

Echographie du genou

Dr Ivan PROTHOY

GAP

Les coupes

- Face antérieure
- Face médiale
- Face latérale
- Creux poplité

Face antérieure

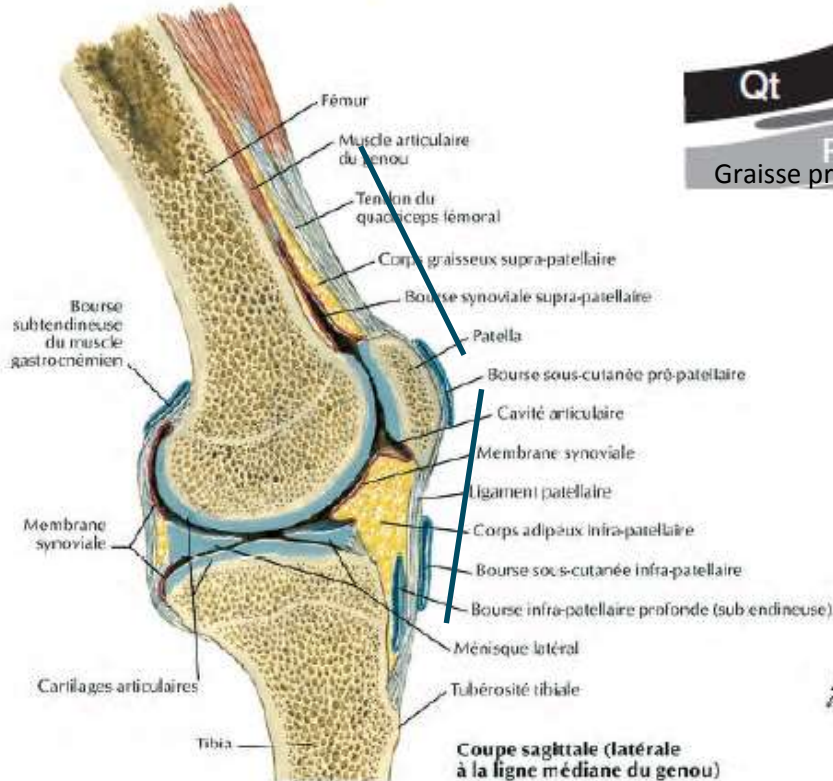
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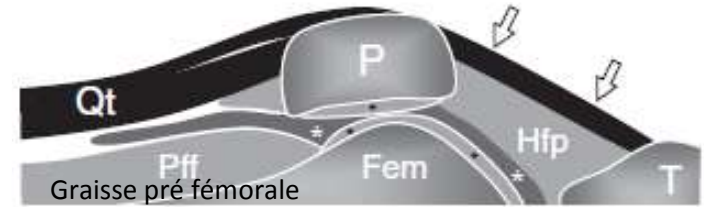
Face antérieure

Arthrologie

Le genou en vue sagittale

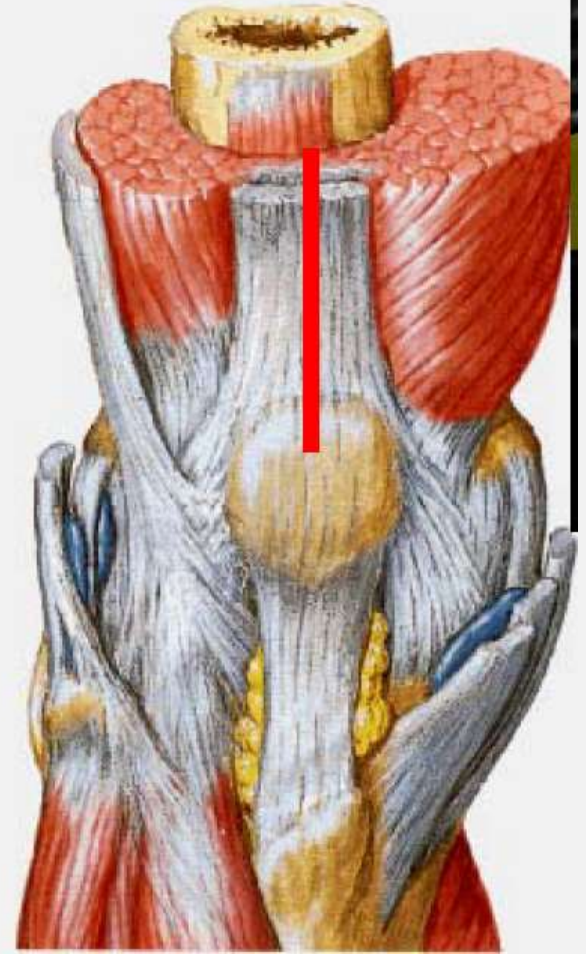


Coupe sagittale (latérale à la ligne médiane du genou)

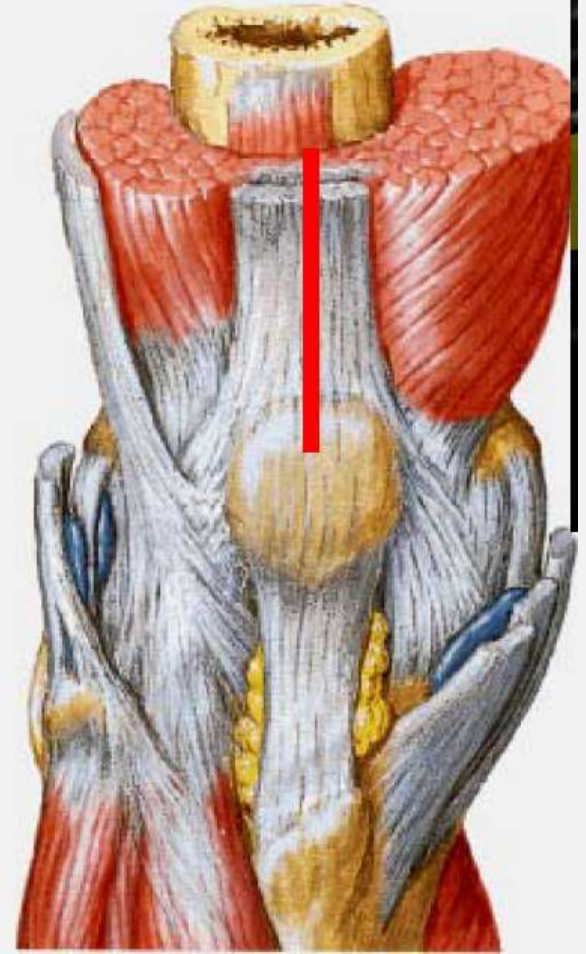
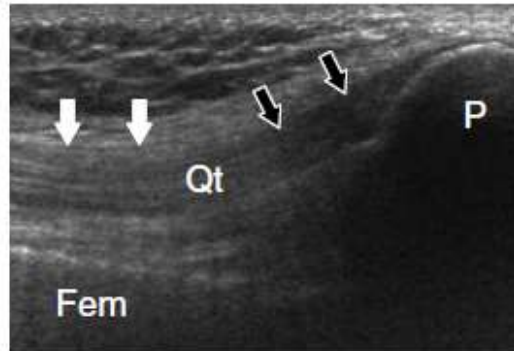
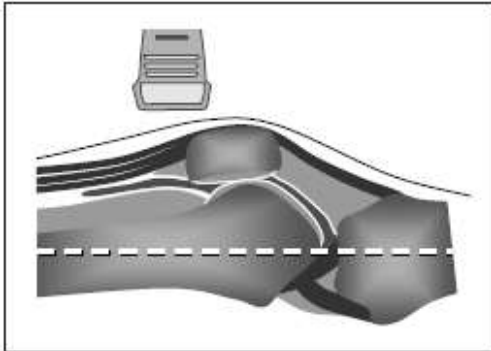
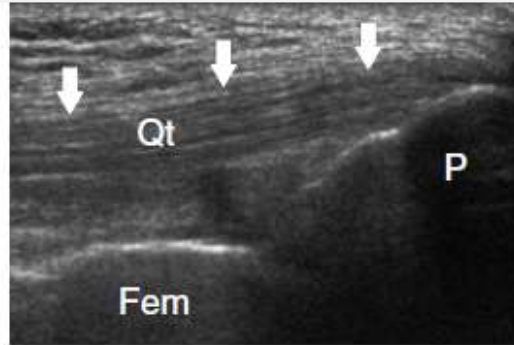
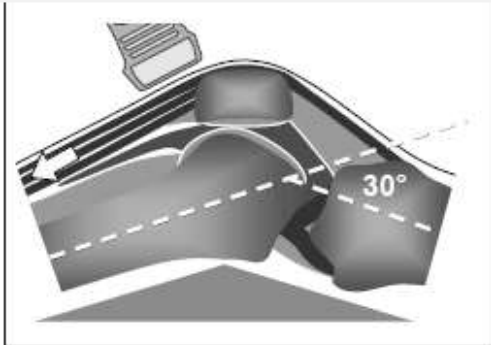


Handwritten signature

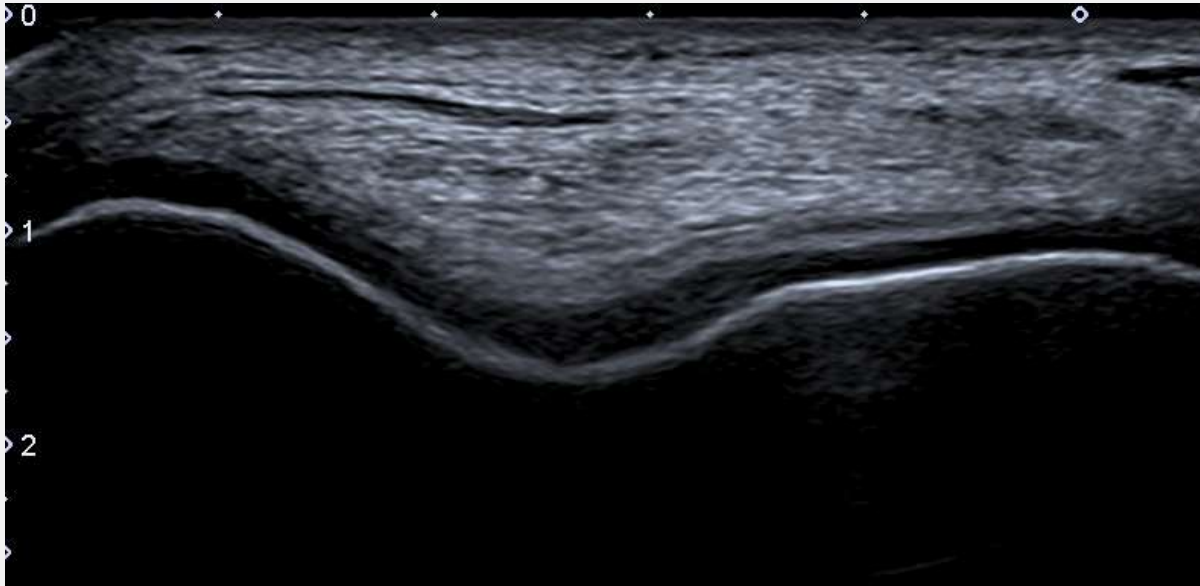
Tendon quadricipital et recessus



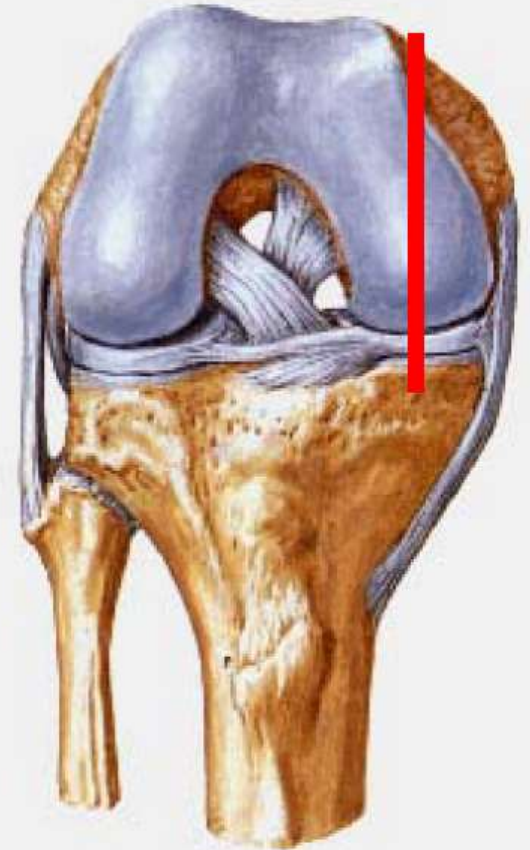
Tendon quadricipital et recessus



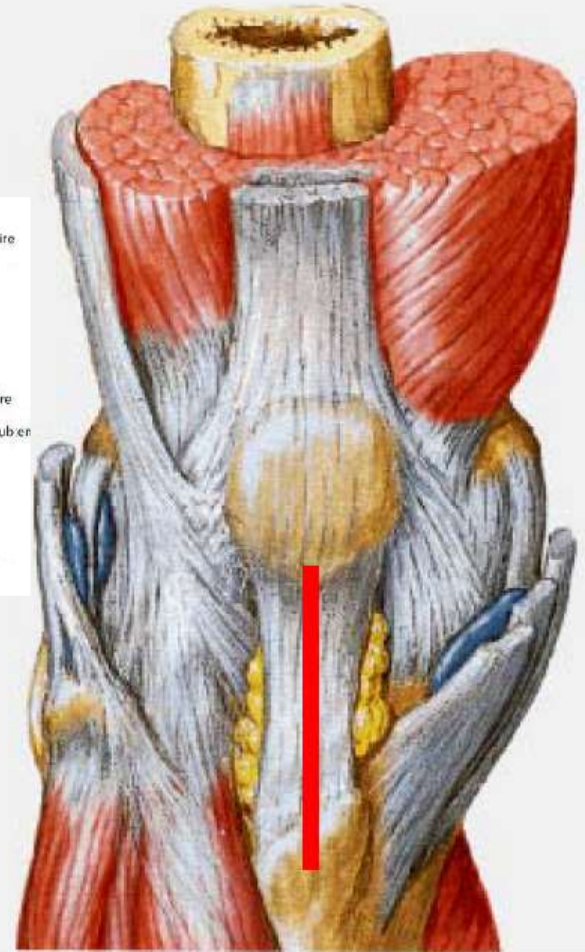
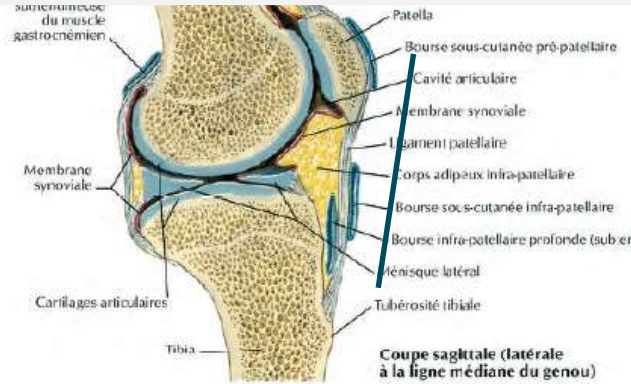
Trochlée et cartilage



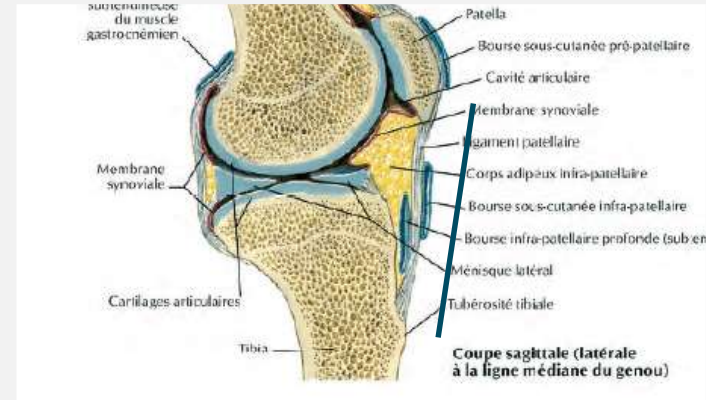
Trochlée et cartilage



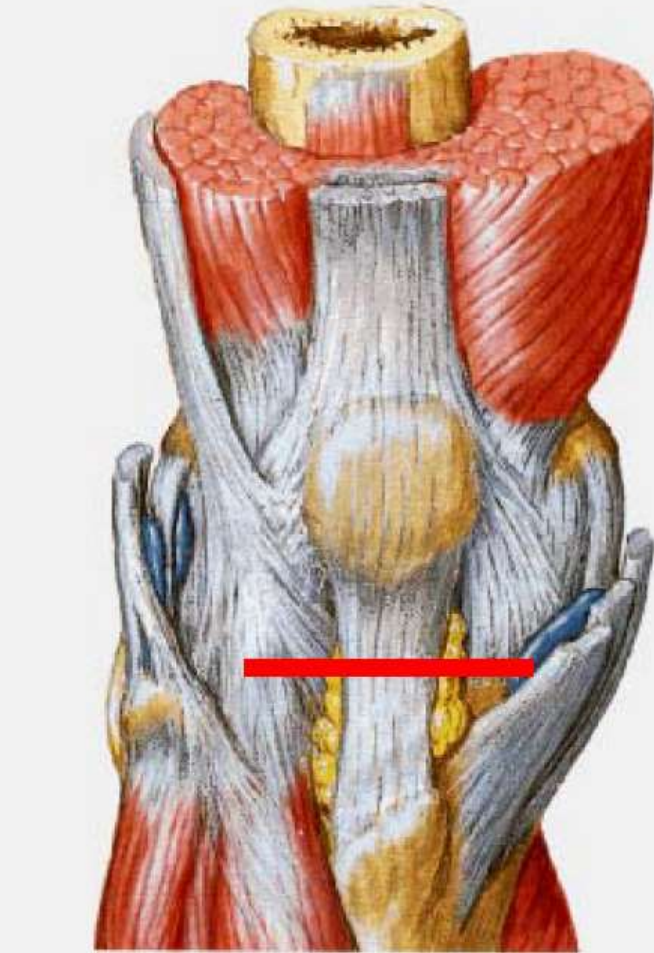
Ligament patellaire

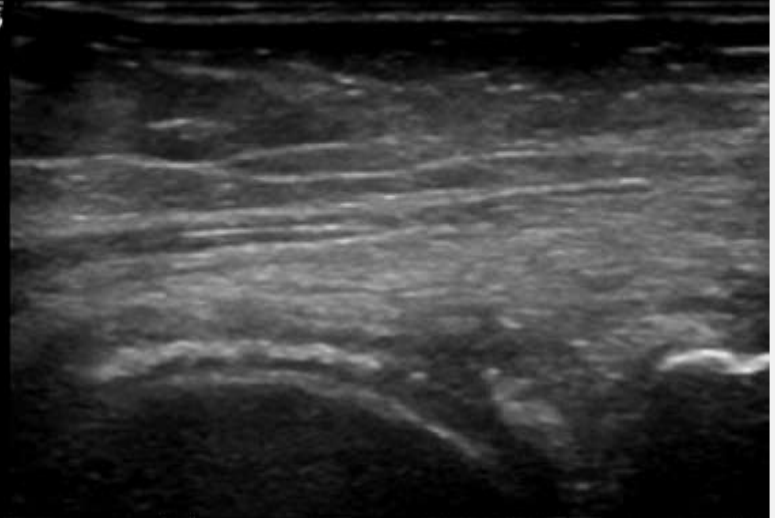
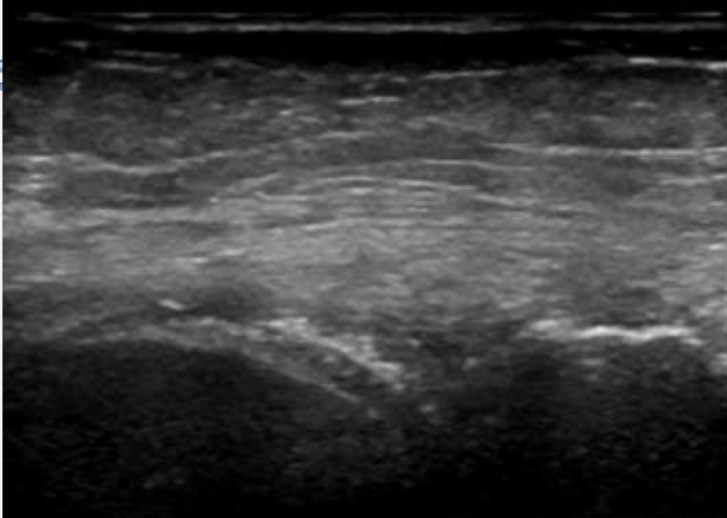


Ligament patellaire



Ligament patellaire





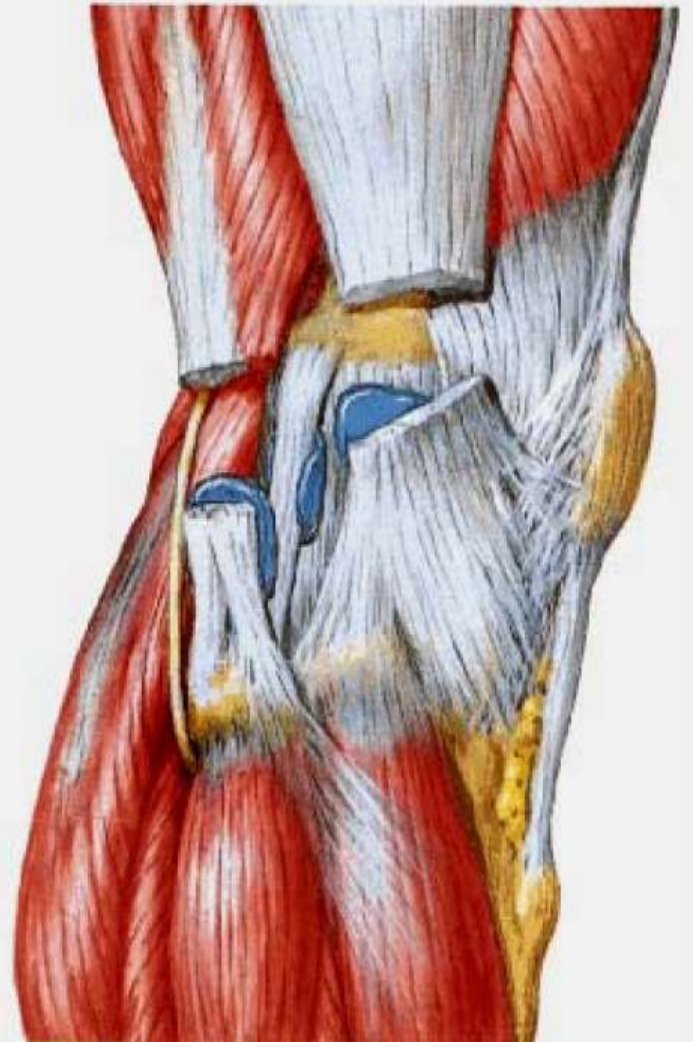
Chondrocalcinose



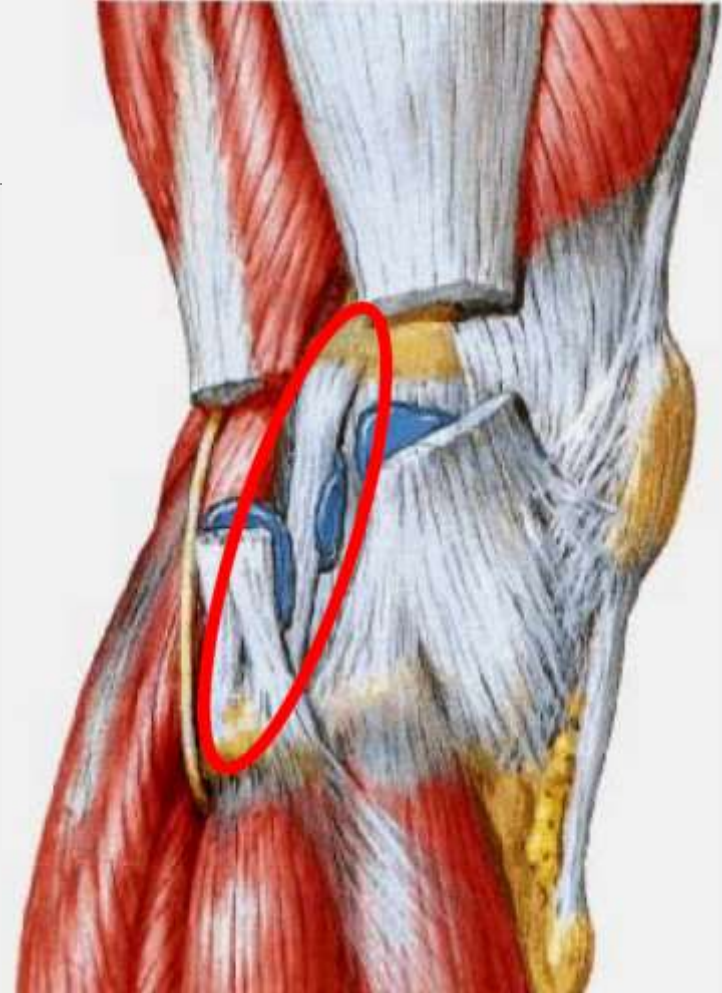
DROIT



Face latérale



Ligament collatéral latéral



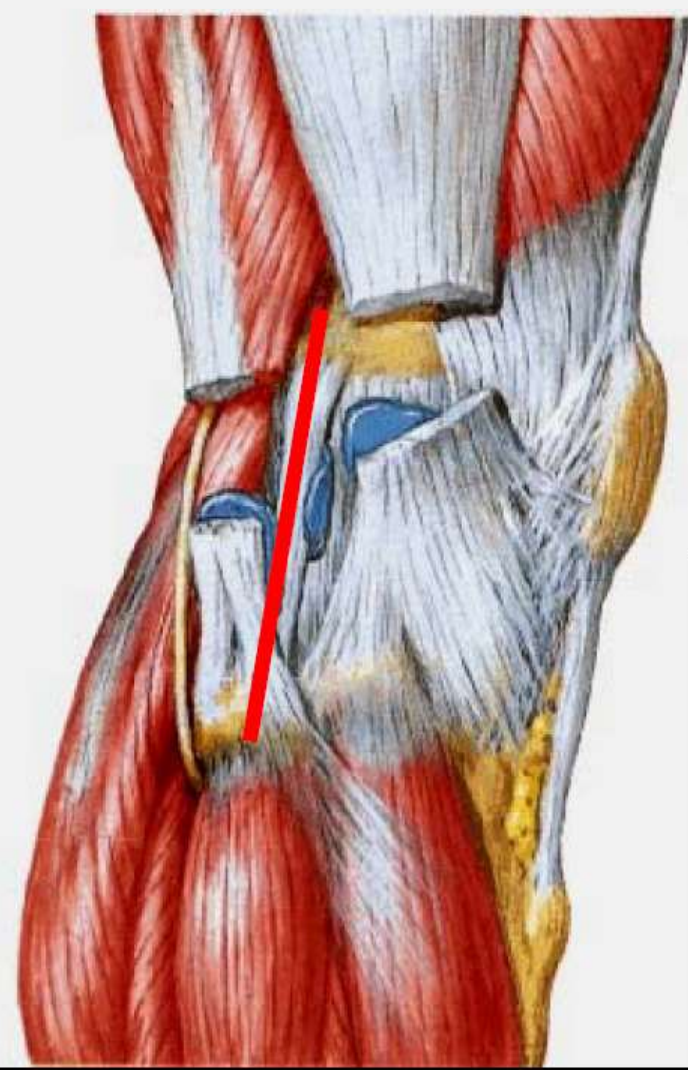
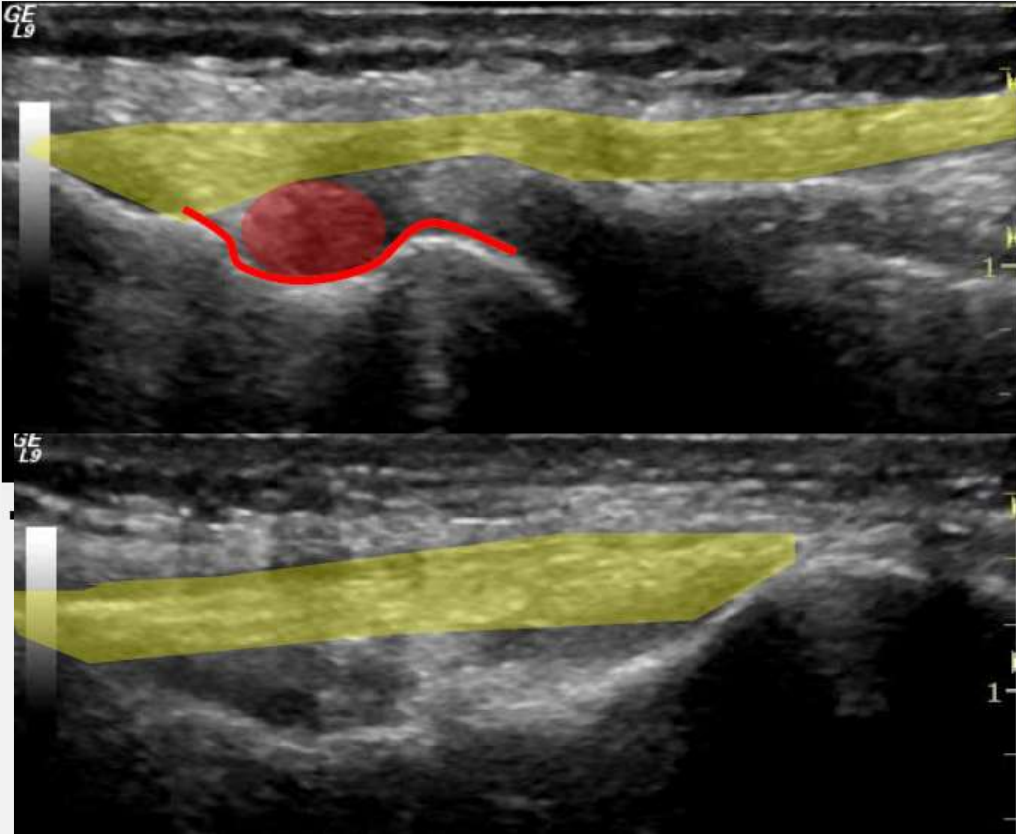


BICEPS FEMORAL

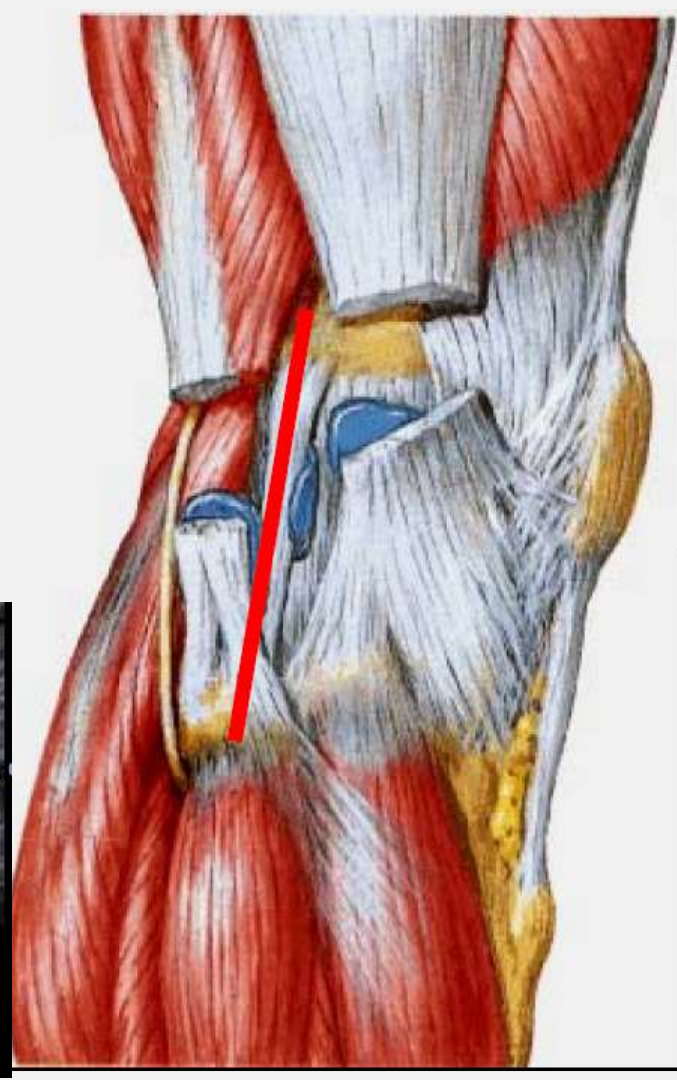
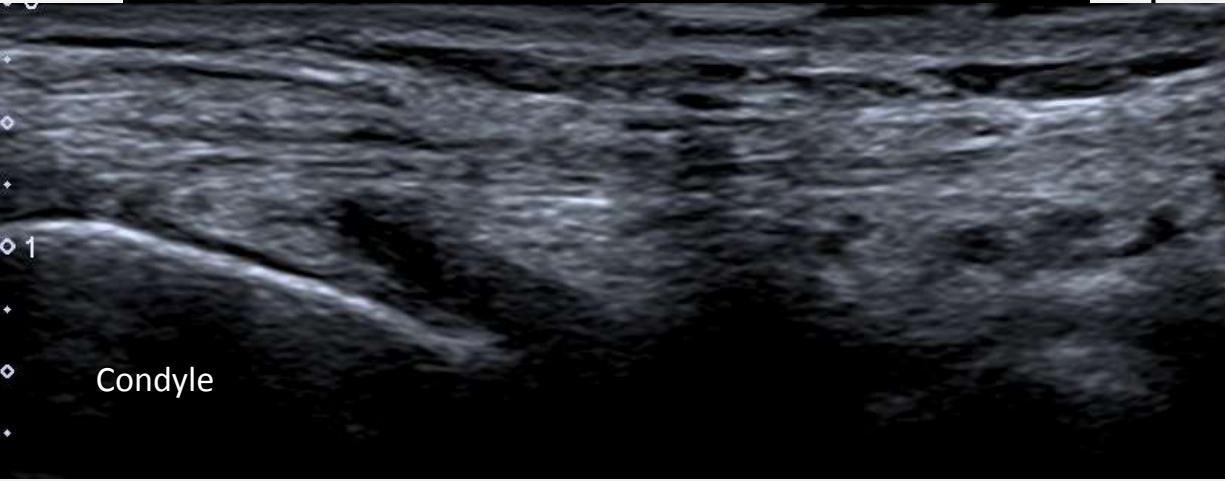
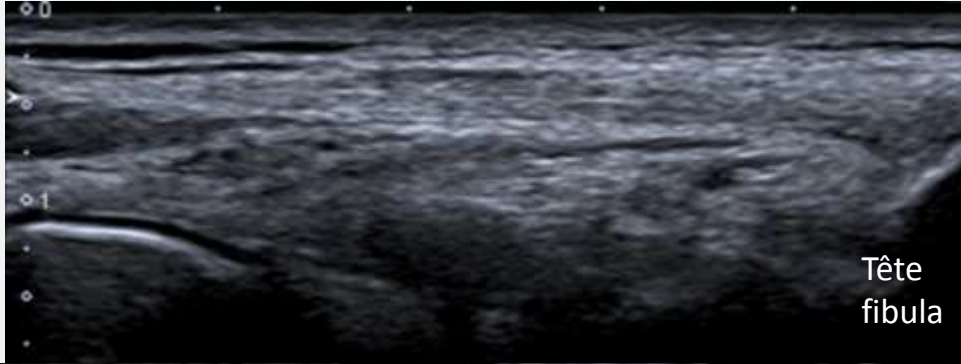


**BANDELETTE ILIO-
TIBIALE**

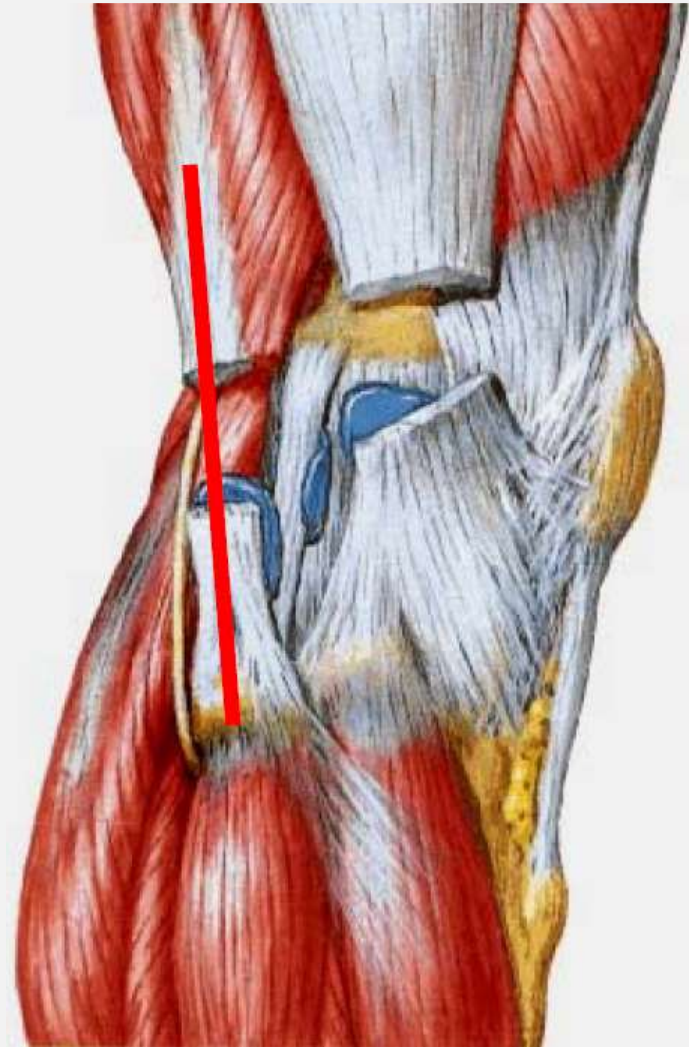
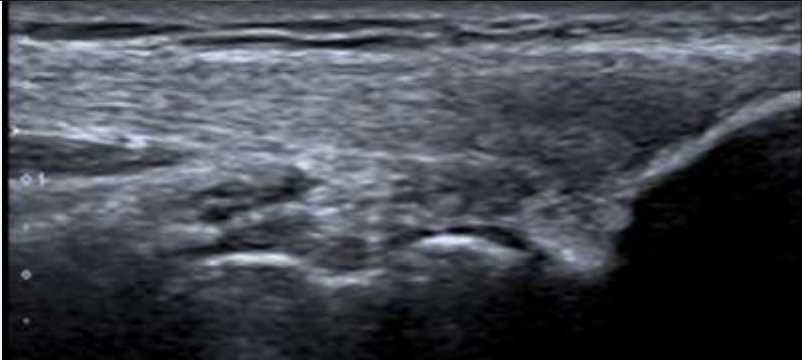
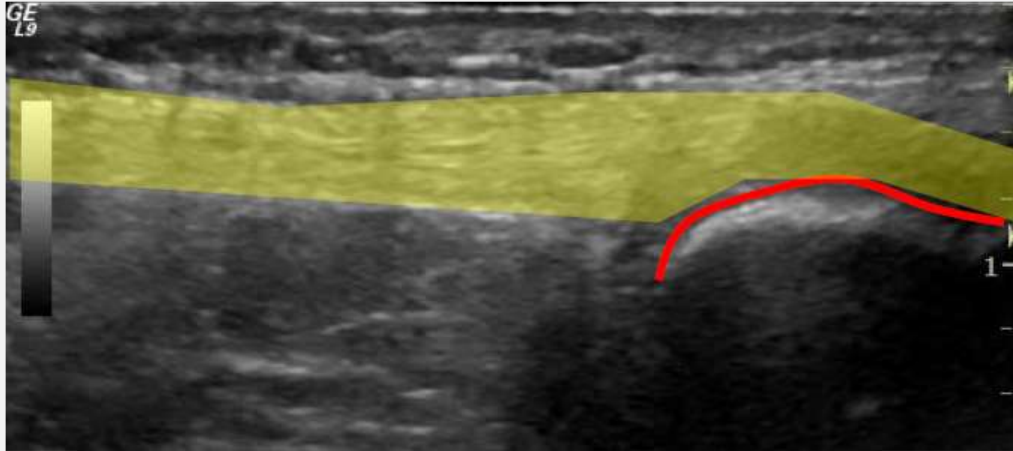
LCL



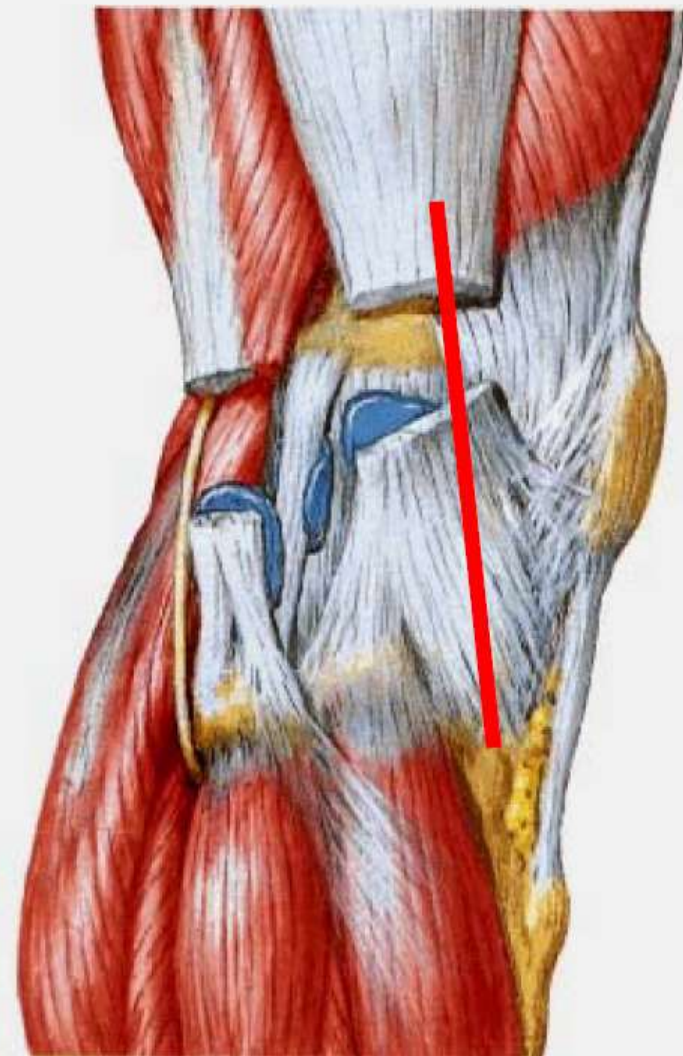
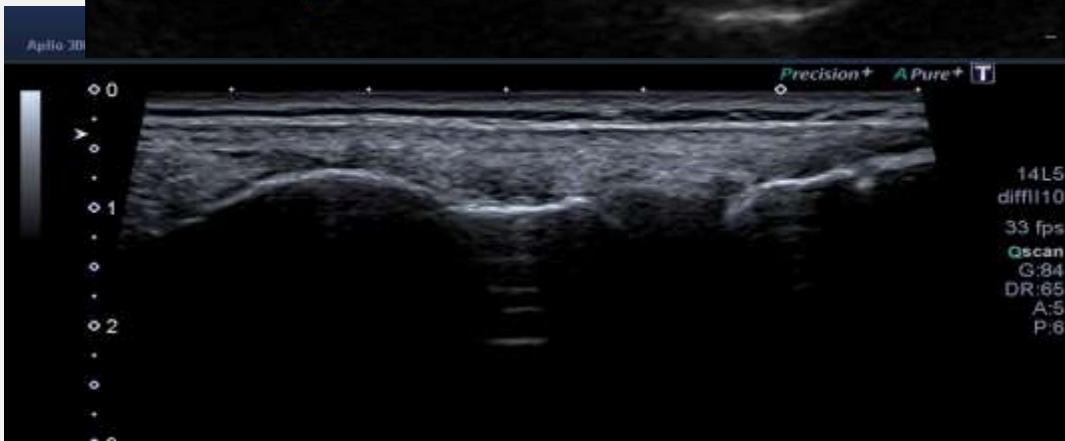
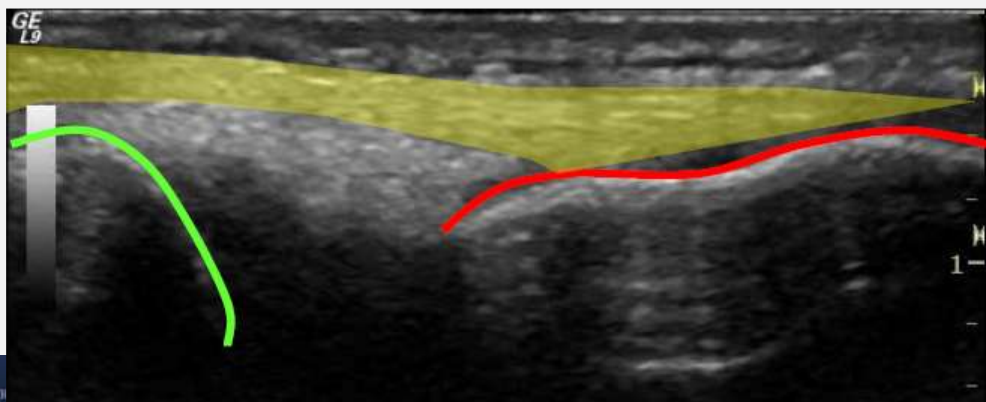
LCL



Biceps fémoral

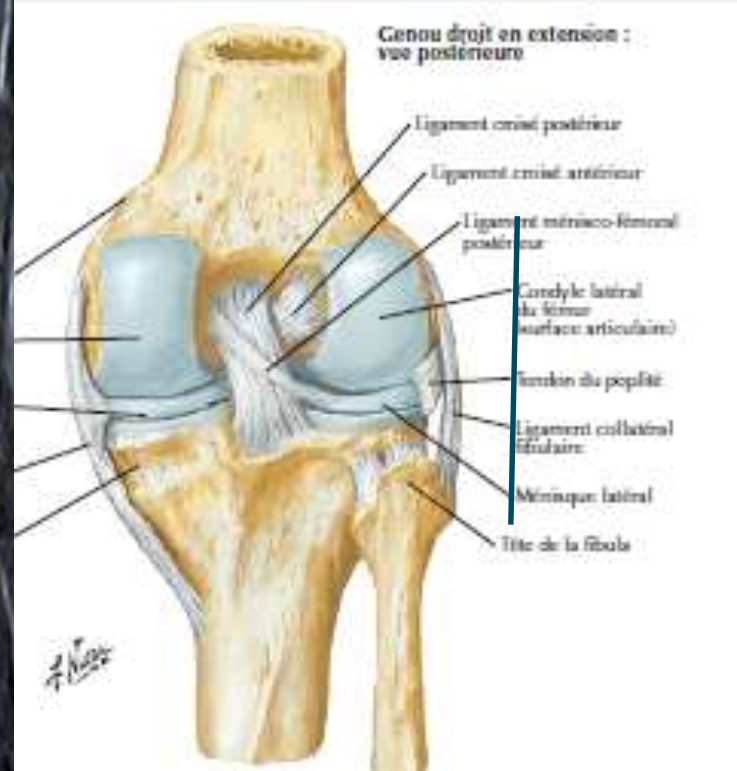
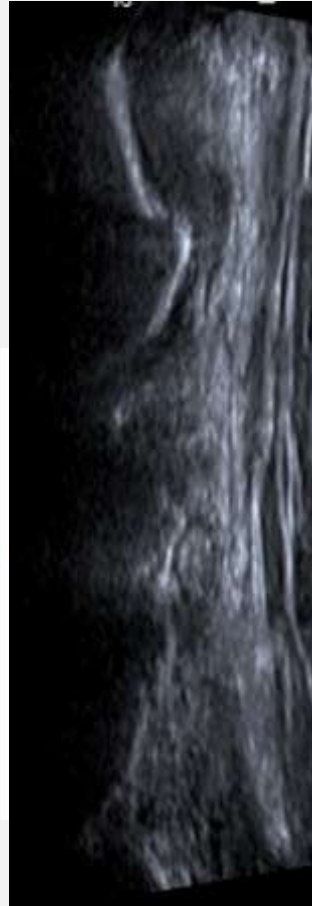
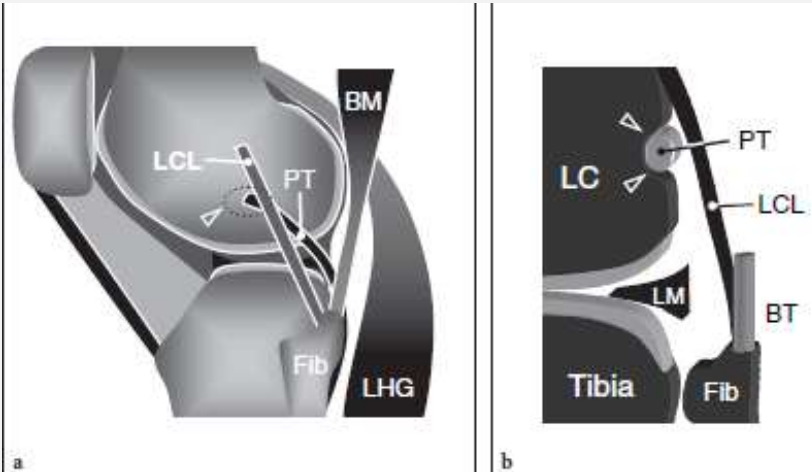


Bandelette ilio tibiale

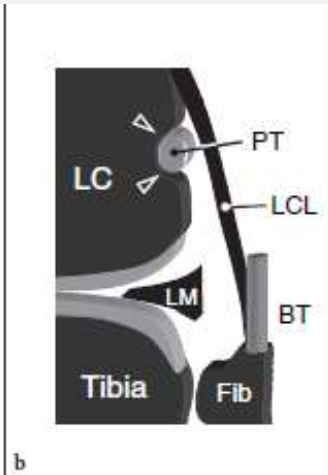
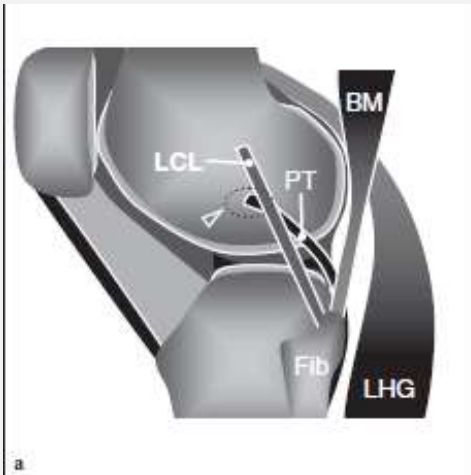


Ménisque latéral

- Fissure horizontale
- Kyste méniscal



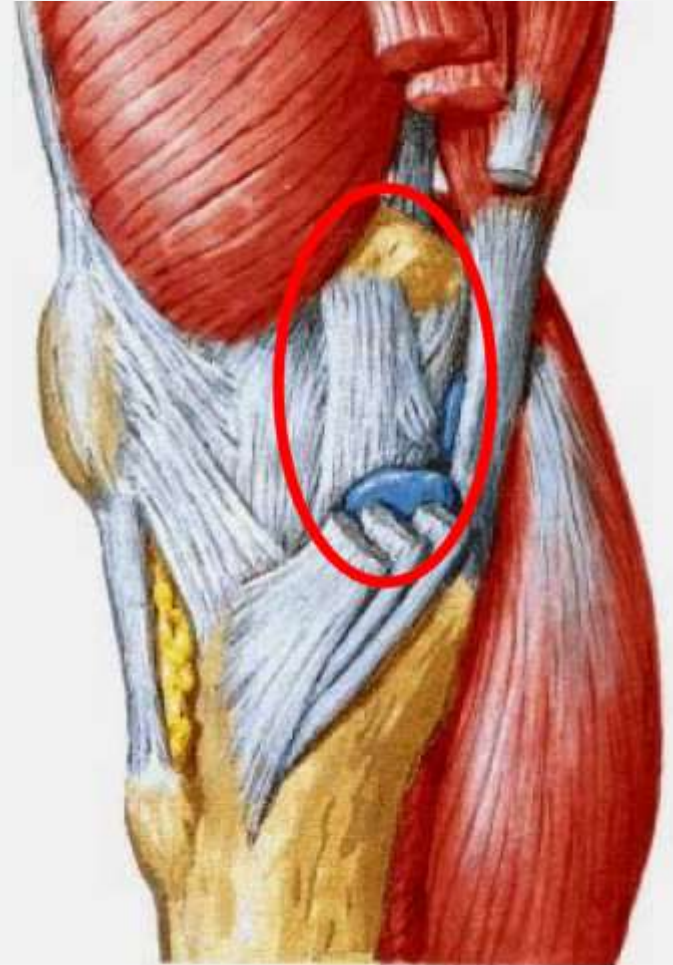
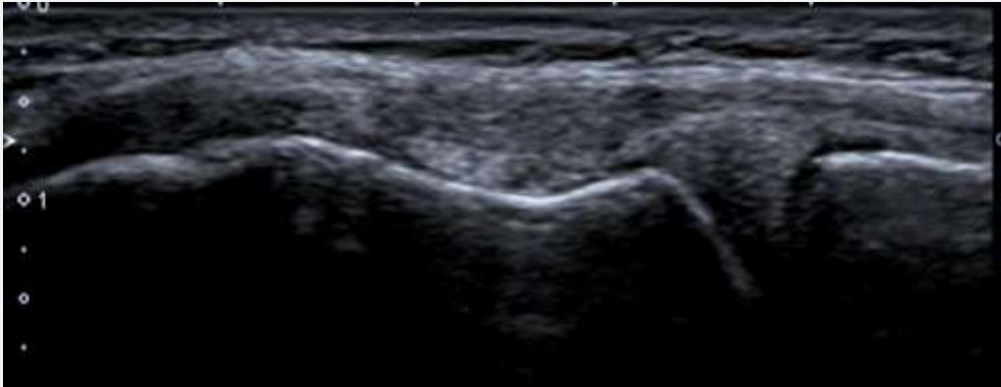
Menisque latéral



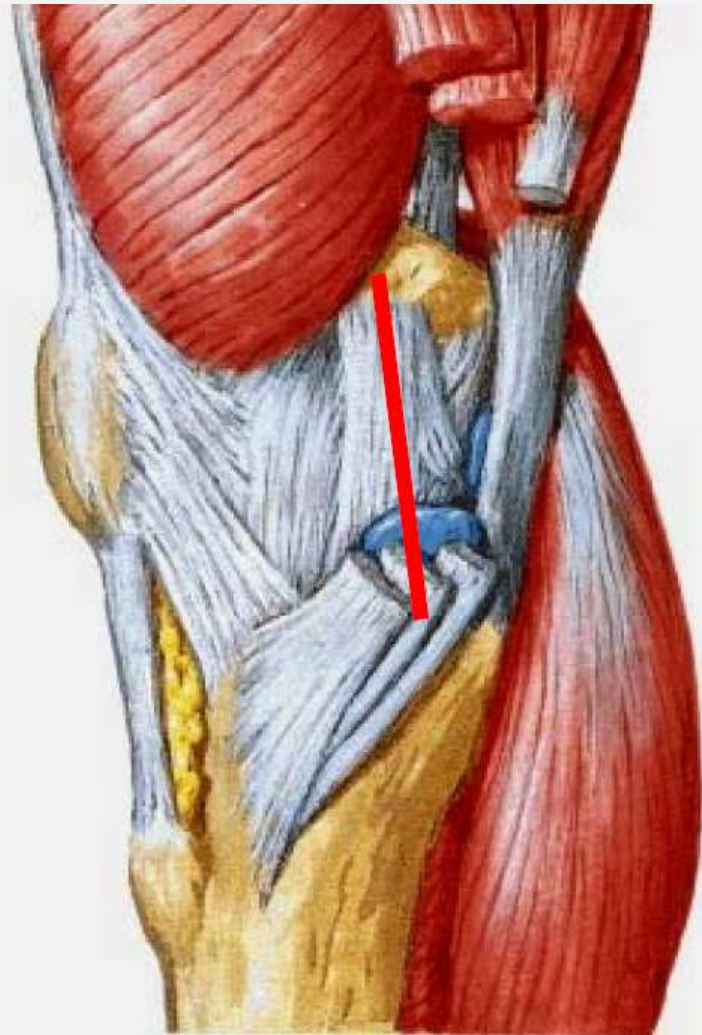
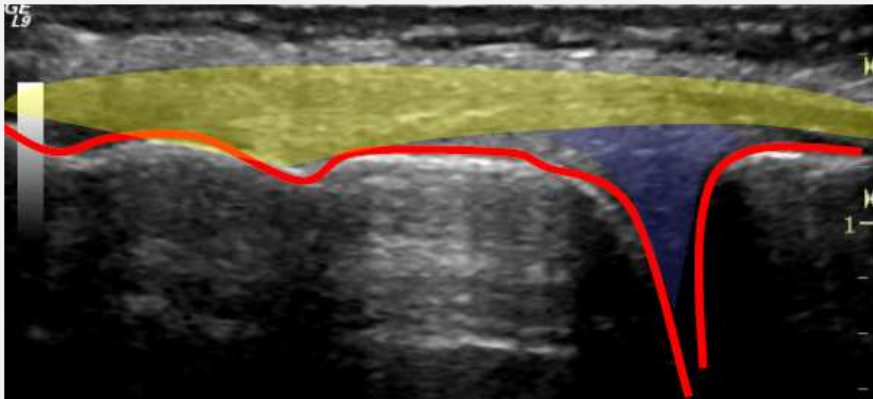
Face médiale



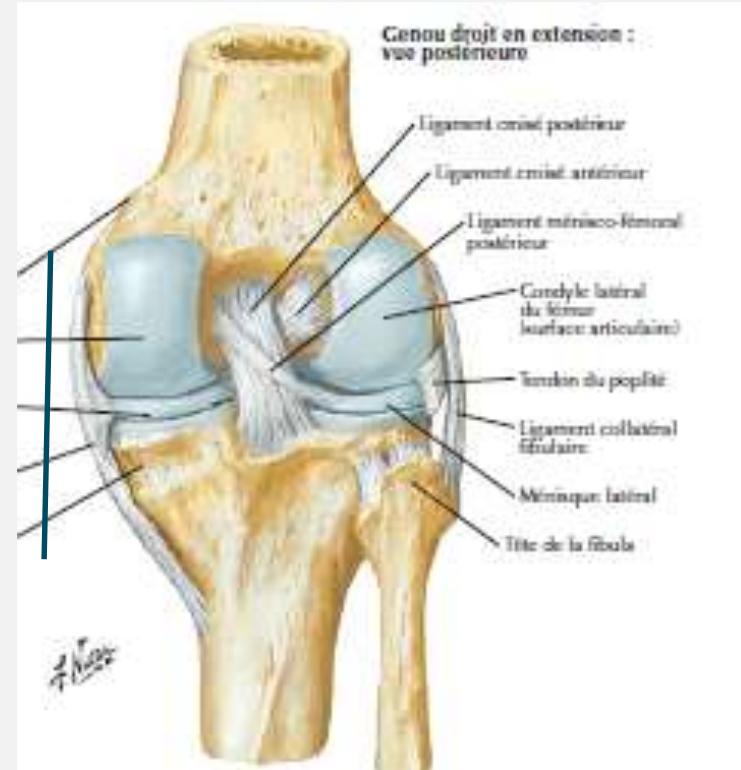
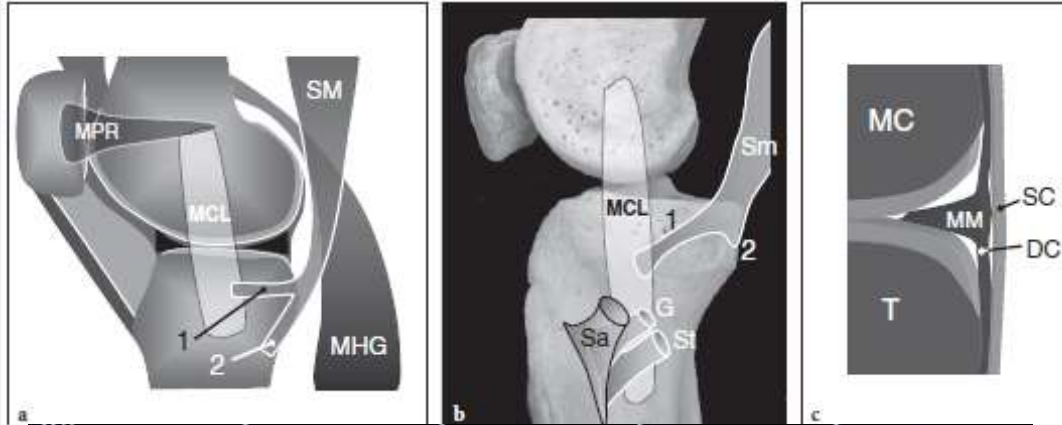
Ligament collatéral médial



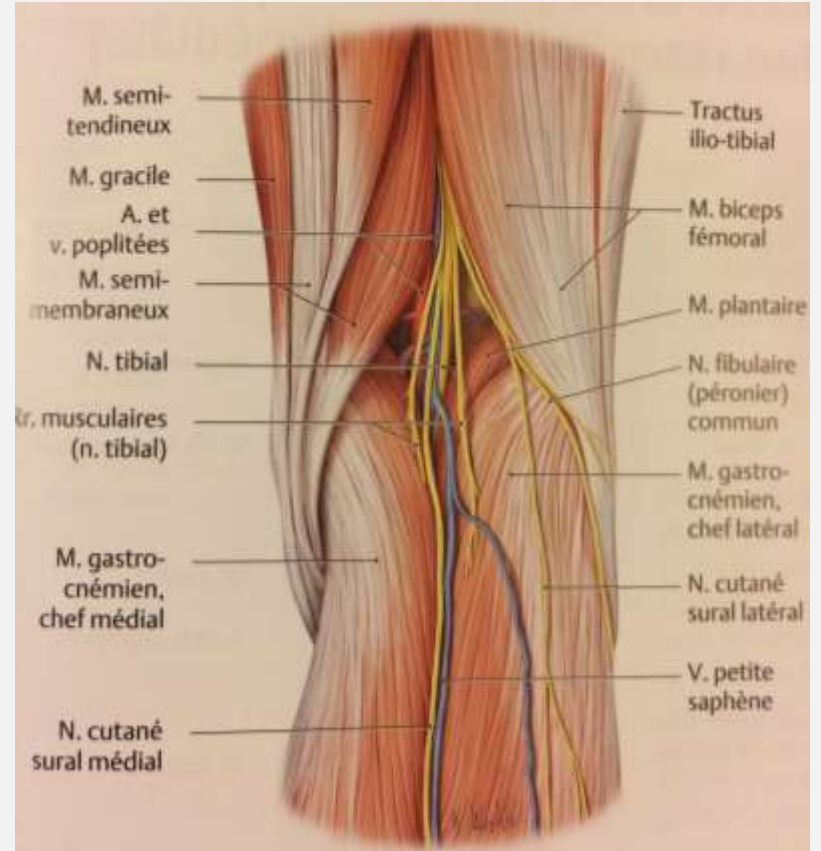
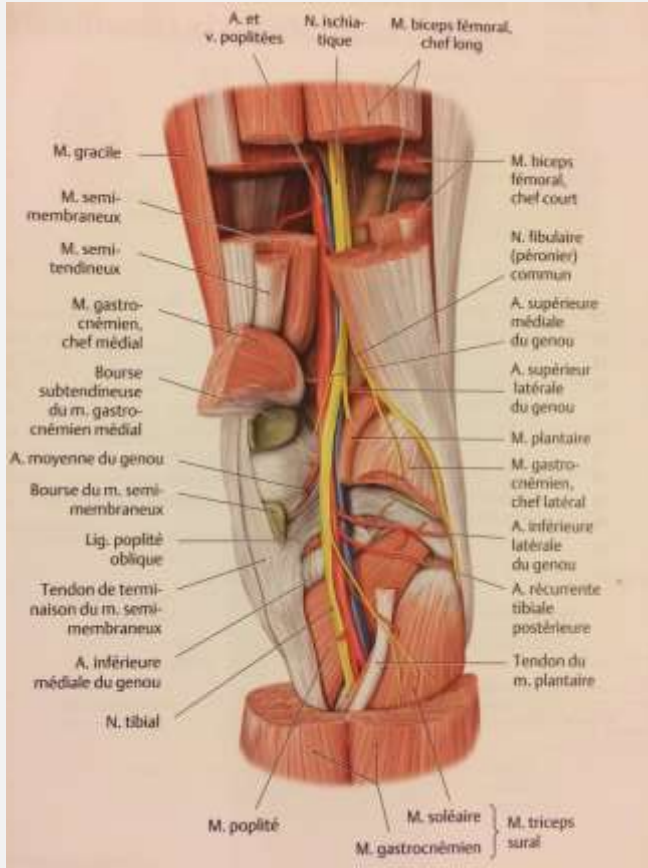
Ligament collatéral médial



Ménisque médial

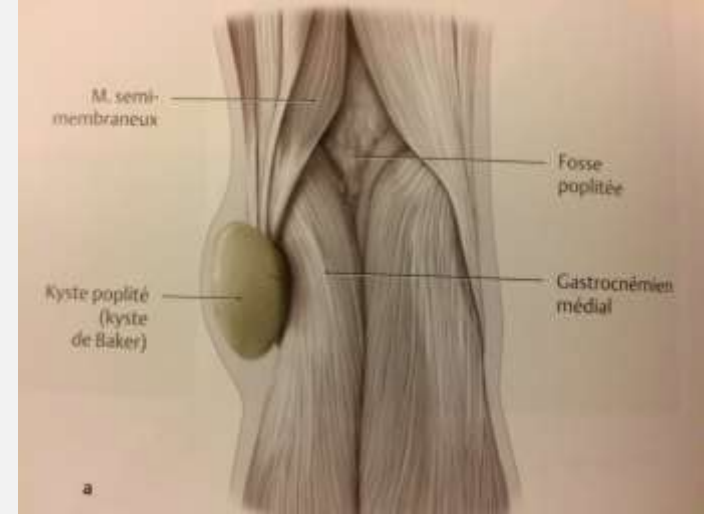


Creux poplité



Kyste poplité

- Ou arthro-synovial de Baker
- Le plus fréquent
- Distension liquidienne de la bourse commune des SM et du GM communiquant avec l'articulation
- Le plus souvent 2aire: arthrose, lésion MM, épanchement



Kyste poplité

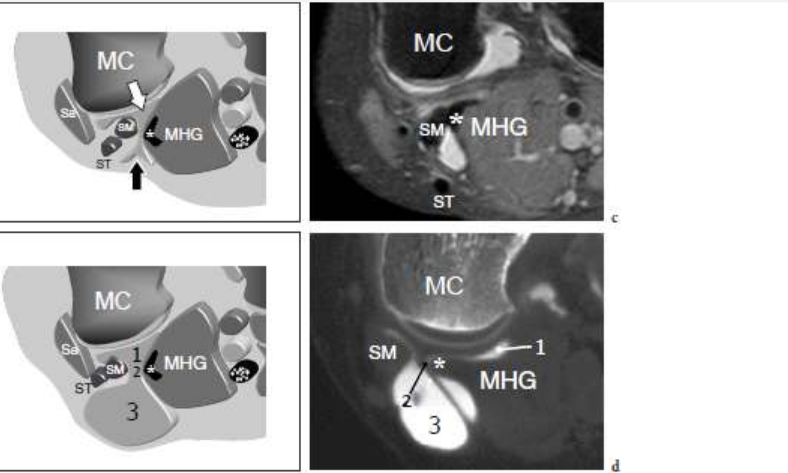
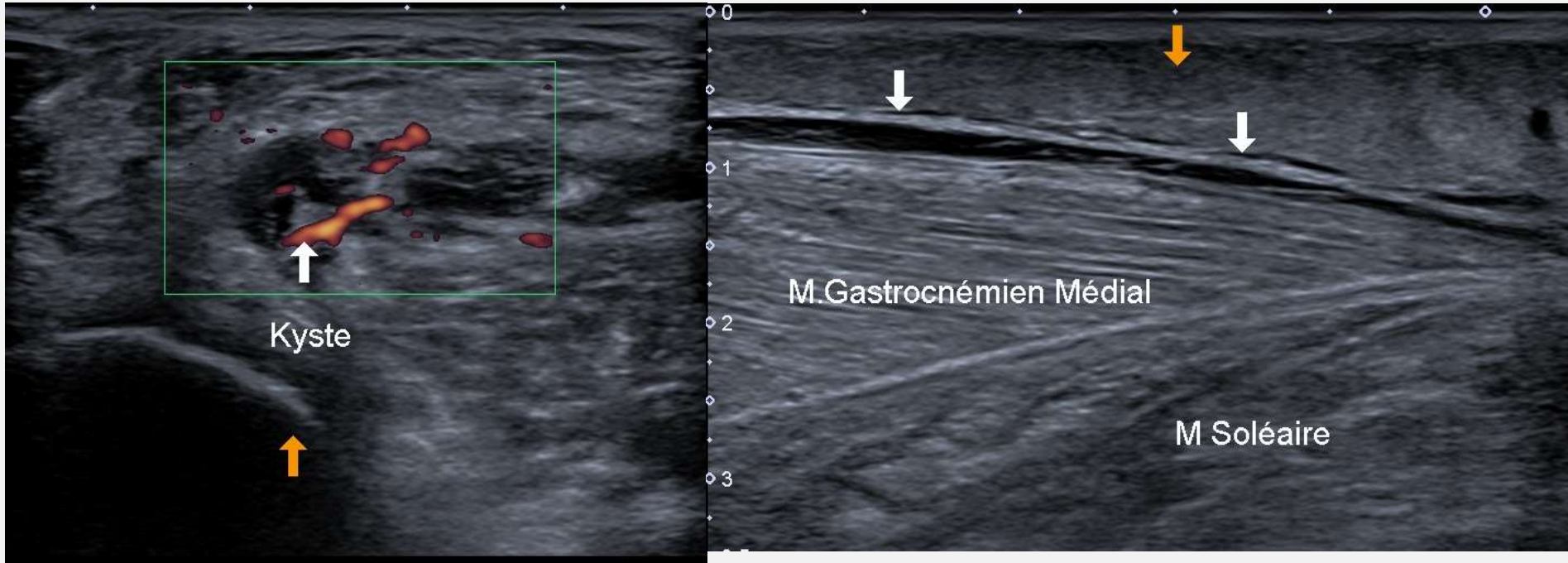


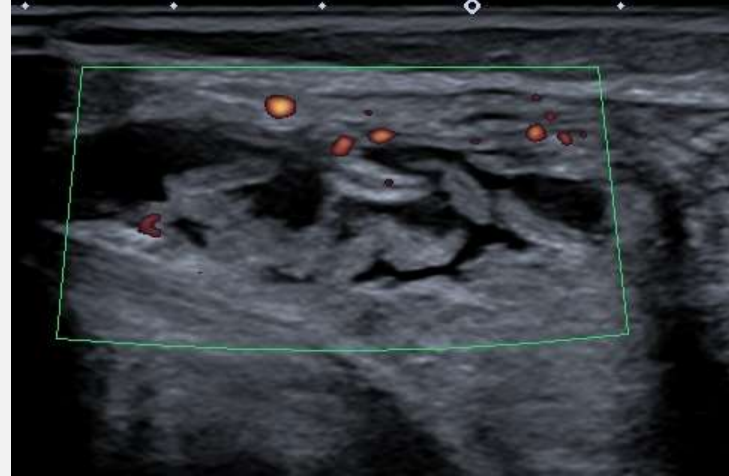
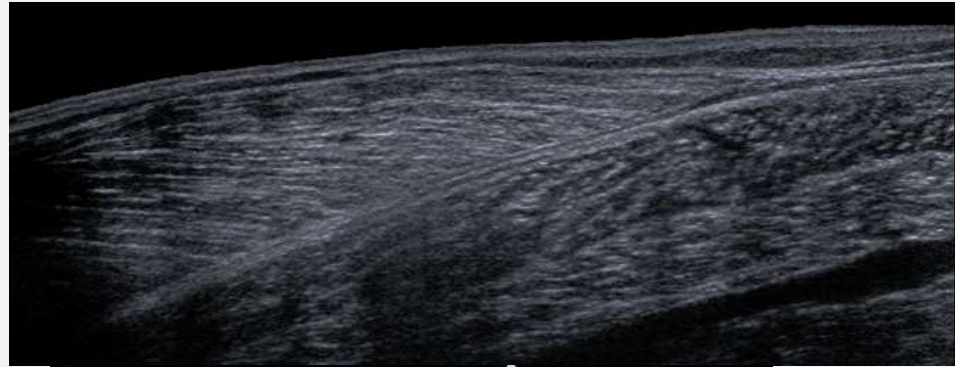
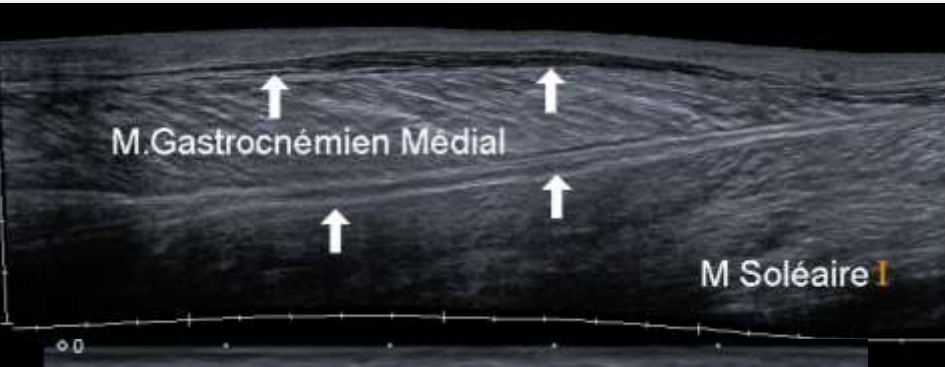
Fig. 14.11a–d. Anatomy of the semimembranosus-gastrocnemius bursa. a,b Schematic drawings of a transverse view through the popliteal fossa show the normal position of the bursa located between the tendon of the semimembranosus (SM), the tendon (asterisk) of the medial head of the gastrocnemius (MHG) and the posterior aspect of the medial femoral condyle (MC). Sa, sartorius; ST, semitendinosus. b When the bursa is distended by effusion, its three components are better identified: the deep base (1), a narrow neck (2) and the large superficial body (3). Note that the semitendinosus tendon (ST) lies more remotely from the bursa than the semimembranosus. c,d Correlative axial c fat-suppressed T2-weighted MR and d CT-artrographic images



Kyste et complications



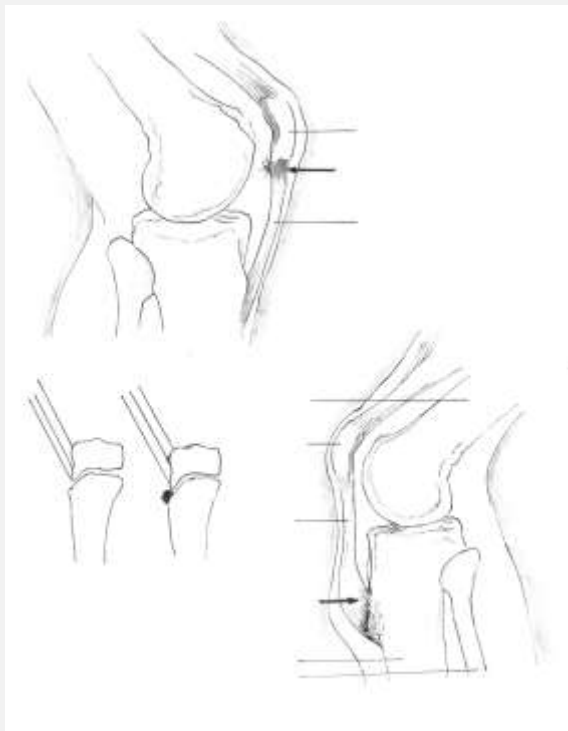
Kyste et complications





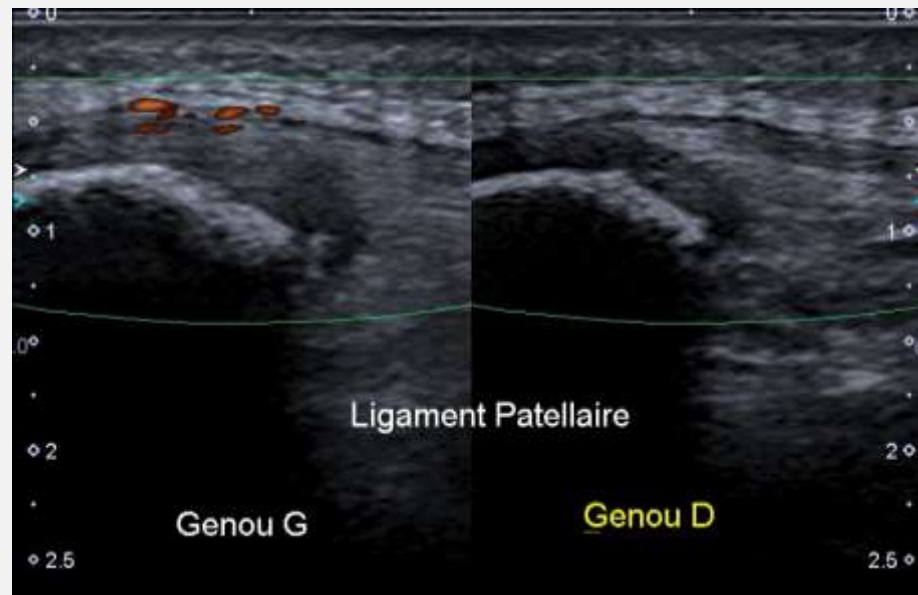
Quelques images pathologiques

- Maladie de Sinding Larssen et Johansson



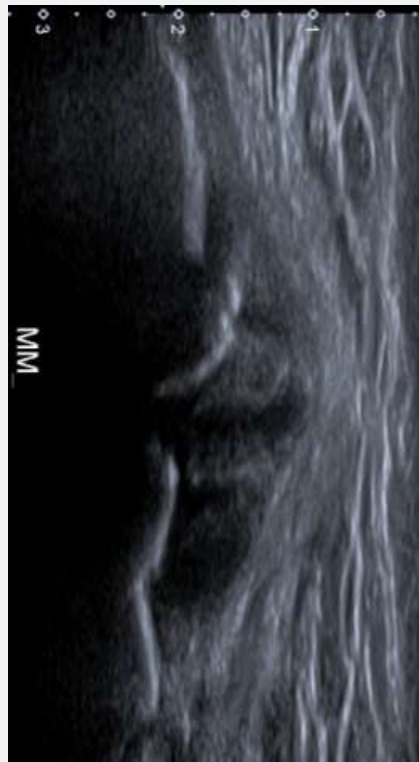
Quelques images pathologiques

- Maladie de Sinding Larssen et Johansson



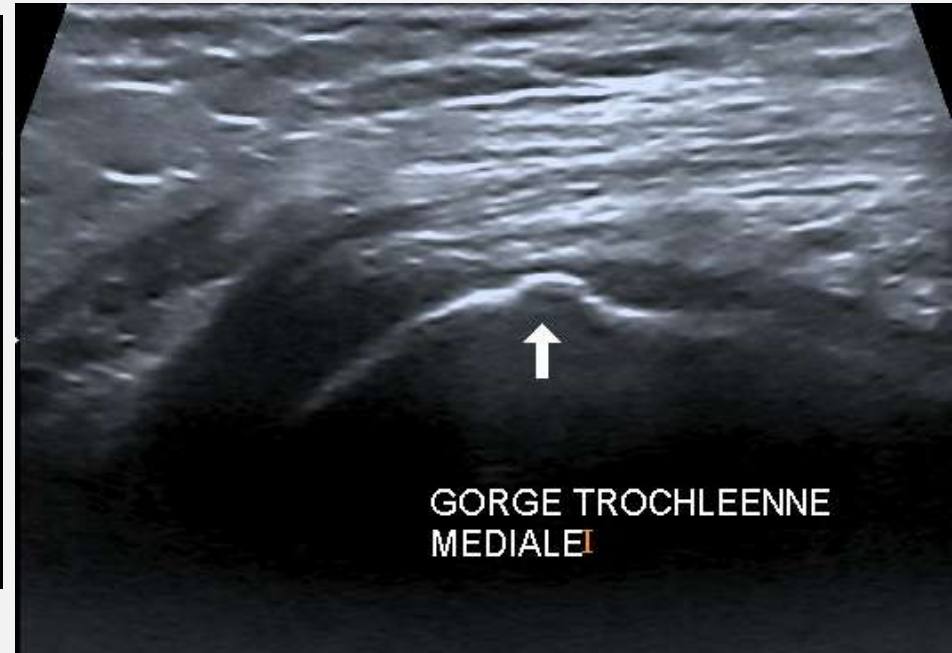
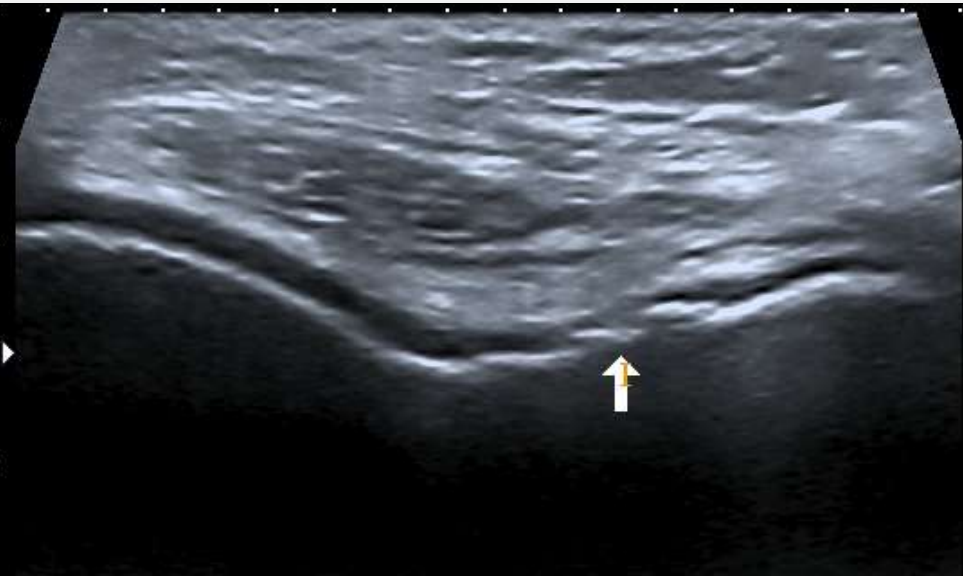
Quelques images pathologiques

- Extrusion du ménisque médial



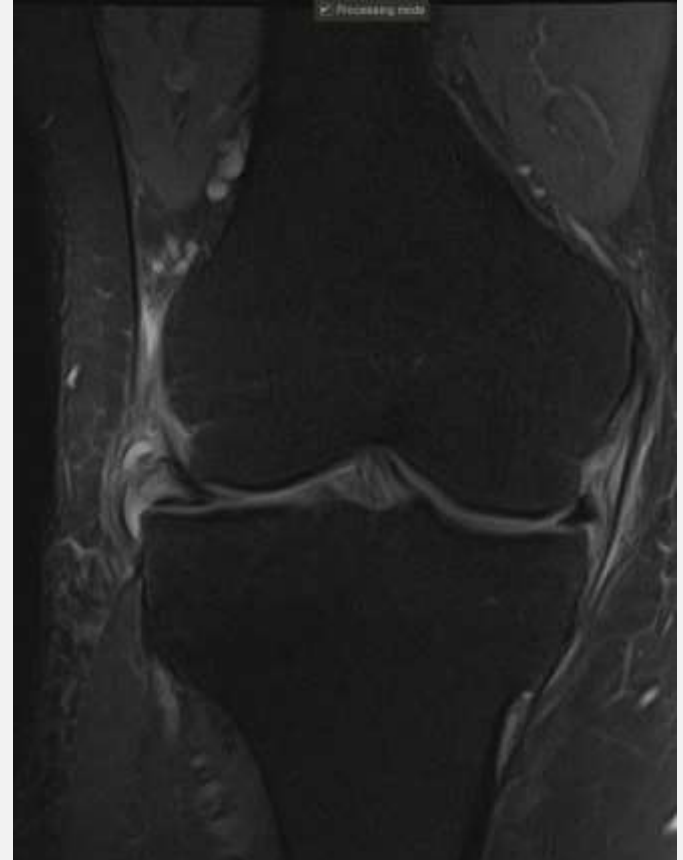
Quelques images pathologiques

- Lésion chondrale de la gorge trochléenne



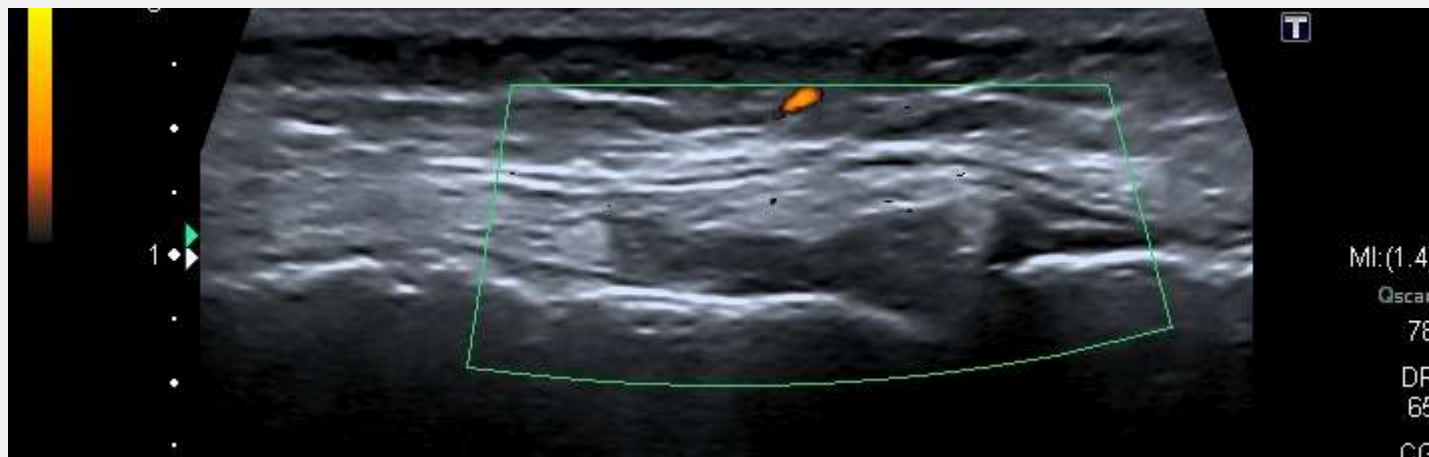
Quelques images pathologiques

- Extrusion du ménisque médial



Quelques images pathologiques

- Extrusion du ménisque médial



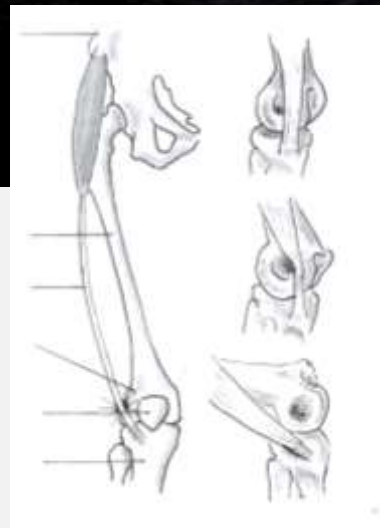
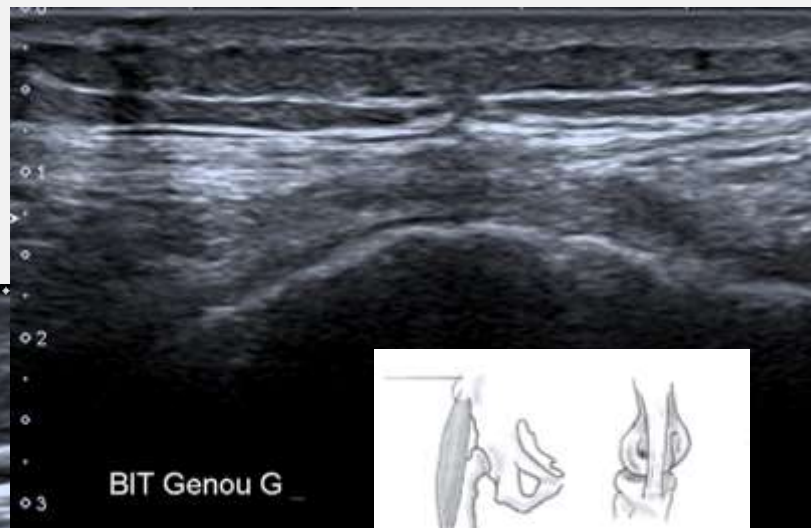
Quelques images pathologiques

- Lésion dégénérative du ménisque médial



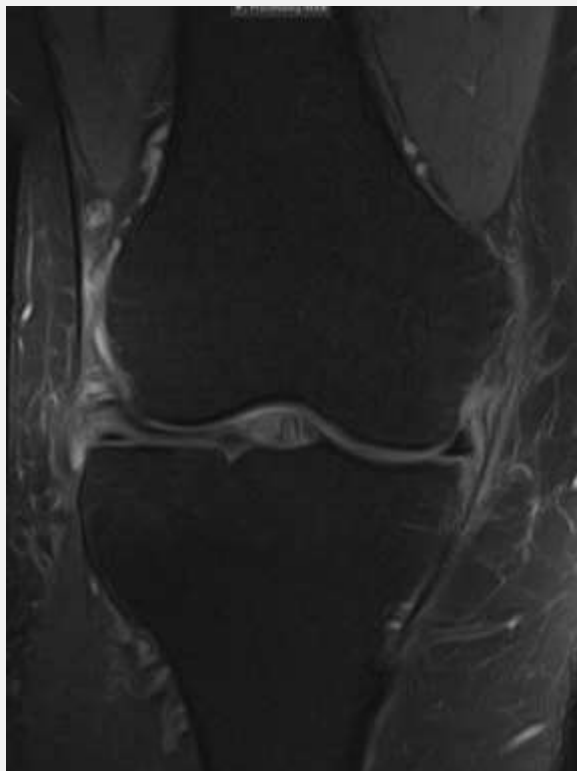
Quelques images pathologiques

- Syndrome de l'essuie glace

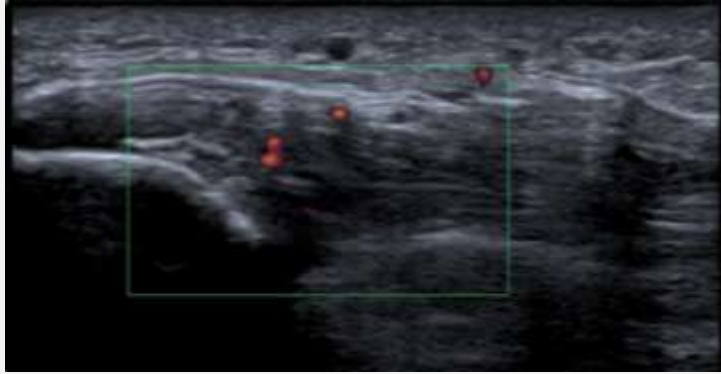


Quelques images pathologiques

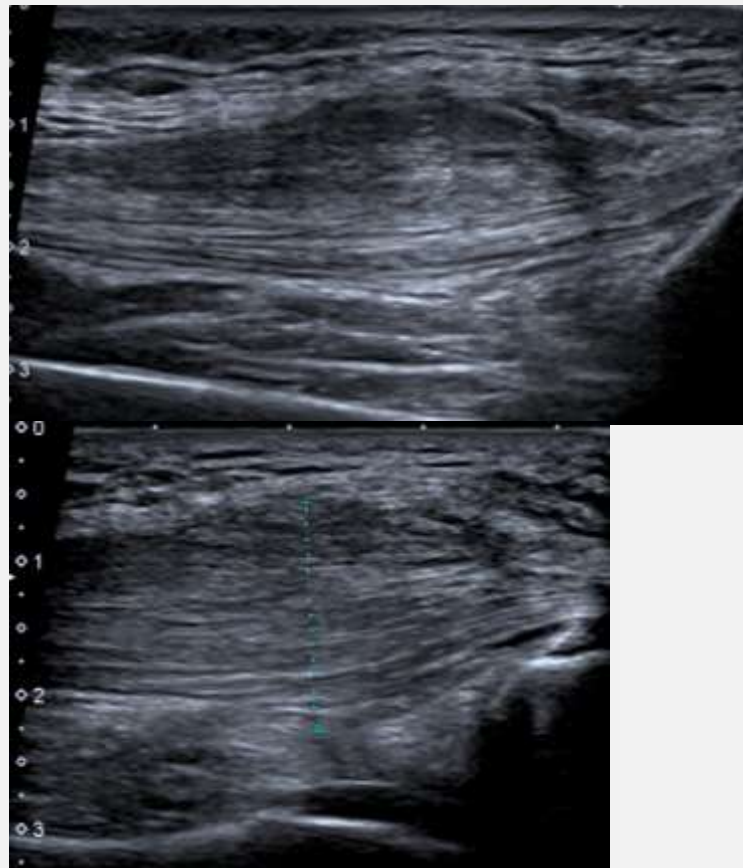
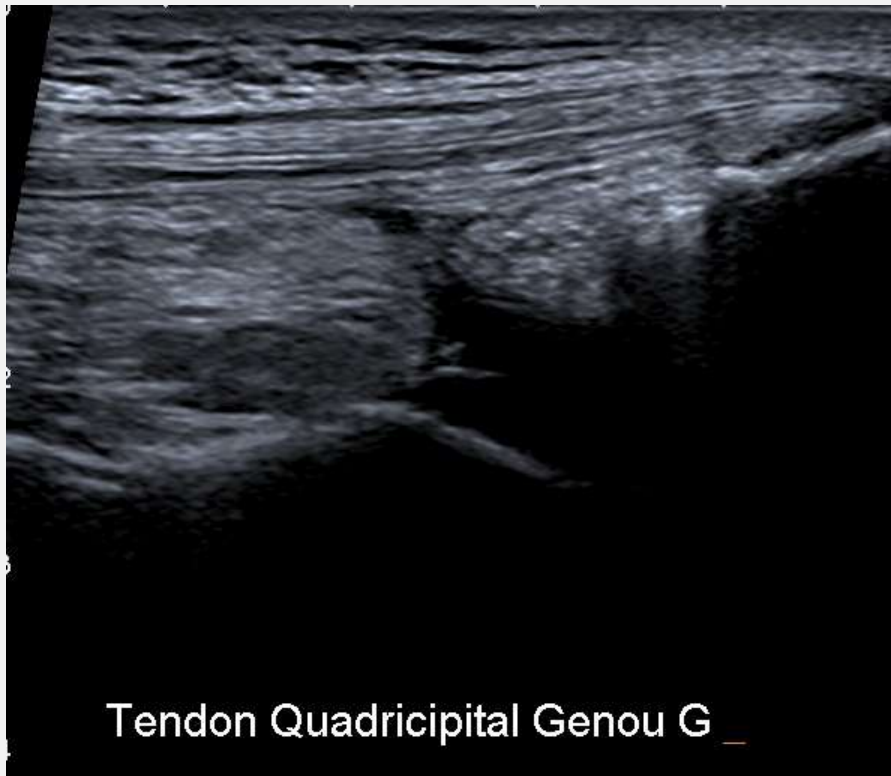
- Syndrome de l'essuie glace



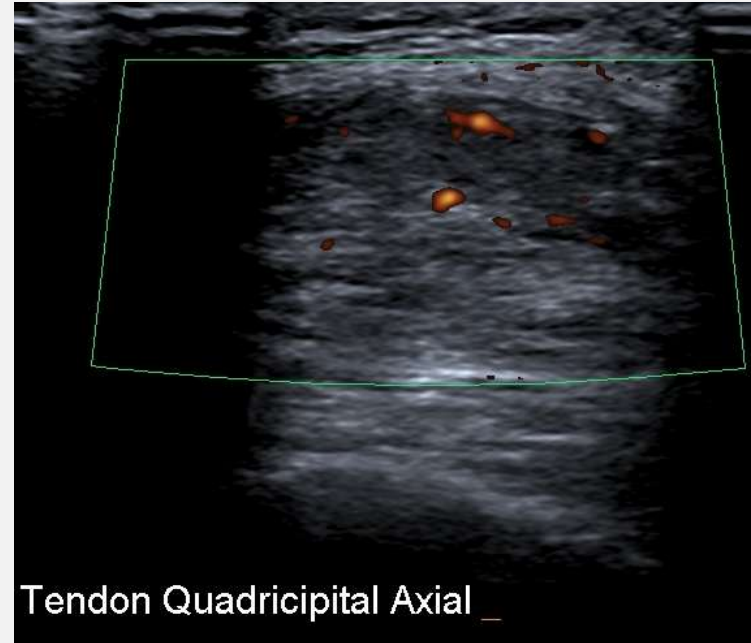
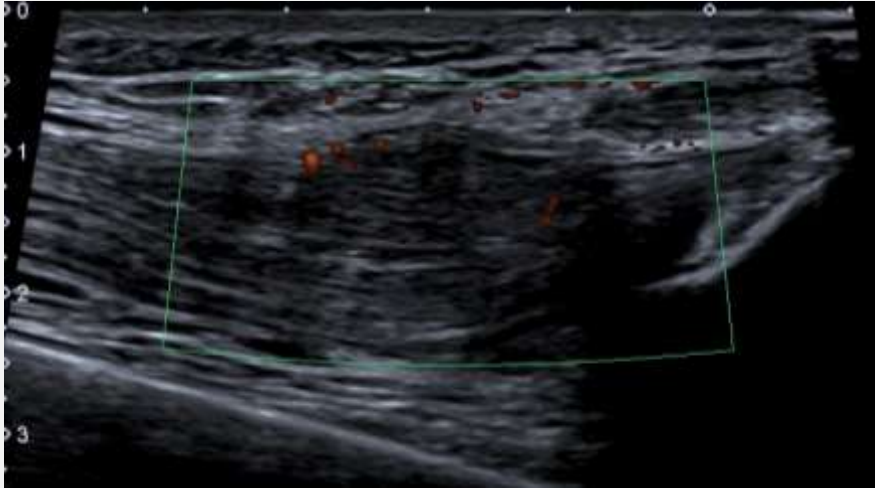
Tendinopathie patellaire



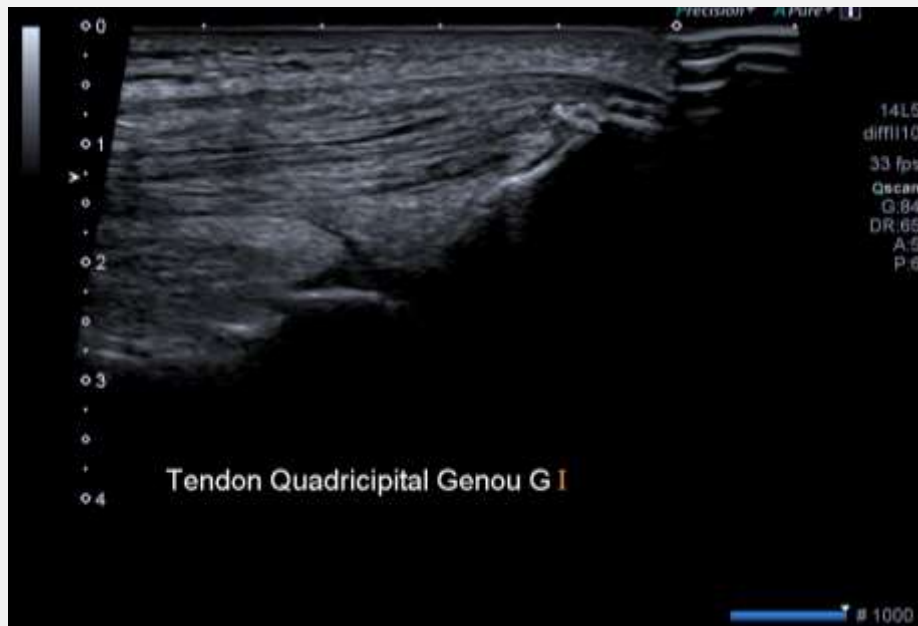
Tendinopathie quadricipitale



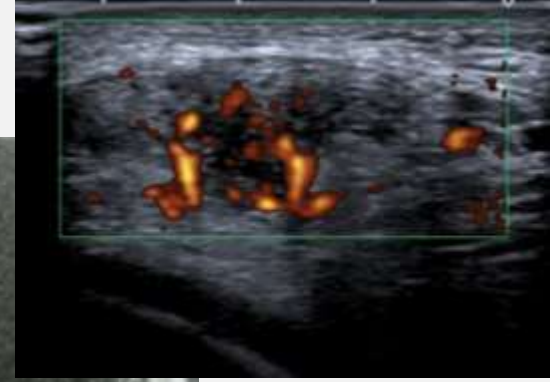
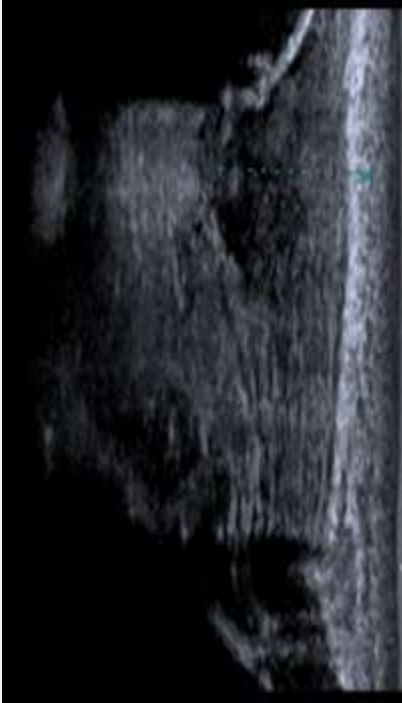
Tendinopathie quadricipitale



Rupture du tendon quadricipital



Séquelle de maladie de Sinding Larssen Johanson



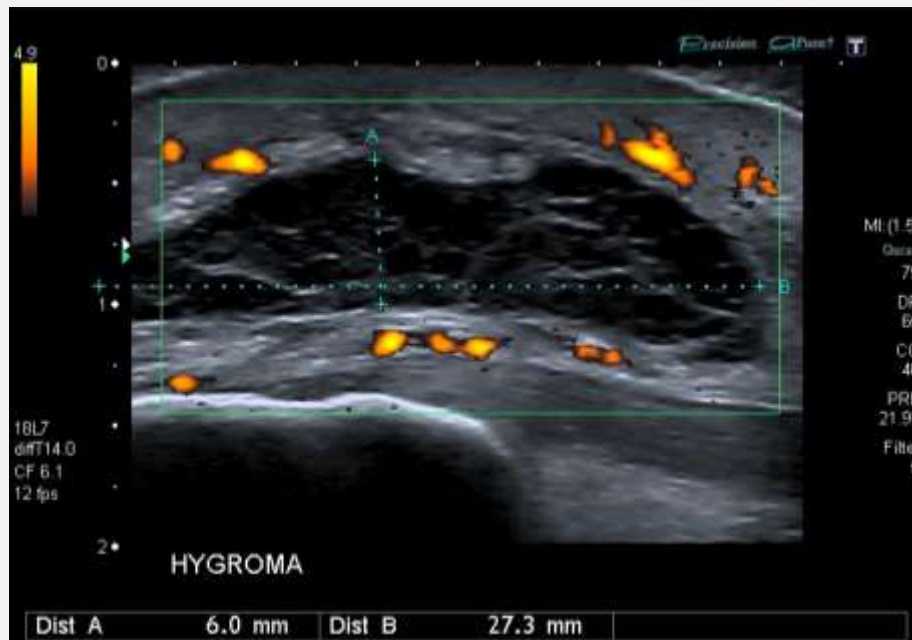
Ostéophytes



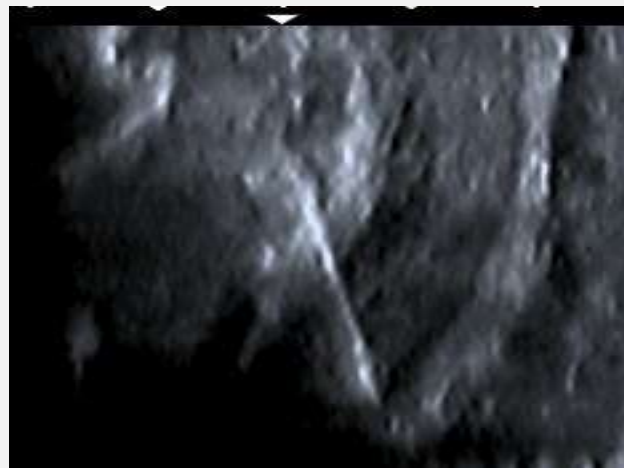
Tendinopathie d'insertion BIT



Hygroma



Infiltration ménisque latéral



Entorse LCM



Lésion méniscale traumatique

Epanchement





Notre vision du soin, être à vos côtés
Innovation, Proximité, Réactivité

DPC échographie MSK

- DPC n° 82141900004
- Presqu'île de Giens: 27 avril
- Hotel Radisson Blue, Biarritz: 15 juin
- La Saline, Ile de la Réunion: 22 juin
- Hotel Radisson Blue, Biarritz: 14 septembre

SEMINAIRE MEDECINE ET VENT

1 h de cours/j (avec ateliers pratiques) en médecine du sport/rhumato/orthopédie
Pratique de kite ou windsurf le reste du temps

Plusieurs séminaires/an : Bresil, Madagascar, Fuerteventura, ...

Renseignements: Dr Ivan PROTHOY (docteurprothoy@gmail.com)

Appel à communications

DPC médecine du sport

- DPC n°82141900005
- Séminaire Médecine et vent
- Session 3: Dakhla, Maroc du 6 au 8 mai
- Session 1: Le Morne, Ile Maurice du 29 juin au 2 juillet
- Session 2: Le Morne, Ile Maurice du 8 au 10 juillet

DPC Examen clinique Membre inférieur Enseignement exceptionnel

Vendredi 17 mai: Examen pied et cheville en 7 heures

Samedi 18 mai Examen genou en 7 heures

Enseignement par Pr **J. RODINEAU**

La moitié du temps est consacré à la pratique individuelle pour acquérir toute la finesse des gestes, sous l'œil du Maître.

Lieu: GOLF de St Endréol – VAR

Repas de gala au restaurant étoilé: les Gorges de Pennafort

Eligible au DPC via la faculté de médecine de Marseille

Renseignements: Dr Ivan PROTHOY ou adelgado@univ-amu.fr

7 jours : 28 juin- 5 juillet: 1650 €;
650 € en DPC n° 82141900005

**Comprend vol- transfert- hôtel 4*
all inclusive**



SEMINAIRE MEDECINE ET VENT
ILE MAURICE

14 jours: 28 juin au 12 juillet: 2350 €

1350 € en DPC n° 82141900005

**Comprend vol- transfert- hôtel 4* all
inclusive**



FORMATION médicale DAKHLA en DPC

7 jours du 5 au 12 mai : Séjour au Dakhla club and spa

Vol de Paris ou Lyon, 7 nuits en bungalow de luxe double
formule pension complète + transferts aller retour : 1250€

Indemnité DPC n° 82141900005 pour 3 jours: 1000 €

Orateur principal: Dr Ivan PROTHOY

