

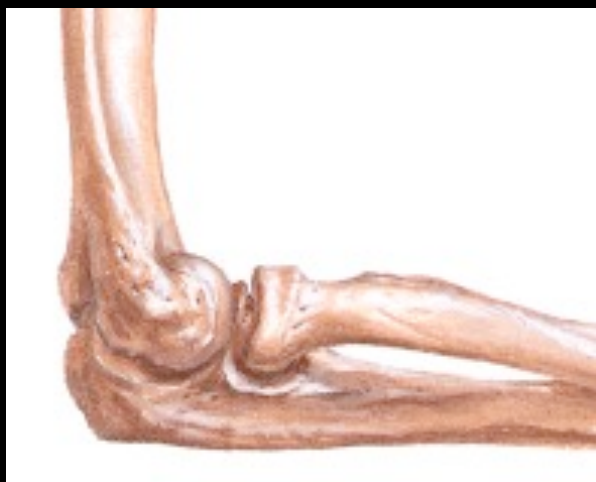


Echographie du coude

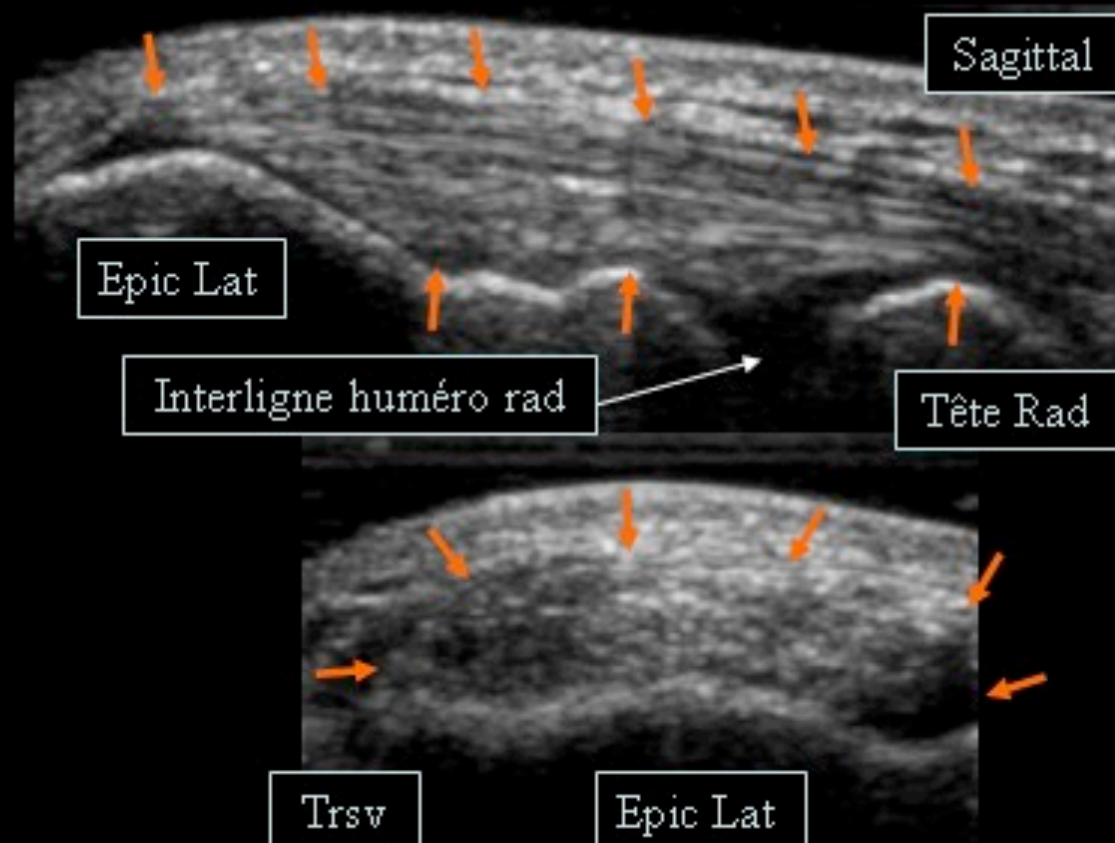
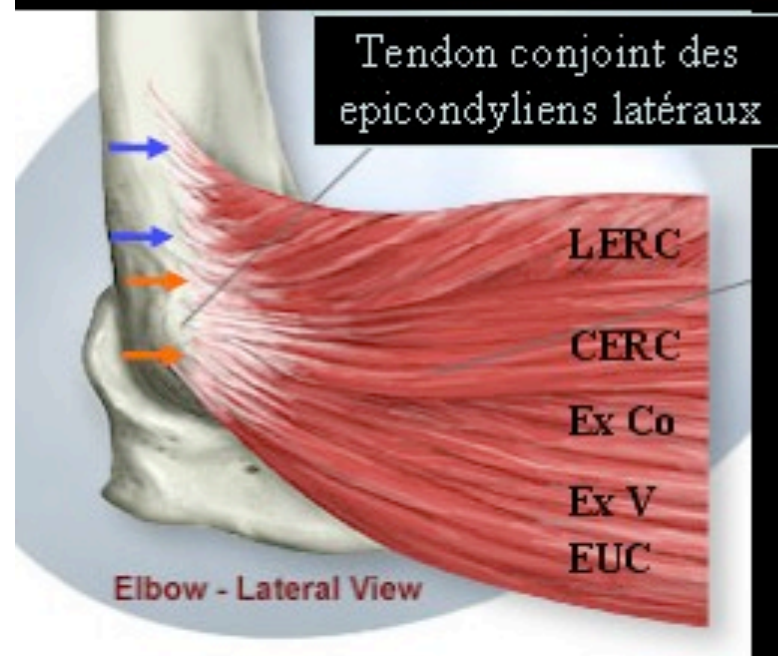
A. Silvestre



Face latérale du coude

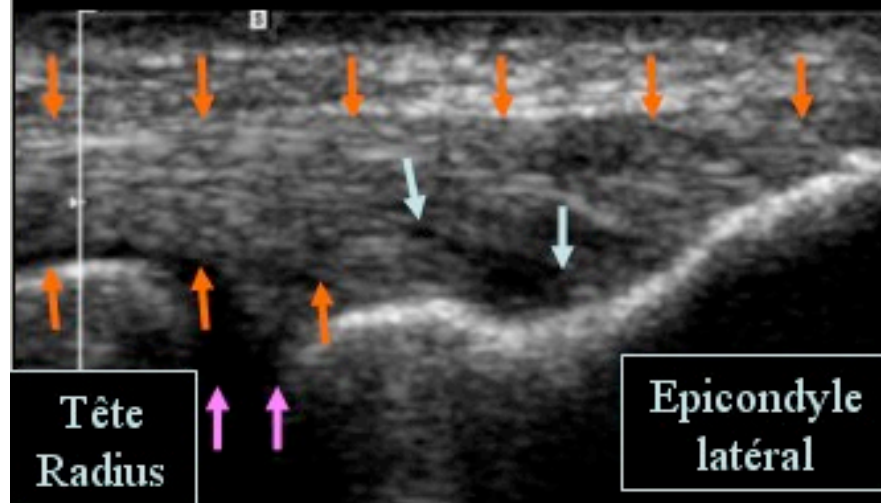


Tendon conjoint des épicondyliens latéraux normal



Le tendon conjoint des épicondyliens latéraux → comprend d'avant en arrière et de haut en bas
 Le court extenseur radial du carpe (CERC), l'extenseur commun des doigts (Ex Co),
 l'extenseur du V^e doigt (Ex V) et l'extenseur ulnaire du carpe (EUC). A noter que ces différents
 tendons ne sont pas individualisables en échographie
 Le long extenseur radial du carpe (LERC) ne fait pas partie du tendon conjoint →

Tendinopathie fissuraire du tendon conjoint des épicondyliens latéraux

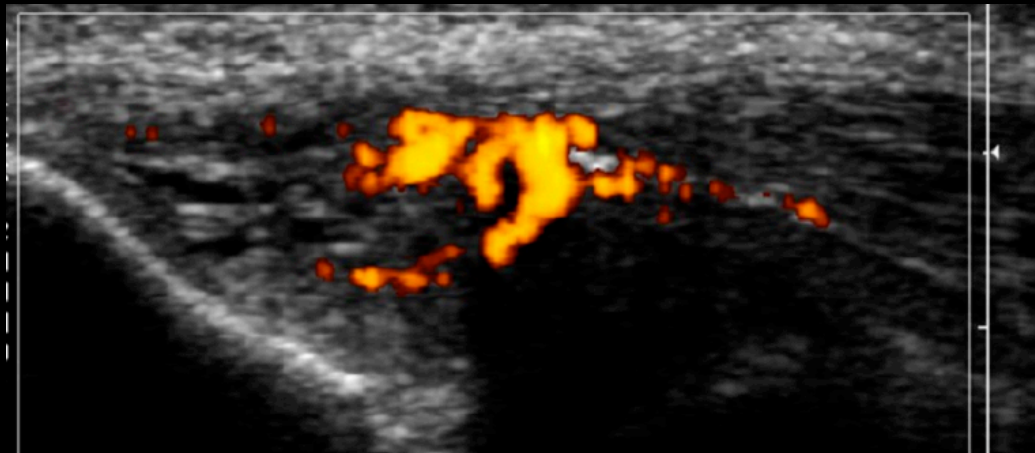
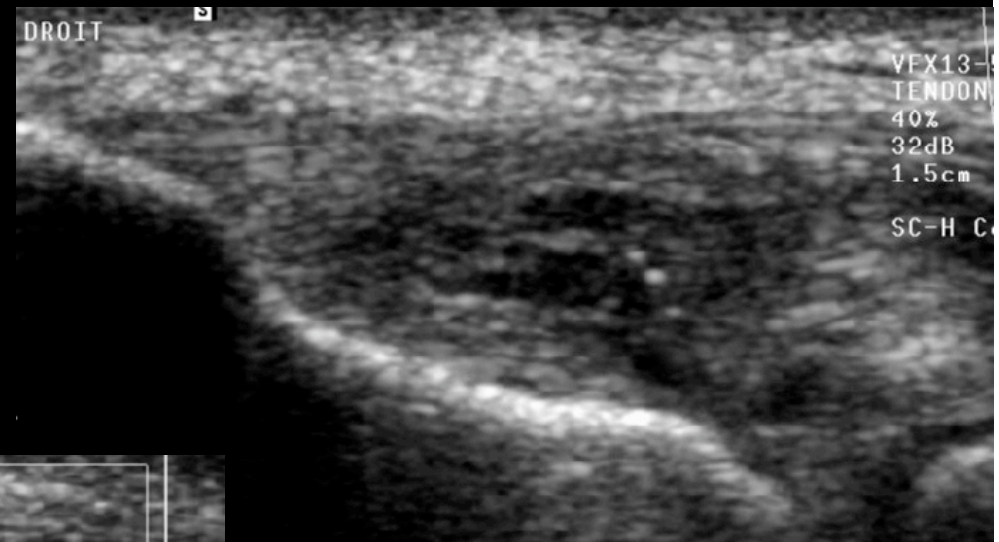


- Rupture partielle de la face profonde du tendon conjoint des épicondyliens latéraux →
- avec hyperhémie au doppler du tendon péri fissuraire →
- Interligne radio huméral →
- Tendon conjoint des épicondyliens latéraux →

Rupture partielle tendon commun Des épicondyliens latéraux

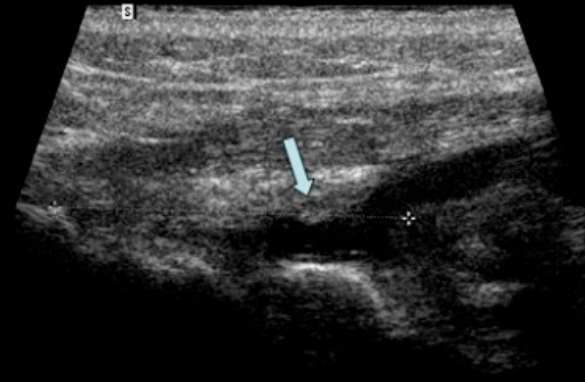
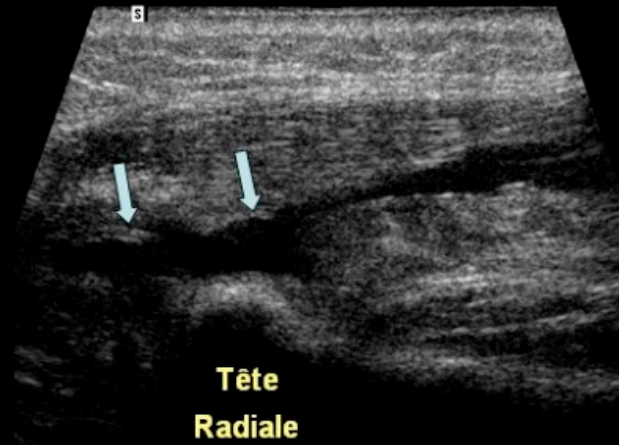
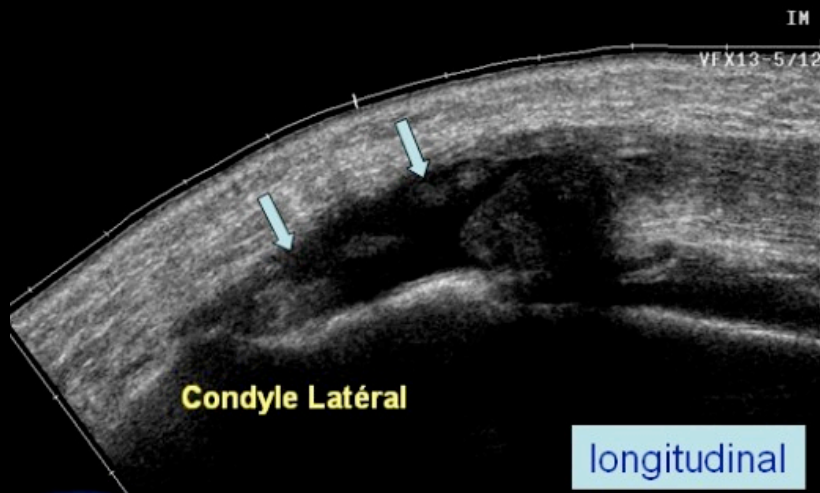


Rupture partielle du tendon commun des épicondyliens latéraux

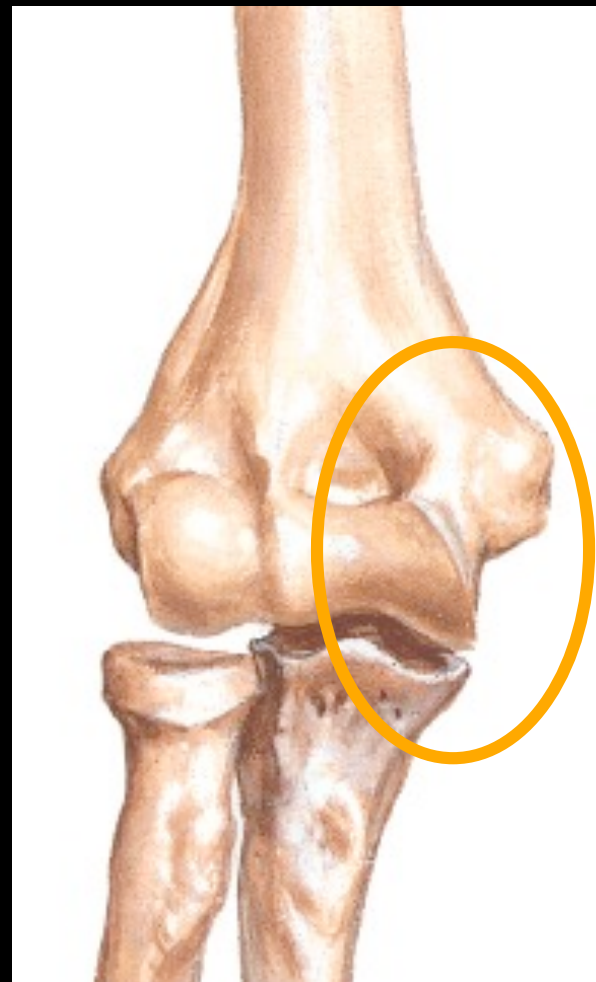


Désinsertion du tendon commun des Epicondyliens

Désinsertion post traumatique avec rétraction du tendon commun des épicondyliens latéraux



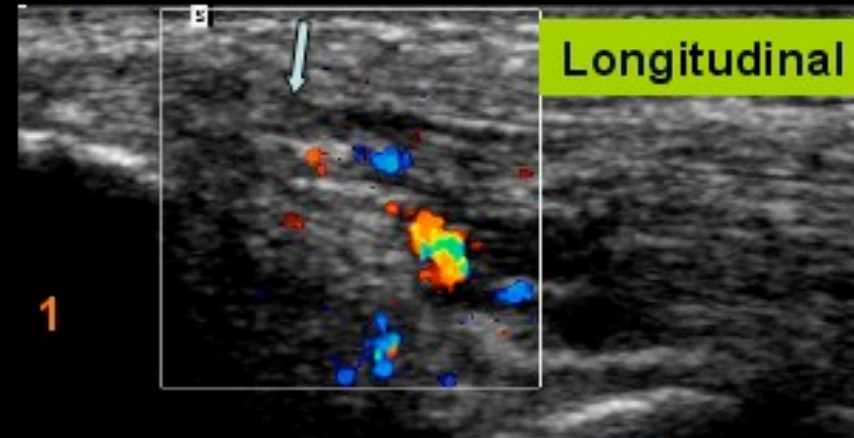
Face médiale du coude



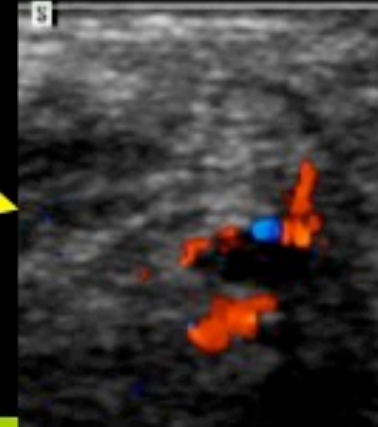
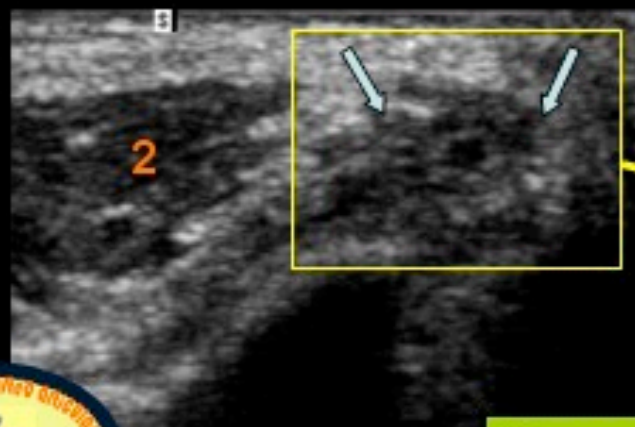
Douleur épi condylienne médiane après hypersollicitation

Aspect remanié avec plage de dégénérescence mucoïde et hyperhémie au doppler couleur du tendon commun des épitrochléens (→)

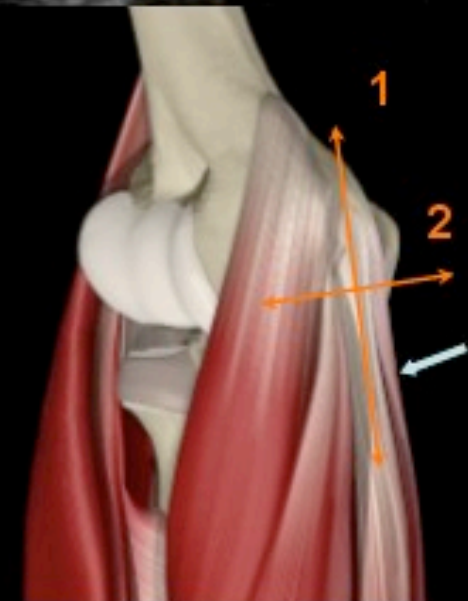
Epitrochléite



Longitudinal



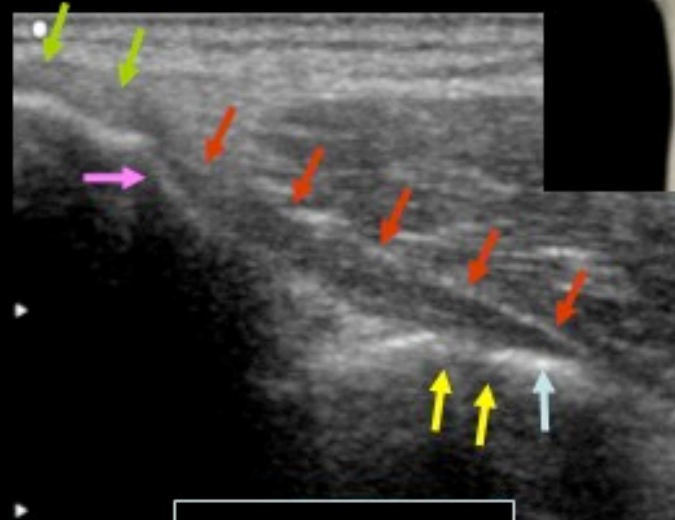
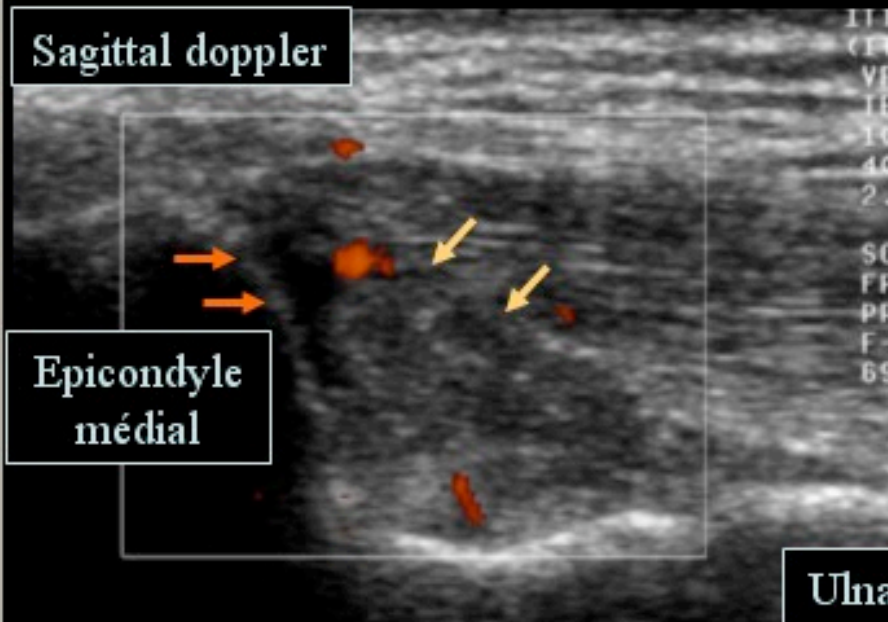
Transversal



Rupture traumatique du ligament collatéral médial



Sagittal doppler



Aspect normal comparatif

Désinsertion proximale du faisceau antérieur du ligament collatéral médial → lors d'un shoot contré chez une handballeuse à j+5, moignon ligamentaire rétracté → avec hyperhémie au doppler

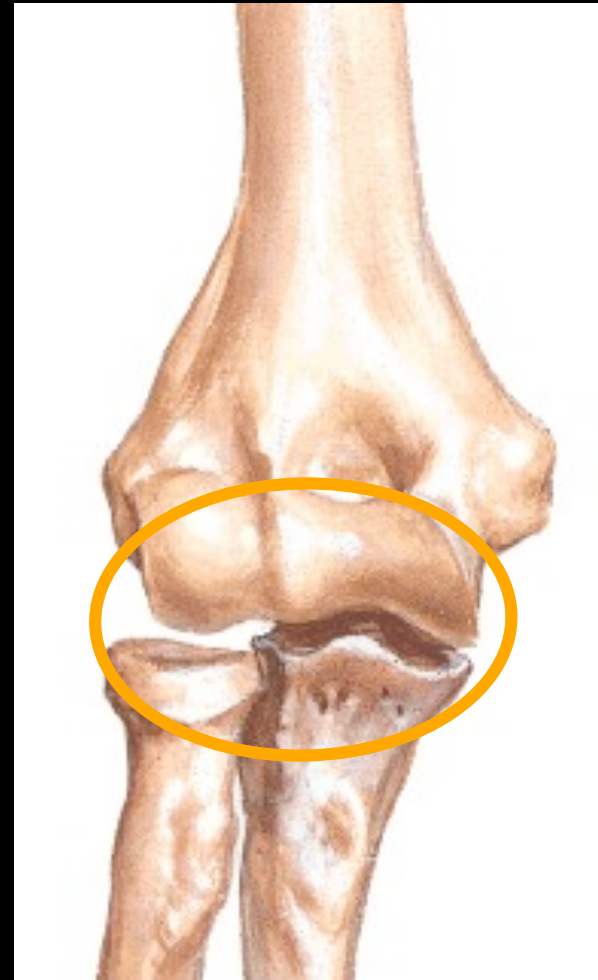
Aspect comparatif normal : on individualise parfaitement le faisceau antérieur (principal) → du ligament collatéral médial ainsi que son insertion humérale → et ulnaire →

Interligne ulno huméral →

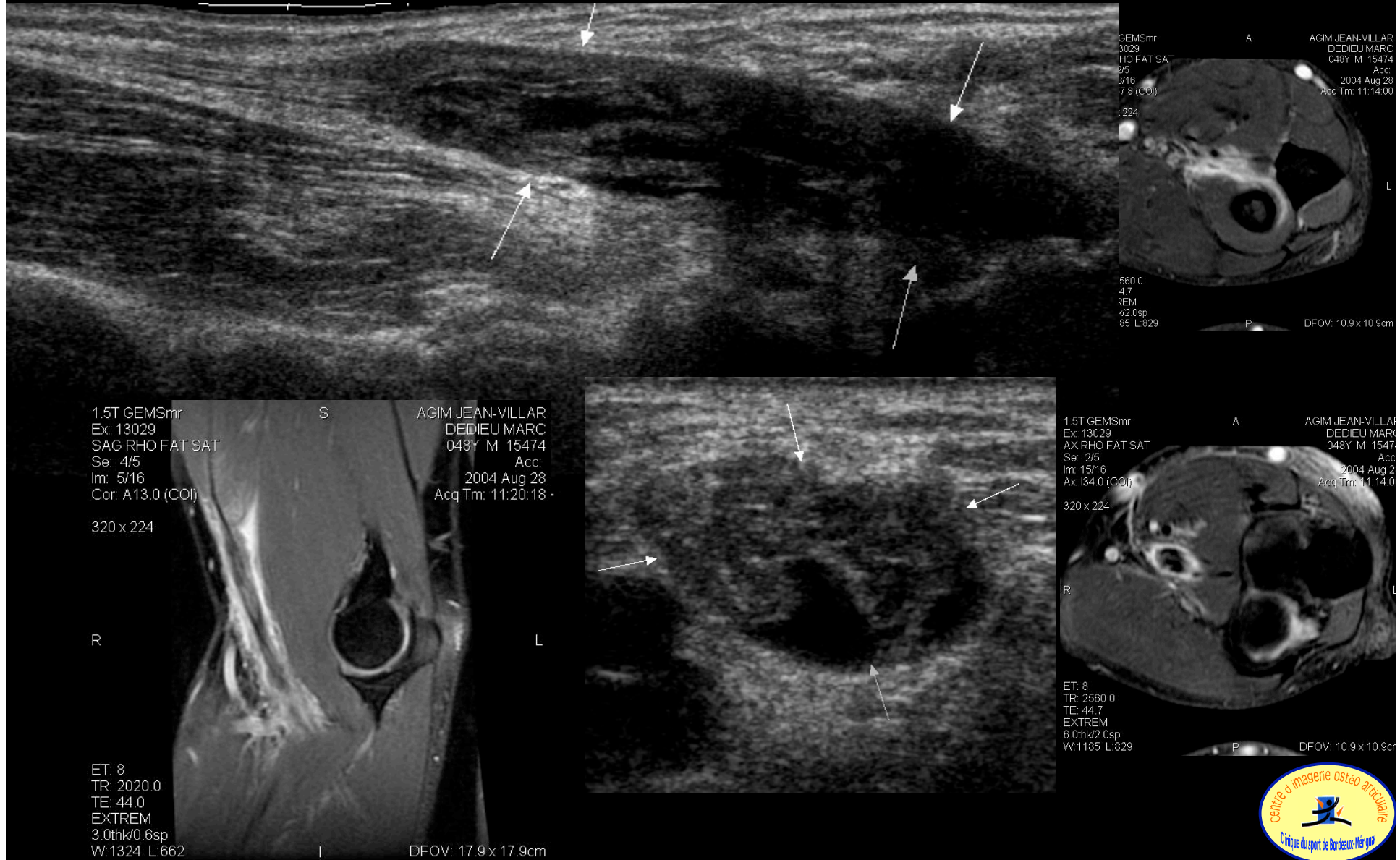
Tendon conjoint des épicondyliens médiaux

Position de la sonde →

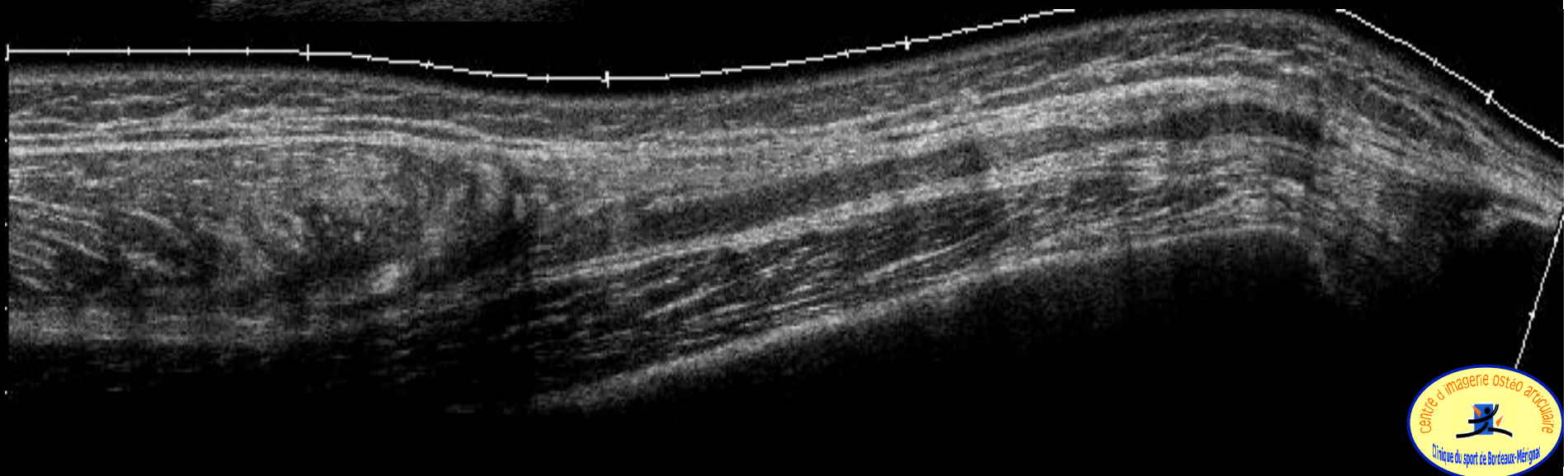
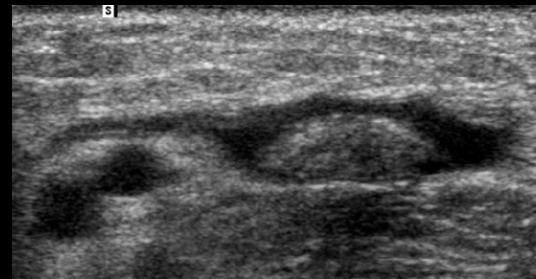
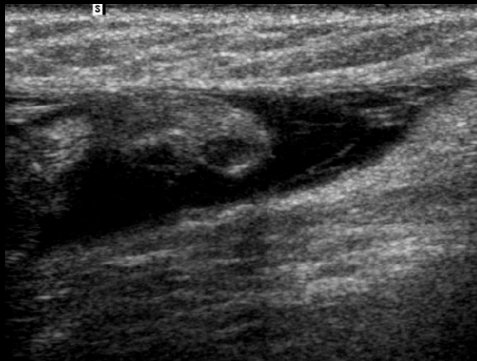
Face antérieure du coude



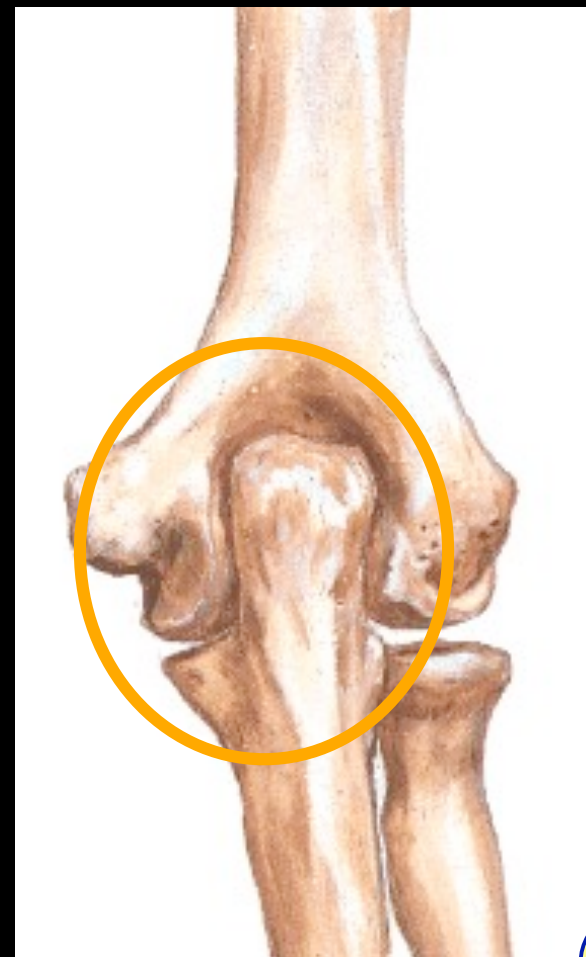
Rupture tendon distal biceps brachial



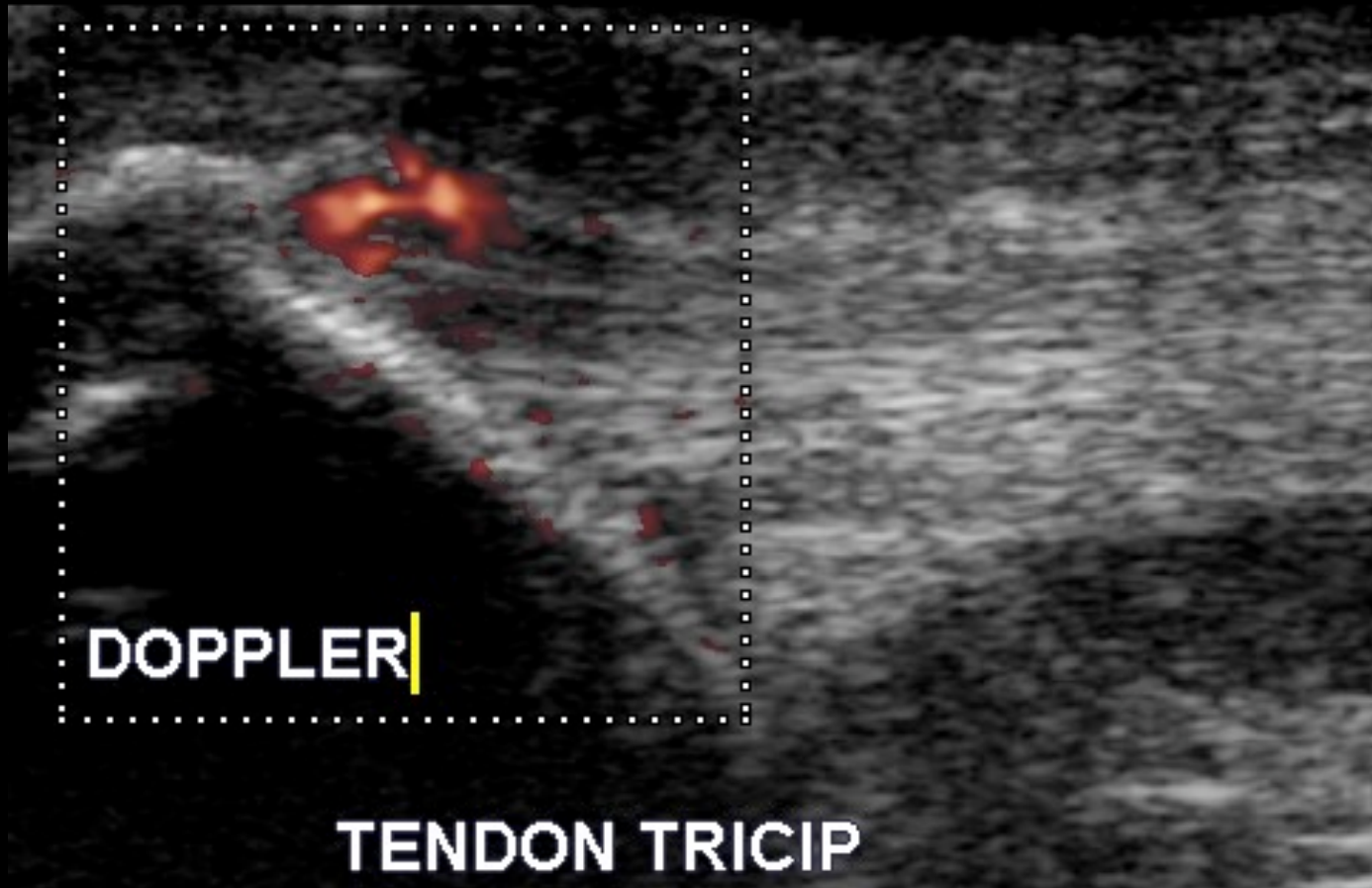
Rupture tendon distal biceps brachial et de l'expansion aponévrotique brachiale antérieure



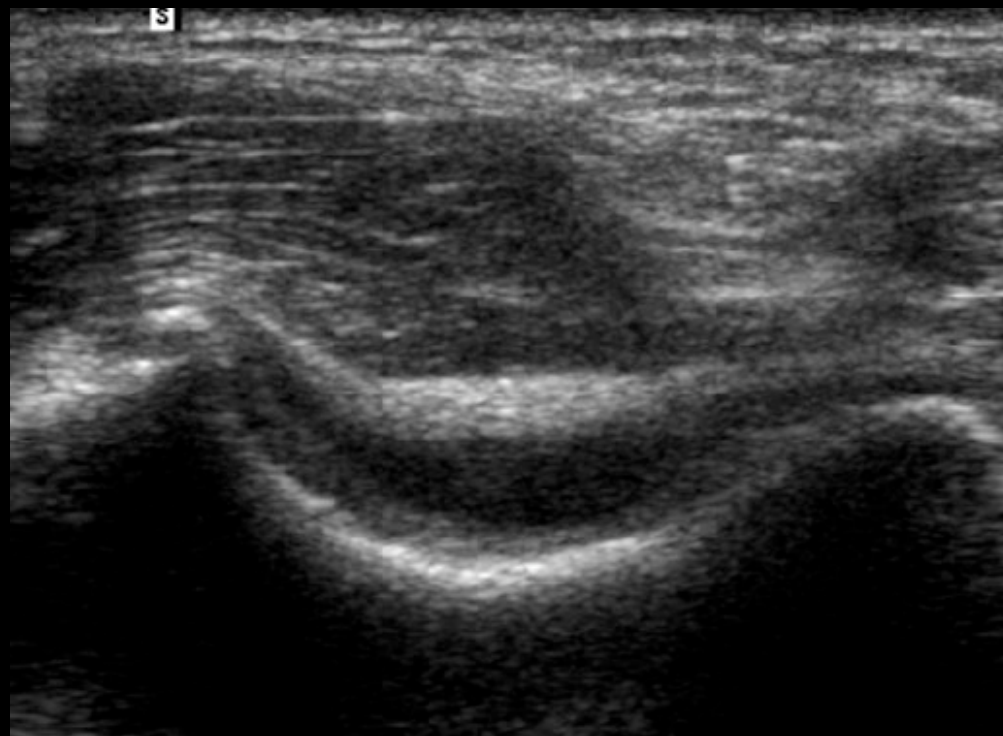
Face postérieure du coude



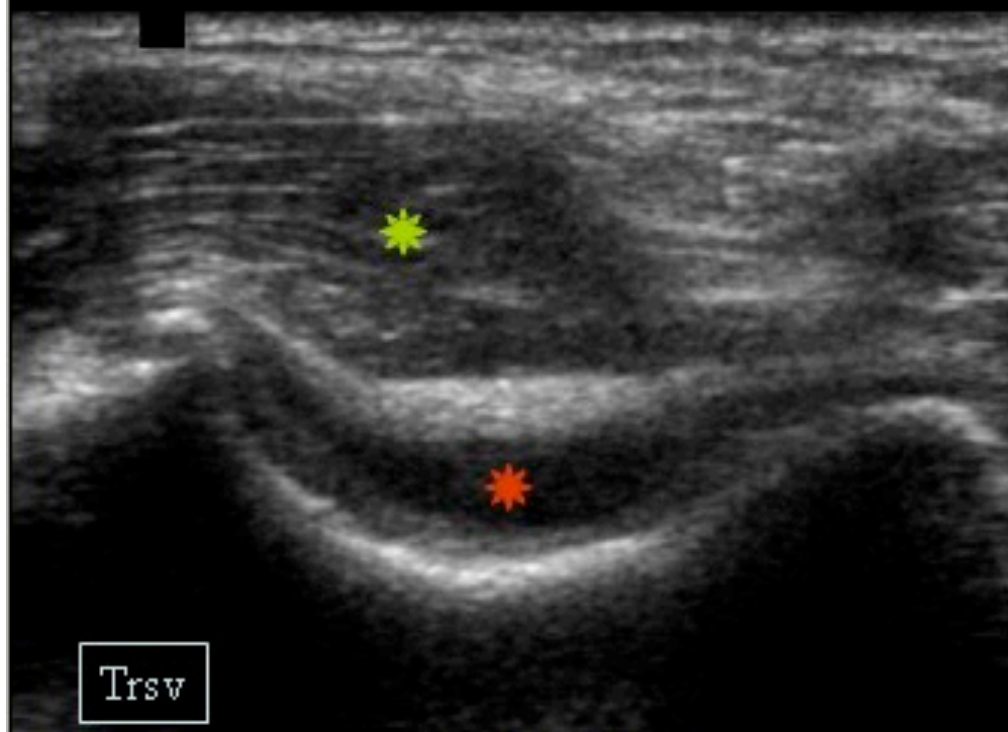
Enthésopathie du tendon tricipital



Epanchement intra articulaire du coude



Ostéochondromatose du coude



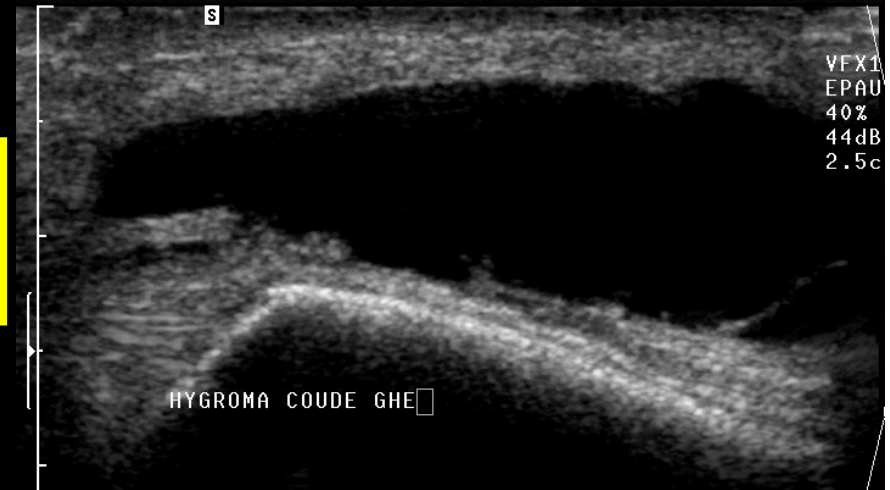
Epanchement intra articulaire du récessus postérieur du coude *
Avec corps étranger ostéochondromateux →
dans le cadre d'une ostéo chondromatose
Muscle triceps brachial *



Arthro scanner

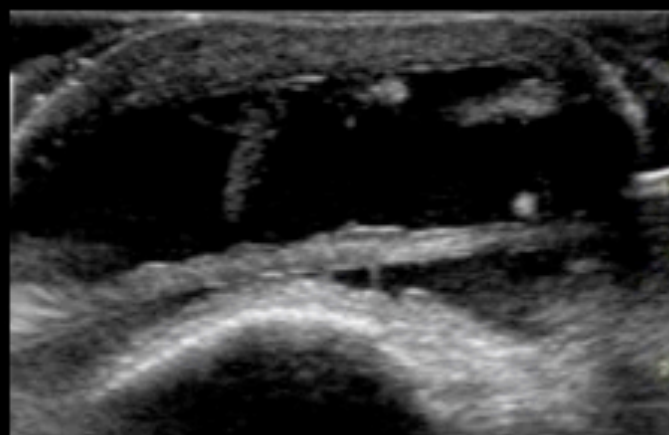
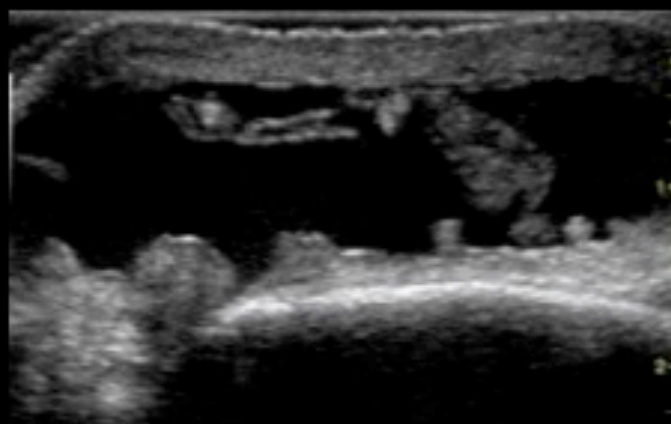
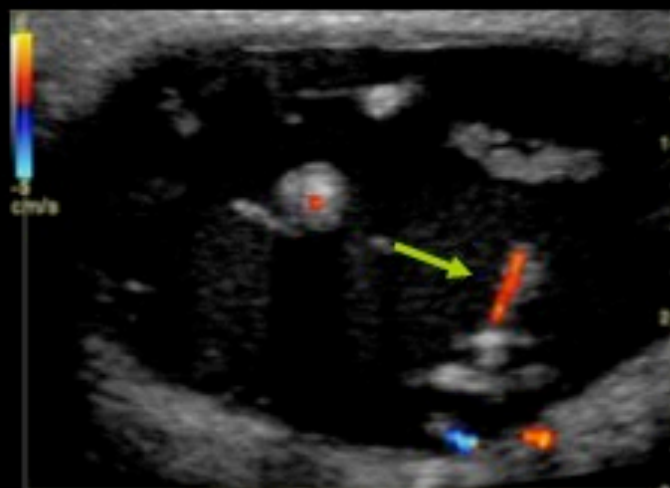


Hygroma du coude



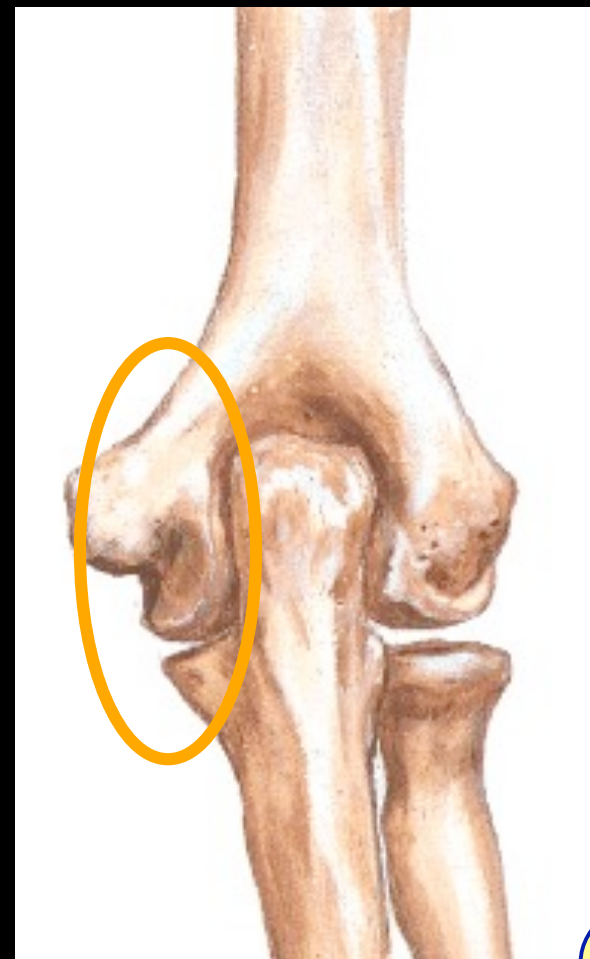
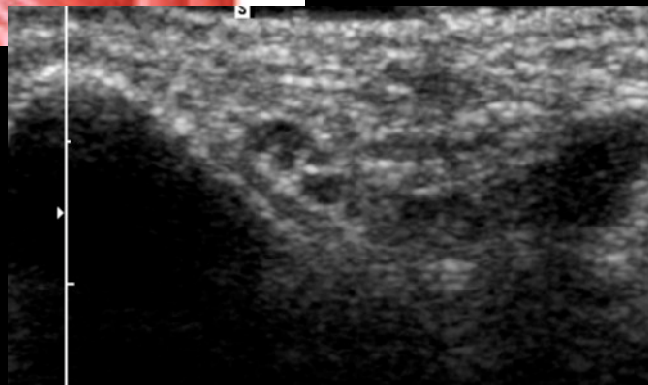
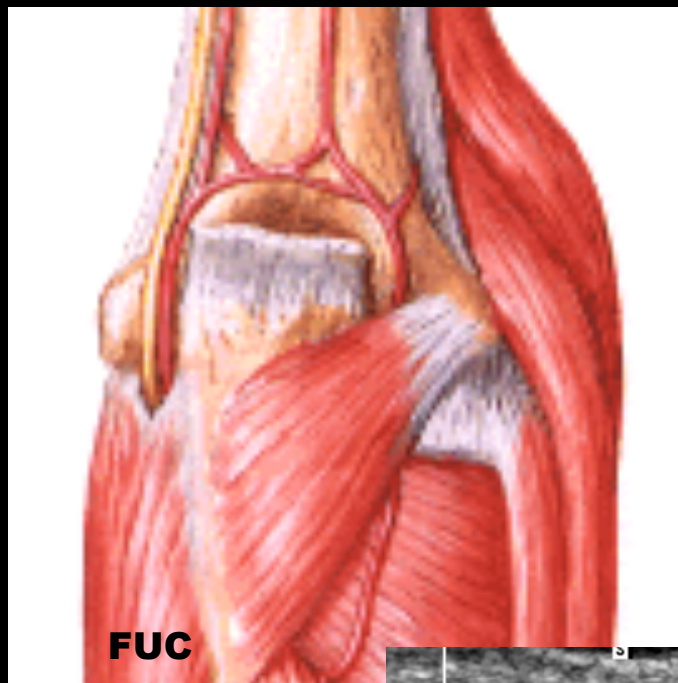
Tendon tricipital

Hygroma olécrânien

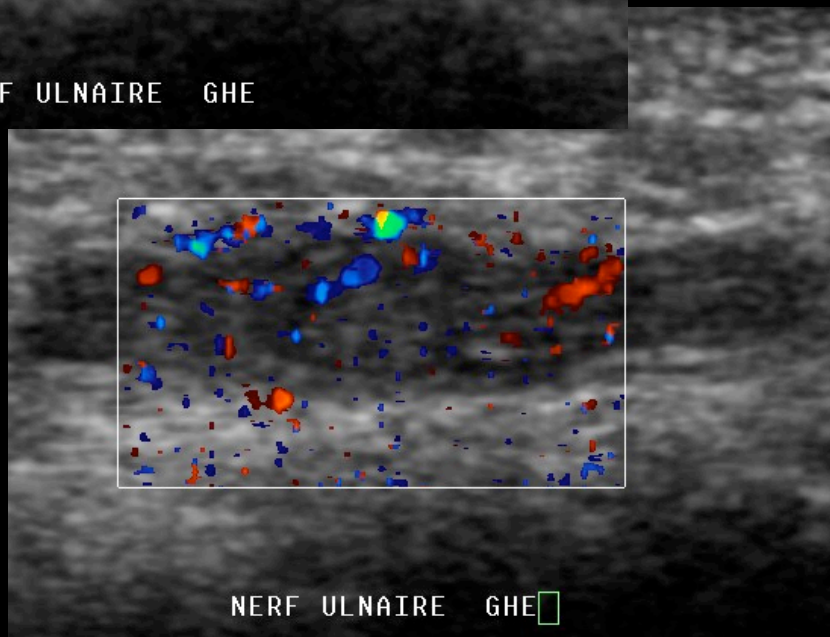
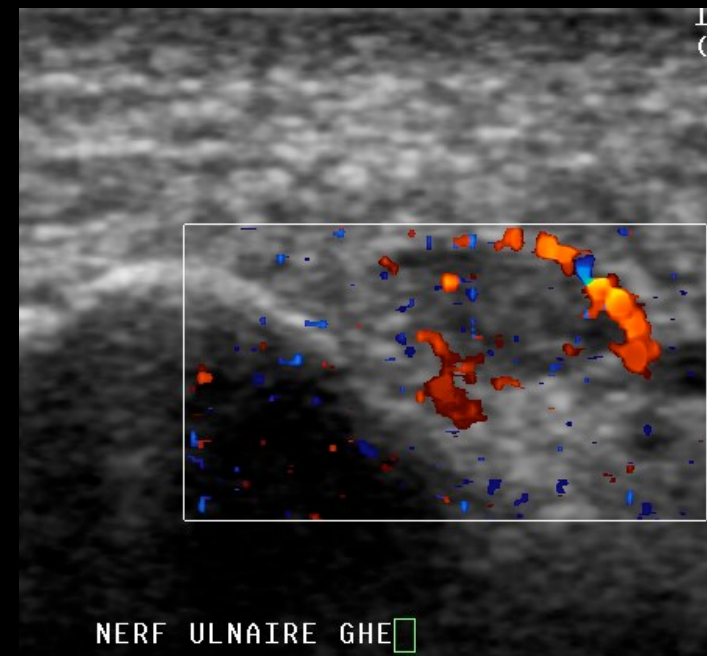
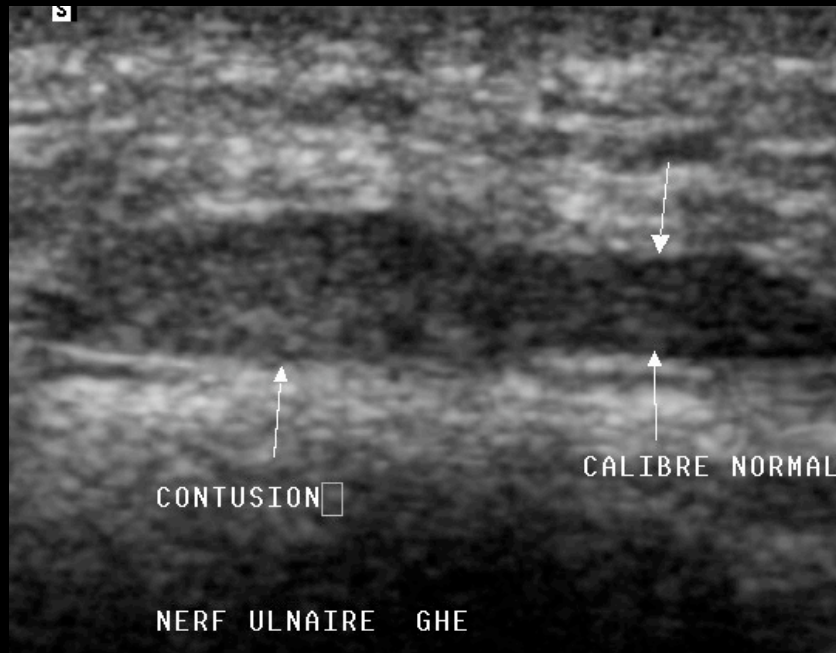


Structure kystique finement cloisonnée située en superficie de l'olécrâne à la face profonde des tissus sous cutanés avec hyperhémie au doppler couleur →

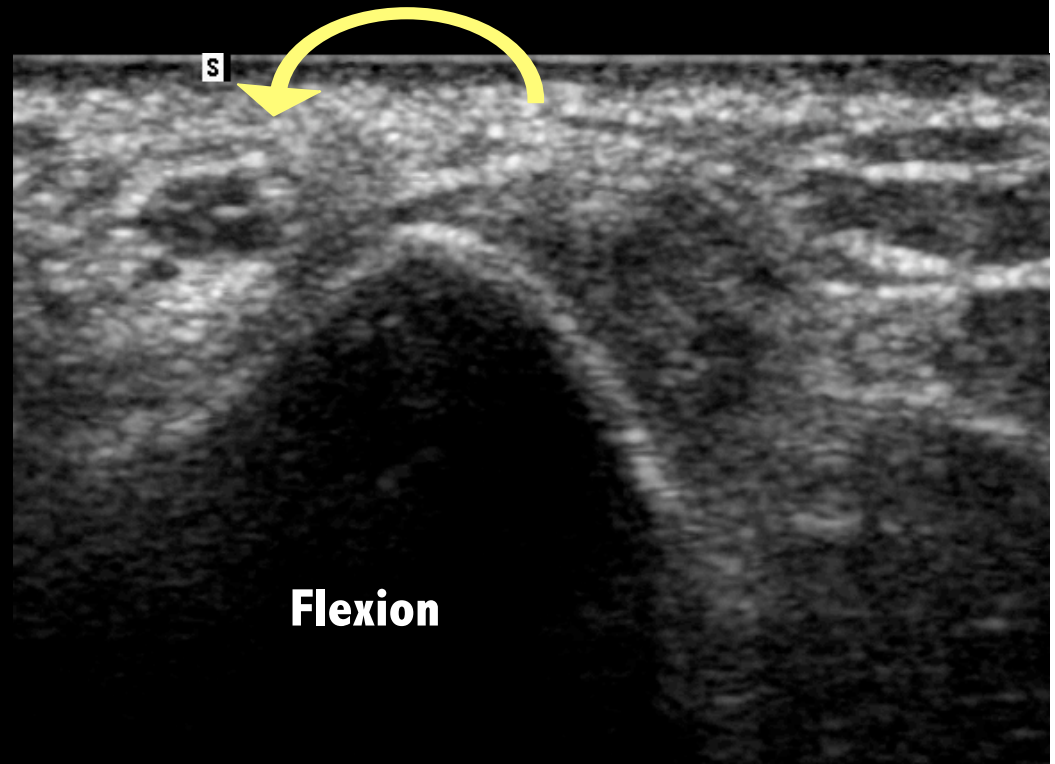
Atteinte du nerf ulnaire



Nerf ulnaire : contusion



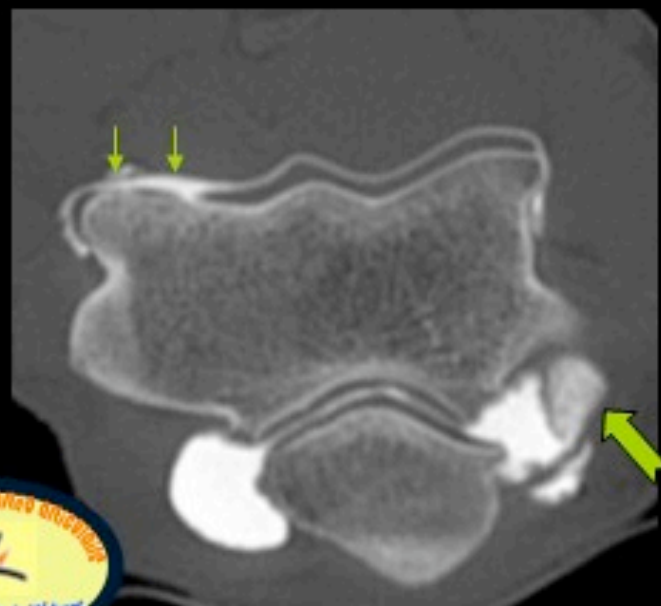
Nerf ulnaire : luxation antérieure en flexion



Compression du Nerf Ulnaire par un ostéochondrome secondaire

Paresthésies dans le territoire du nerf ulnaire.
Petite ossification (→) au contact du
nerf ulnaire (→) dans la gouttière rétro
olécrânienne.

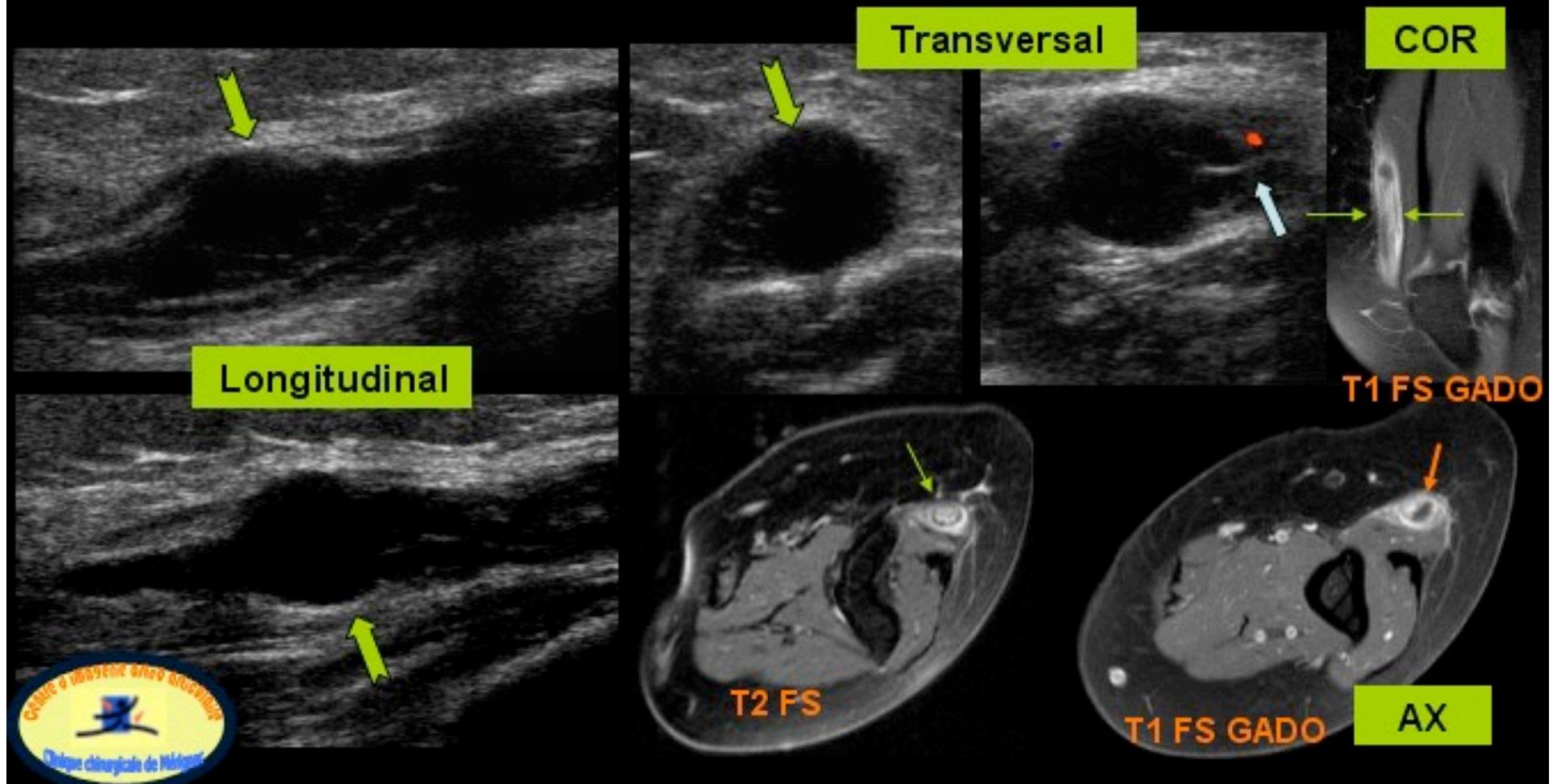
Sur l'arthroscanner lacune ostéochondrale du
condyle (→ *) correspondant au point de
départ de l'ostéochondrome (→).



Kyste Mucoïde intraneural du nerf ulnaire

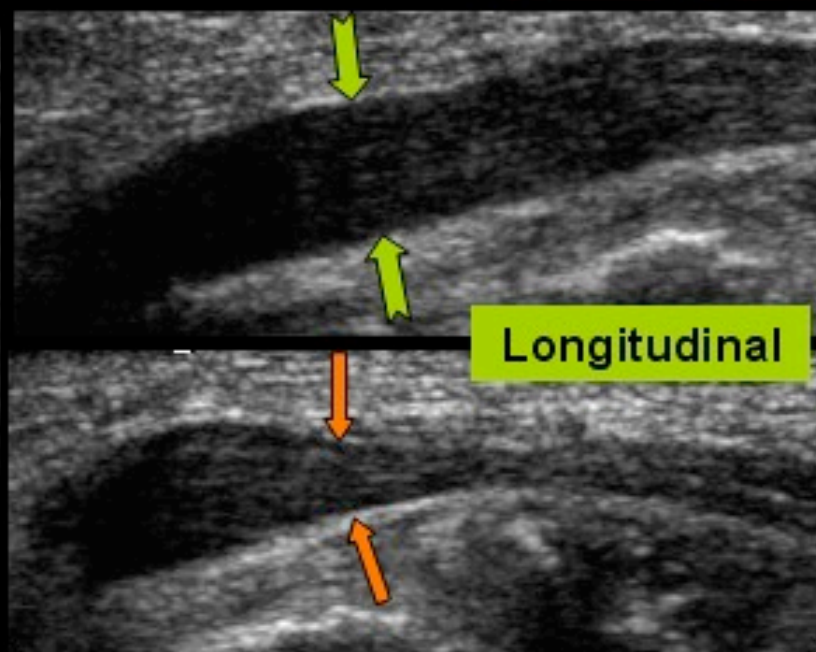
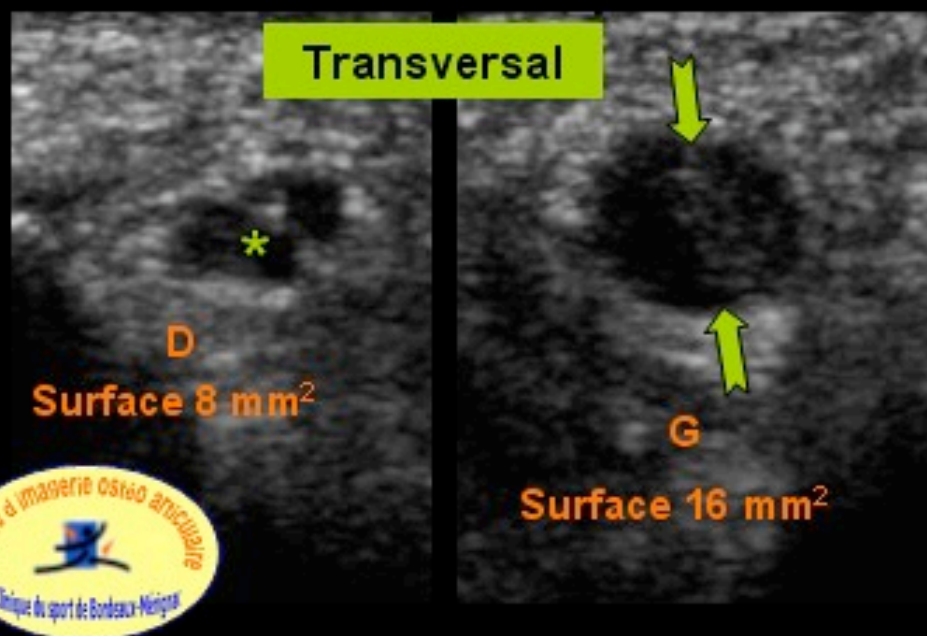
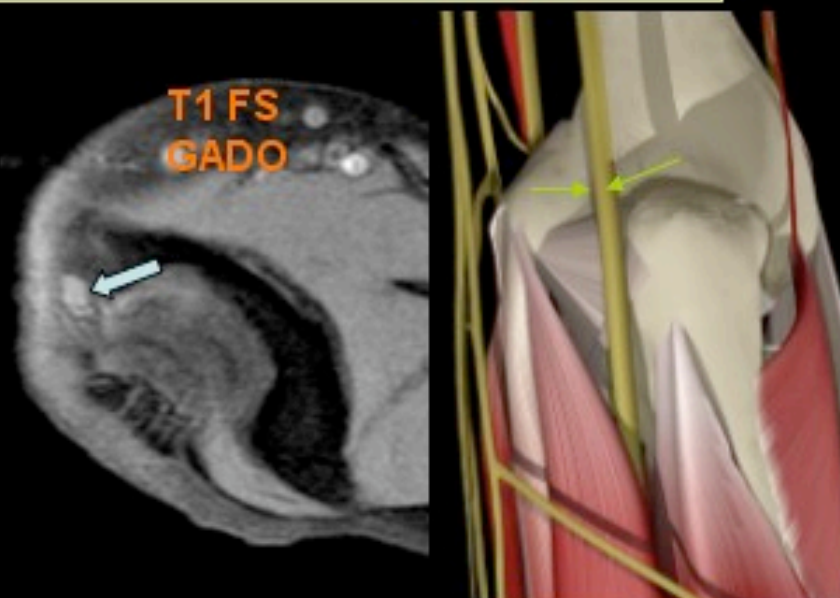
Paresthésies au long cours des 4 et 5^{ème} doigts.

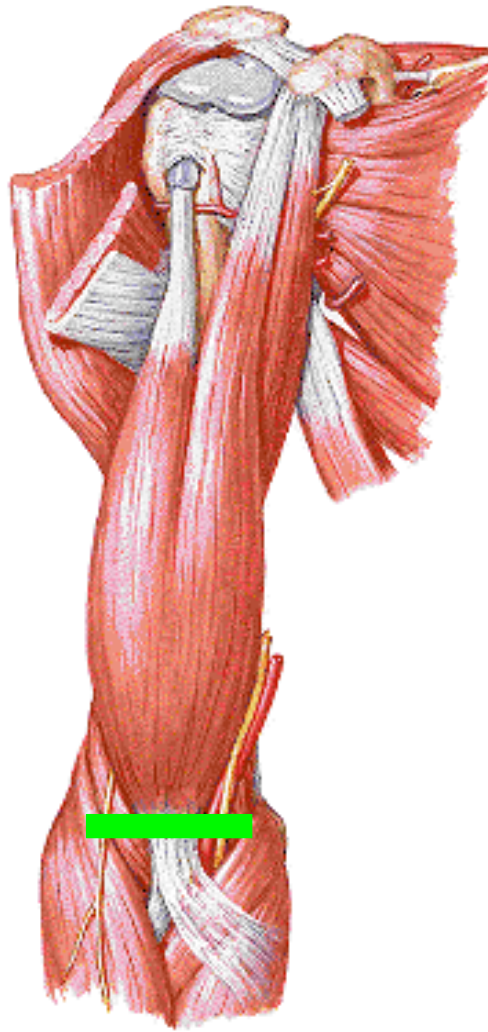
Structure kystique dissociant les fibres nerveuses (→) avec hyperhémie du périnévre (→). Sur l'IRM mis à part l'hypertrophie nerveuse en T2 (→), on retrouve une prise de contraste périphérique des structures kystiques (→).



Neuropathie Ulnaire au coude

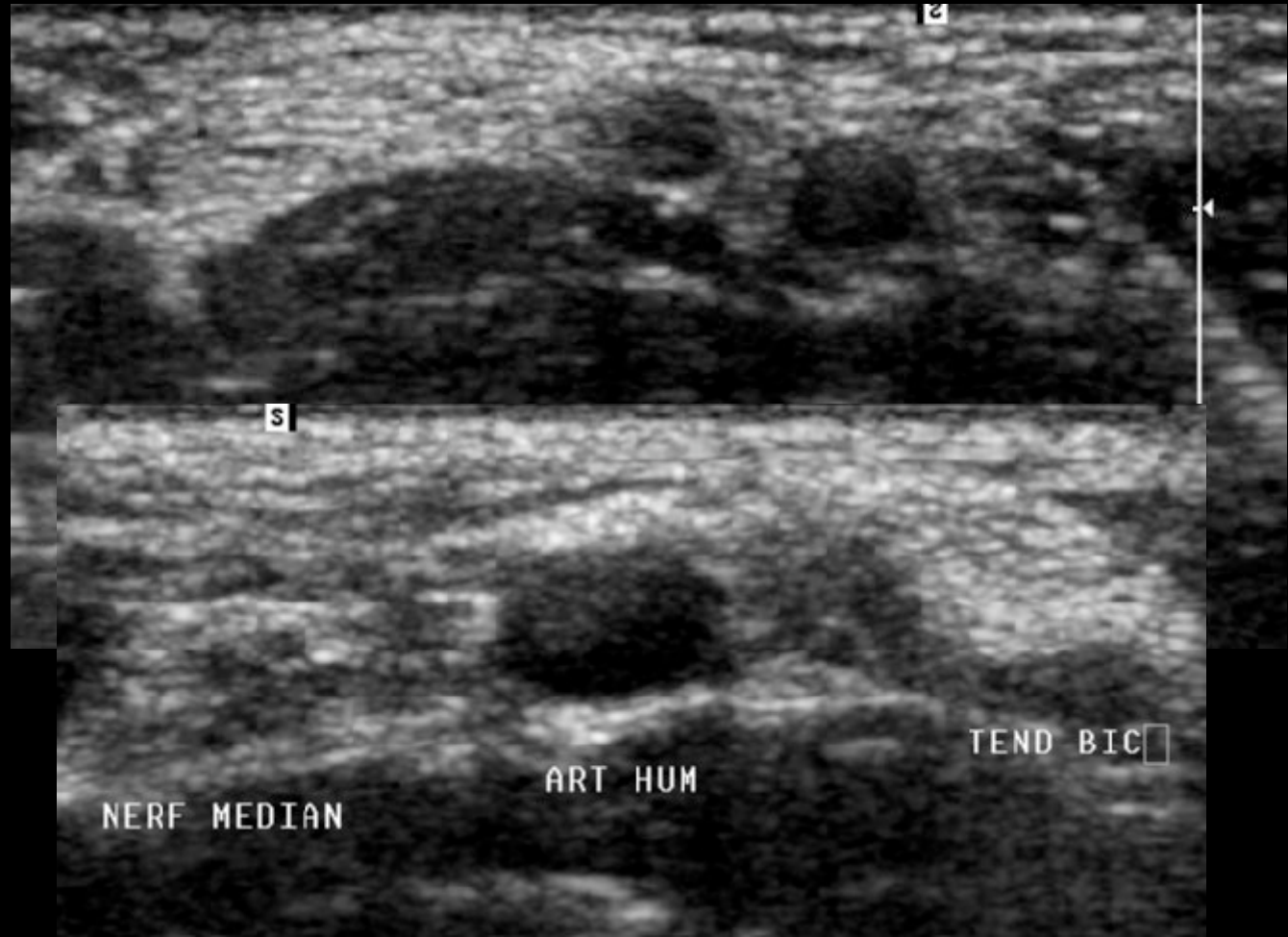
Paresthésies dans le territoire du nerf ulnaire.
Le nerf ulnaire gauche présente une nette hypertrophie (→) comparativement au nerf opposé (*) avec aspect en sablier dans la gouttière rétro condylienne (→).
Sur l'IRM après injection on note une prise de contraste du nerf (→).
Aspect et topographie normaux (→).



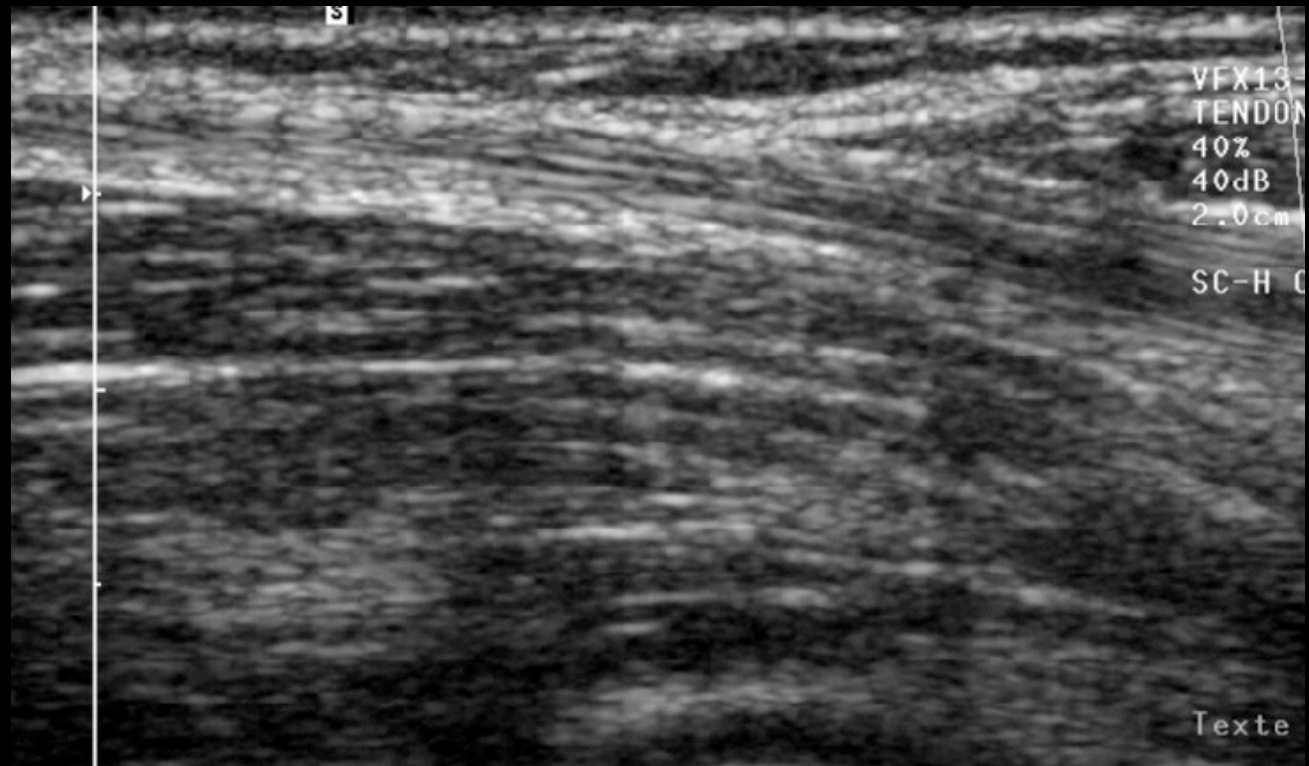
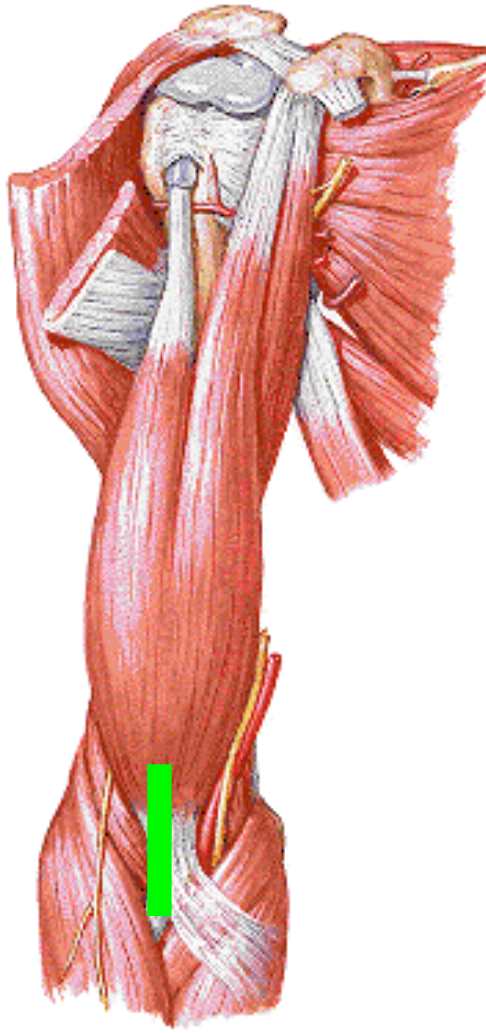


De dehors en dedans

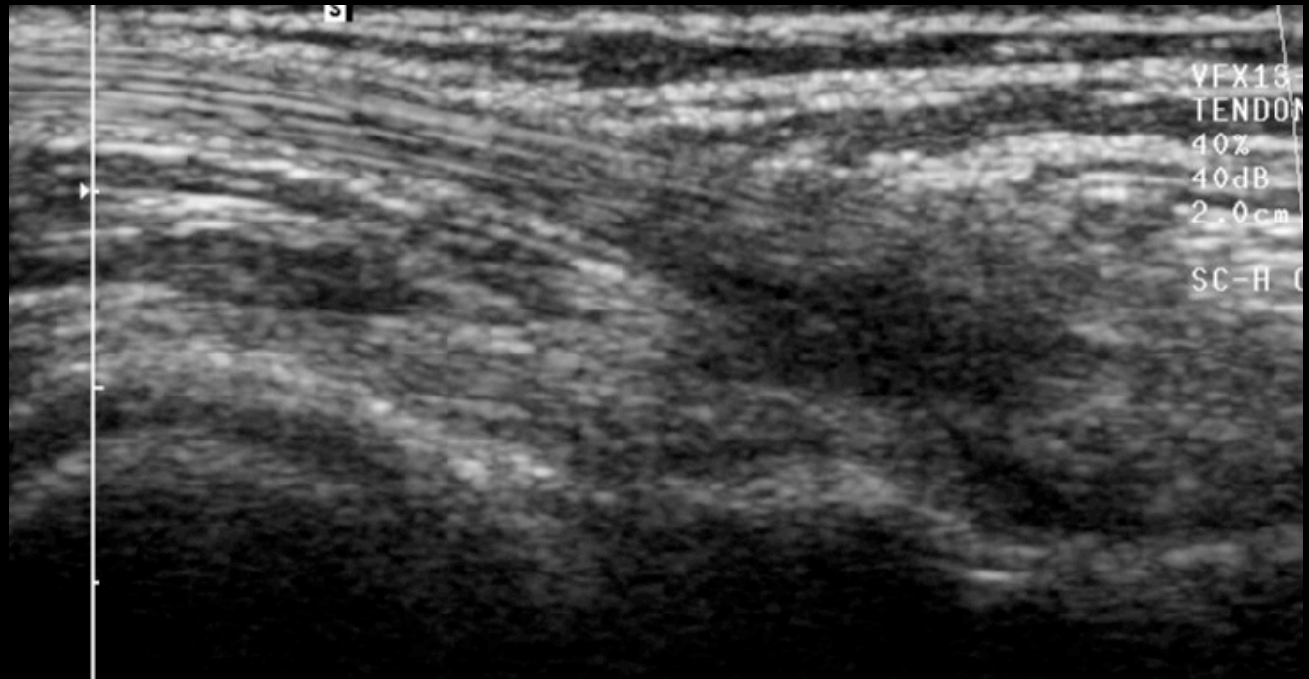
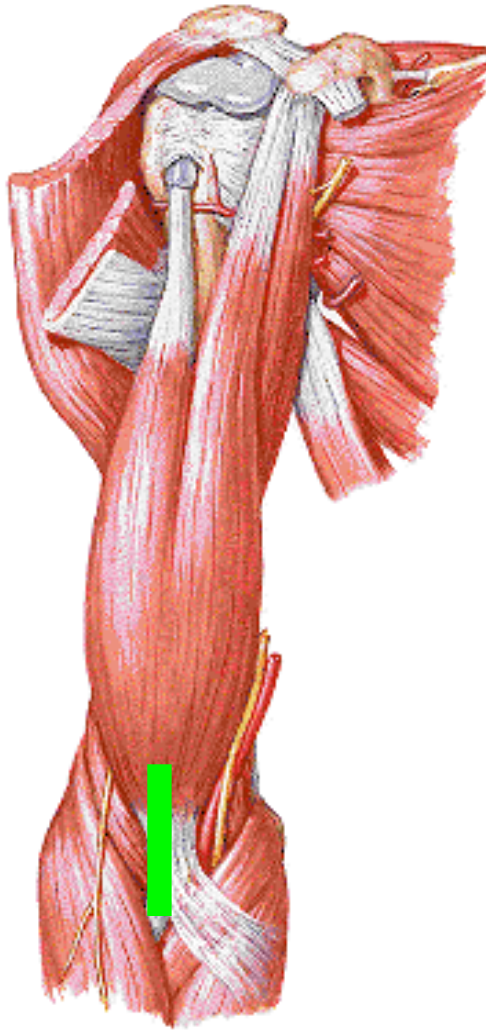
Tend Biceps – Art brachiale – Nerf Médian



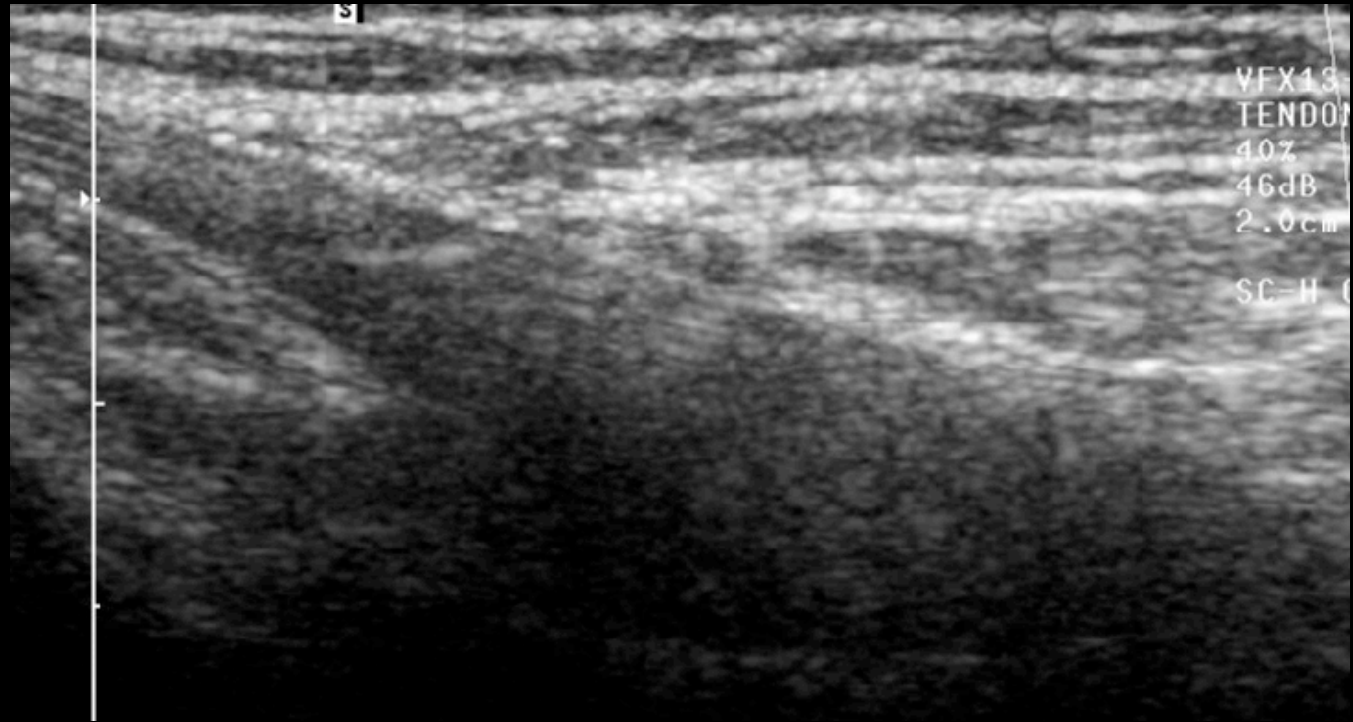
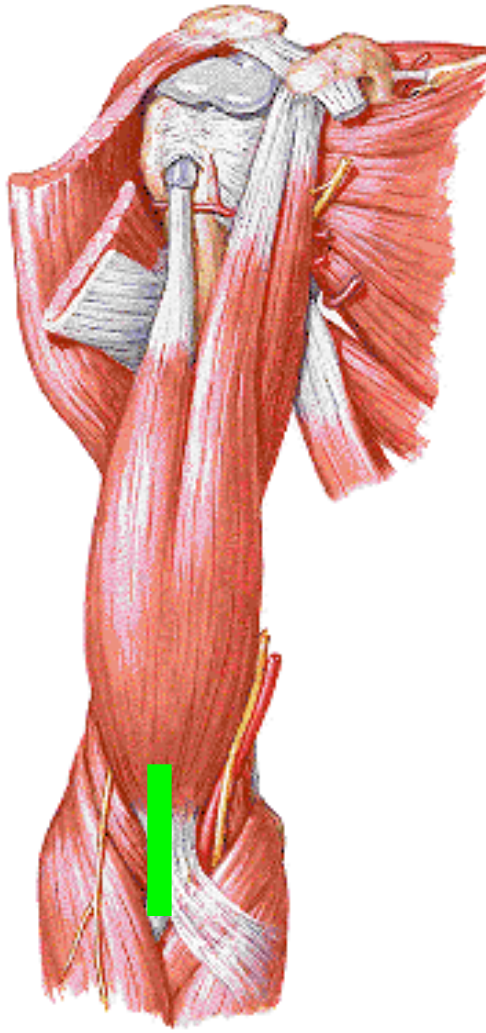
Tendon du Biceps brachial



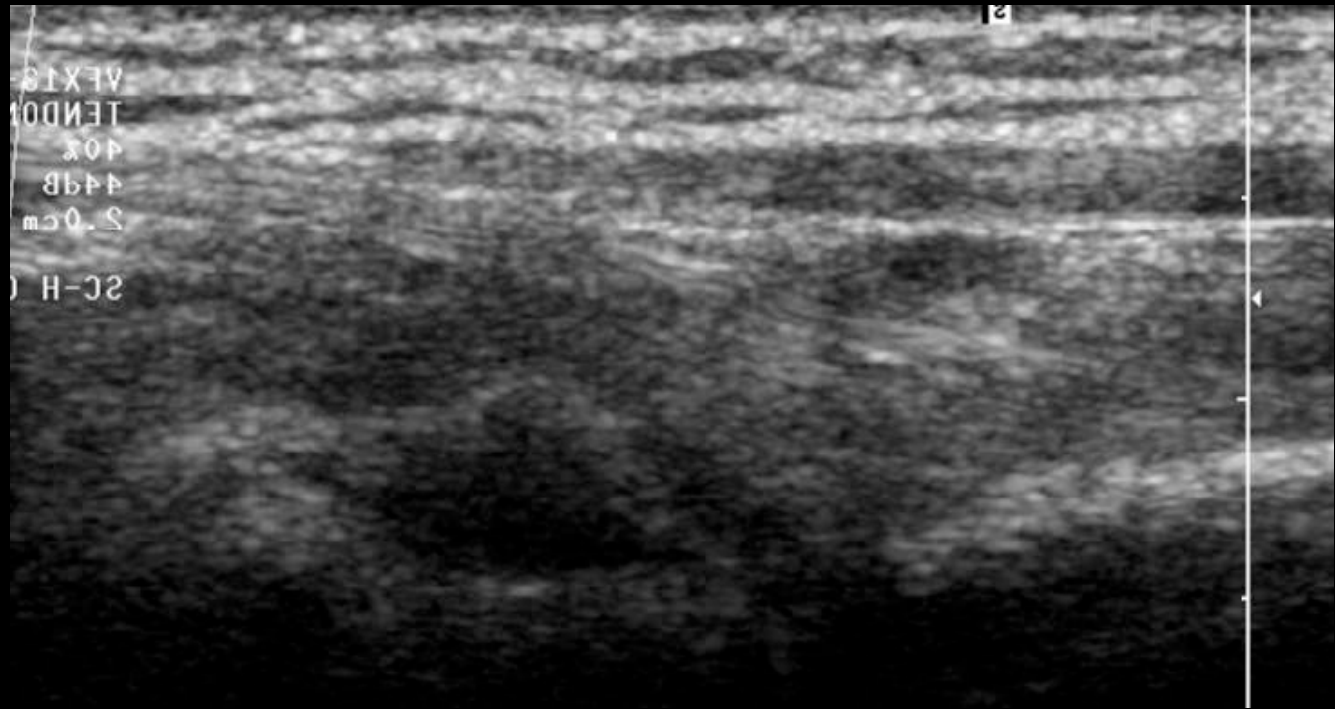
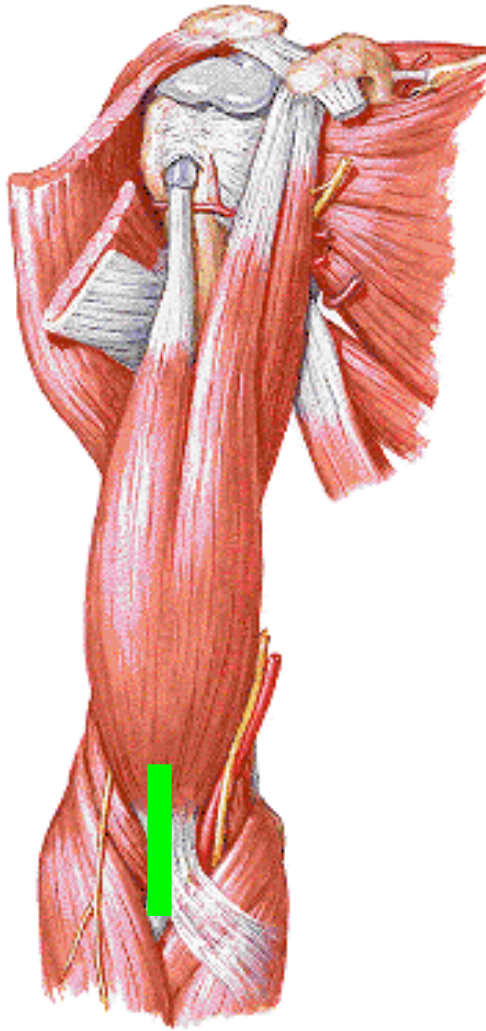
Tendon du Biceps brachial

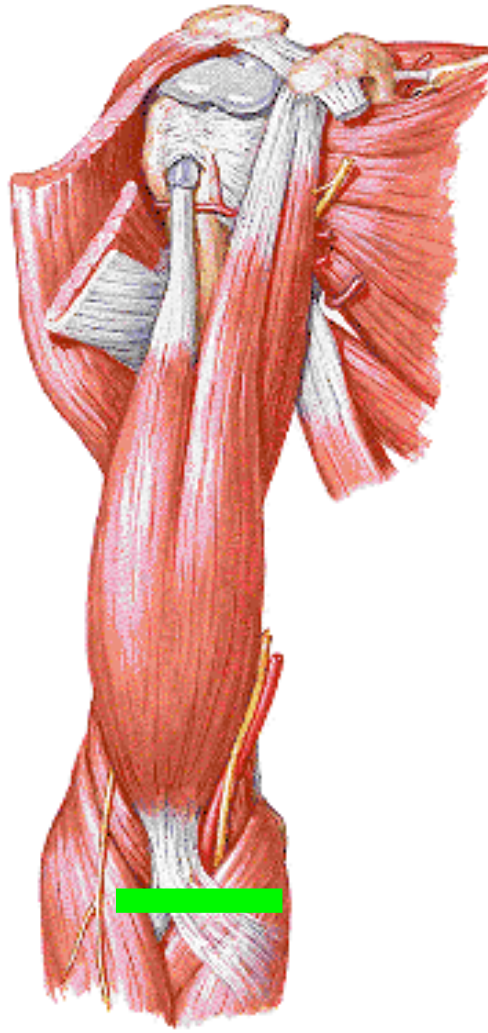


Tendon du Biceps brachial

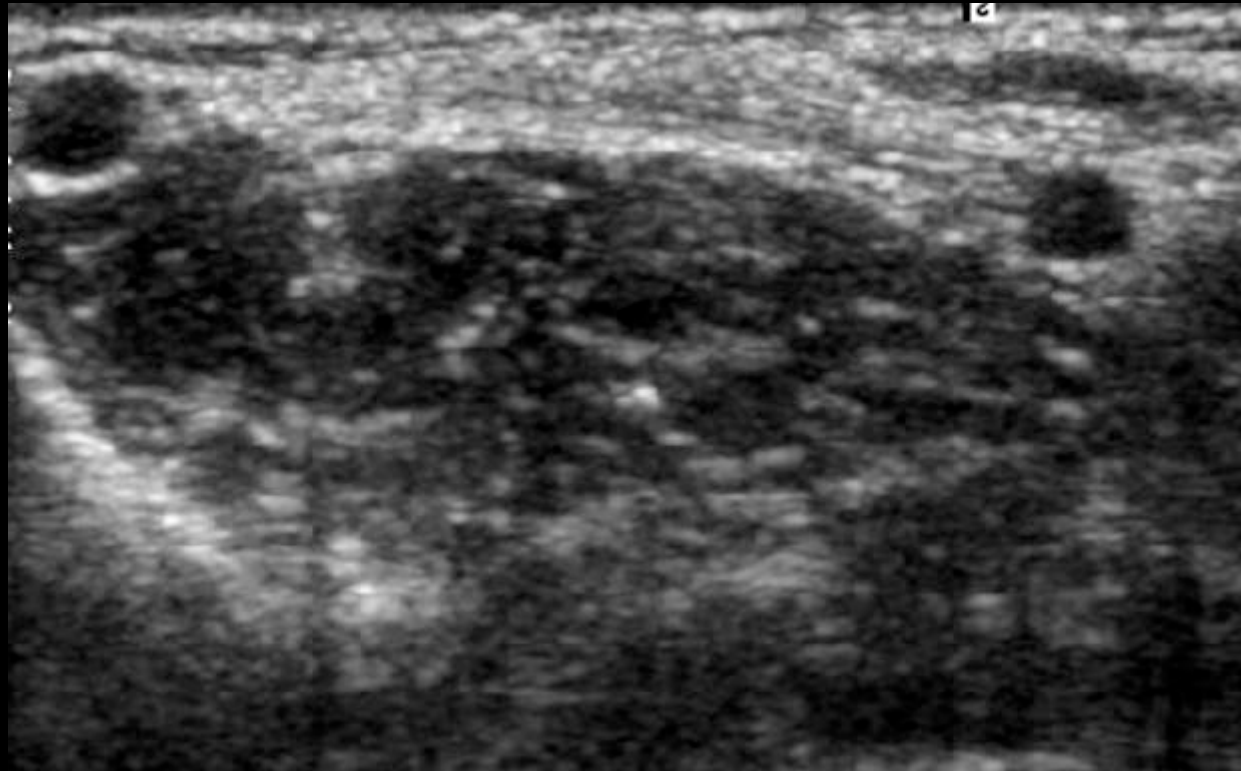


Tendon du Biceps brachial

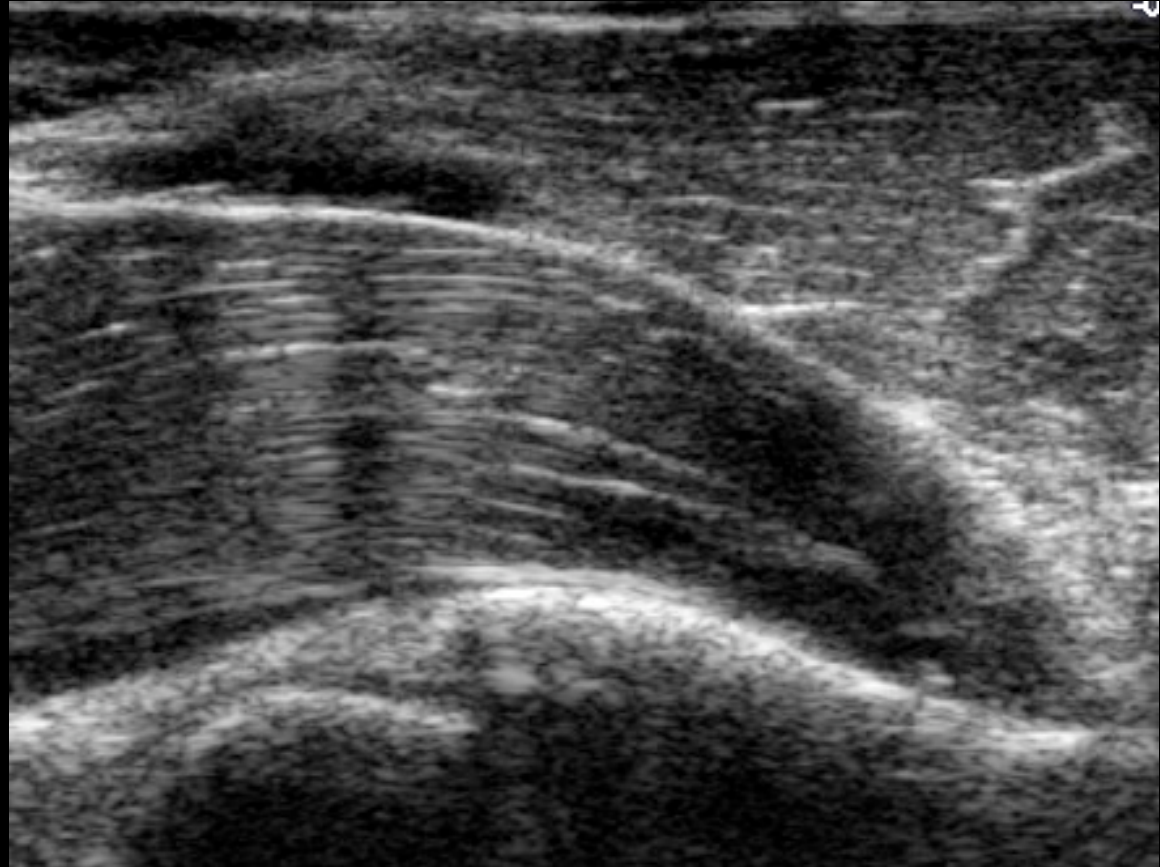


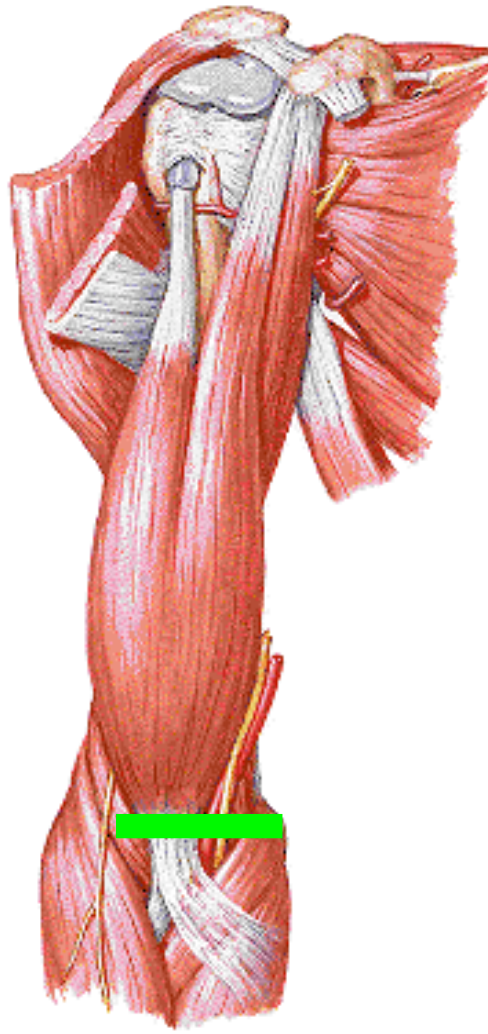


Expansion aponévrotique biceps

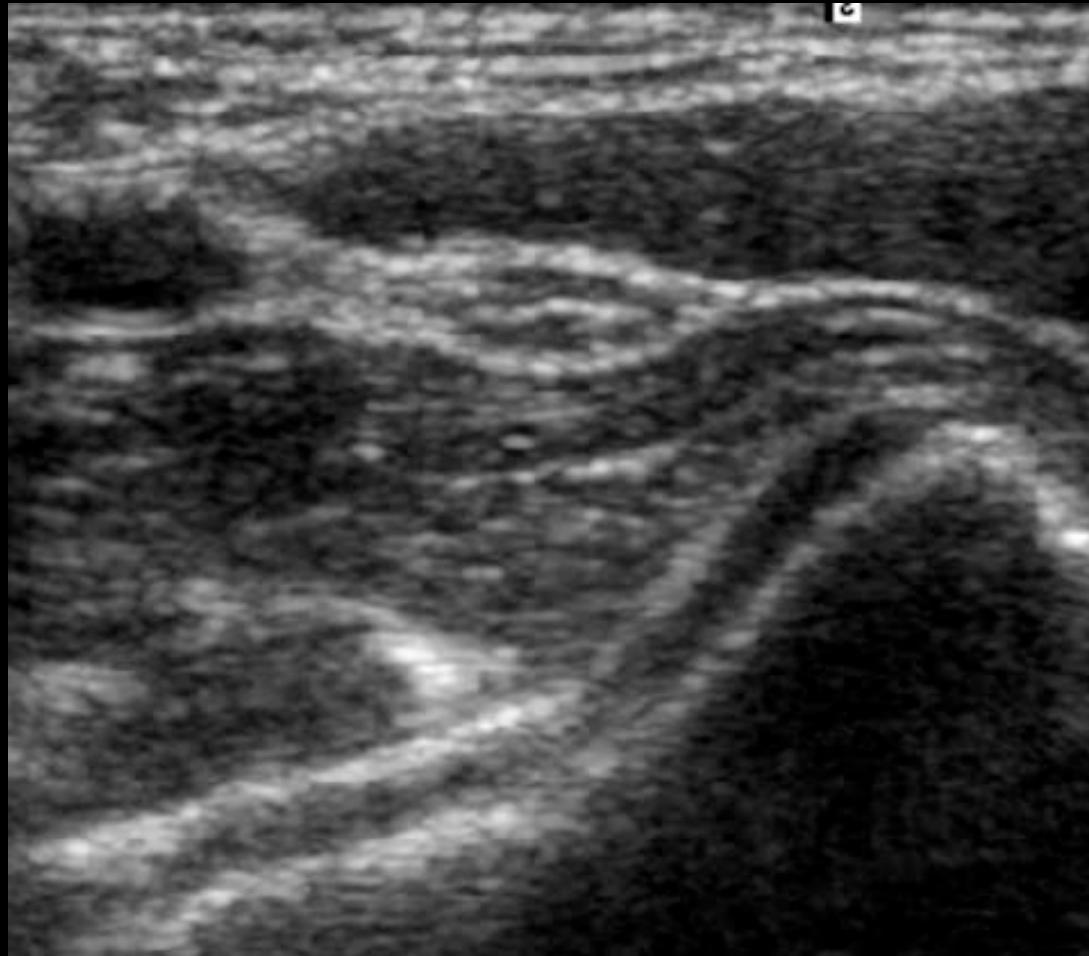


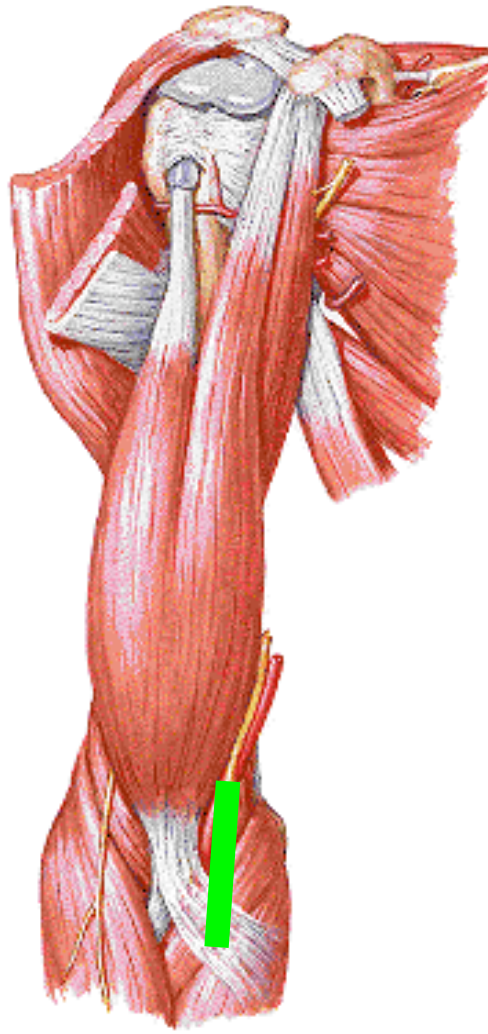
Brachial ant



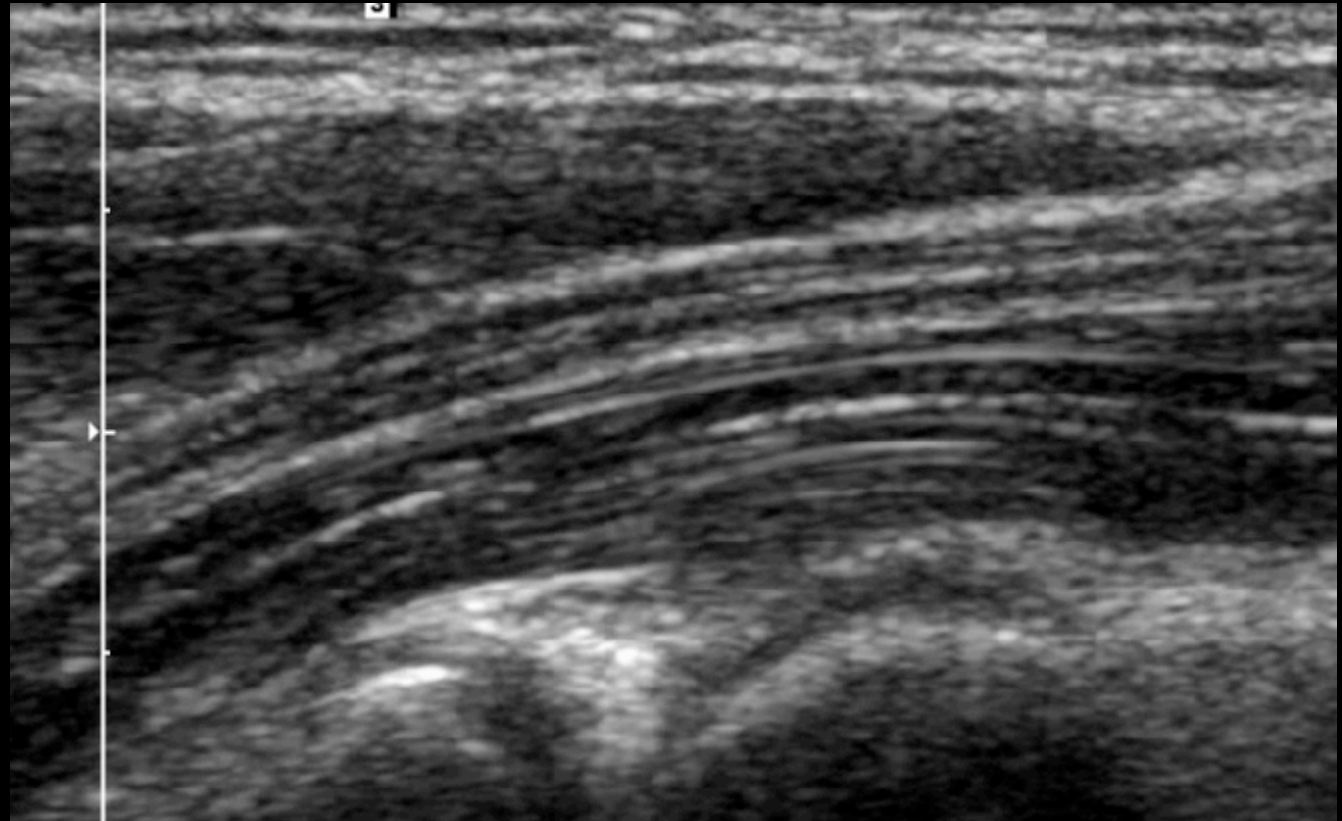


Nerf médian

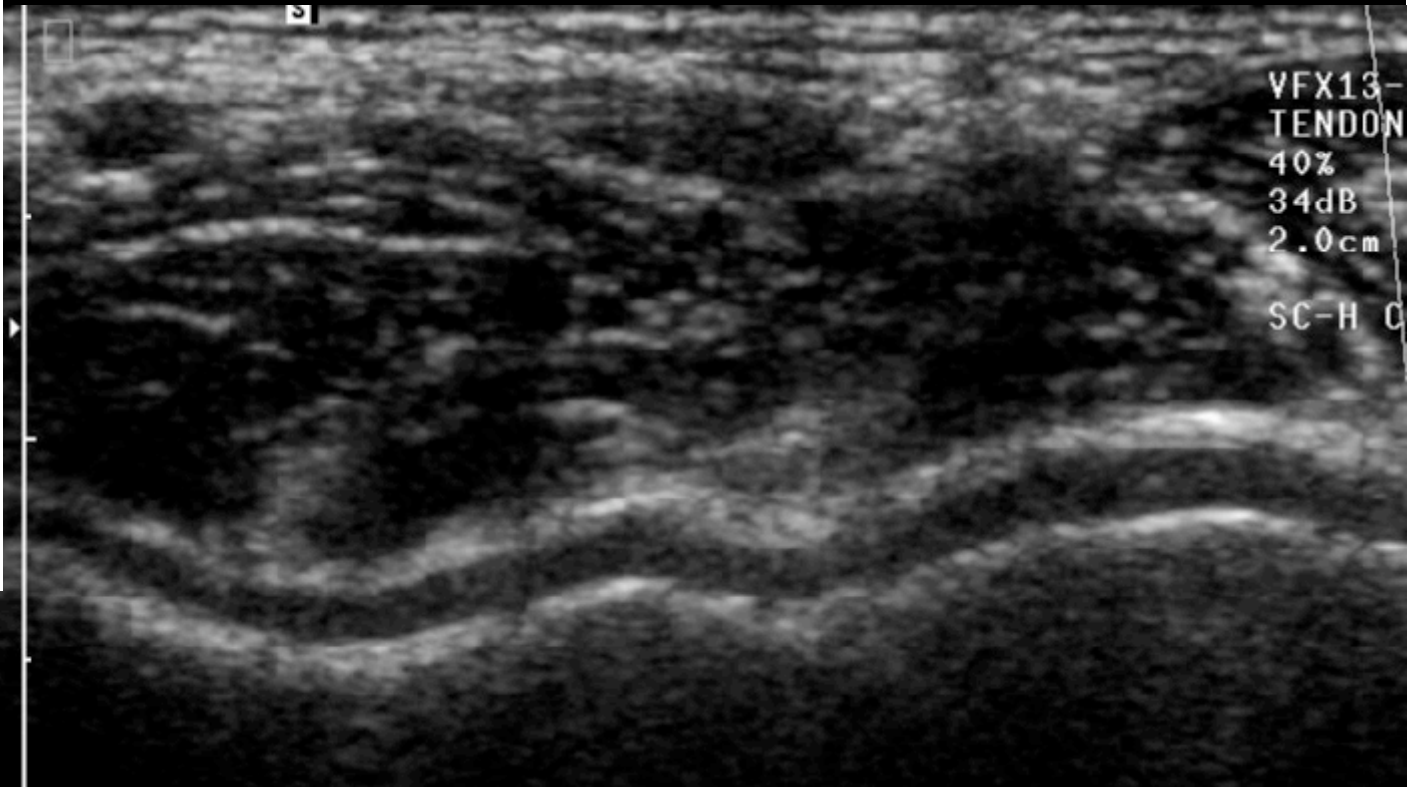
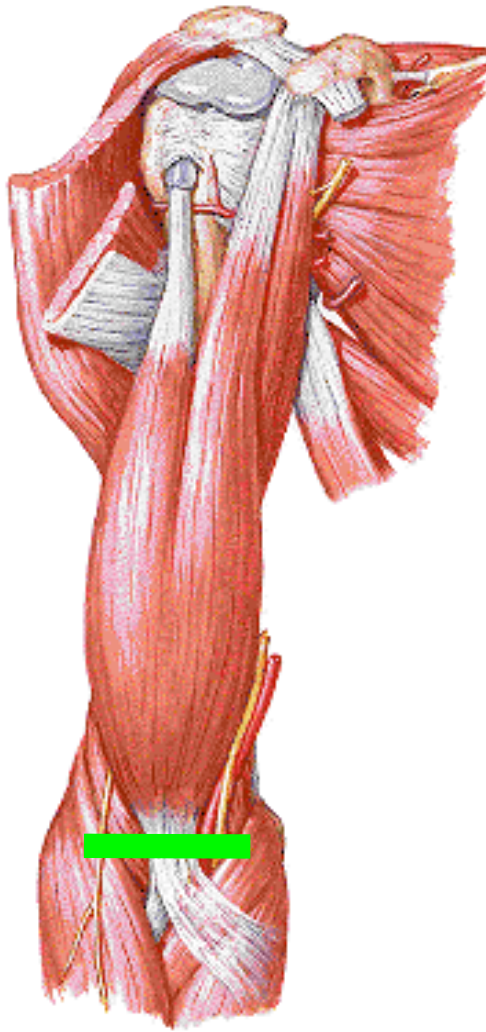




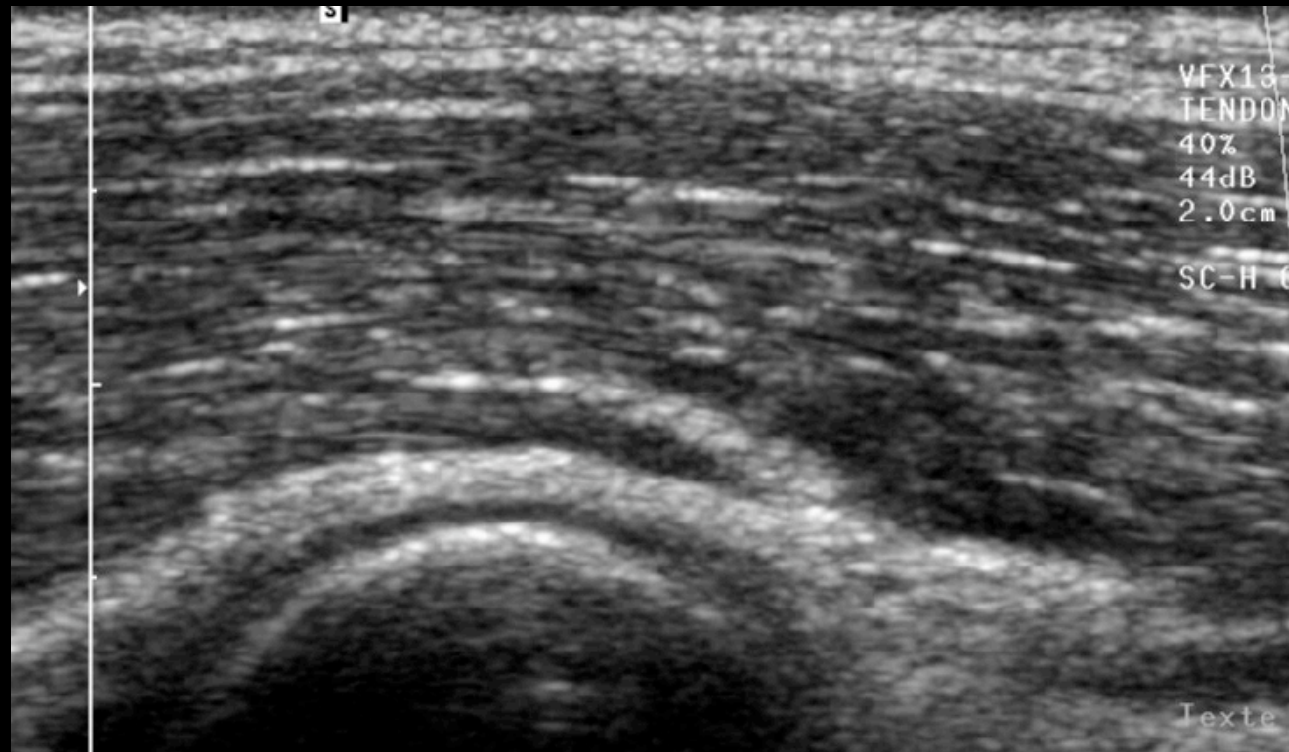
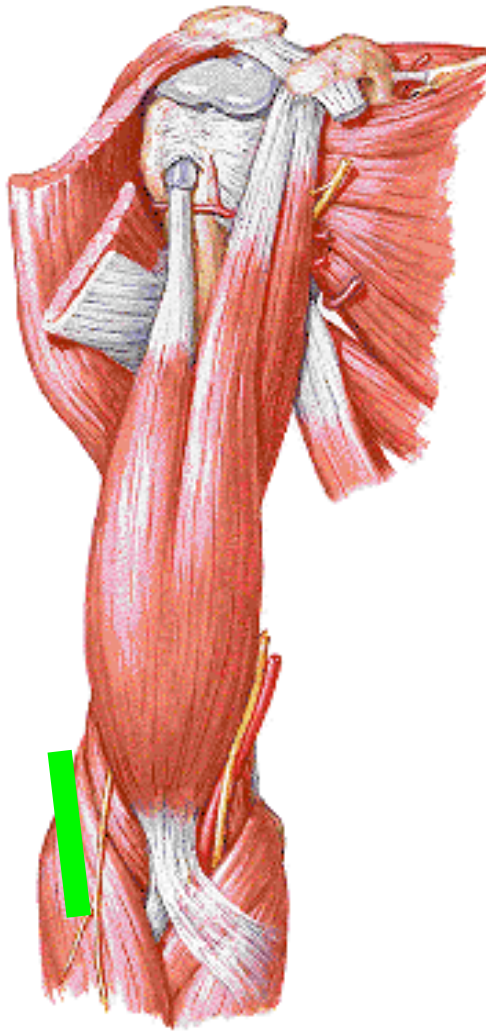
Nerf médian

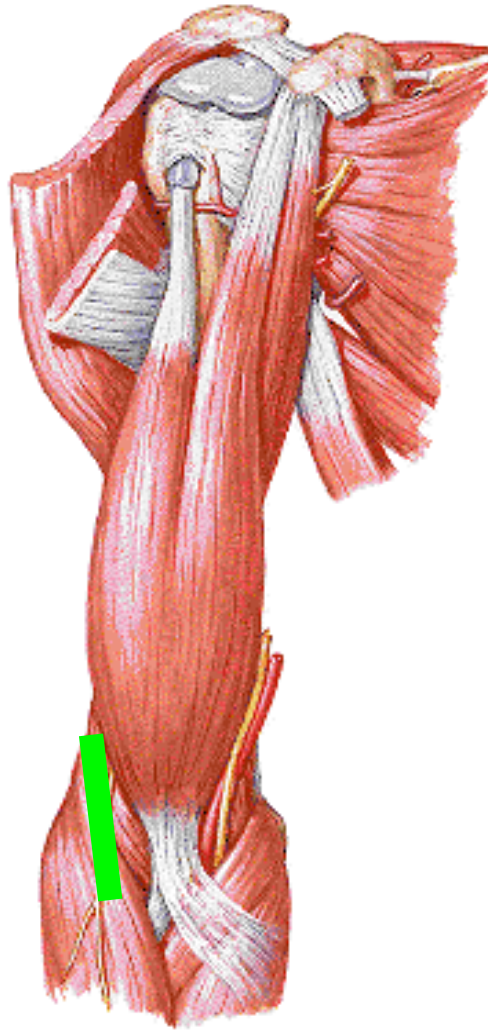


Recessus antérieur du coude

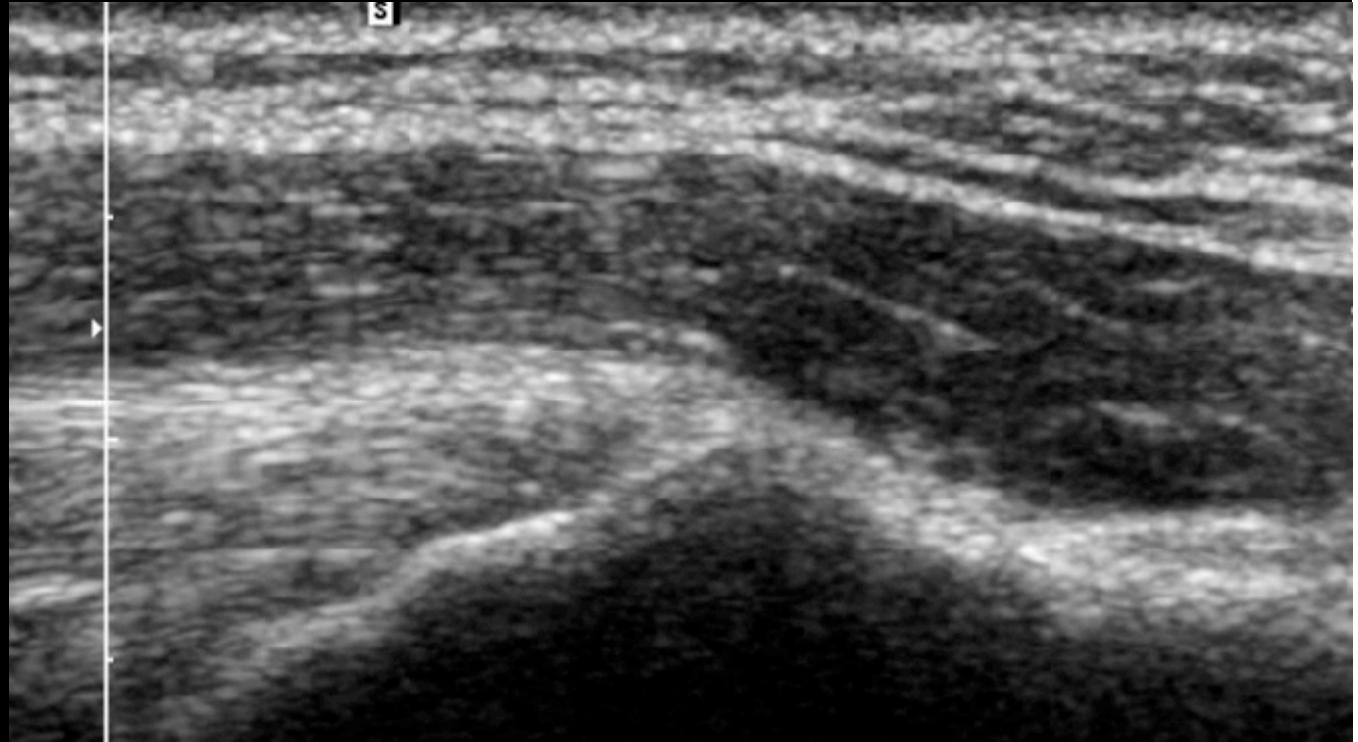


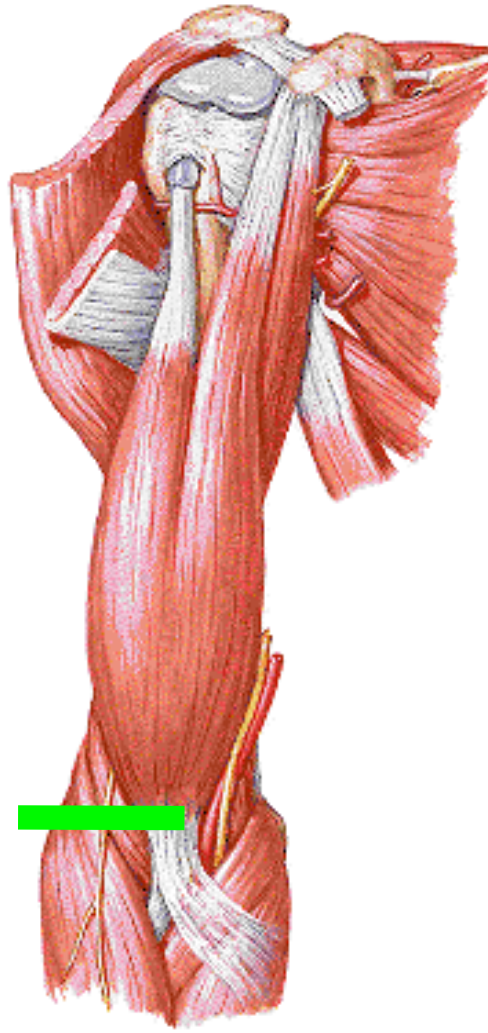
Muscle brachio radial



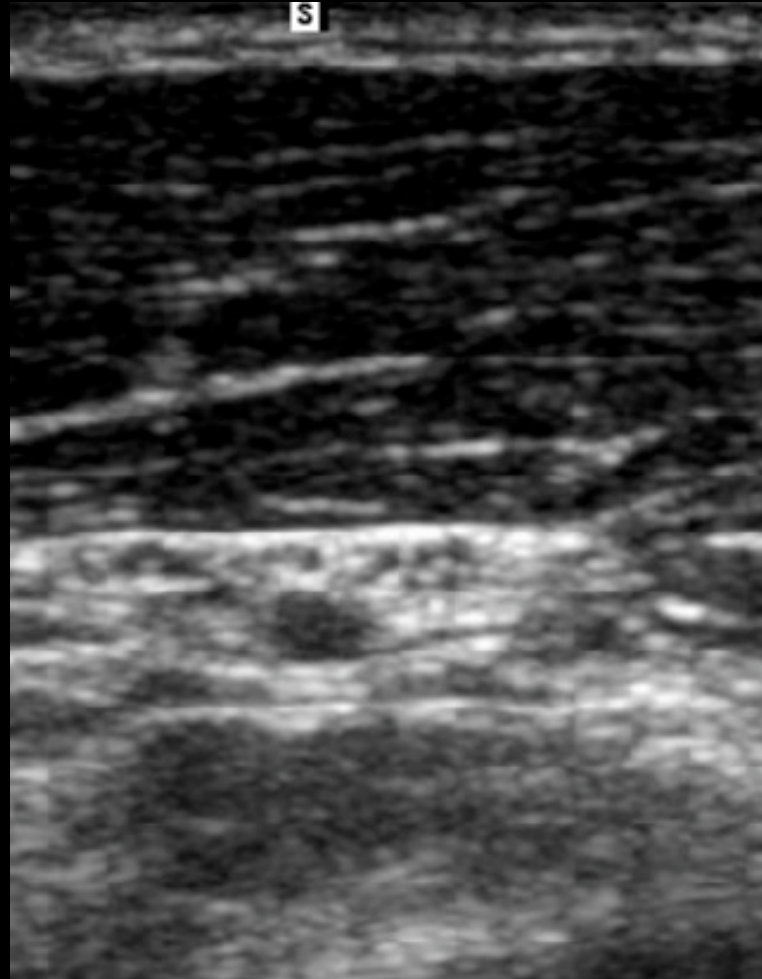


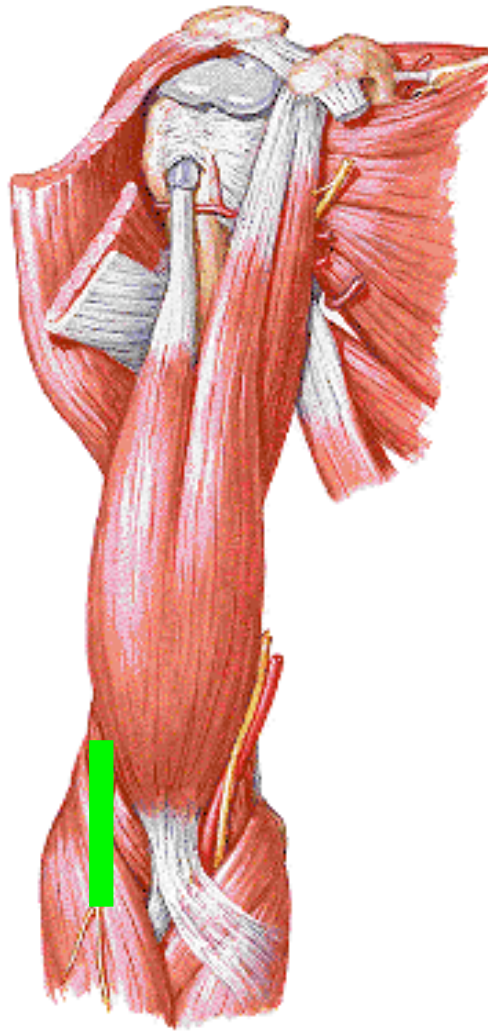
Muscle LERC



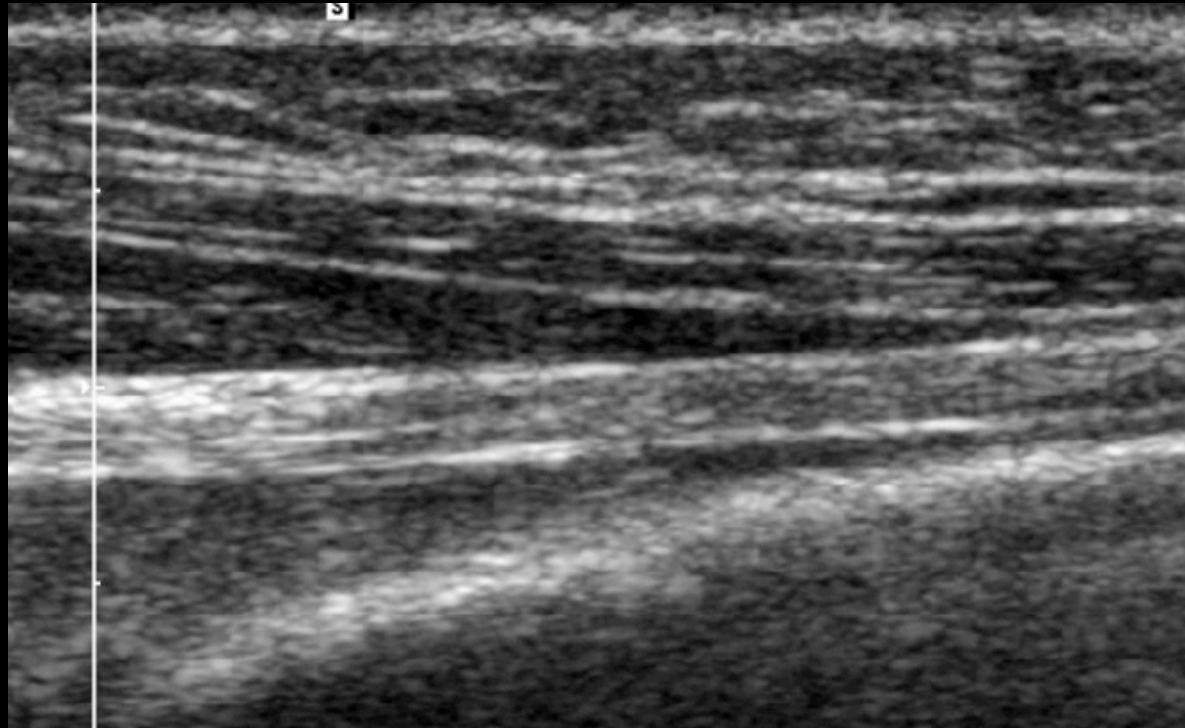


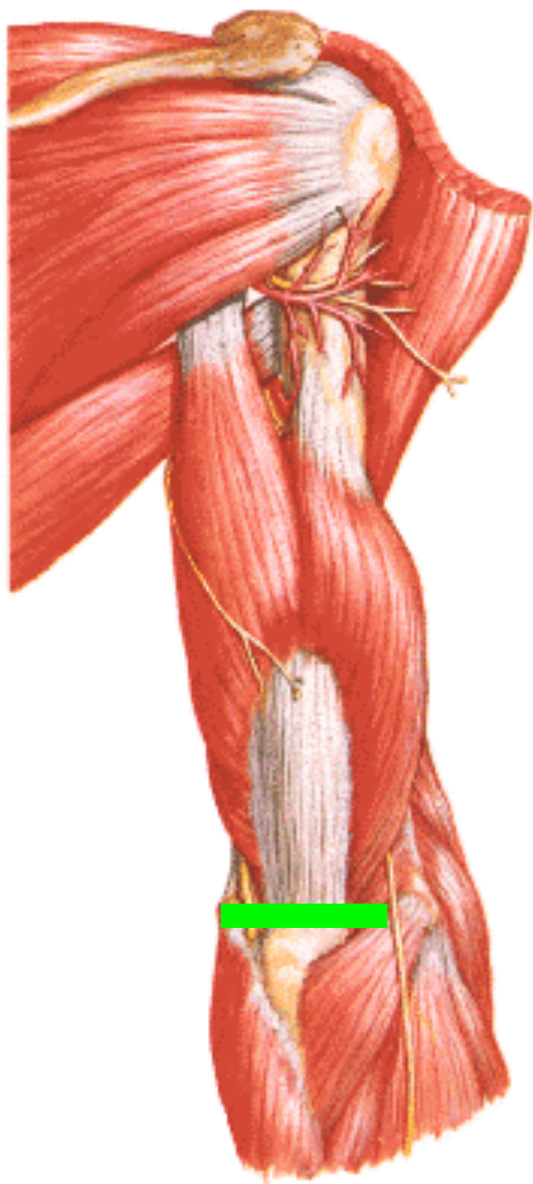
Nerf Radial



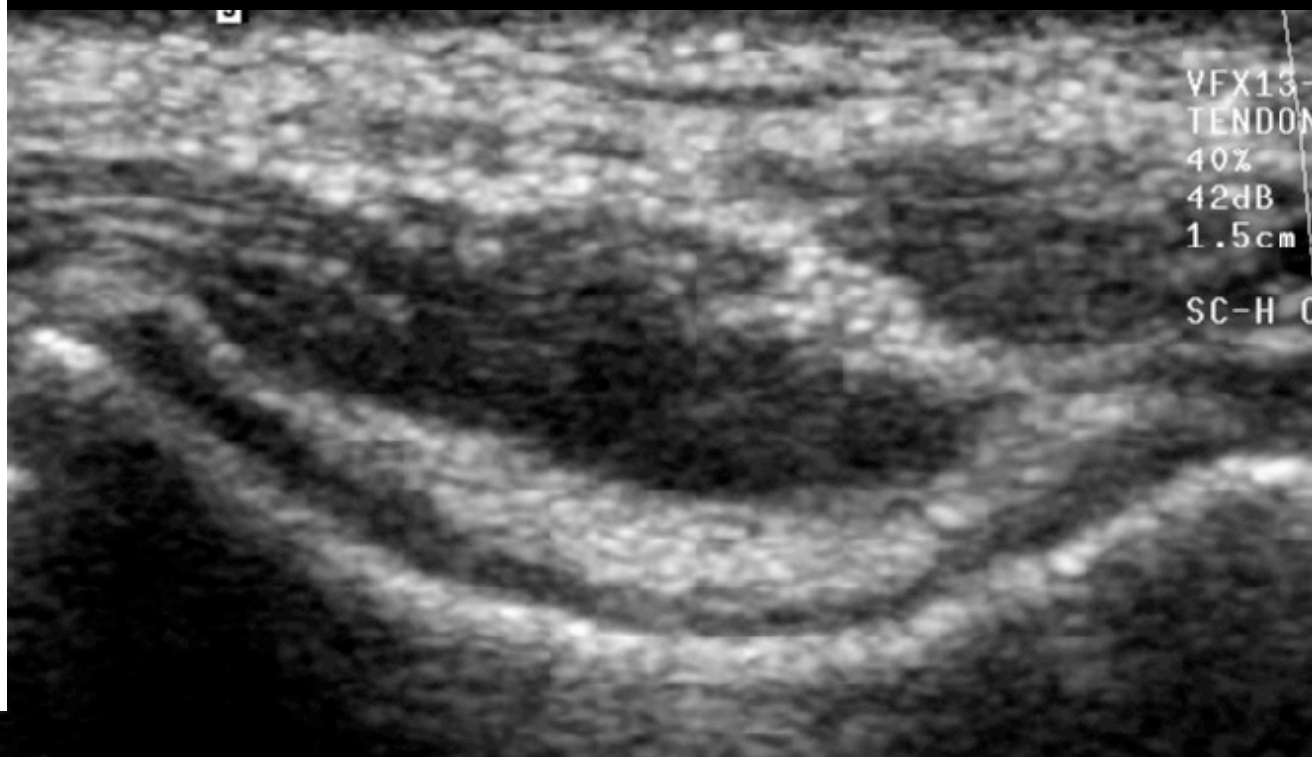


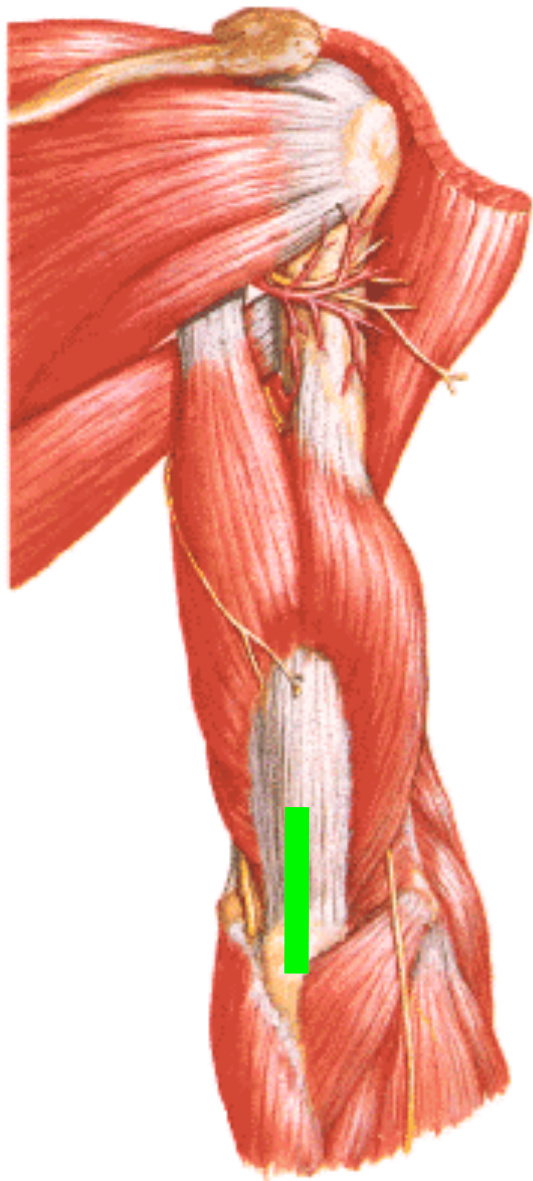
Nerf Radial



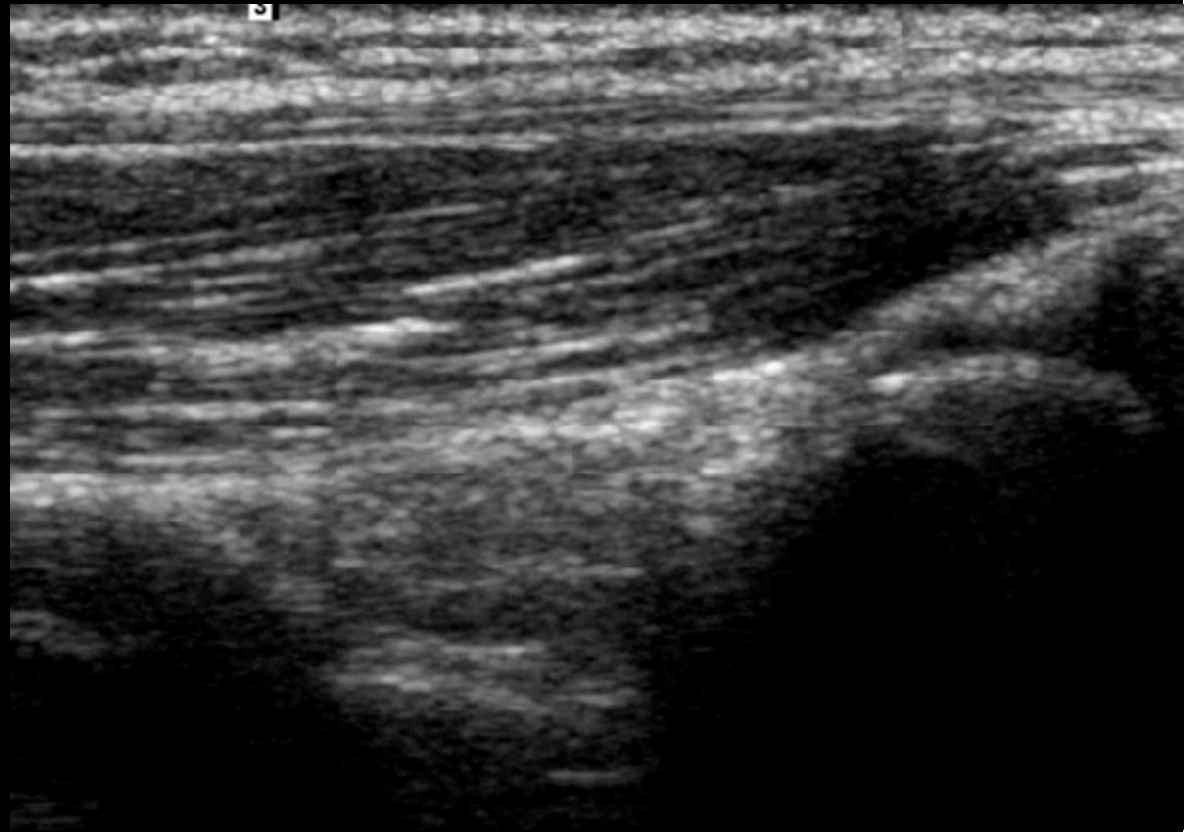


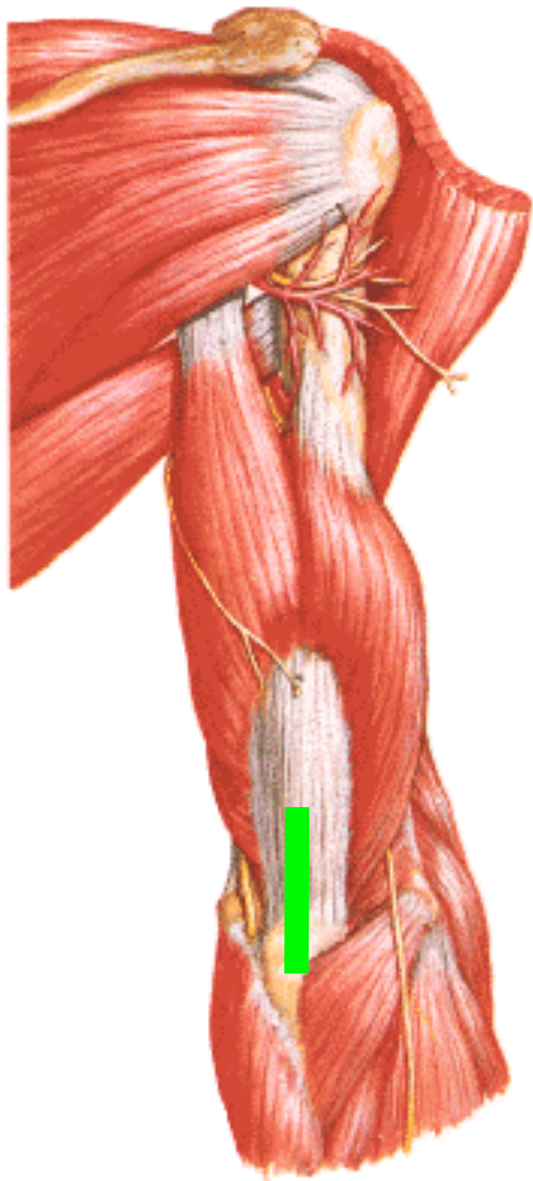
Recessus posterior du coude



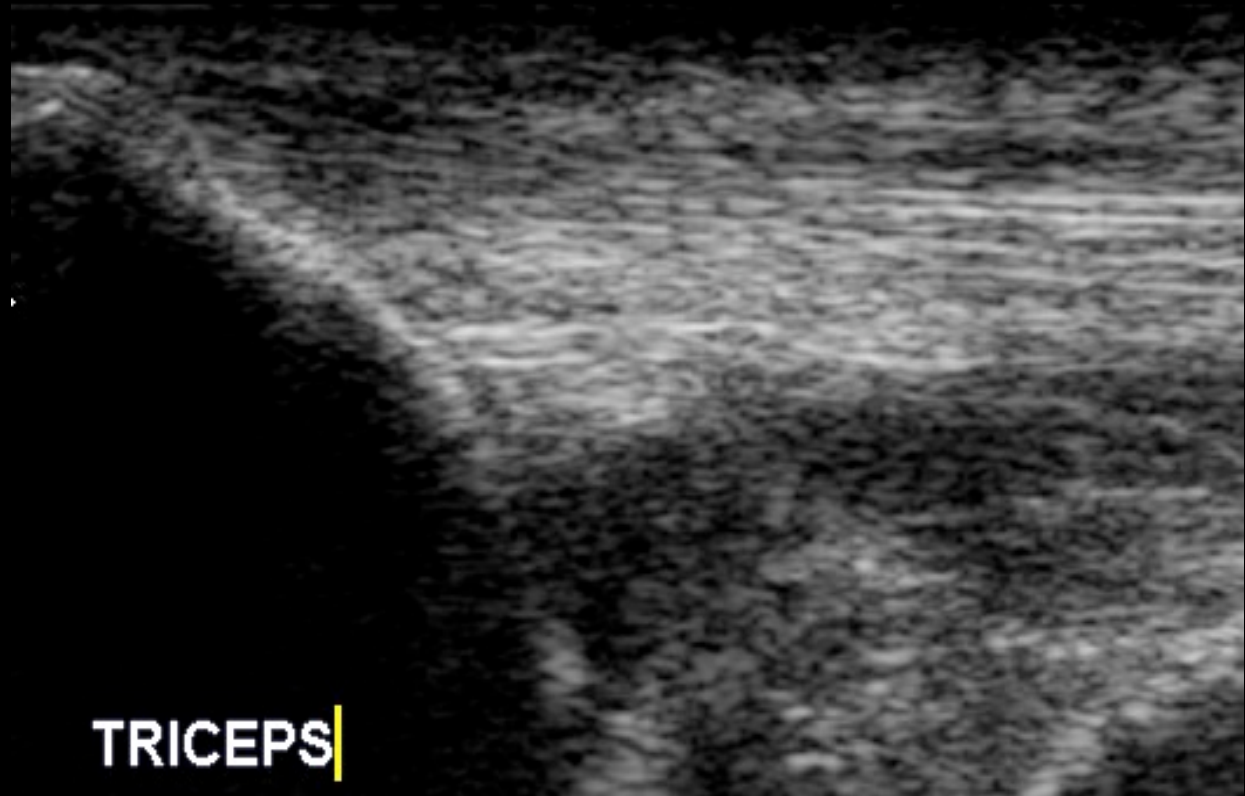


Recessus posterior du coude

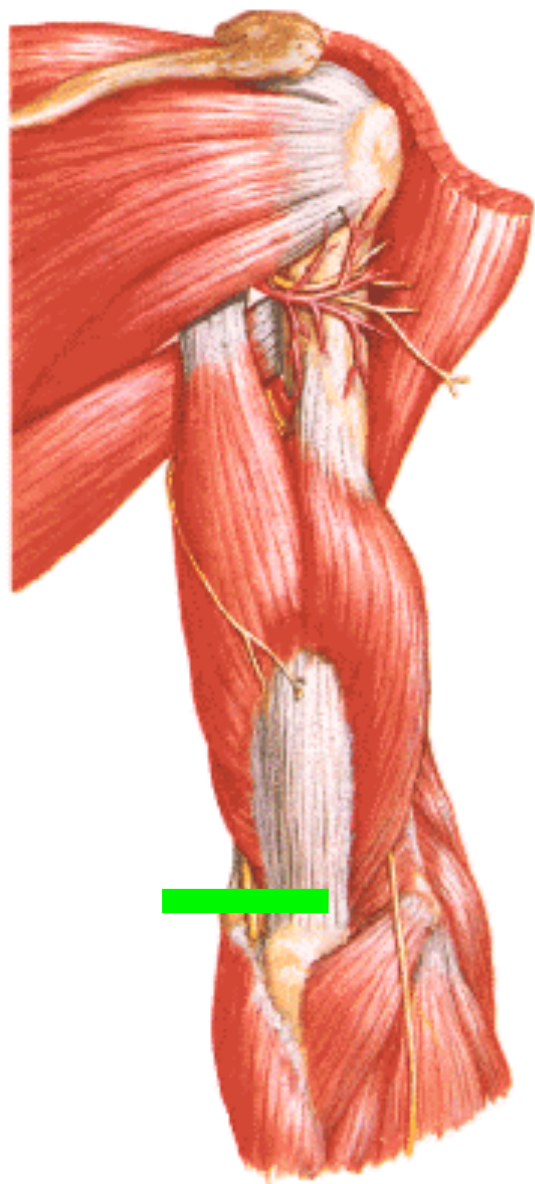




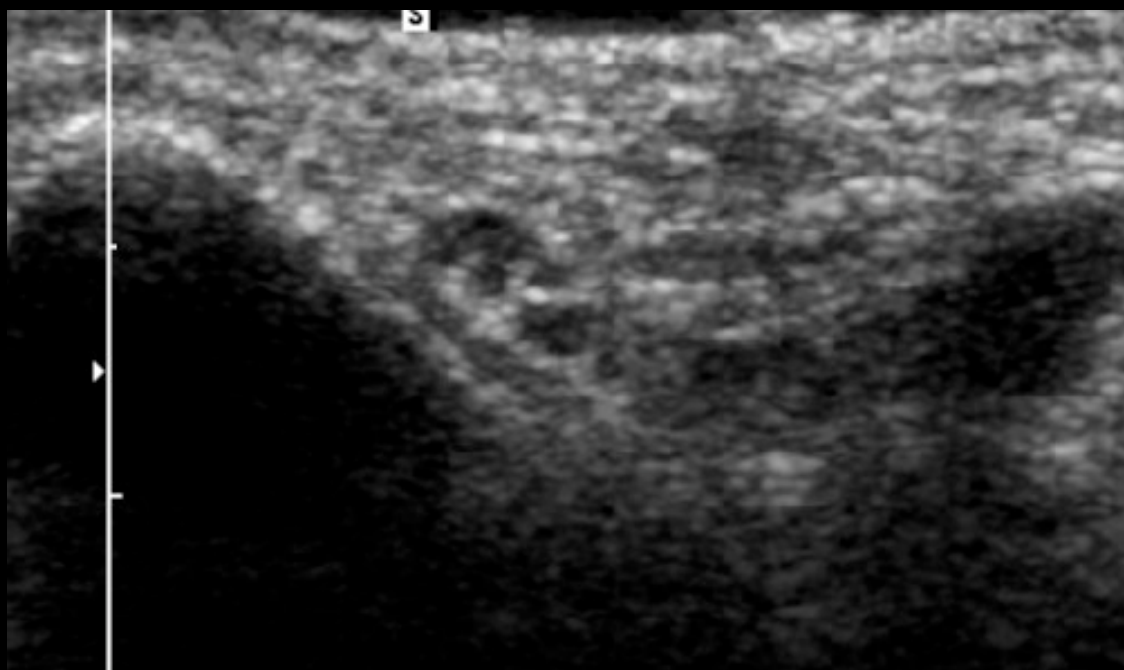
Tendon du triceps brachial



TRICEPS



Nerf ulnaire



LLI Coude : Fx ant

