



## **Dossier 2**

**M. EL HAJJAM**

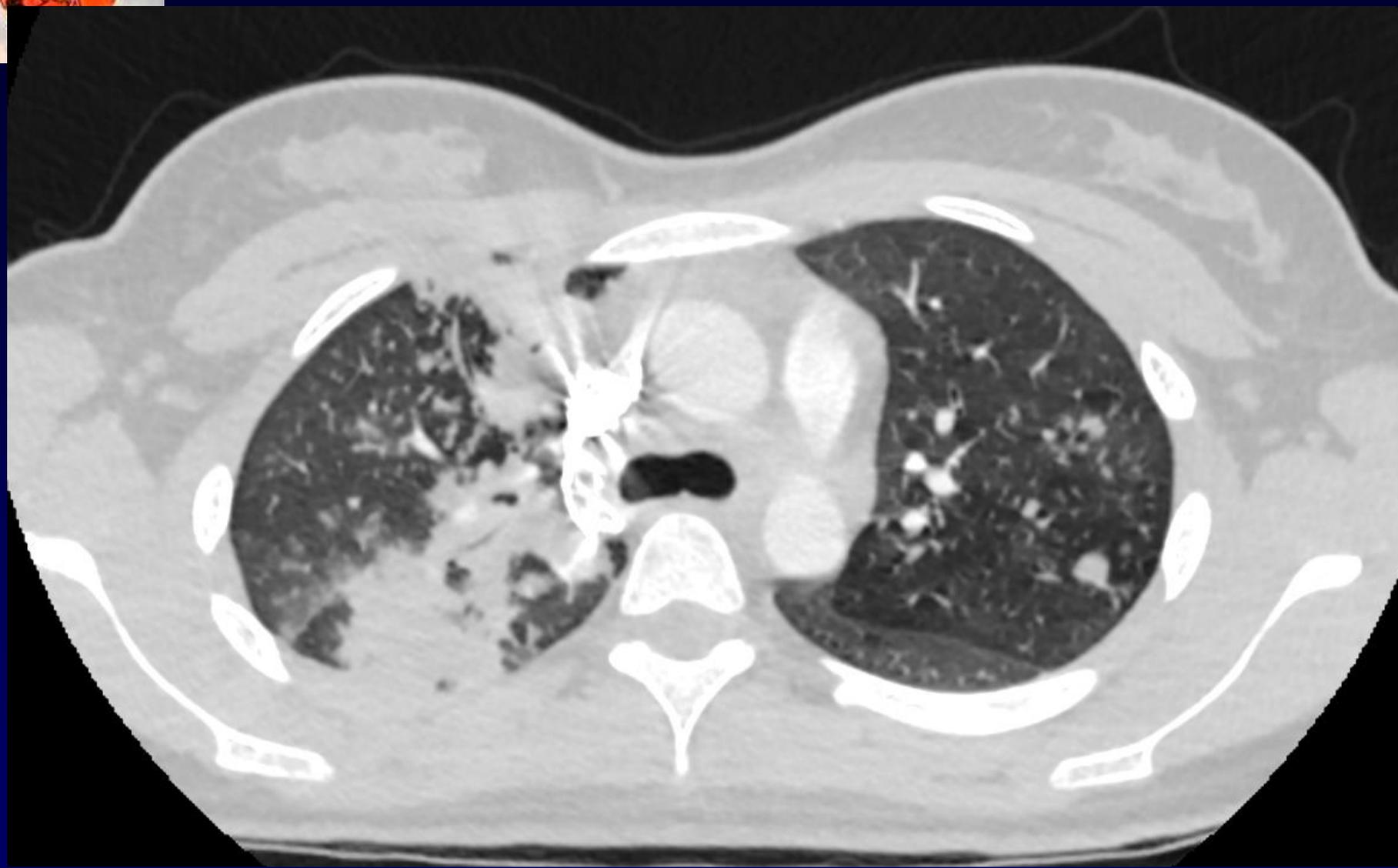
**P. LACOMBE**

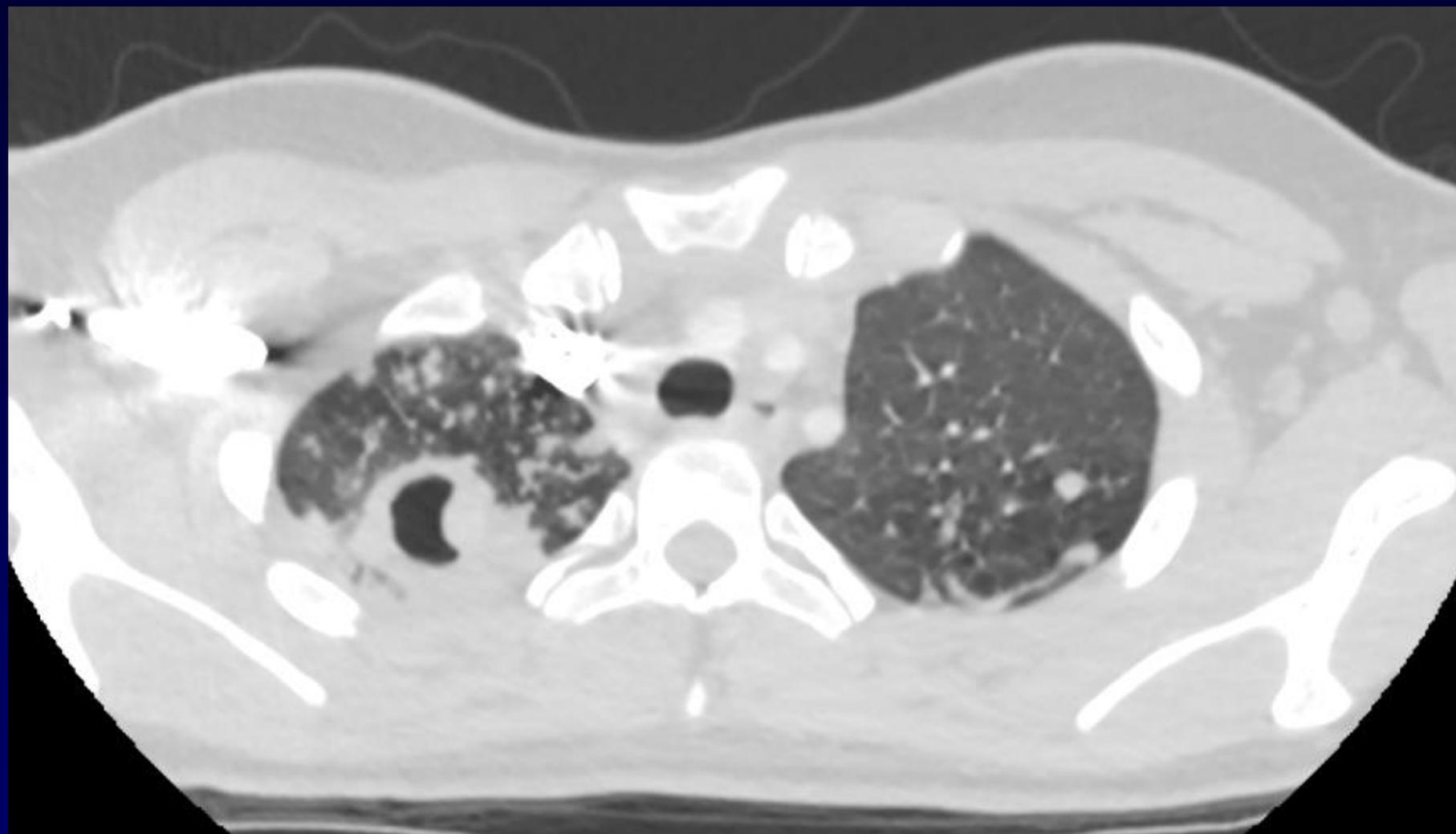
**Jeune femme de 17 ans**

**Origine Philippine**

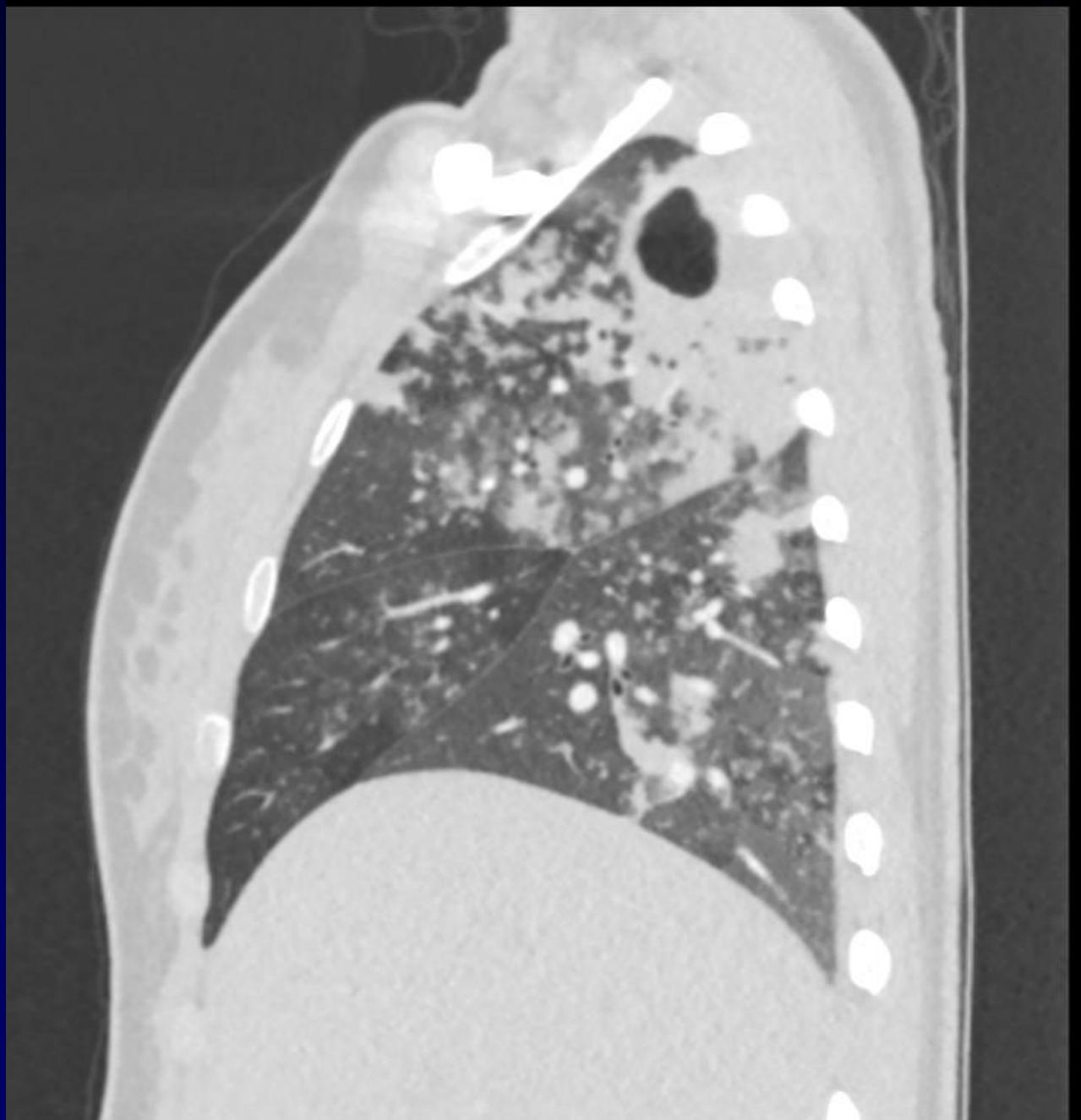
**Hémoptysie de faible abondance**

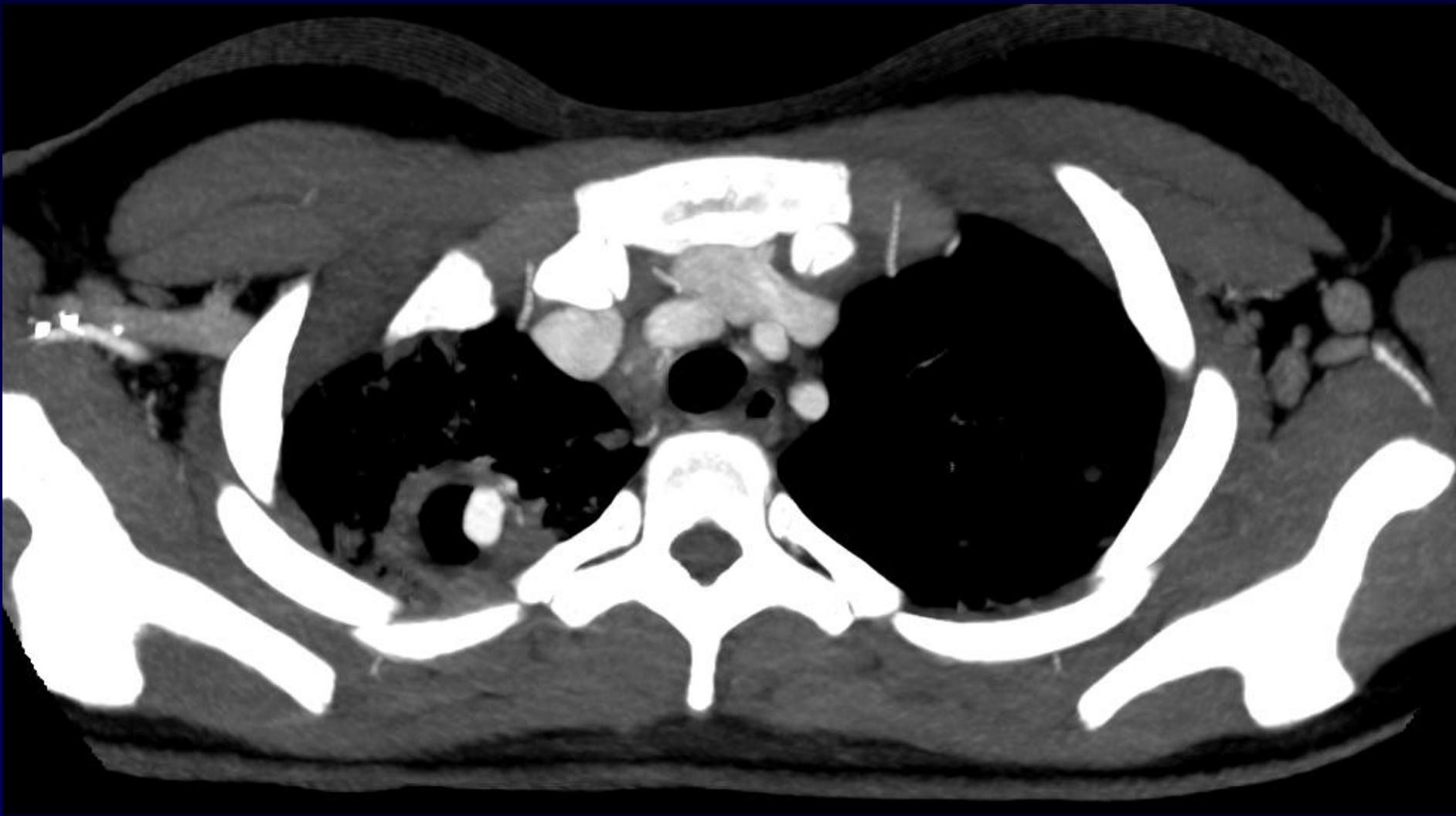










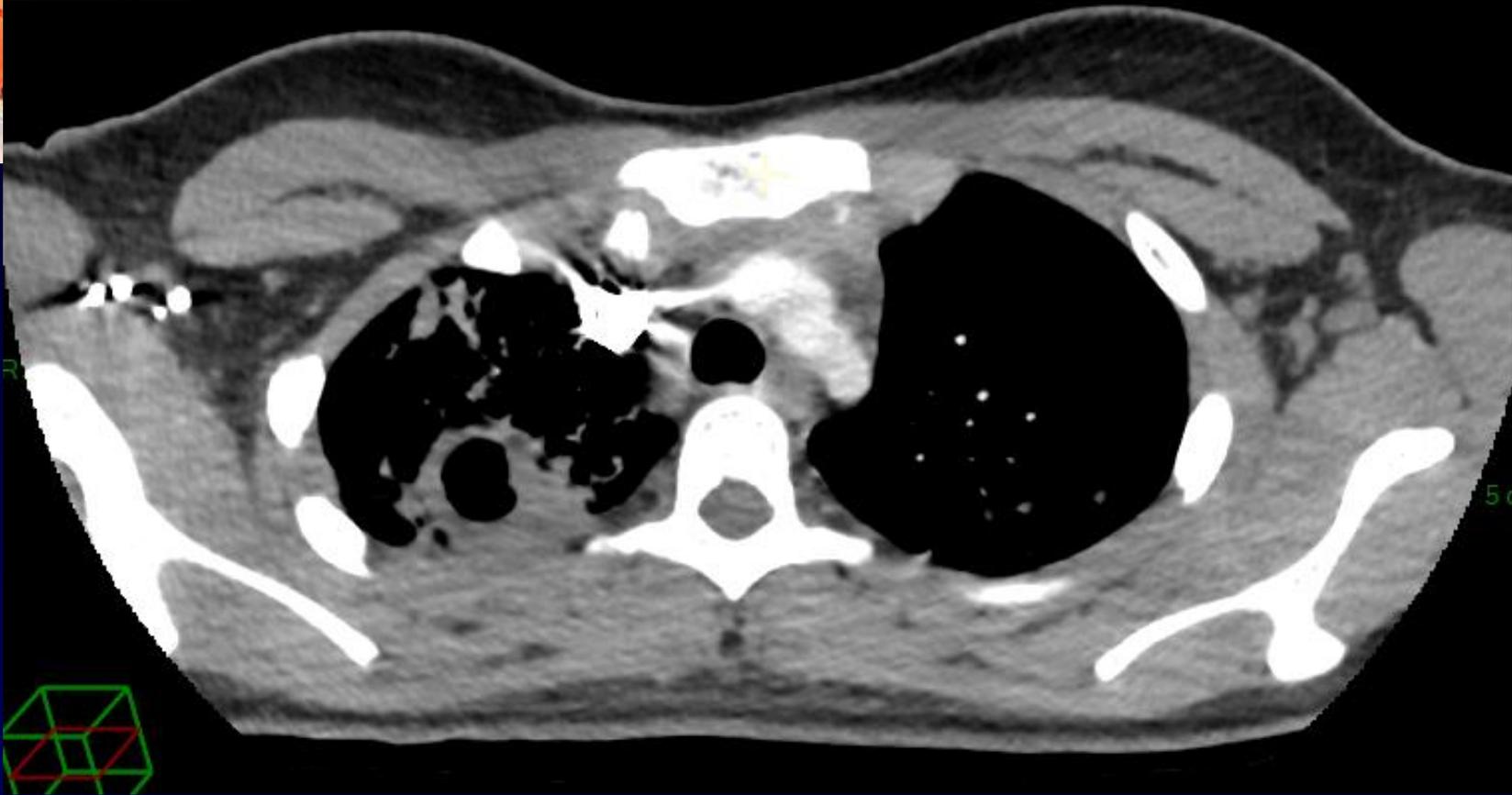




**Diagnostic ?**  
**CAT ?**

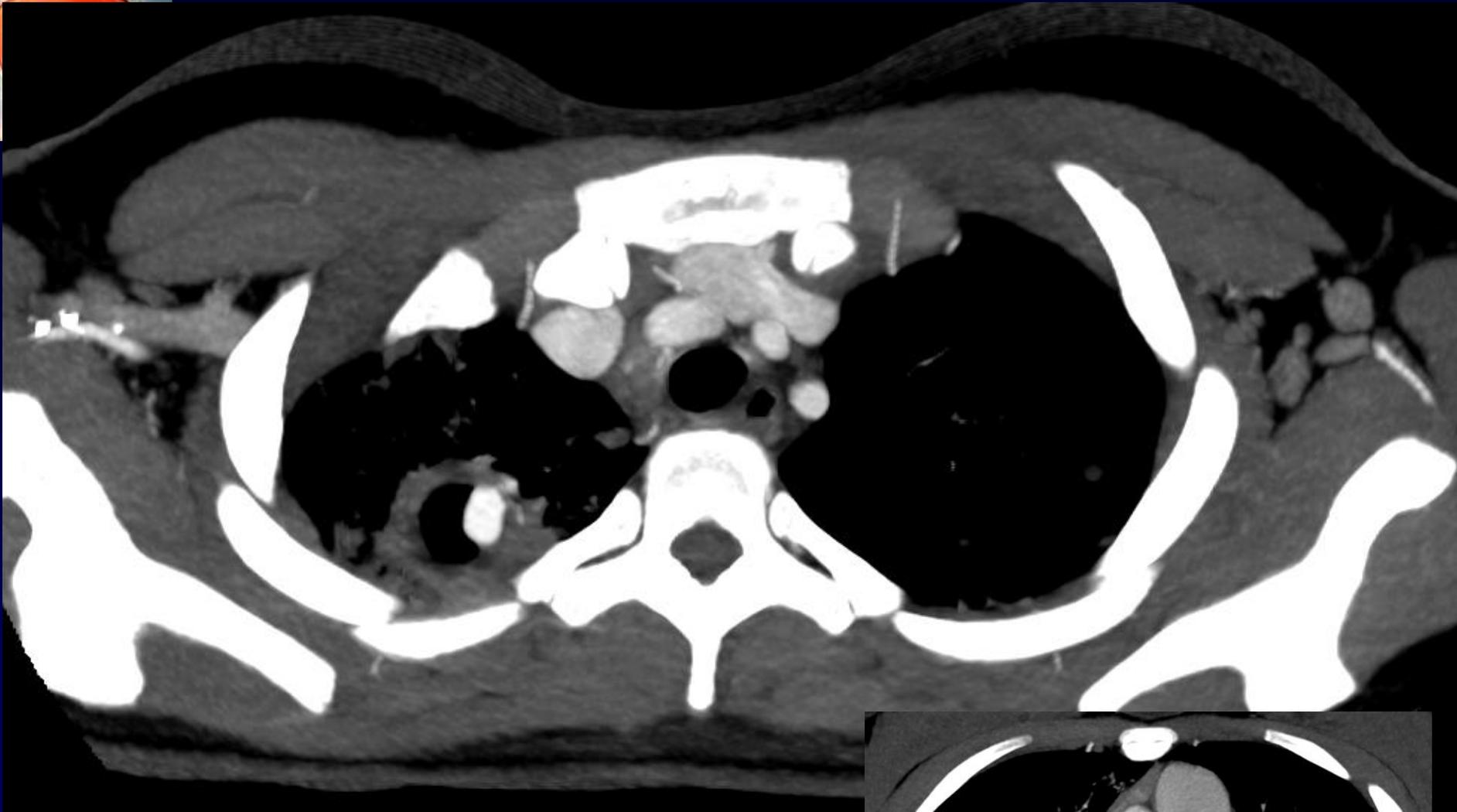






Phase artérielle pulmonaire





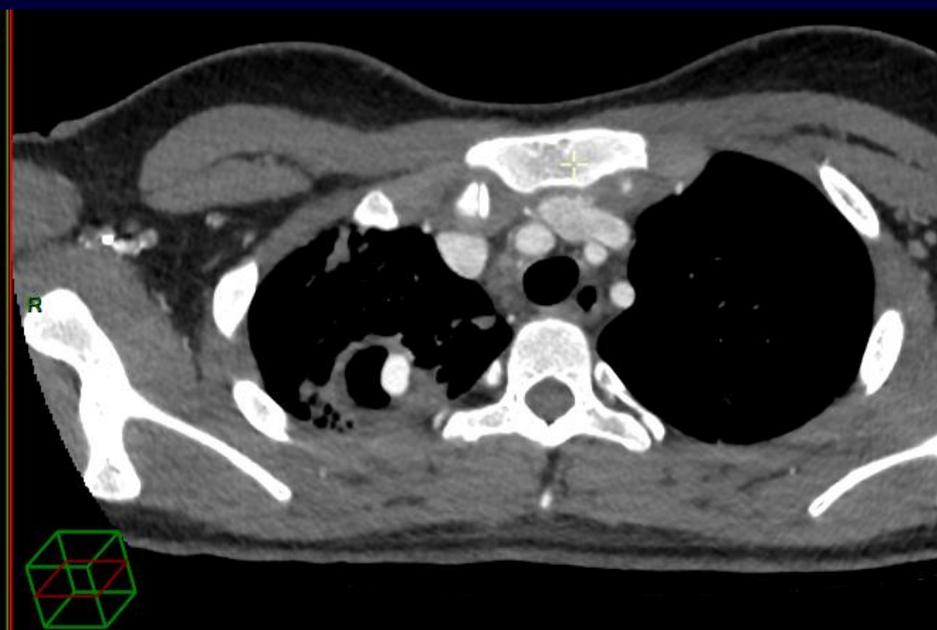
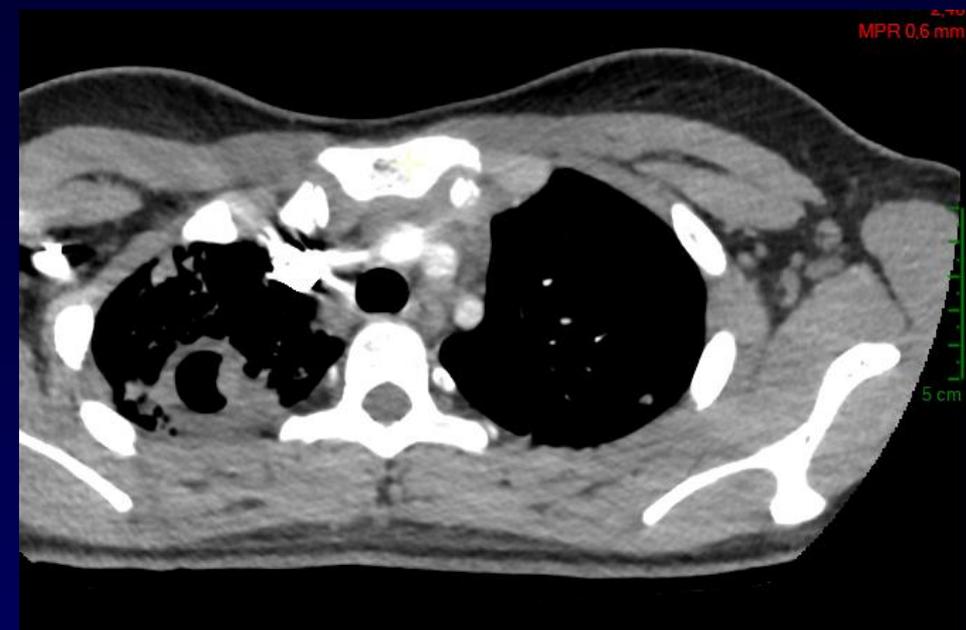
**Phase aortique**





# Double hélice TDM

## AP et Ao



Phase artérielle pulmonaire

Phase aortique

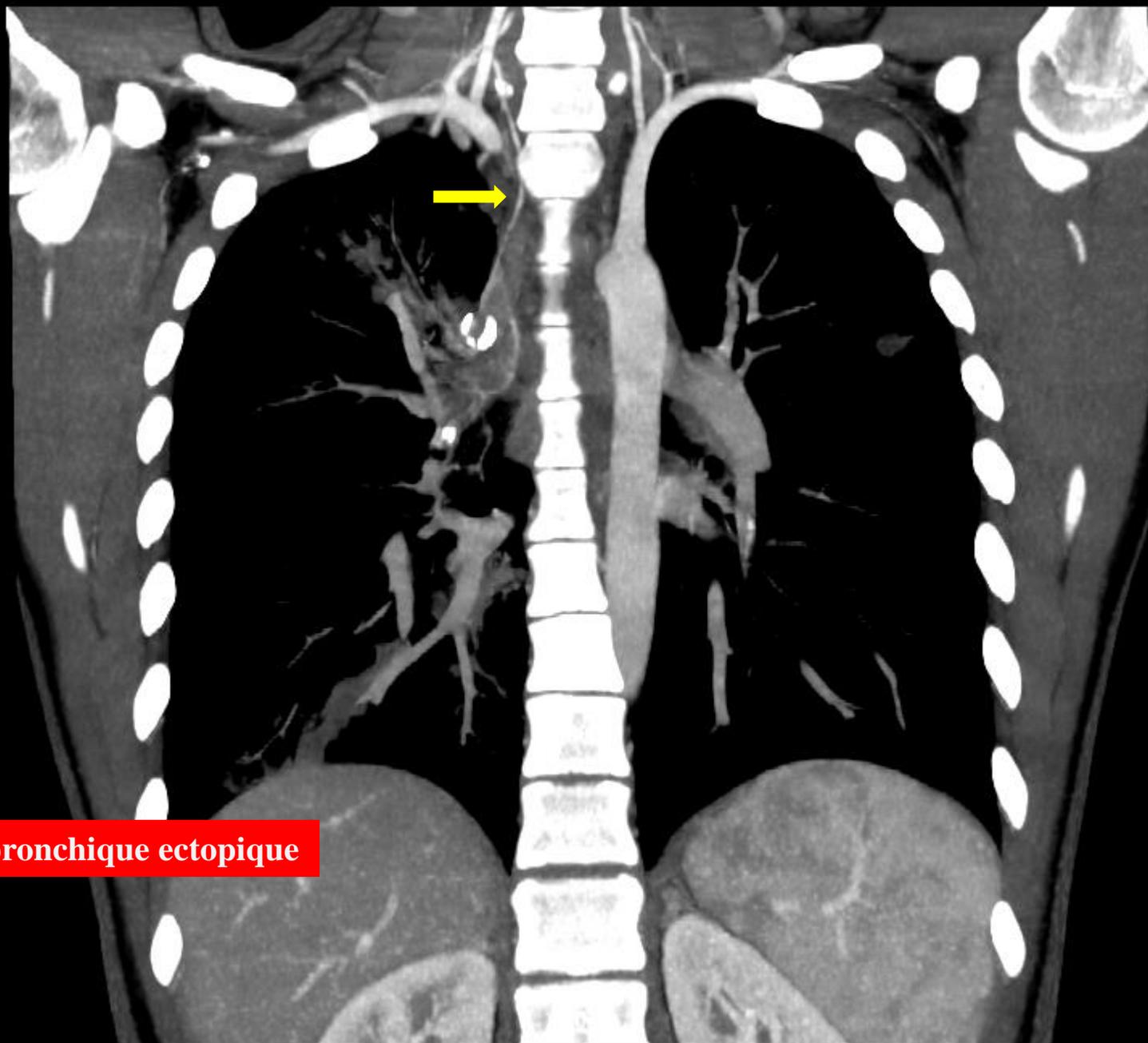
**1- CAT**

**Embolisation bronchique**

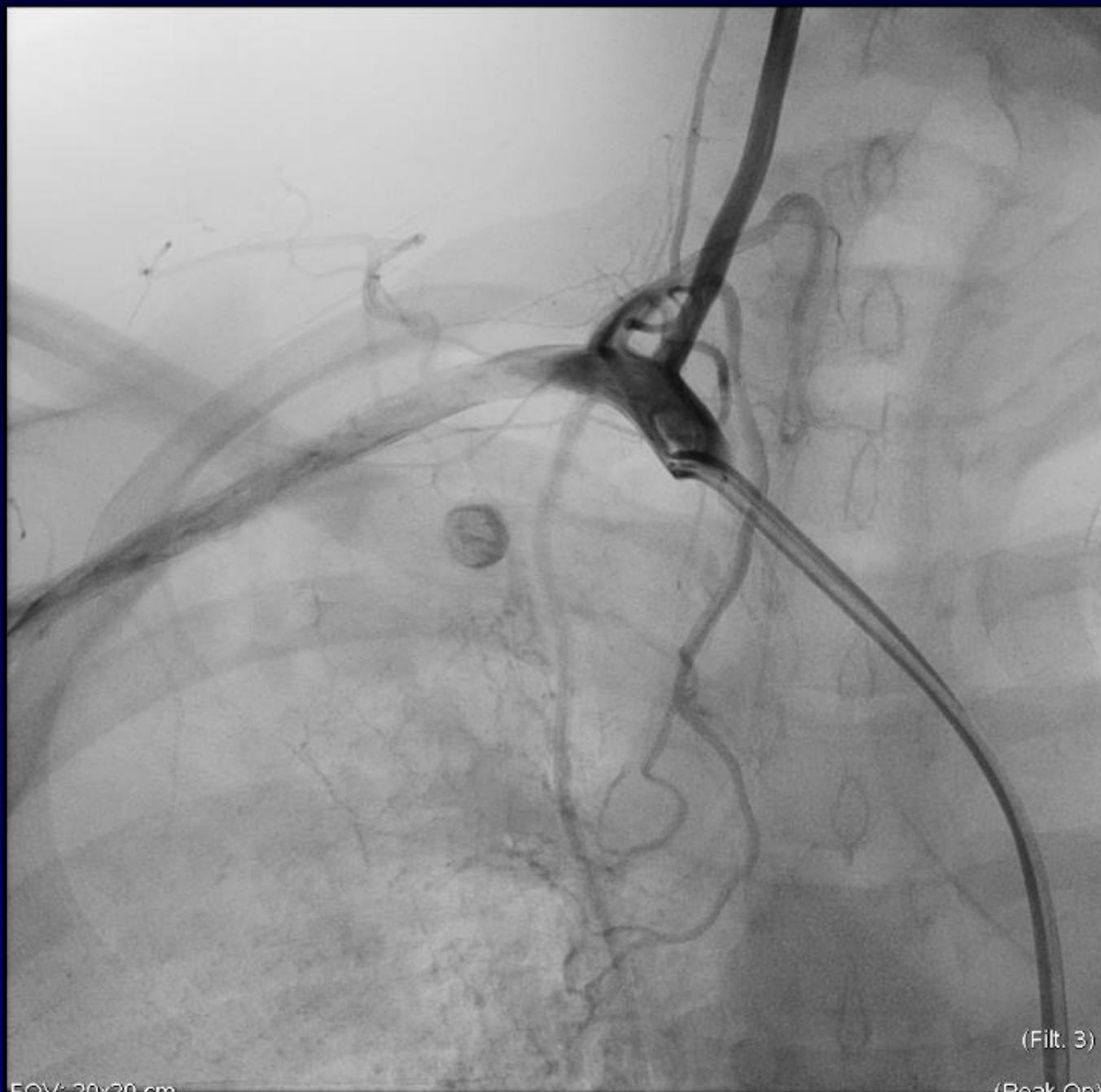
**2- Diagnostic (fait à distance de l'embolisation)**

**Tuberculose aigue**

**BAAR à l'examen direct des aspirations bronchiques**



**Artère bronchique ectopique**

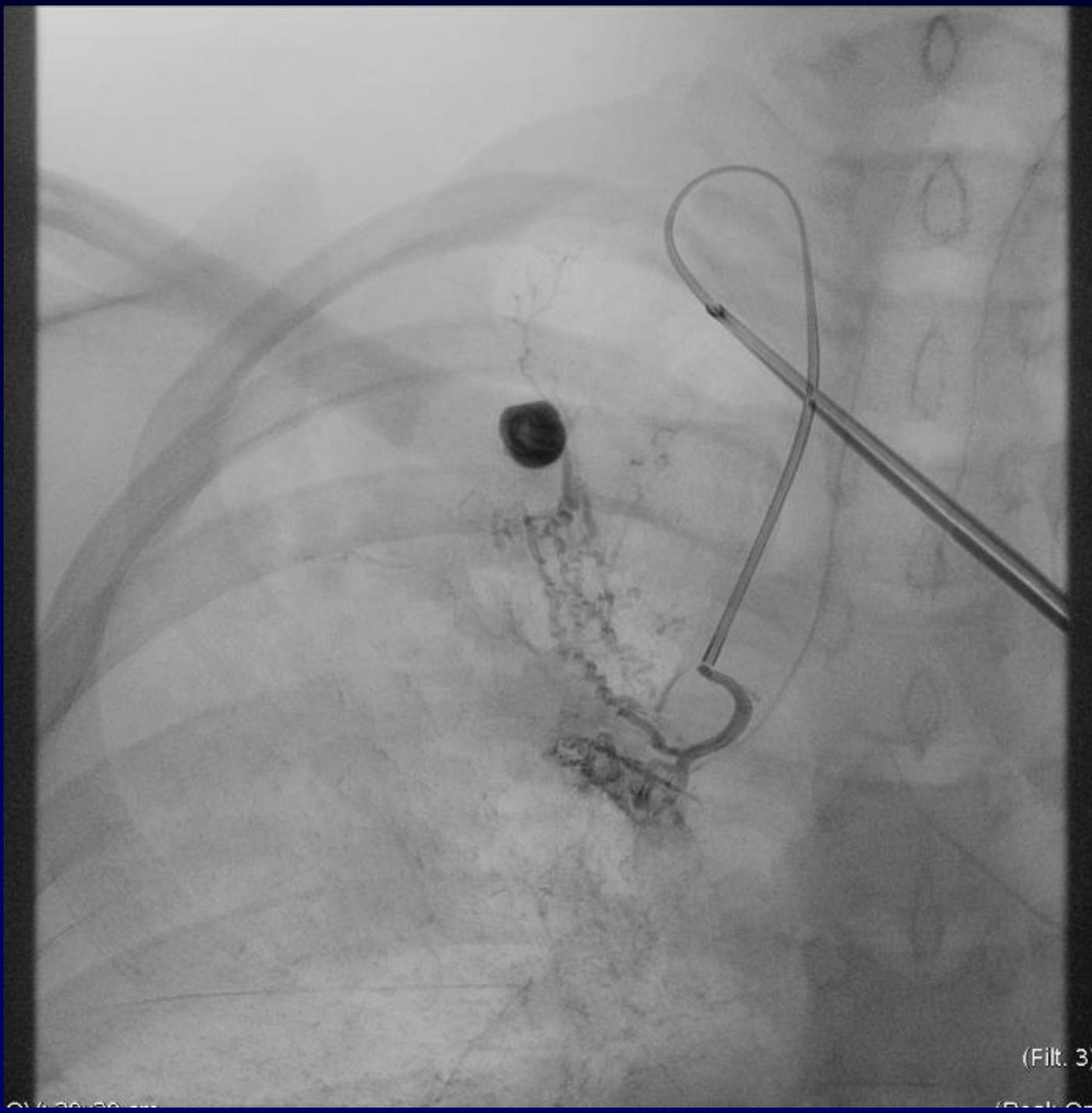


ECV: 20x20 cm

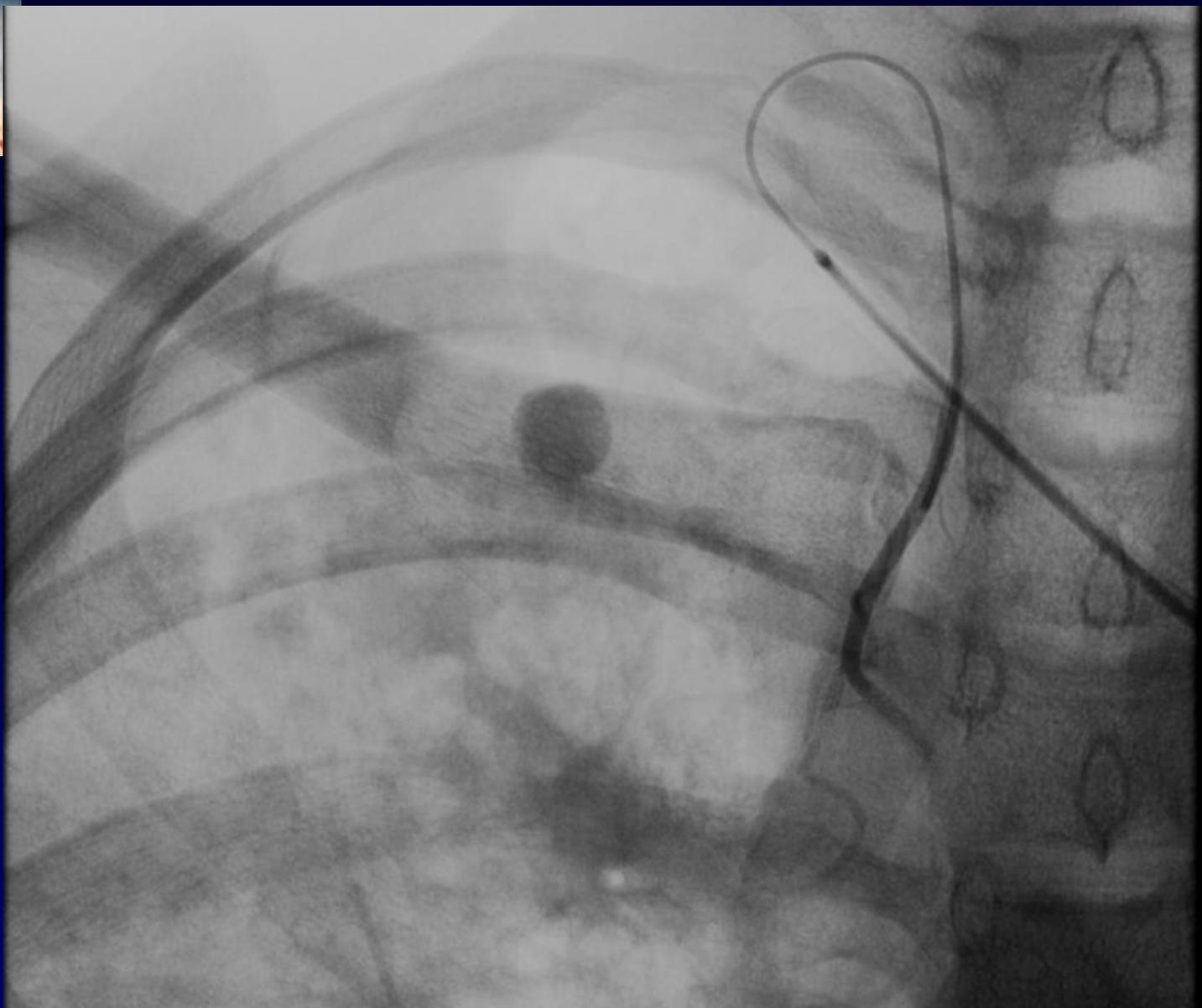
(Peak Op)



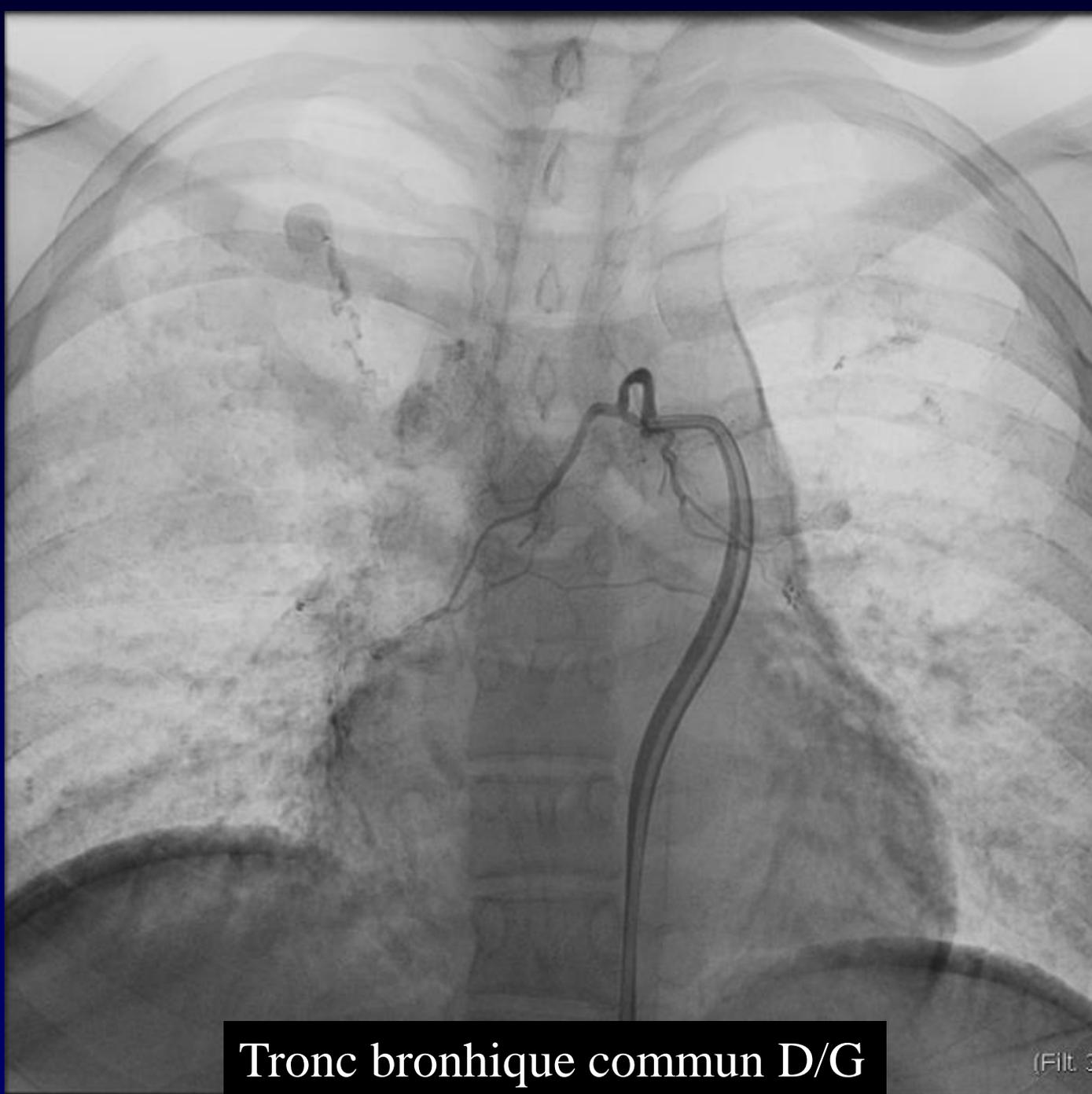
**Fx anévrisme / Artère bronchique ectopique**



(Filt. 3)



CTRL post-embo Embosphères 500-700 $\mu$   
Stagnation du PDCI dans le Fx anévrisme

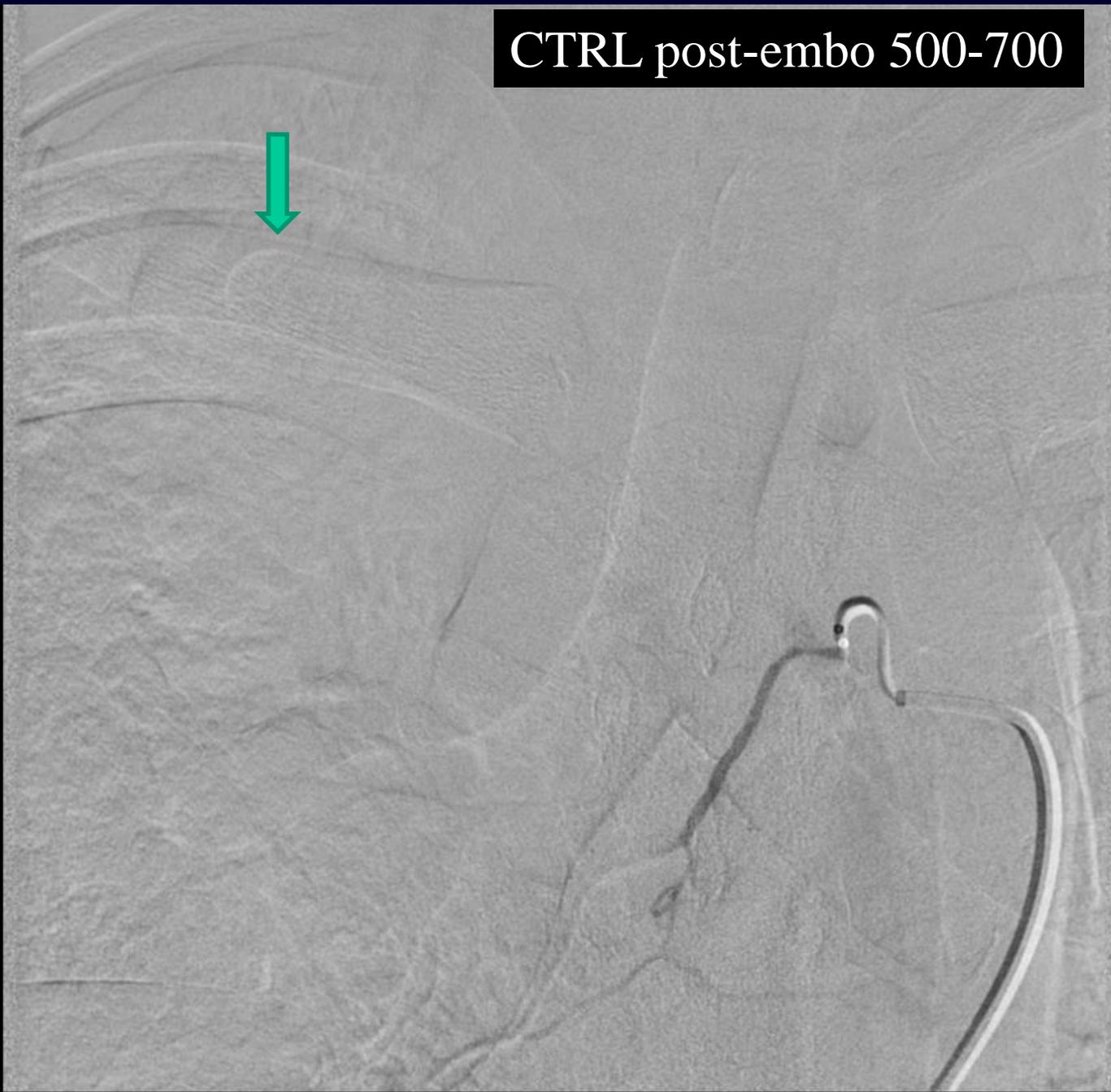


Tronc bronhique commun D/G

(Filt. 3)



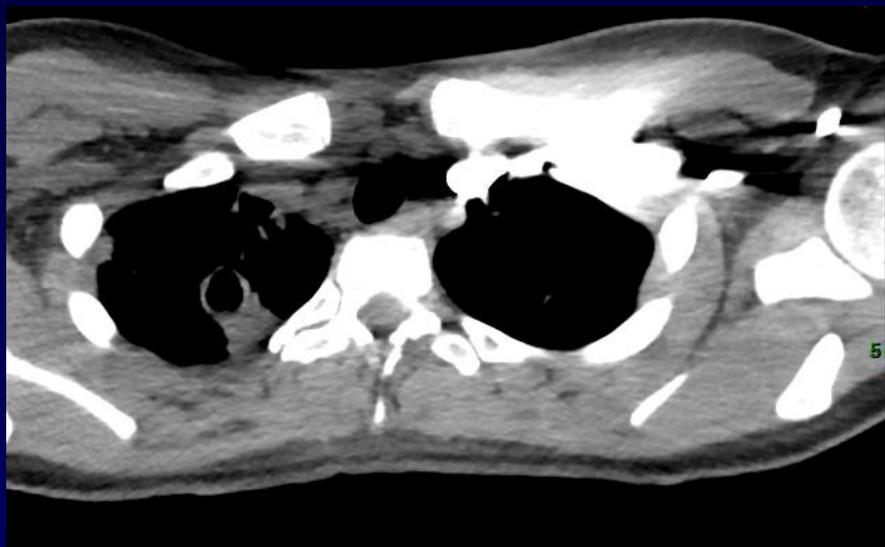
CTRL post-embo 500-700





## Double hélice TDM de contrôle à 5 semaines

**Disparition du faux anévrisme**  
**Réduction des lésions tuberculeuses**



**Phase artérielle pulmonaire**



**Phase aortique**