

V CONGRESO CUBANO DE IMAGENOLÓGÍA

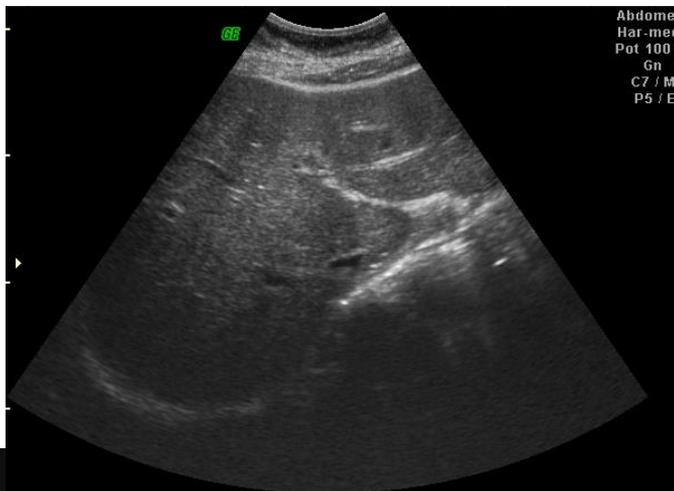


Ecografía
bilio-
pancreática;
nuestra
experiencia

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Dra. Claudia Hdez Ariosa
Dr. Roberto M Hdez Quintana

Propósitos

- Mostrar la utilidad del US en las alteraciones. bilio-pancreáticas, según nuestra experiencia.
- Enfatizar en los elementos clínicos a tener en cuenta, durante la exploración ecográfica.
- Resaltar el valor del trabajo en equipo para obtener los resultados esperados.



Hígado normal



Estudio de la ictericia

Ecografía

Árbol biliar dilatado
= obstructiva

Árbol biliar normal
= no obstructiva

CPRE (o CTP si no es posible la CPRE)

Biopsia hepática

CT, RM o angiografía según la causa de la obstrucción

Síndrome icterico



Pre-hepático



Hemolítico

- Hepatitis
- Cirrosis
- Tumoral

Hepático



Ductal (Litiásica, Tumoral)

Post-hepático



Extraductal

- Litiasis o tumor de la ampolla de Vatter
- Engrosamiento de la cabeza del páncreas (Inf. O T)
- Adenopatías
- T duodenal

LOGO

Síndrome icterico obstructivo

LOGO

Intrínseca

- Litiasis
- Inflamatoria
- Tumoral

Extrínseca *

- Inflamatoria
- Tumoral
- Iatrogénica

Síndrome icterico



Hepatocelular

Obstructivo

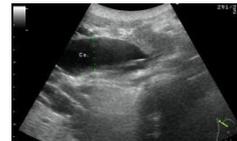
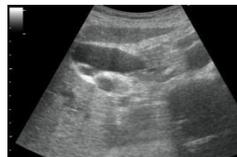
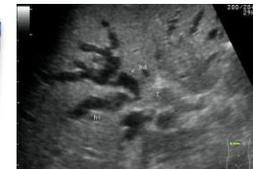
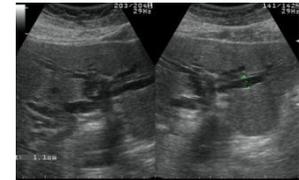
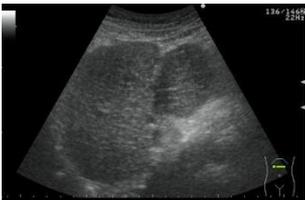
Líneas paralelas

Alts. tamaño y configuración

Según causa y nivel del obstáculo

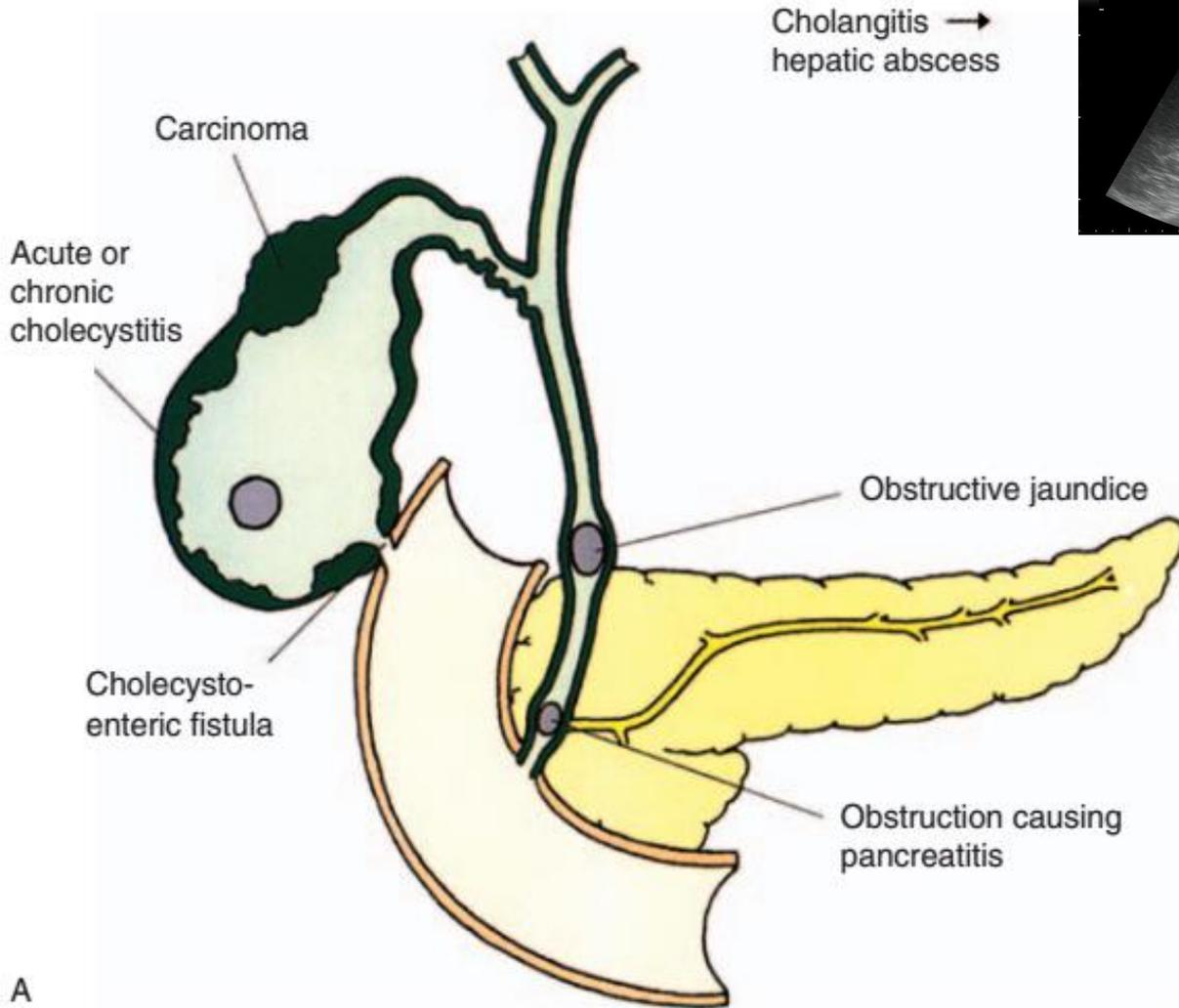
Cambios en la ecogenic.

Intrínseca o extrínseca

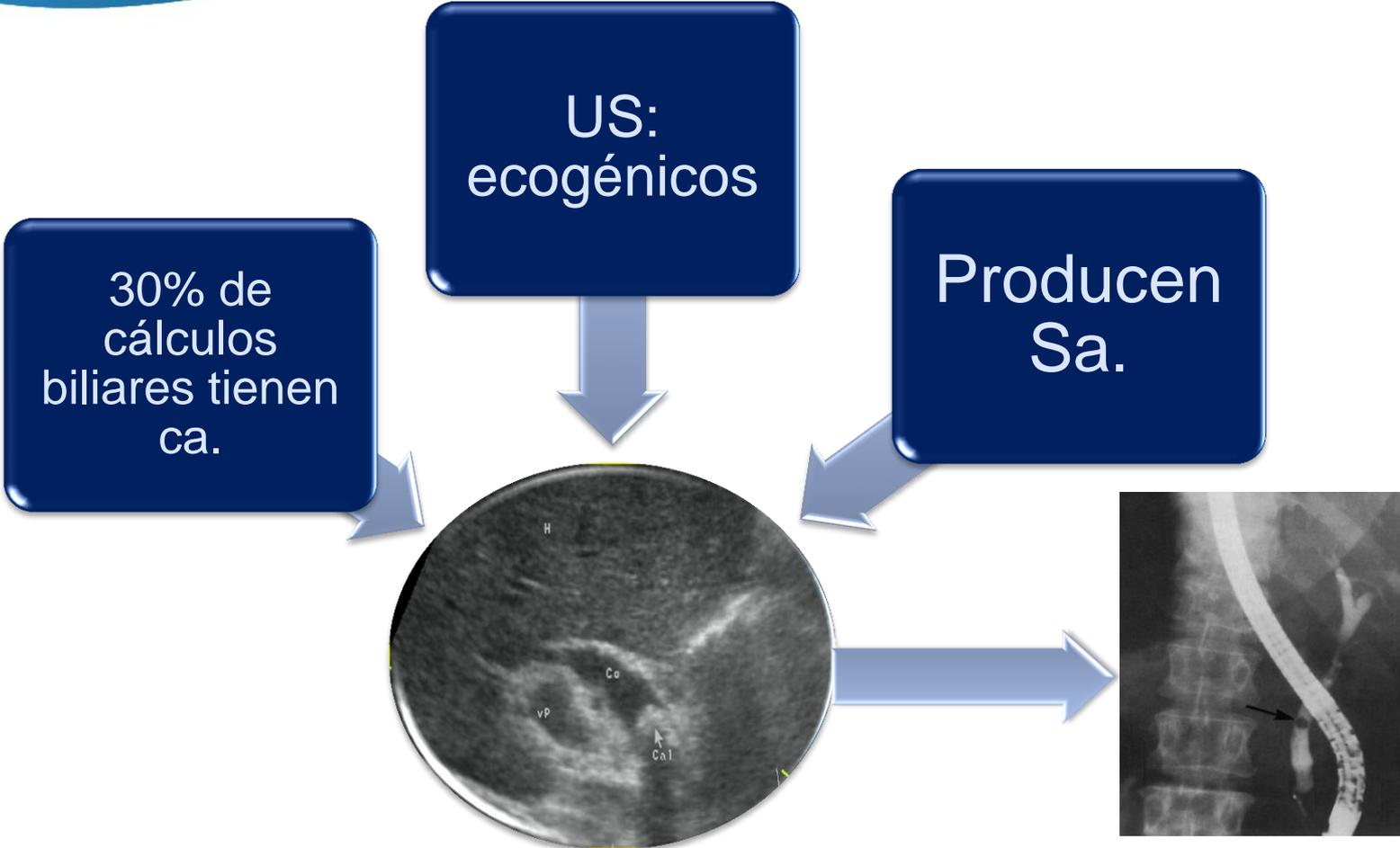


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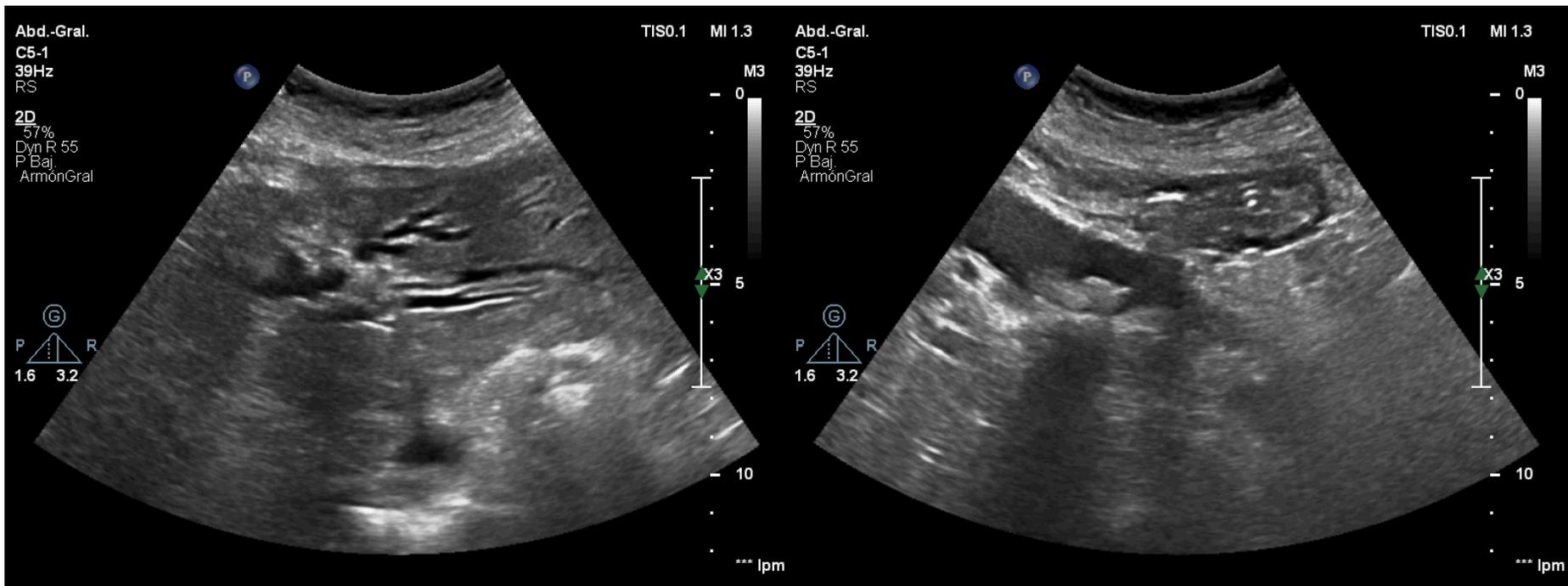
Complicaciones más frecuentes de la litiasis vesicular



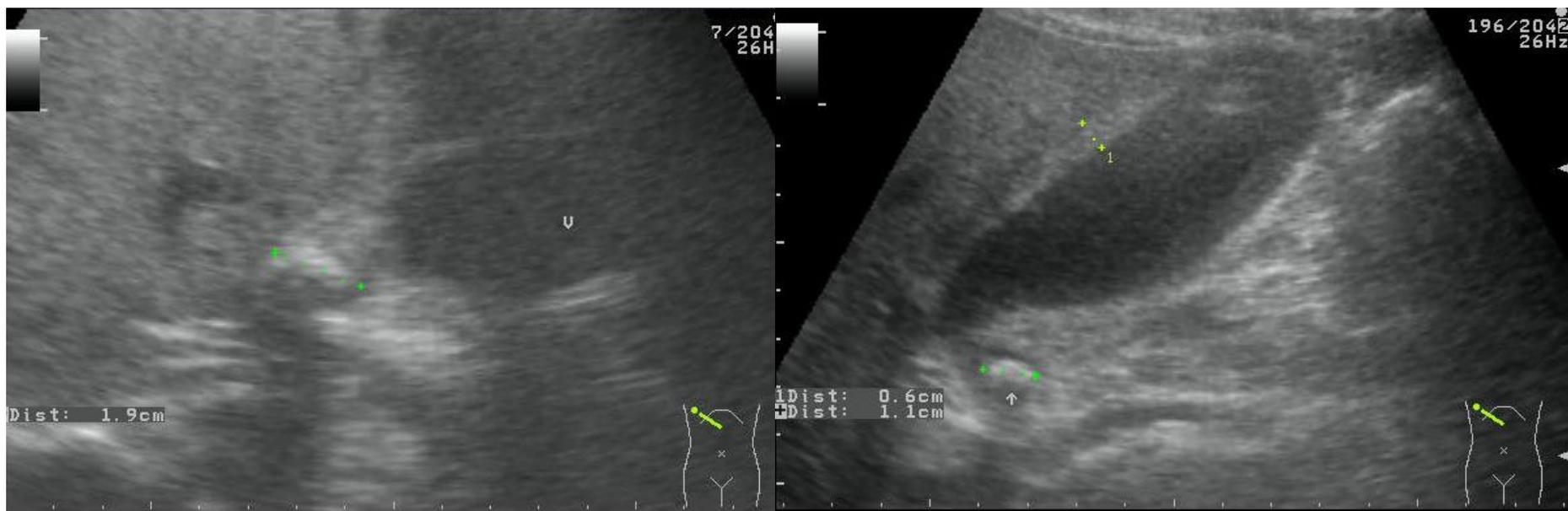
Litiasis del árbol biliar (Intrínseca; Colédoco-litiasis)



Síndrome ictérico obstructivo. (Intrínseca; Colédoco-litiasis)



Síndrome ictérico obstructivo. (Intrínseca; Impacto del cóstico)

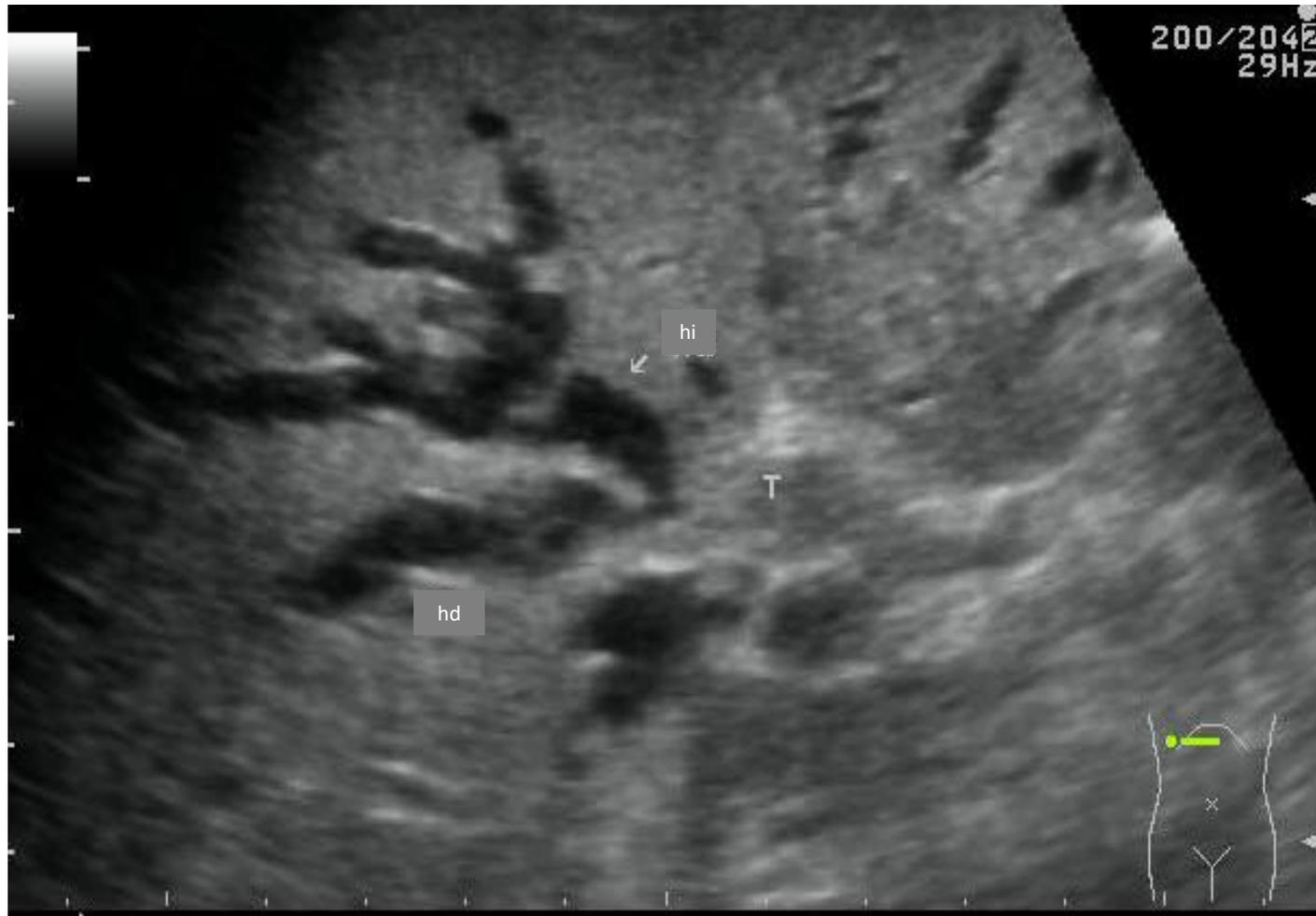


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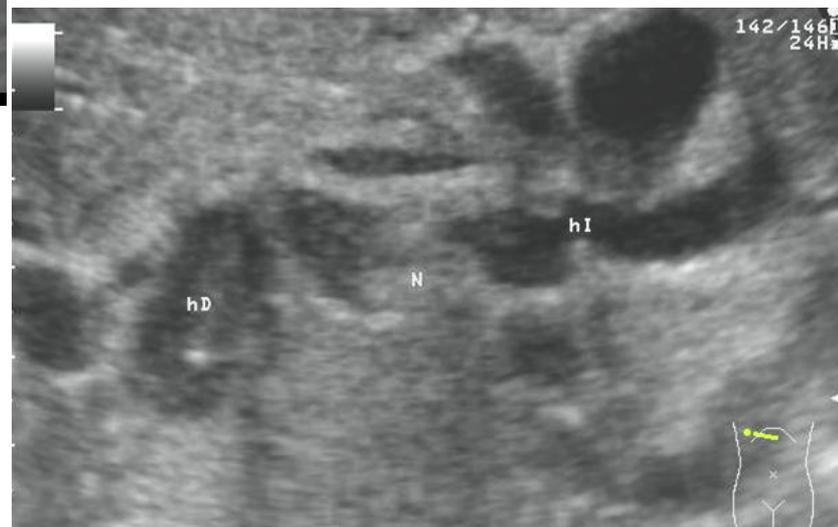
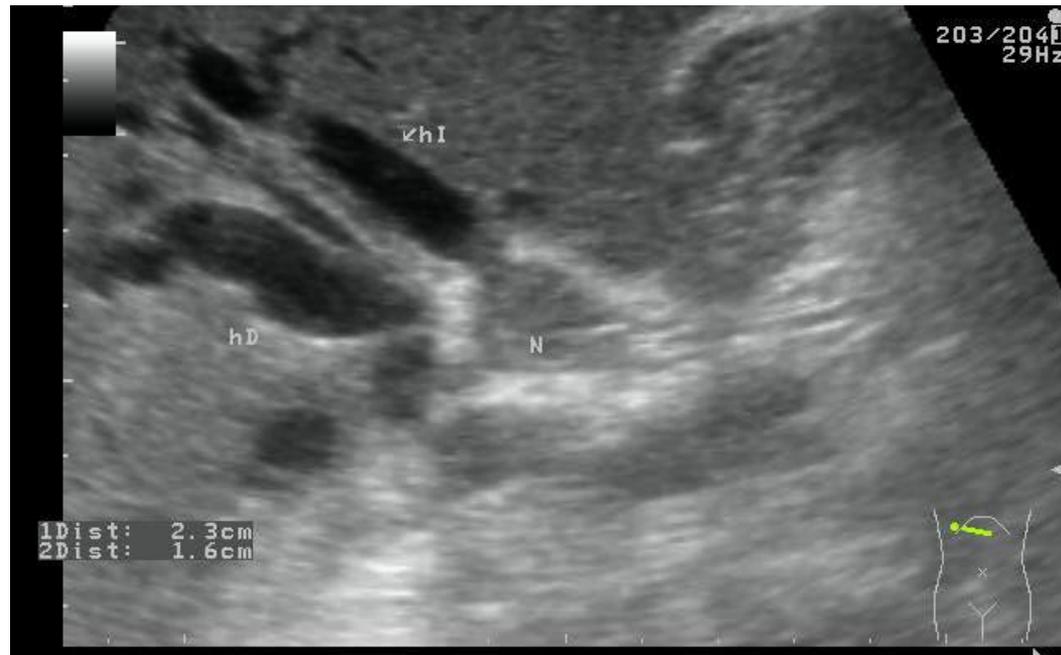


Tumoral

Síndrome ictérico obstructivo. (Intrínseca; klastkin)

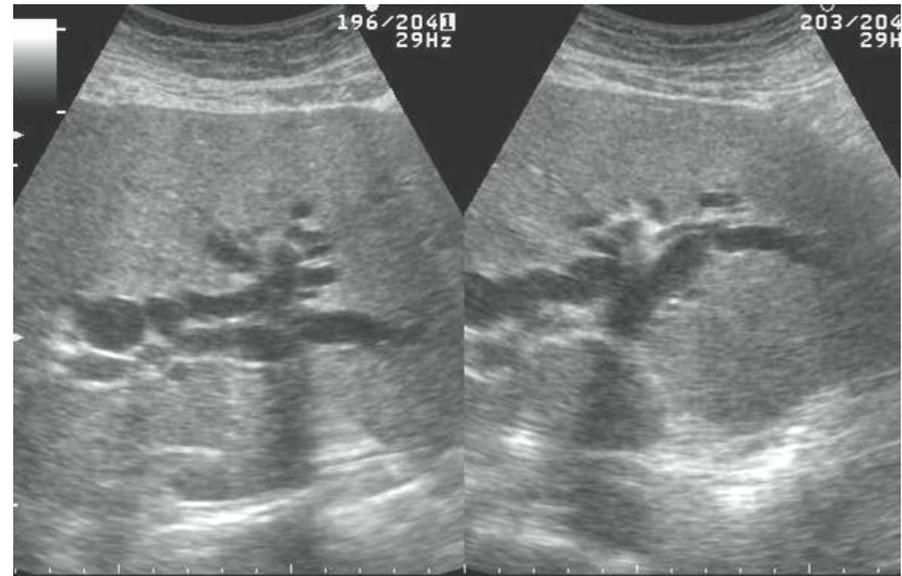
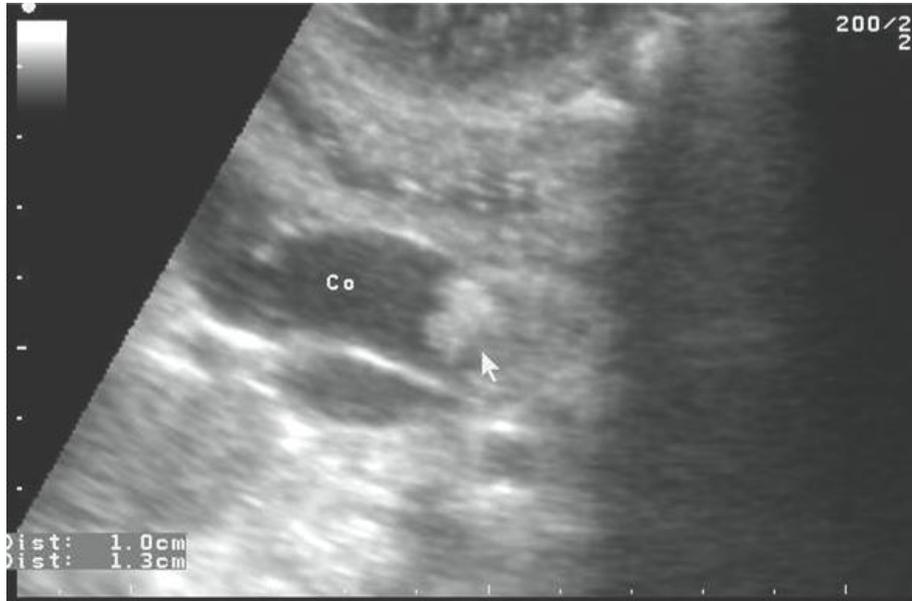


Síndrome ictérico obstructivo. (Intrínseca; klastkin)

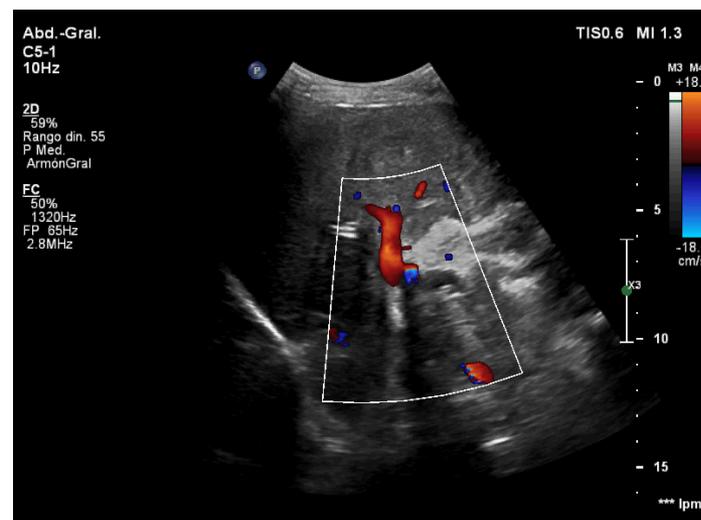
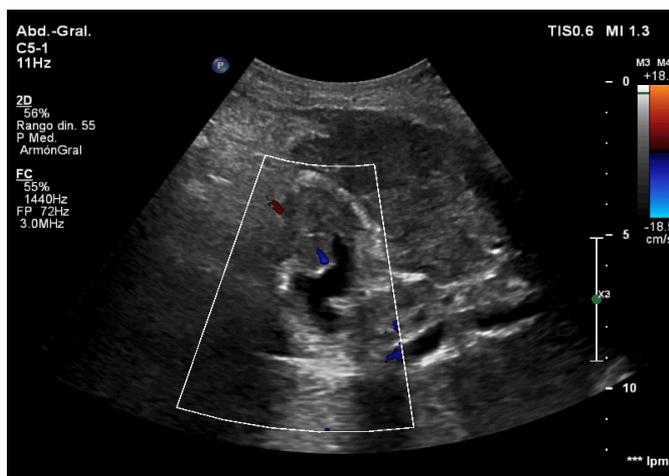
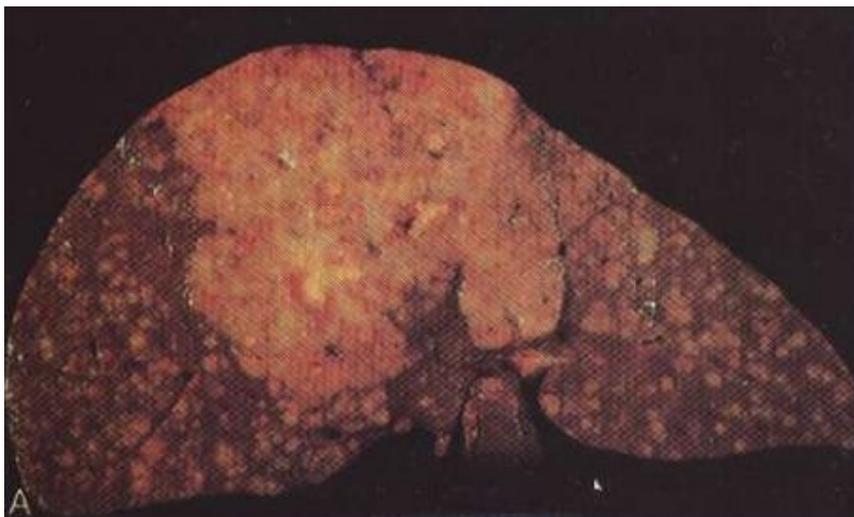


Síndrome icterico obstructivo.

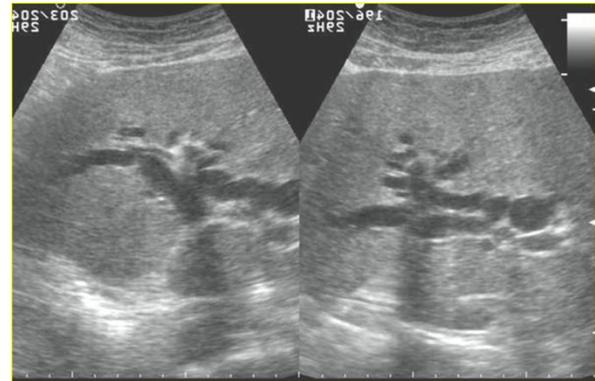
(Intrínseca; colangiocarcinoma vía biliar principal)



Síndrome ictérico obstructivo. (Colangiocarcinoma intrahepático)

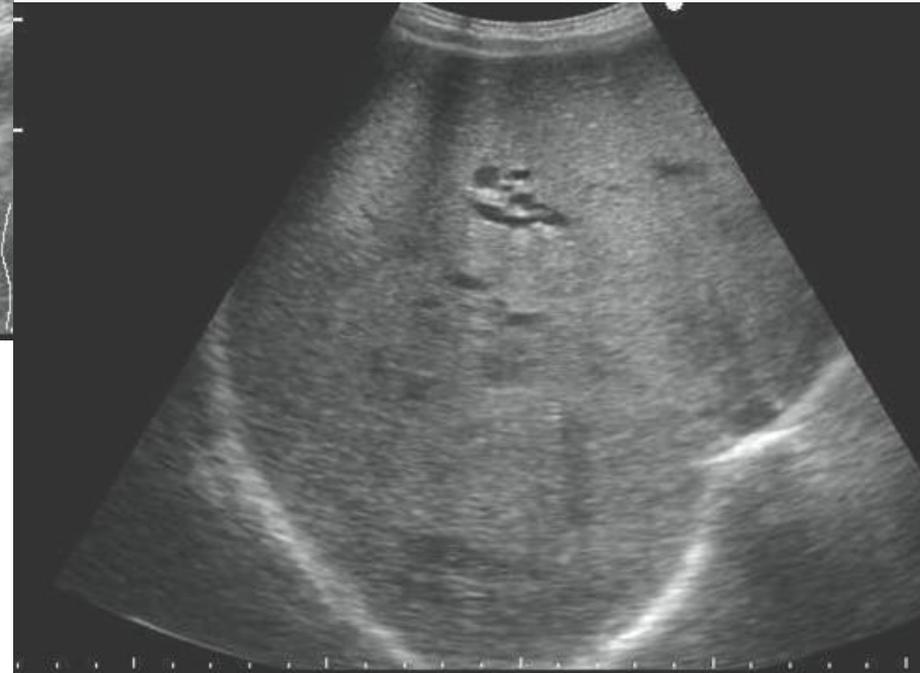


Íctero obstructivo; Enf. Inflammatorias de las vías biliares

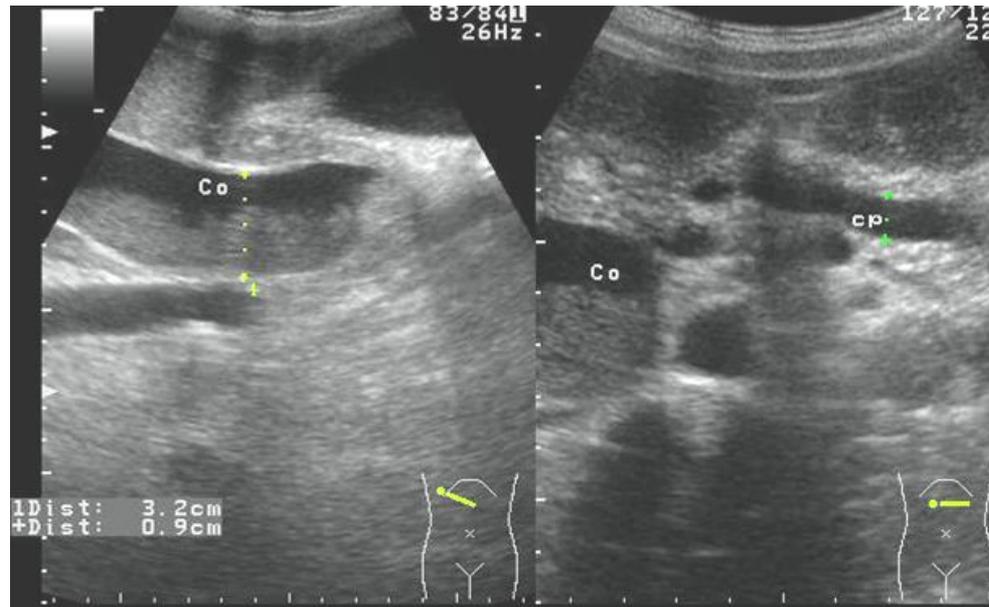


Síndrome icterico obstructivo+colangitis. (ligadura coledociana)

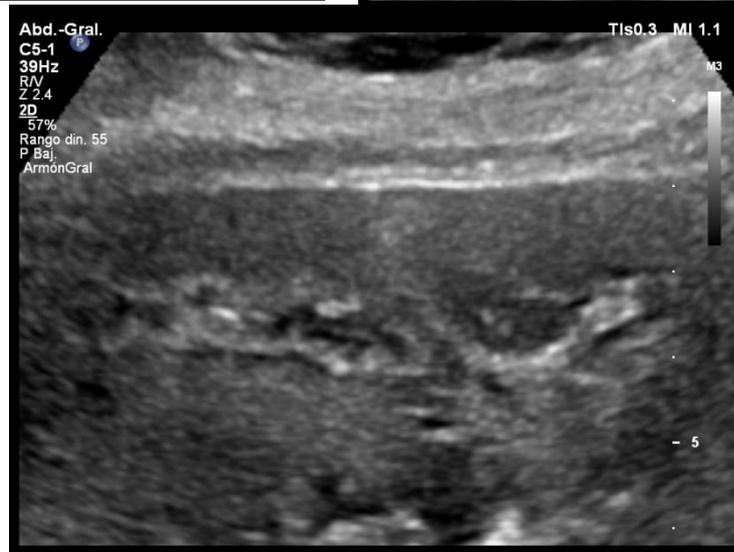
Colangitis

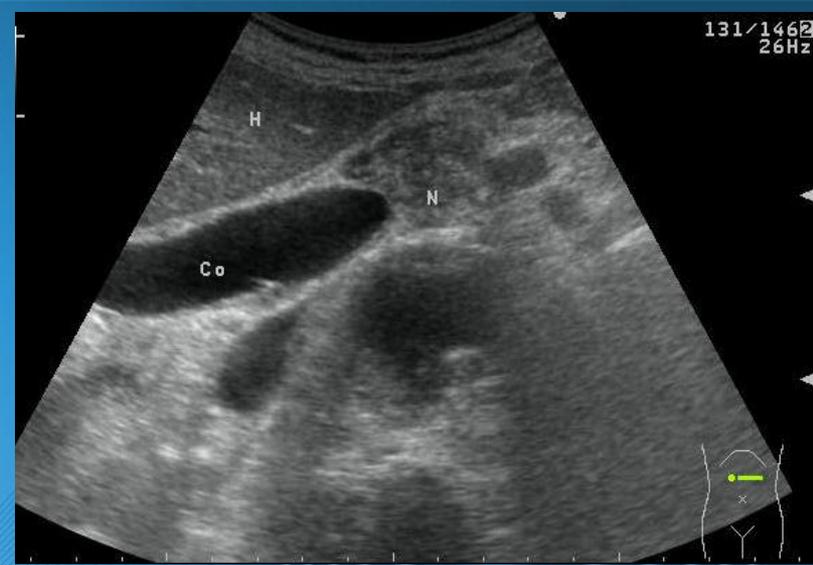


Microabscesos



Síndrome ictérico obstructivo. (Colangitis esclerosante 1ria)

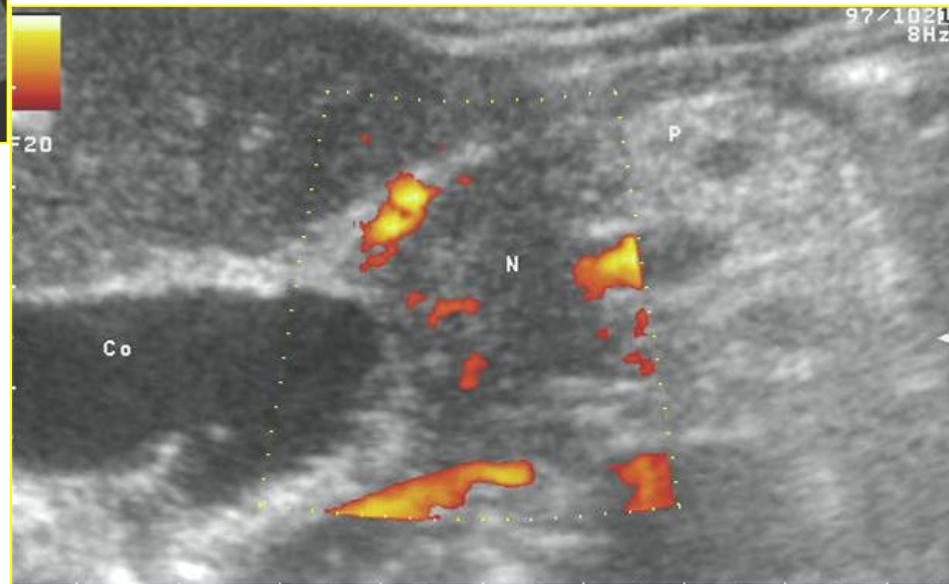
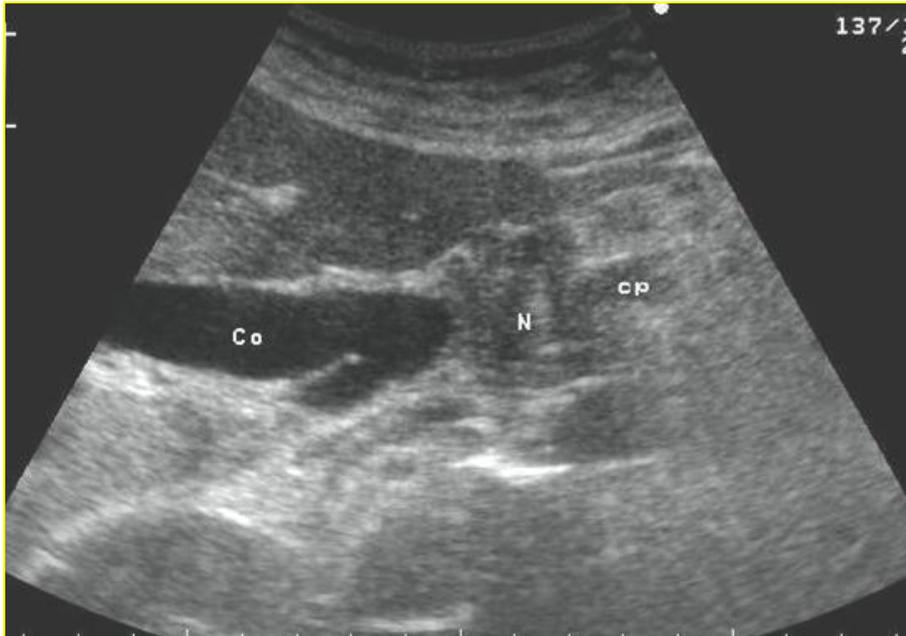




Extrínseco

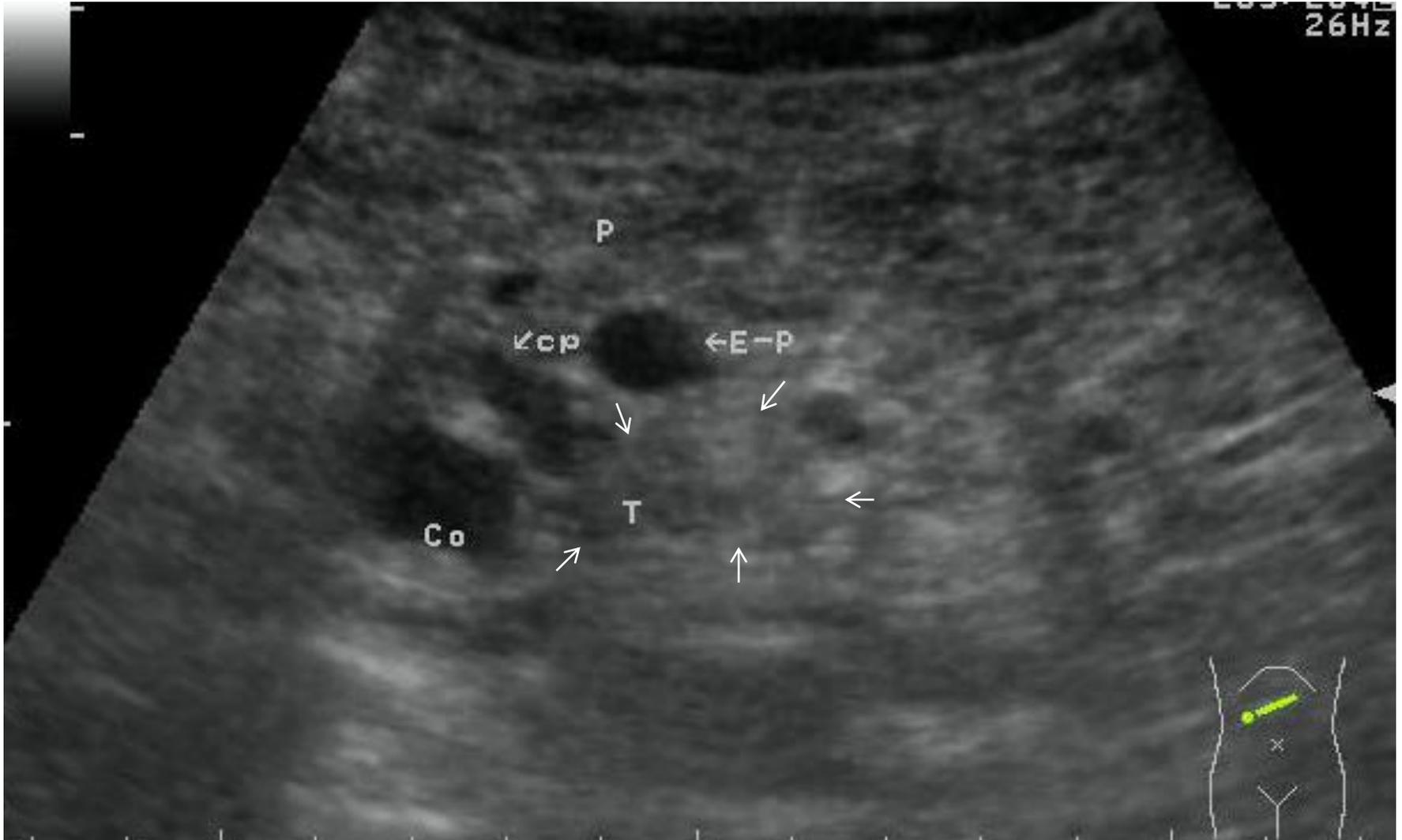
Síndrome ictérico obstructivo.

(Extrínseco; T cab.panc.)



Síndrome ictérico obstructivo.

(Extrínseco; T cab.panc.)

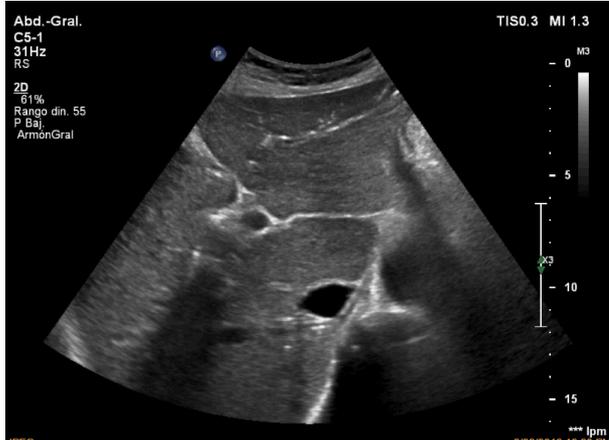
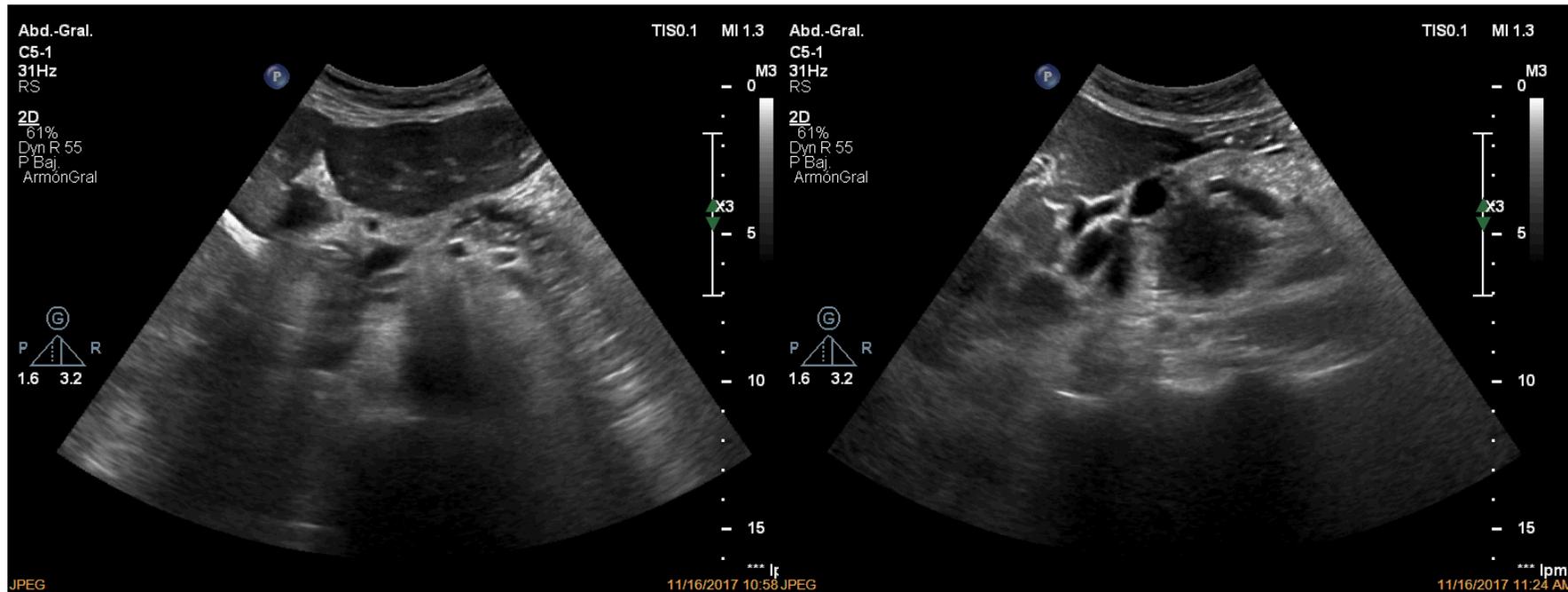


Síndrome ictérico obstructivo.

(Extrínseco; T cab.panc.)



Síndrome ictérico obstructivo. (Extrínseco; T cab.panc.)



Síndrome ictérico obstructivo.

(Extrínseco; ampuloma)



Síndrome ictérico obstructivo.

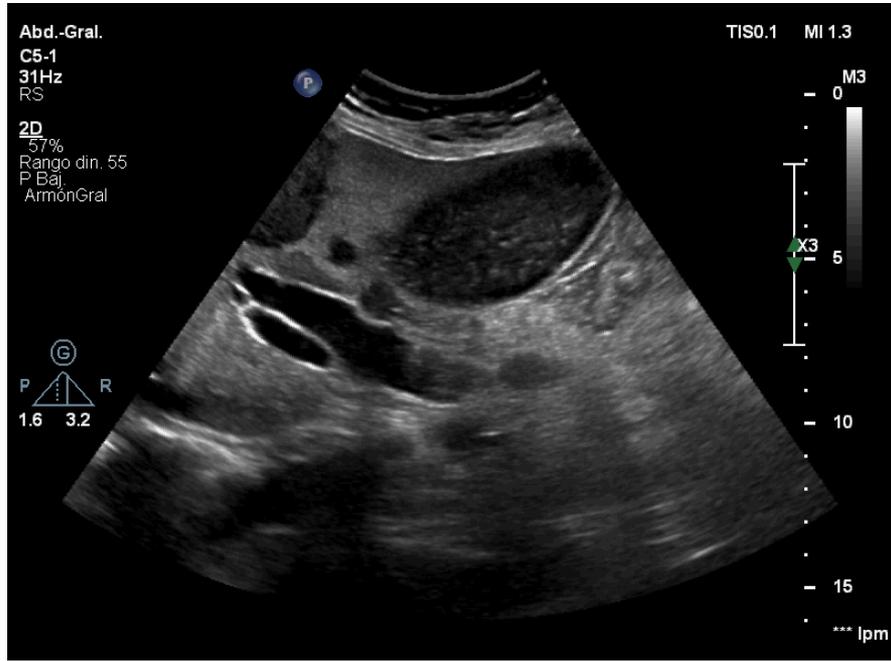
(Extrínseco; adenopatía)

Sínd. Adénico (LNH)



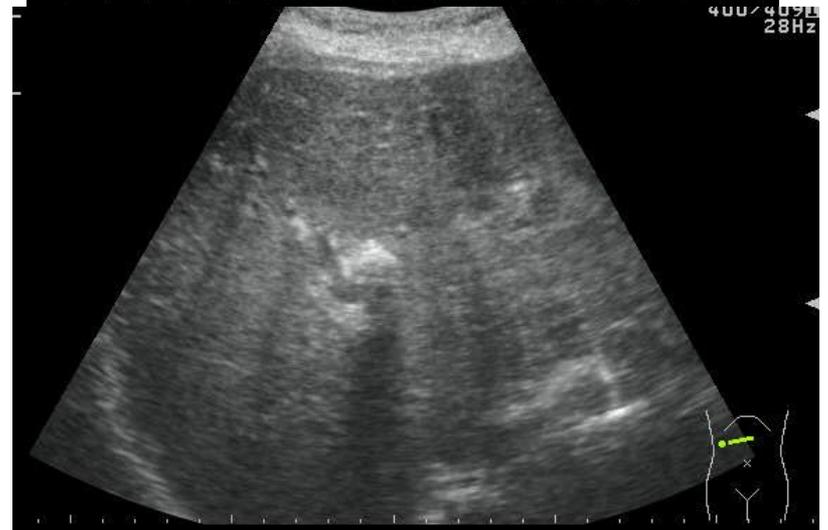
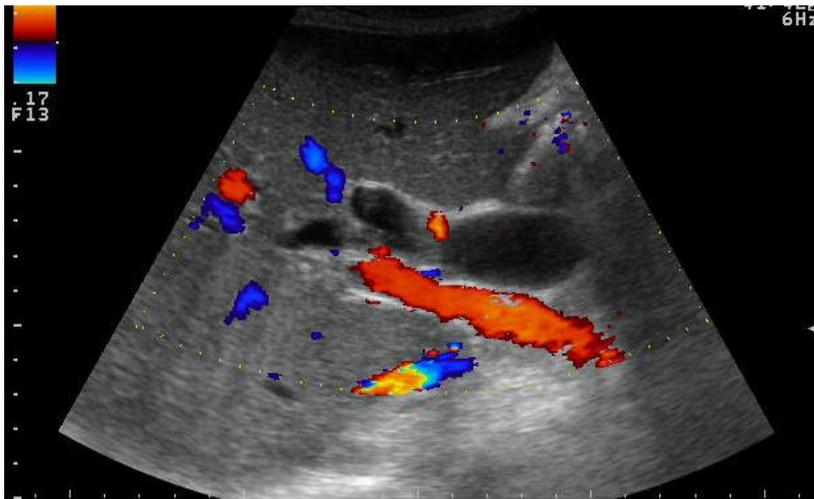
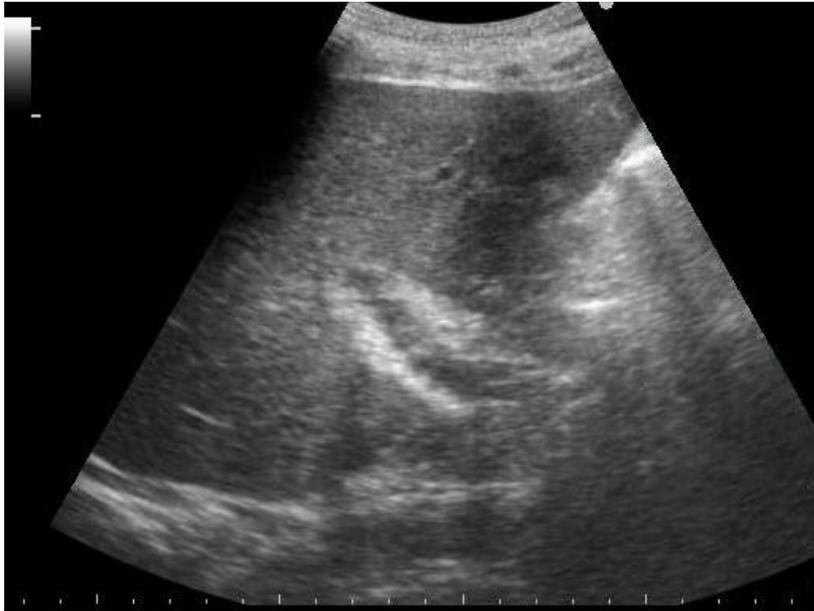
Síndrome ictérico obstructivo.

(Extrínseco; adenopatía)



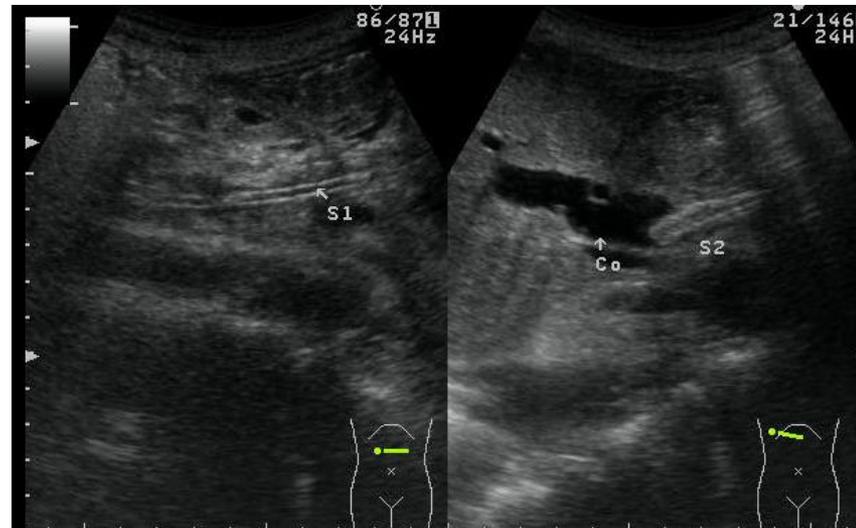
Síndrome ictérico obstructivo + colangitis.

(Extrínseco; ligadura coledociana)



Síndrome ictérico obstructivo.

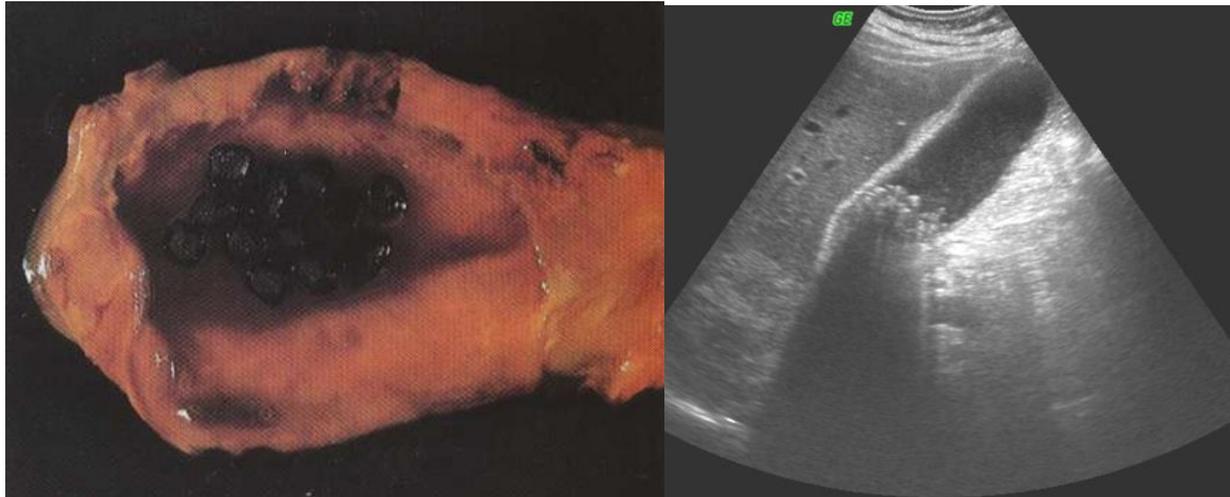
(Extrínseco; obstrucción de sonda derivativa interna.)



Migración endoprótesis

Prótesis obstruida

Vesícula biliar



Colecistitis litiásica.



Vesícula biliar; plastrón inflamatorio.



Colecistitis acalculosa



Colecistitis



Inflamatorio
Aguda



Colecistitis. Enfisematosa.

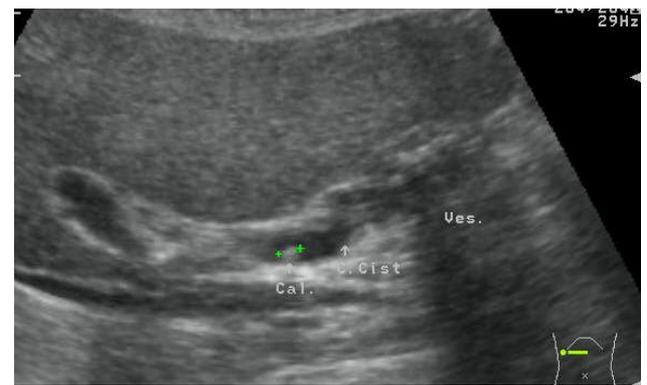
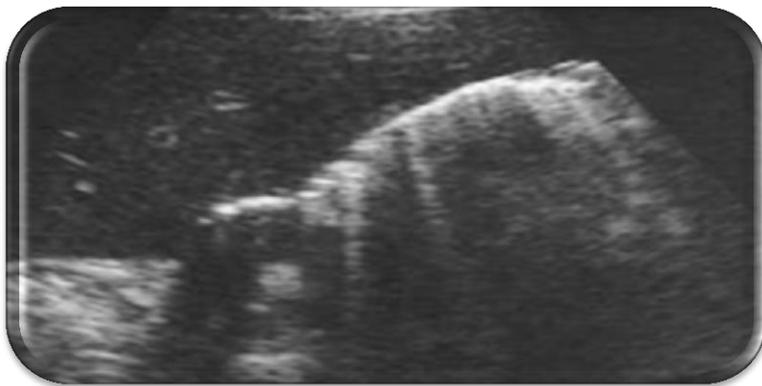


Colecistitis. Enfisematosa.



LOGO

Vesícula en porcelana; Dx.D



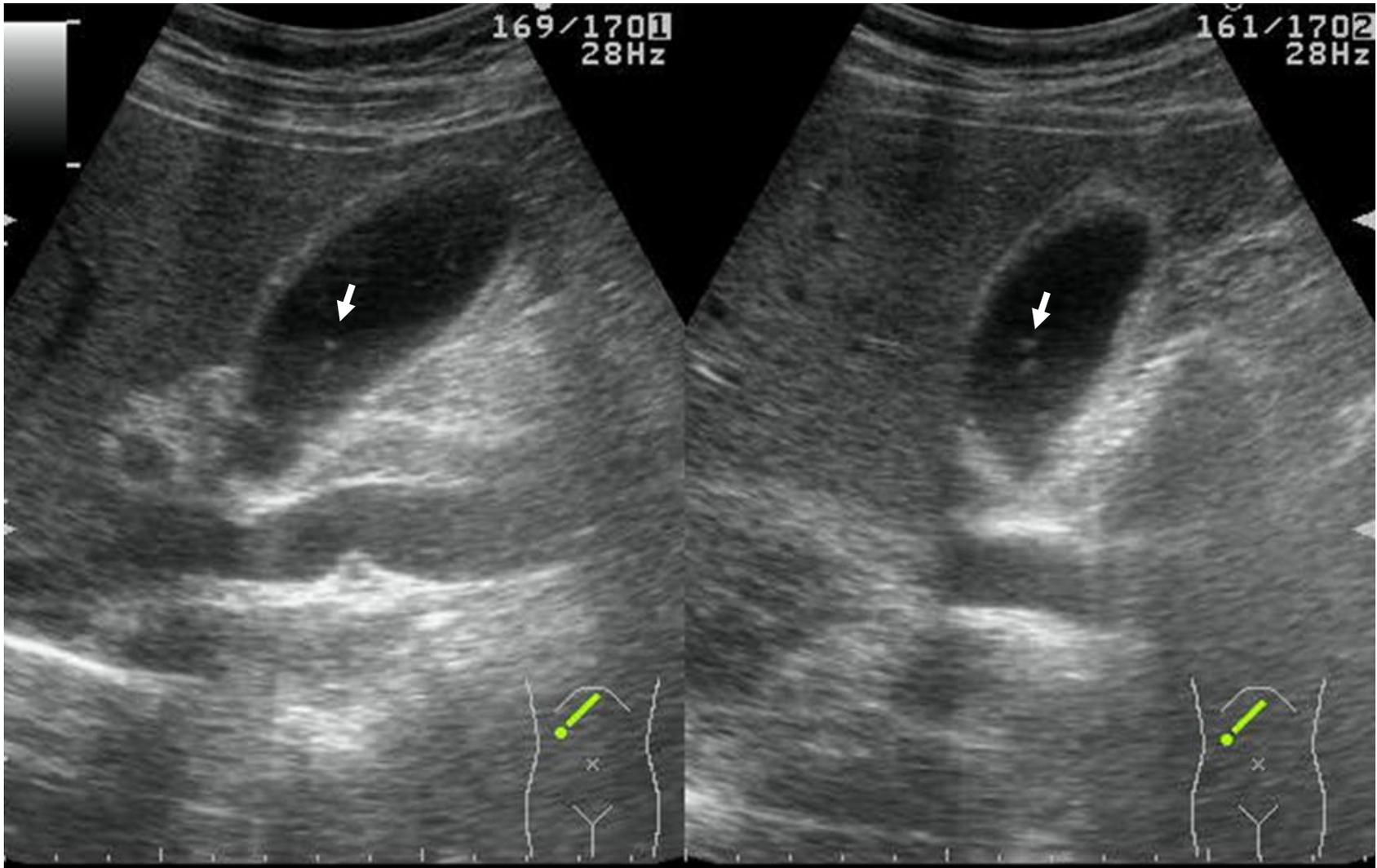
Vesícula enfisematosa

Vesícula escleroatrófica

Colecistitis alitiásica + perforación vesicular.



Colecistitis parasitaria.

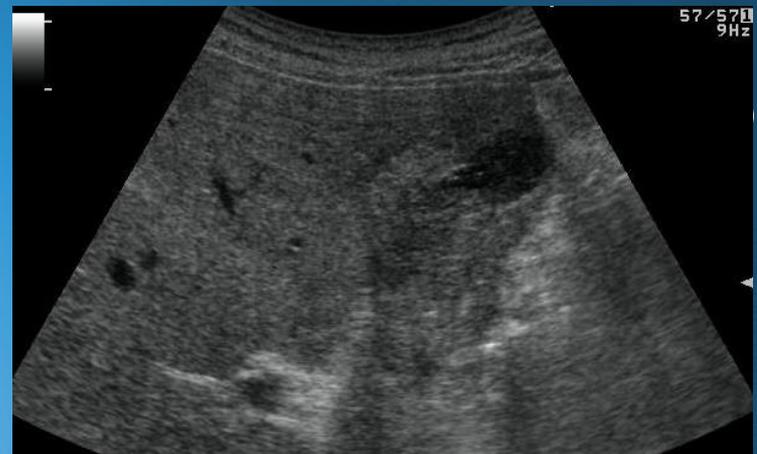
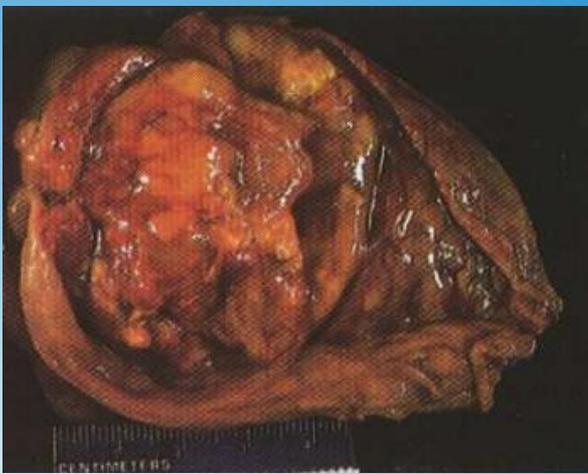


Vesícula b. con paredes engrosadas y estructuras ecogénicas sin Sa en su interior

Adenomiomatosis

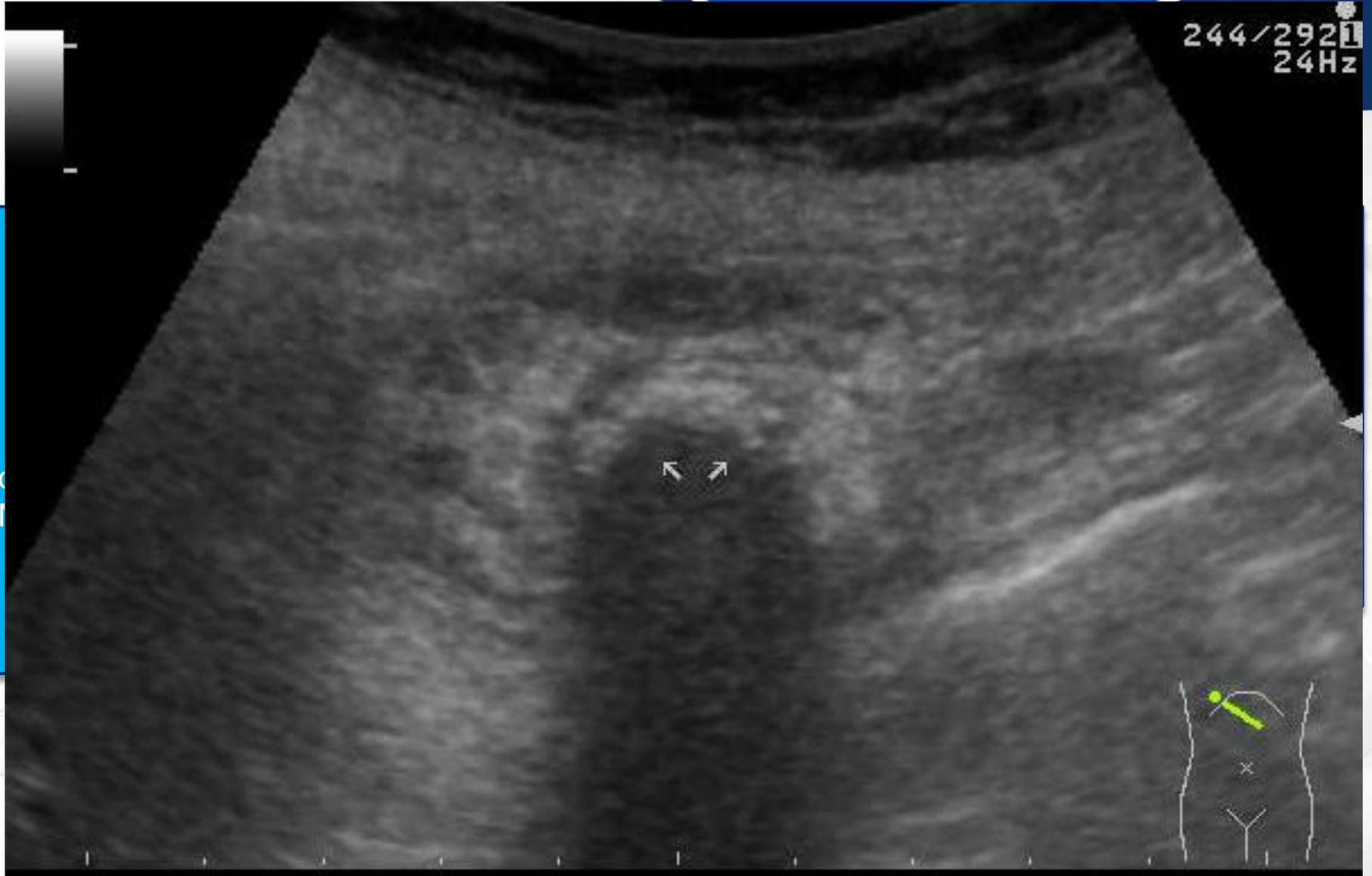


**Divertículo o Seno de
Rokitansky-Aschoff**

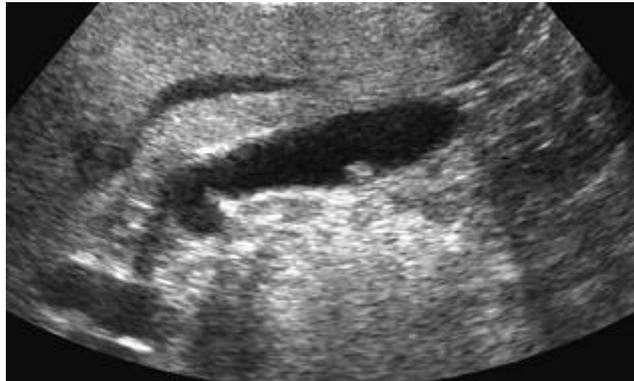


Vesícula tumoral

Tumor vesicular

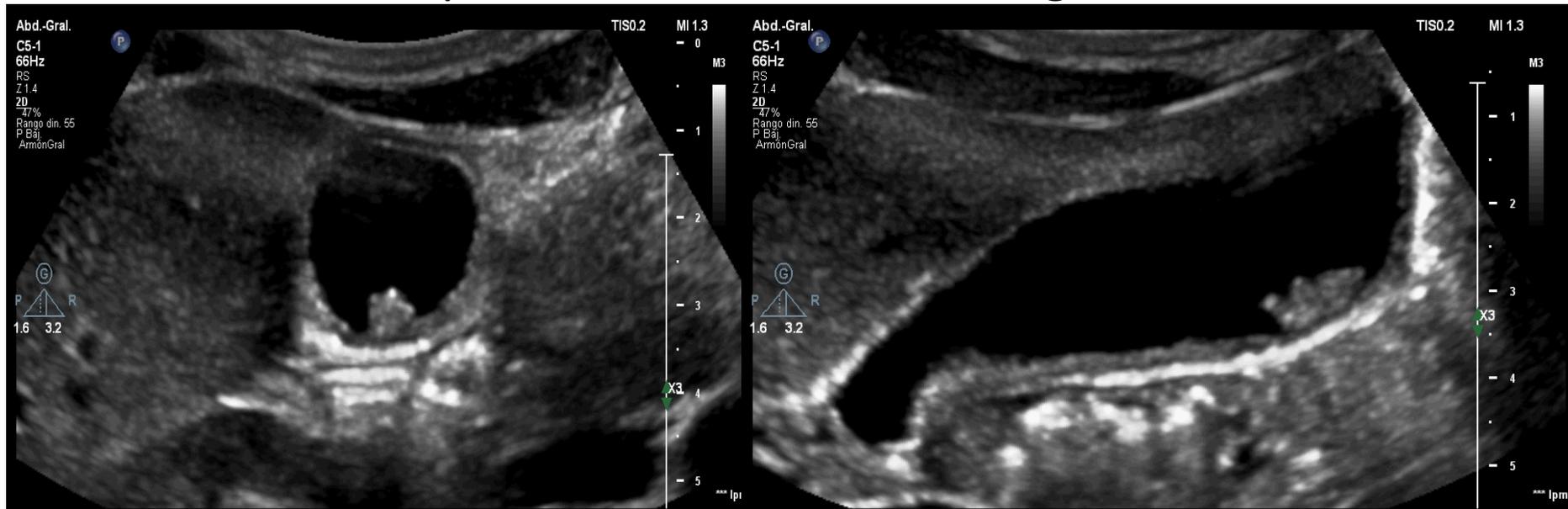


Pólipo vesicular.

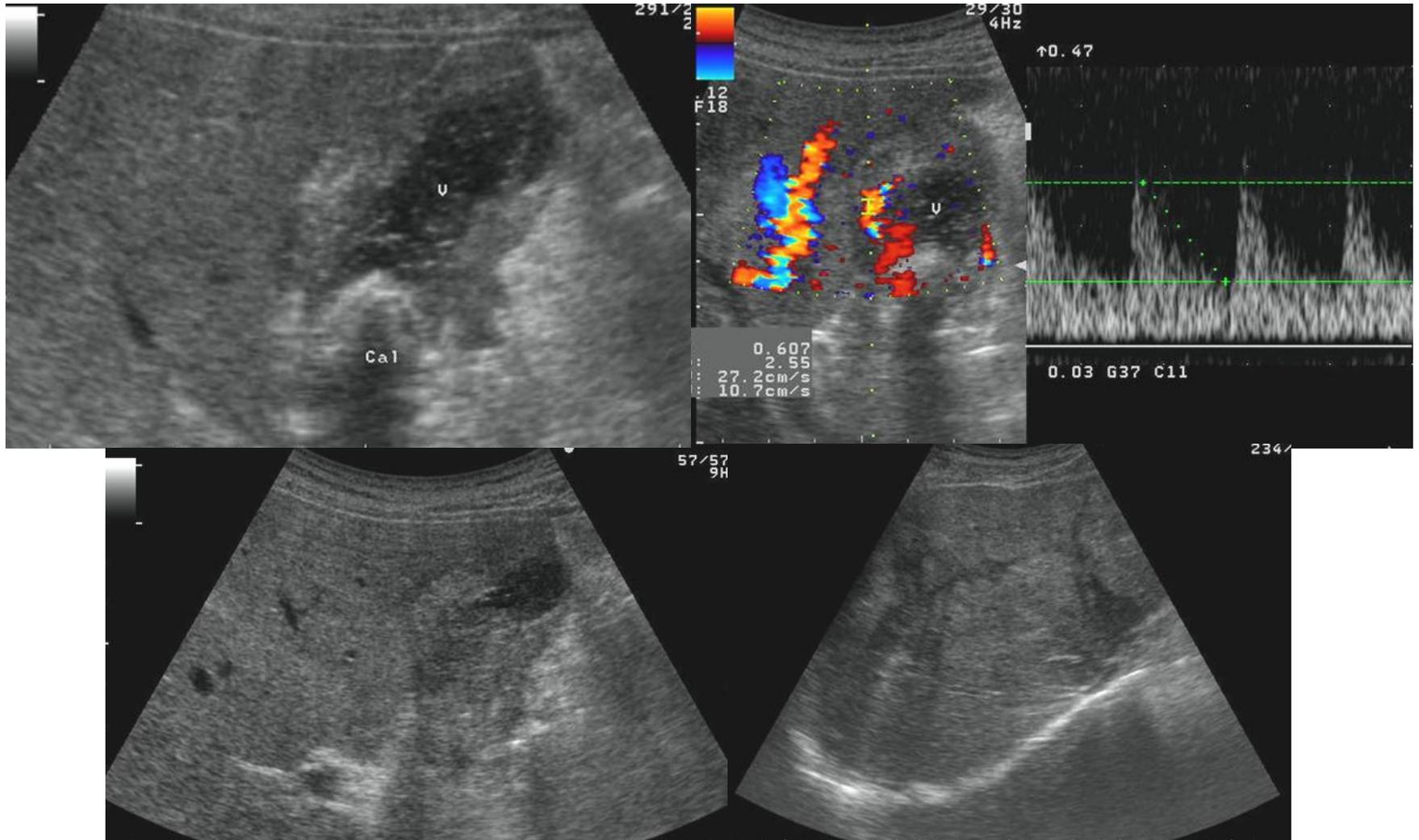


colesterosis

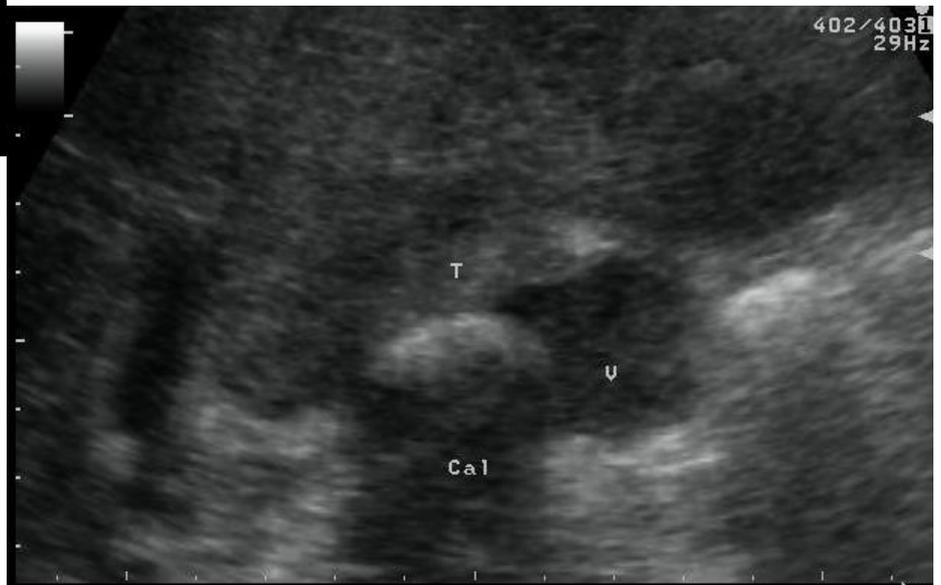
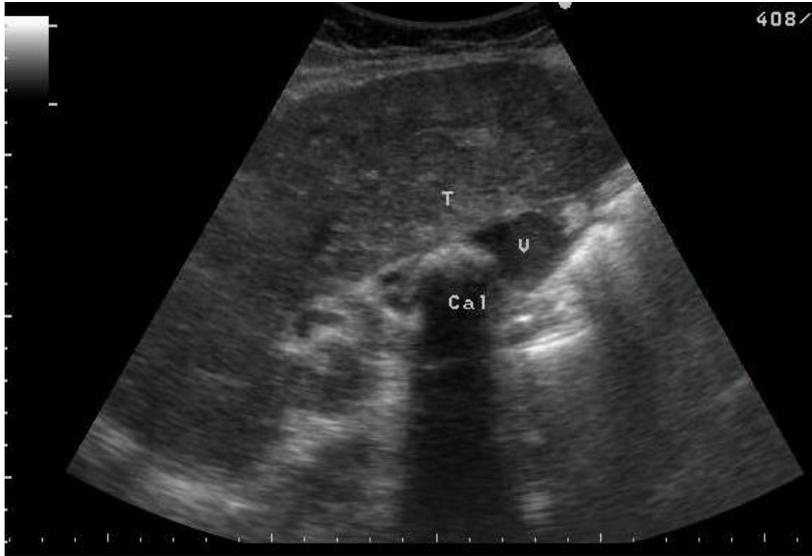
Pólipo con transformación maligna

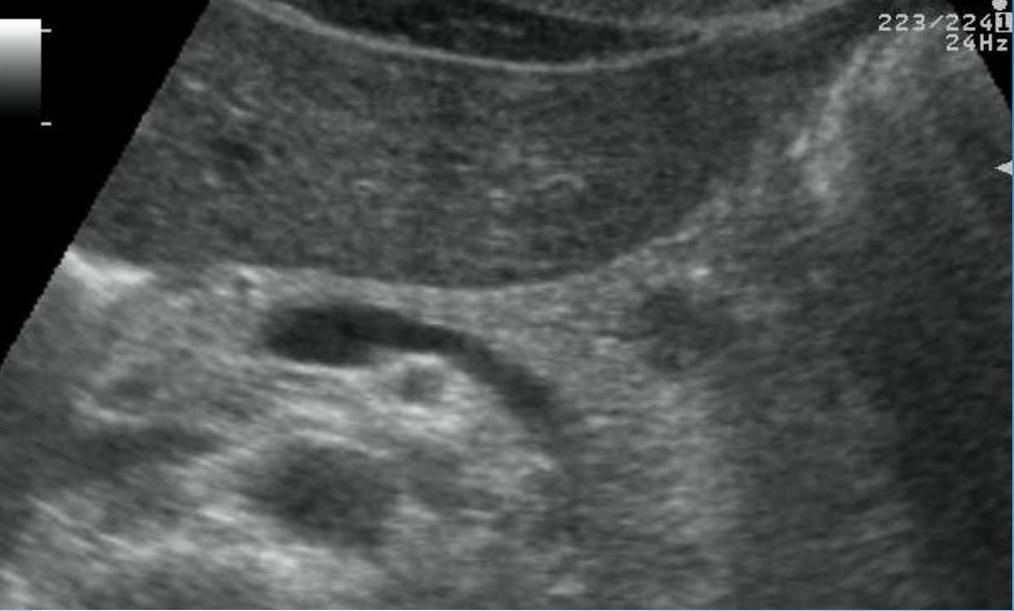


Vesícula biliar; tumoral.



Vesícula biliar; tumoral.



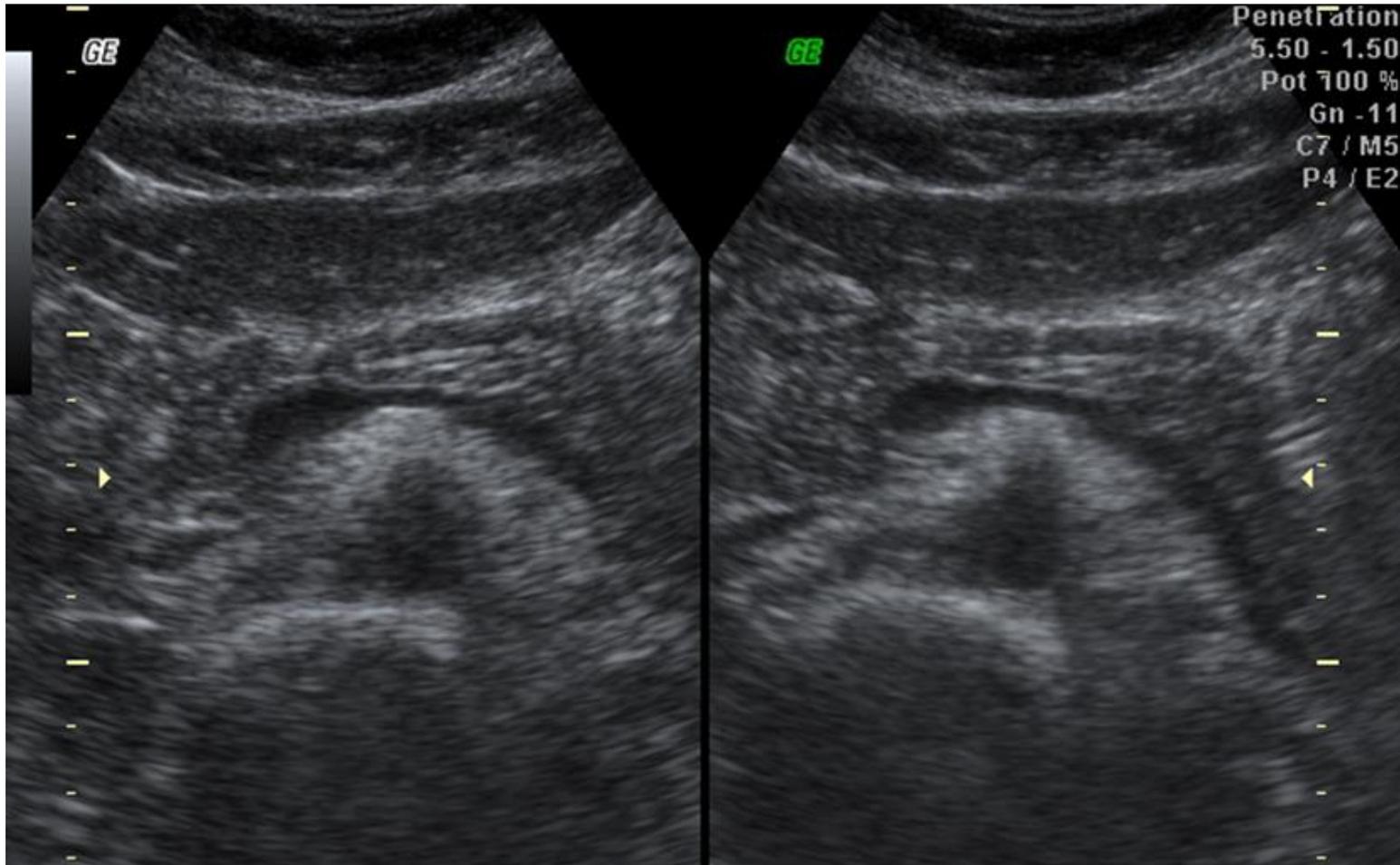


LOGO

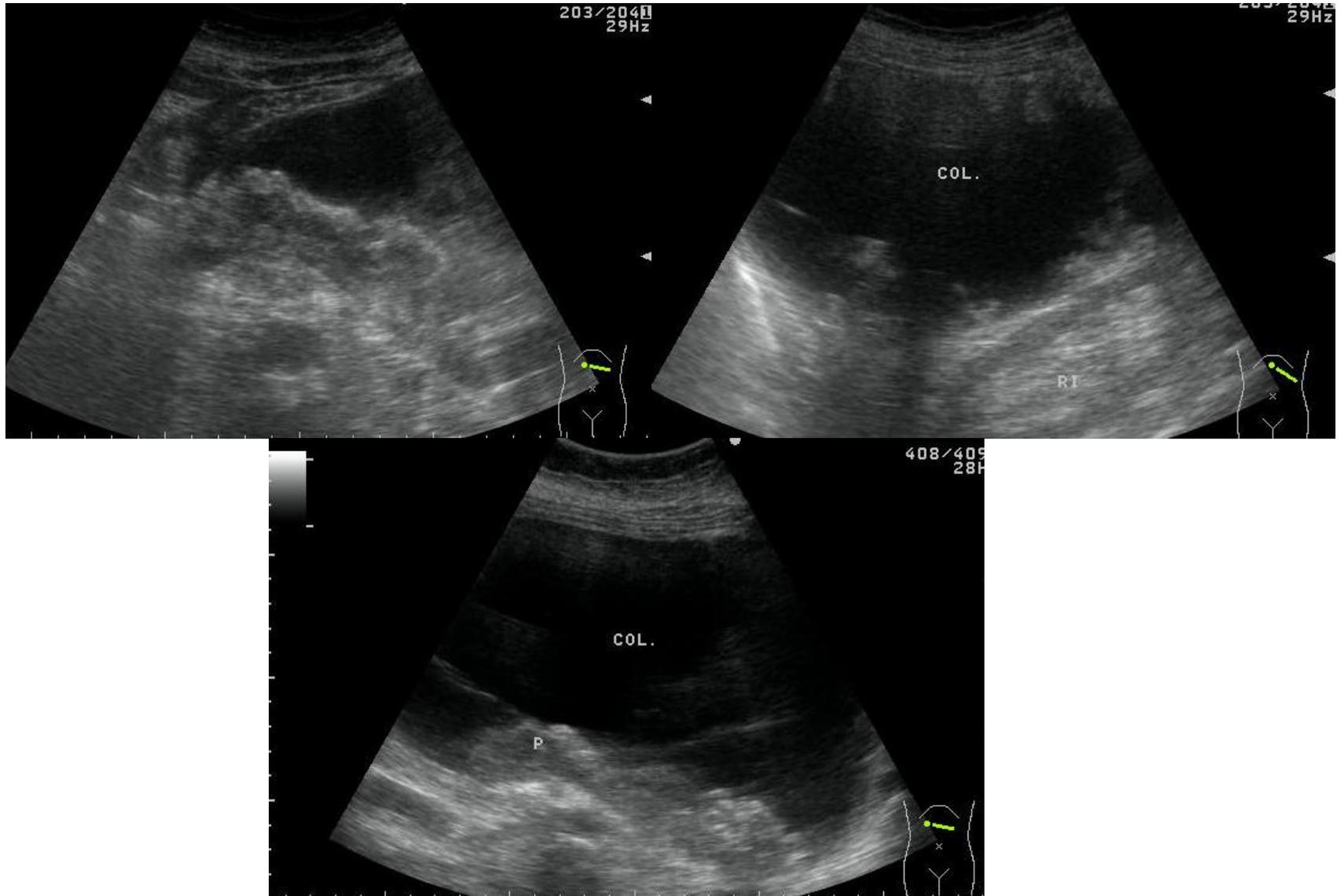
Páncreas

Páncreas normal

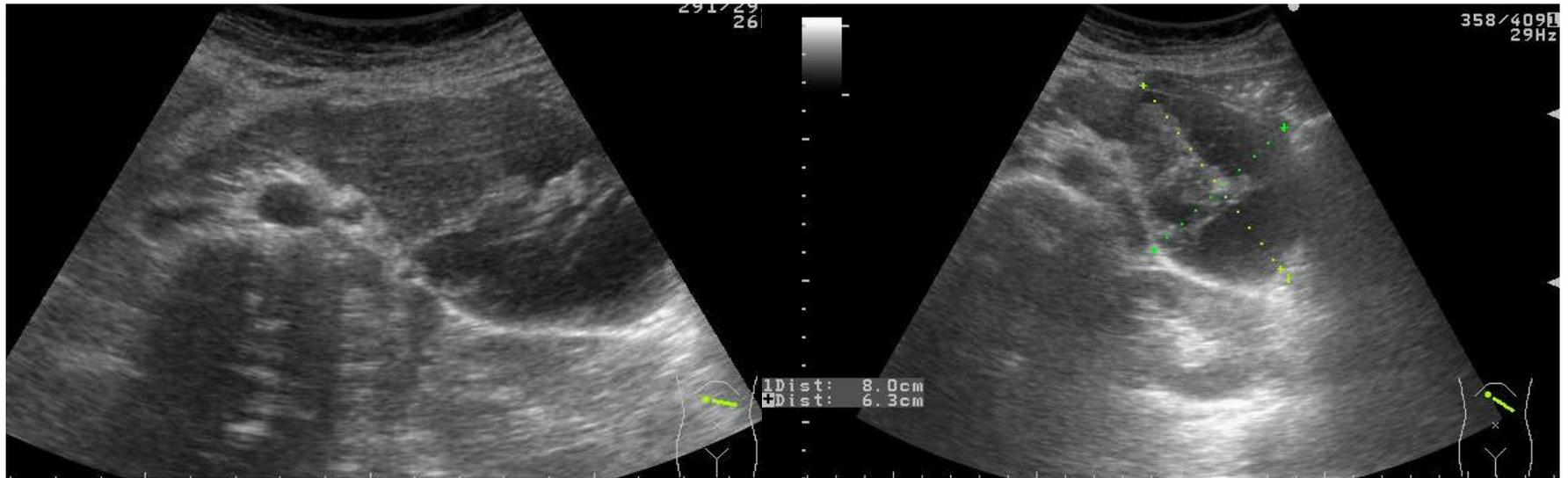
LOGO



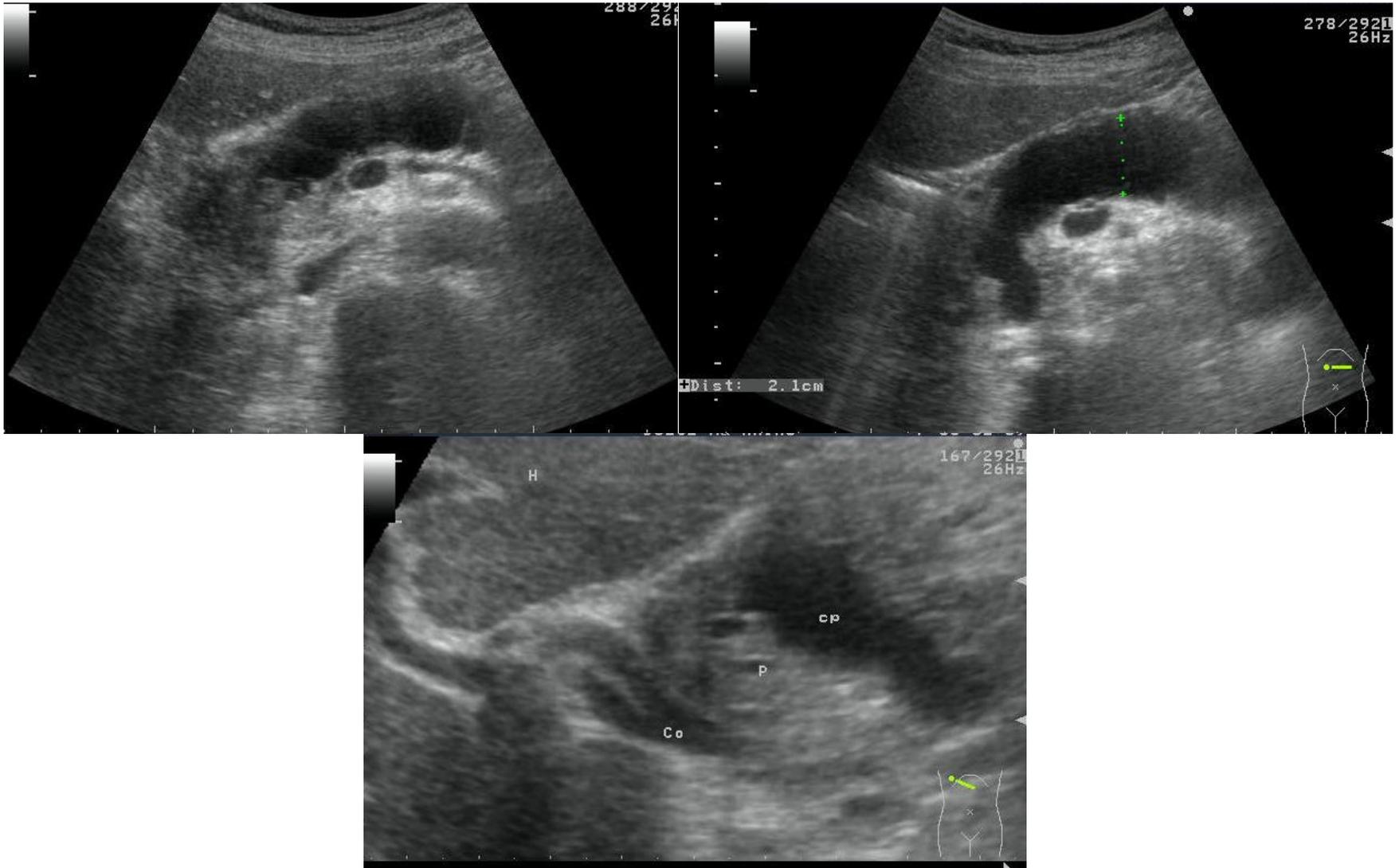
Pancreatitis aguda.



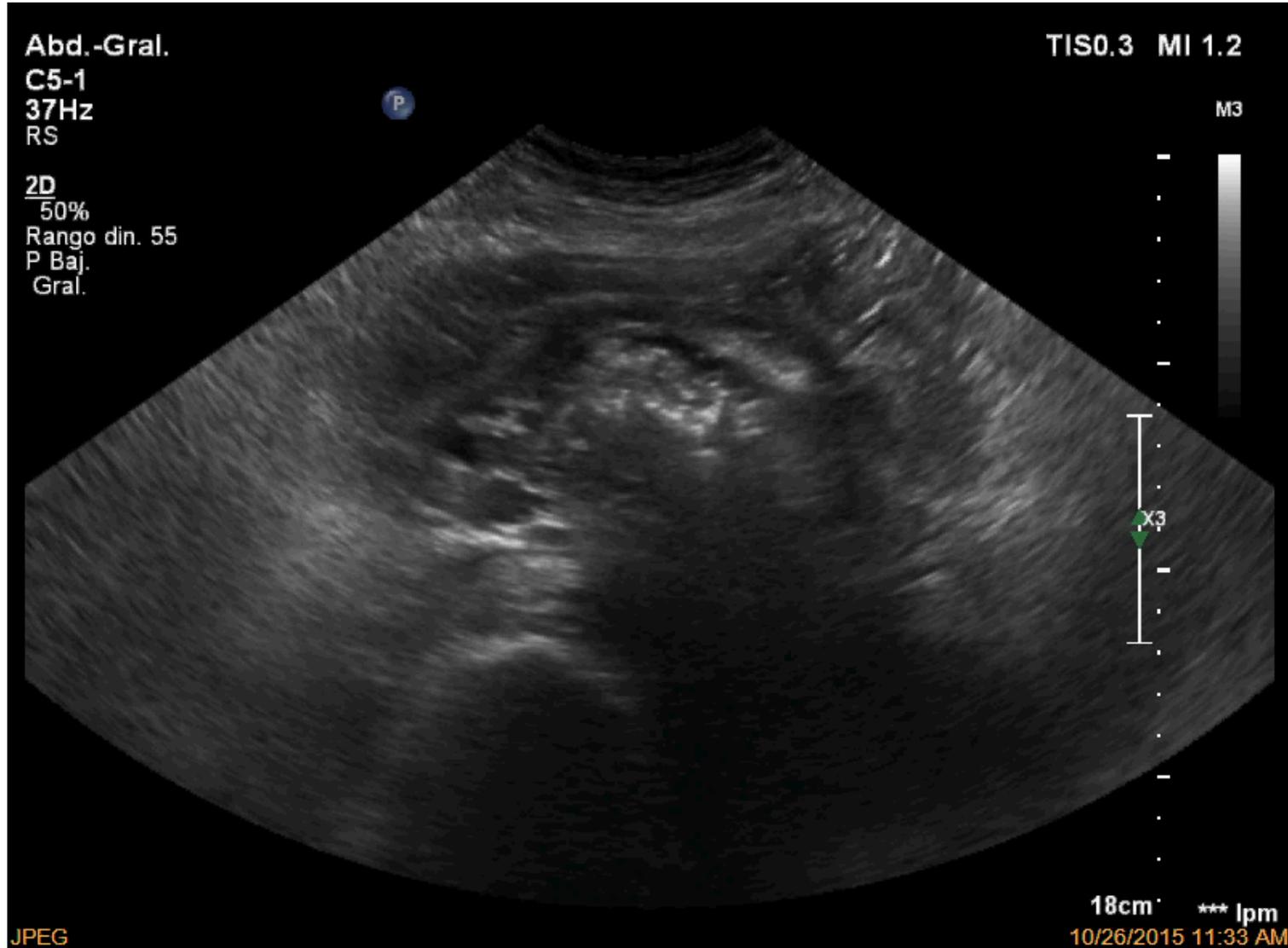
Pancreatitis crónica.

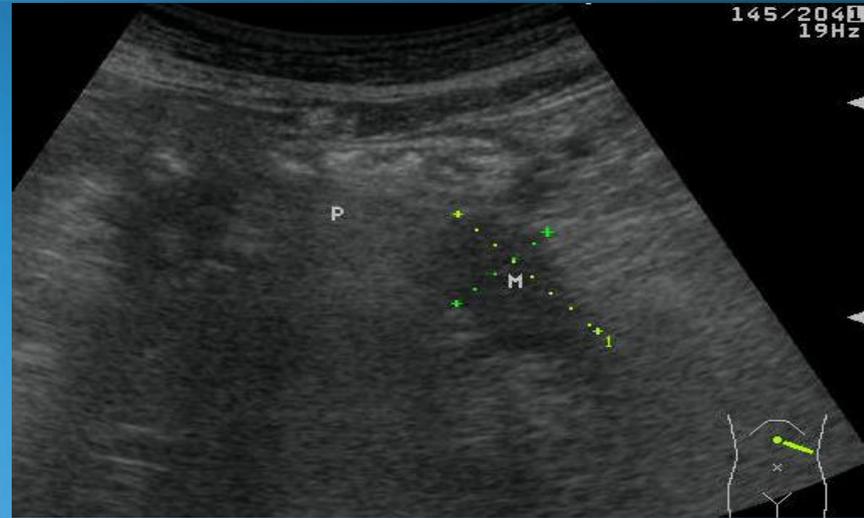


Pancreatitis crónica. Dilatación vía biliar principal y del conducto de Wirsung.



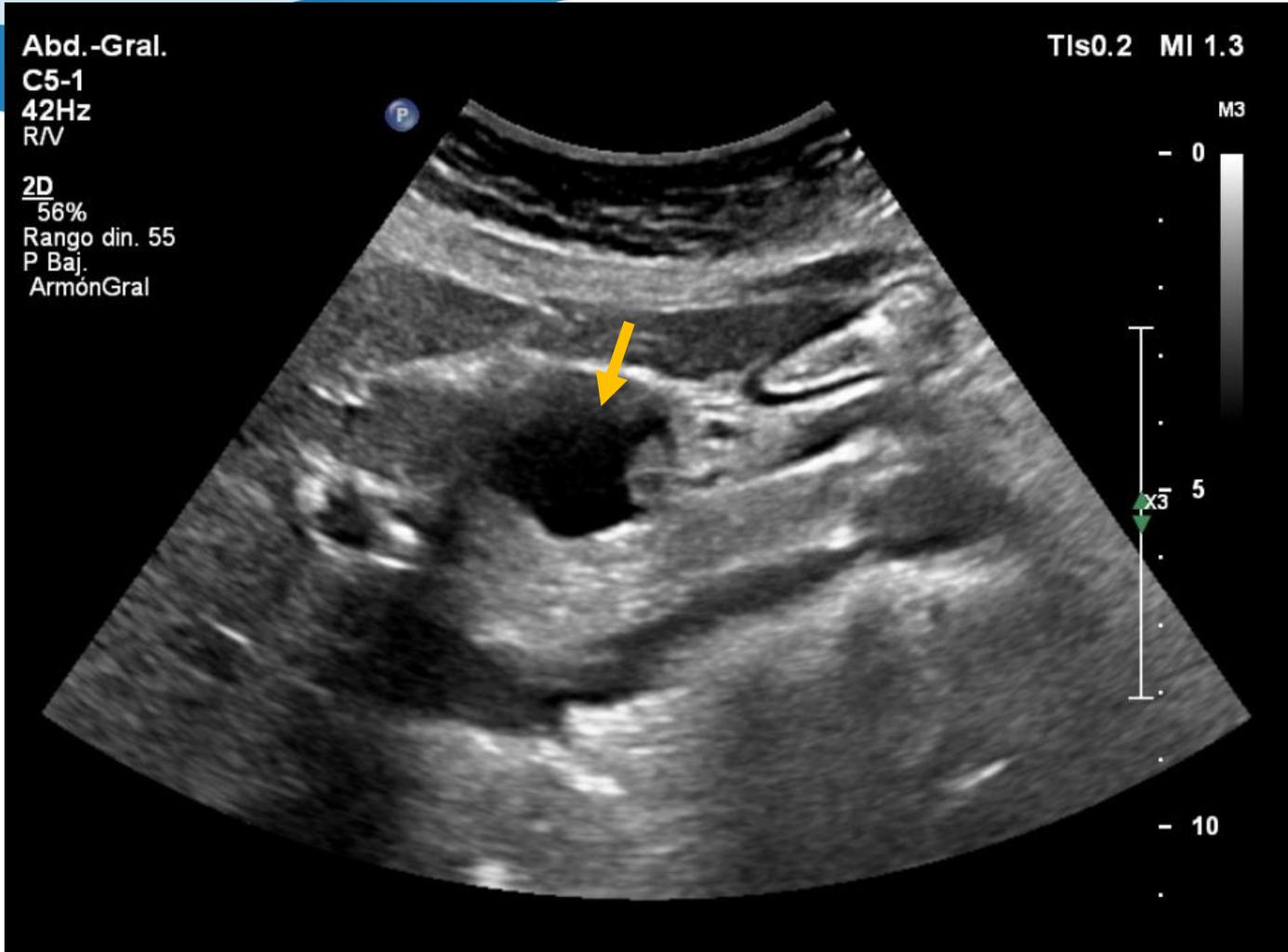
Pancreatitis crónica; páncreas calcificado



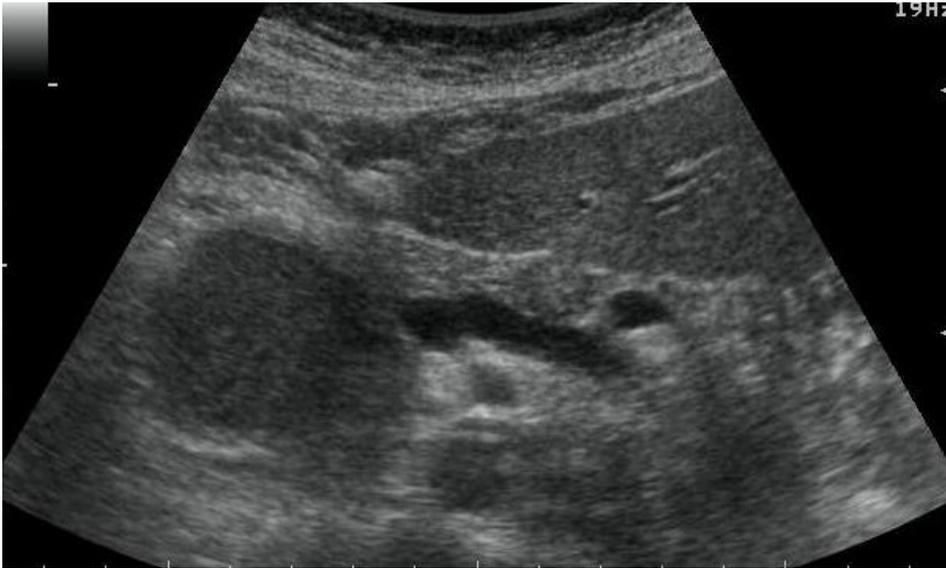


Tumores

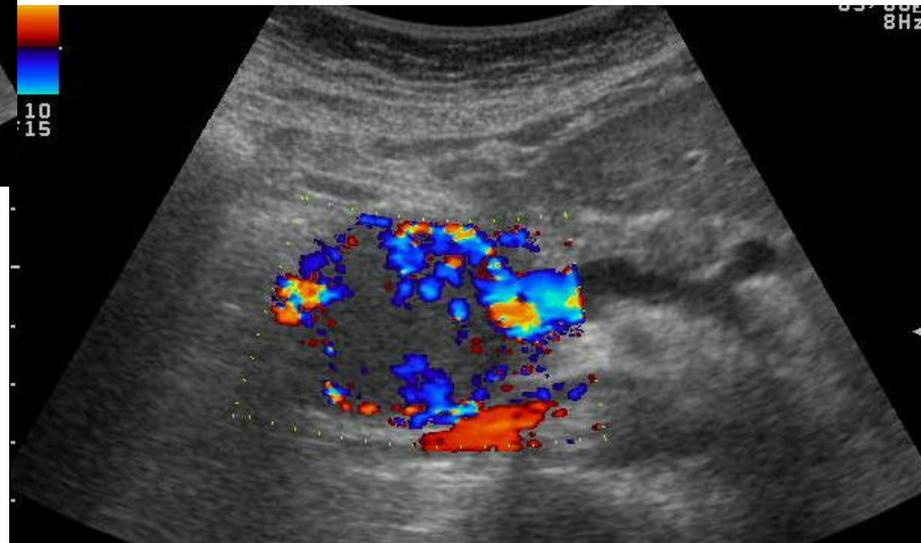
Cistoadenoma pancreático.



Páncreas; T neuroendocrino; Facomatosis (Von Hippel Lindau)

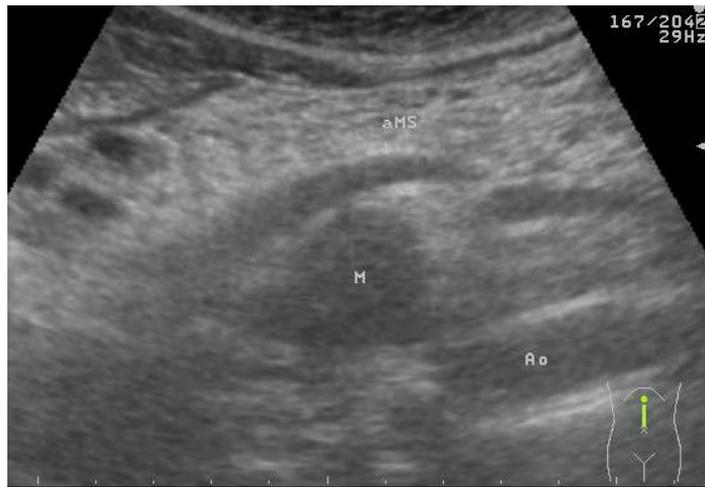


Modo B

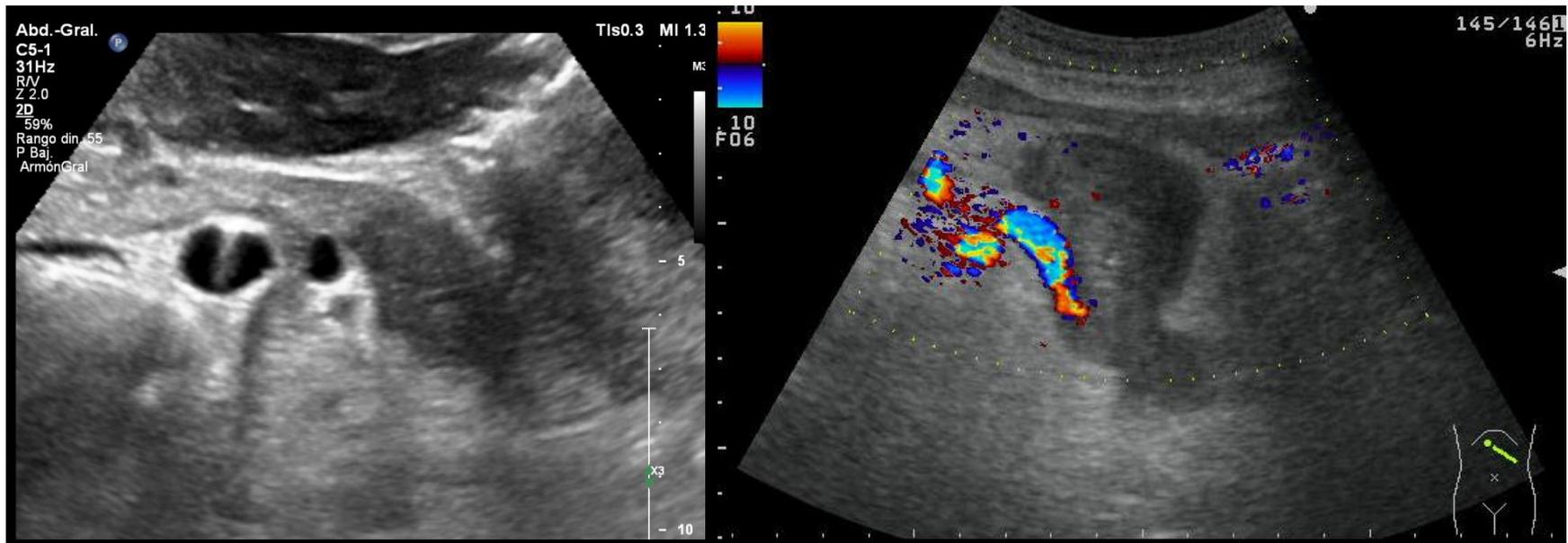


Modo B + Doppler Color

Tumor de cabeza páncreas + meta. ganglionar



Tumor de cola de páncreas



Conclusiones

- El US es muy útil en el diagnóstico y monitoreo de las alteraciones bilio-pancreáticas.
- Los elementos clínicos deben ser tenidos en cuenta en todo momento.
- El trabajo en equipo es fundamental para lograr el diagnóstico imagenológico correcto.

