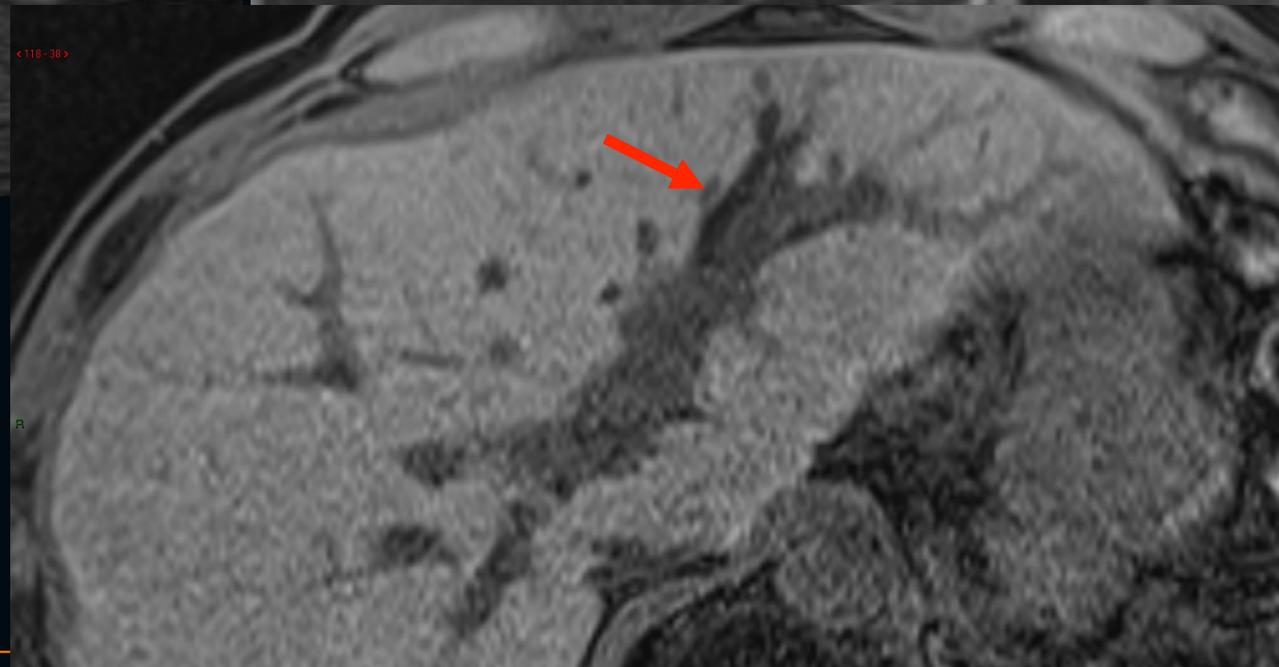
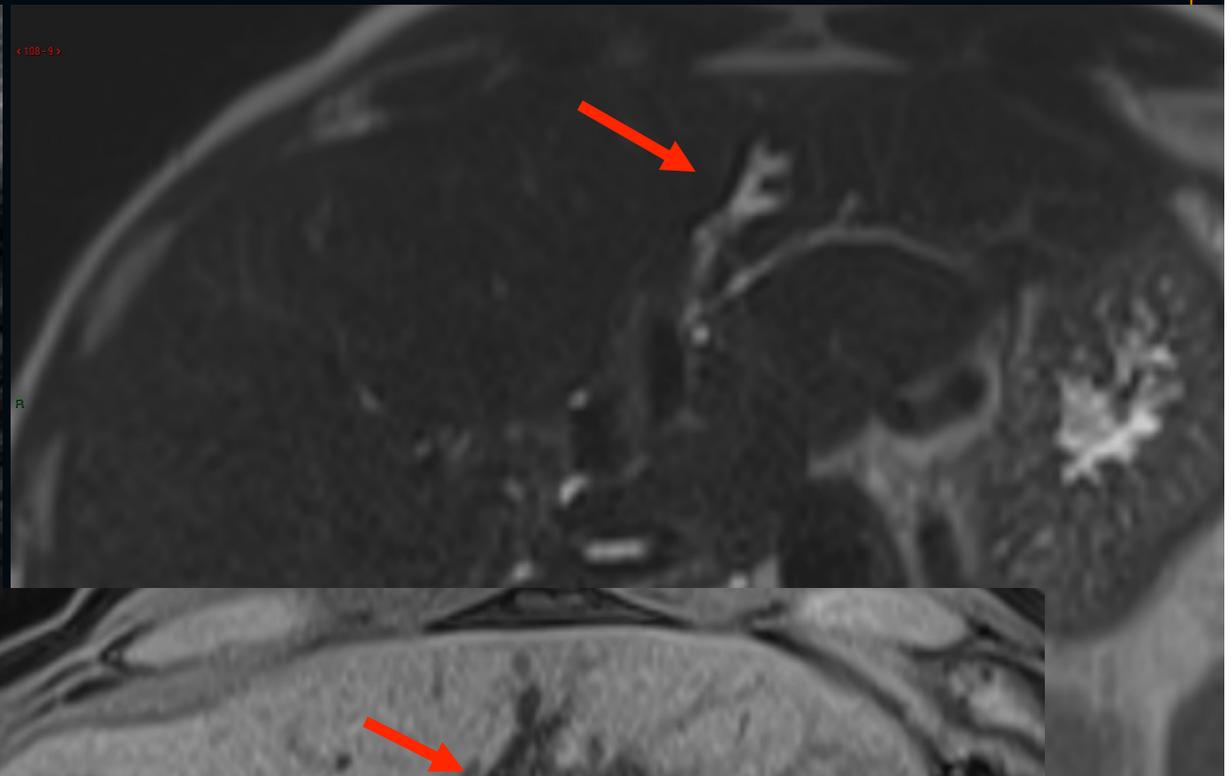
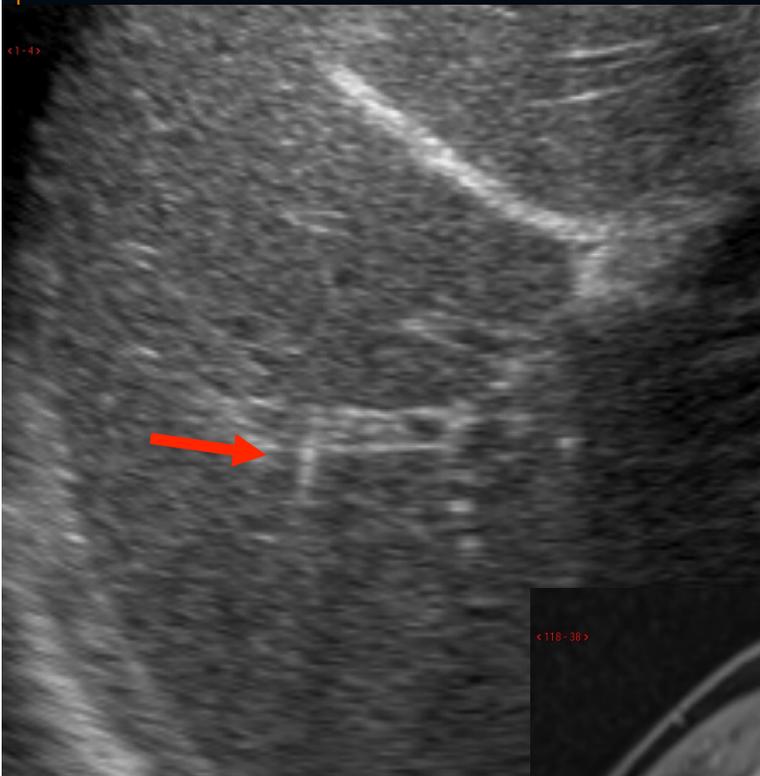
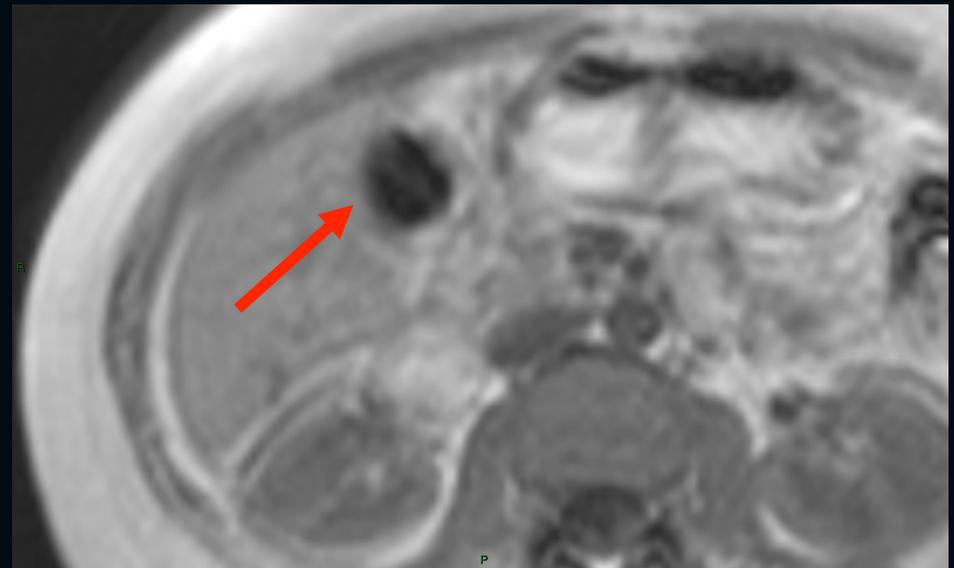
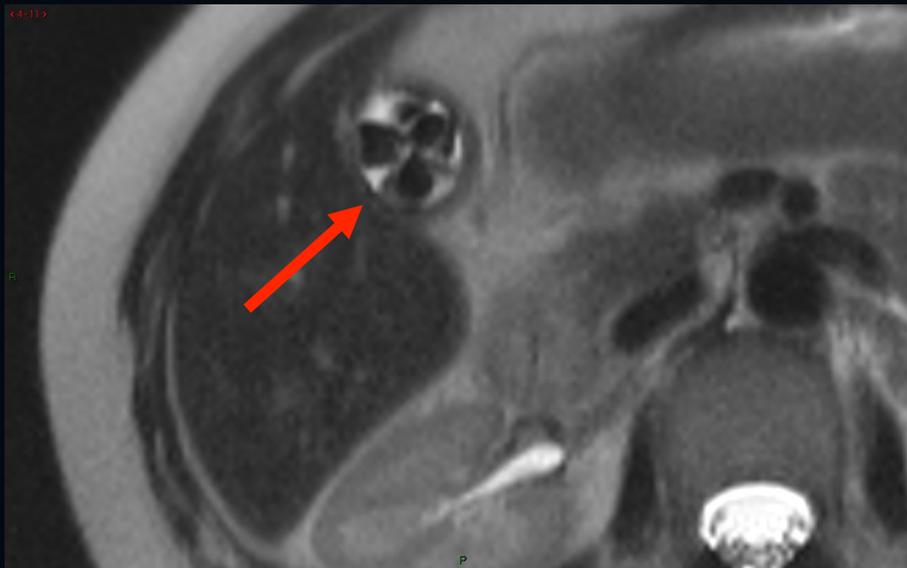
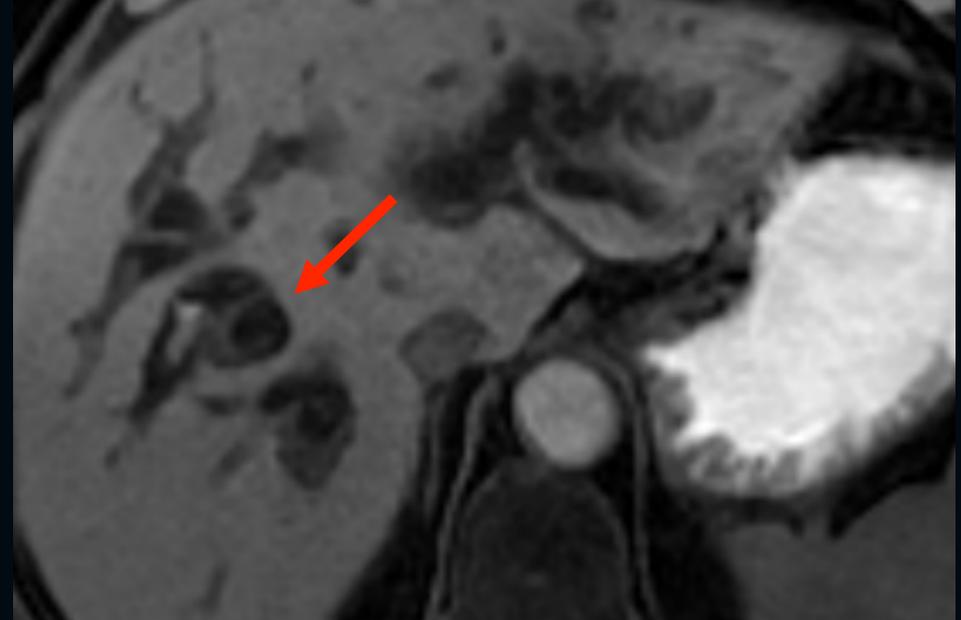
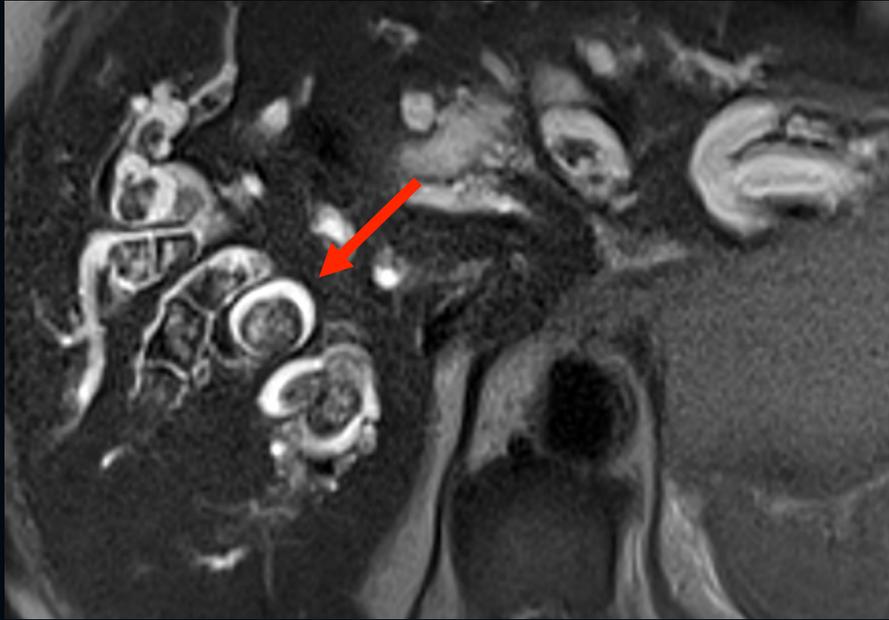


# MAIS, calcul trop petit



# MAIS, signal variable

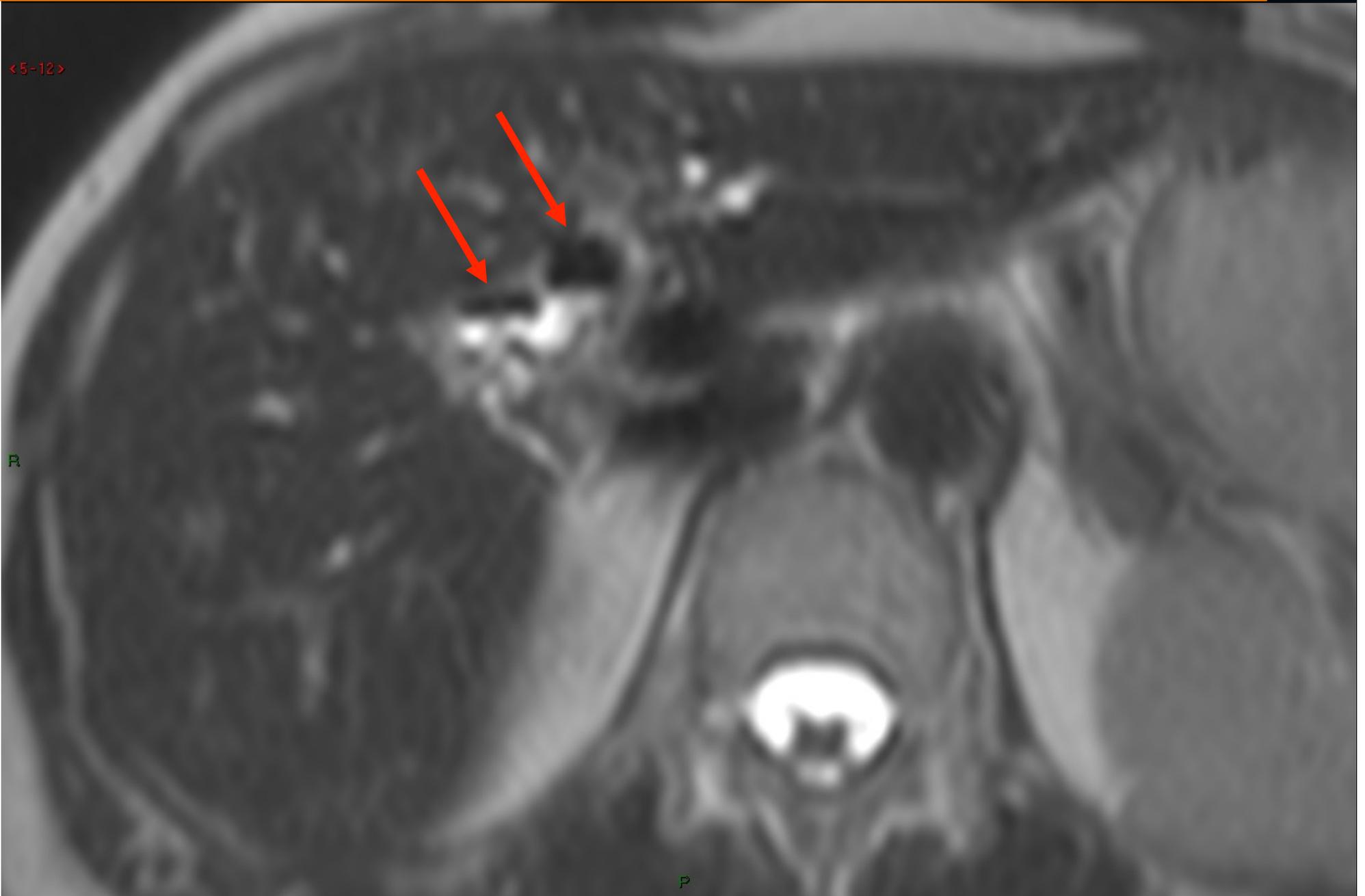


# MAIS, diagnostic différentiel

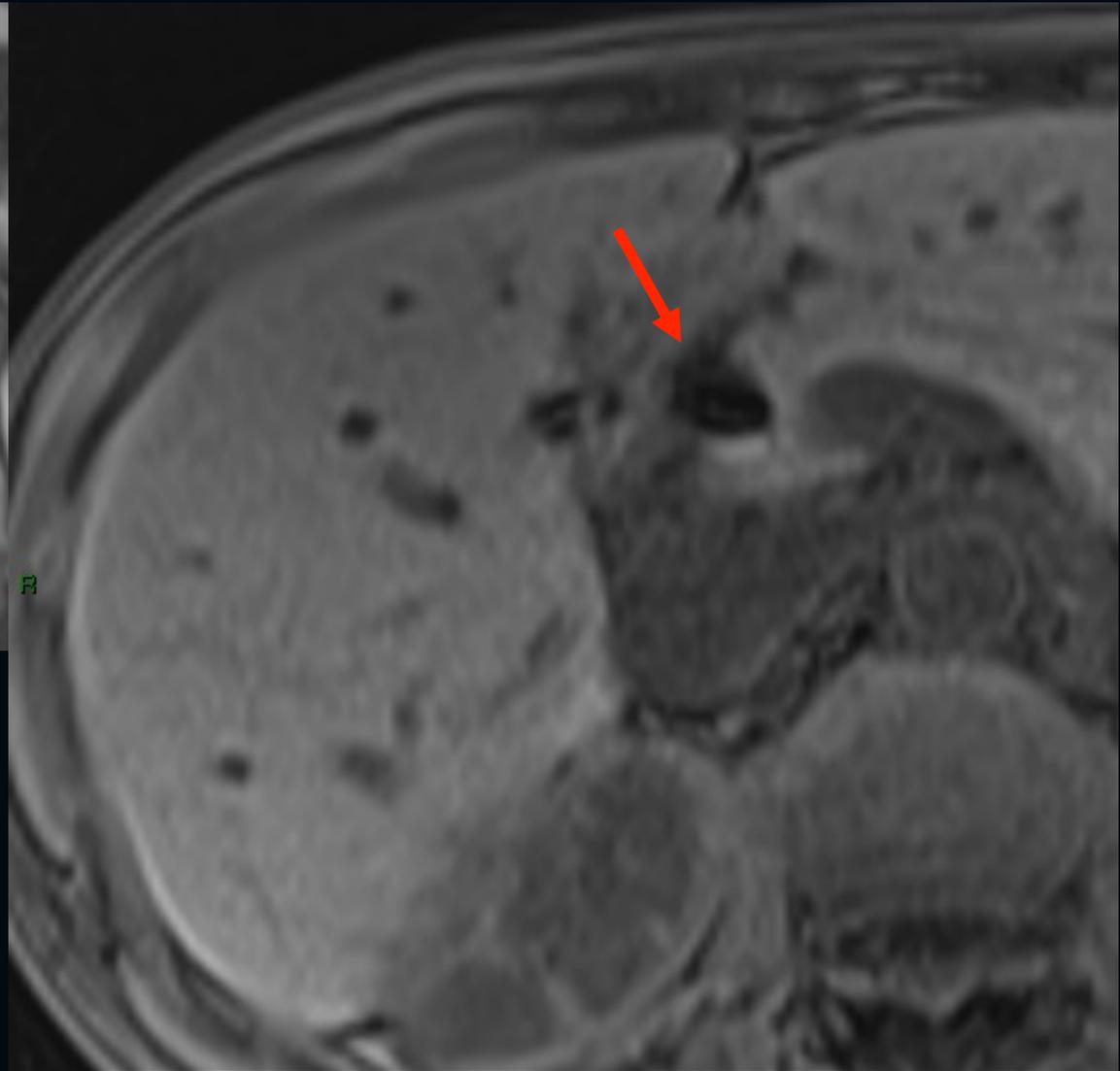
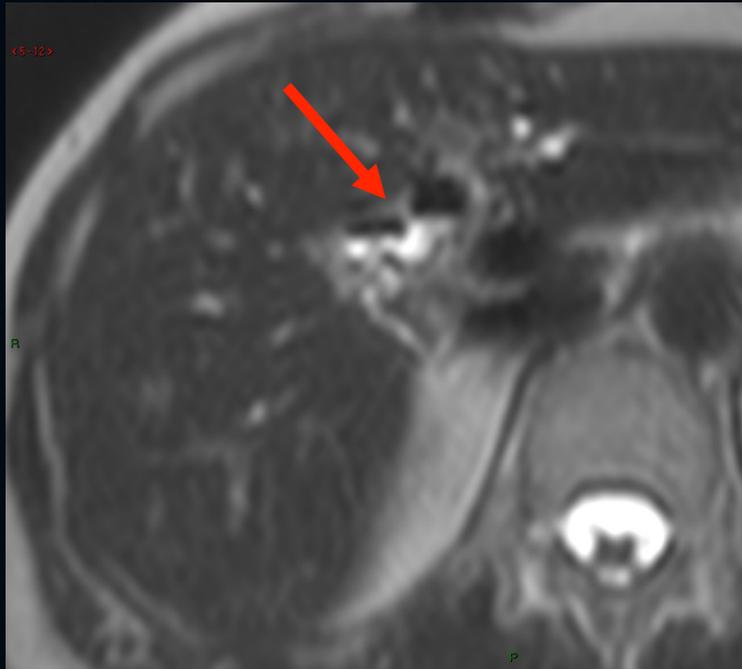
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R

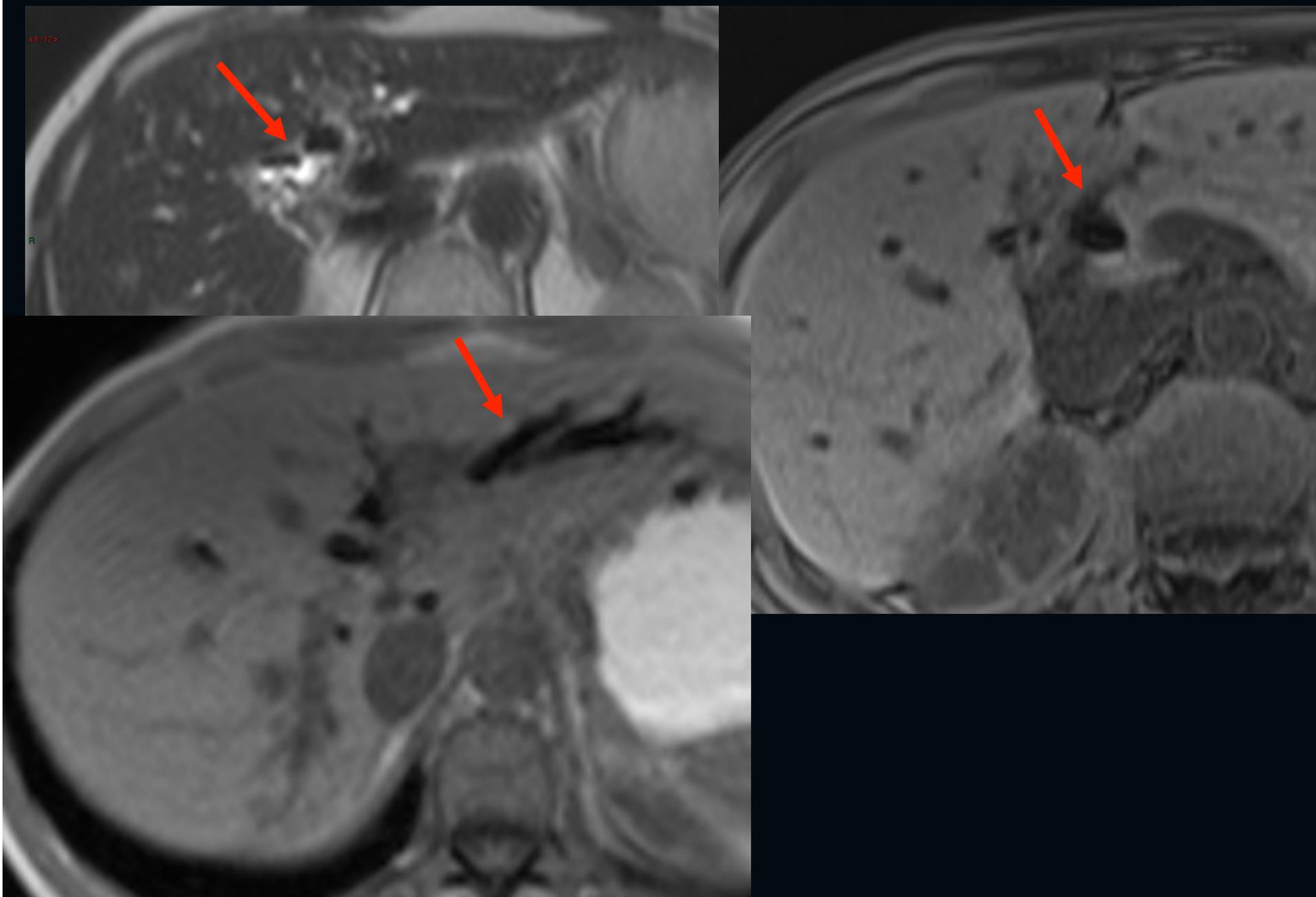
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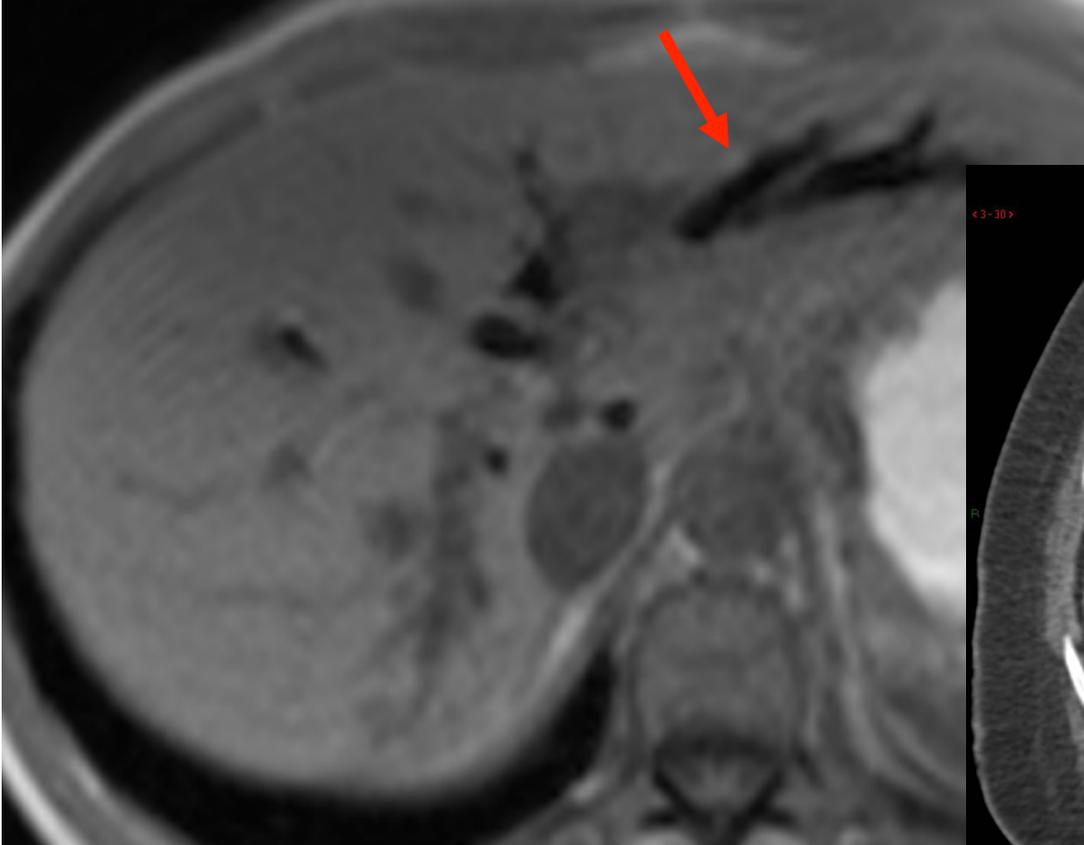
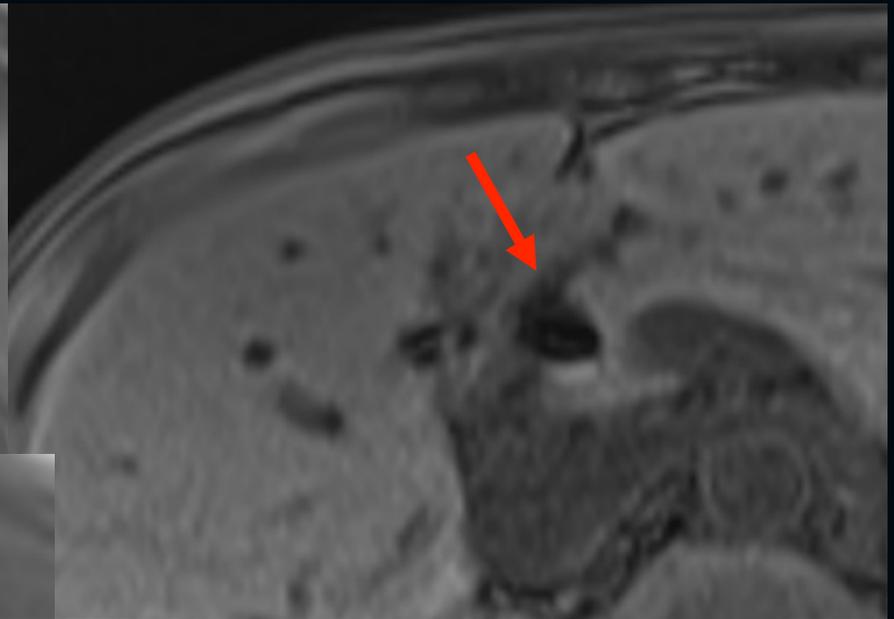
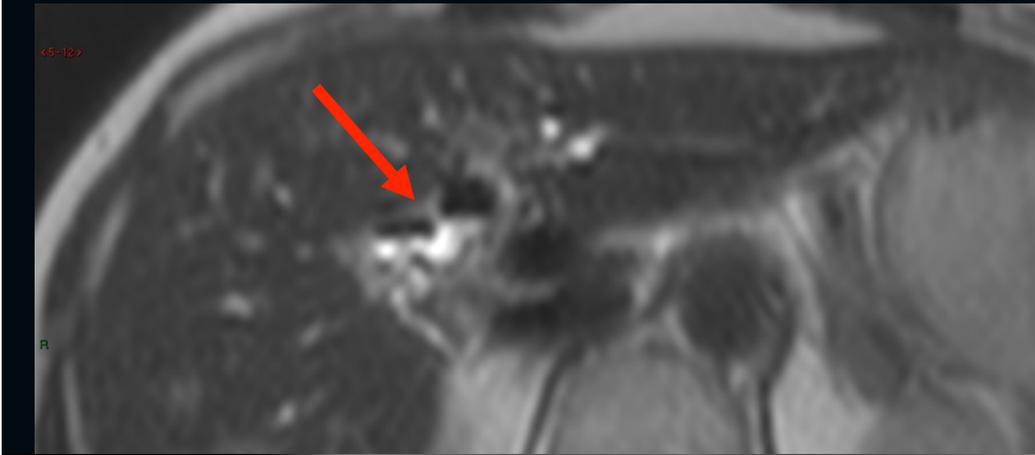
# MAIS, diagnostic différentiel



# MAIS, diagnostic différentiel



# AÉROBILIE

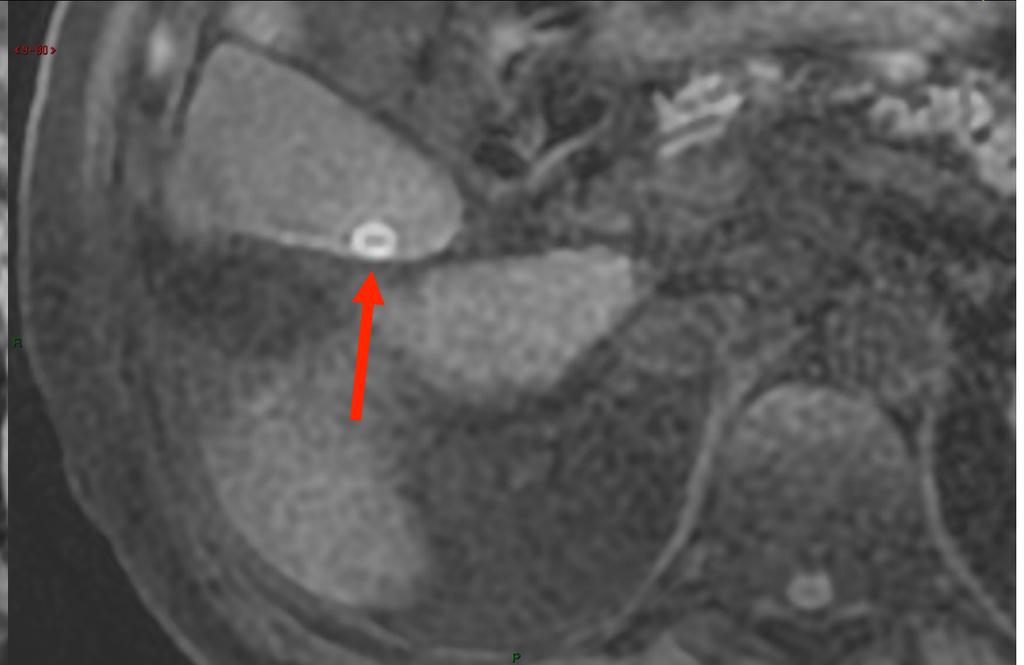
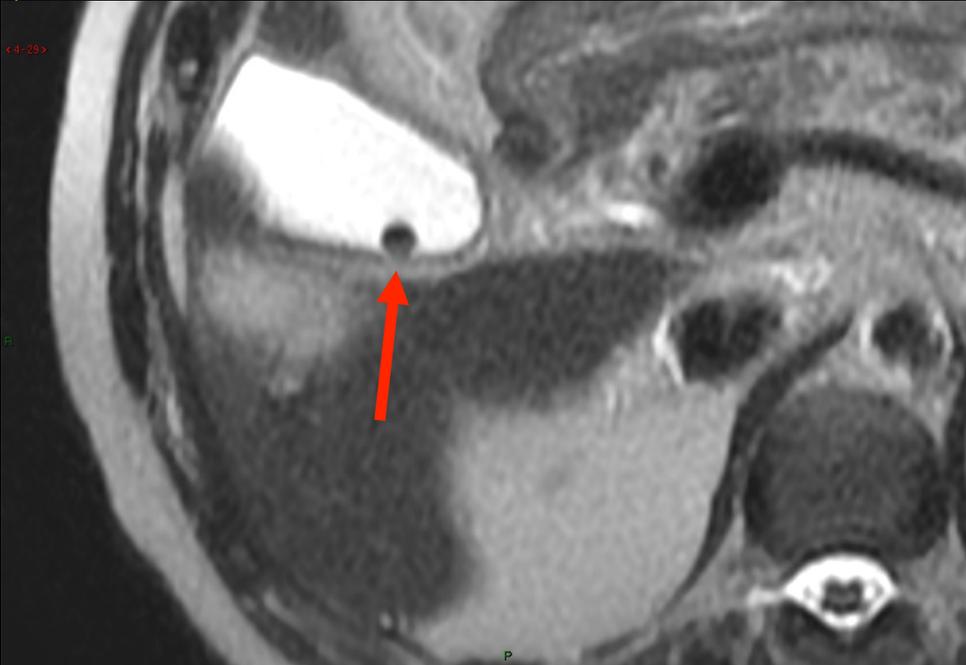


## 3<sup>ème</sup> MESSAGE

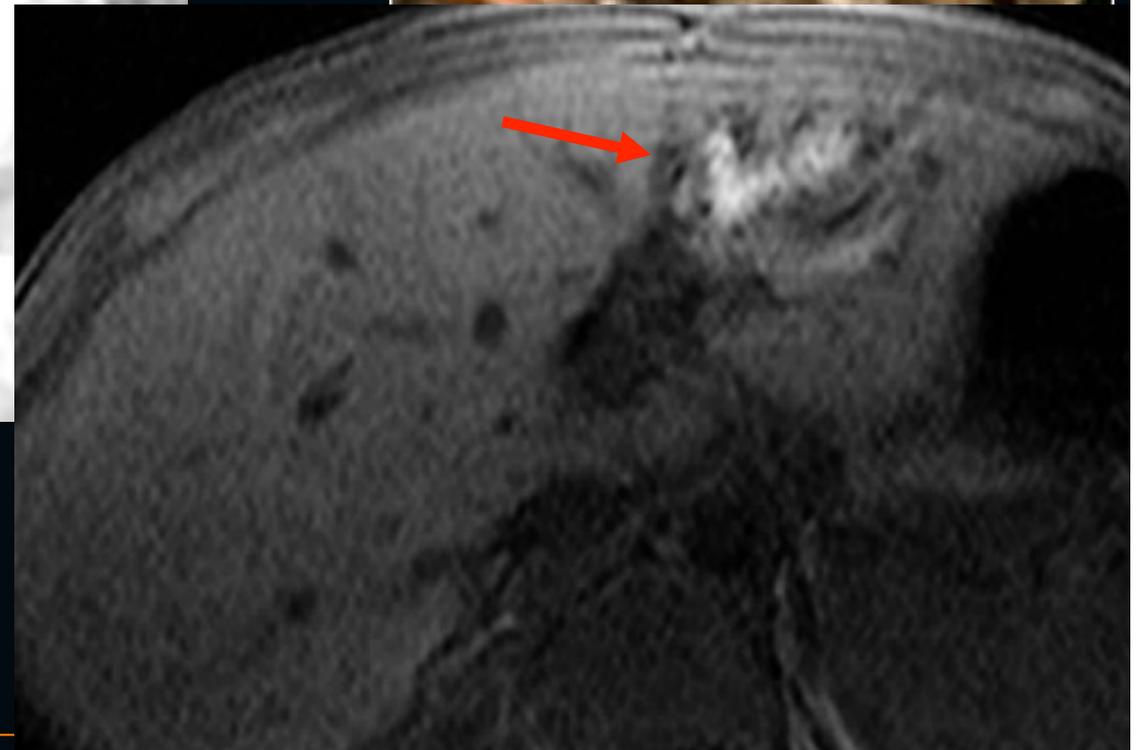
**On ne sait pas caractériser le type de calcul selon son signal ou sa forme en IRM**



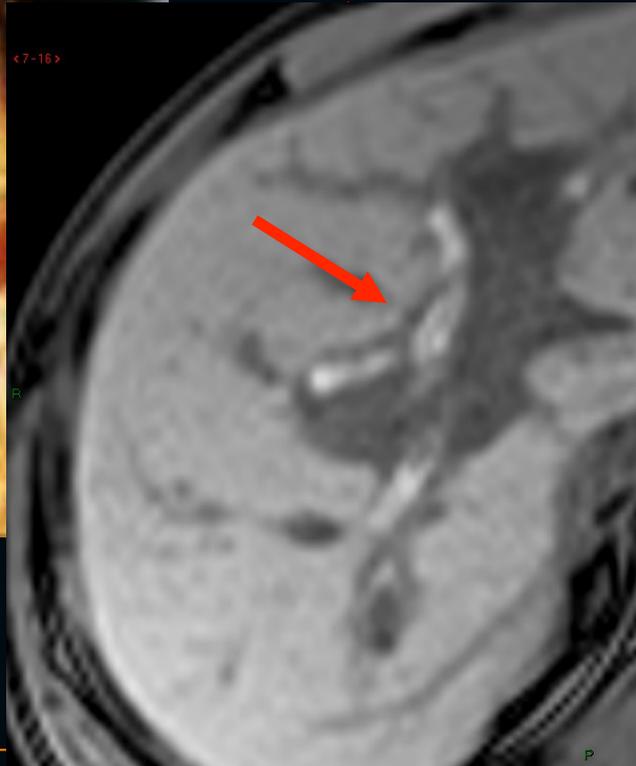
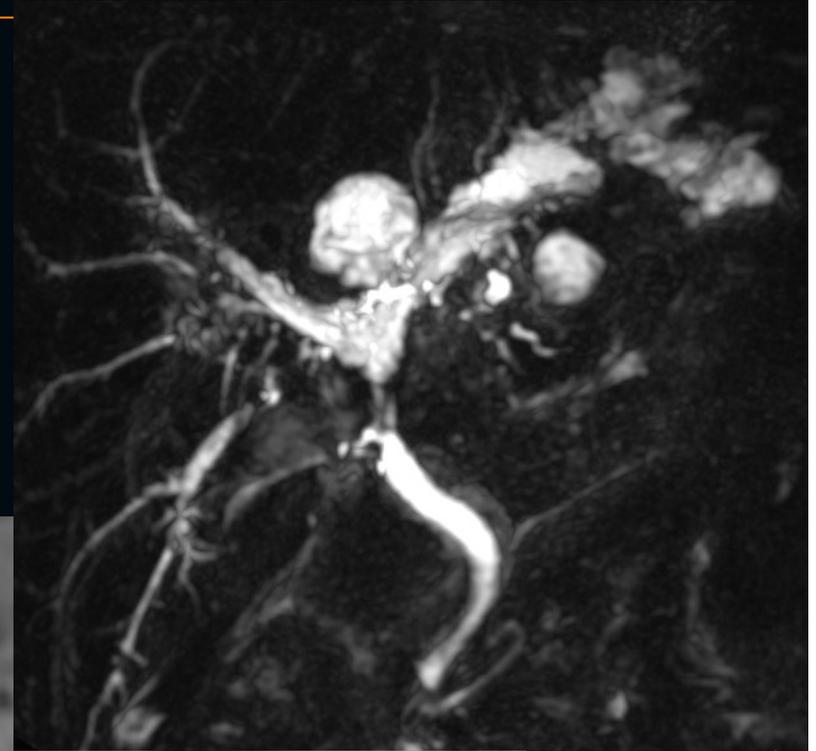
# Calcul cholestérolique



# Calcul pigmentaire brun



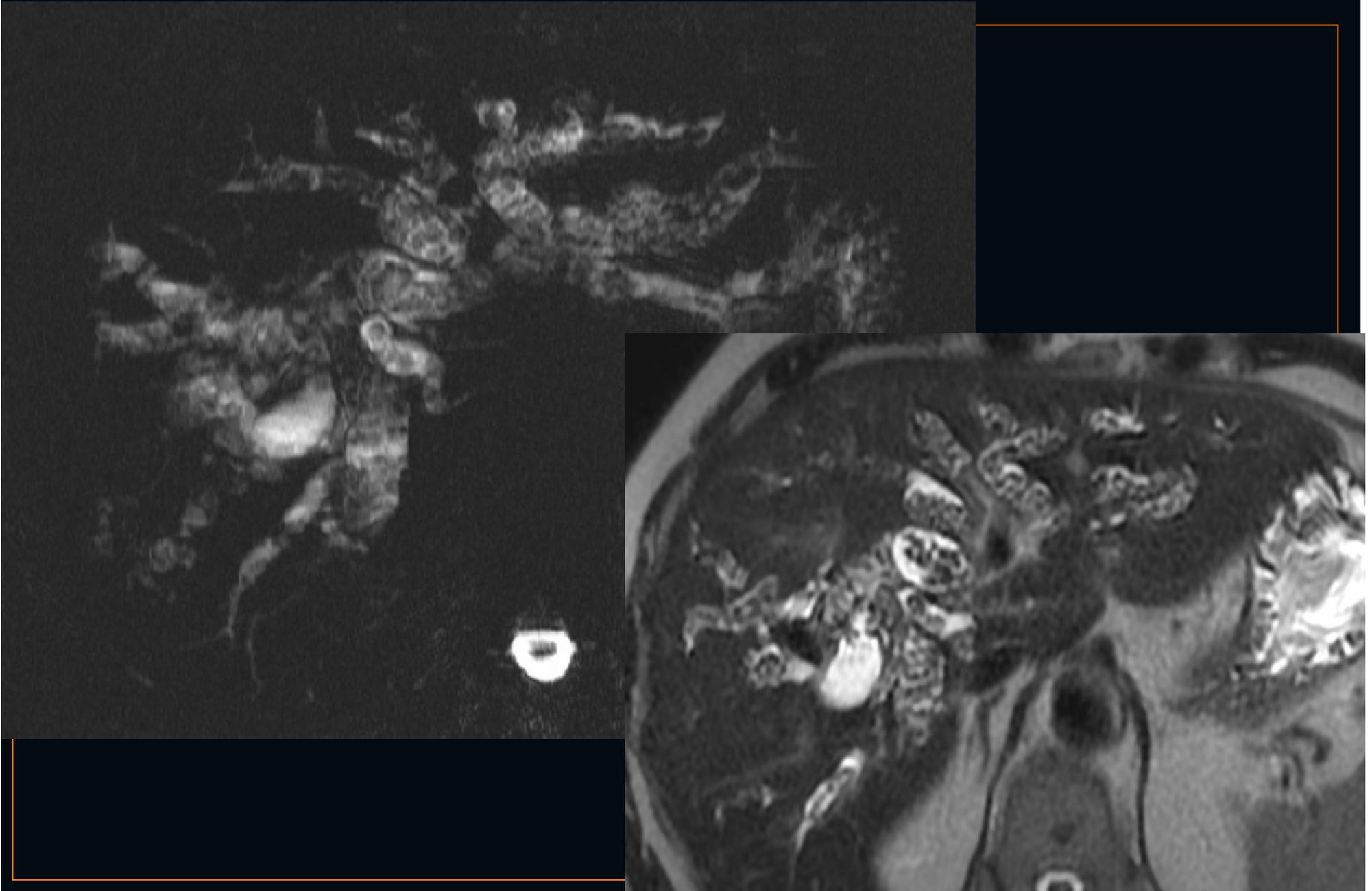
# Calcul pigmentaire noir



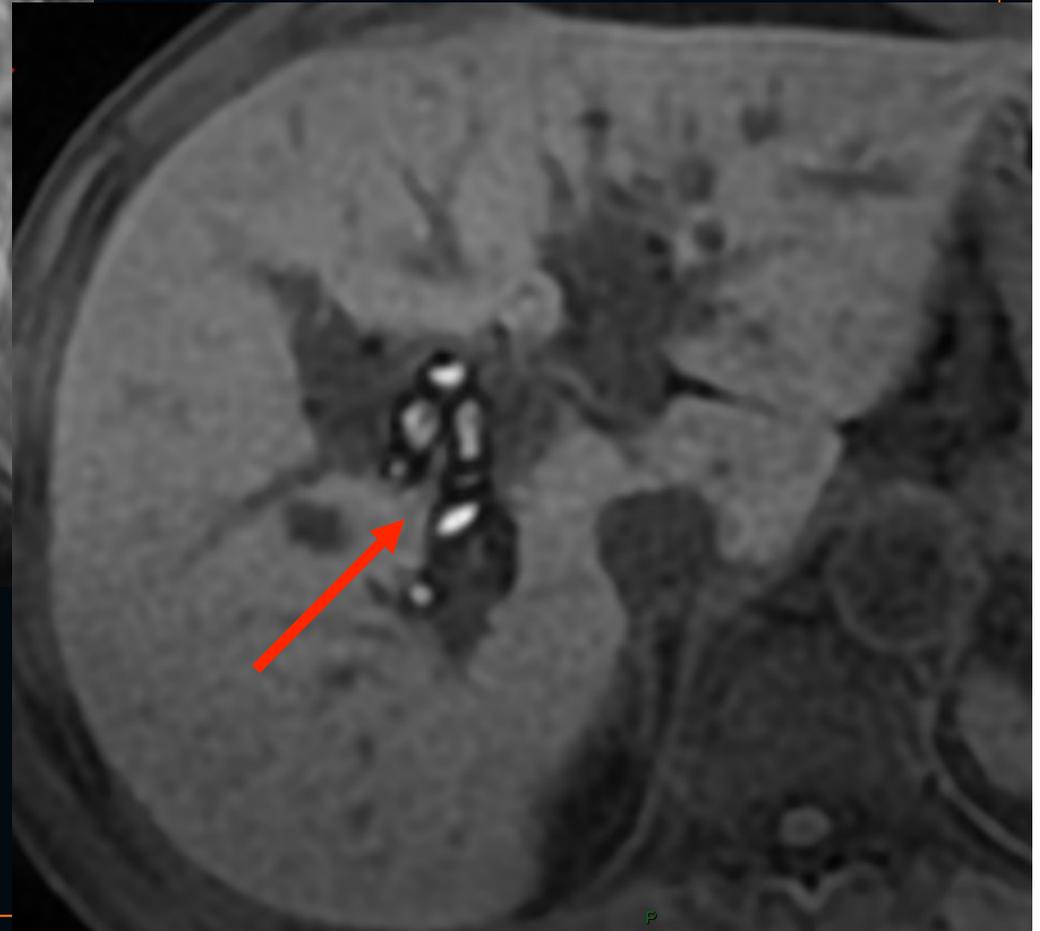
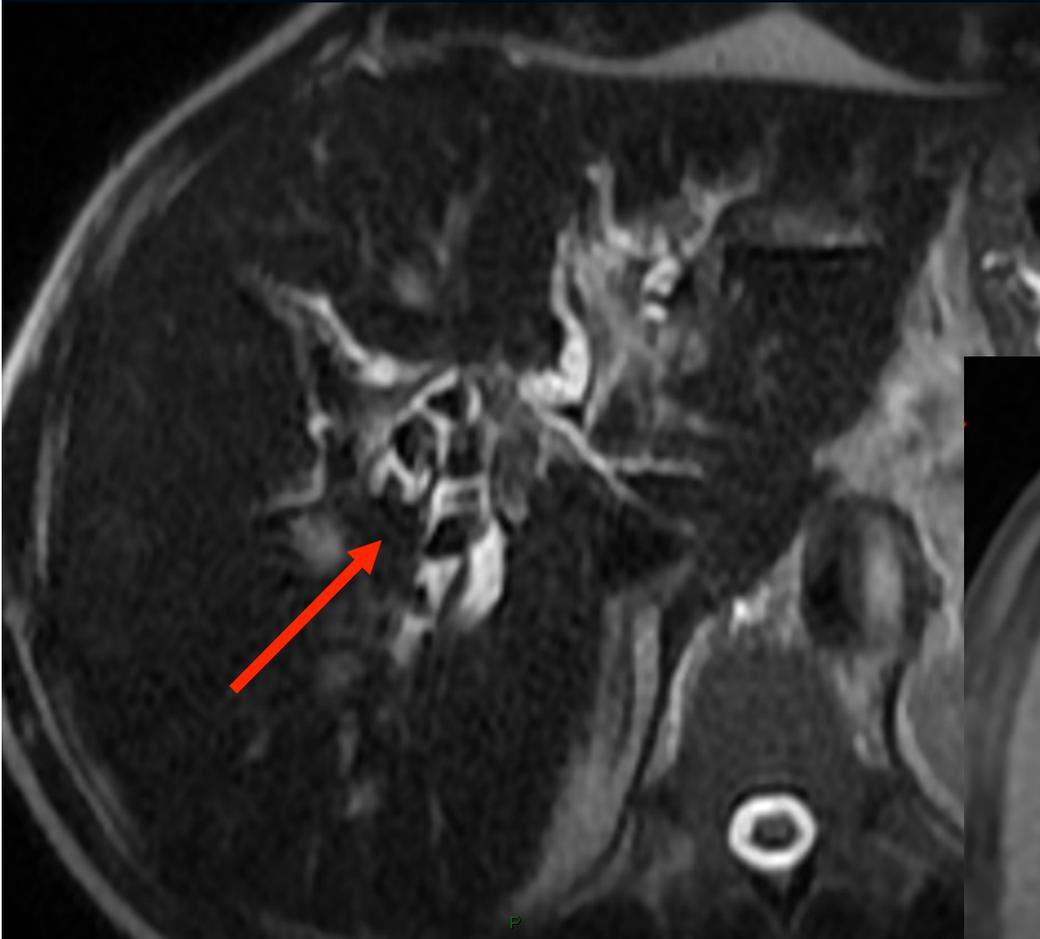
## 4<sup>ème</sup> MESSAGE

**Certaines pathologies sont à l'origine  
d'hépatolithiases**

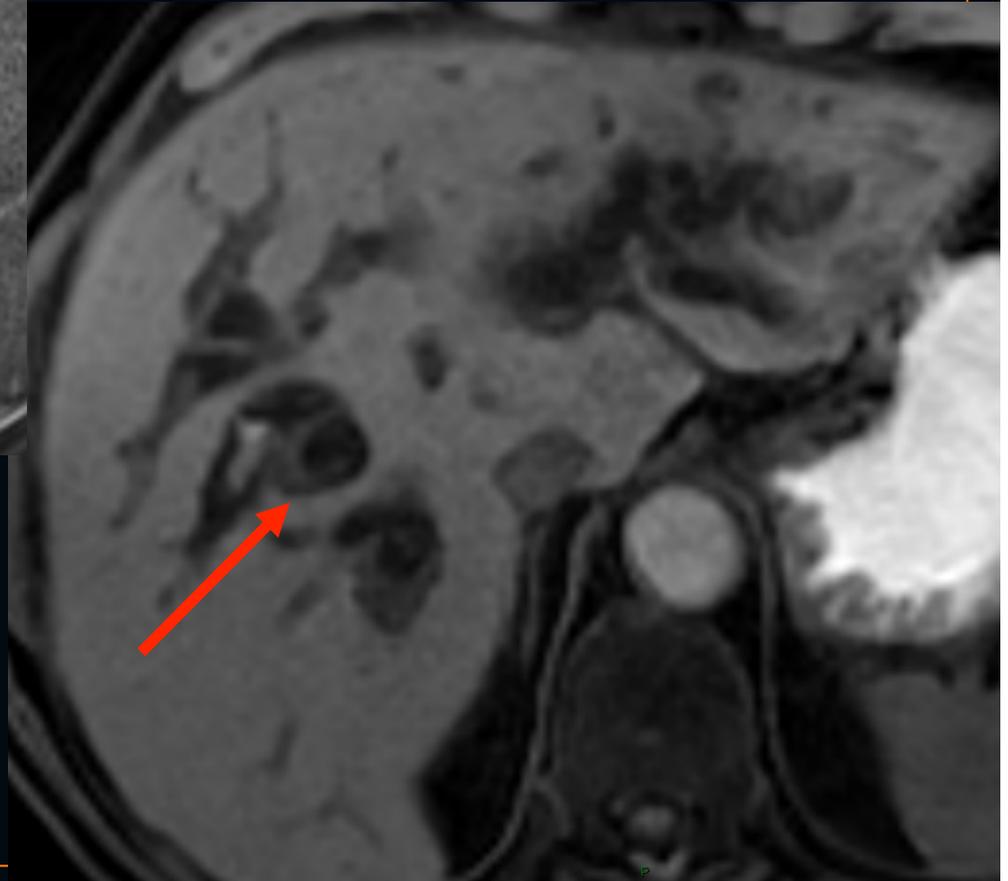
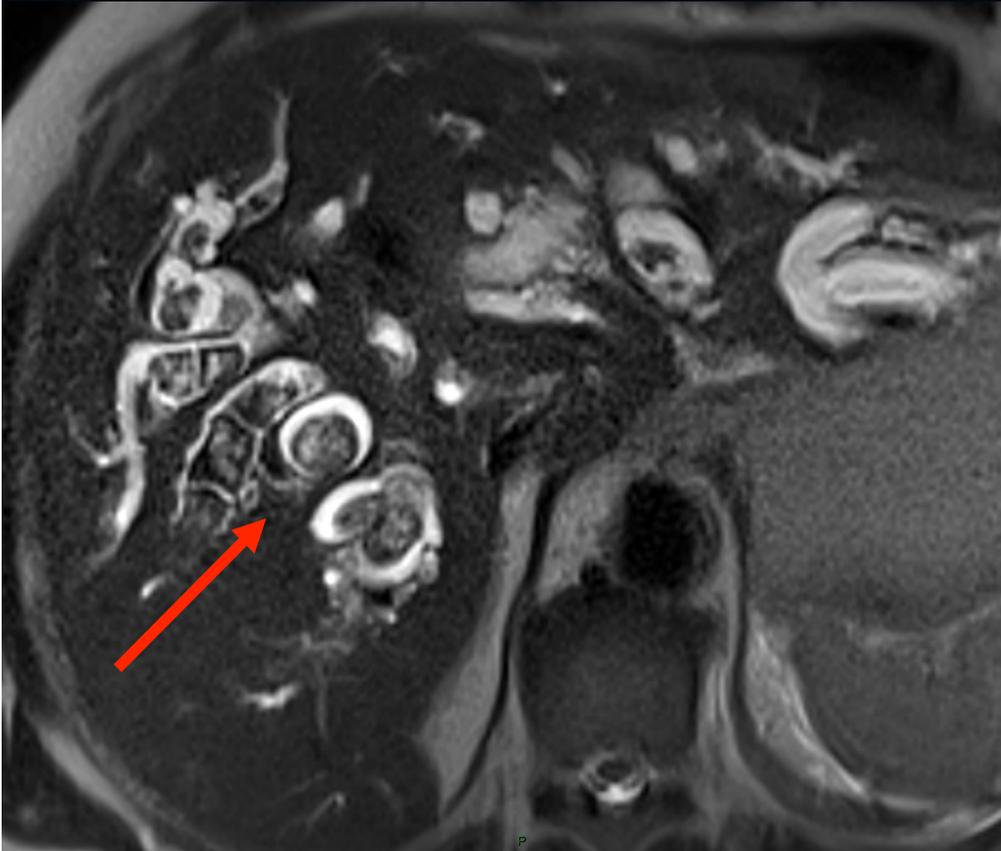
# Forme sévère de LPAC



# Forme sévère de LPAC



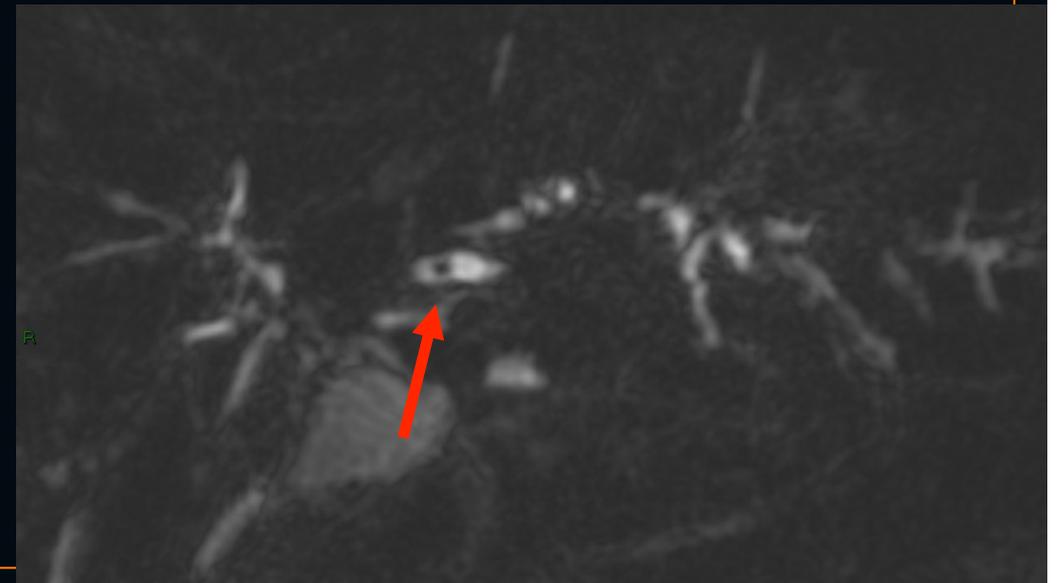
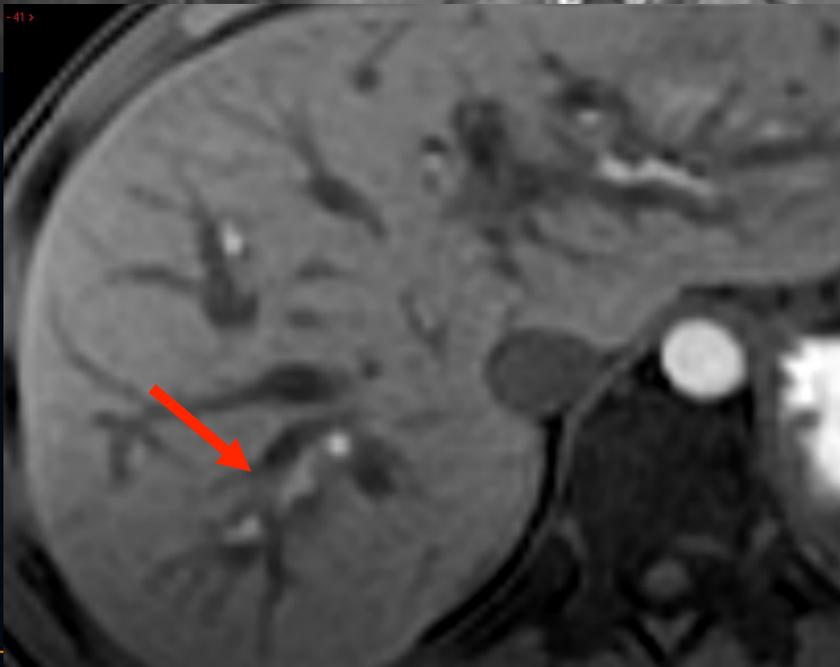
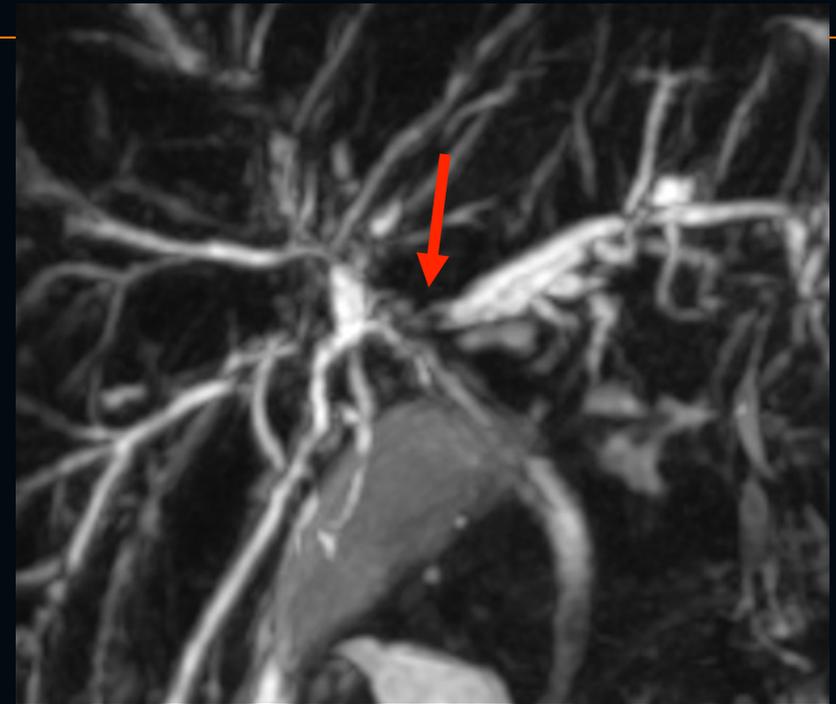
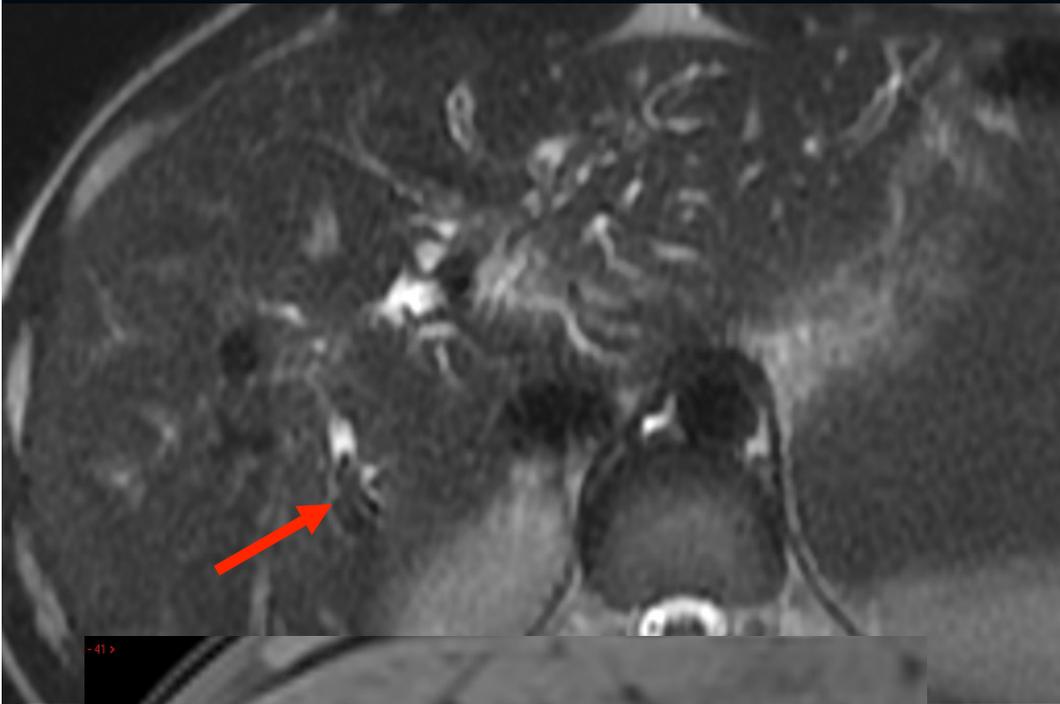
# Forme sévère de LPAC



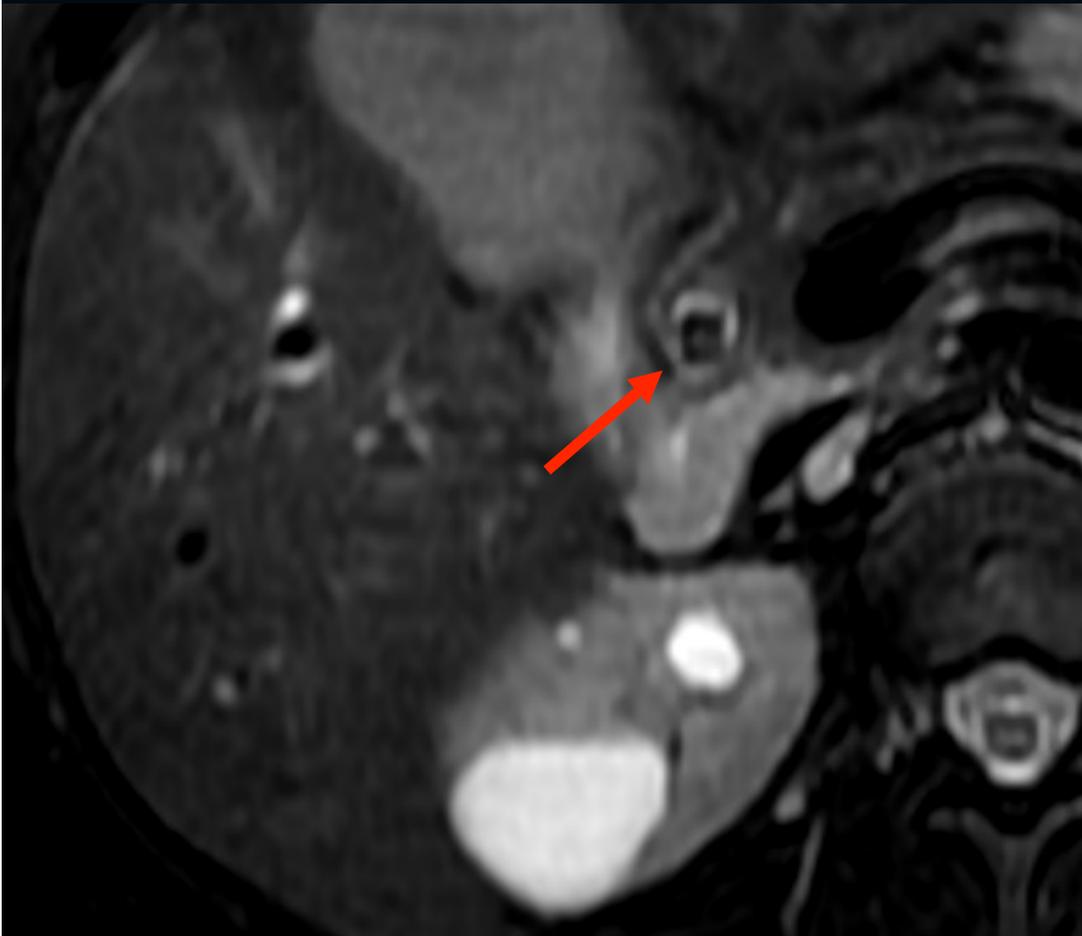
# Cholangite pyogénique récurrente



# Cholangite Sclérosante Primitive



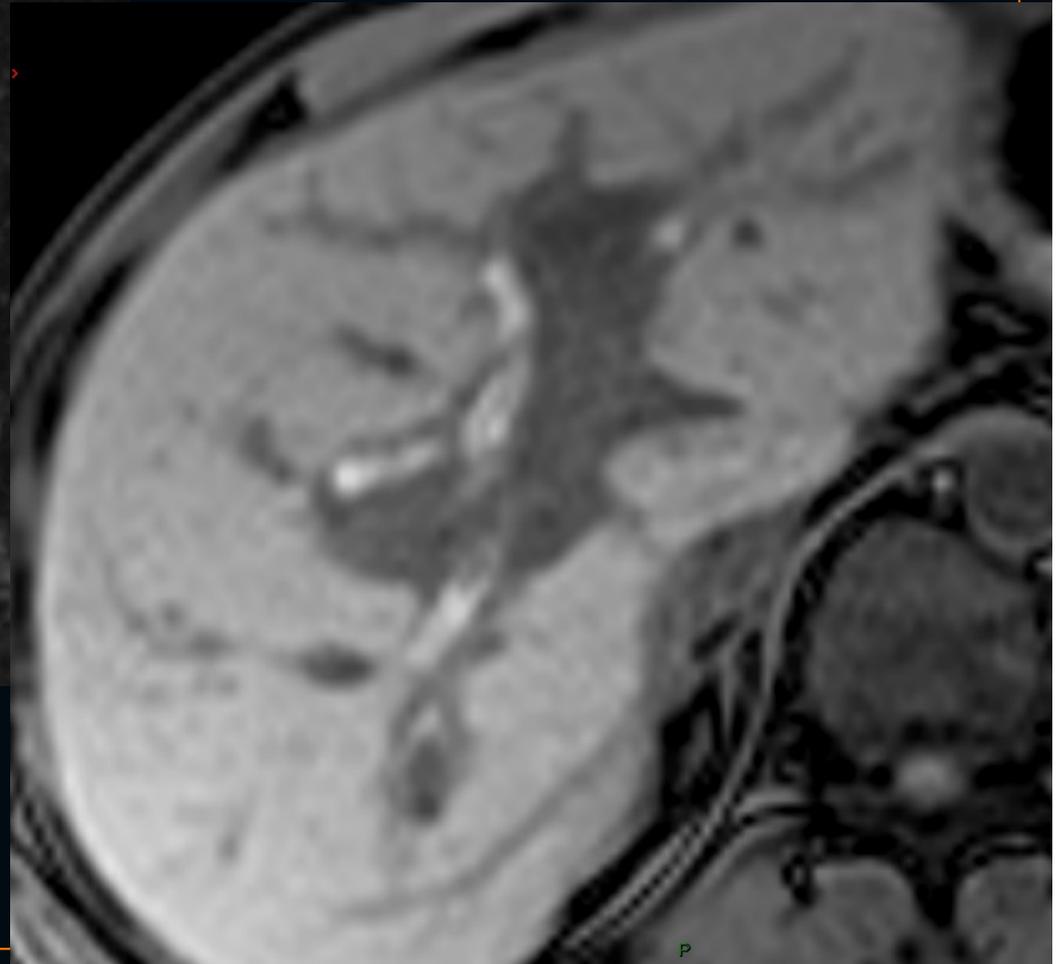
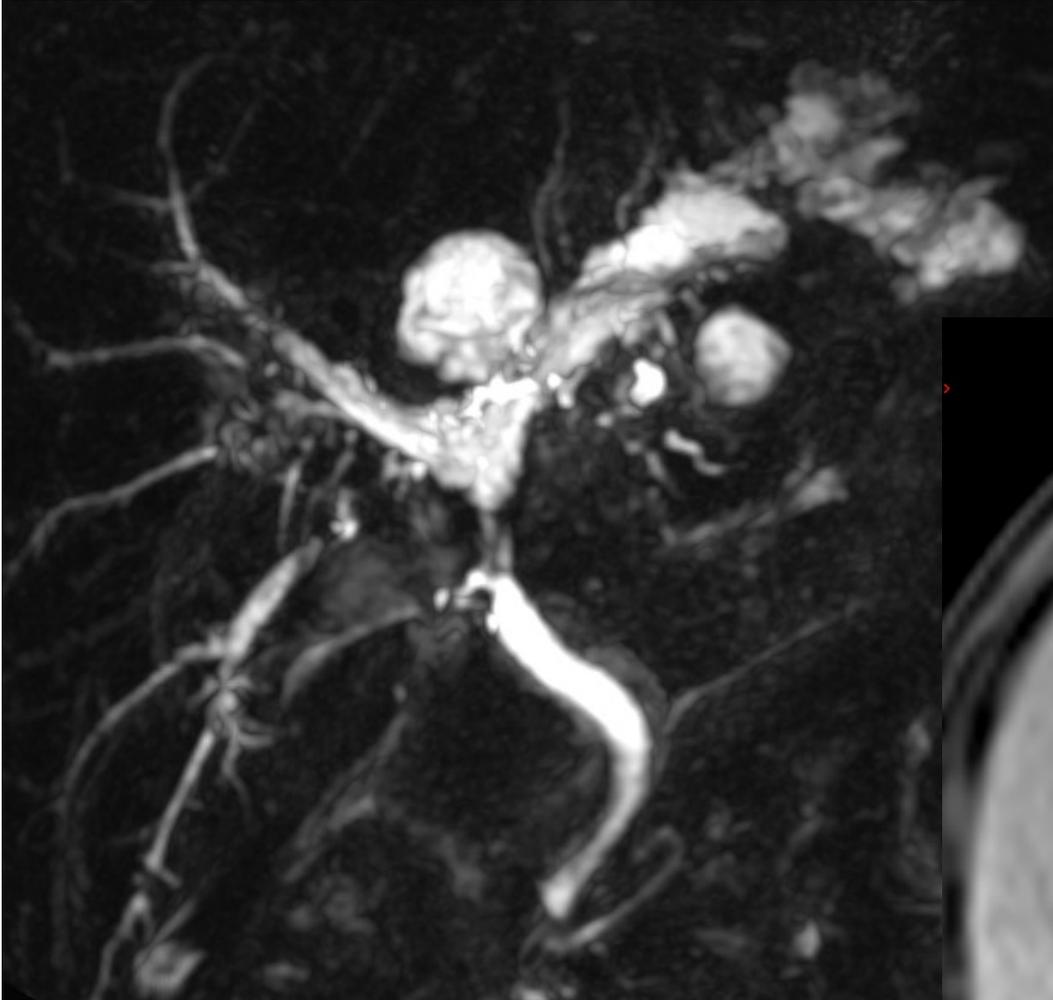
# Sténose cholédocienne



# Caroli



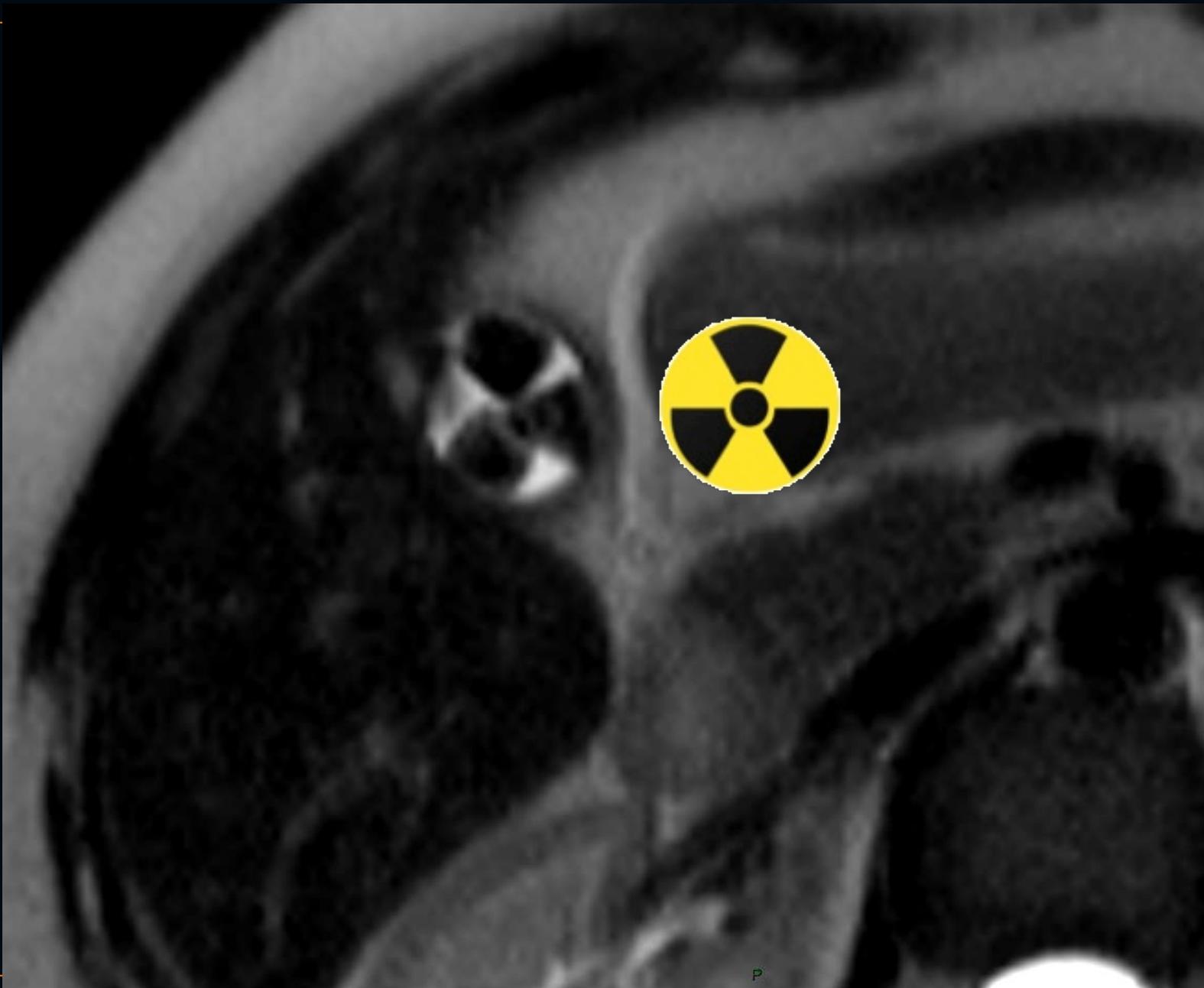
# Cholangite post TH



# DERNIER MESSAGE

**L'IRM est une modalité d'imagerie  
non irradiante, sans risque infectieux  
ou hémorragique**

Même si ...



# CONCLUSION

- Fiabilité IRM comparativement à la CPRE
- Possibilité de détection et localisation des calculs avec Se 70% Sp 90%
- Limites (taille, nature)
- T2 + Natives cholangio-IRM + T1 en saturation de graisse, avant gado