



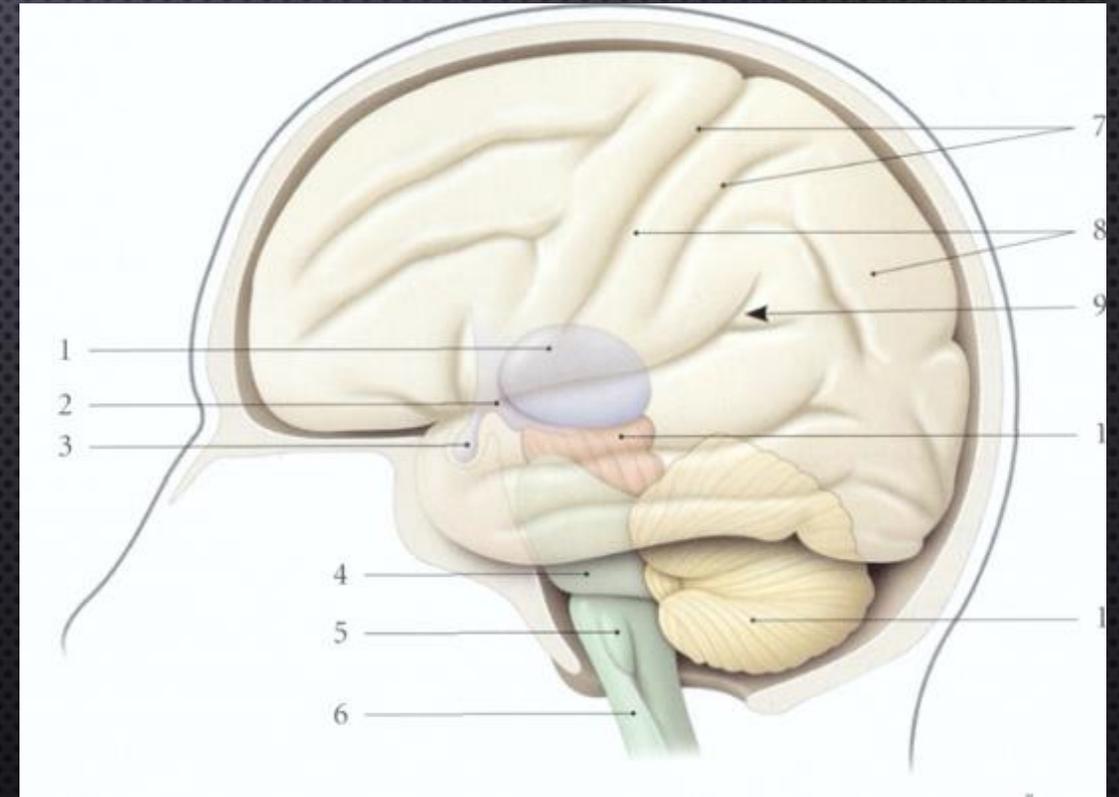
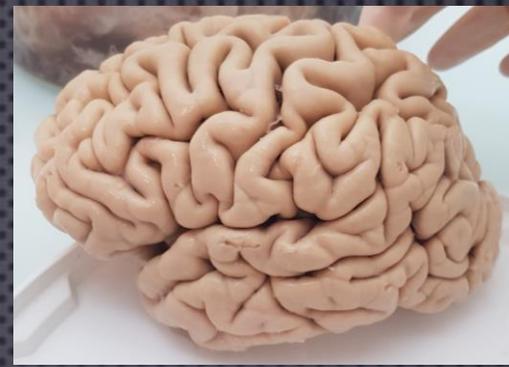
# PATHOLOGIES NEUROCHIRURGICALES

DR PLANTY-BONJOUR ALEXIA

DOCTEUR JUNIOR DE NEUROCHIRURGIE

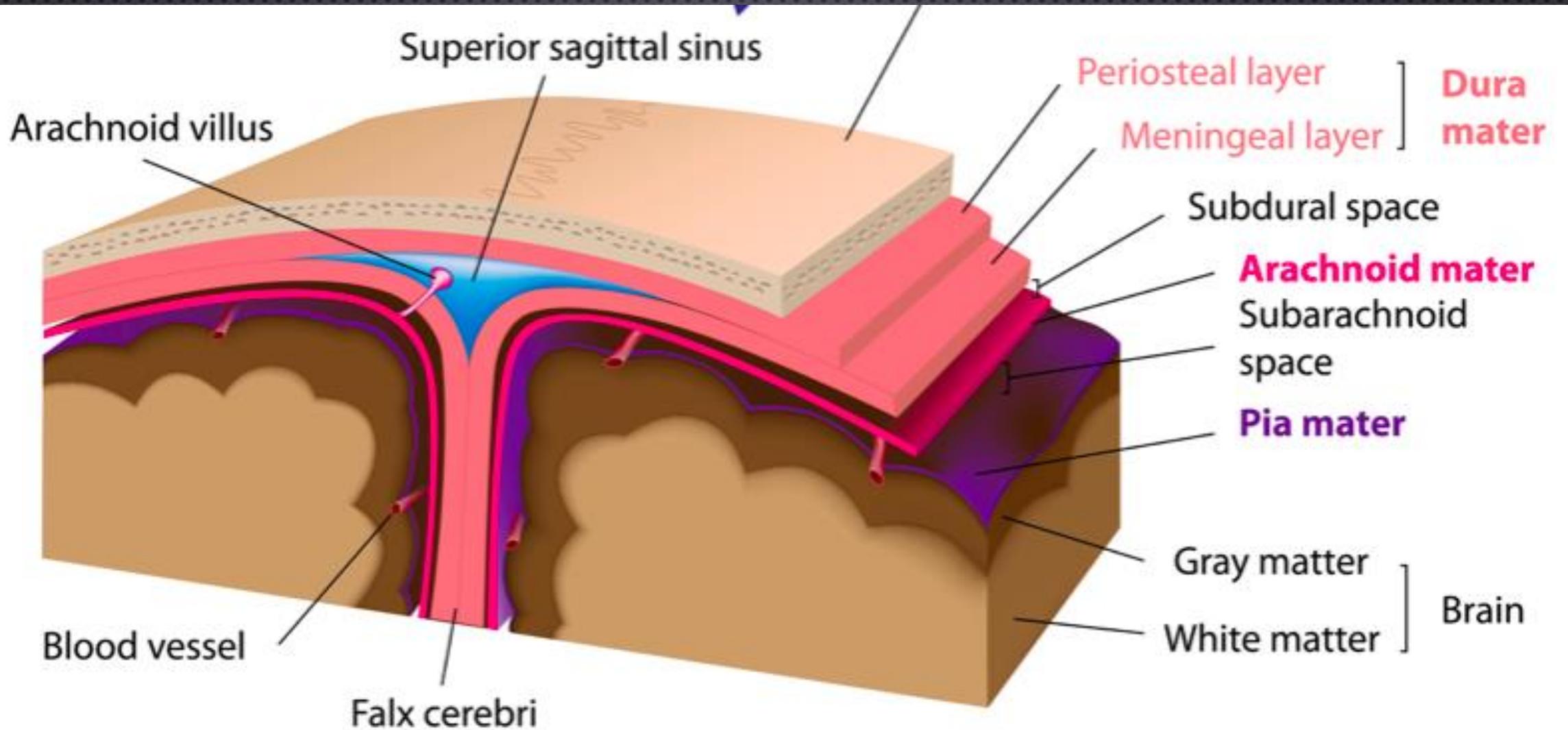
SERVICE DU PR ZEMMOURA

# RAPPEL ANATOMIQUE

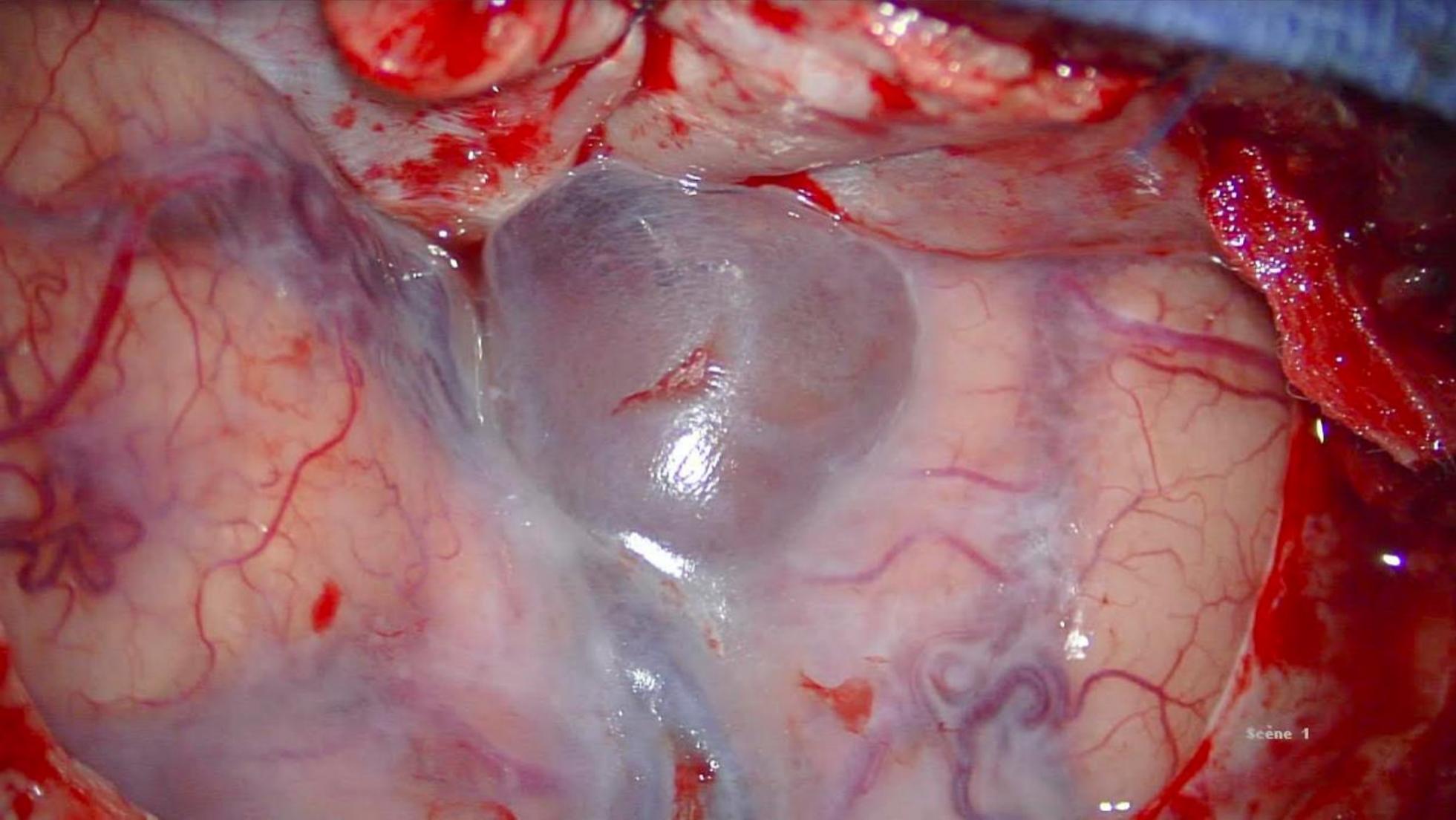




# RAPPEL ANATOMIQUE

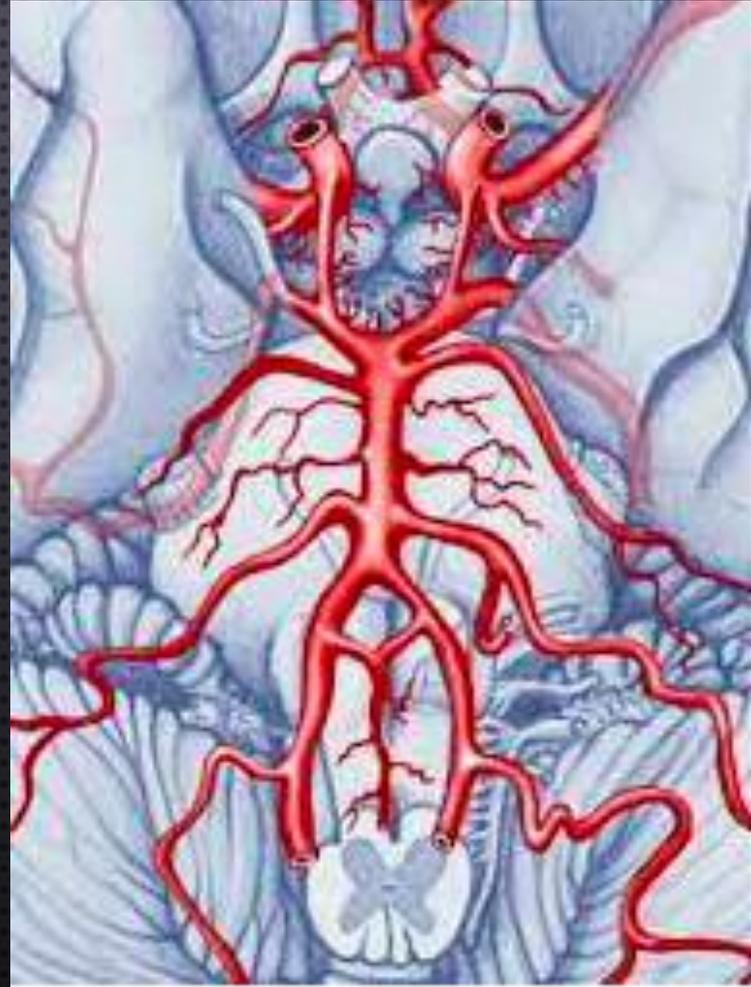
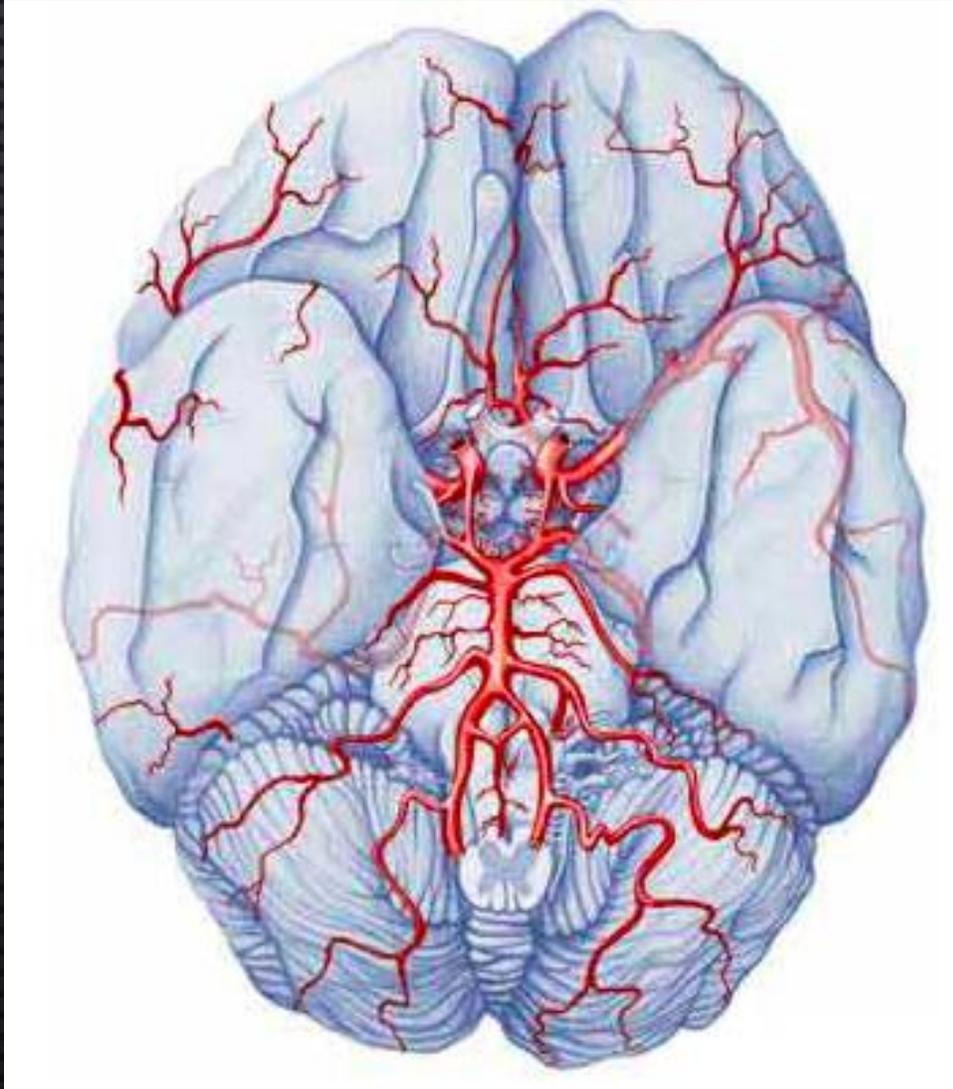


# RAPPEL ANATOMIQUE



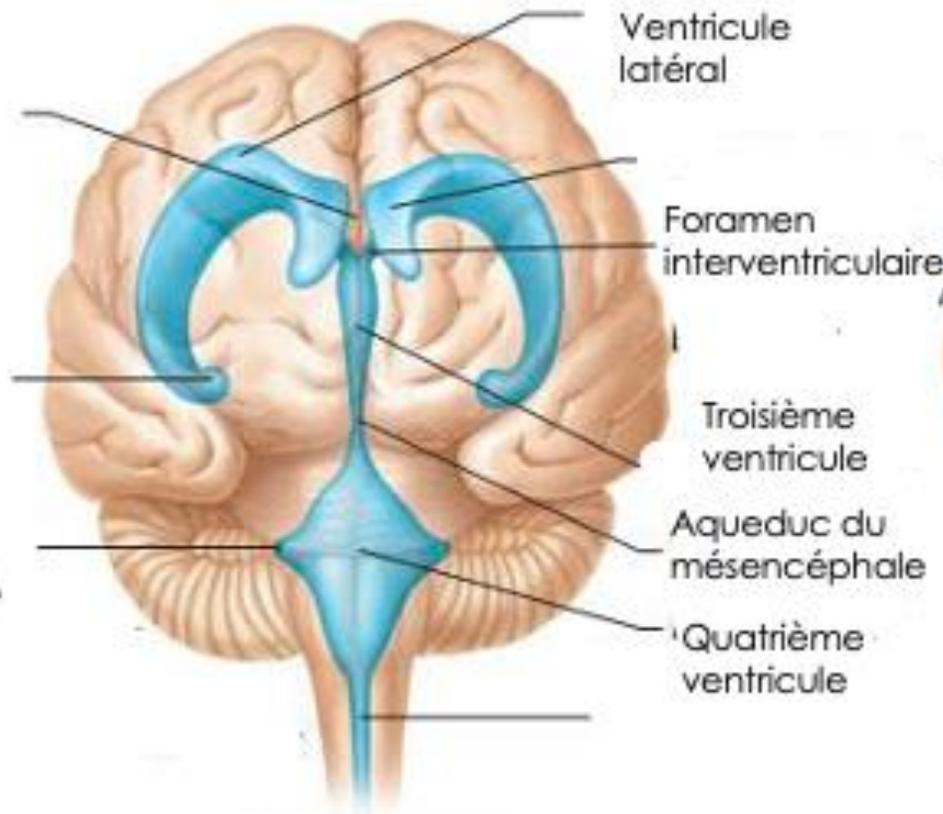
Scène 1

# RAPPEL ANATOMIQUE

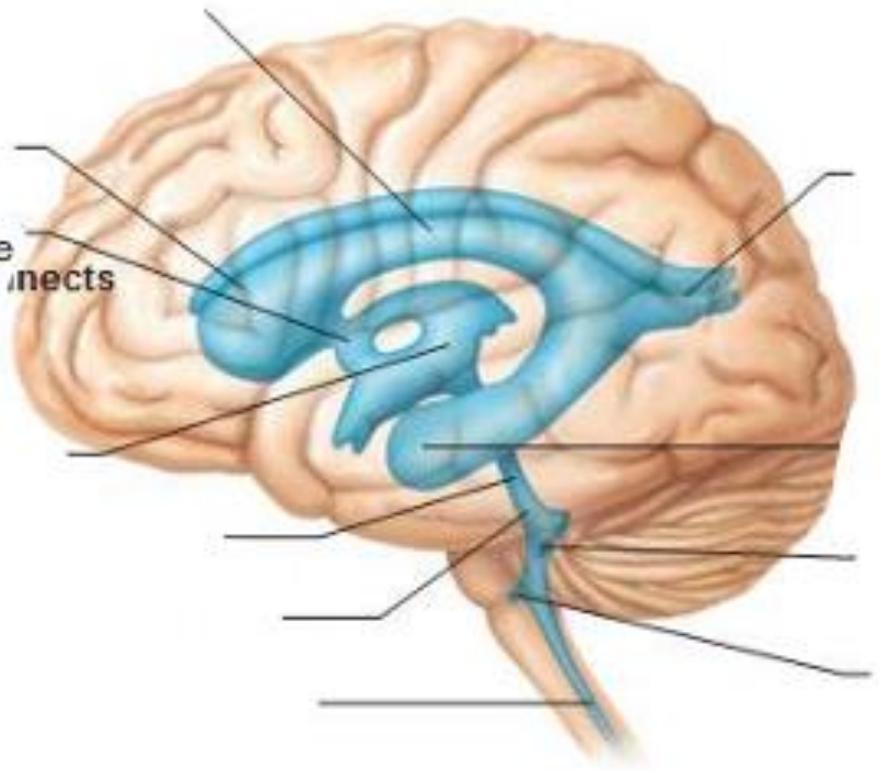




# RAPPEL ANATOMIQUE



Vue antérieure



Vue latérale

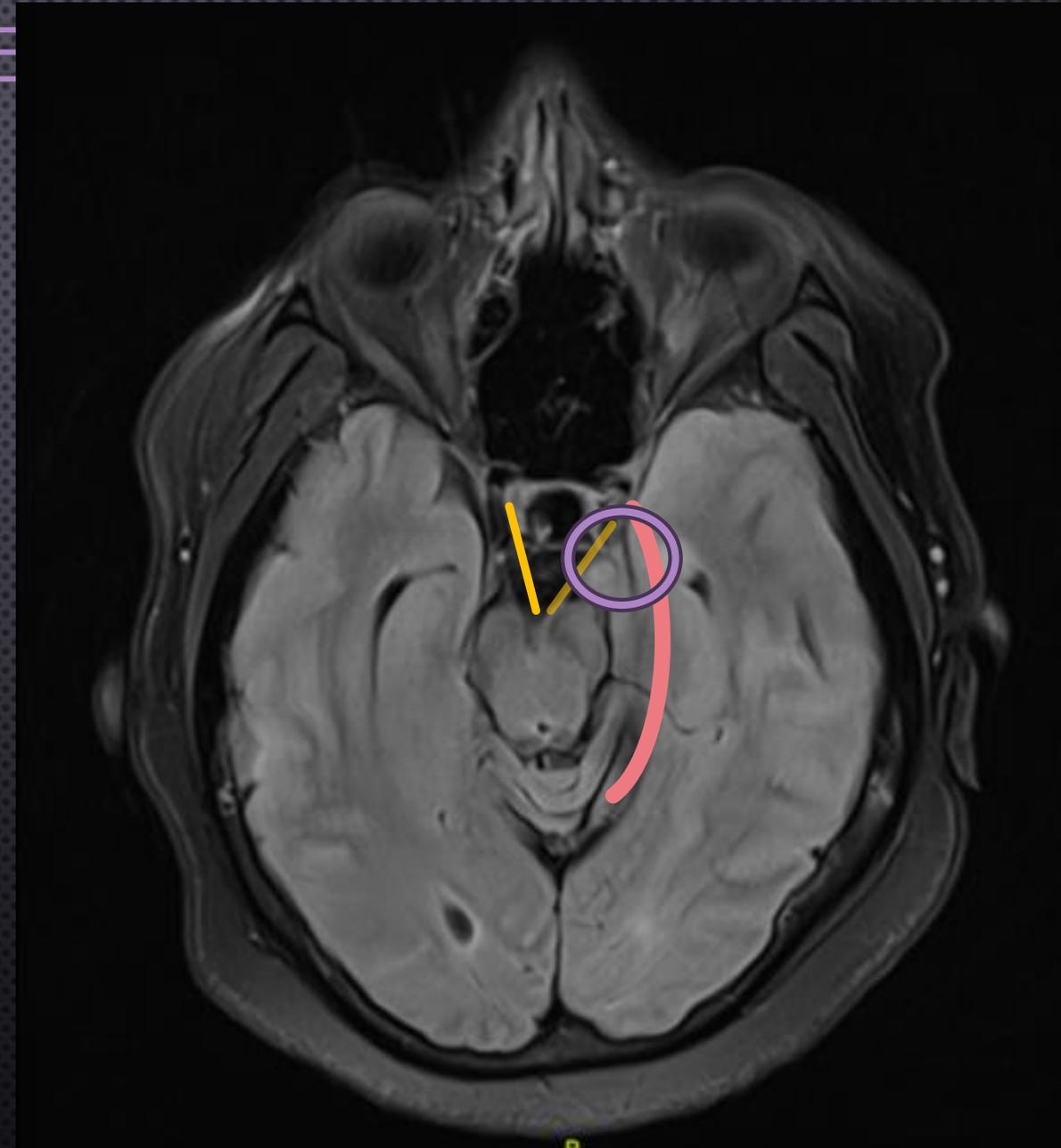
# HYPERTENSION INTRACRANIENNE

Augmentation de la pression intra- crânienne >15 mmHg

## Symptômes:

- Céphalées
- Vomissements
- Troubles Visuels: diplopie (atteinte VIe nerf crânien)
- Ralentissement psychomoteur
- Syndrome confusionnel
- Trouble de la vigilance

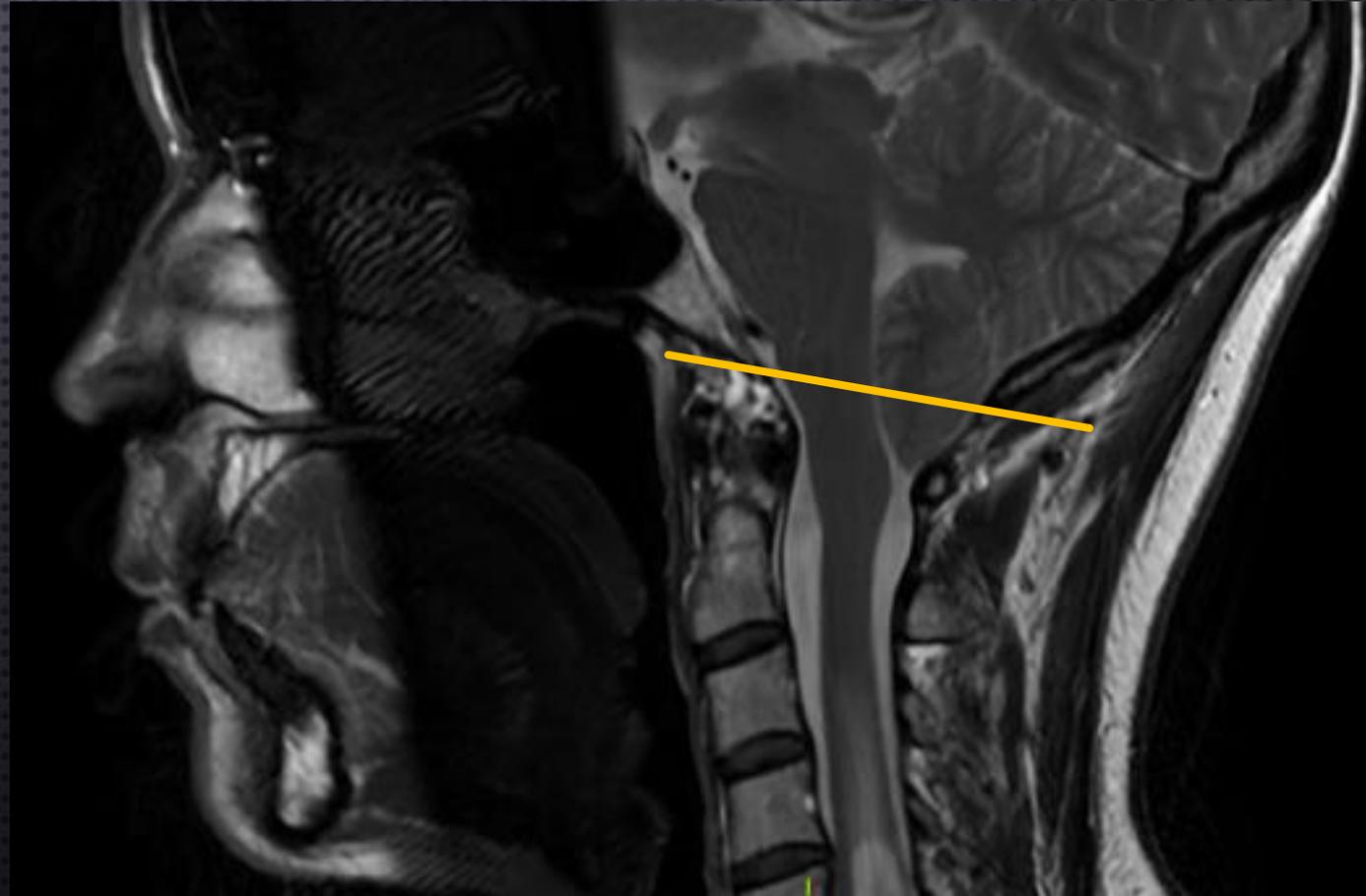
**Risque = Engagement**



# HYPERTENSION INTRACRANIENNE

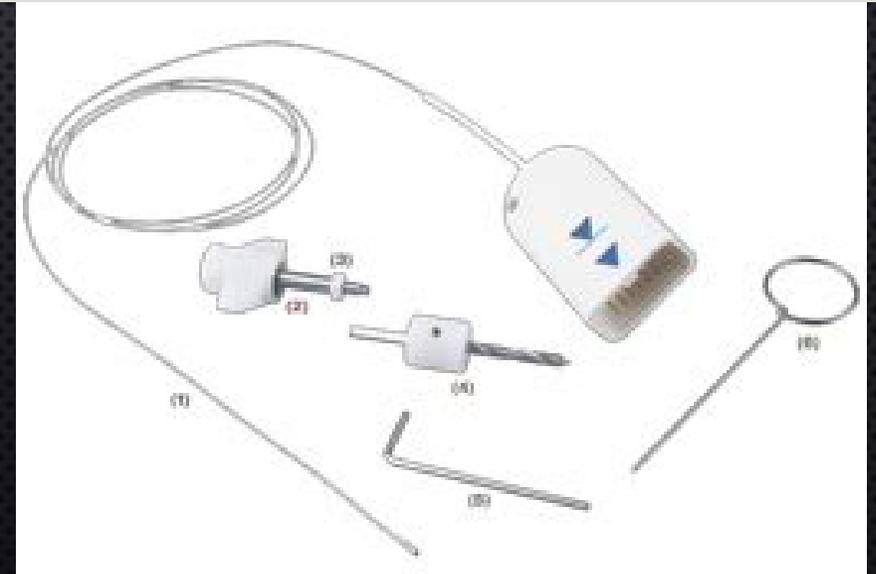
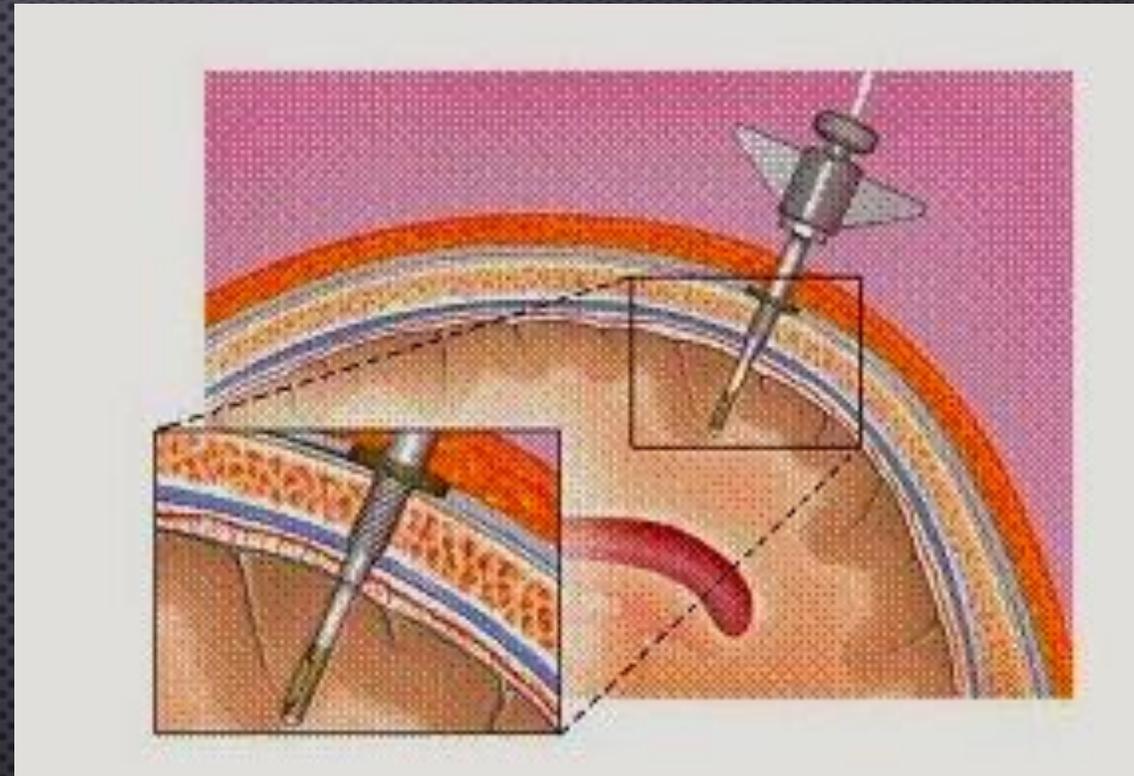
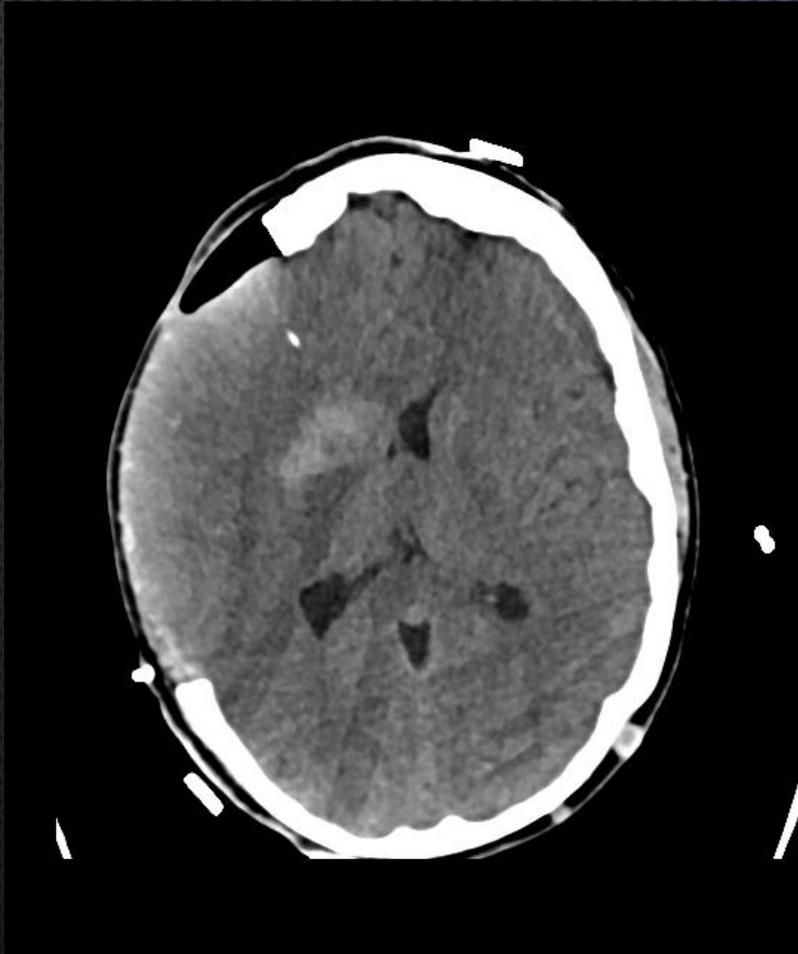
Augmentation de la pression intra- crânienne >15 mmHg

**Risque = Engagement**



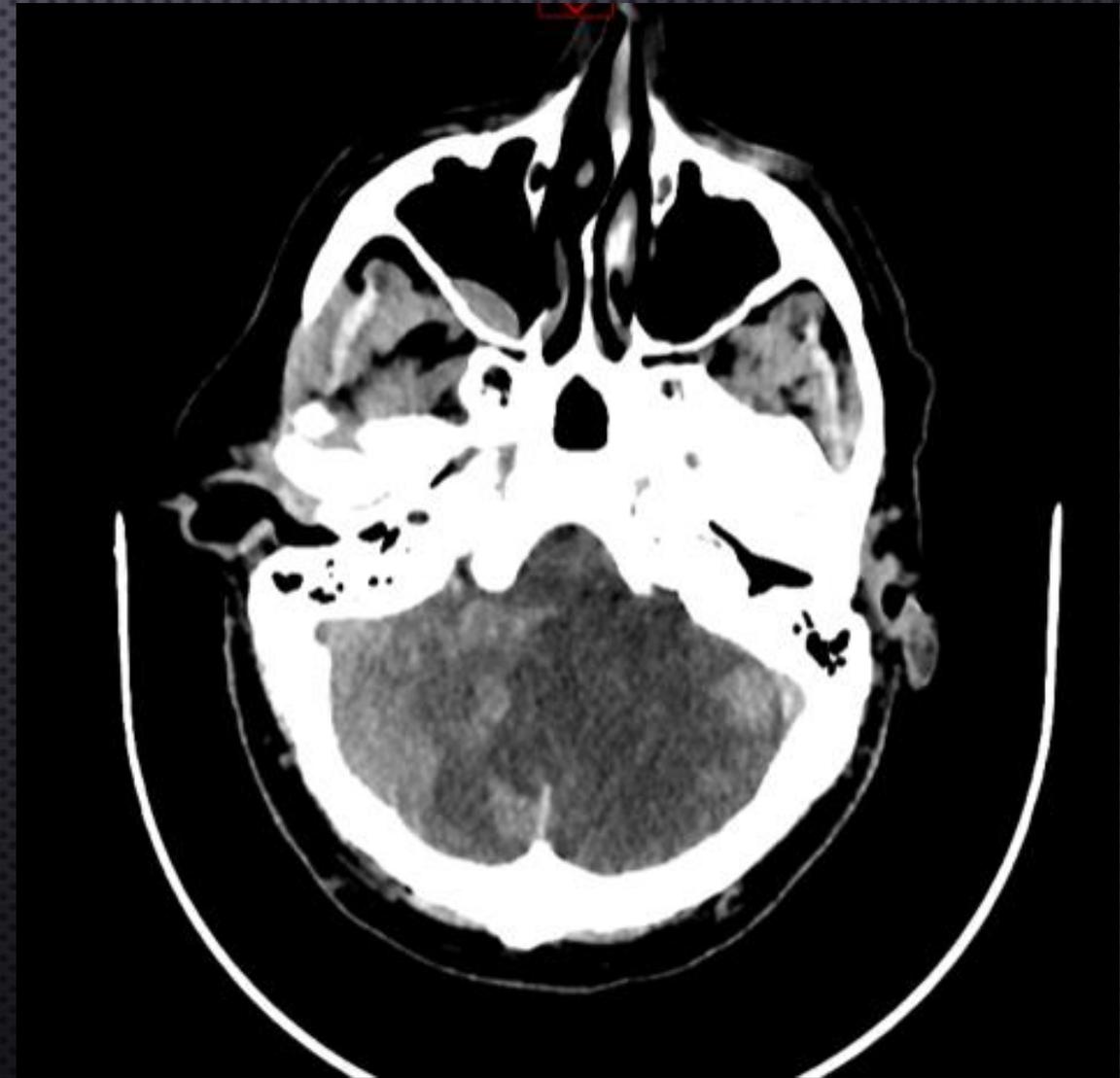
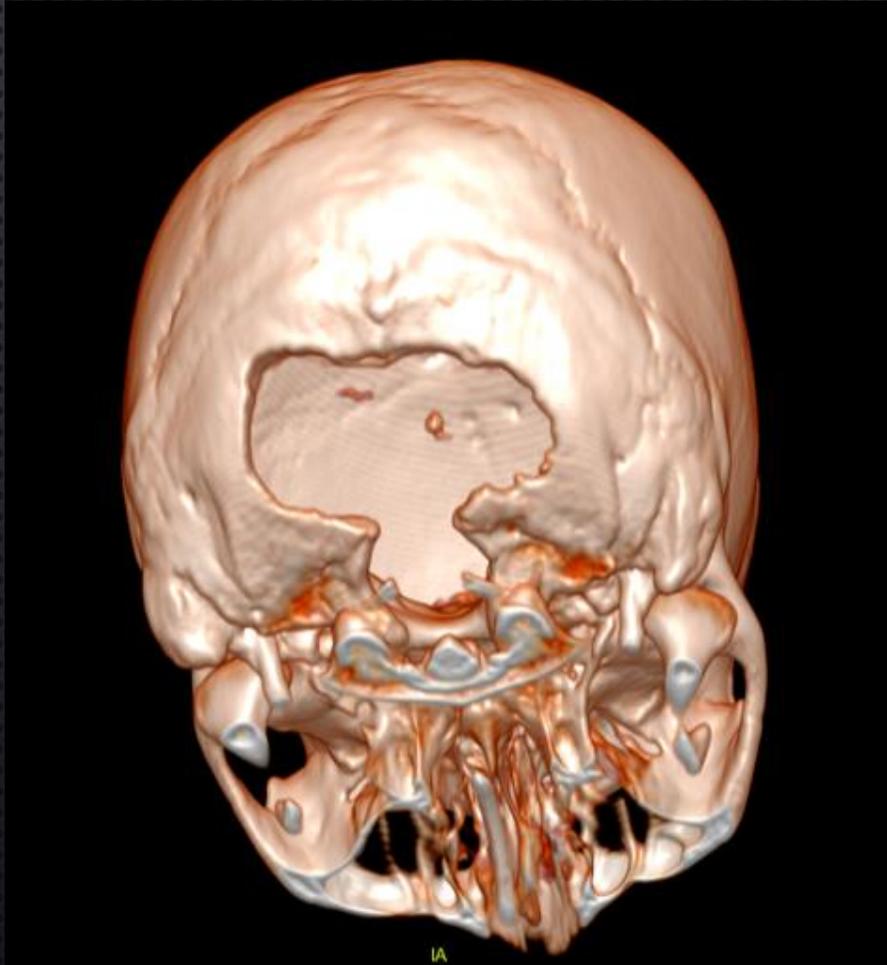
# HYPERTENSION INTRACRANIENNE

Augmentation de la pression intra- crânienne >15 mmHg



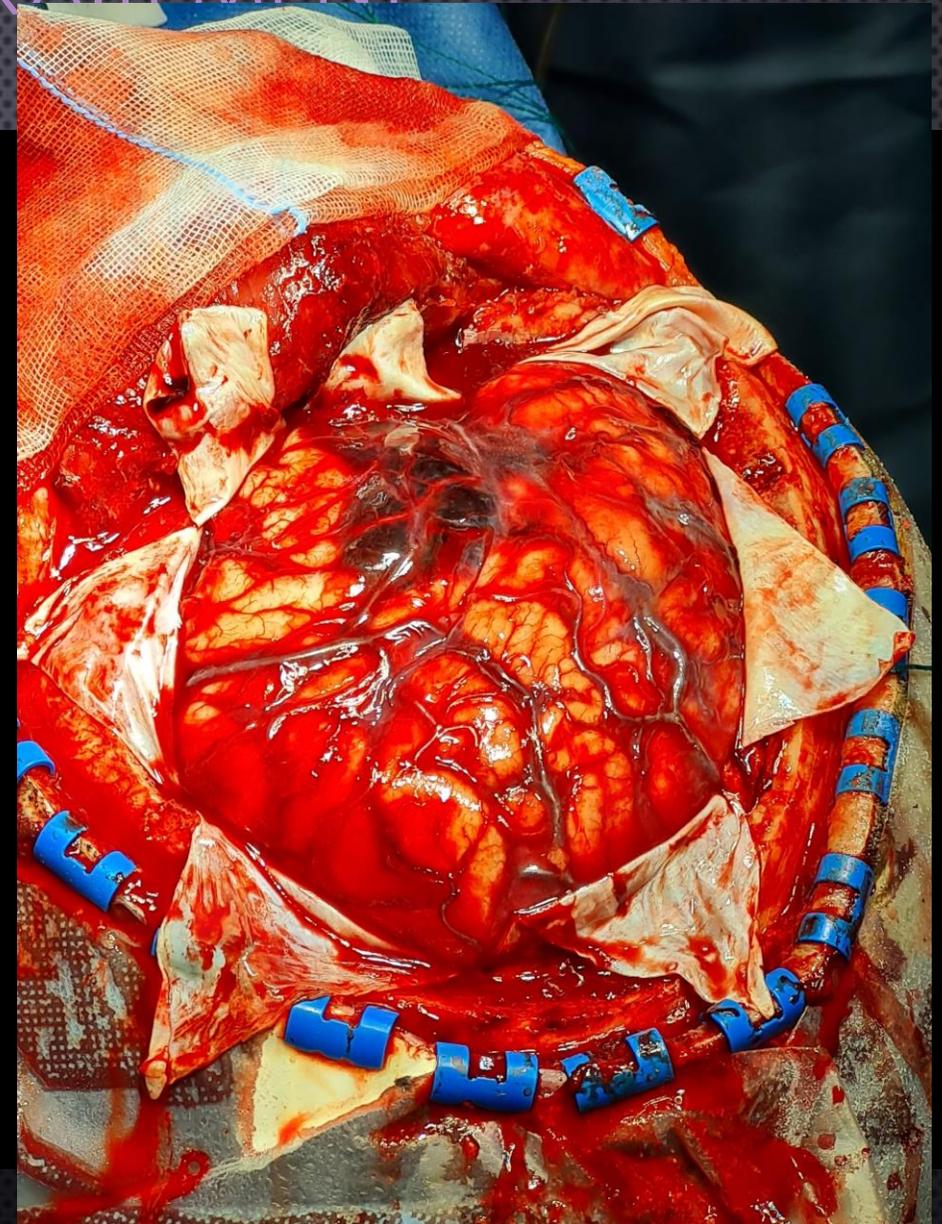
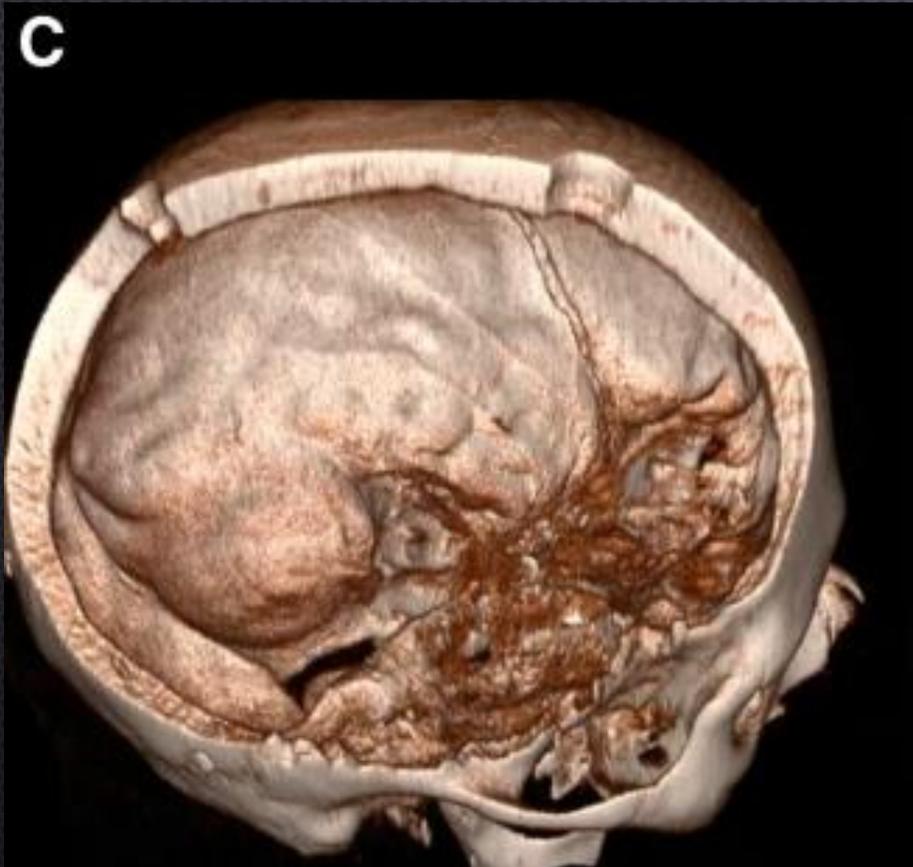
# HYPERTENSION INTRACRANIENNE: TRAITEMENT

Augmentation de la pression intra- crânienne >15 mmHg



# HYPERTENSION INTRACRANIENNE: TRAITEMENT

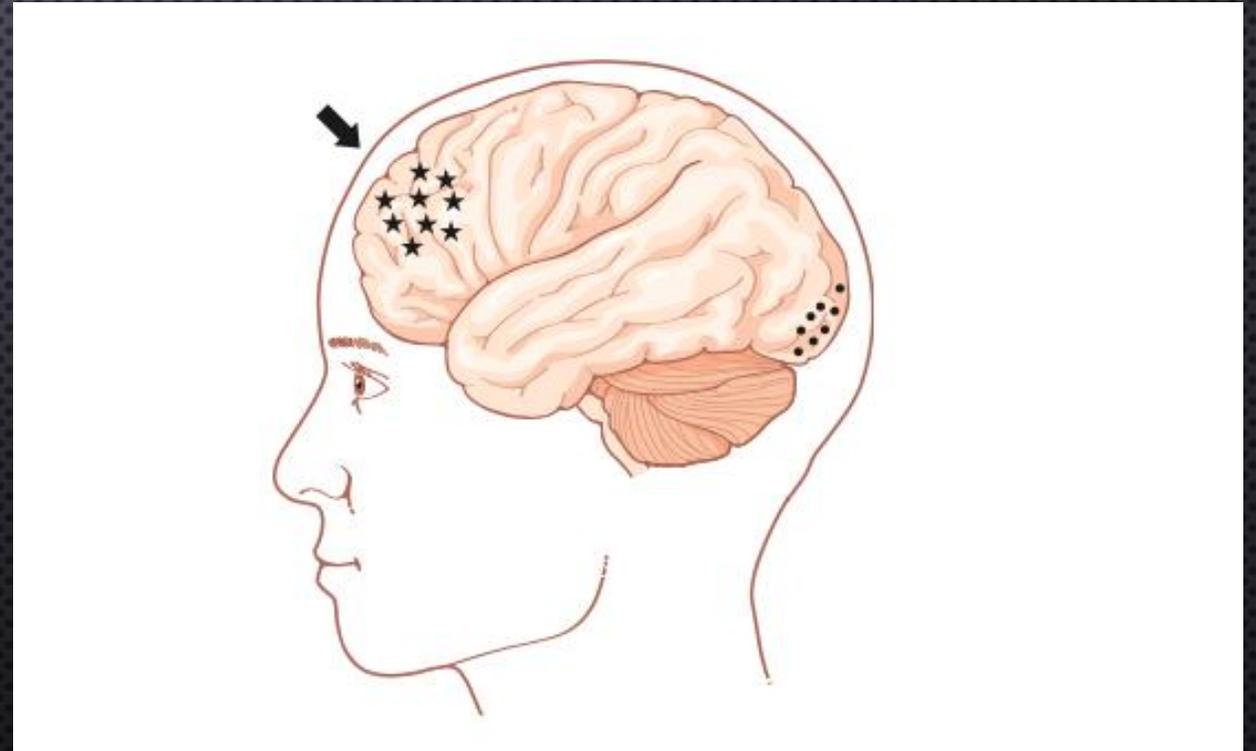
Augmentation de la pression intra- crânienne >15 mmHg



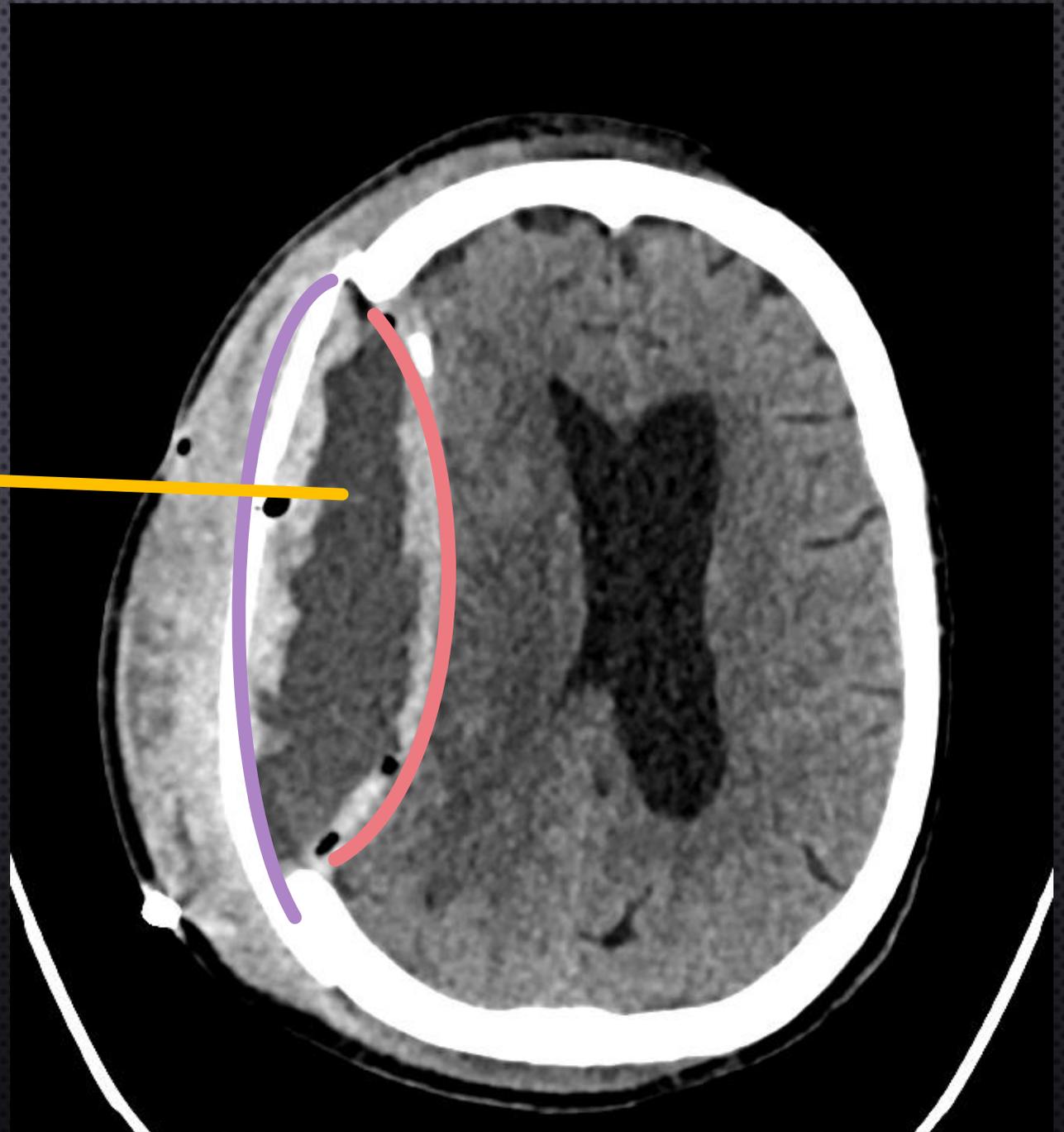
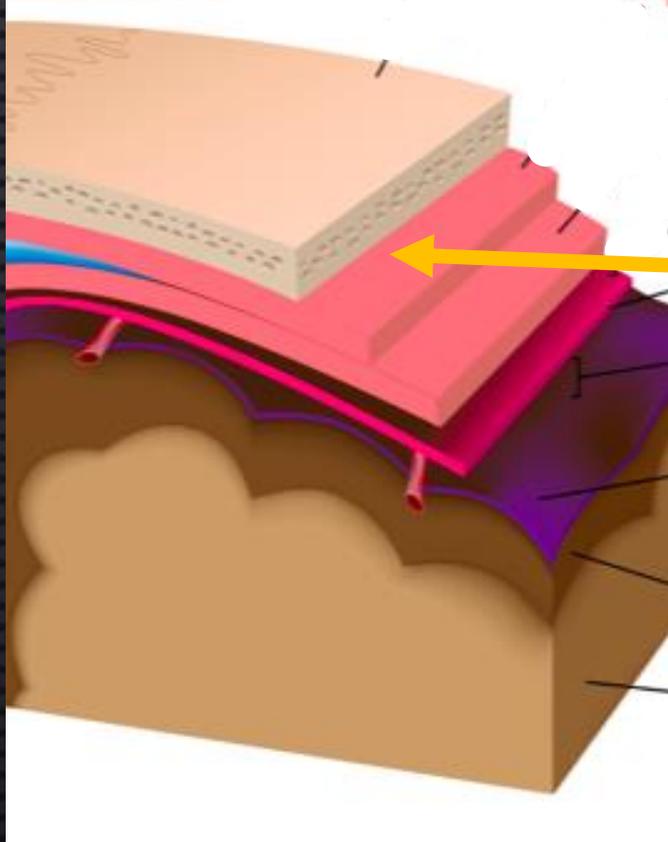
# TRAUMATISME CRANIEN: PHYSIOPATHOLOGIE

- MÉCANISME : IMPACT DIRECT OU PHÉNOMÈNE D'ACCELERATION / DÉCÉLÉRATION
- LÉSION COUP ET CONTRE COUP

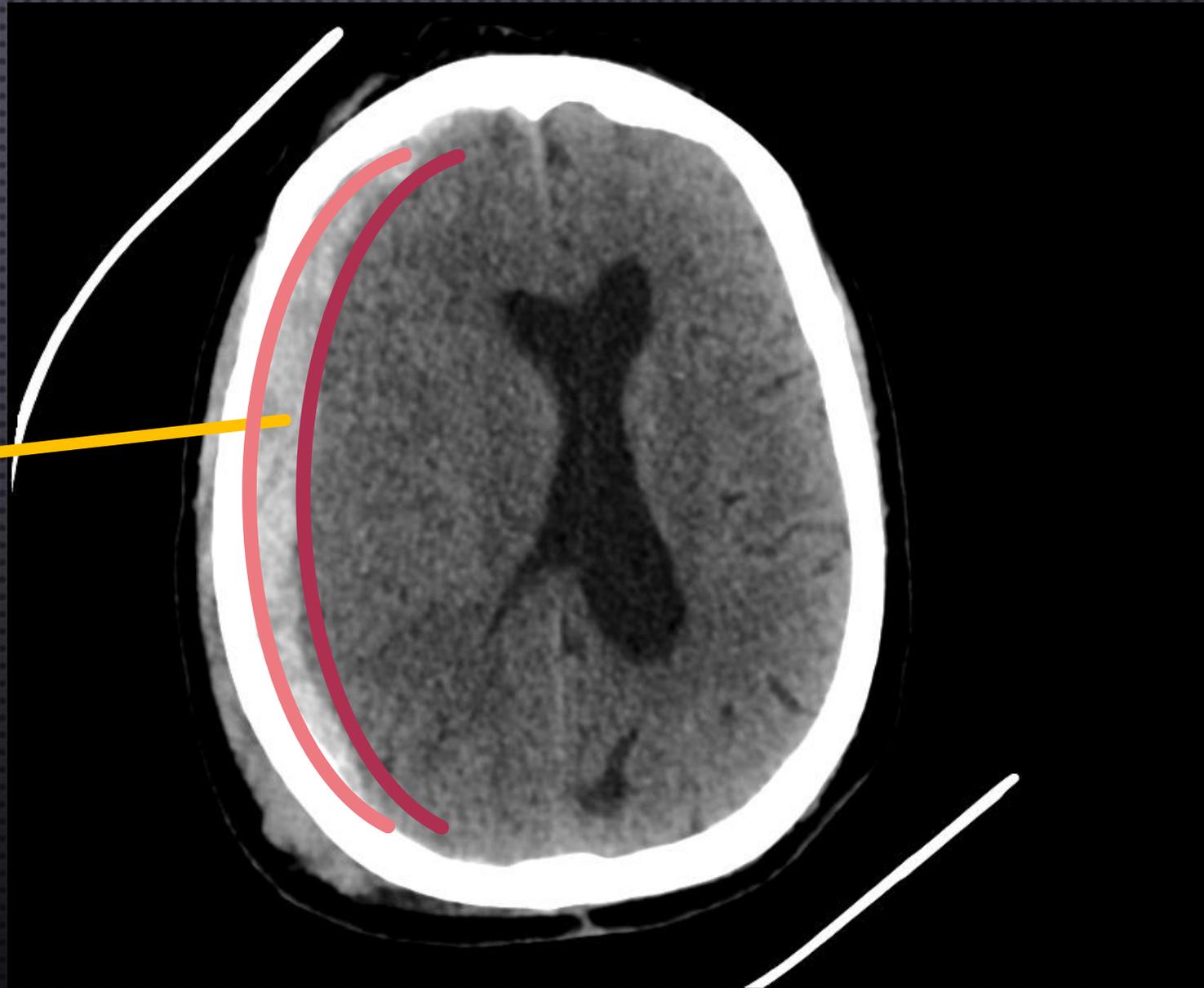
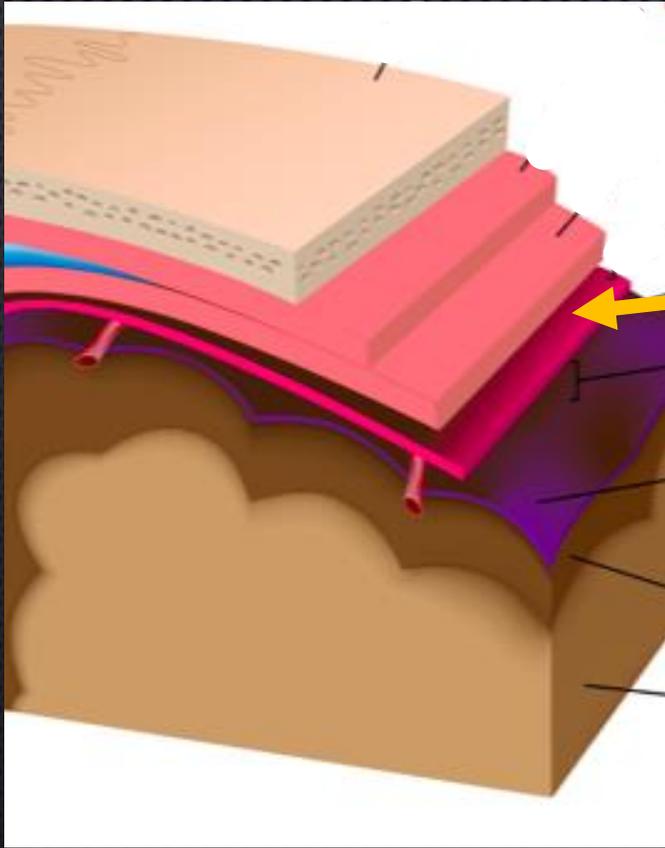
*Collège de Neurochirurgie, 2019*



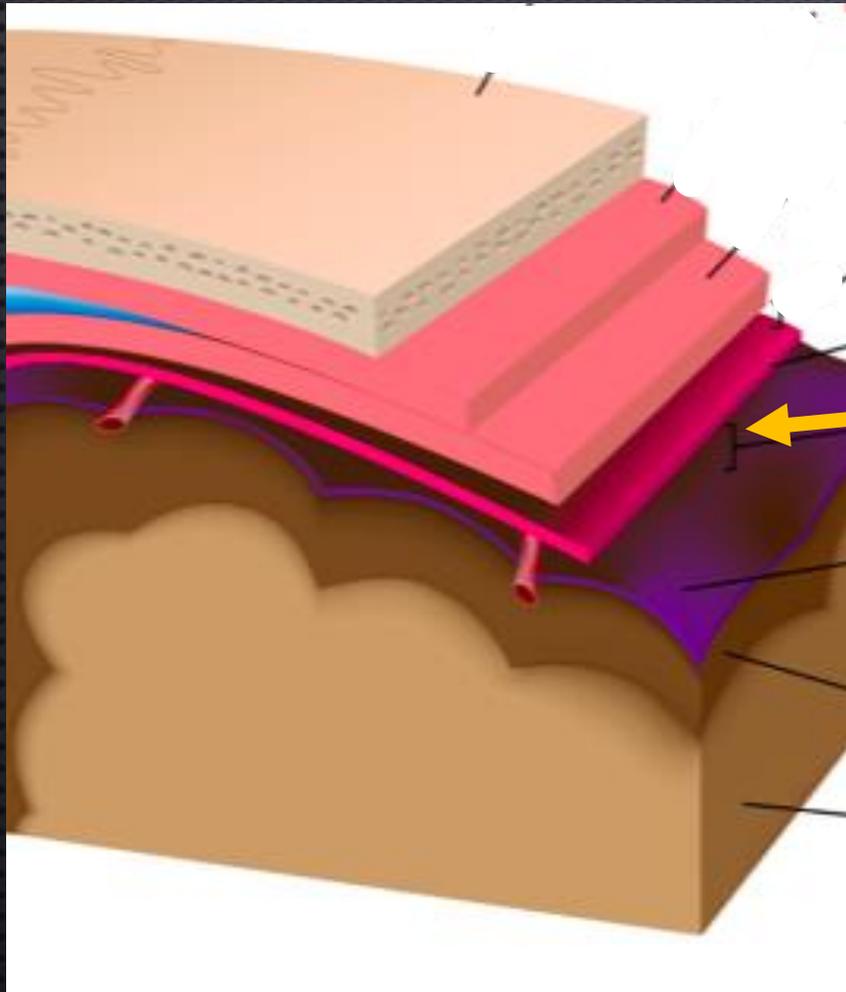
# HÉMATOME EXTRA-DURAL



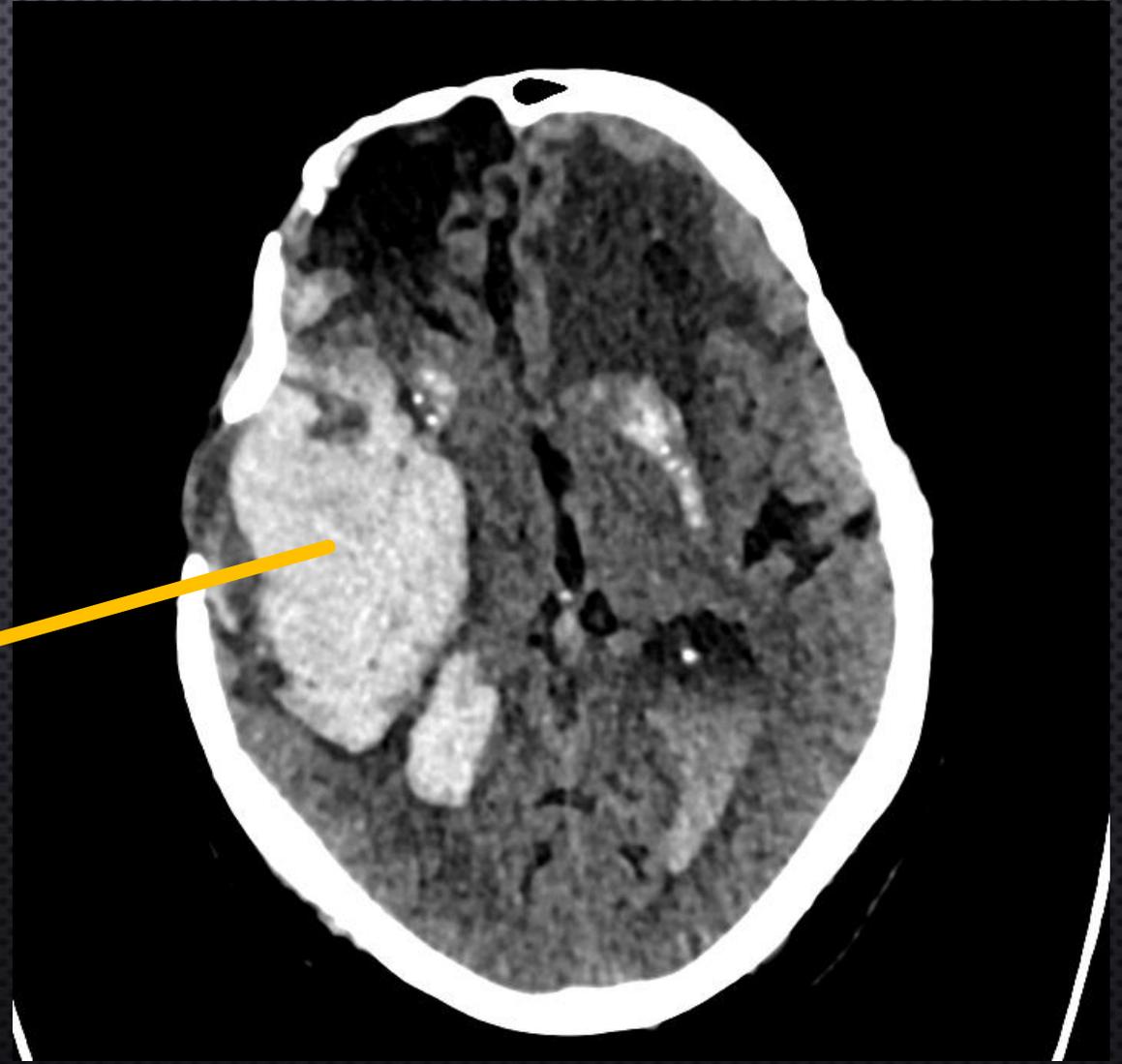
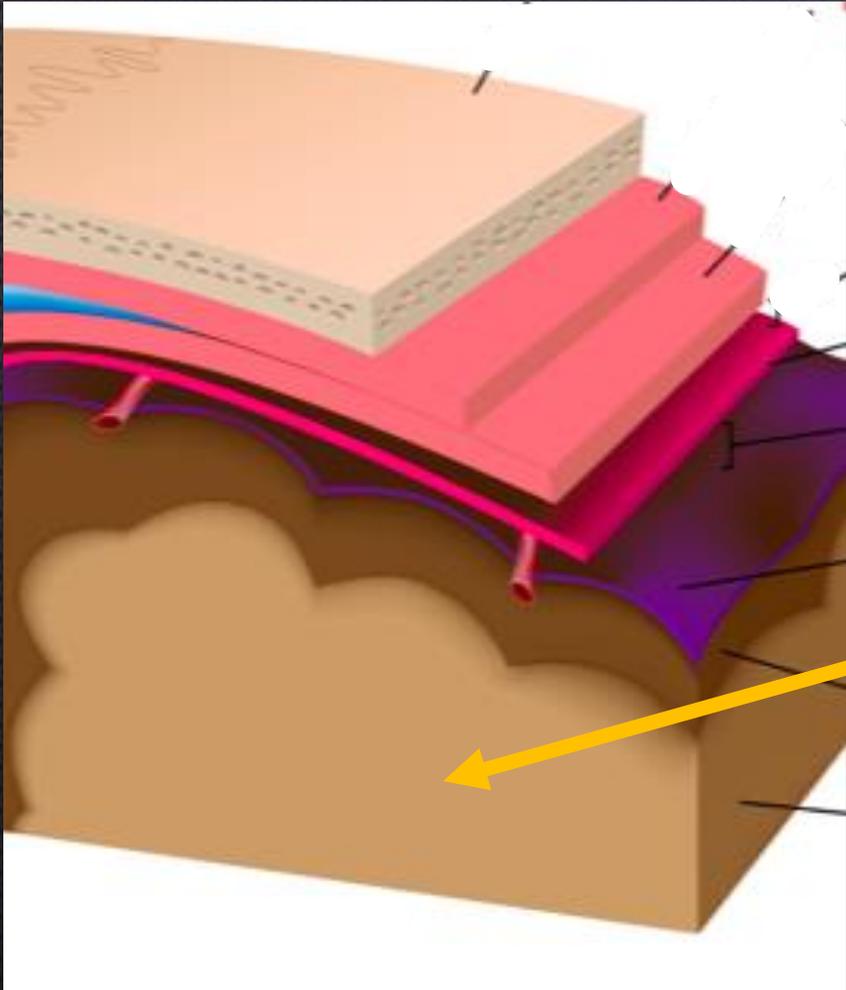
# HÉMATOME SOUS DURAL



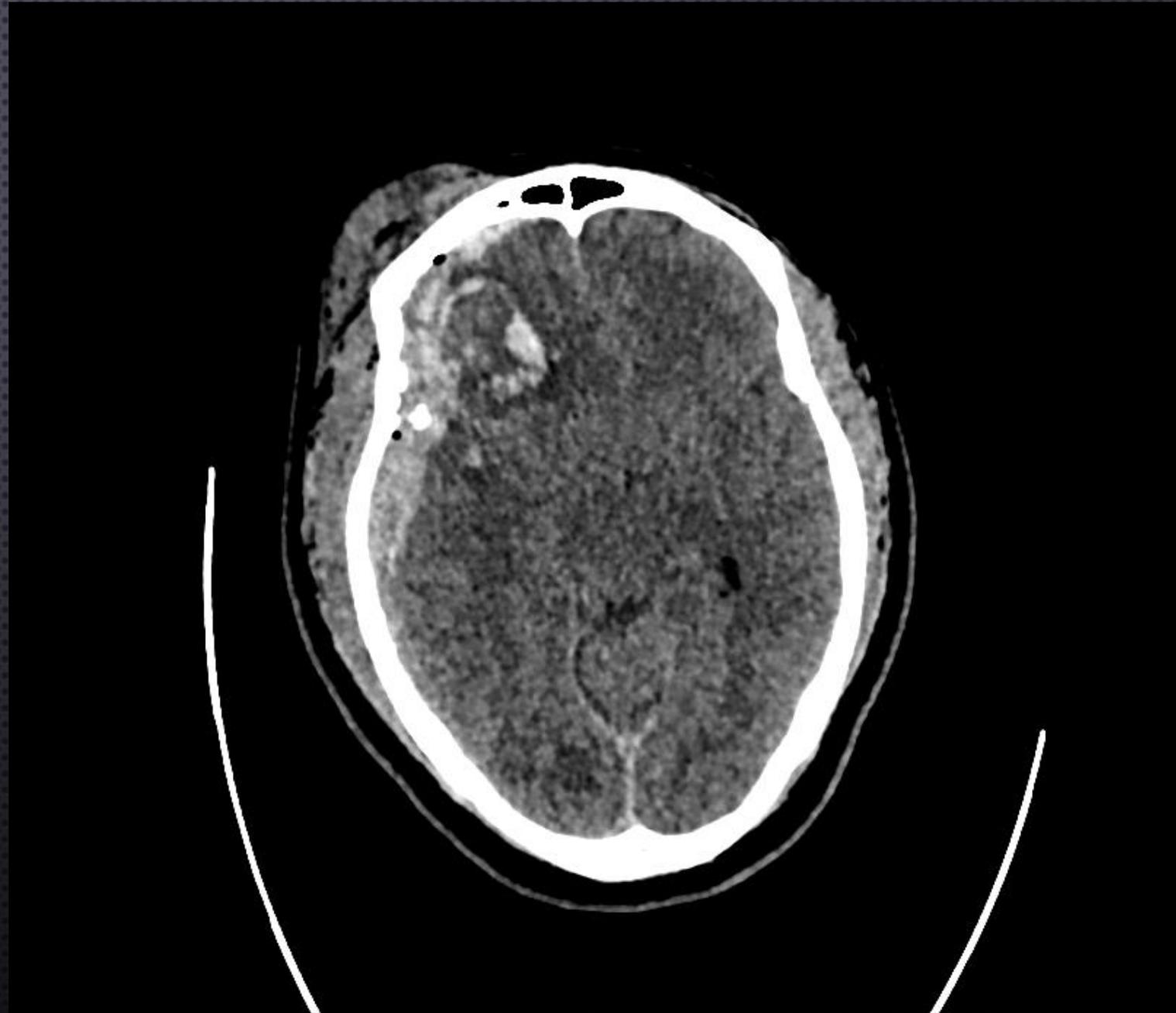
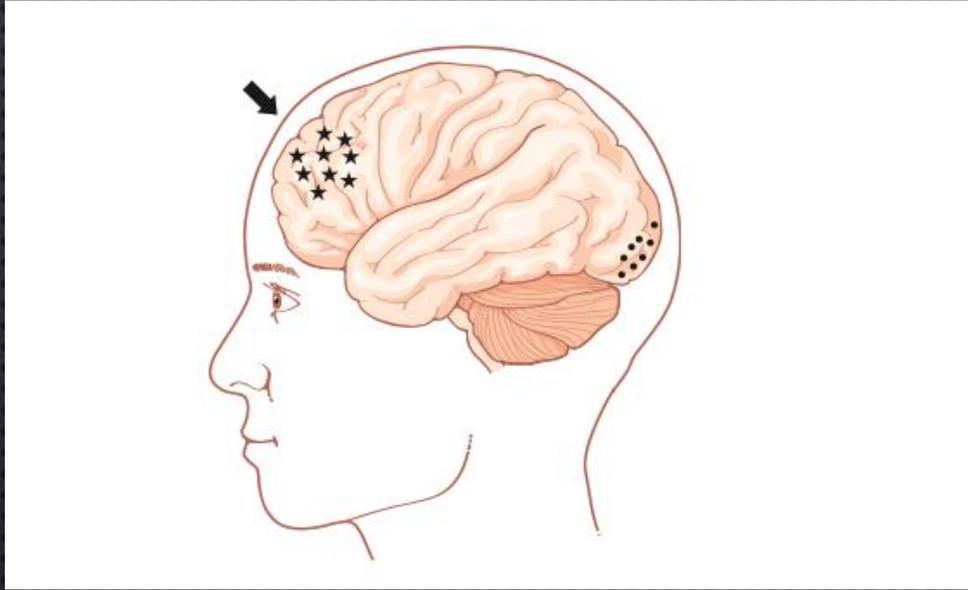
# HÉMORRAGIE SOUS ARACHNOÏDIENNE



# HÉMATOME INTRA-PARENCHYMATEUX

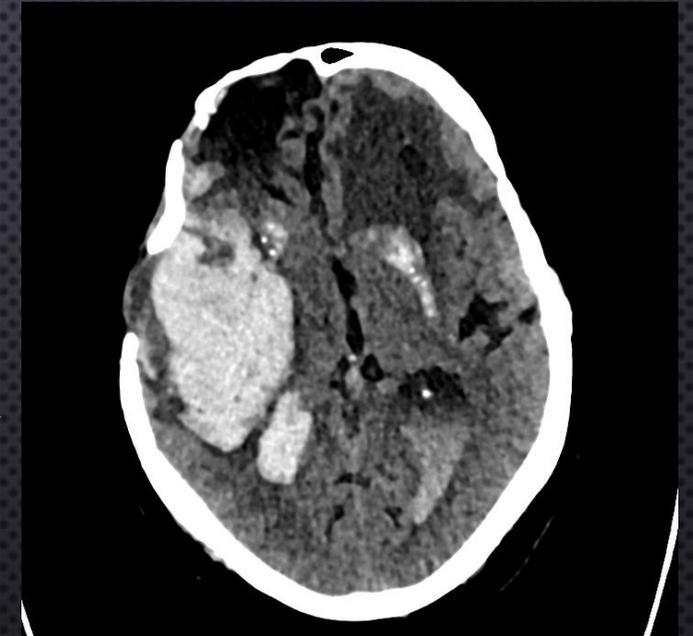
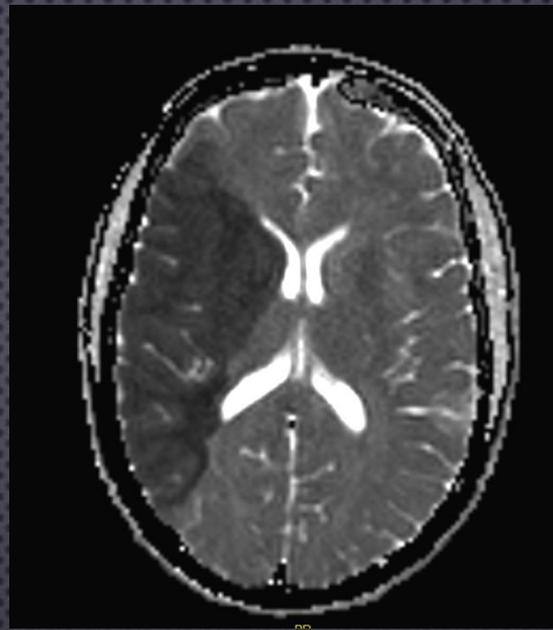
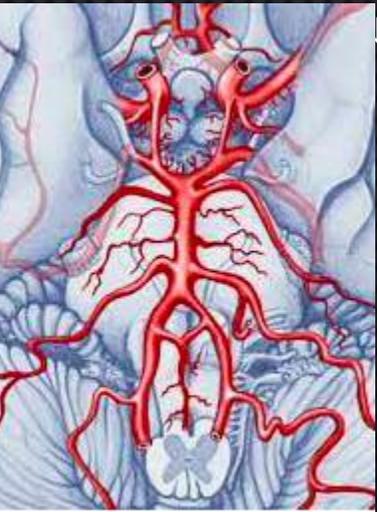


SOUVENT MULTIPLES



# PATHOLOGIES VASCULAIRES

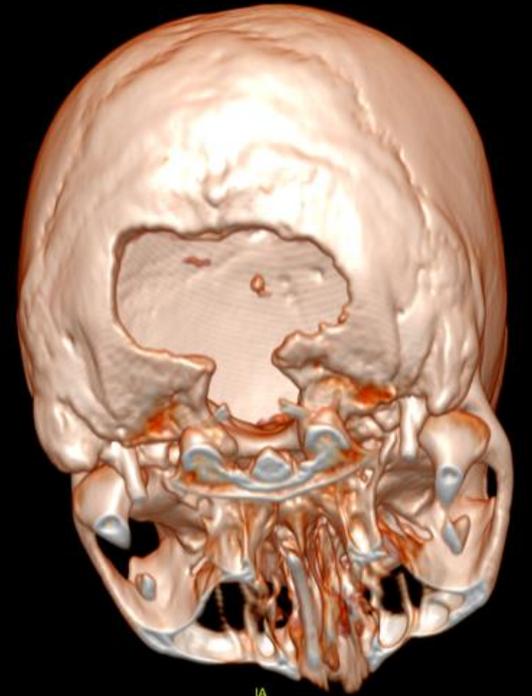
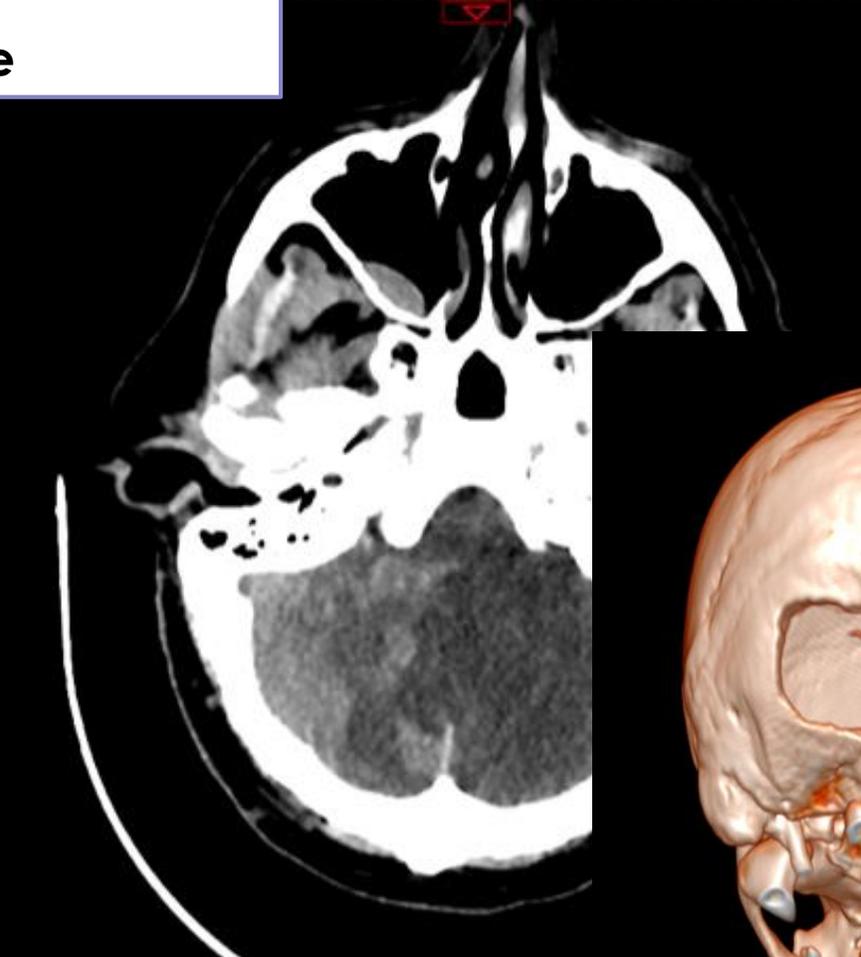
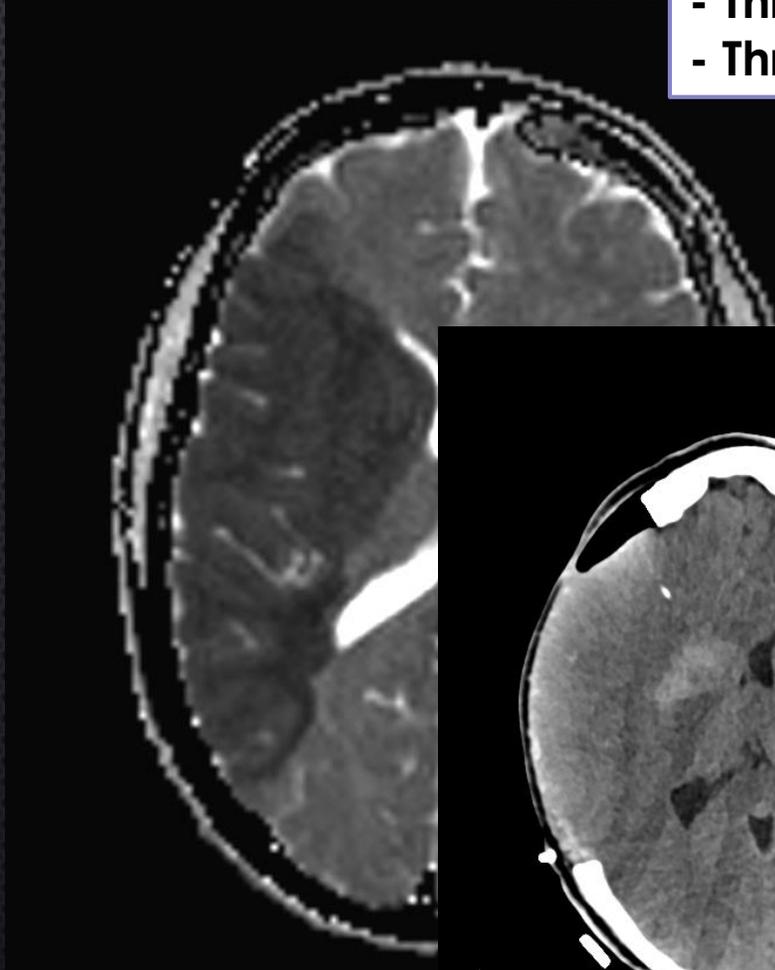
- ACCIDENT VASCULAIRE CÉRÉBRAL
  - 150 000 PERSONNES PAR AN
  - 80%: AVC ISCHÉMIQUE
  - 15%: HÉMATOME INTRAPARENCHYMATEUX
  - 5% HÉMORRAGIE SOUS ARACHNOÏDIENNE



# PATHOLOGIES VASCULAIRES: AVC ISCHÉMIQUE

Traitement de la cause:

- Thrombolyse
- Thrombectomie



# HÉMATOME INTRAPARENCHYMATEUX



## MULTIPLES CAUSES:

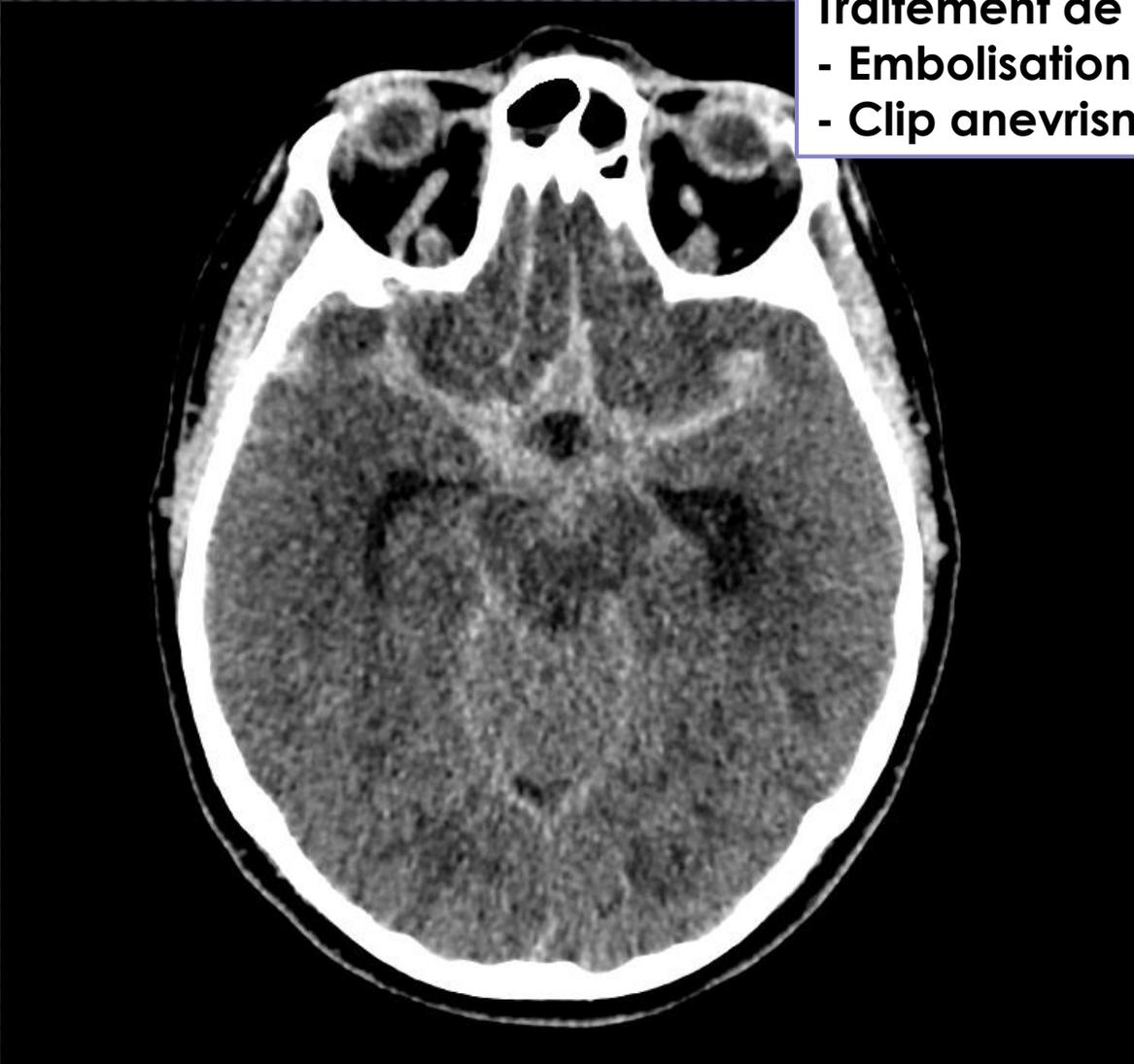
- HYPERTENSION ARTÉRIELLE (LE PLUS FRÉQUENT+++)
- ANGIOPATHIE AMYLOÏDE (SUJET ÂGÉ)
- ANOMALIES DE L'HÉMOSTASE
- MAV/ FAVD
- TUMEURS
- TOXIQUES
- THROMBOSE VEINEUSE CEREB

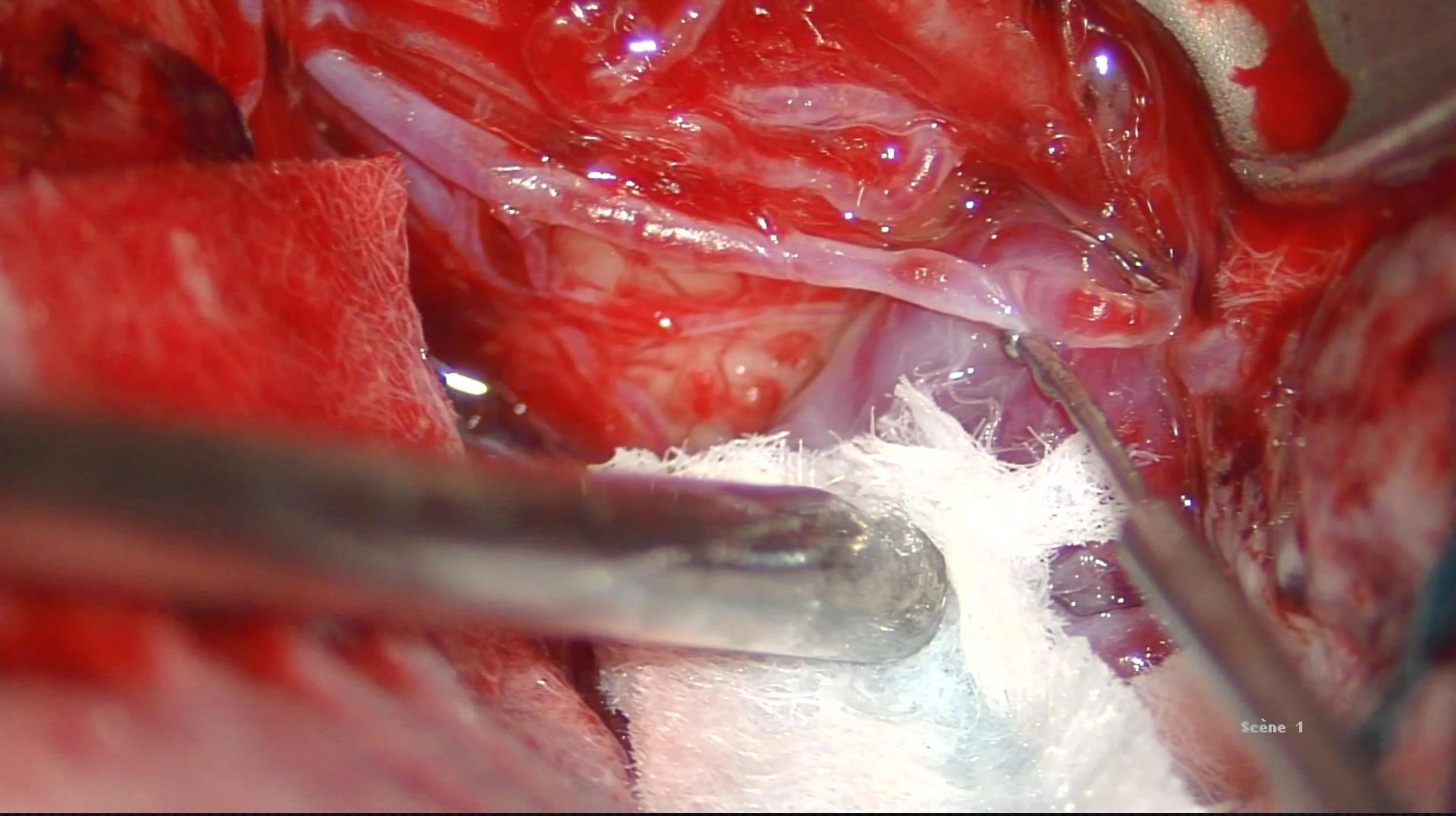


# PATHOLOGIES VASCULAIRE: HSA

Traitement de la cause:

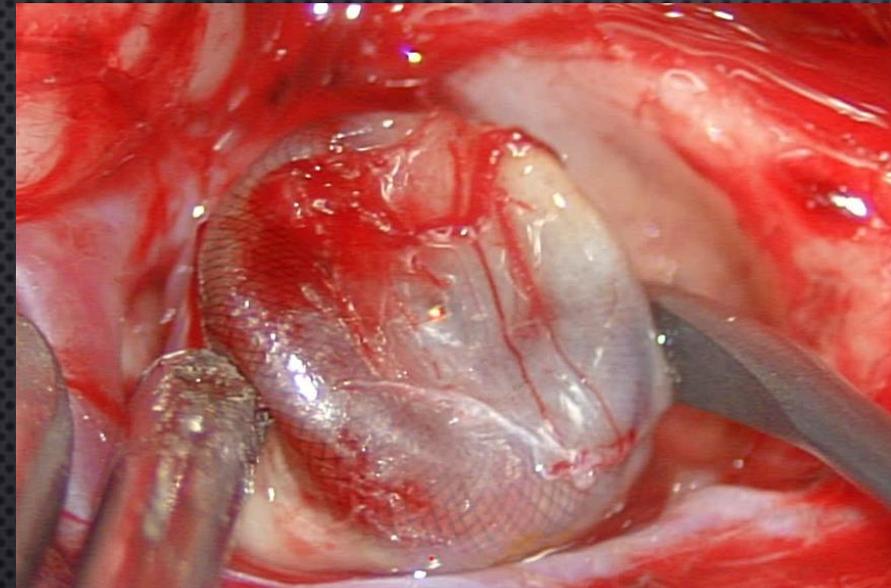
- Embolisation
- Clip aneurisme



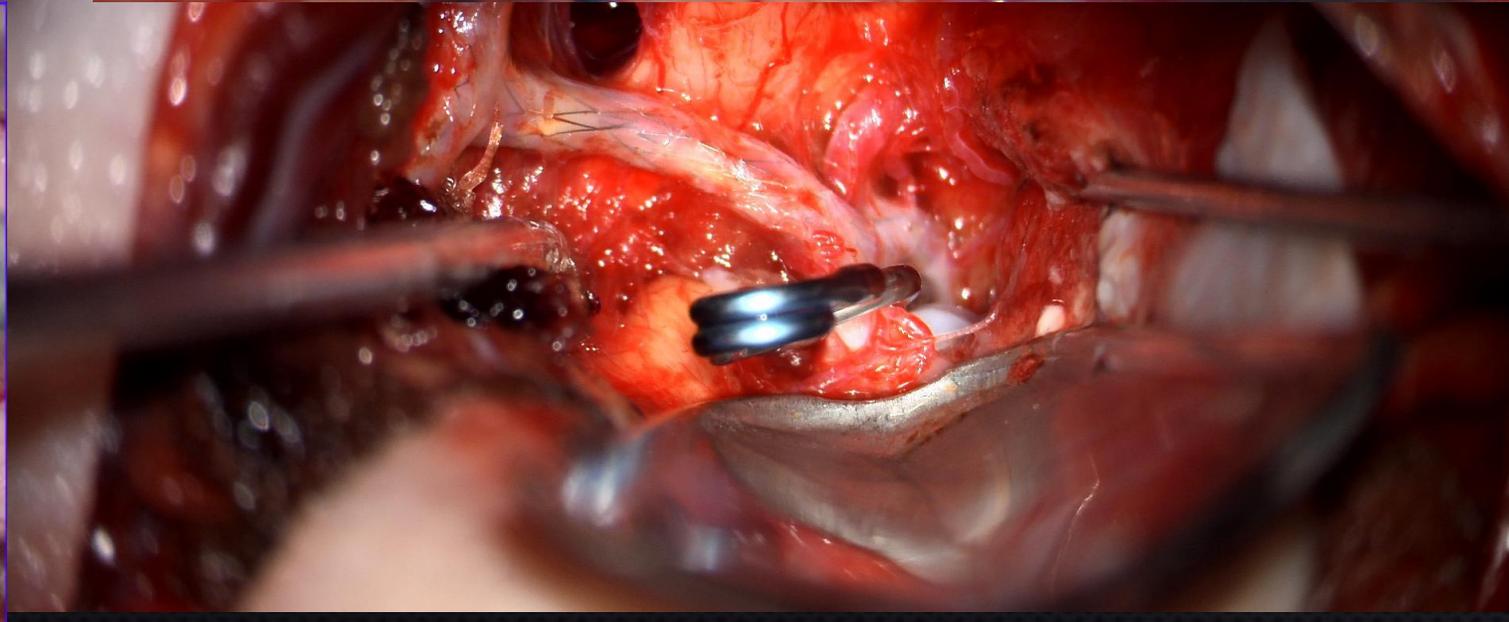
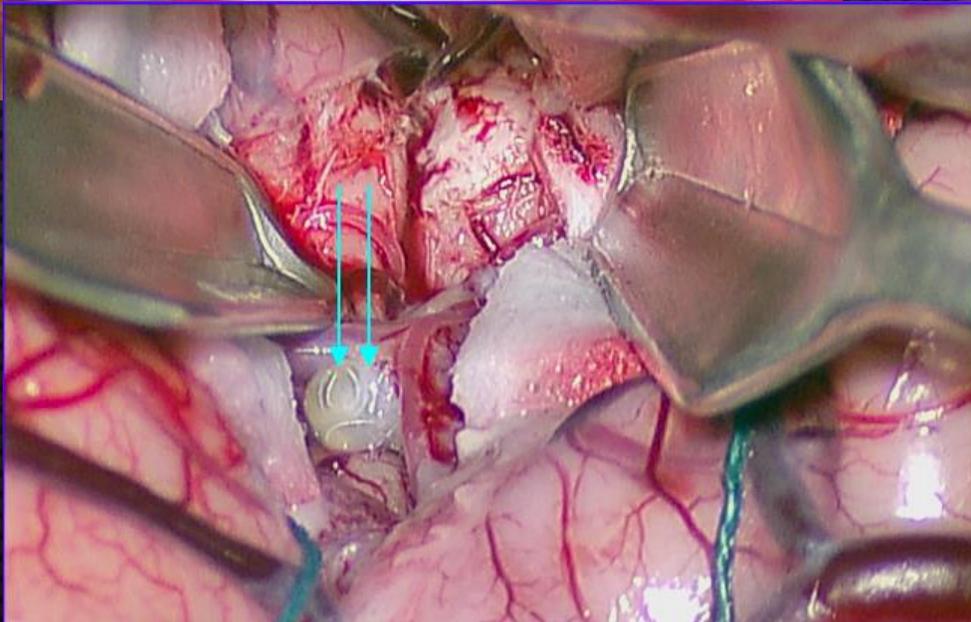
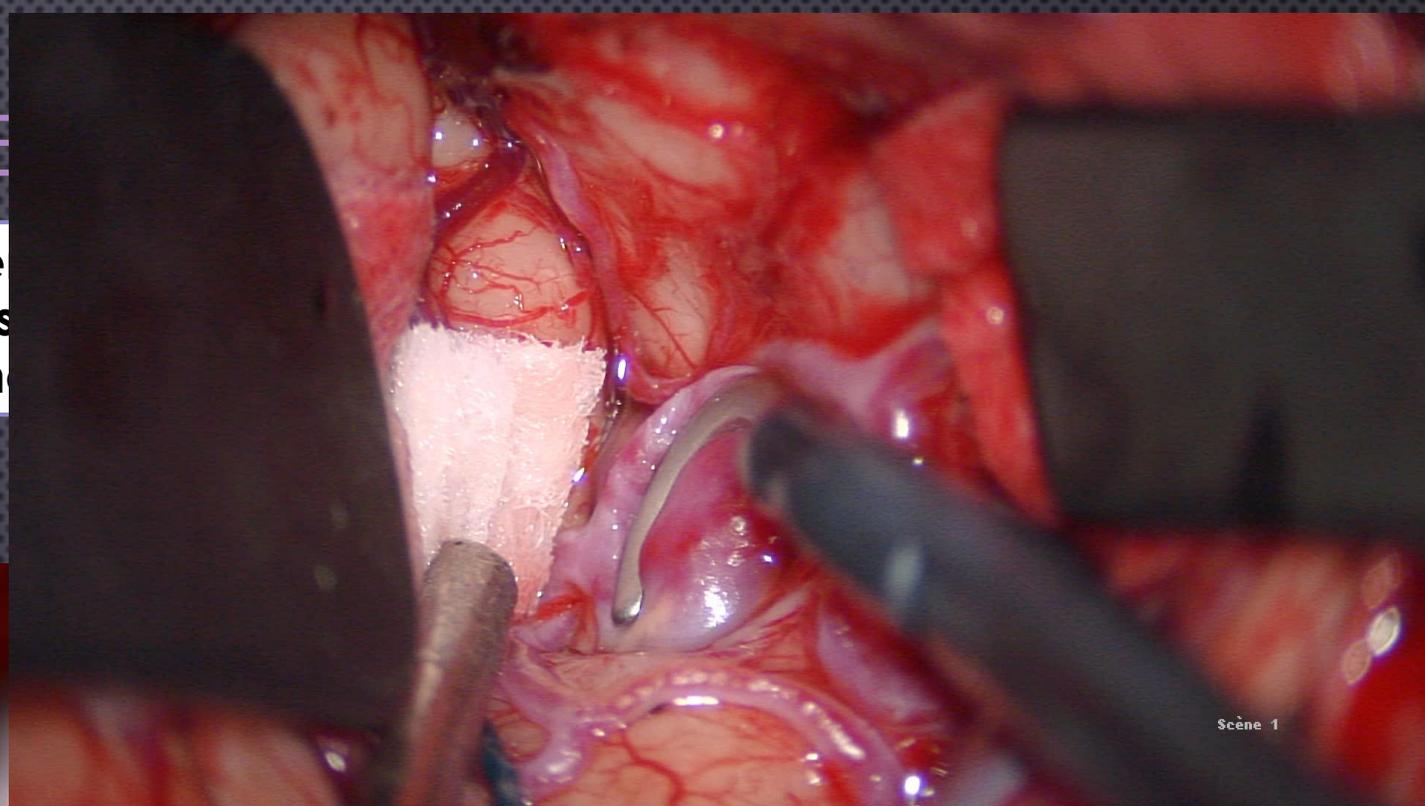


Scène 1

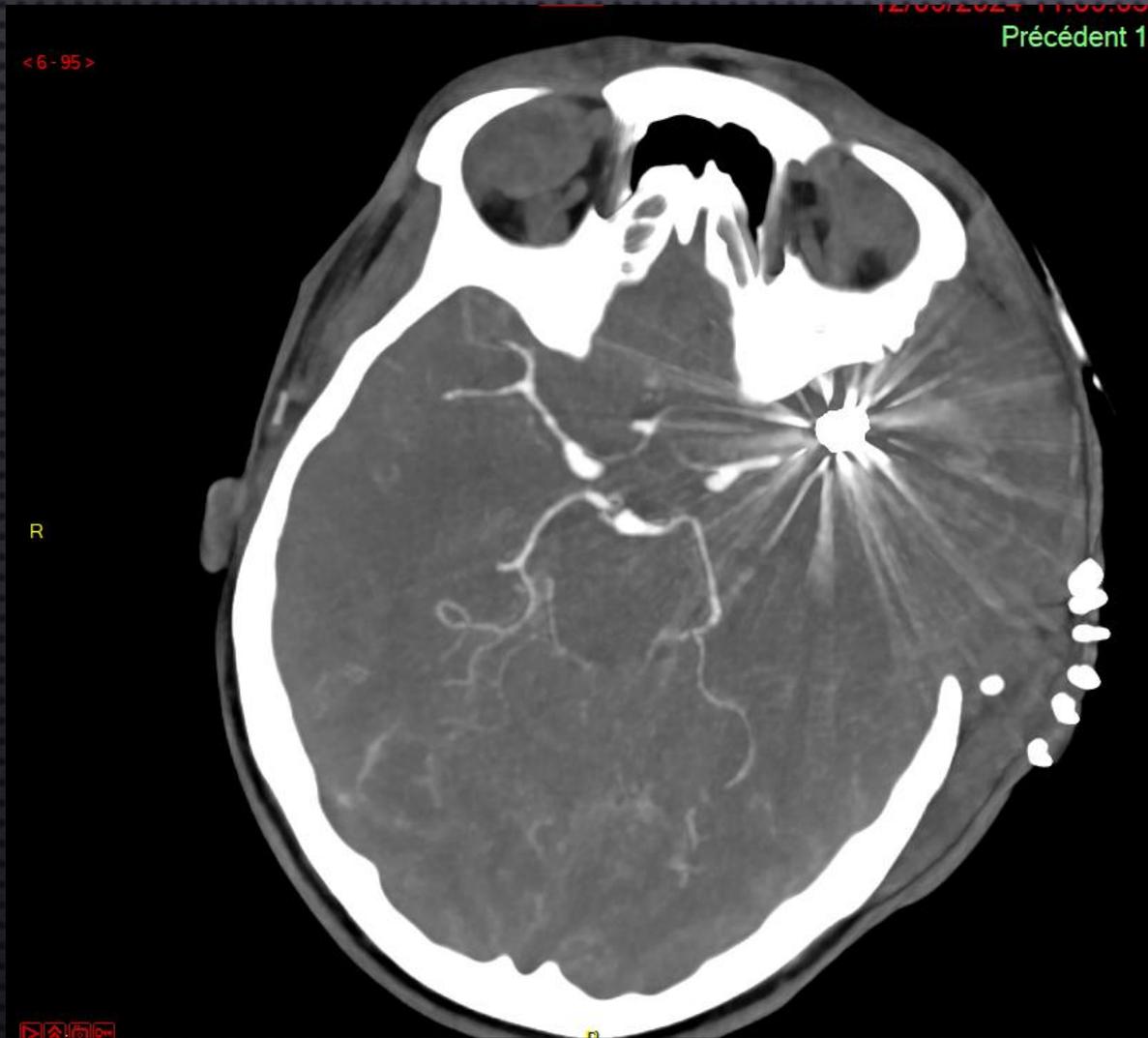
# PATHOLOGIES VASCULAIRES



Traitement  
- Embolisation  
- Clip aneurysmal



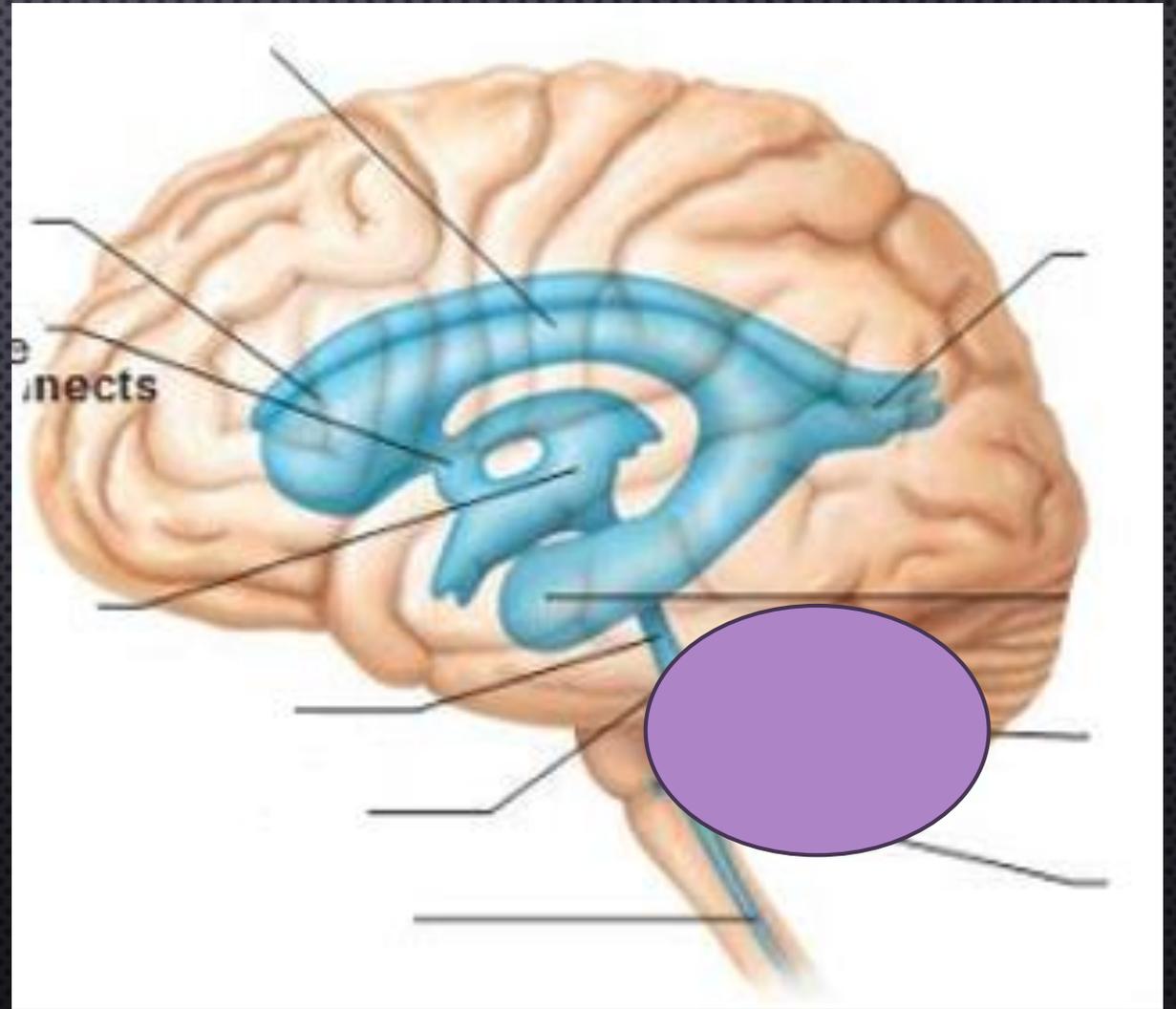
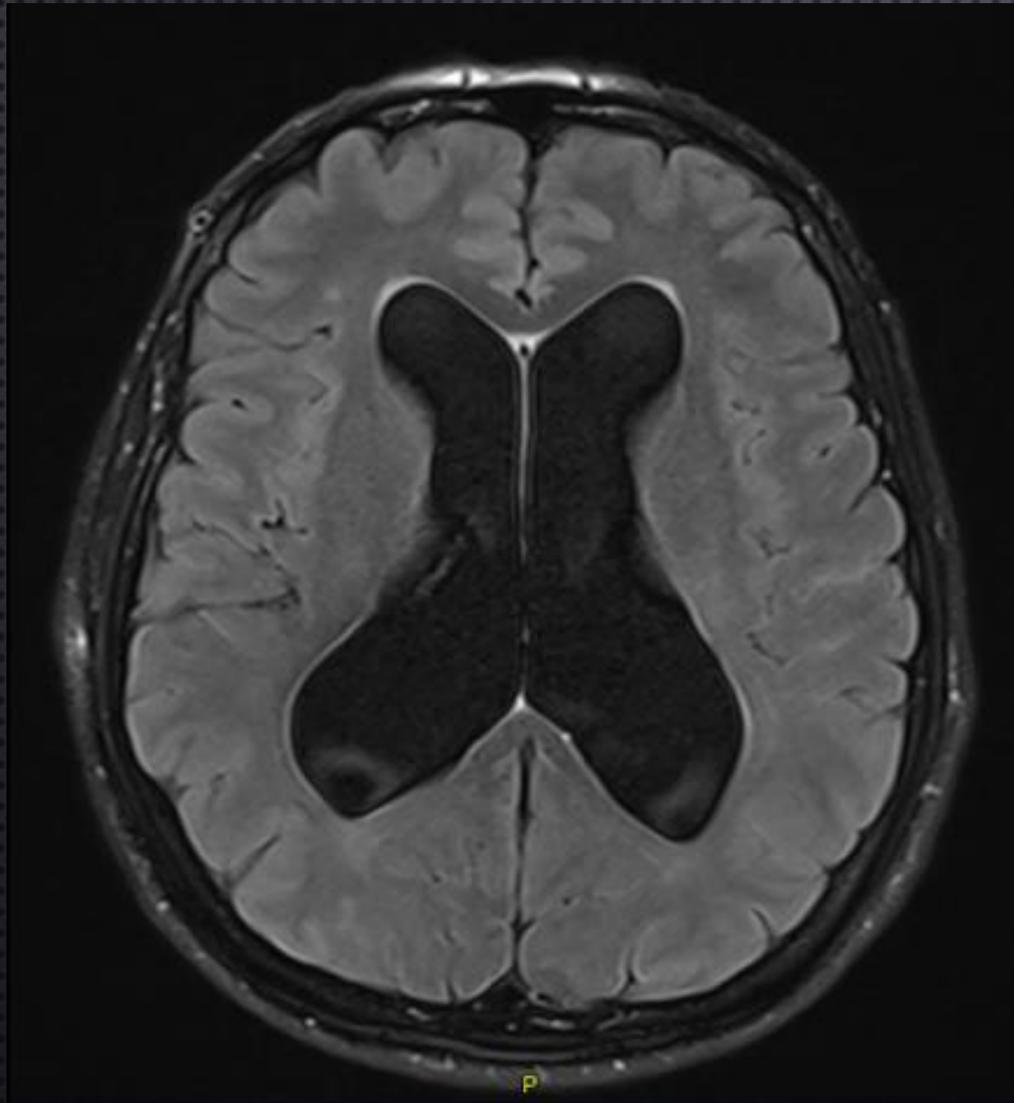
# PATHOLOGIES VASCULAIRES: VASOSPASME



# HÉMATOME INFRATENTORIEL



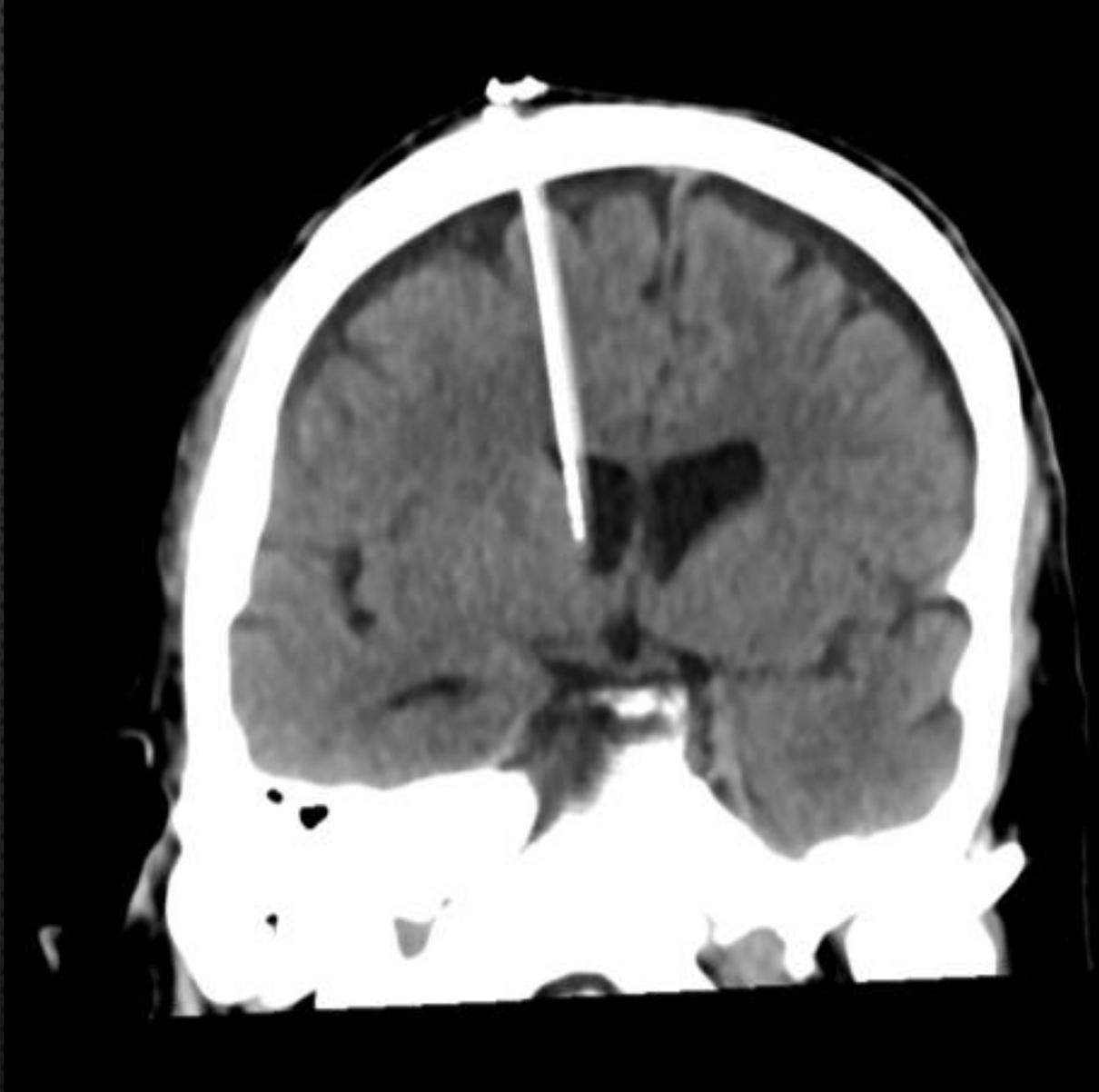
# HYDROCÉPHALIE AIGUE



# HYDROCÉPHALIE AIGUE



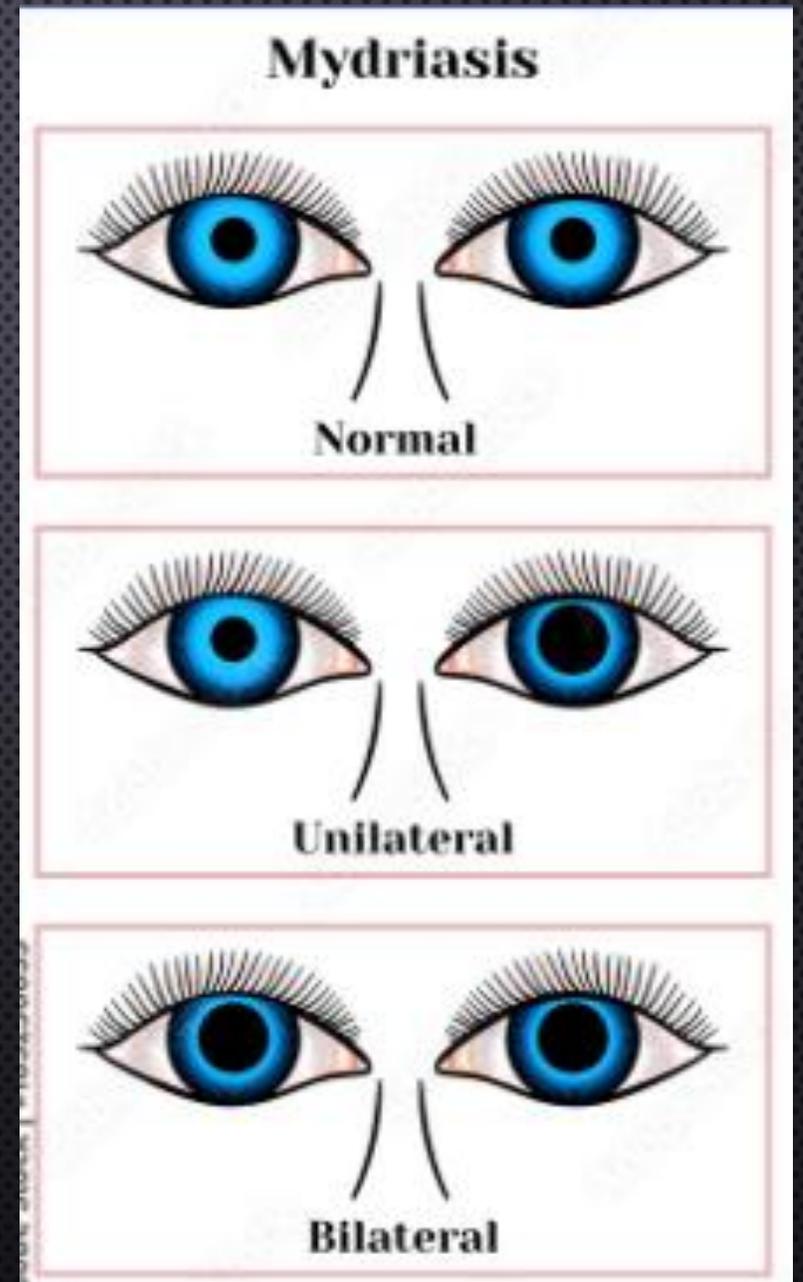
# HYDROCÉPHALIE AIGUE: TRAITEMENT



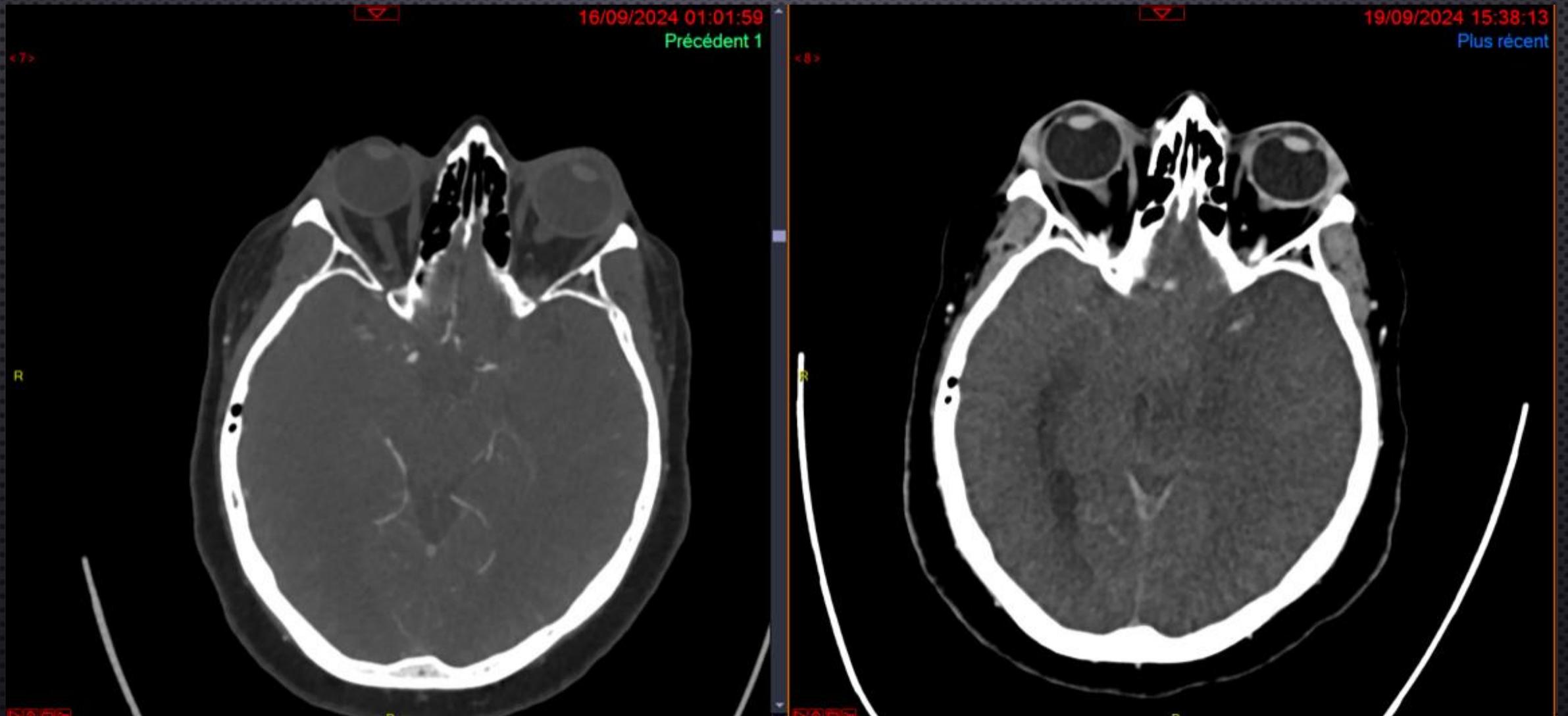
# ÉTAT DE MORT ENCÉPHALIQUE

- **DIAGNOSTIC DE MORT ENCÉPHALIQUE:**
  - UNE ABSENCE TOTALE DE CONSCIENCE ET D'ACTIVITE MOTRICE
  - ABOLITION DES REFLEXES DU TRONC CÉRÉBRAL: OCULO CARDIAQUE
  - ABSENCE DE VENTILATION SPONTANÉE

- **SI PMO ENVISAGÉ:**
  - EEG
  - IMAGERIE ATTESTANT DE L'ARRÊT CIRCULATOIRE



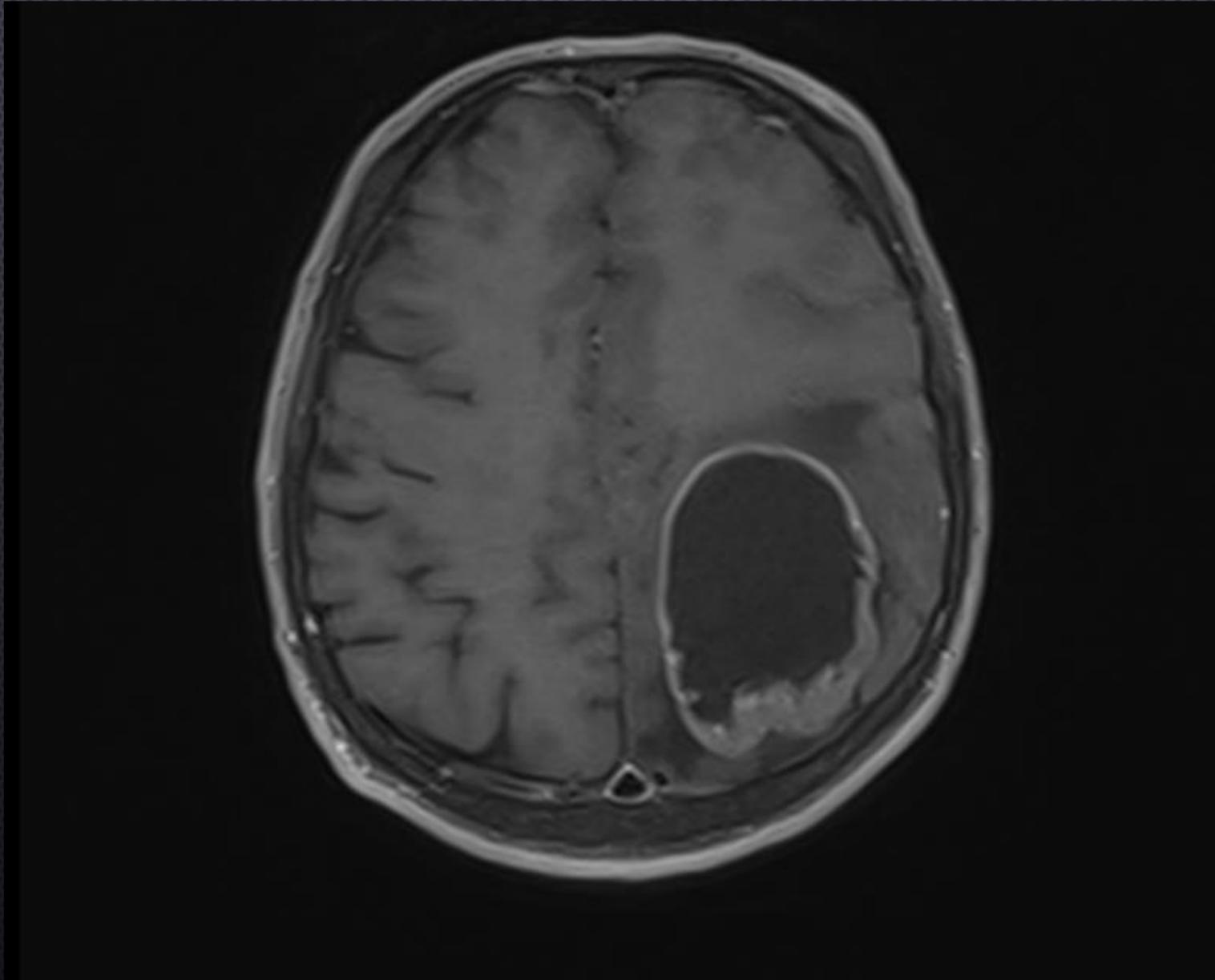
# ÉTAT DE MORT ENCÉPHALIQUE



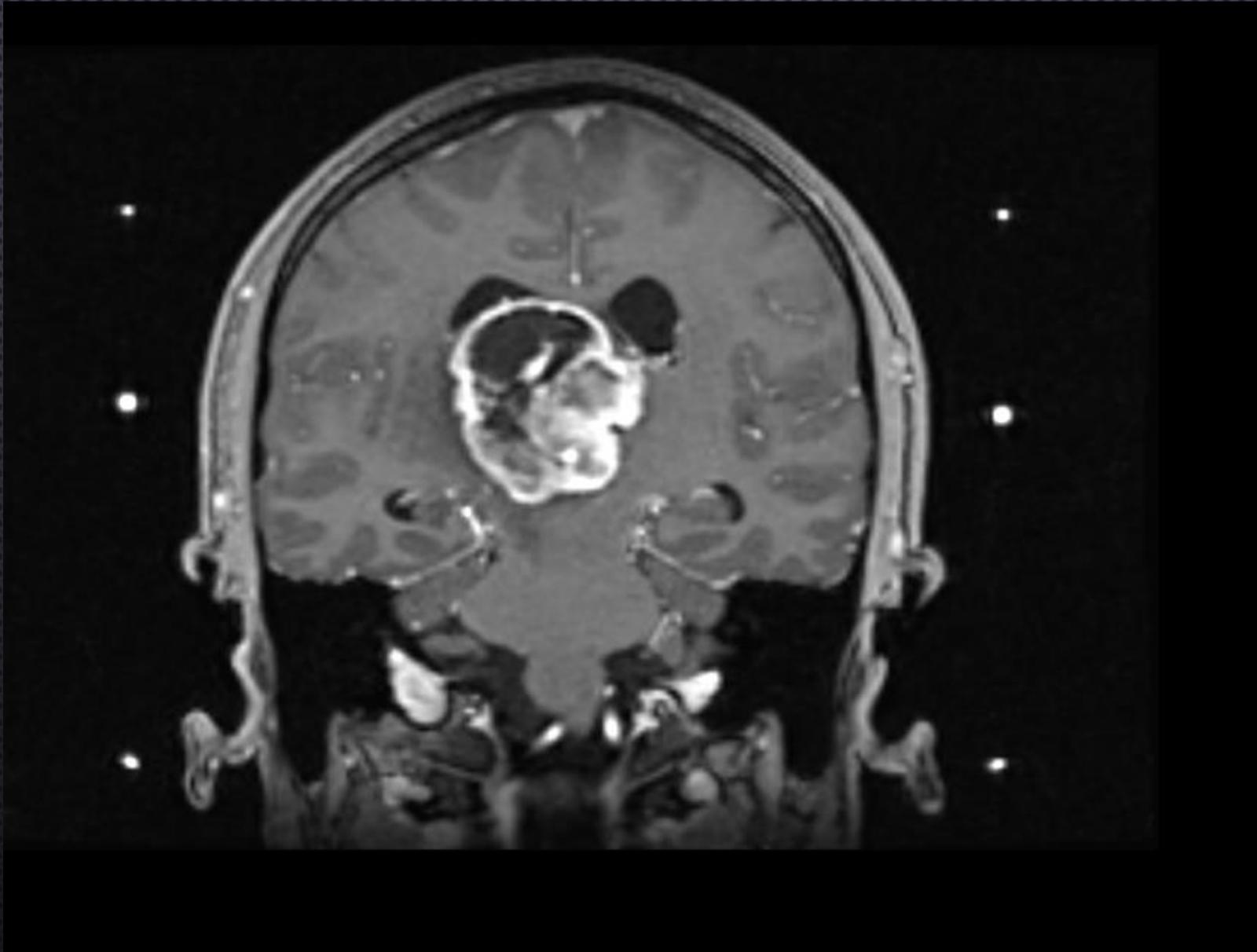
# TUMEURS CÉRÉBRALES ET PMO

Contre indications absolues	Contre indications relatives	Pas de contre indications
<ul style="list-style-type: none"><li>- Métastases cérébrales</li><li>- Glioblastome</li><li>- Tumeurs gliales de grade III</li><li>- Lymphome cérébral</li><li>- Médulloblastomes</li><li>- Tumeurs germinales</li><li>- Méningiomes de grade III</li></ul>	<ul style="list-style-type: none"><li>- Tumeurs gliales de grade II</li><li>- Méningiomes de grade II</li><li>- Hémangiopericytomes</li><li>- Tumeurs pinéales</li><li>- Tumeurs Papillaire</li></ul>	<ul style="list-style-type: none"><li>- Astrocytome pilocytique grade I</li><li>- Ependymome grade I</li><li>- Méningiome de Grade I</li><li>- Schwannome</li><li>- Adénome hypophysaires</li><li>- Craniopharyngiome</li><li>- Hémangioblastome</li></ul>

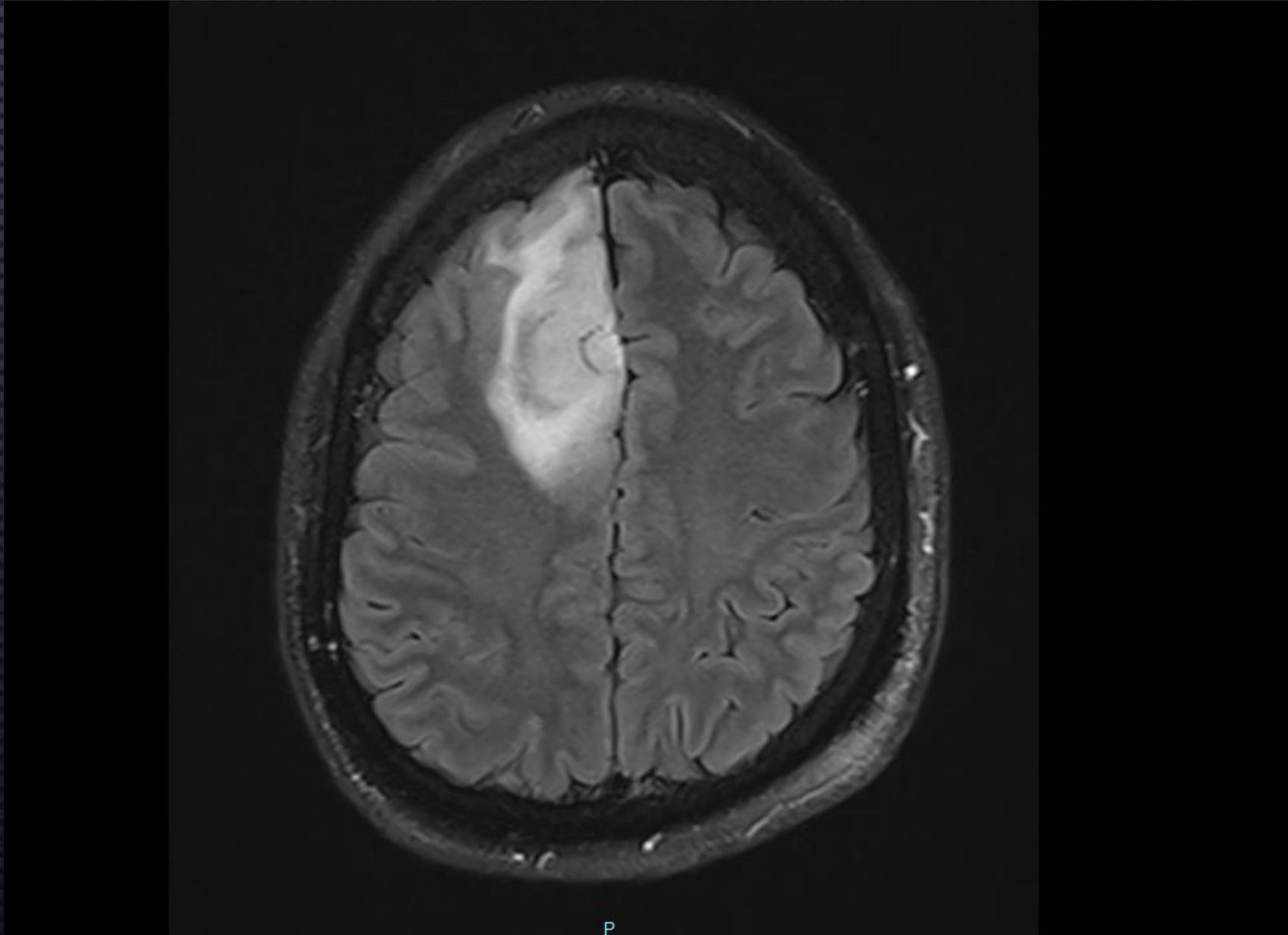
# TUMEURS CÉRÉBRALES ET PMO: MÉTASTASE



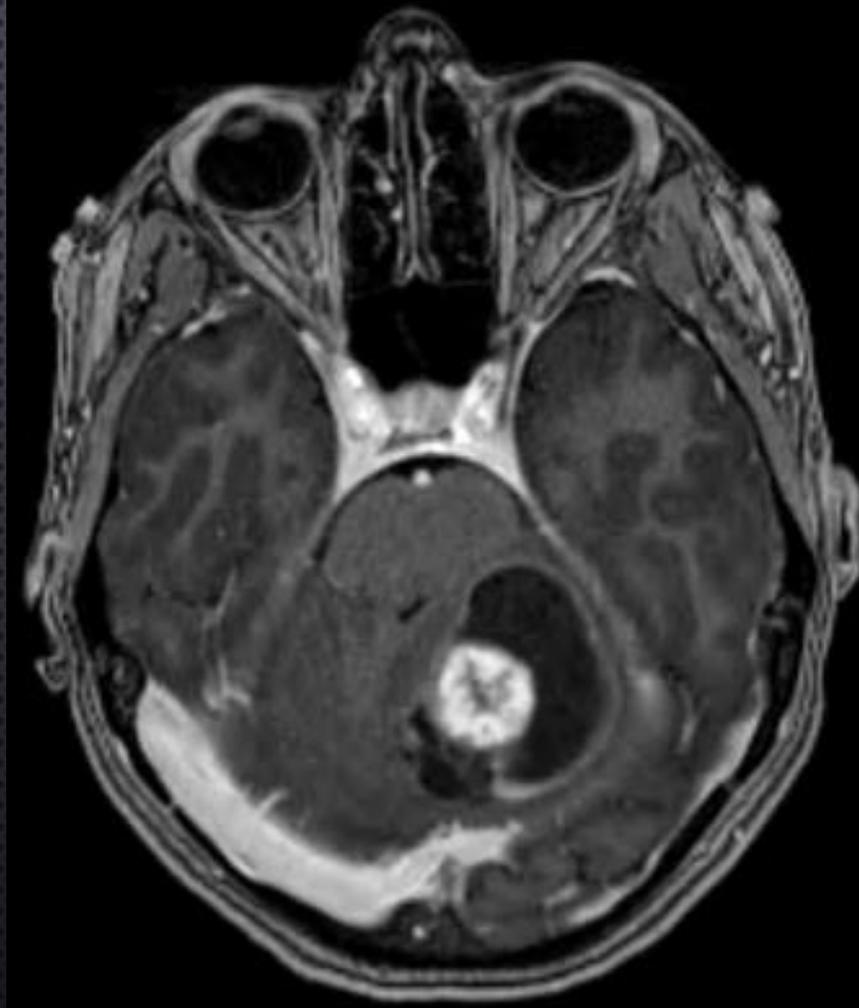
# TUMEURS CÉRÉBRALES ET PMO: GLIOBLASTOME



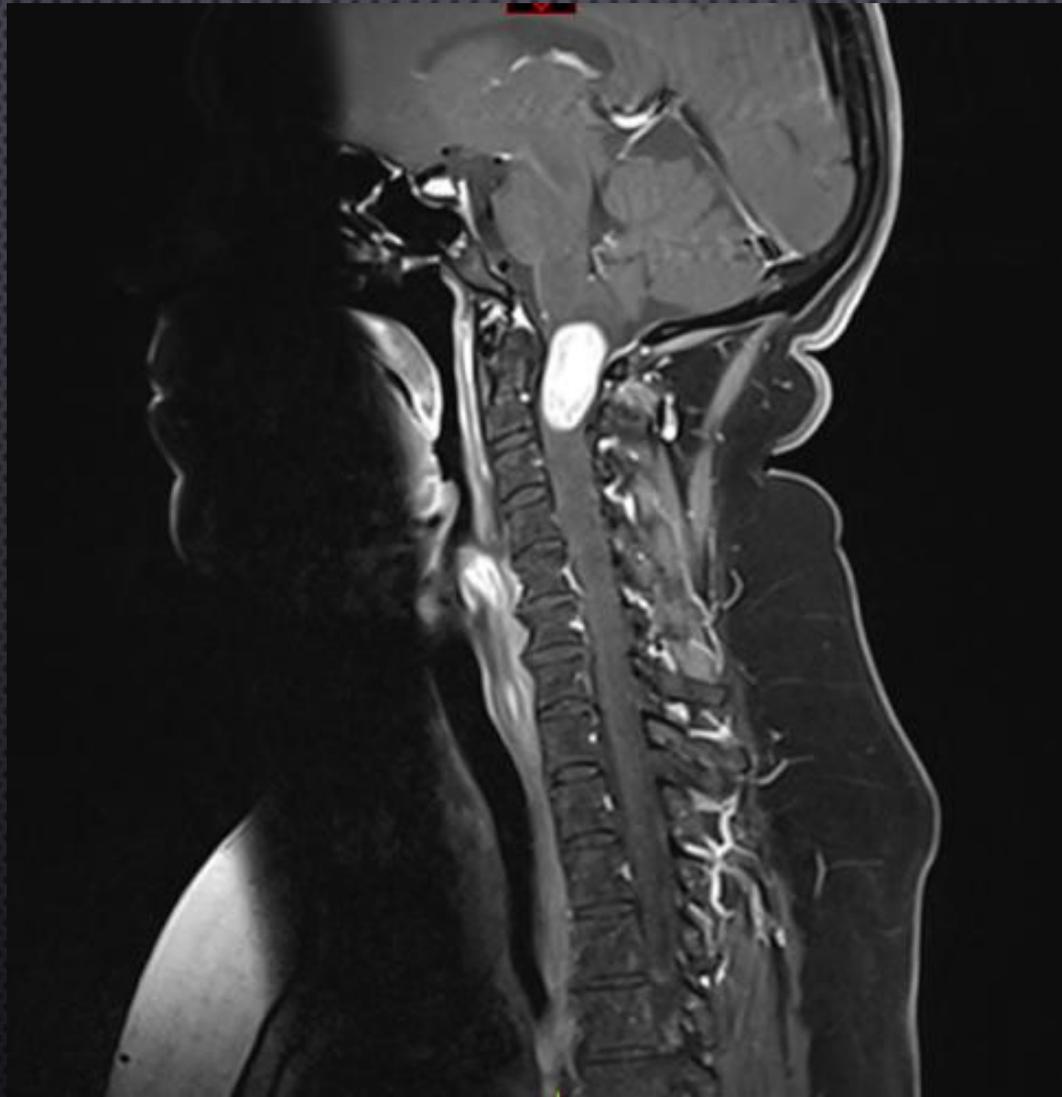
# TUMEURS CÉRÉBRALES ET PMO: TUMEUR GLIALE



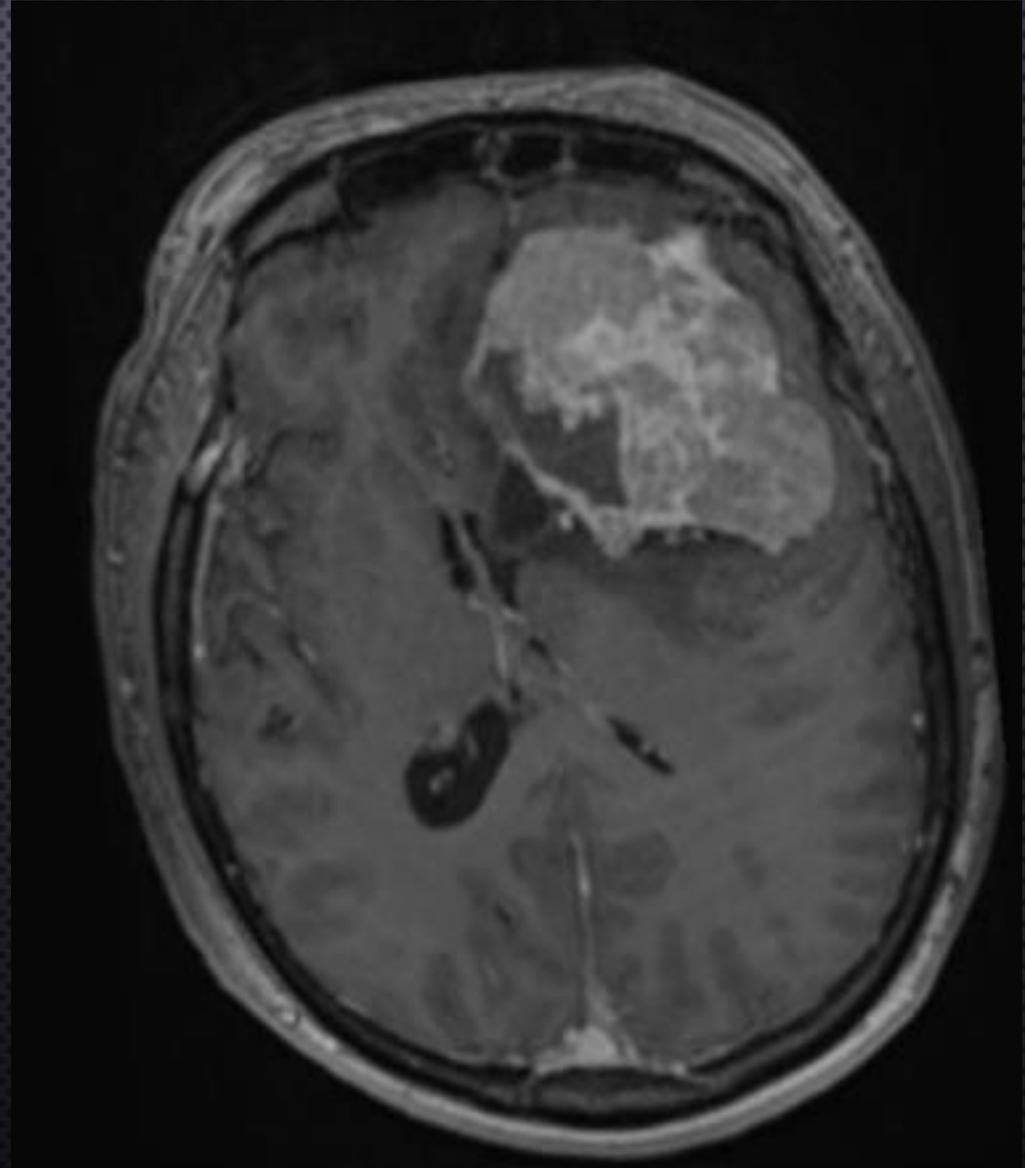
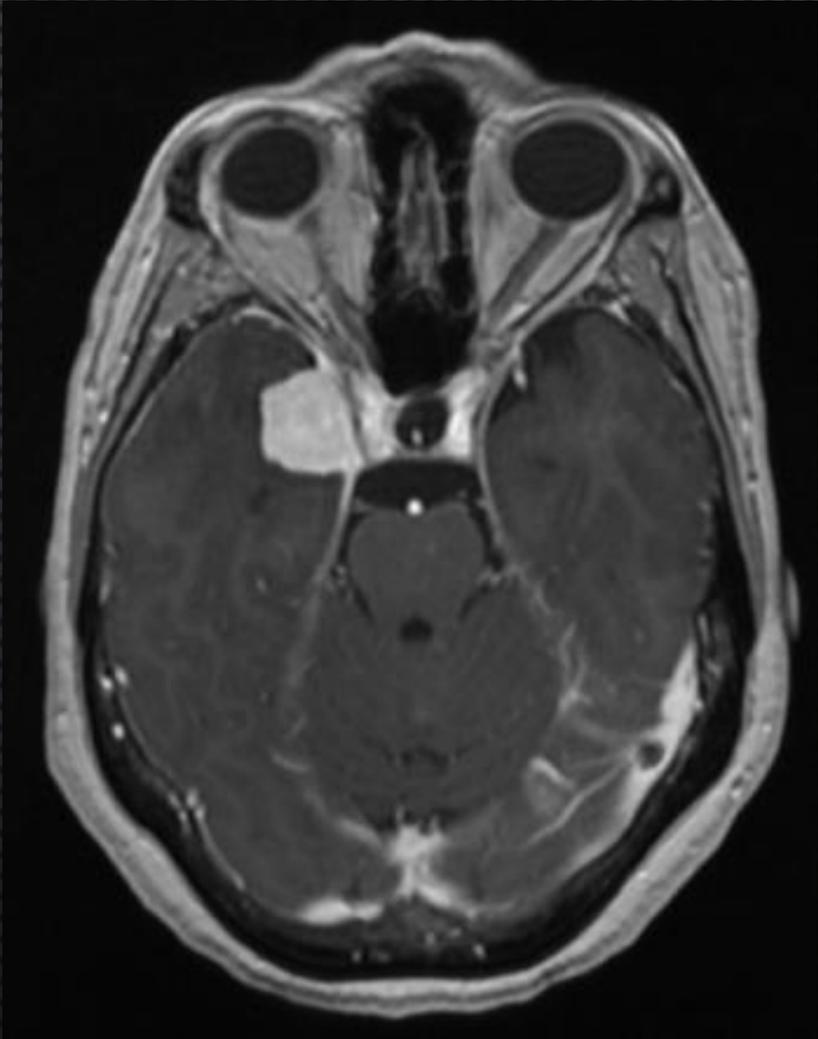
# TUMEURS CÉRÉBRALES ET PMO: ASTROCYTOME PILOCYTIQUE



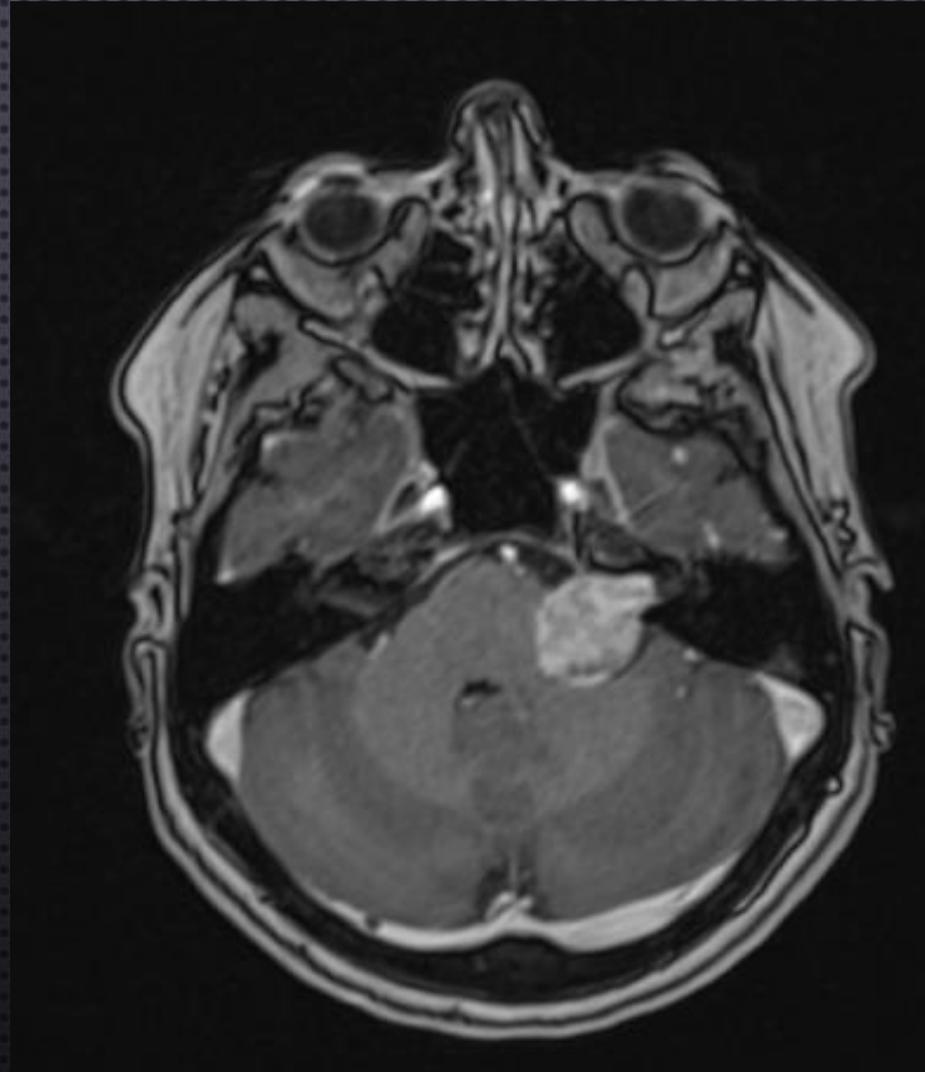
# TUMEURS CÉRÉBRALES ET PMO: EPENDYMOME



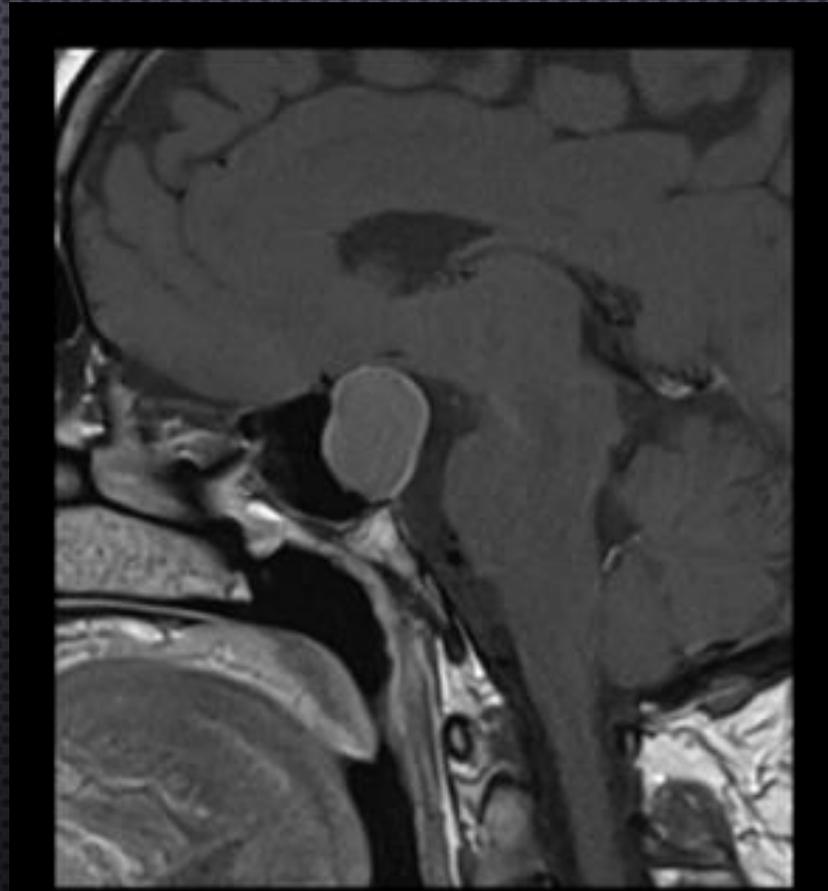
# TUMEURS CÉRÉBRALES ET PMO: MÉNINGIOME



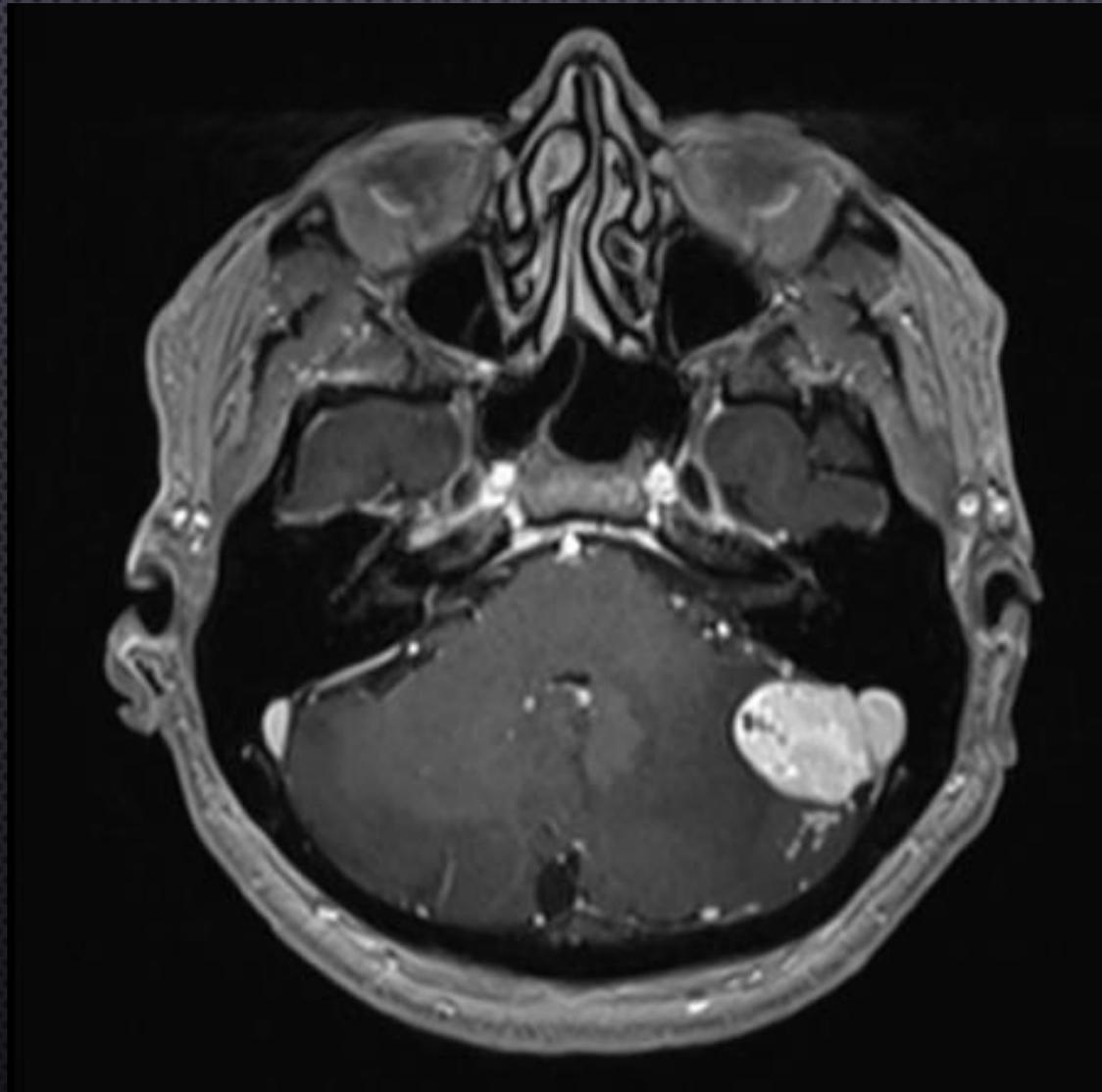
# TUMEURS CÉRÉBRALES ET PMO: SCHWANNOME



# TUMEURS CÉRÉBRALES ET PMO: ADÉNOME HYPOPHYSAIRE



# TUMEURS CÉRÉBRALES ET PMO: HÉMANGIOBLASTOME





MERCI POUR VOTRE ATTENTION

