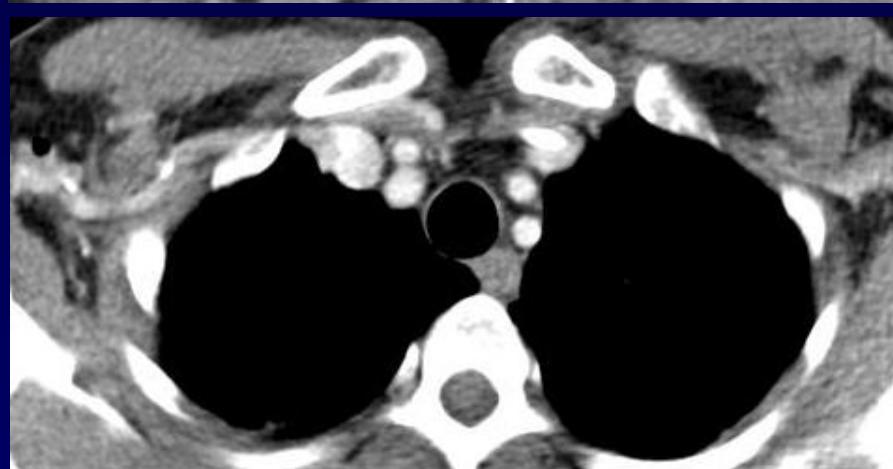
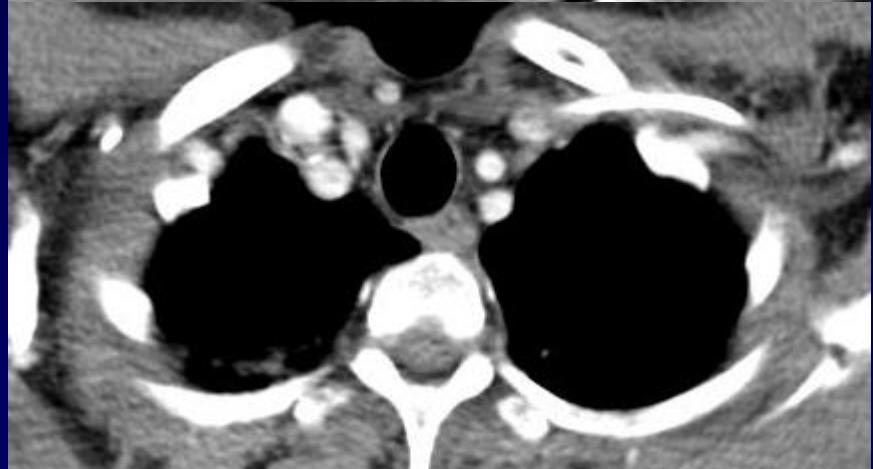
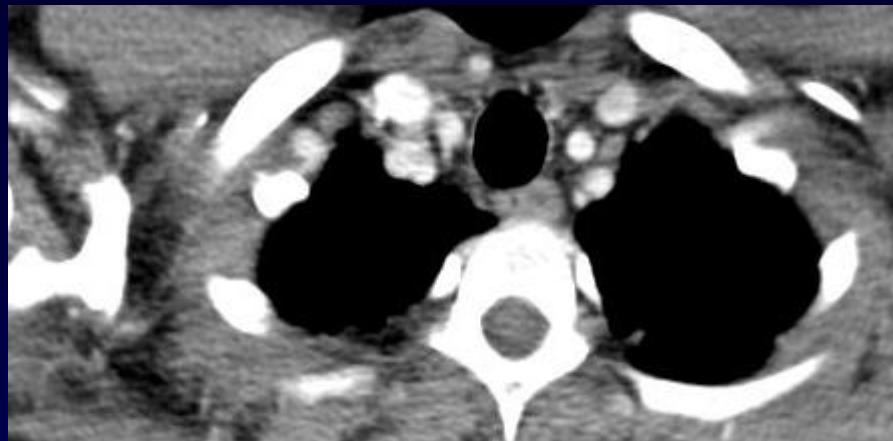
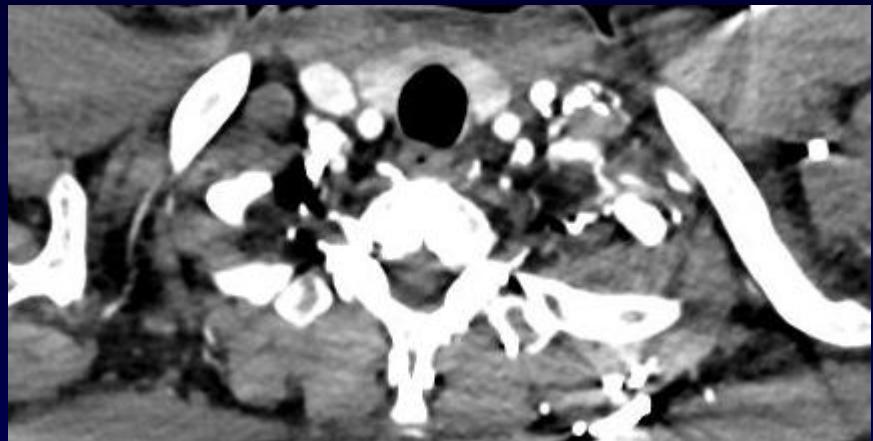




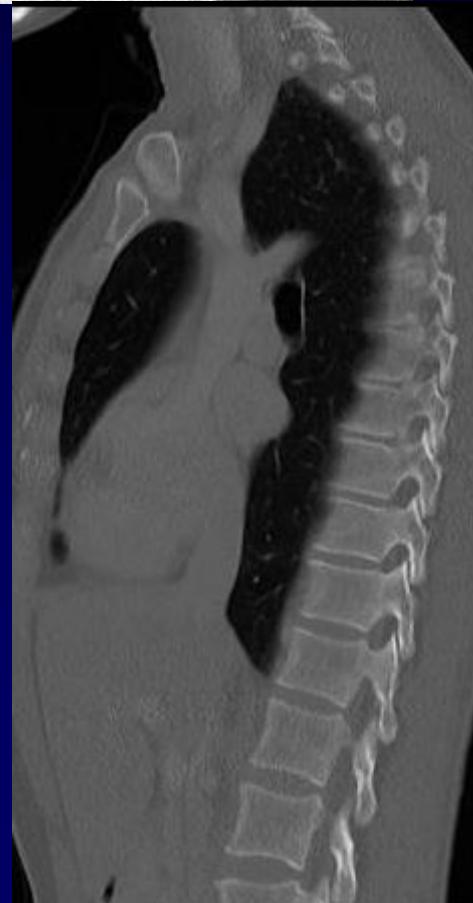
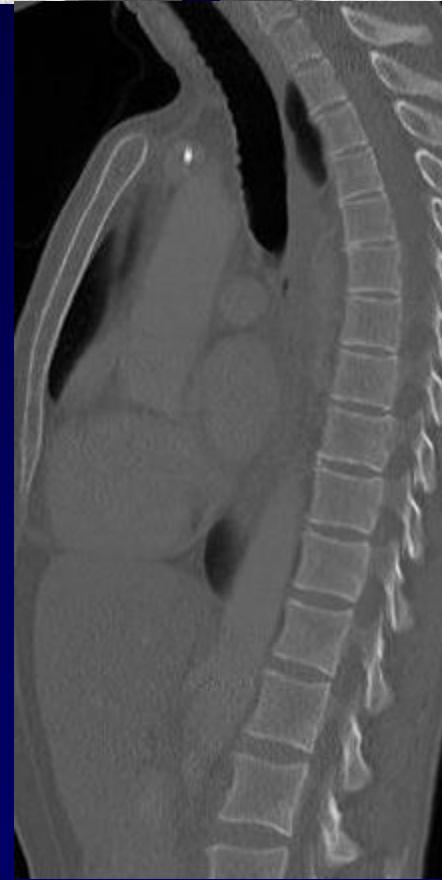
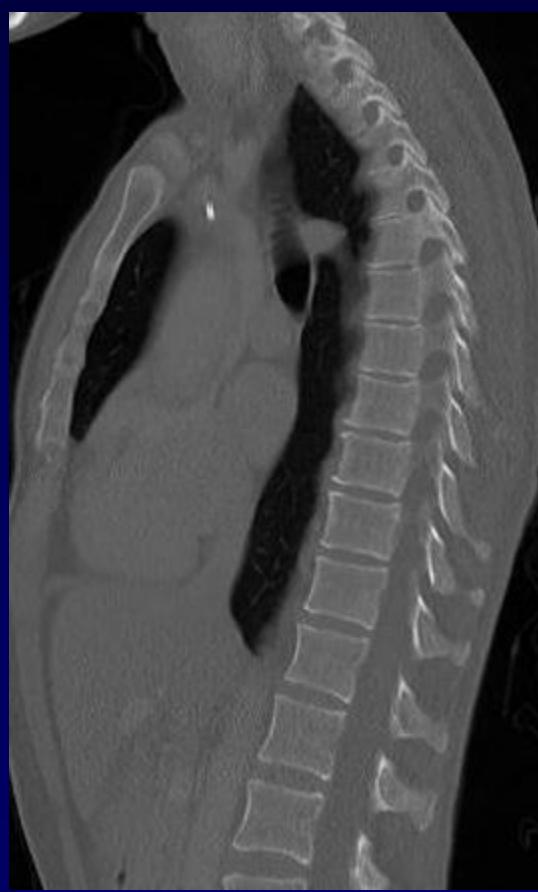
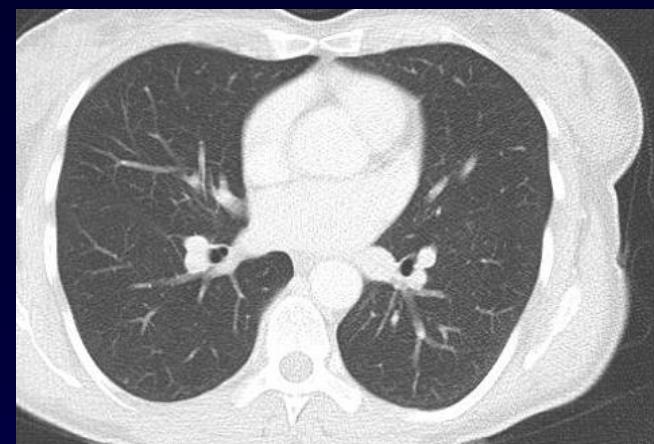
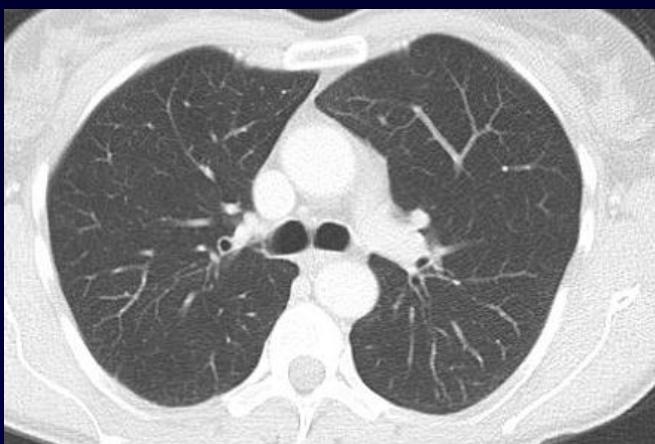
Femme de 47 ans

Carcinome endocrine d'un sinus maxillaire



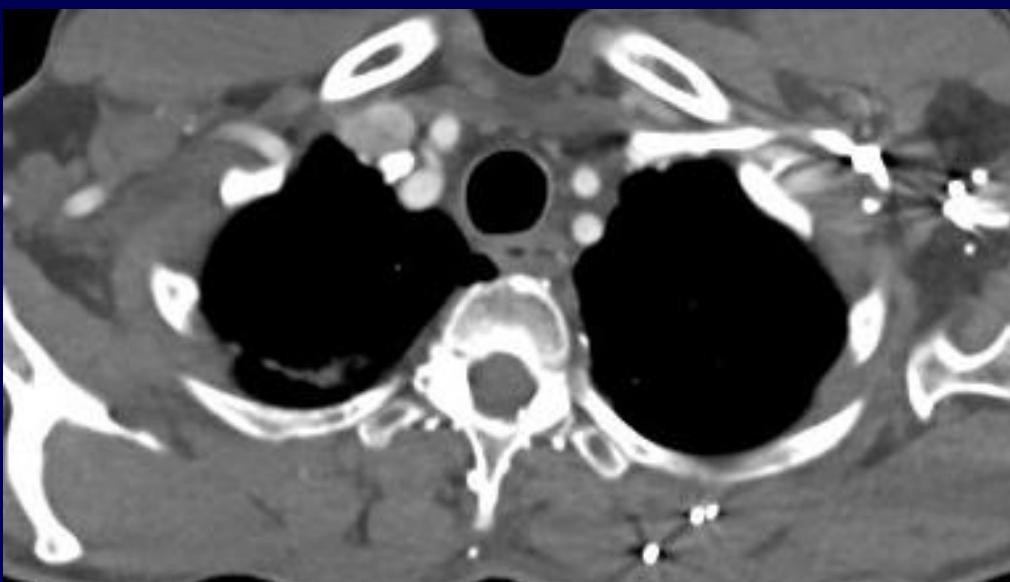
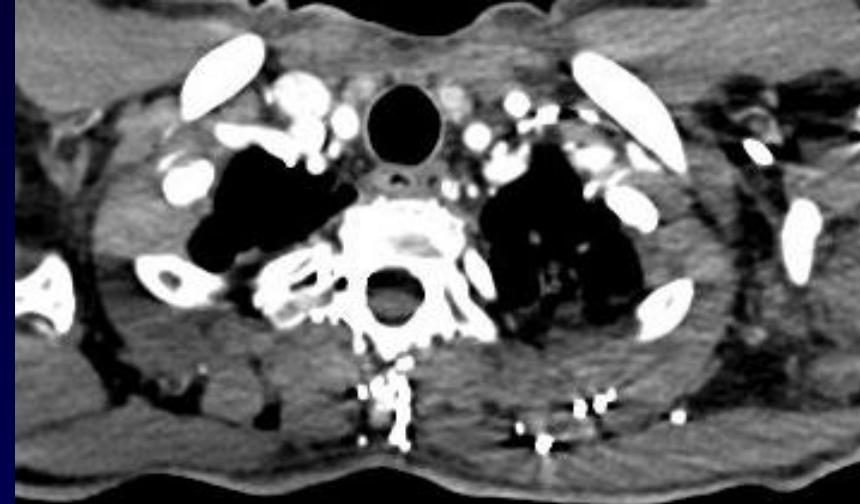
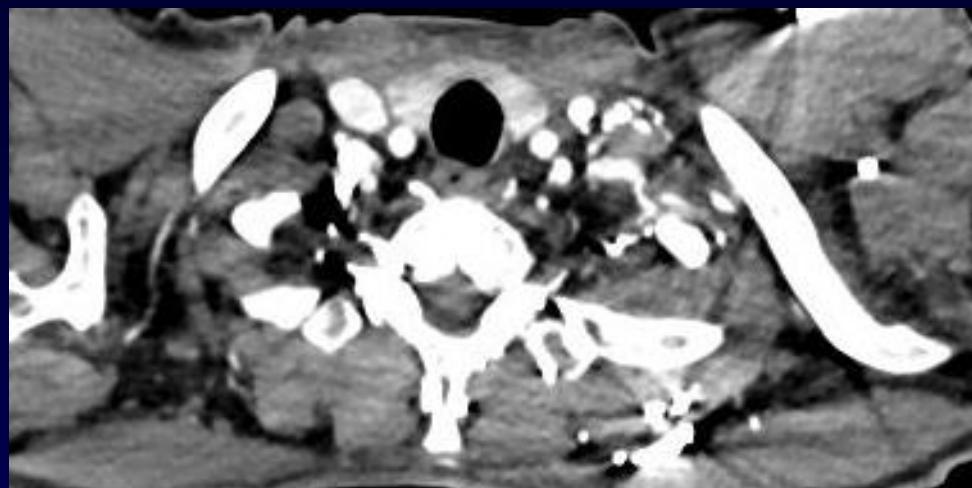


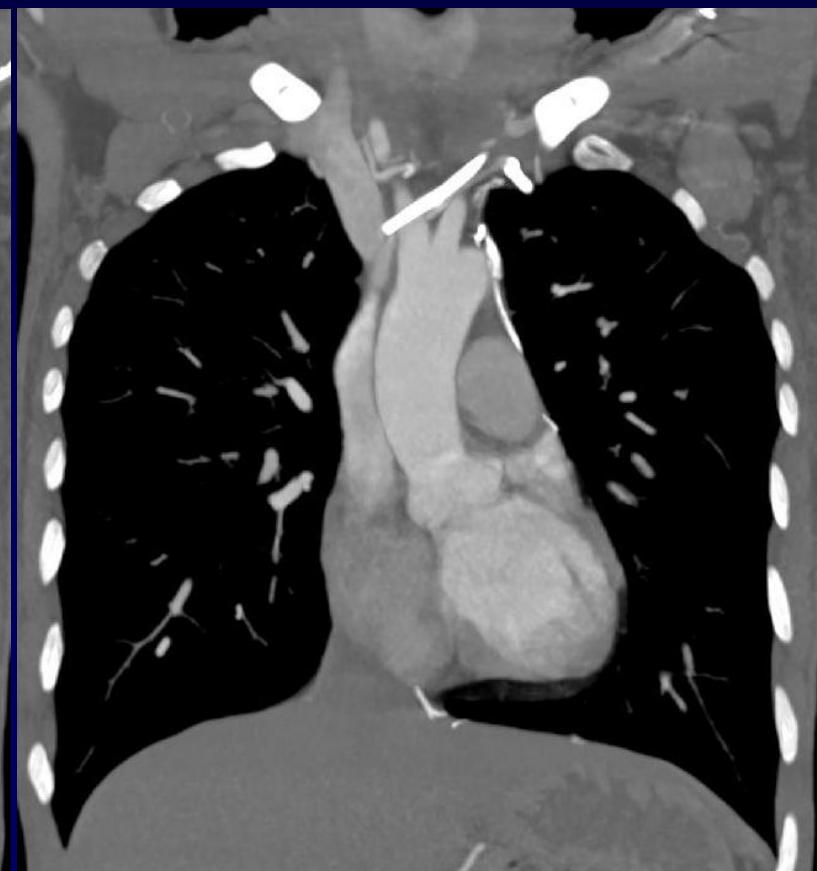
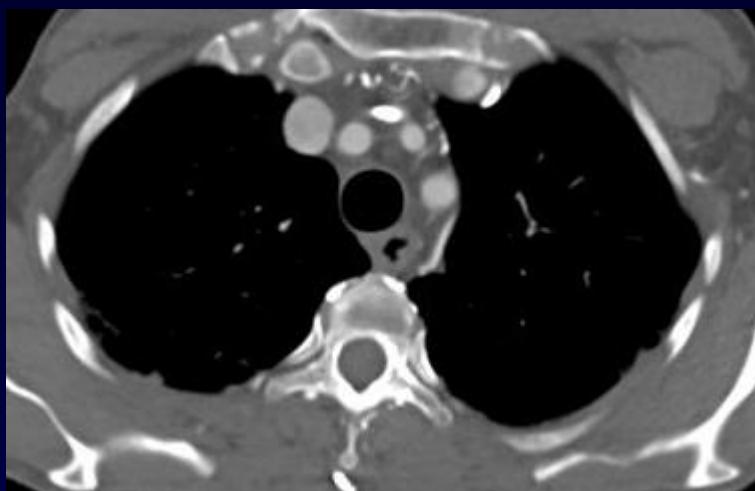




Diagnostic ?

Evolution à 4 mois



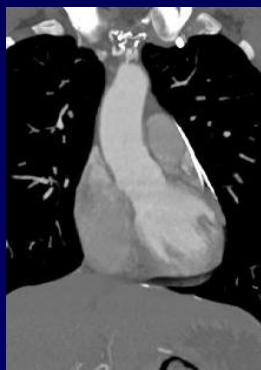
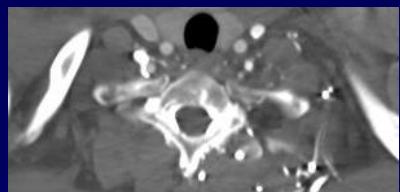




Diagnostic :

A 4 mois, rétraction du TVBG sur cathéter de chambre
implantable court

Réseau de déviation veineuse



Cervical
Médiastinal antérieur et postérieur
Péri et intra rachidien

Diagnostic ?



Hyperdensité de la partie postérieure
des corps vertébraux cervicaux
inférieurs et thoraciques supérieurs
par hyperpression veineuse
(stagnation du PDCI injecté)

Diagnostic

**Occlusion du tronc veineux brachio-céphalique
gauche sur Dispositif Veineux Implantable :
« Vanishing vein ».**

**Circulation veineuse collatérale incluant le plexus
rachidien.**

Discussion

- DVI court positionné dans le TVBCG
- Hyperpression veineuse diffusée au plexus veineux rachidien
- Diagnostic différentiel avec métastases ostéo-condensantes

Références

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Vanishing bone metastases- a pitfall in the interpretation of contrast enhanced CT in patients with superior vena cava. Br.J. of radiol. 84(2011), e176-e178

- Lacout A, El Hajjam M, Thariat J, Marcy PY.

Dealing with vanishing central veins.

Vasc Access. 2012 Oct-Dec;13(4):534-5. doi: 10.5301/jva.5000059.