M. EL HAJJAM

A. LACOUT

Homme de 59 ans

Douleur lombaire droite hyperalgique.
Hyperleucocytose

Suspicion de colique néphrétique ou de pyélonéphrite droite

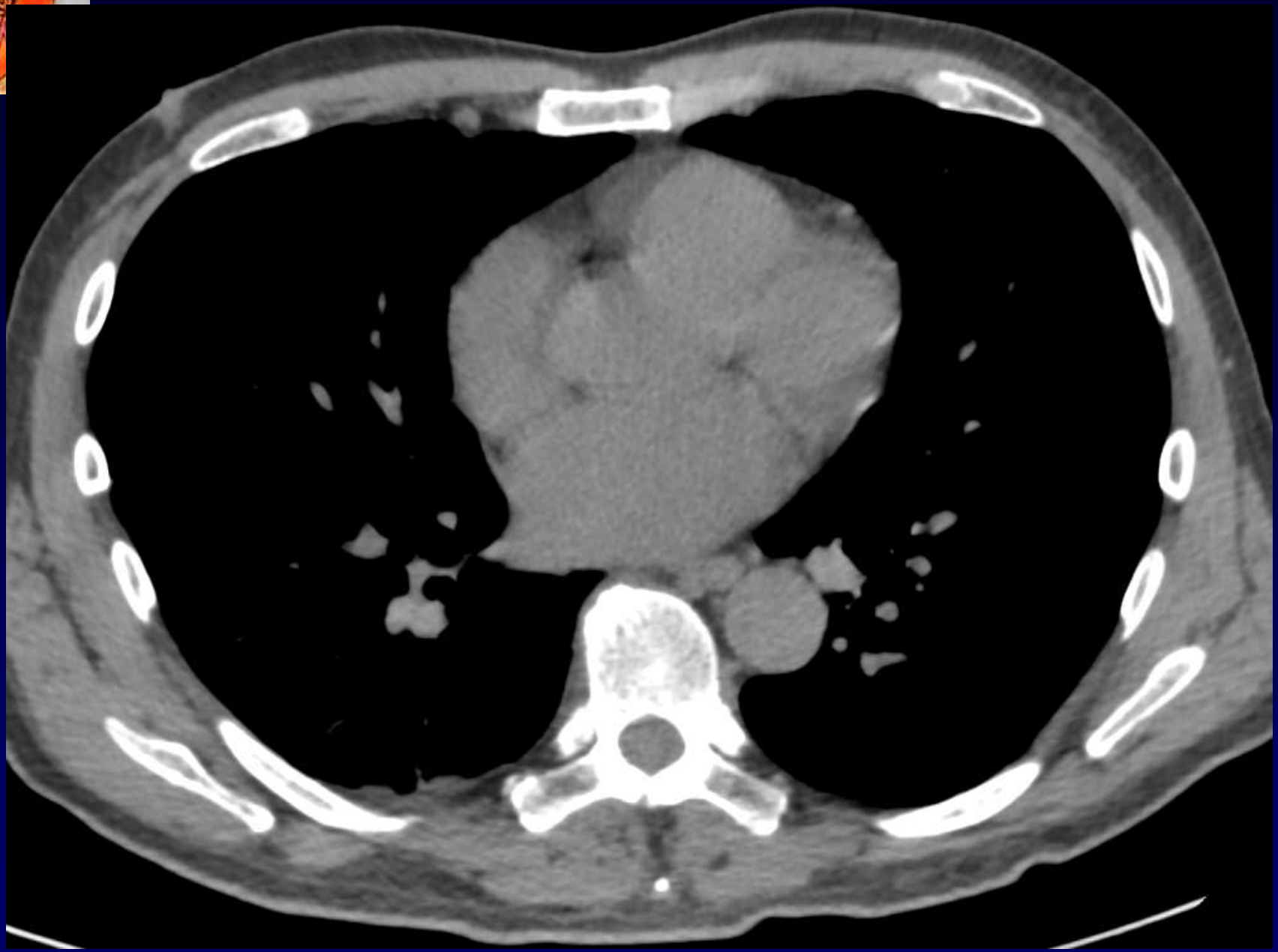
Scanner AP en urgence, qui innocente les reins, mais sur la base thoracique…

Complément par Scanner thoracique sans injection

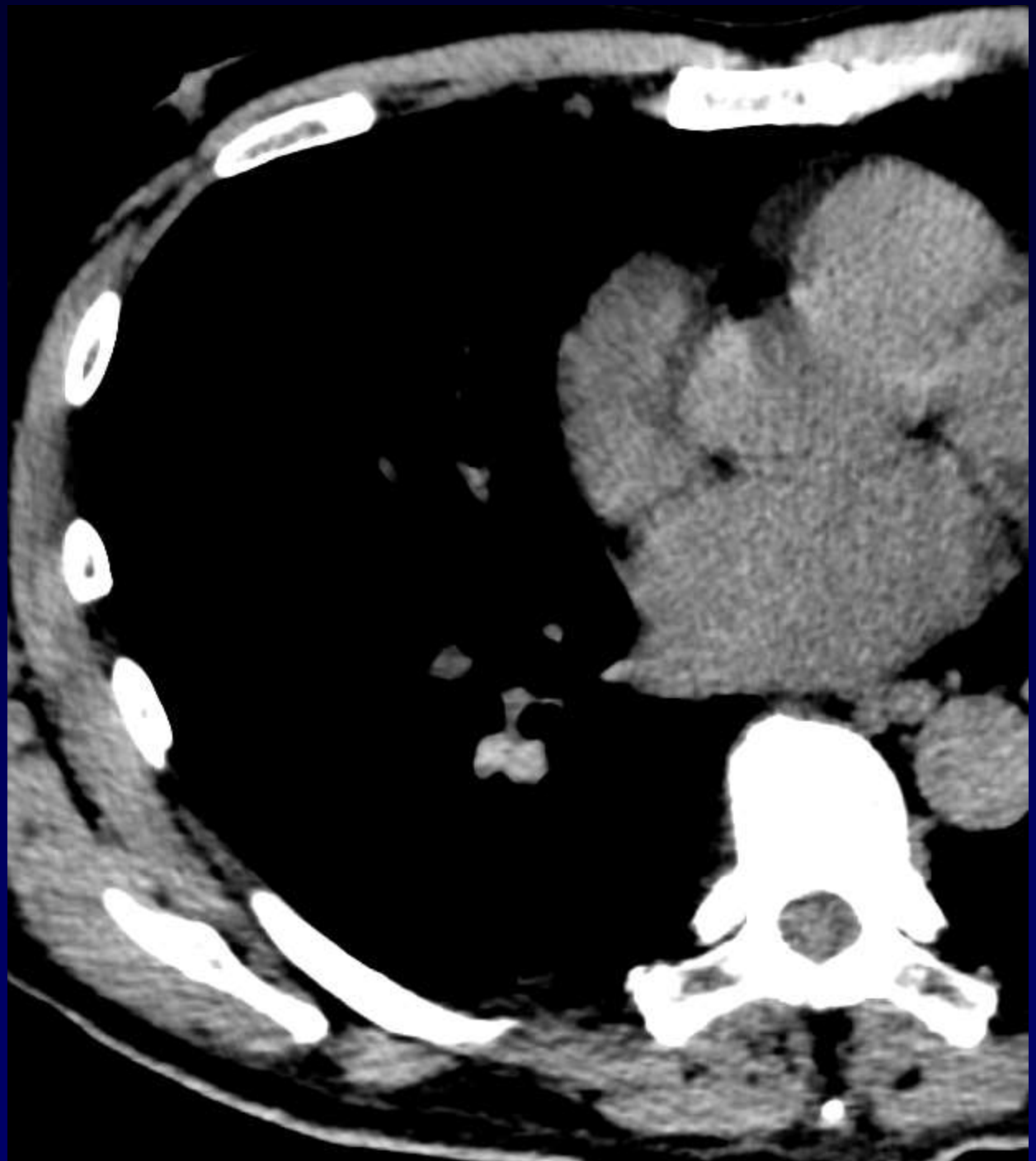

LE B THORAX

Droite

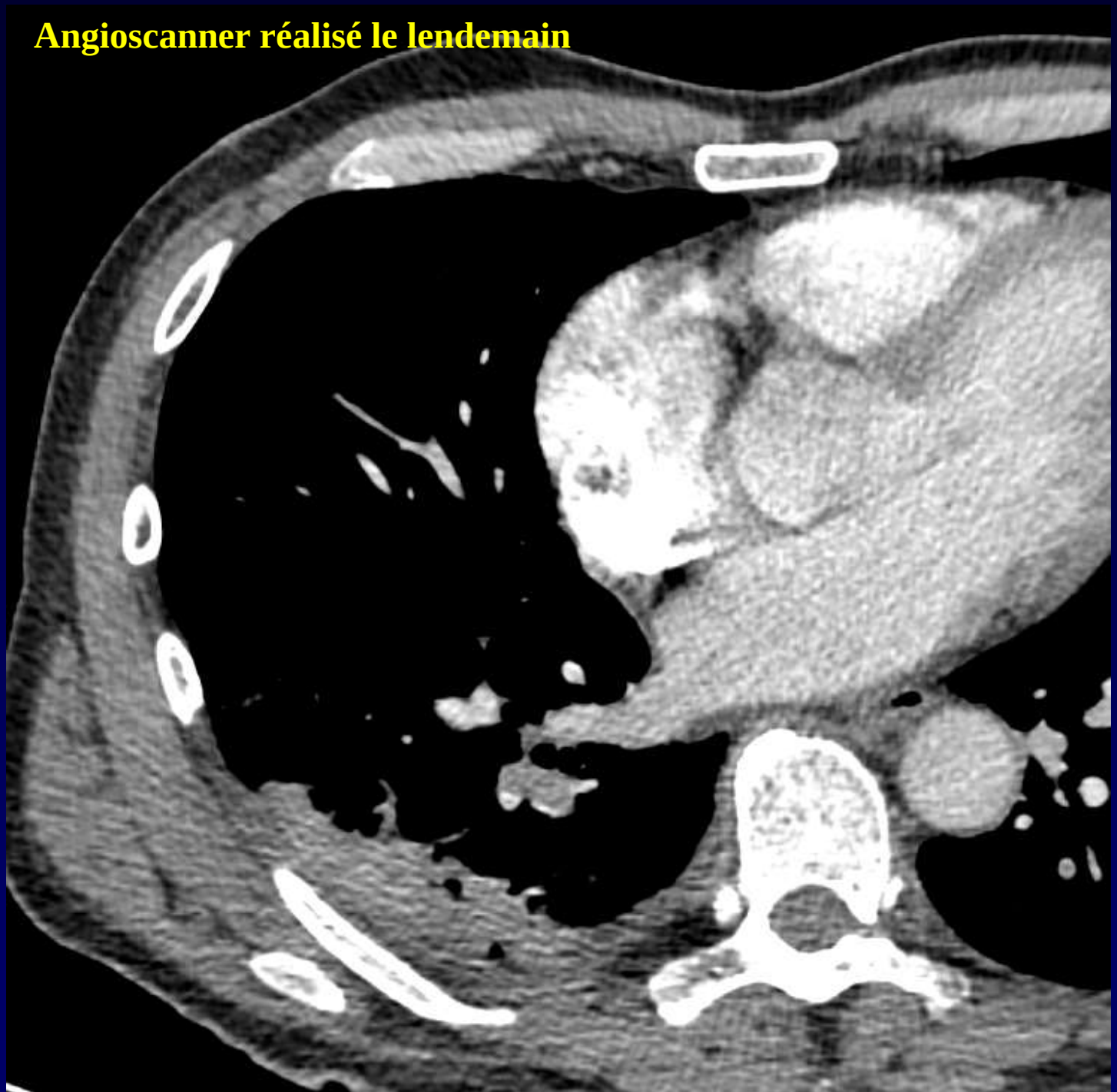
Gauche




THORAX



Angioscanner réalisé le lendemain



Diagnostic ?

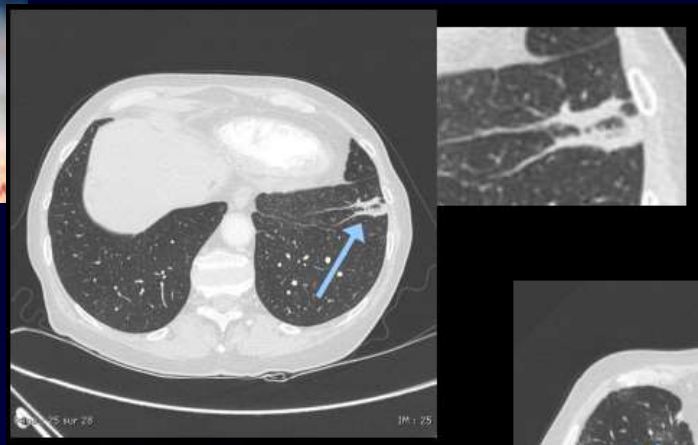
Embolie pulmonaire ***bilatérale***

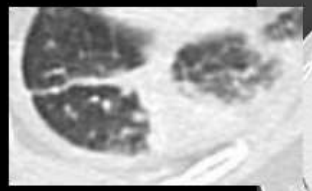
Thrombus artériel pulmonaire visible sur série sans injection

Image spontanément hyperdense dans artère pulmonaire

Infarctus pulmonaire lobaire inférieur prédominant à droite

A ne pas confondre avec pneumopathie

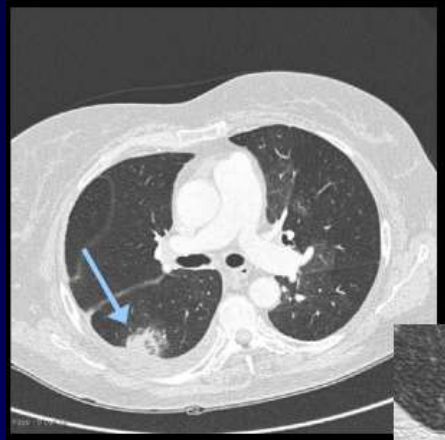


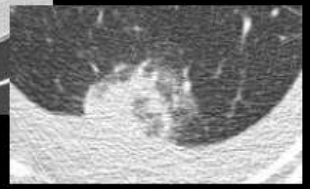


Bandes parenchymateuses

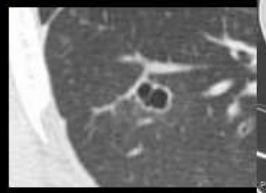
Opacité pointue

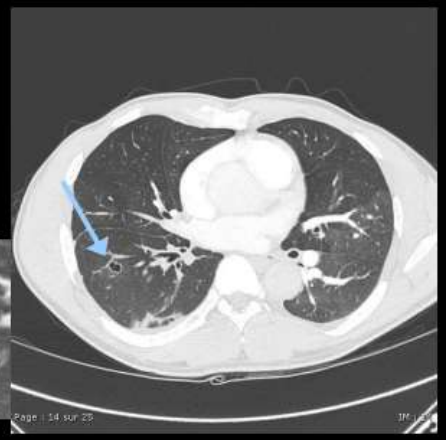
Opacités linéaires périphériques irrégulières





Nodule périphérique





Cavité

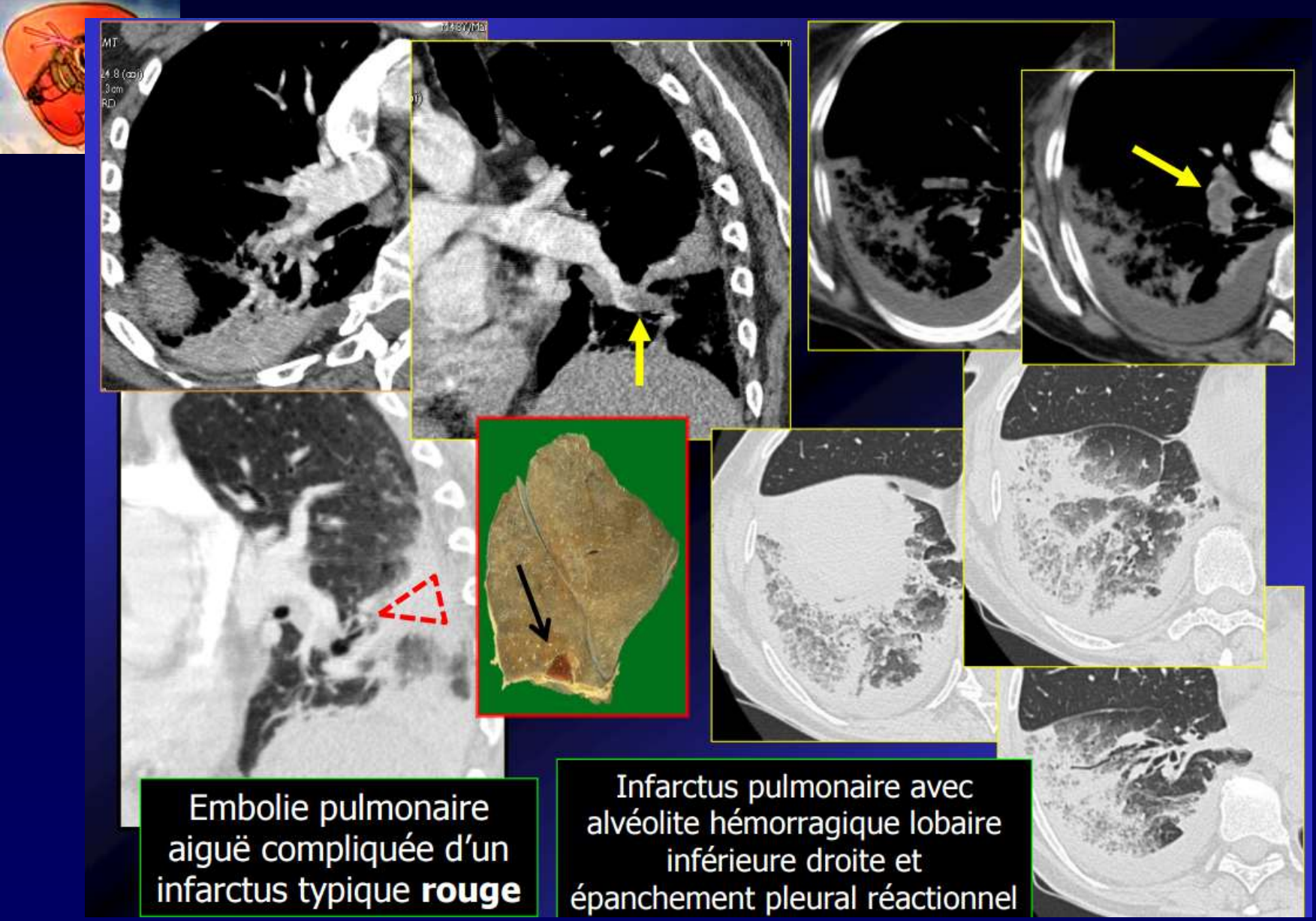
Séquelles d'infarcissement pulmonaire dans leurs différents aspects sémiologiques au scanner thoracique, en bandes parenchymateuses, sous forme d'opacité pointue, de nodule périphérique, de cavité, d'opacités linéaires périphériques irrégulières.

[PDF] Critères sémiologiques au scanner multicanaux de l'embolie ...

pe.sfrnet.org/Data/.../pdf/2009/1/55e3f642-f287-4502-826b-1a138df59e14.pdf ▾

de SABI KHALIL - Autres articles

Critères sémiologiques au **scanner** multicanaux de l'**embolie pulmonaire** chronique. Samer ABI KHALIL, Anne-Laurence GOURDIER,. Cosmina NEDELCU, Elie ...



Embolie pulmonaire aiguë compliquée d'un infarctus typique **rouge**

Infarctus pulmonaire avec alvéolite hémorragique lobaire inférieure droite et épanchement pleural réactionnel

RSNA
Radiology

Original Research
Thoracic Imaging

Is It Possible to Recognize Pulmonary Infarction on Multisection CT Images?

Marie-Pierre Revel, MD, Rached Triki, MD, Gilles Chatellier, MD, Sophie Couchon, MD, Nathalie Haddad, MD, Anne Hernigou, MD, Claire Danel, MD, and Guy Frija, MD

+Additional Information

DOI: http://dx.doi.org/10.1148/radiol.2443060846

Purpose: To retrospectively determine sensitivity and specificity of four findings for distinguishing pulmonary infarction from other causes of peripheral pulmonary consolidations on multidetector computed tomographic (CT) images, with other CT and clinical findings as reference.

Materials and Methods: Institutional review board approved the study and waived informed consent. Three independent radiologists blindly analyzed selected multisection CT images of 50 pulmonary infarctions—not showing direct arterial signs of pulmonary embolism—and 100 peripheral consolidations of other origins. Readers analyzed four findings: triangular shape, vessel sign (defined as presence of an enlarged vessel at the apex of consolidation), central lucencies, and air bronchograms. Interobserver agreement; frequency on CT images with and without infarct; and sensitivity, specificity, and positive likelihood ratio (LR) for diagnosis of pulmonary infarction were assessed for each finding.

Results: One hundred fifty peripheral consolidations were analyzed in 134 (75 men, 59 women) patients (mean age, 55.9 years ± 17.4 [standard deviation] vs 54.7 ± 19.9; $P = .71$). Interobserver agreement was good for central lucencies and air bronchograms and poor to moderate for the other two findings ($\kappa < 0.61$). Compared with CT images without infarct, CT images with infarct had a higher frequency of vessel sign (32% [16 of 50] vs 11% [11 of 100], $P = .029$) and central lucencies (46% [23 of 50] vs 2% [two of 100], $P < .001$) and a lower frequency of air bronchograms (8% [four of 50] vs 40% [40 of 100], $P = .003$). Frequency of triangular shape was similar in both groups (52% [26 of 50] vs 40% [40 of 100], $P = .17$). Positive LR was 23.0 for central lucencies, 2.9 for vessel sign, 1.3 for triangular shape, and 0.2 for air bronchograms. Presence of central lucencies had 98% specificity and 46% sensitivity for pulmonary infarction. When the vessel sign and negative air bronchogram were combined with central lucencies, specificity increased to 99% but sensitivity decreased to 14%.

Conclusion: Central lucencies in peripheral consolidations are highly suggestive of pulmonary infarction.

Keywords: CI = confidence interval; LR = likelihood ratio; PE = pulmonary embolism