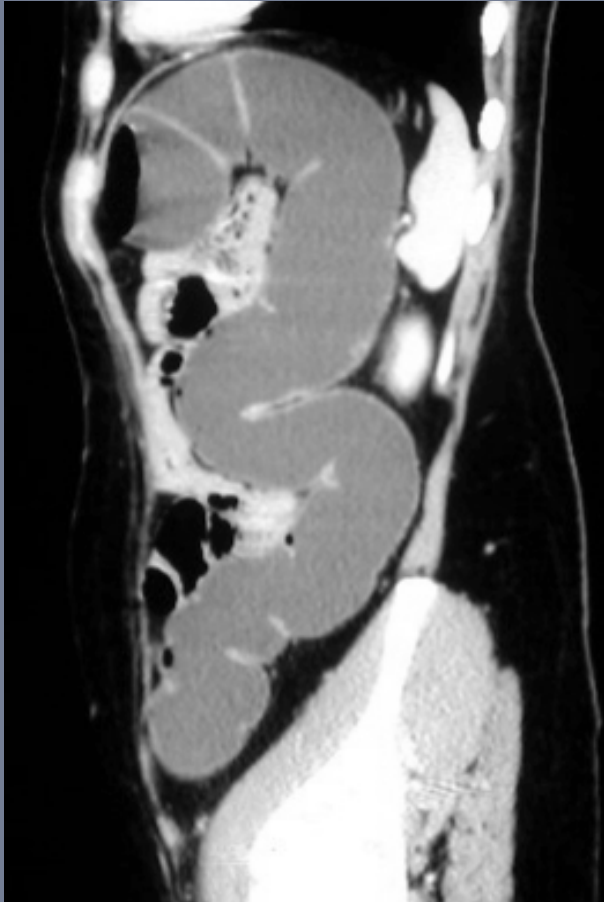
- antérieur
  - longe la grande courbure gastrique
  - entouré de péritoine
- maintenu par le mésocôlon transverse
- D2, **pancréas**





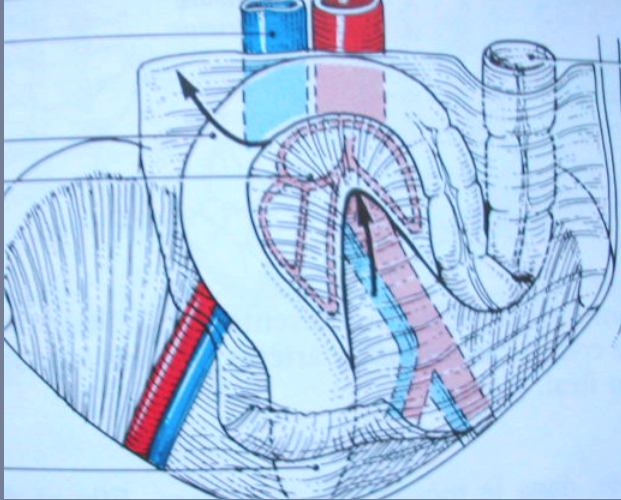


- Haut situé (8 ème côte)
- **Rate**; queue du pancréas; grande courbure gastrique
- diaphragme /ligament phrénico-col. G

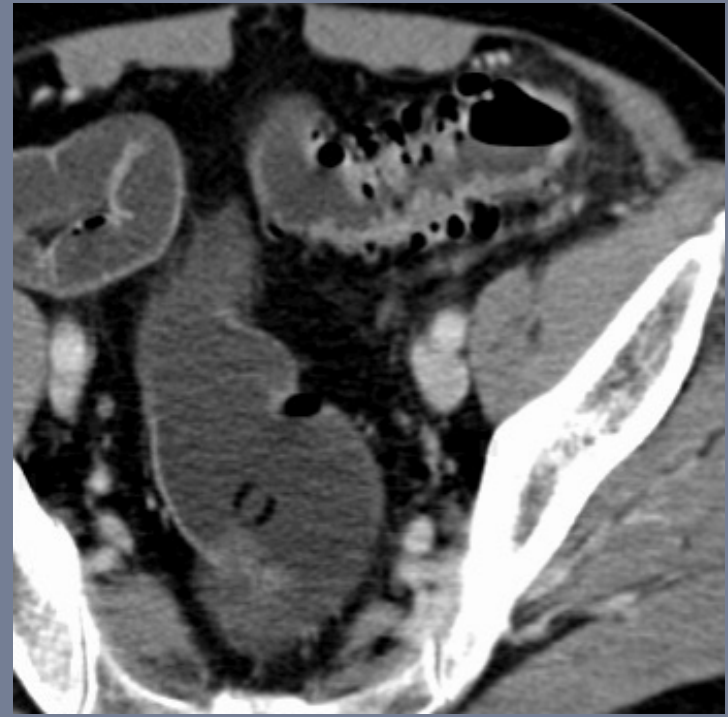
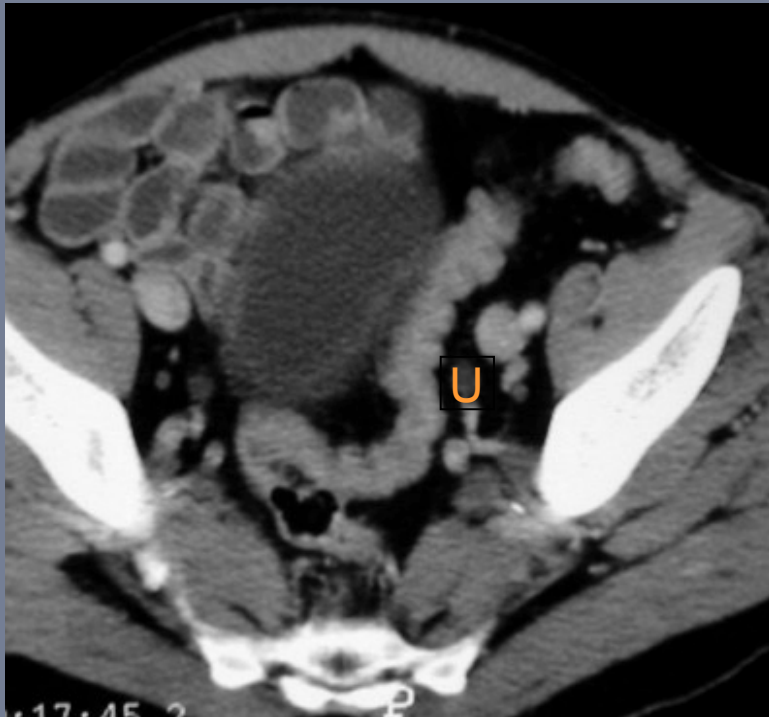


- péritonisé, fixé par sa face post.
- m. psoas-iliaque  
anses grêles  
sillon paracolique G



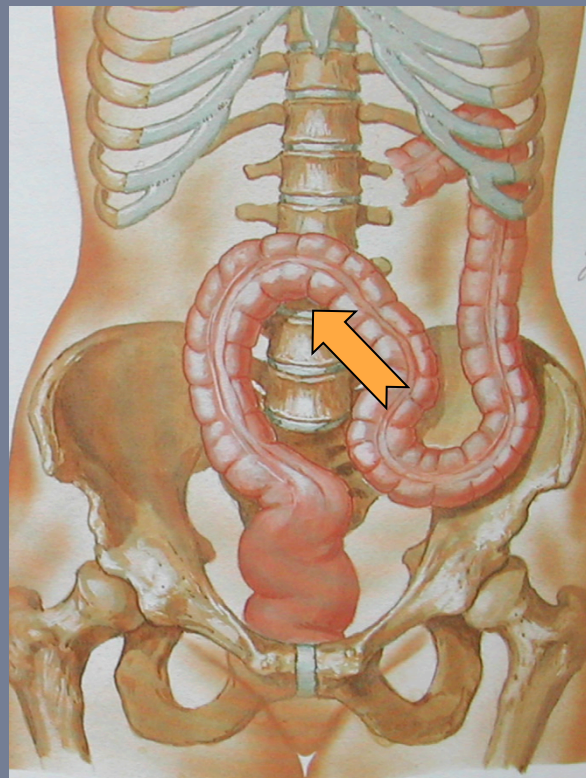


- pelvis;
- mobile, fixité de la charnière RS
- mésosigmoïde (récessus intersigmoïdien)
- **uretère G**, **vessie**, anses grêles

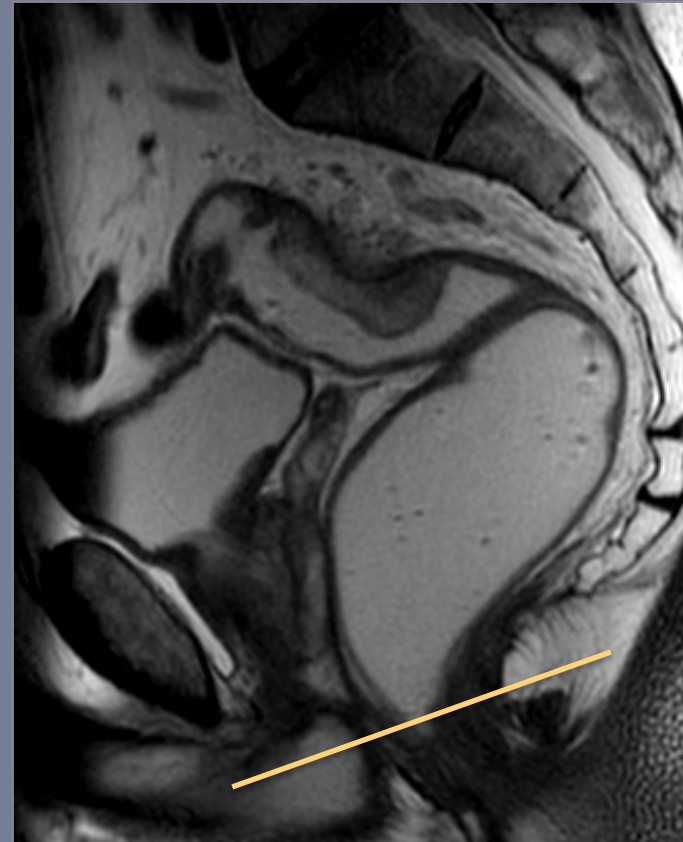
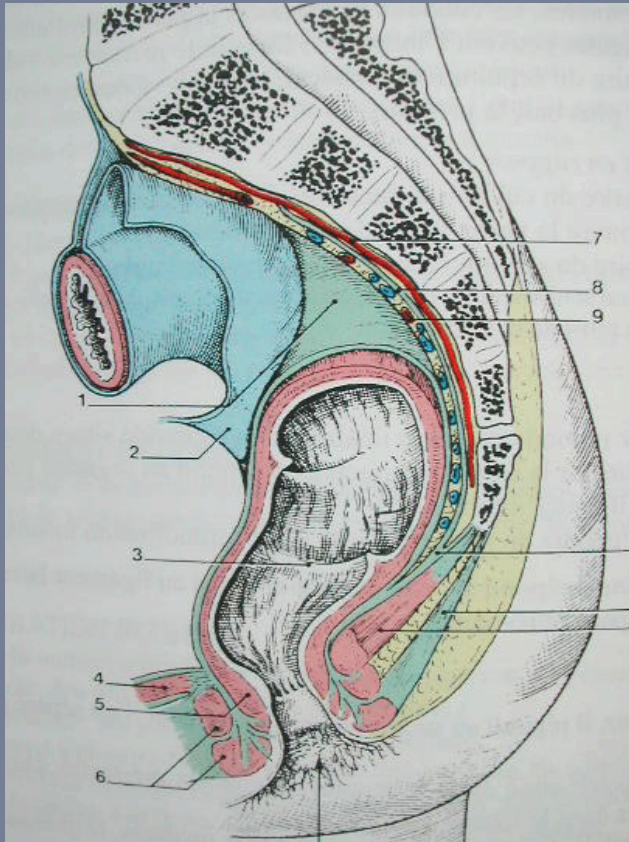




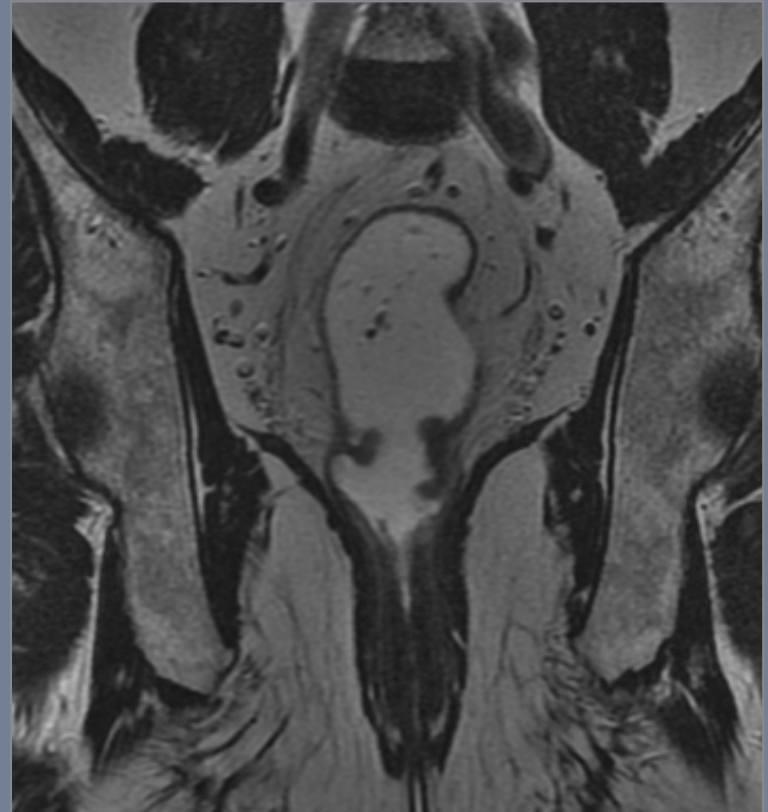
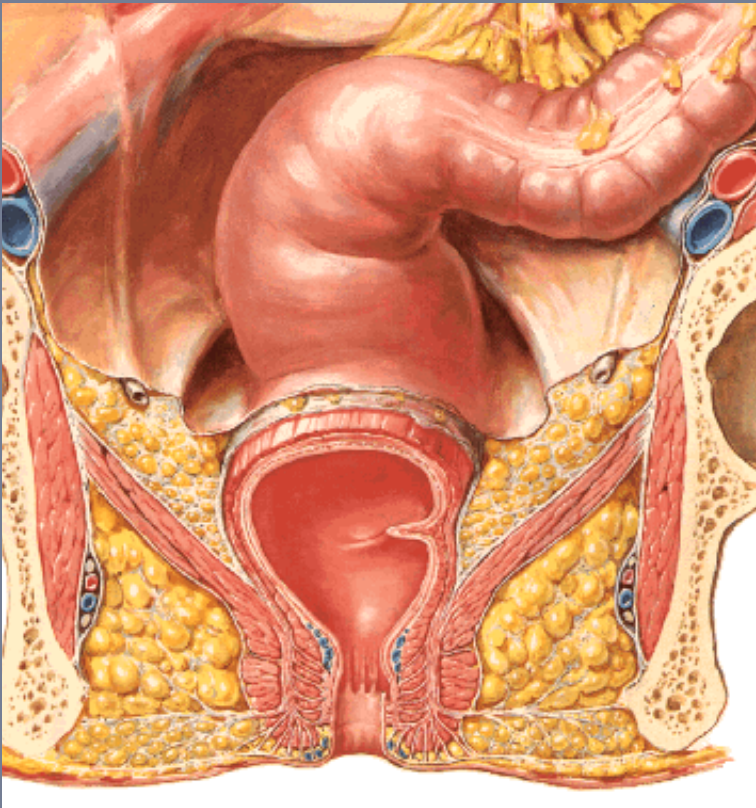
- boucle de longueur variable > FID



- concavité sacrée: S3 → diaphragme pelvien
- haut rectum (sus péritonéal) > 7cm / jonction ano-rectale
- moyen rectum: 2- 7 cm
- bas rectum: < 2cm

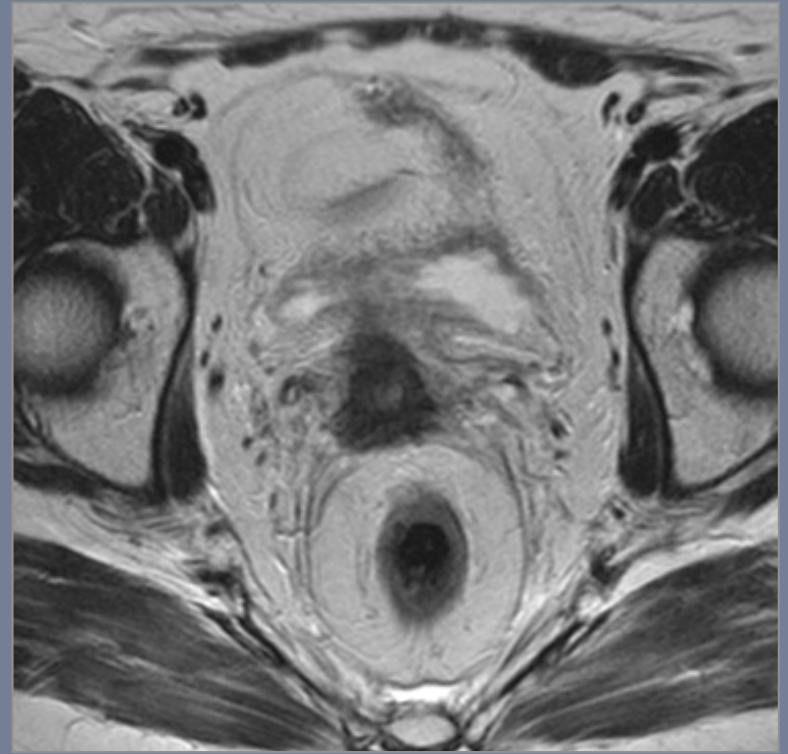
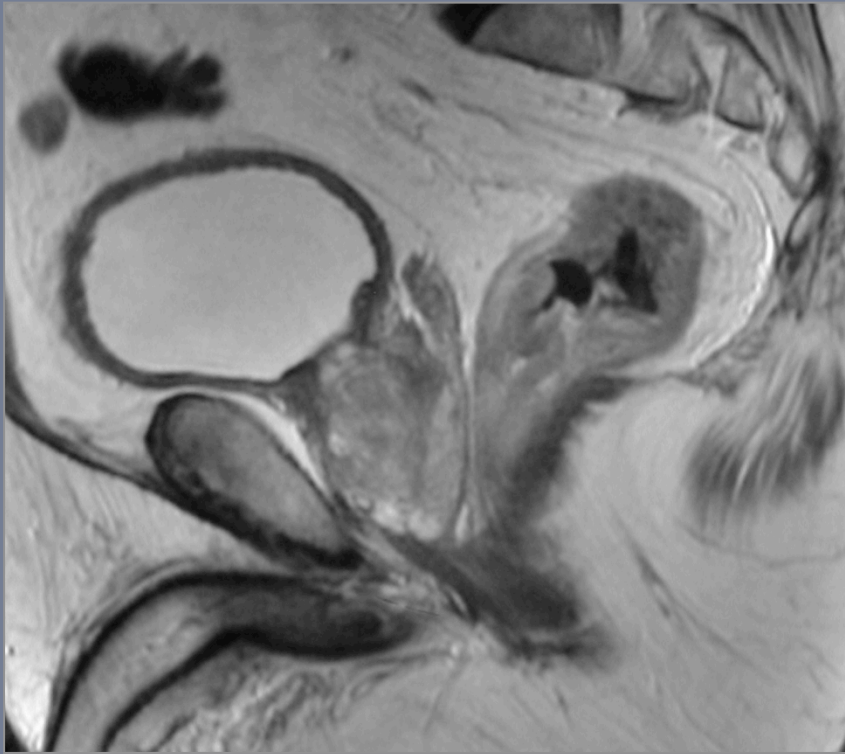


- méso-rectum; fascia recti
- m. ilio-coccygien
- fosses para-rectales

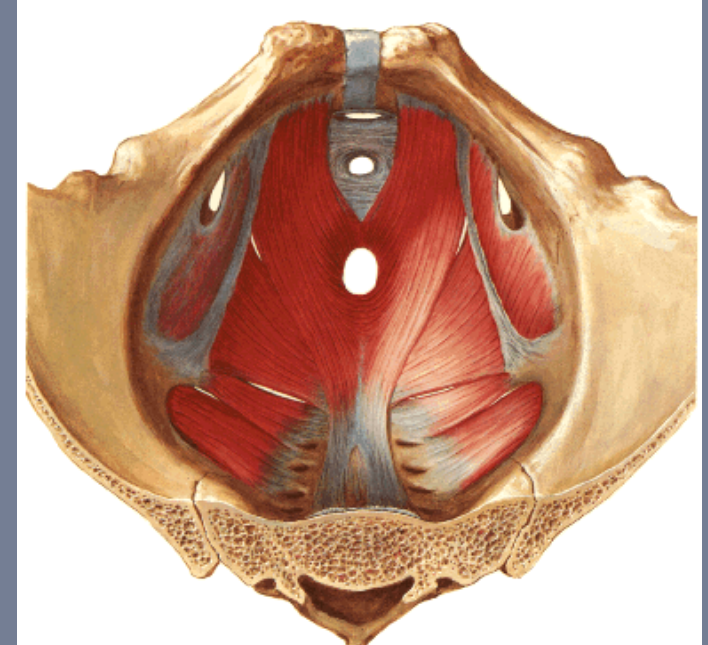
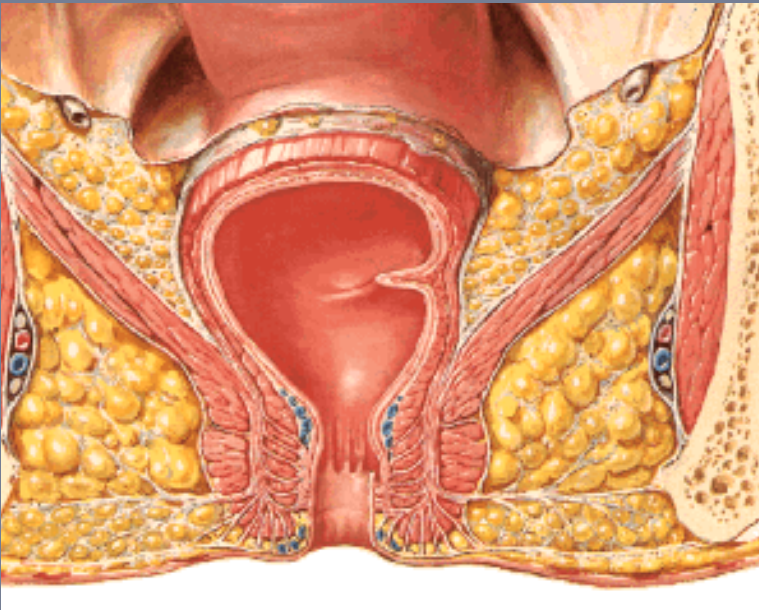




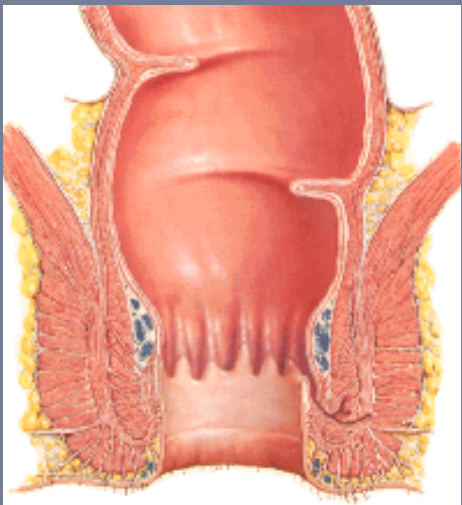
- C. de s. de Douglas
- Prostate, vésicules séminales  
vagin, utérus



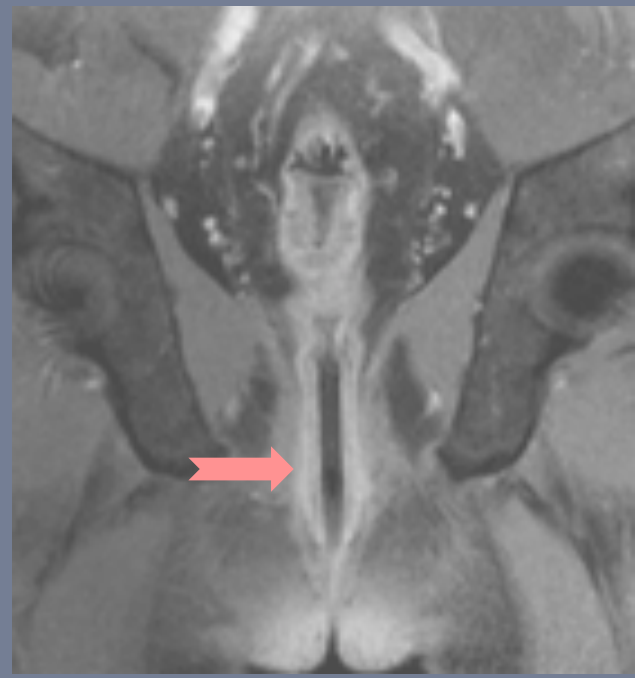
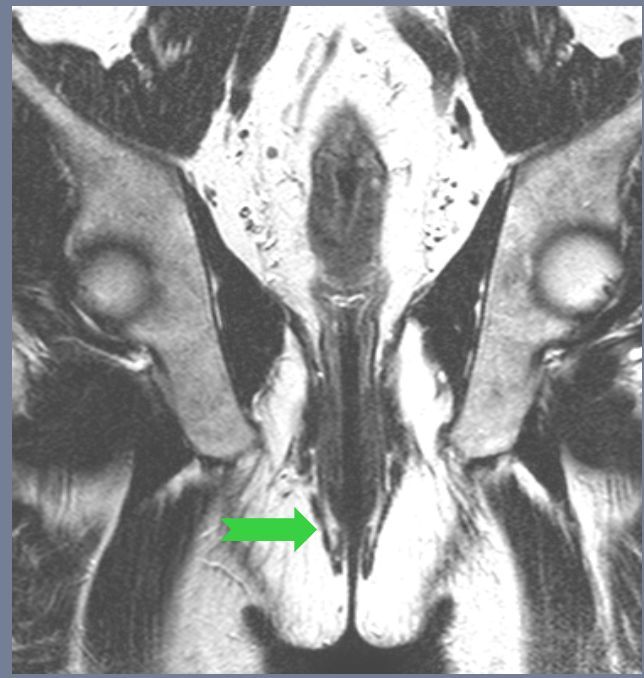
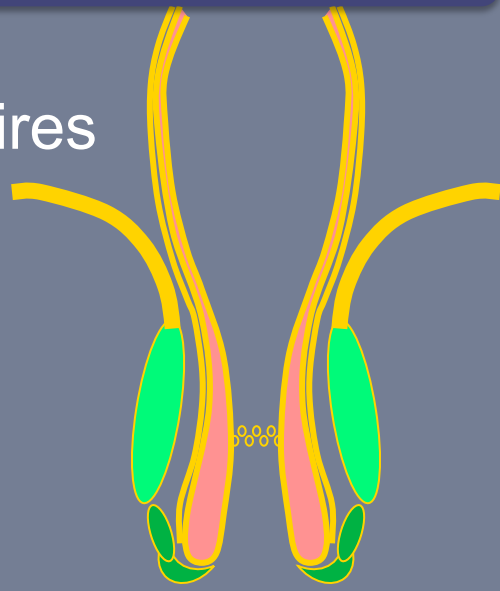
Traverse le diaphragme pelvien  
cravaté en AR par le m. pubo-rectal



Dans le périnée post.: entouré par le sphincter ext.

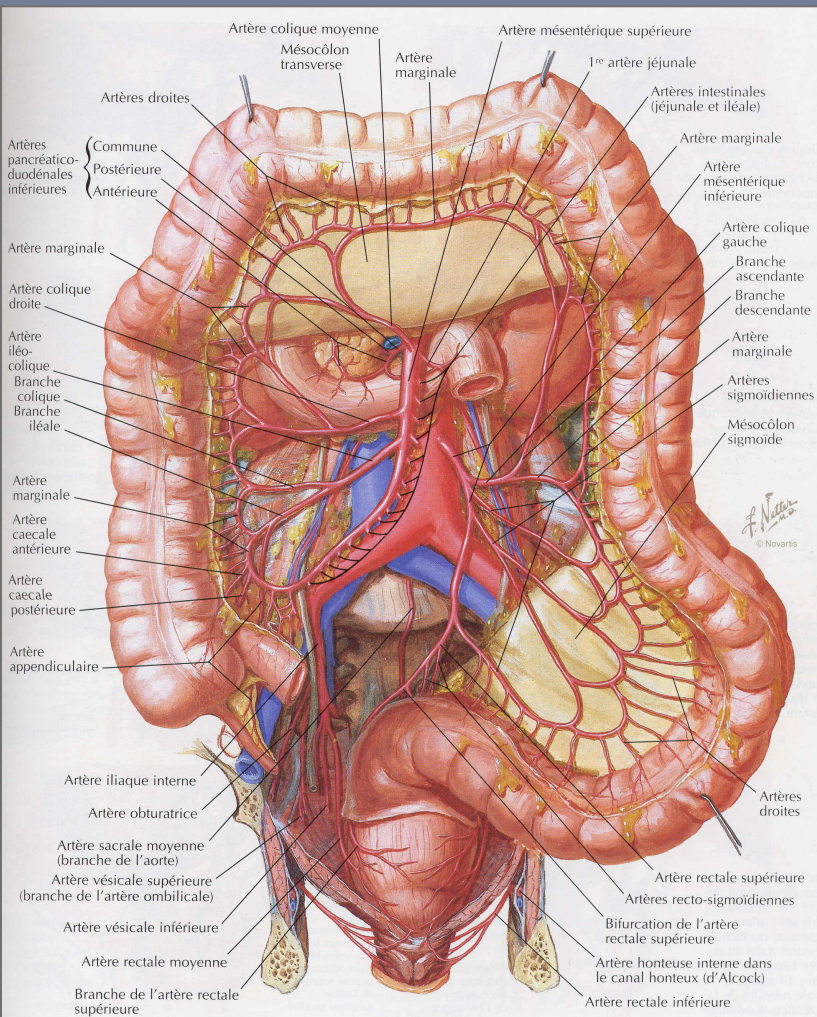


- Muqueuse: valves 1/2 lunaires
- Sphincters interne externe





# Vascularisation

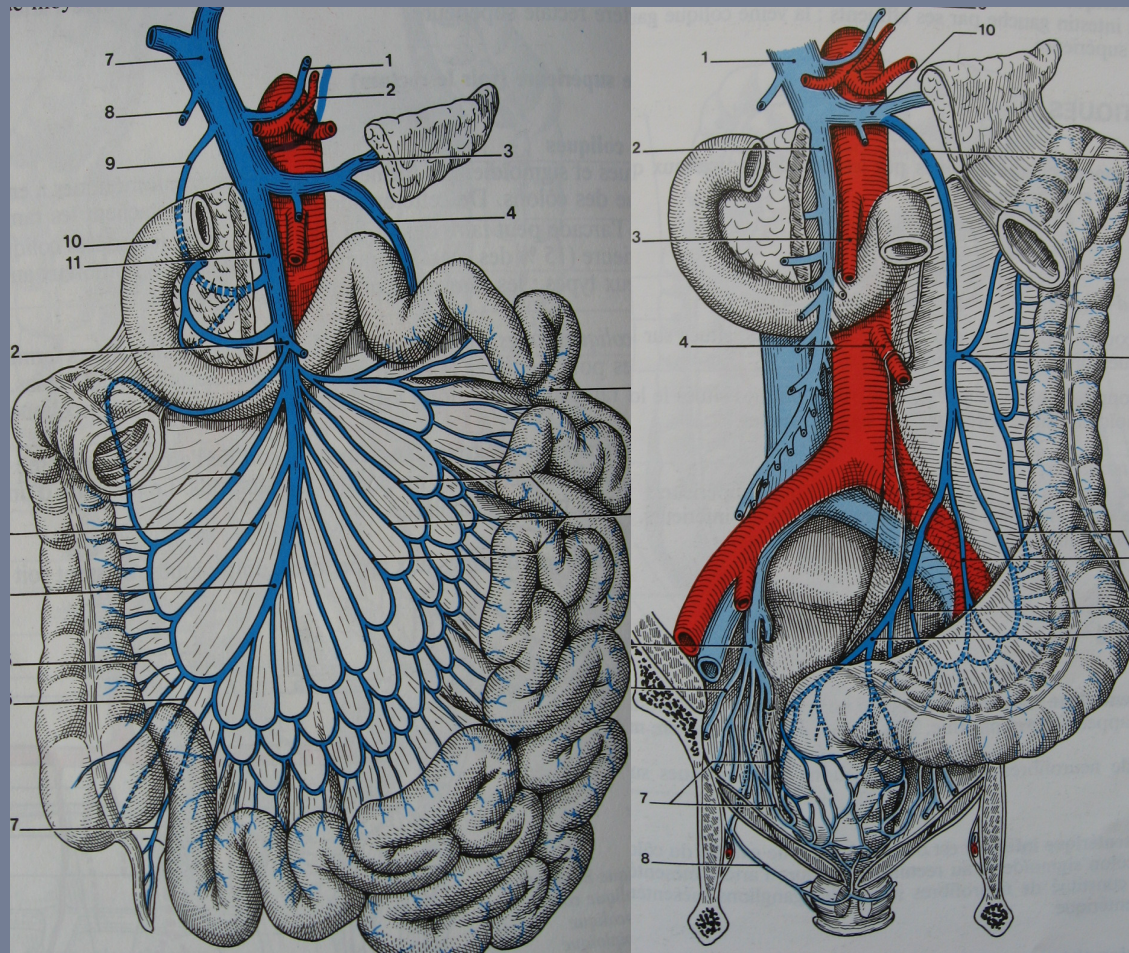


➡ **ar. MSup:**  
ar. iléo-colique  
ar. colique droite  
ar. colique moyenne

➡ **ar. M Inf.:**  
ar. colique gauche  
ar. sigmoïdiennes  
ar. rectale sup

➡ **ar. rectales**  
moyennes, inférieures  
ar. sacrale médiane

# Vascularisation



☞ **v. M Sup:**  
v. iléo-colique  
v. colique droite  
v. colique moyenne

☞ **v. M Inf.:**  
v. colique gauche  
v. sigmoïdiennes  
v. rectale sup

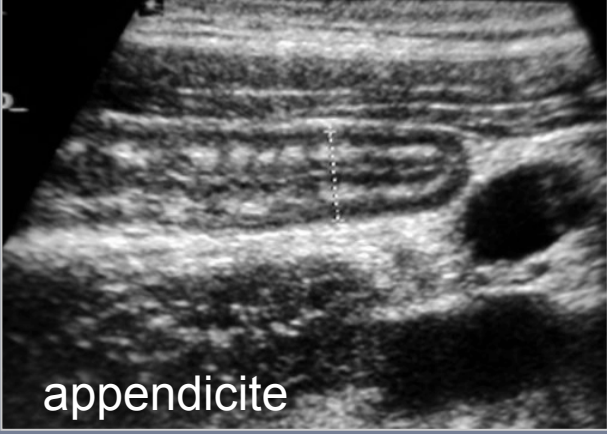
☞ **v. rectales**  
moyennes,  
inférieures



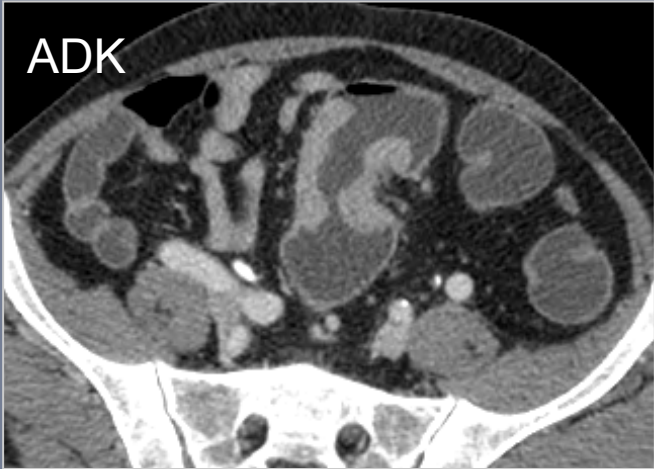
*drainage VCI*



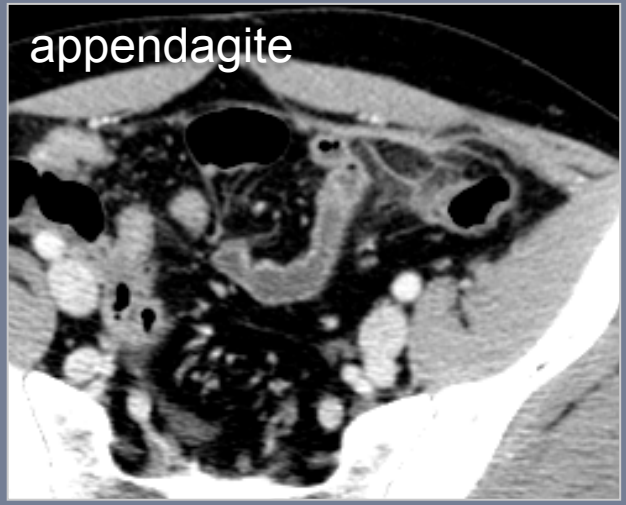
# De l'anatomie à la pathologie .....



appendicite



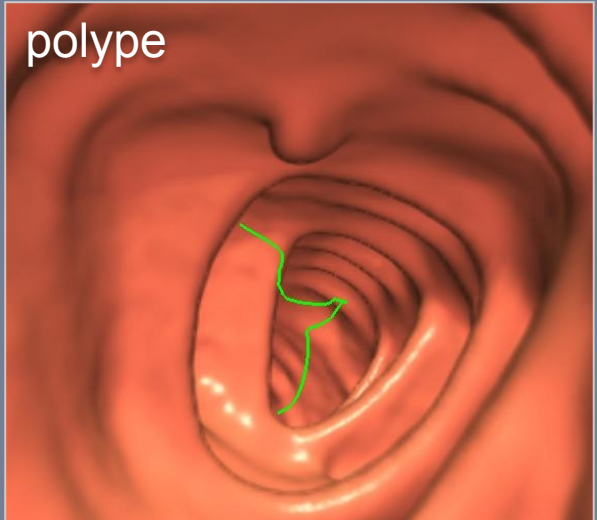
ADK



appendagite



Crohn



polype



ADK rectal