

**Echographie
en pratique courante

IVG médicamenteuse**

Mardi 20 avril 2012

Dr N. BRIERE

**Echographie
en pratique courante

IVG médicamenteuse**

Echographie de datation + pelvienne

Echographie post IVG

Echo datation / pelvienne

Voie sus pubienne : → Vessie de la patiente en semi réplétion

Objectifs :

- * Confirmation grossesse
- * localisation / évolutivité
- * Eventuelle gémellarité
- * Etude du pelvis ?

Echographie de datation

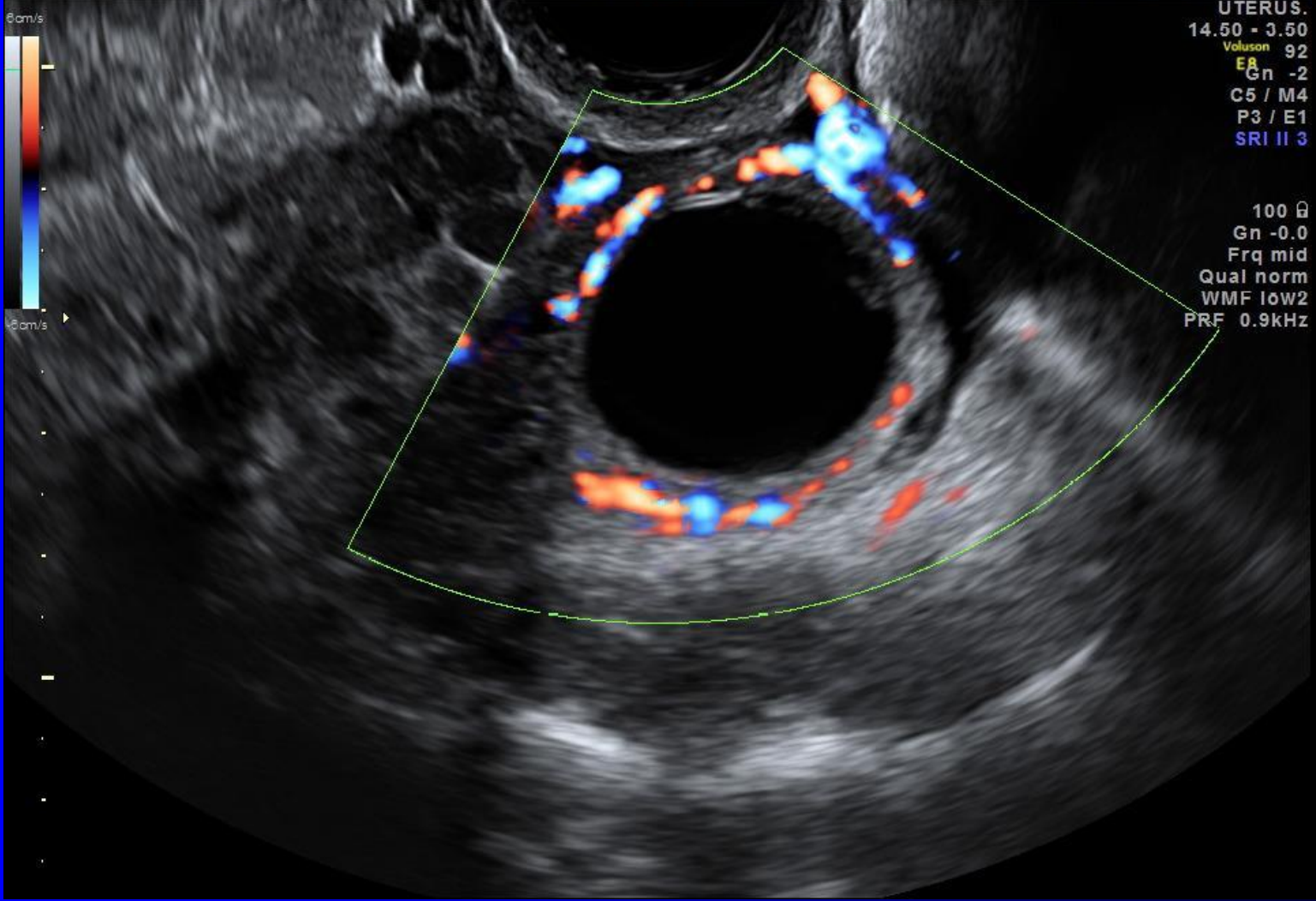
- Avant 4 SA 1/2
- De 4 SA 1/2 à 7 SA
- Après 7 SA et jusqu'à 14 SA

Echographie de datation

- Avant 4 SA $\frac{1}{2}$
 - Pas d'image directe de la grossesse
 - Corps jaune
 - Endomètre :
 - Echogène (« blanc »)
 - Épaissi : 10 – 15 mm



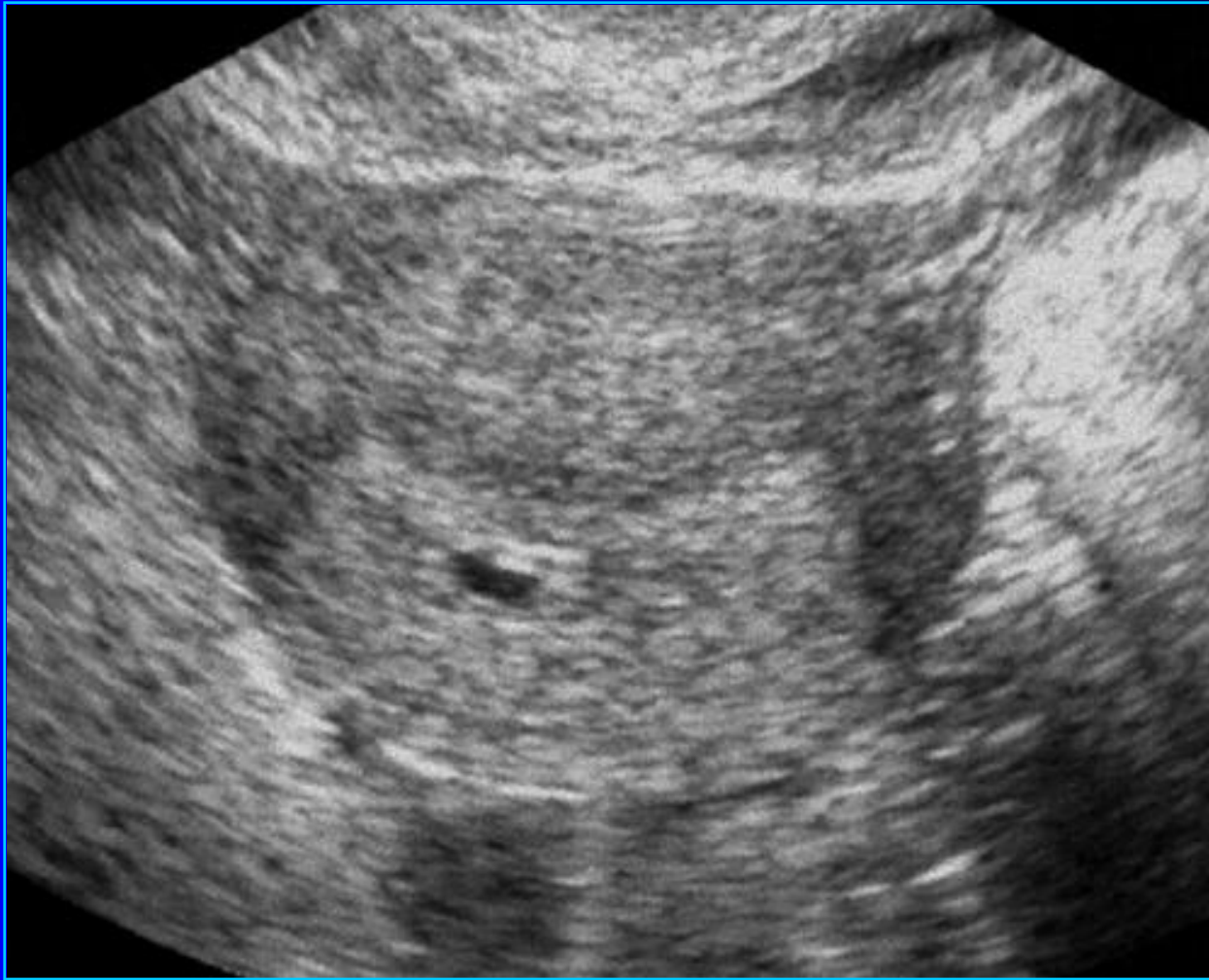
Voluson RIC5-9-D/GYN MI 0.8 Dr Haddad-Aloin-Favre-Brière
E8 Exp 7.0cm / 1.6 / 16Hz TIs 0.2 08.03.2012 16:44:12



Echographie de datation

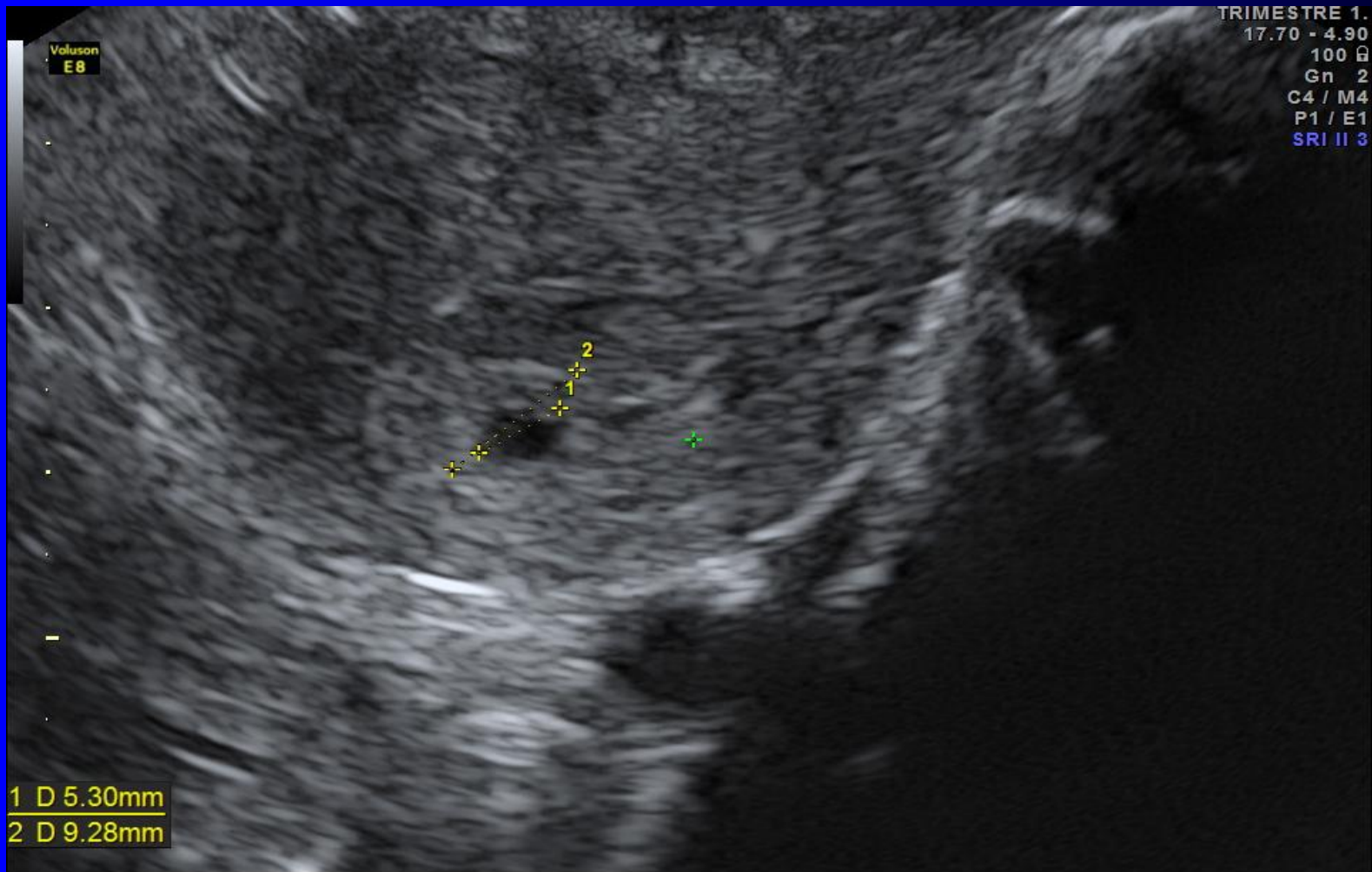
- De 4 SA $\frac{1}{2}$ à 7 SA
 - Image intra-utérine
 - Image liquidienne de 2 – 3 mm, excentrée, couronne Hyperéchogène
 - Vésicule ombilicale
 - Embryon (5 SA $\frac{1}{2}$), activité cardiaque (> 5 mm – 6 SA)

De 4 à 7 SA



- Sac 4 SA 1/2

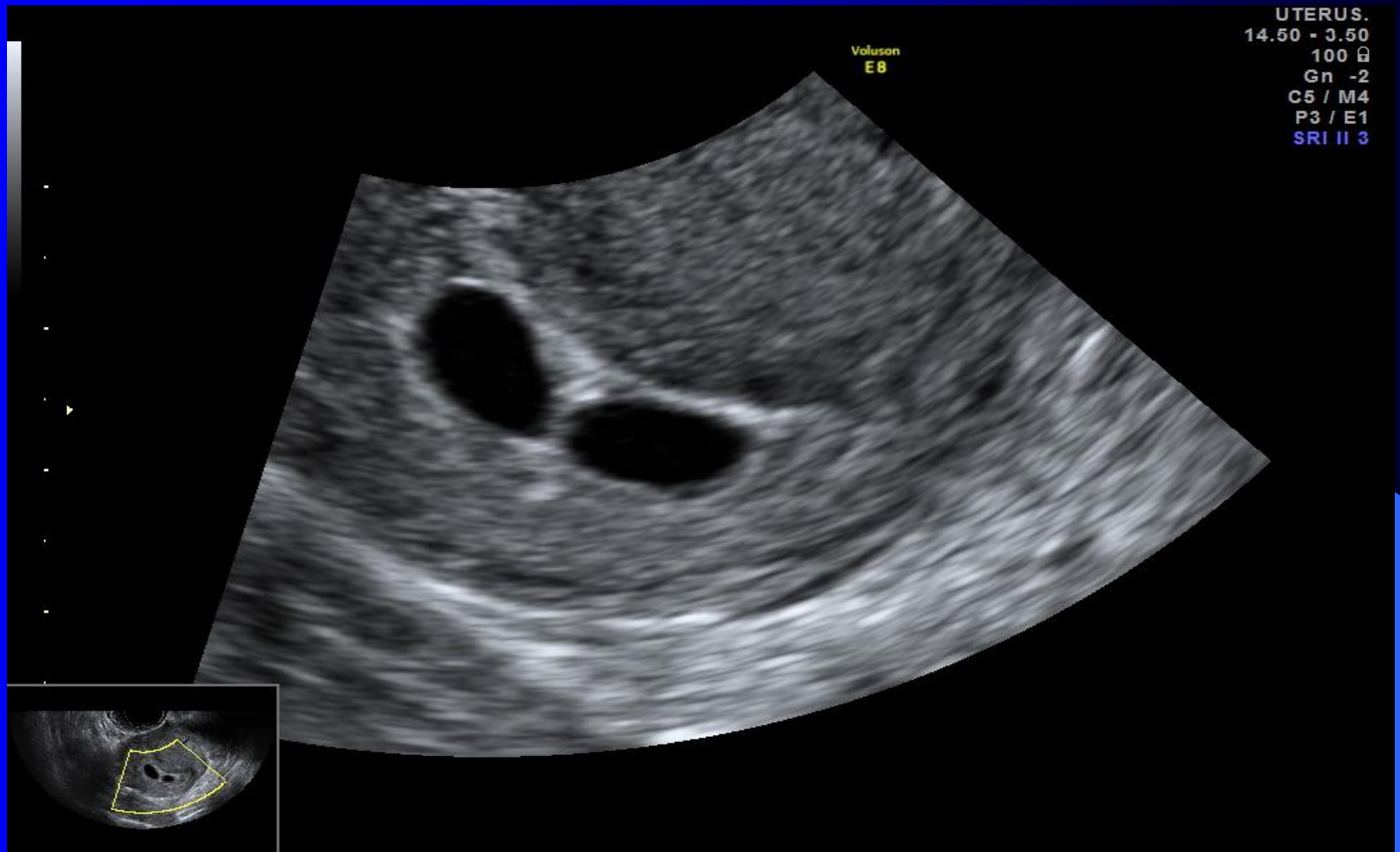
De 4 à 7 SA



- Sac 4 SA 1/2



De 4 à 7 SA



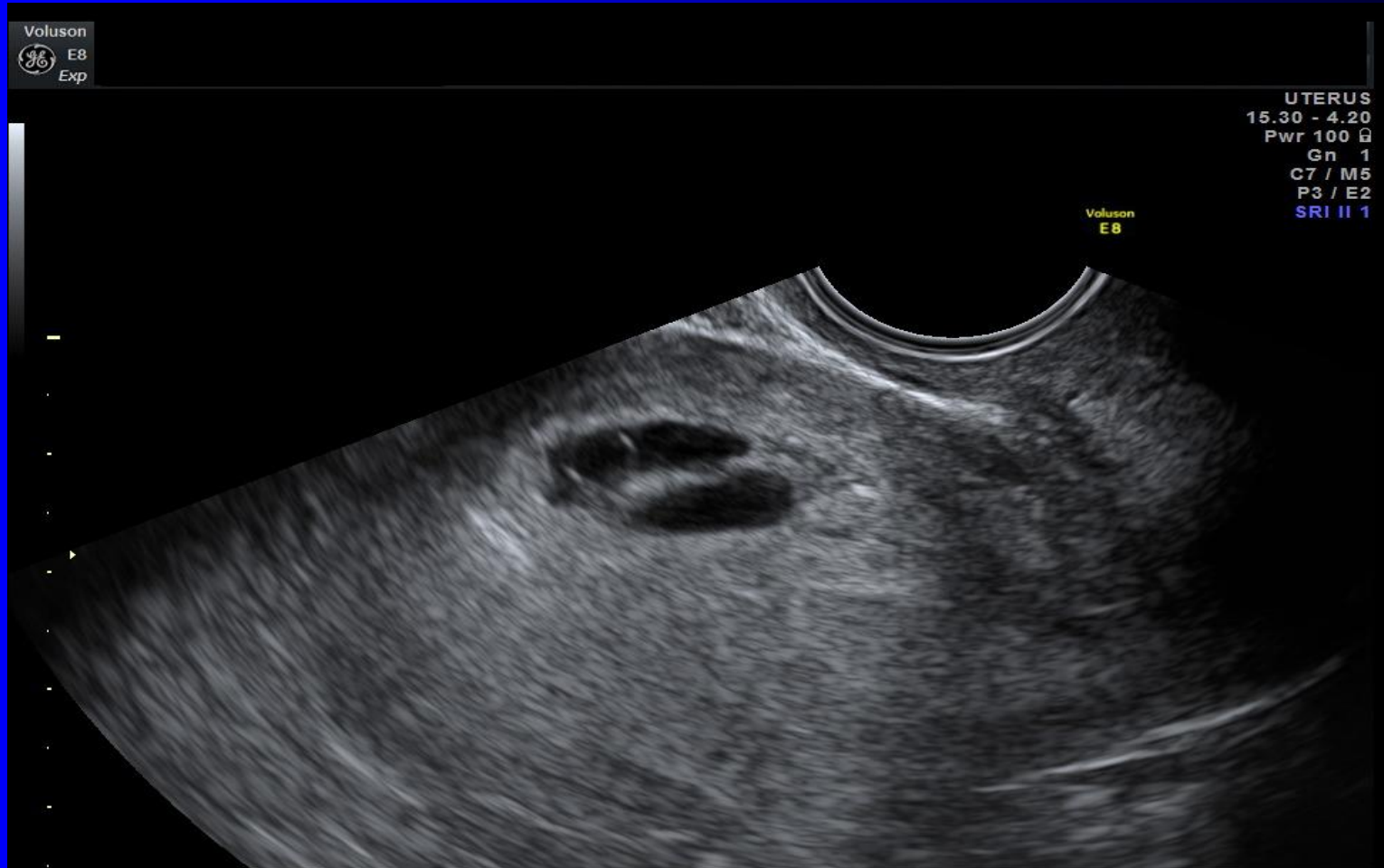
- Sac 4 SA 1/2

De 4 à 7 SA



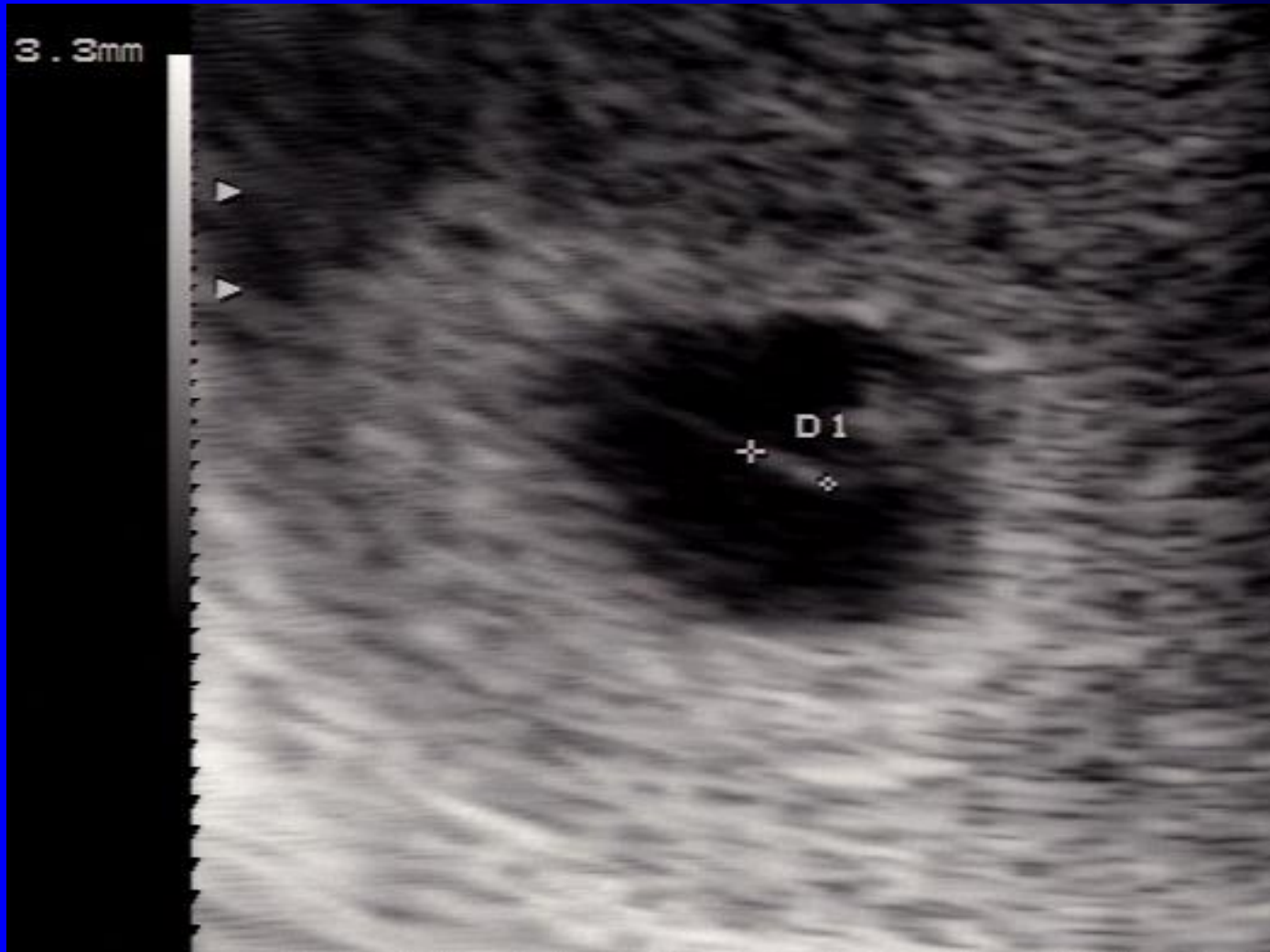
- Sac 5 SA

De 4 à 7 SA



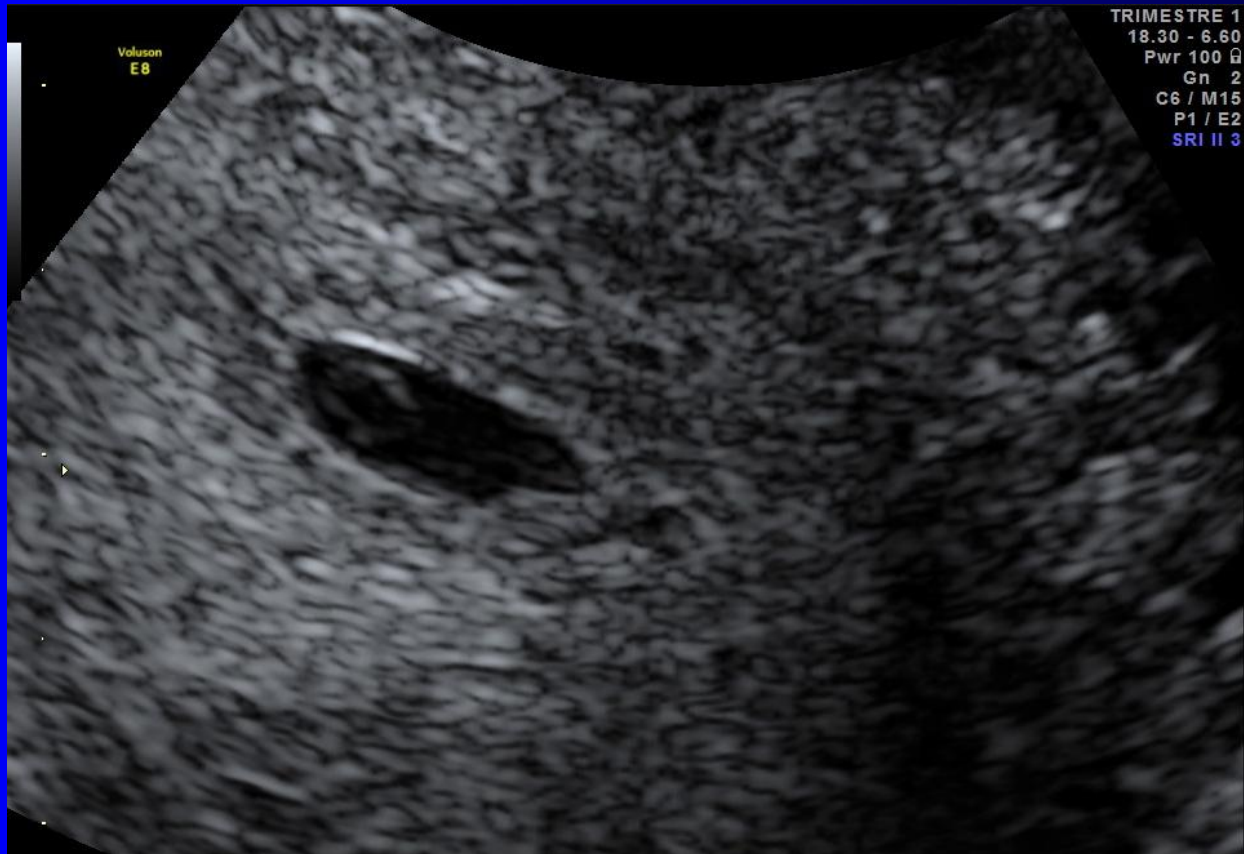
- Sac 5 SA

De 4 à 7 SA



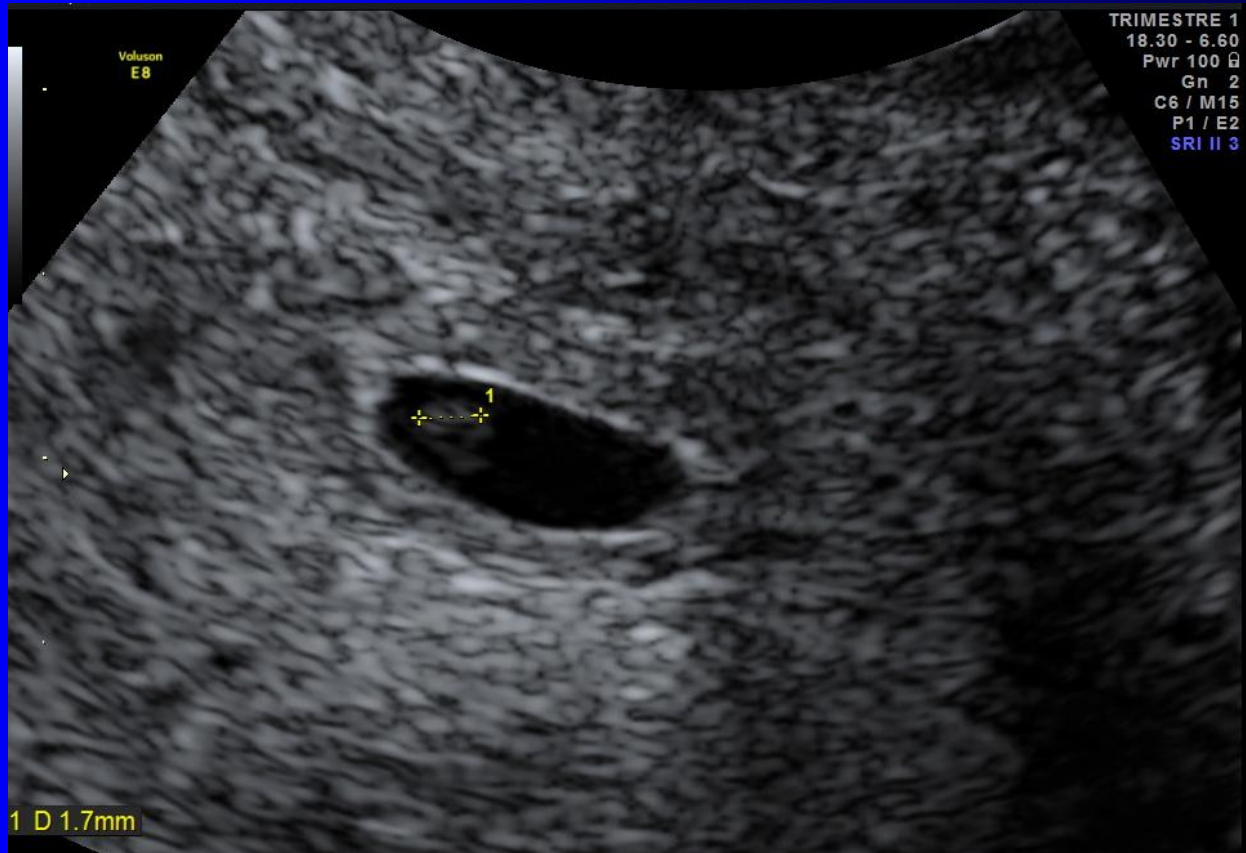
- Embryon 5 SA 1/2

De 4 à 7 SA



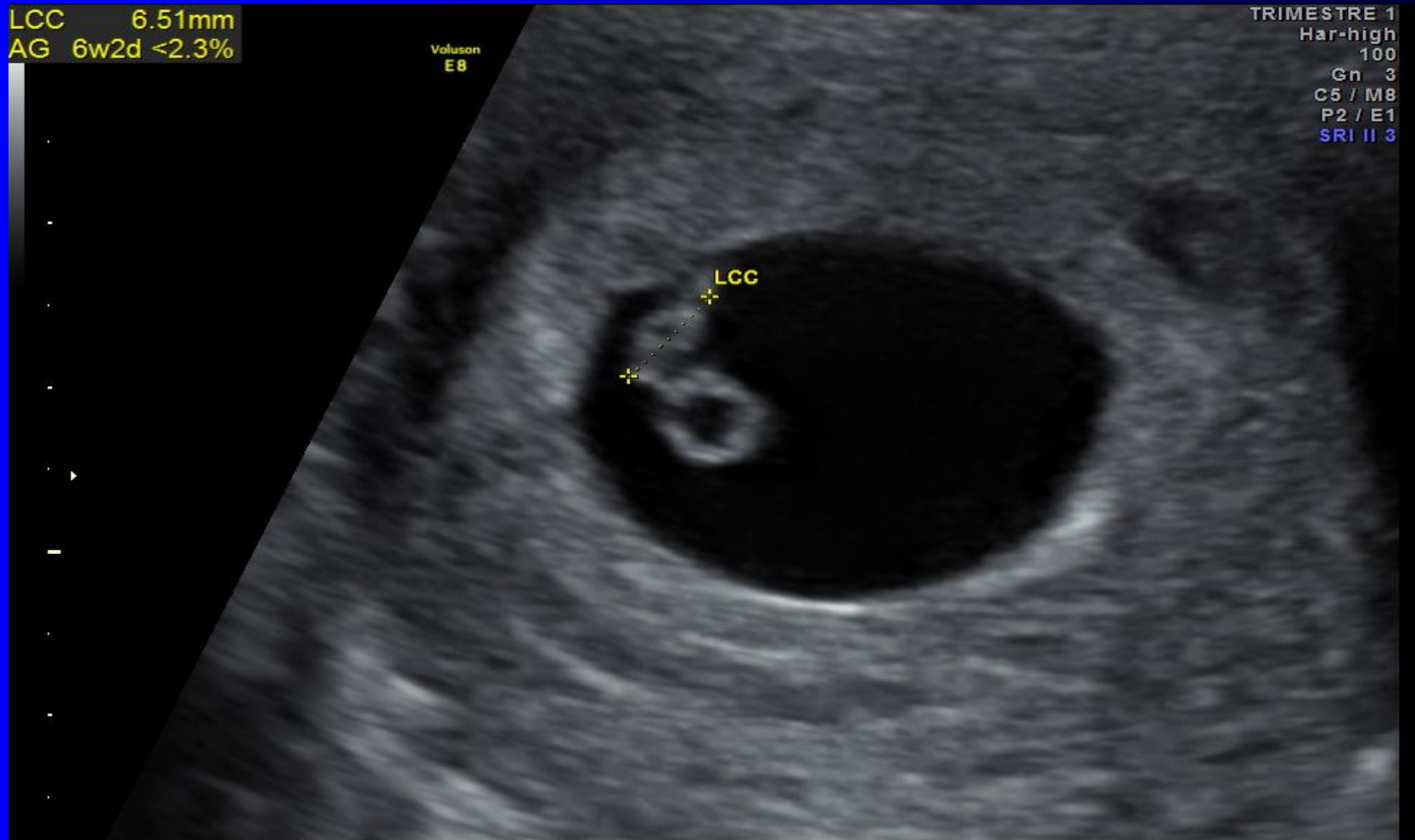
- Sac 5 SA 1/2

De 4 à 7 SA



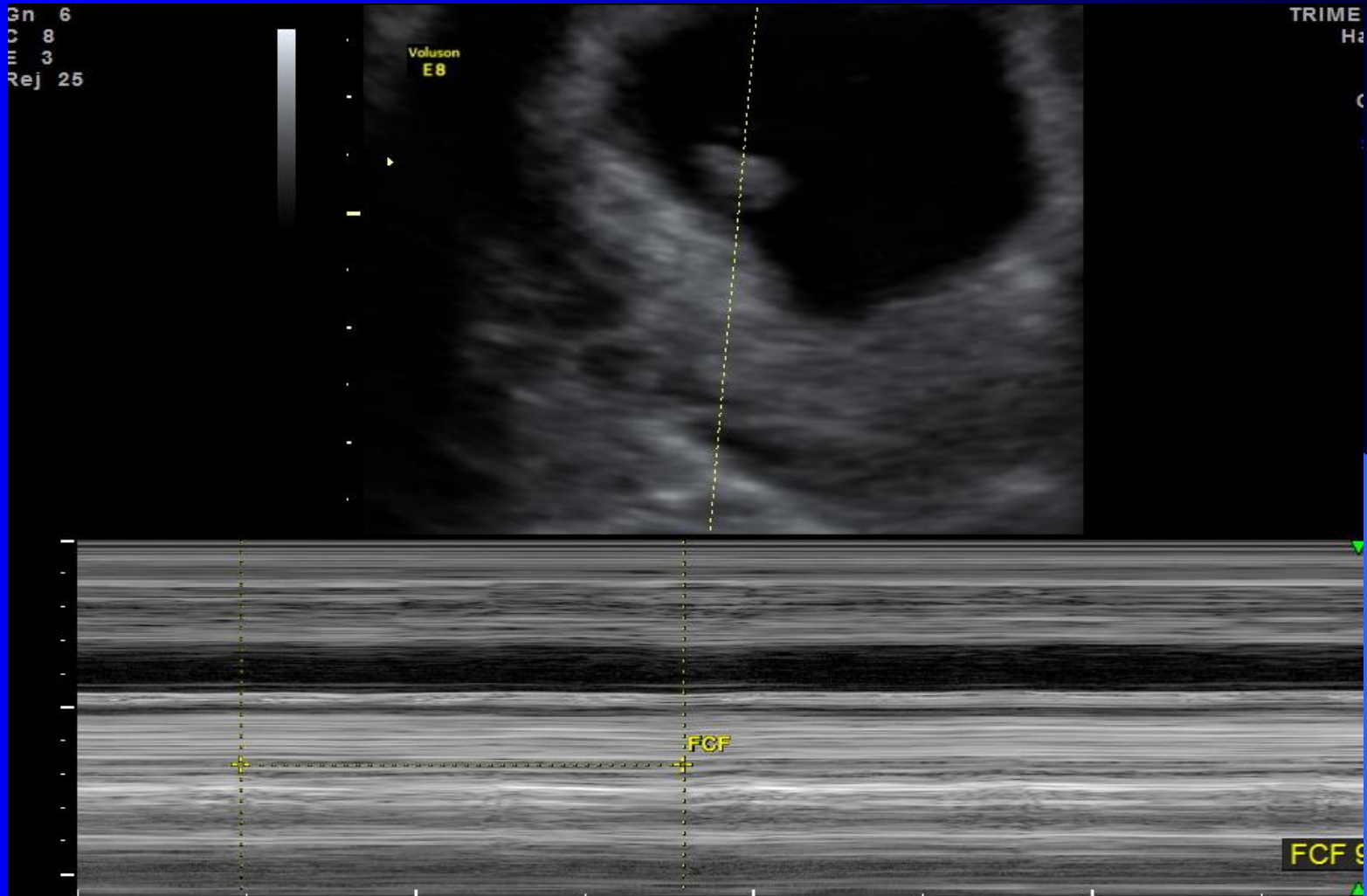
- Embryon 5 SA 1/2

De 4 à 7 SA



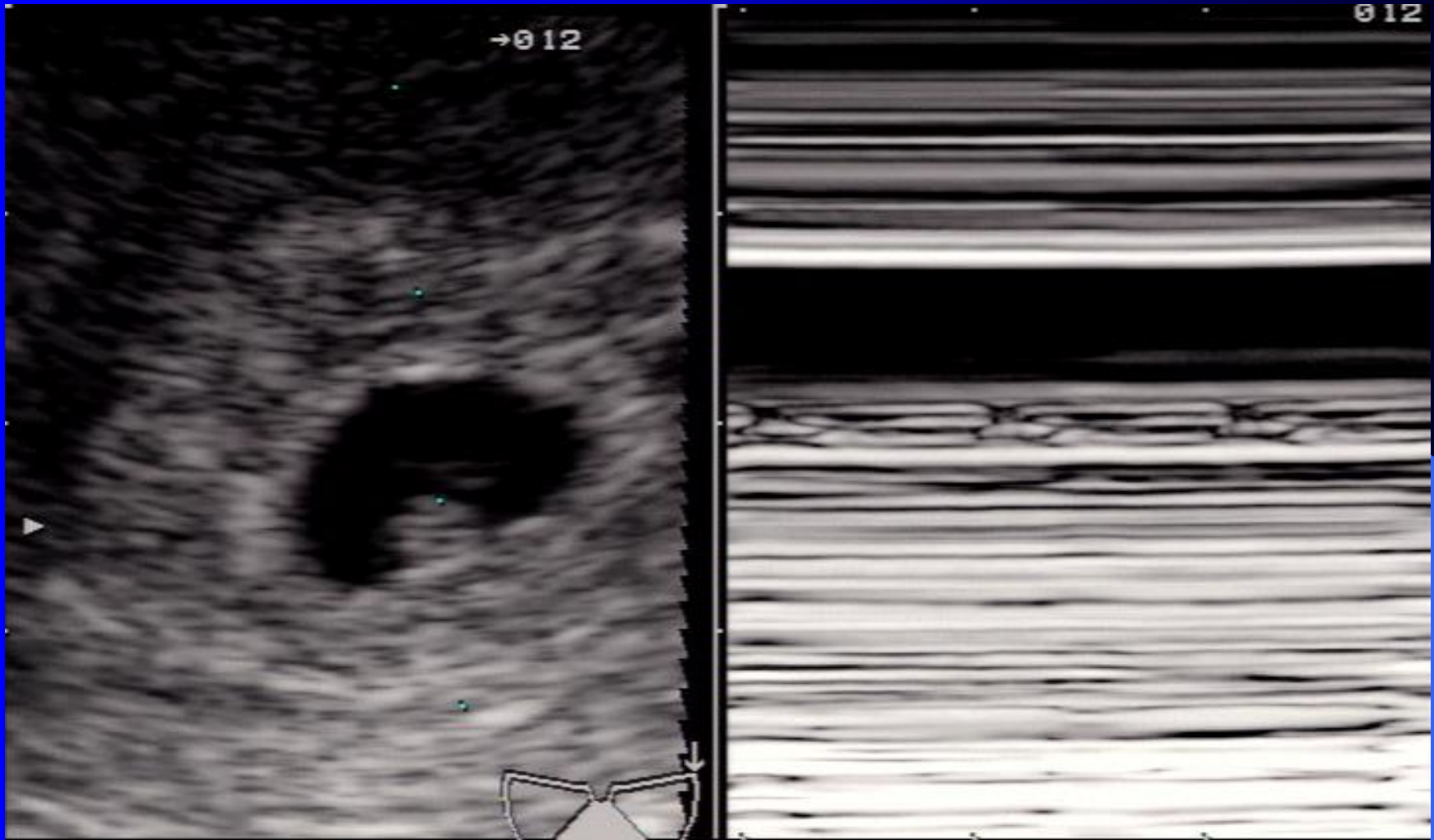
- Embryon 6 SA

De 4 à 7 SA



- Activité cardiaque 6 SA

De 4 à 7 SA



- Activité cardiaque

Echographie de datation

- Après 7 SA
 - LCC / SA
 - 7 SA → 10 mm
 - 9 SA → 24 mm
 - 11 SA → 45 mm
 - 12 SA → 56 mm
 - 13 SA → 72 mm
 - 14 SA → 85 mm

Embryon « grandit »
de 2 mm par jour

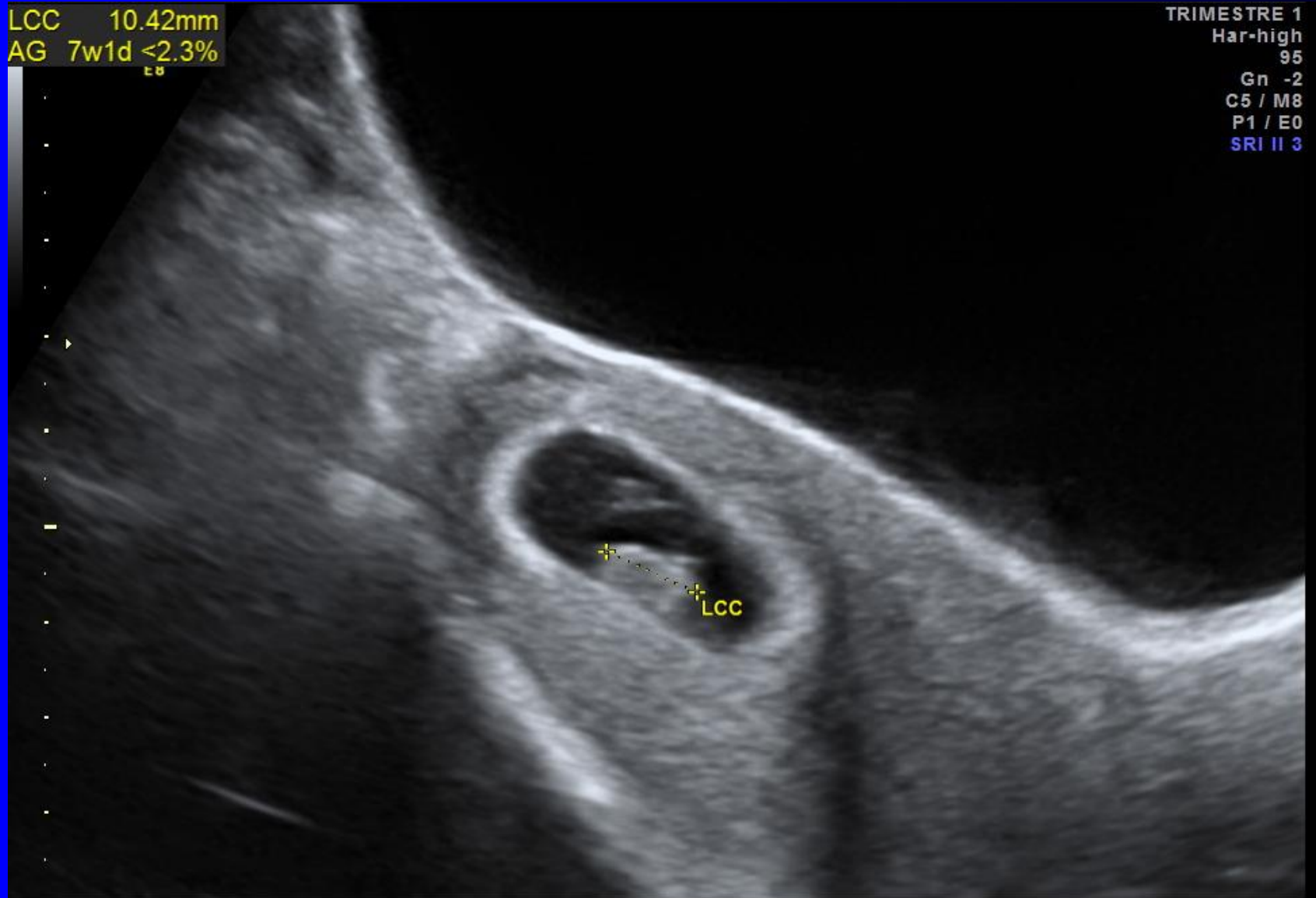
Datation

- 12 SA
 - LCC : 56 mm, BIP : 20 mm
- 14 SA
 - LCC : 85 mm, BIP : 27 mm

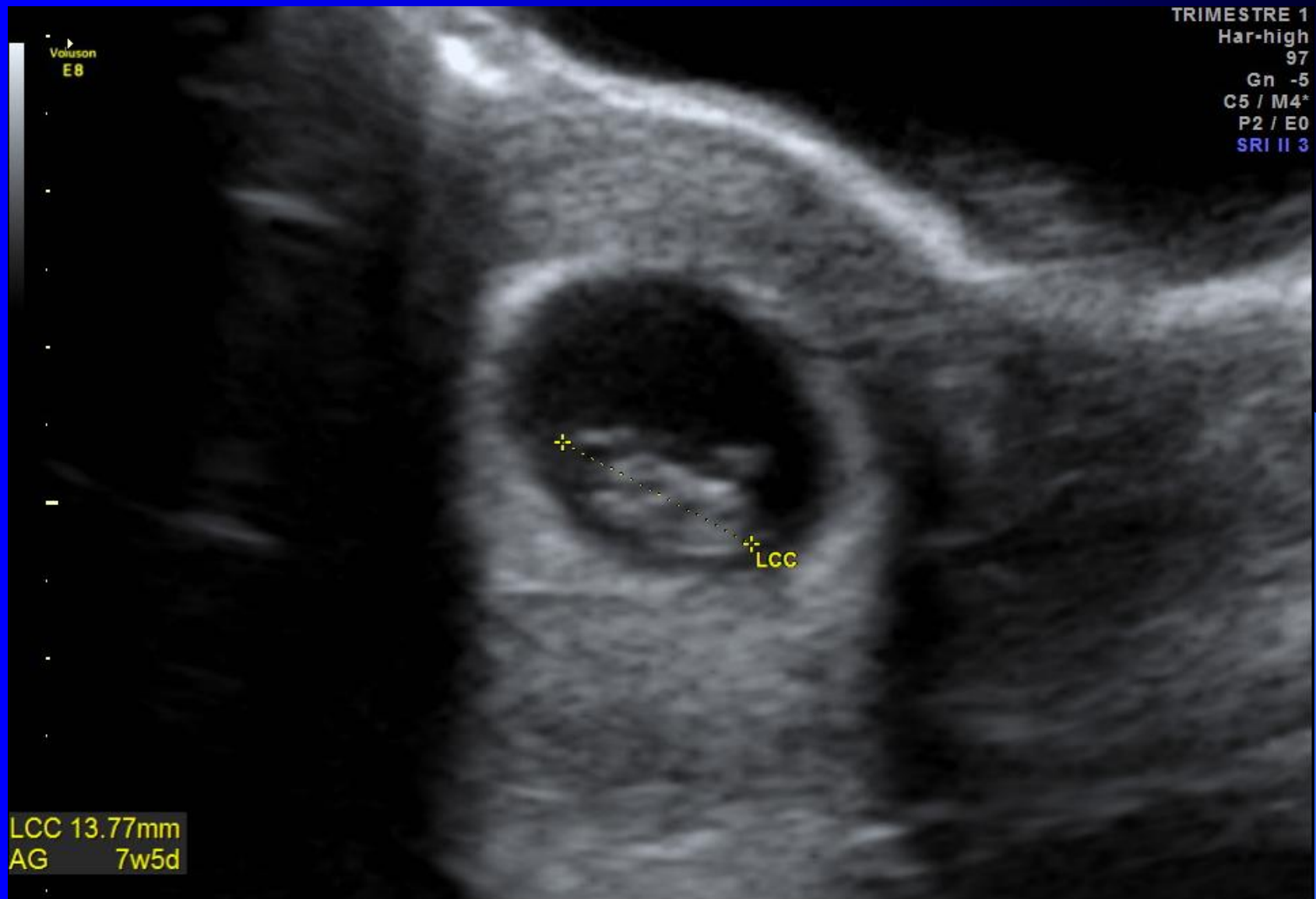
7 SA

LCC 10.42mm
AG 7w1d <2.3%

TRIMESTRE 1
Har-high
95
Gn -2
C5 / M8
P1 / E0
SRI II 3



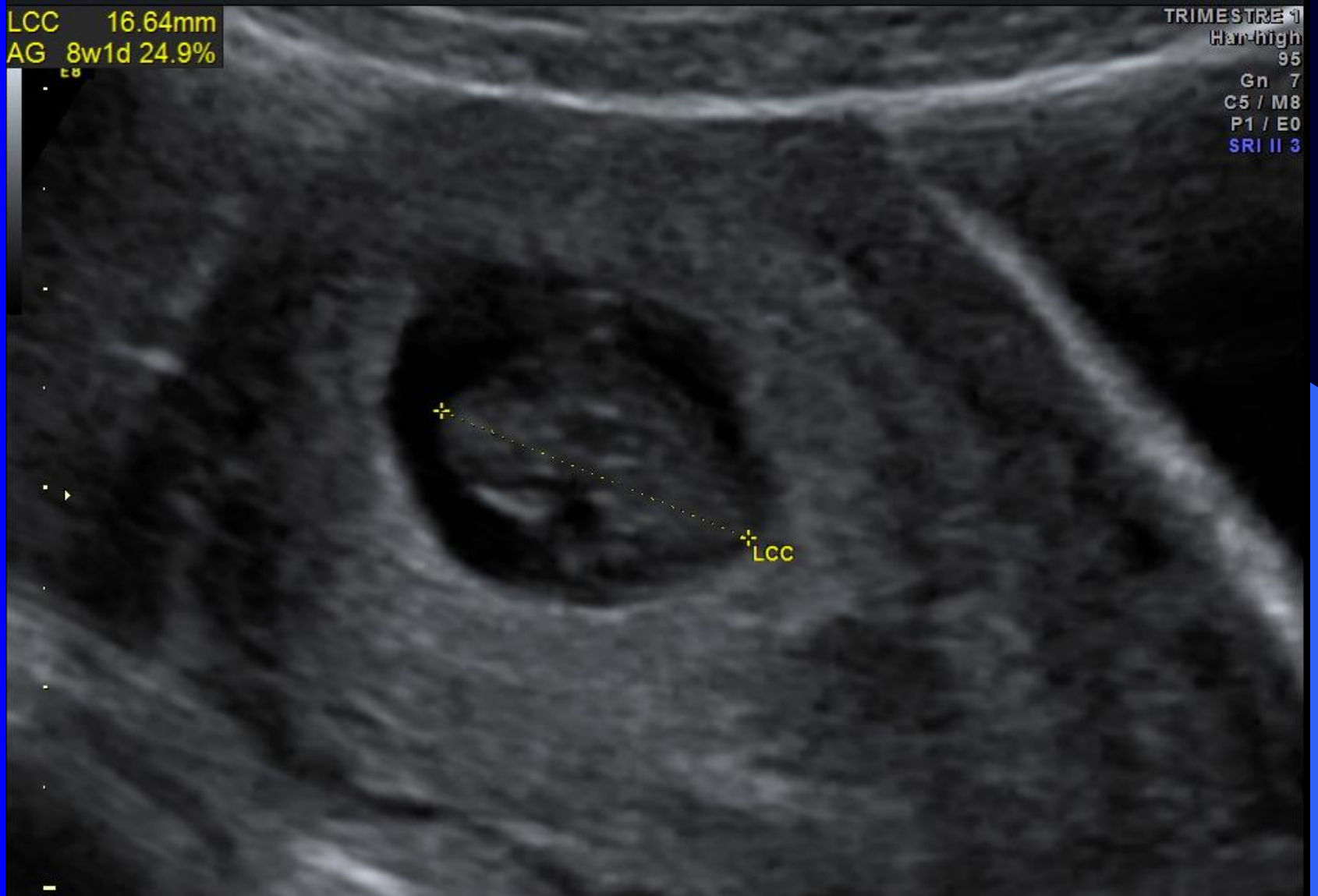
7 SA 1/2

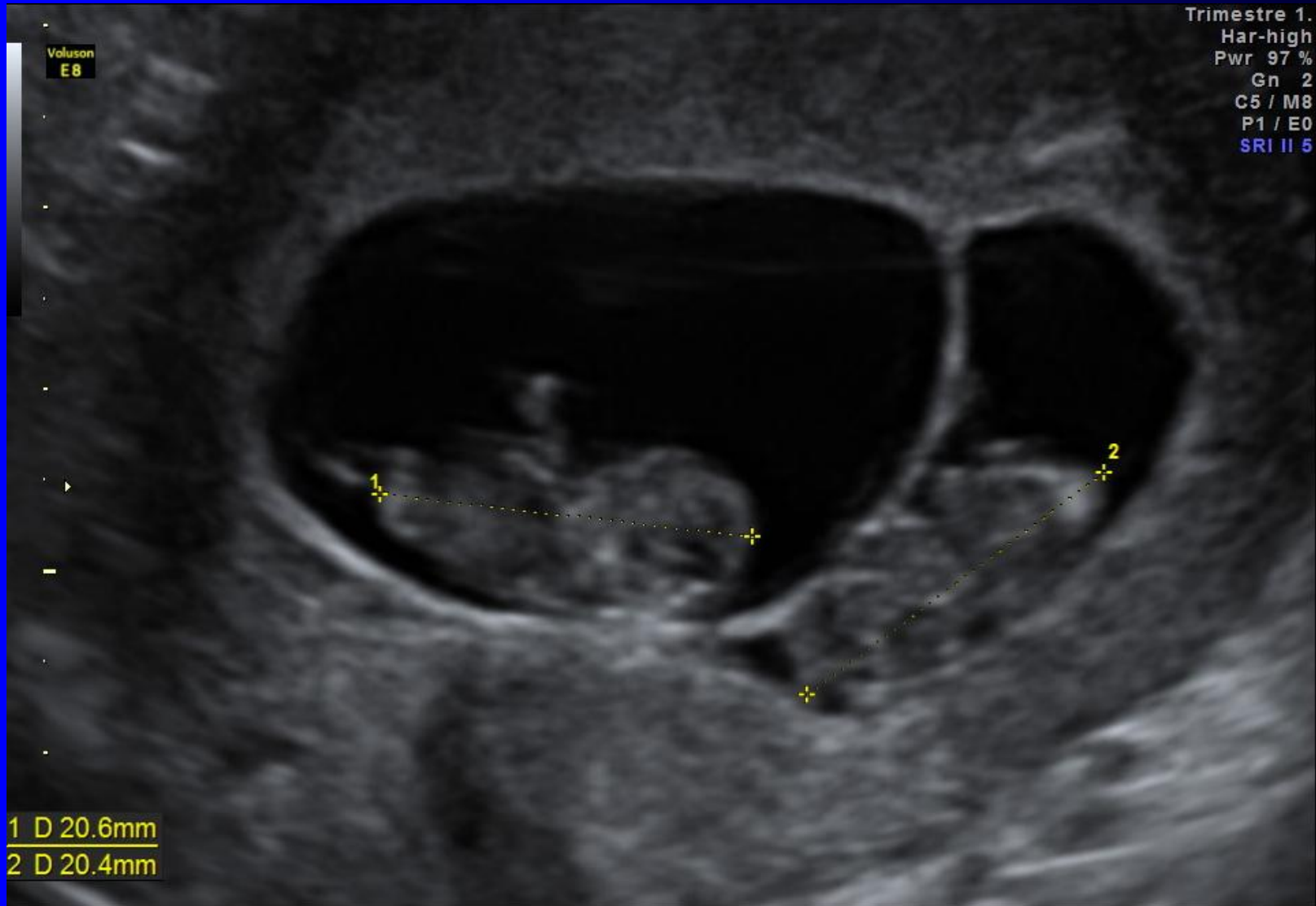


8 SA

LCC 16.64mm
AG 8w1d 24.9%

TRIMESTRE 1
Har-high
95
Gn 7
C5 / M8
P1 / E0
SRI II 3

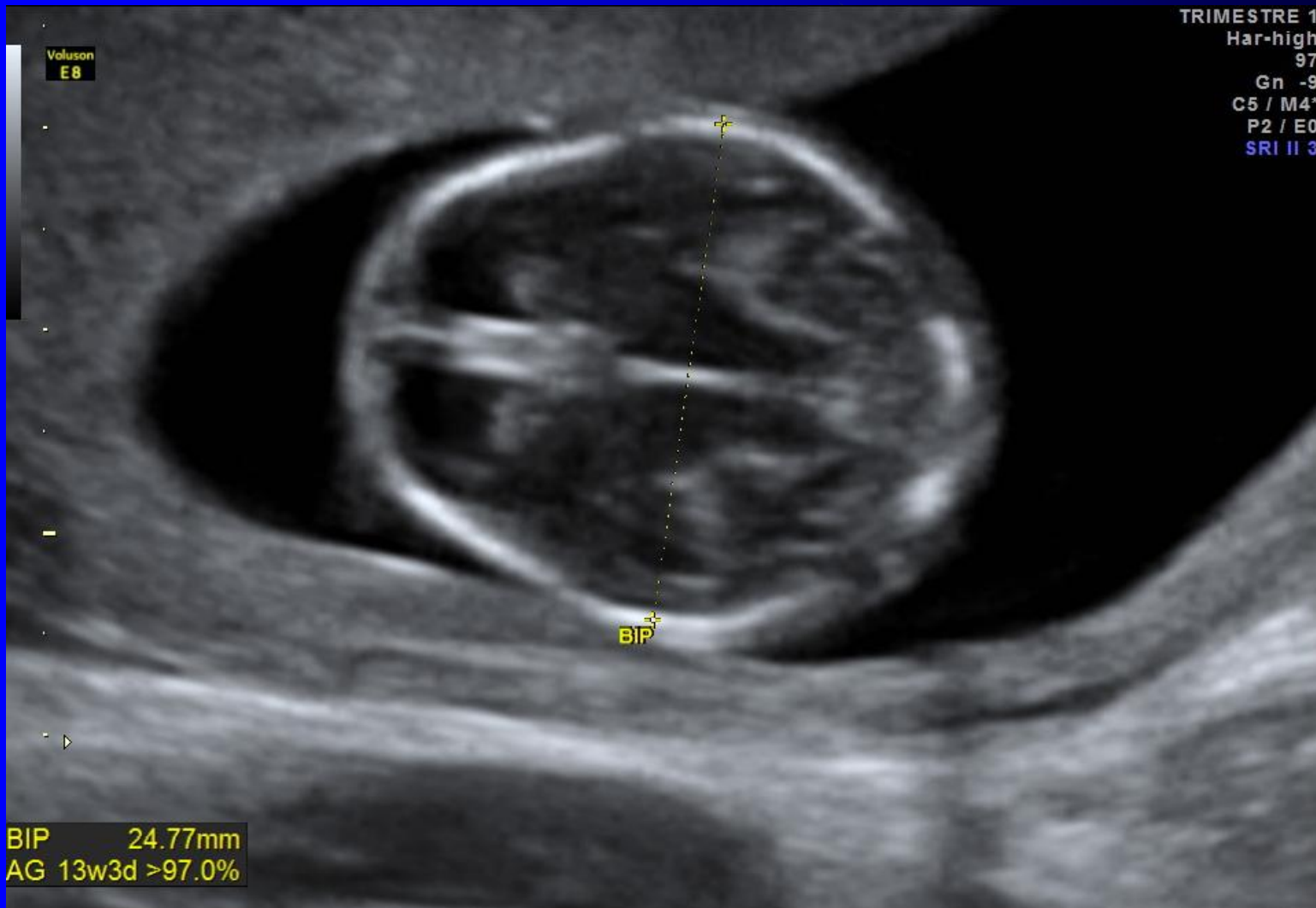




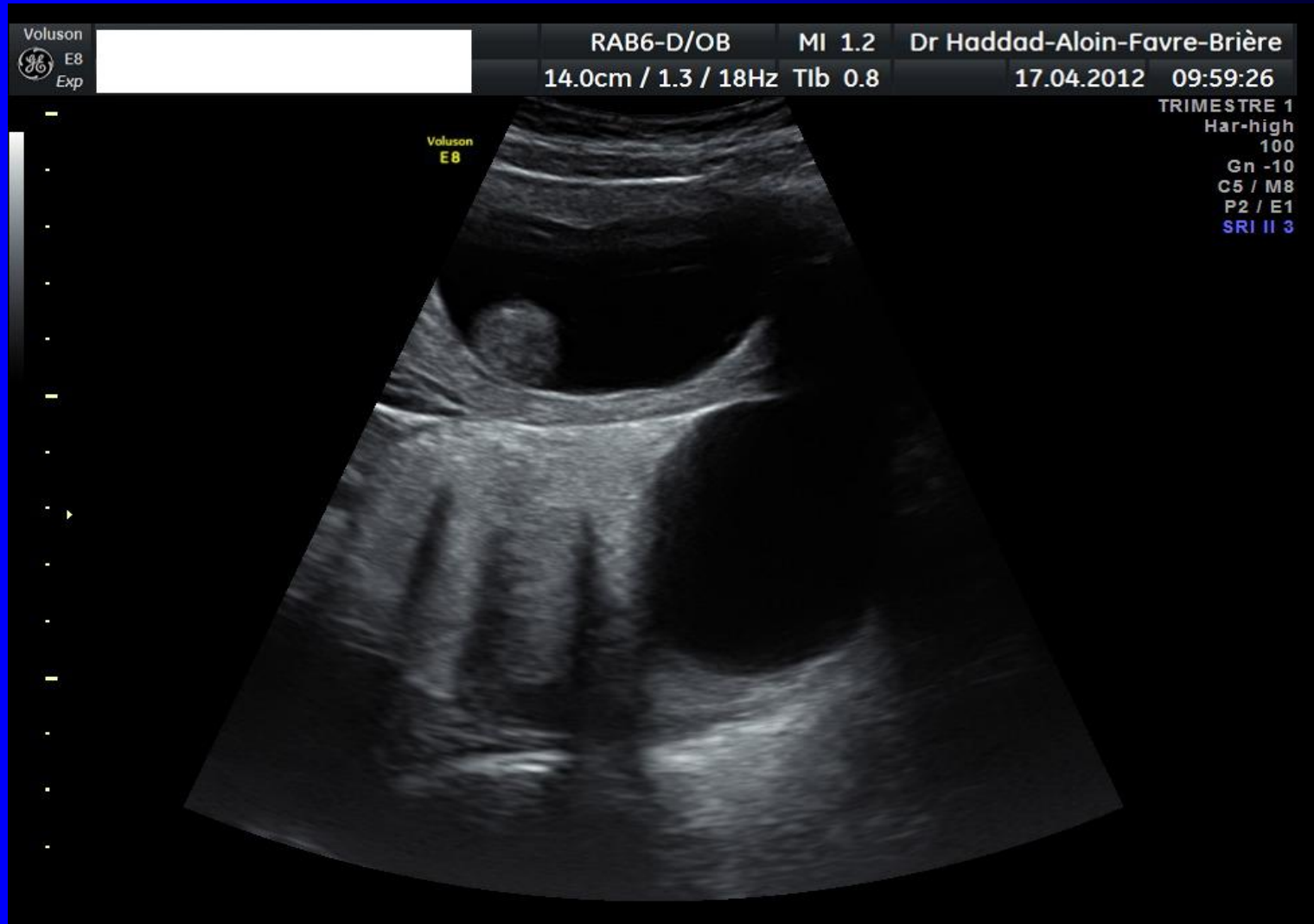
Mesure LCC



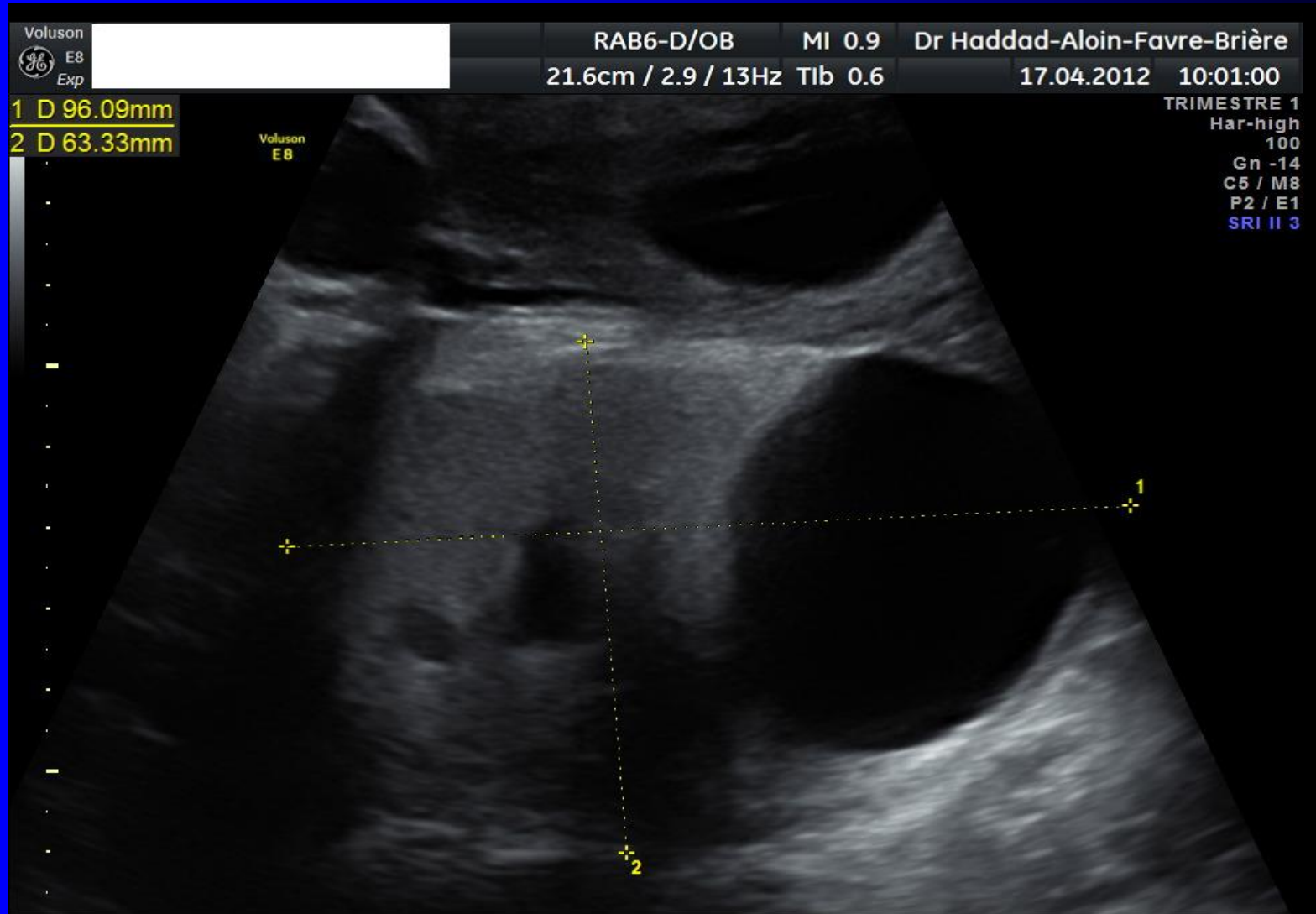
BIP

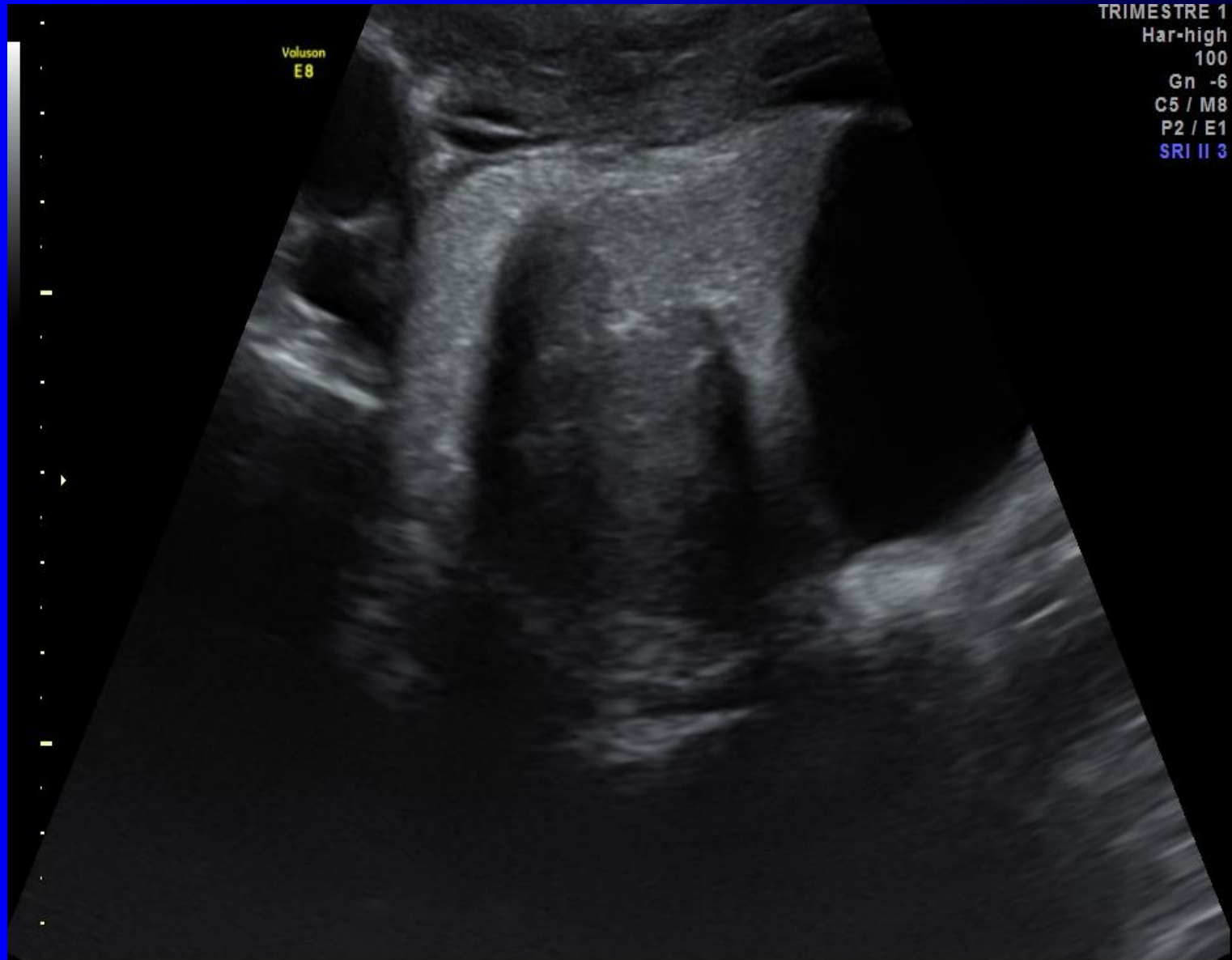


Echo pelvienne

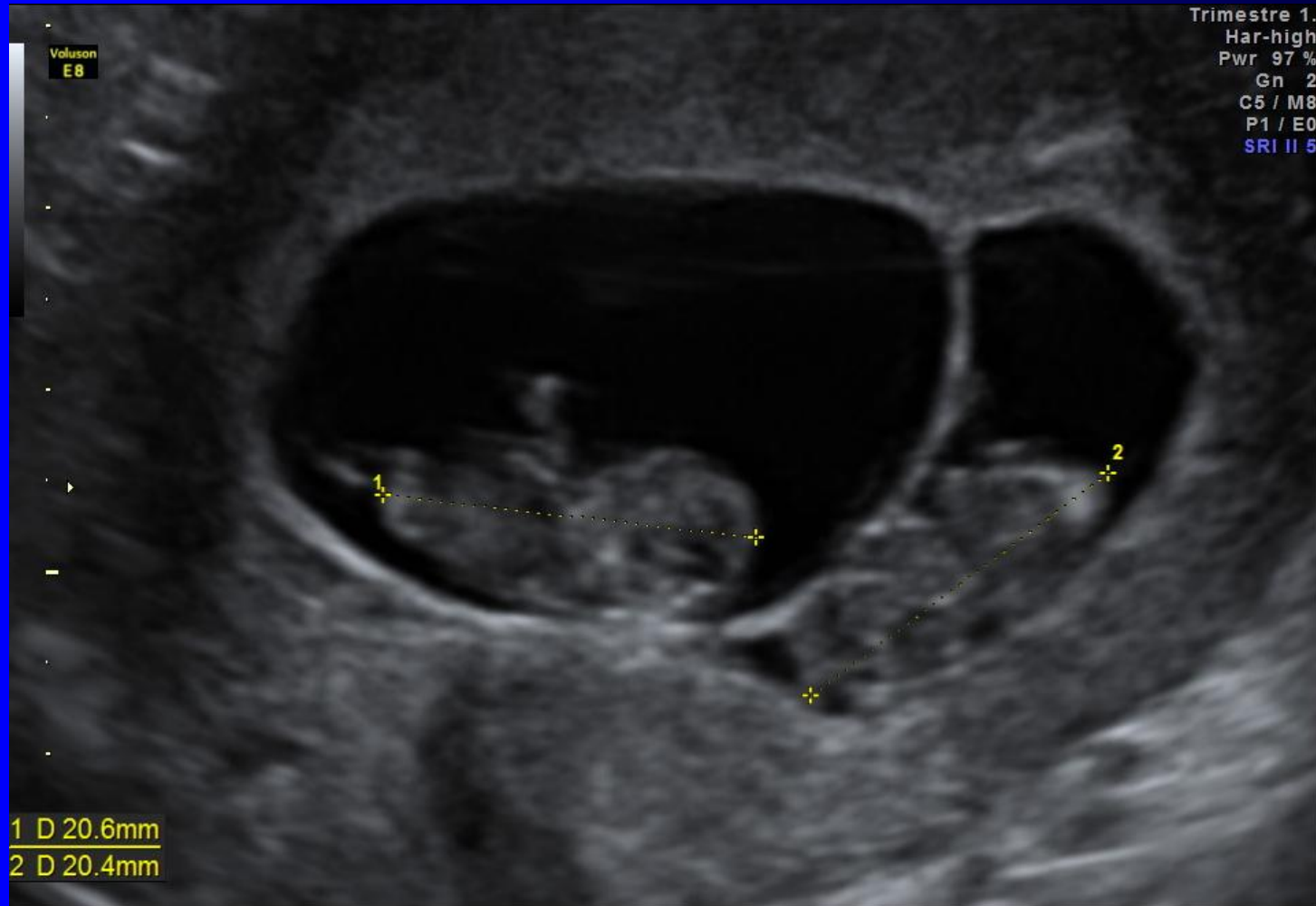


Echo pelvienne

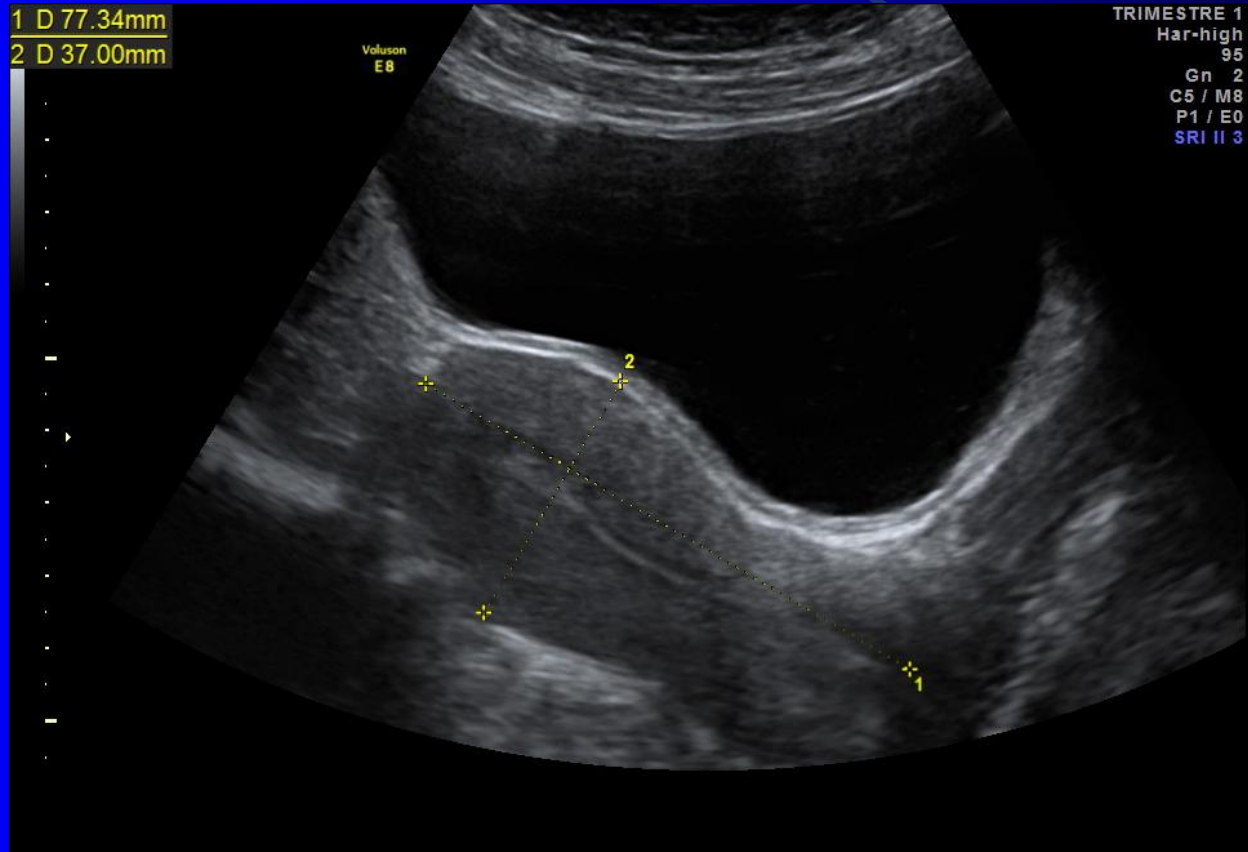




Grossesse gémellaire



Grossesse ? Mais où ?



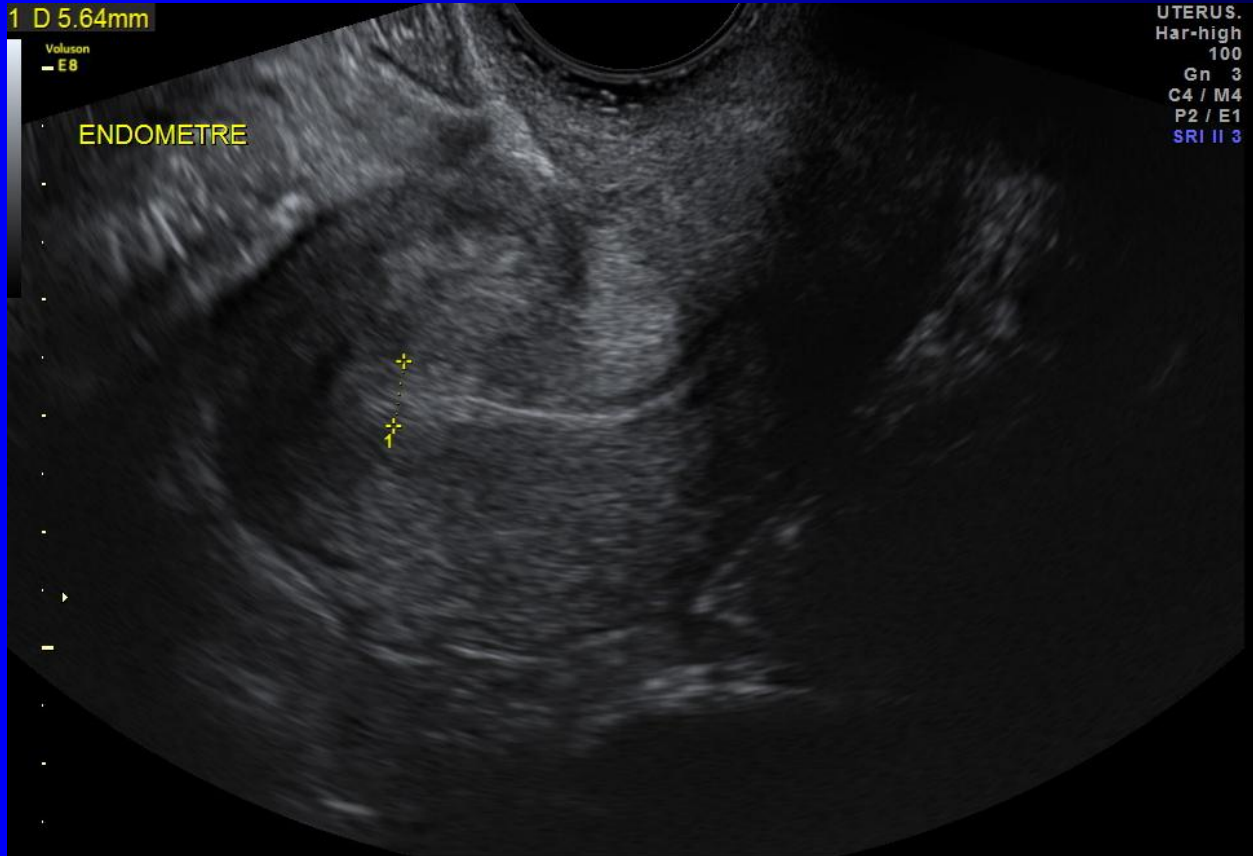
Clichés Dr Aloin

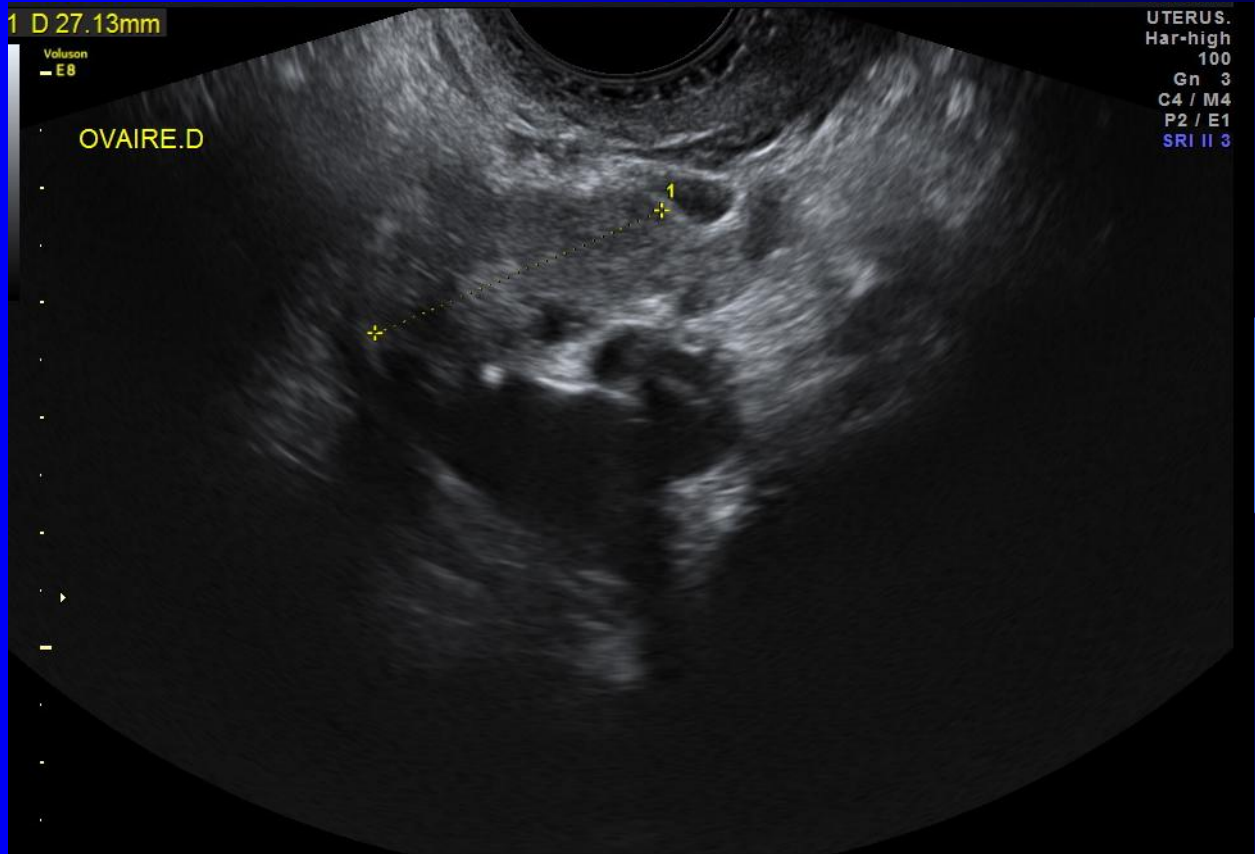
1 D 5.64mm

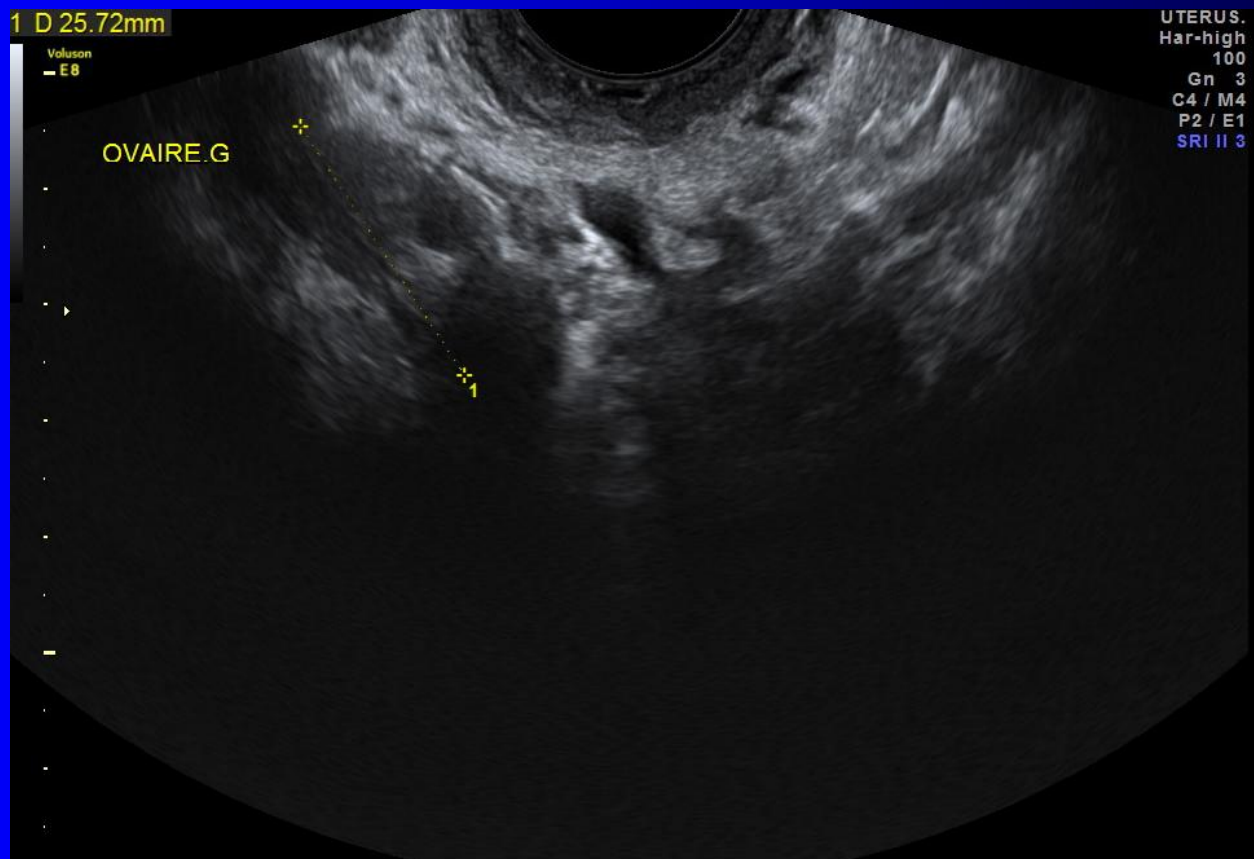
Voluson
- E8

ENDOMETRE

UTERUS.
Har-high
100
Gn 3
C4 / M4
P2 / E1
SRI II 3

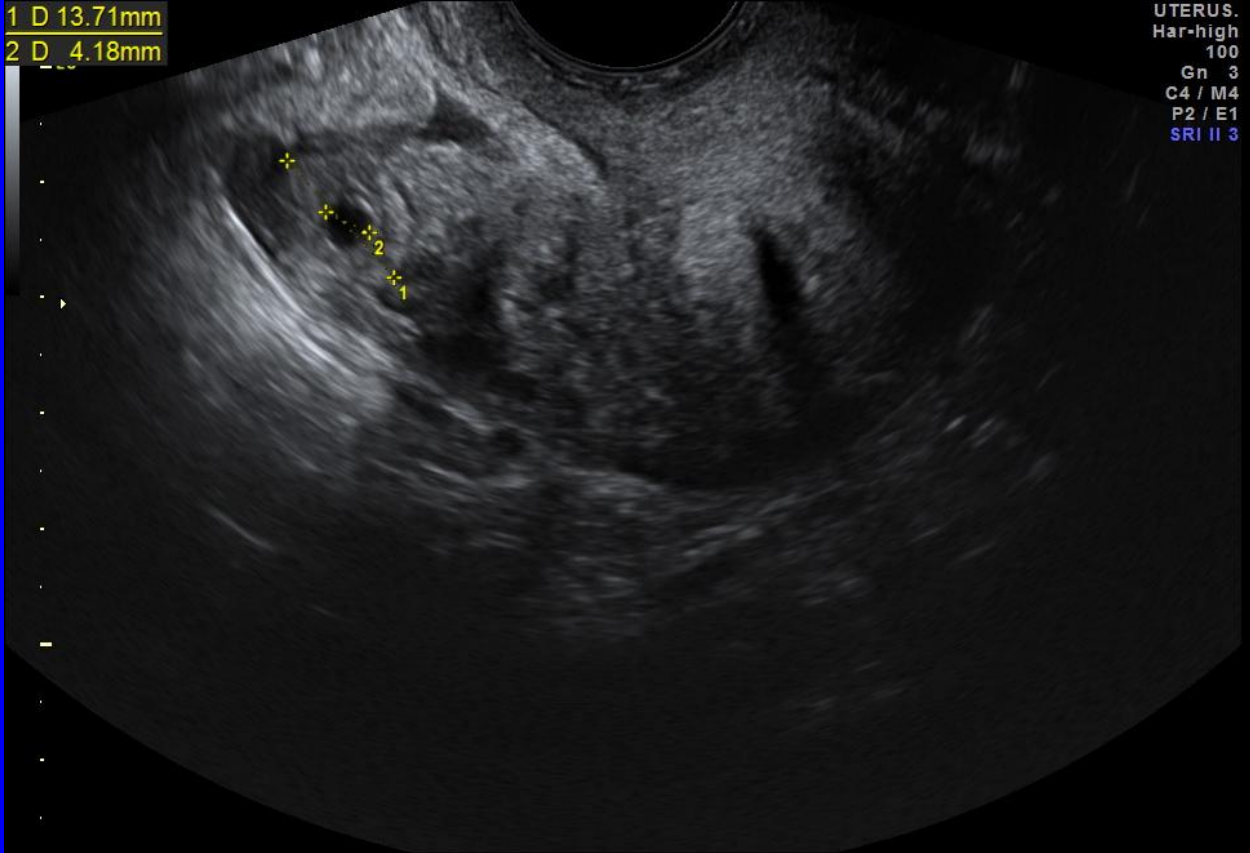


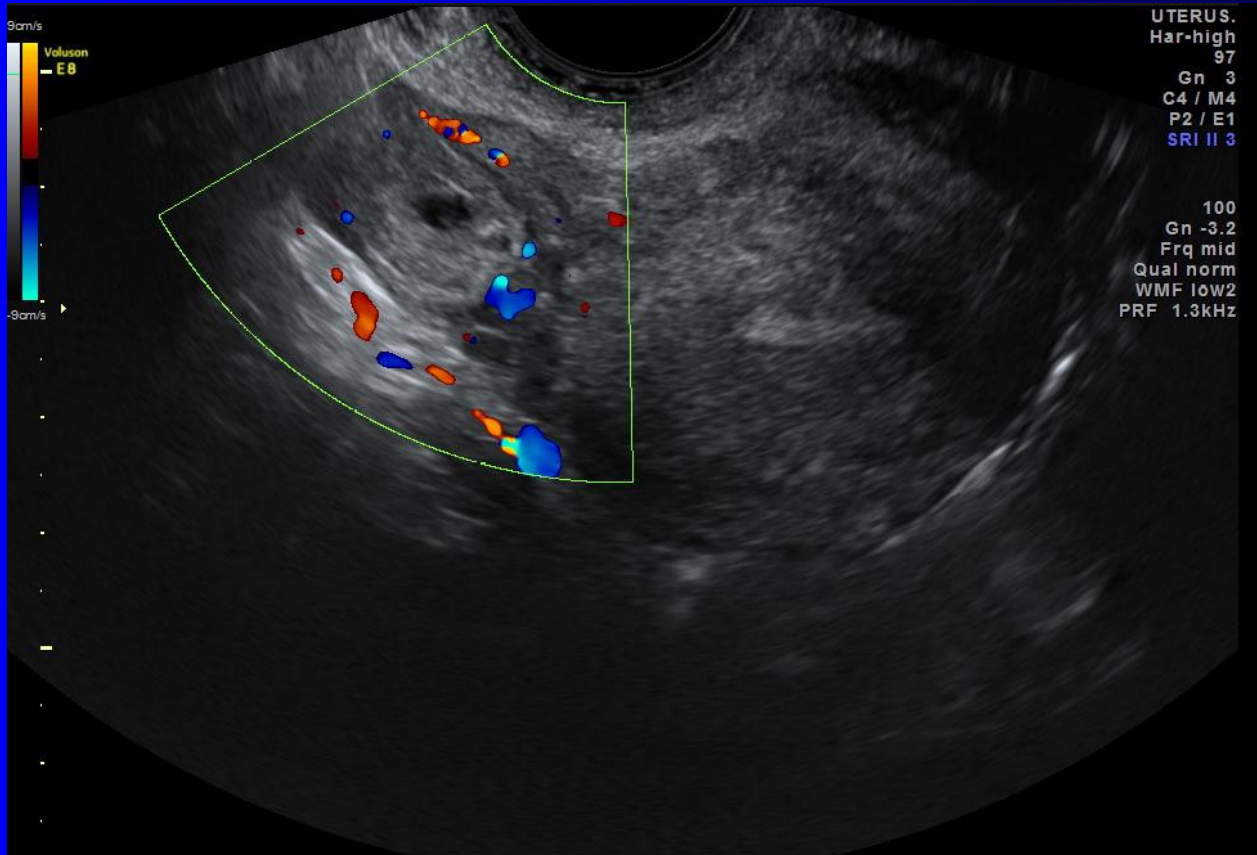




1 D 13.71mm
2 D 4.18mm

UTERUS.
Har-high
100
Gn 3
C4 / M4
P2 / E1
SRI II 3





Echographie en pratique courante ---- IVG médicamenteuse

Points importants pour le prescripteur :

- * Grossesse évolutive, intra-utérine, uni-embryonnaire
- * Concordance échographie / dosage Bhcg ($> 1\ 000$)
- * LCC entre 5 et 10 mm environ
- * Image inhabituelle ovaire
- * Ordonnance / Cotation

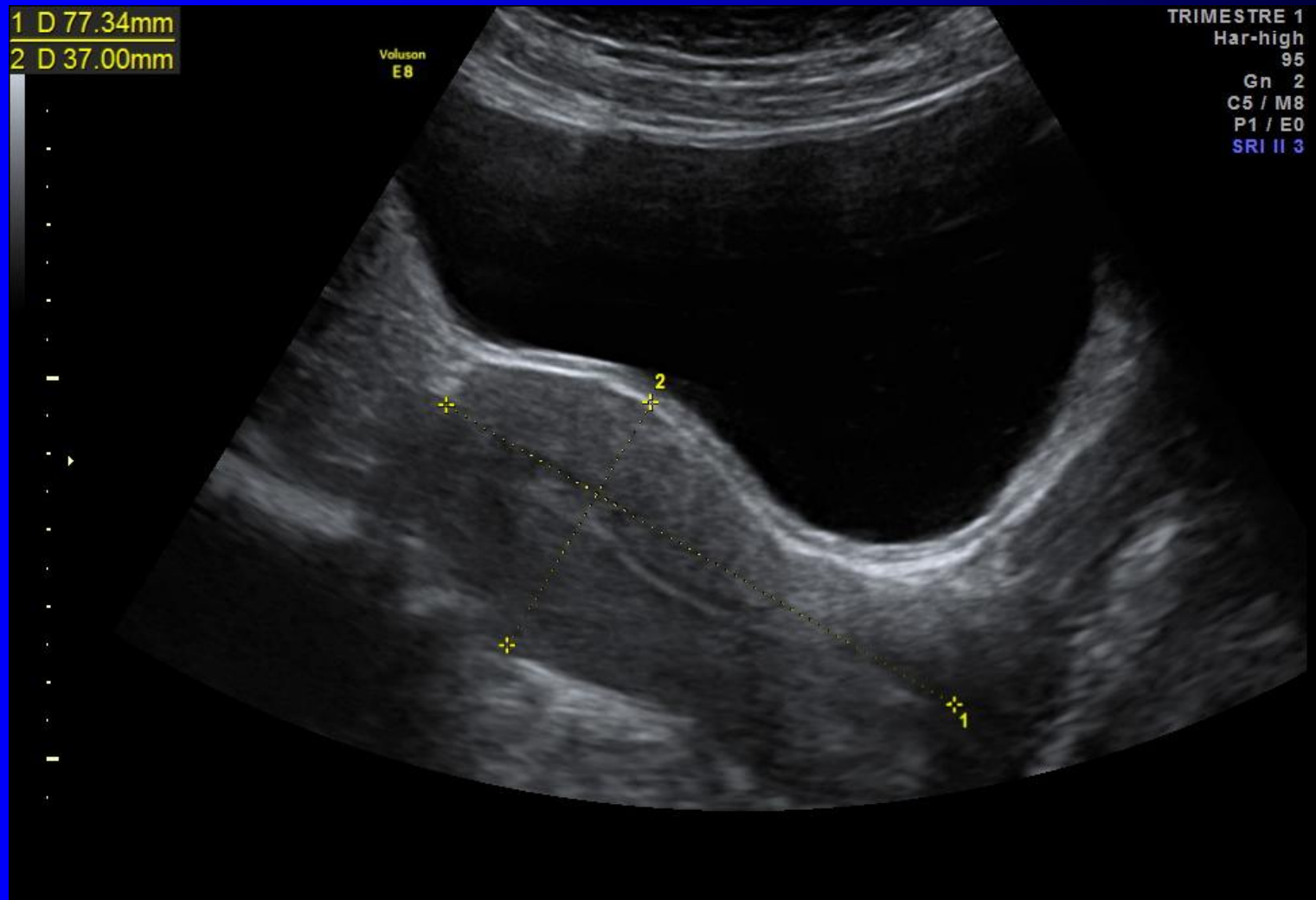
Echographie post IVG

- Clinique
- Délai post IVG
- Echographie
 - Expulsion complète : Cavité utérine vide
Endomètre fin / régulier
homogène
 - Rétention ovulaire : Images hétérogènes

1 D 77.34mm
2 D 37.00mm

Voluson
E8

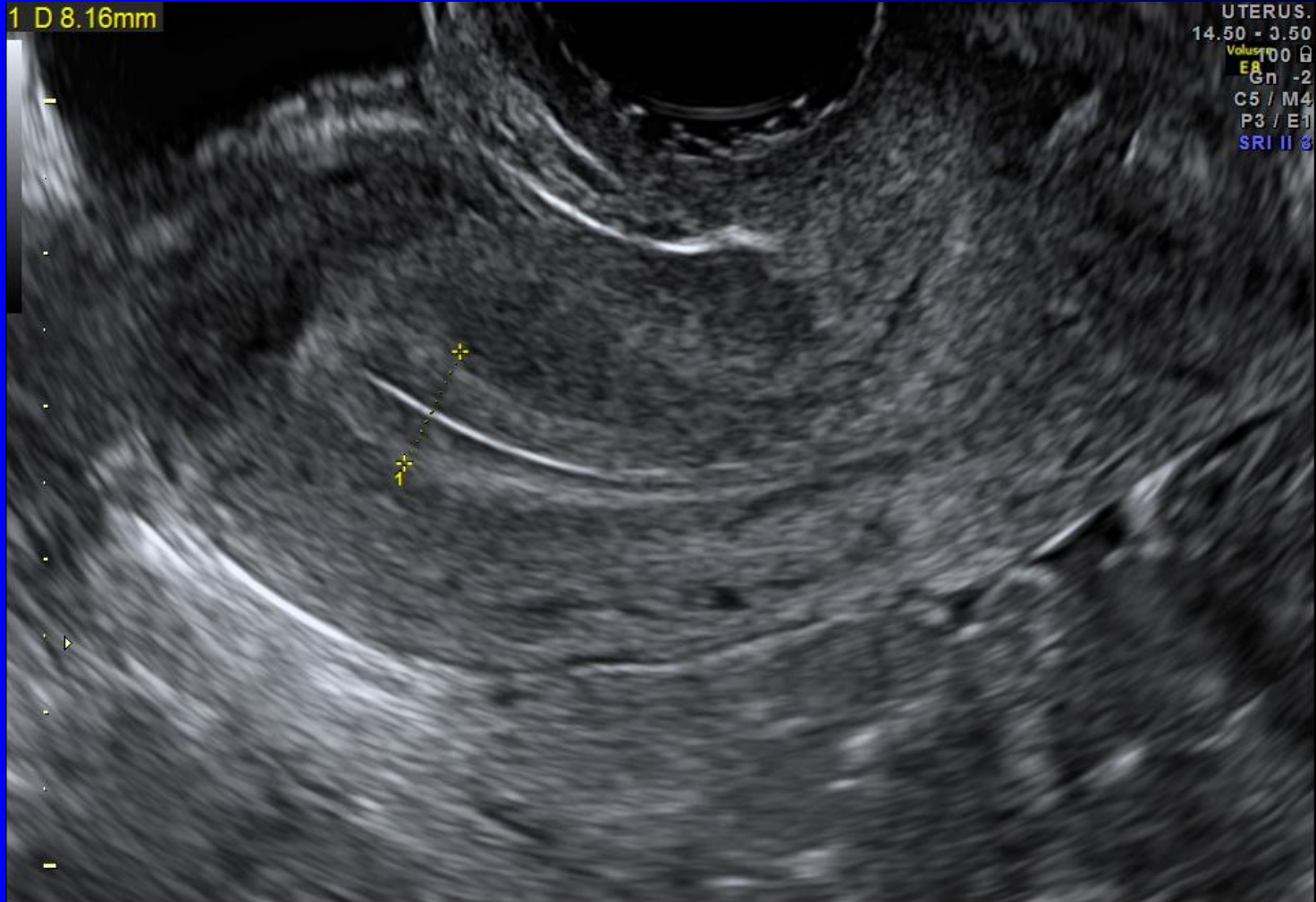
TRIMESTRE 1
Har-high
95
Gn 2
C5 / M8
P1 / E0
SRI II 3



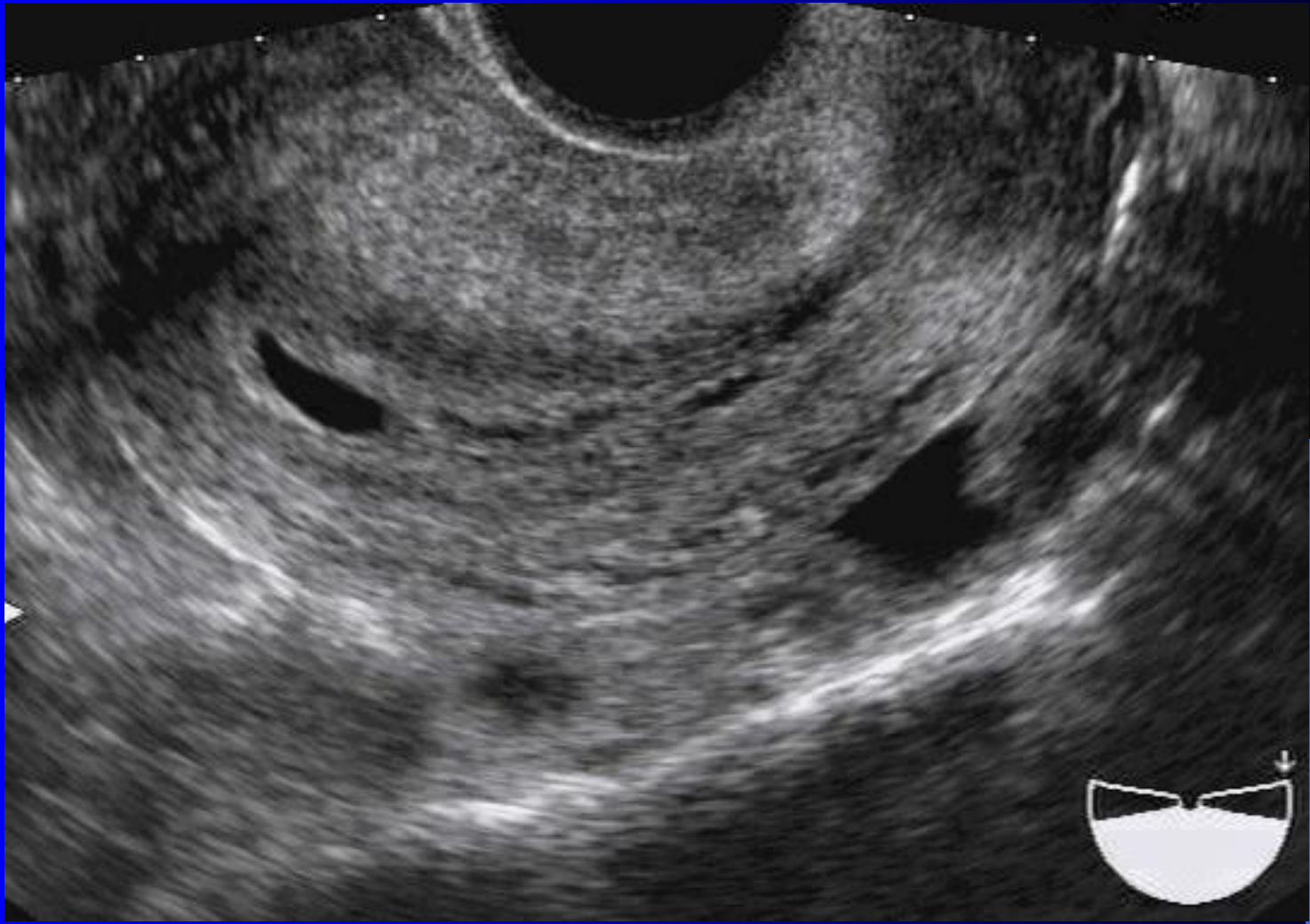


UTERUS.
14.50 - 3.50
Volu 100 B
EA
Gn -2
C5 / M4*
P3 / E1
SRI II 3

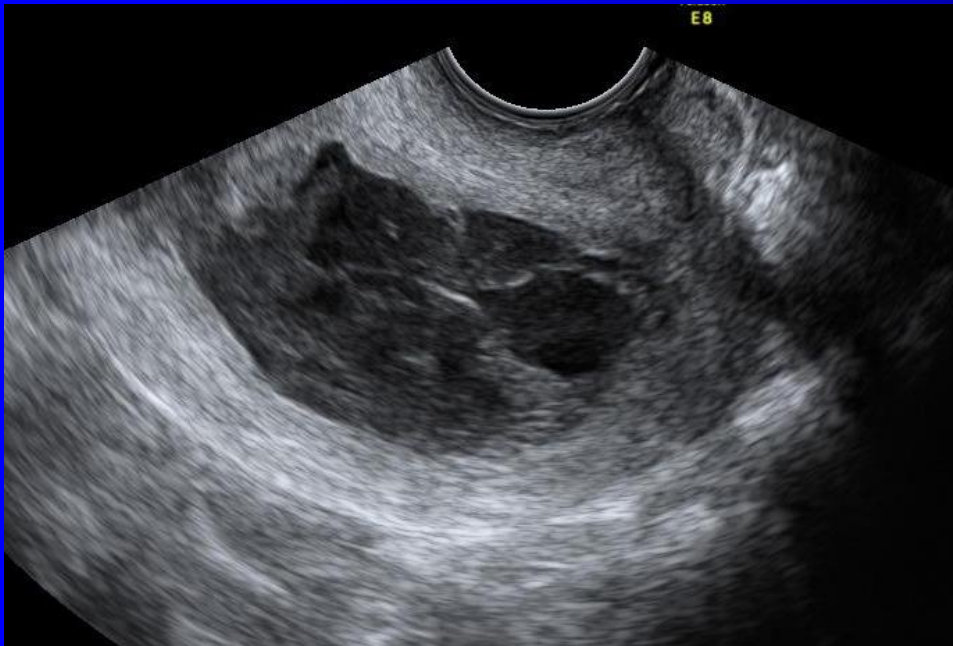
1 D 8.16mm



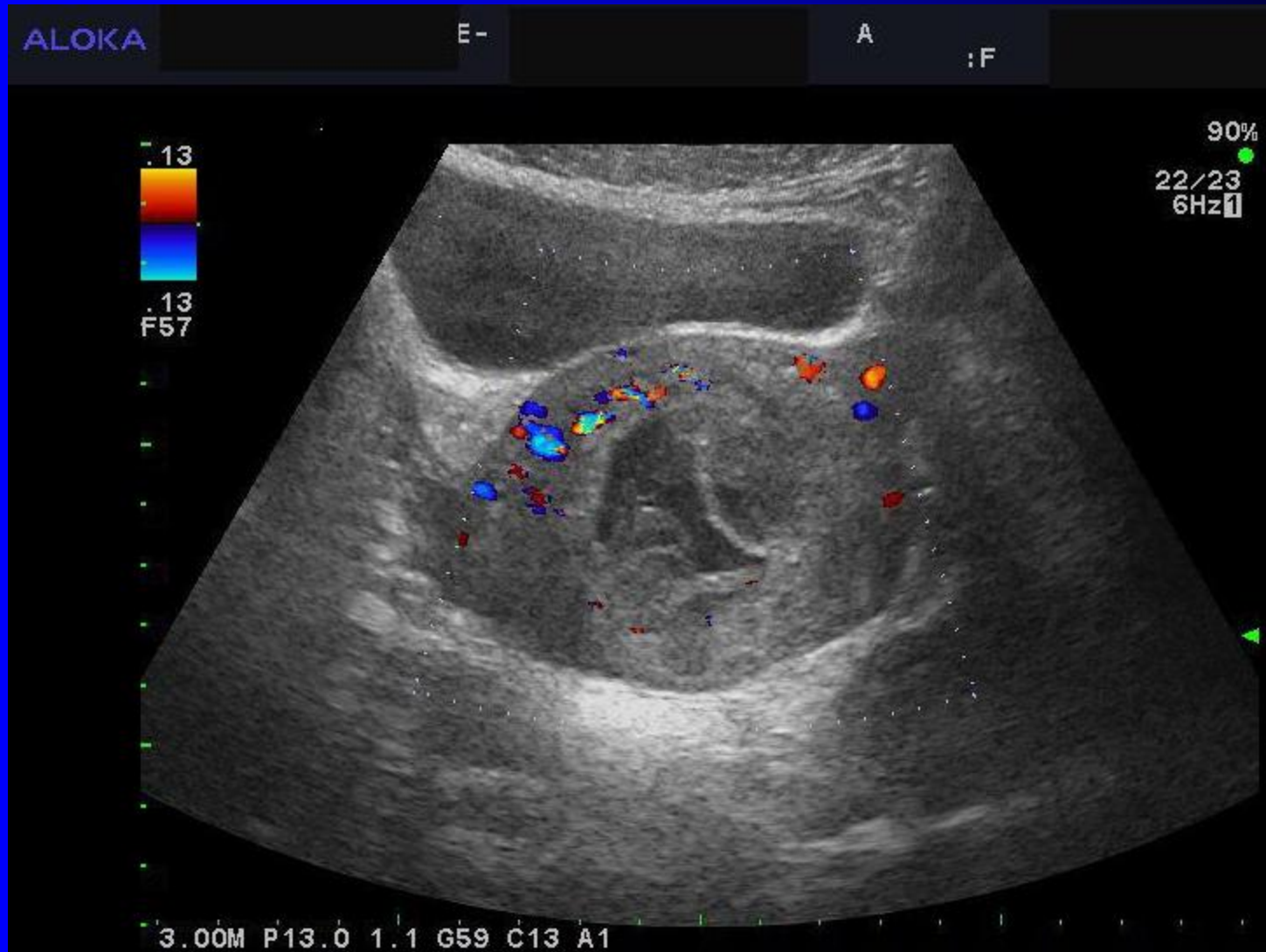




Rétention

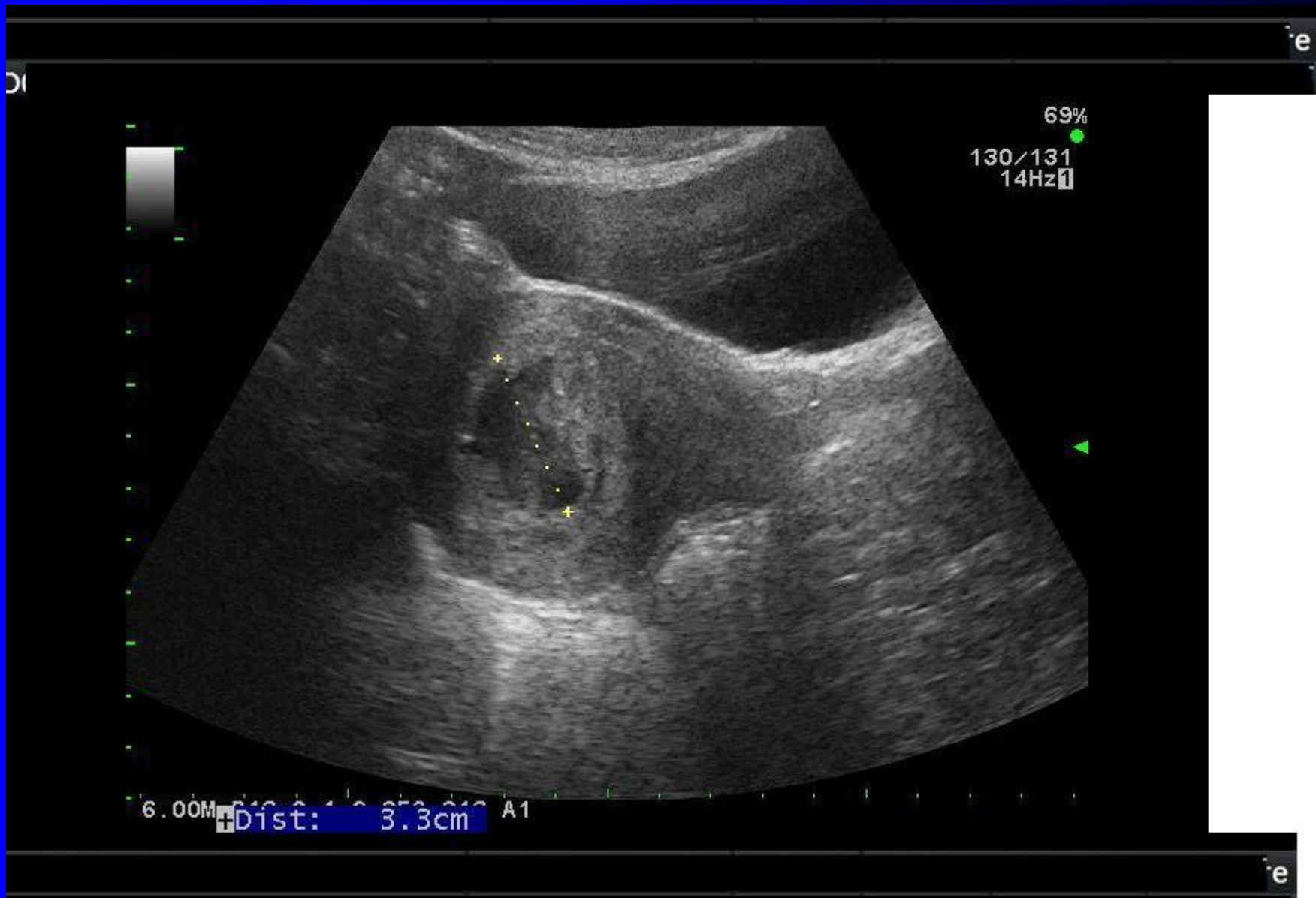


Rétention



Rétention





Photos

CPEF Blois

Dr ALOIN

Dr FAVRE

Dr BRIERE

Dr HADDAD

Dr CHRETIEN