

Abdomens organer

Øvre abdomen

Michel Bach Hellfritzs

1

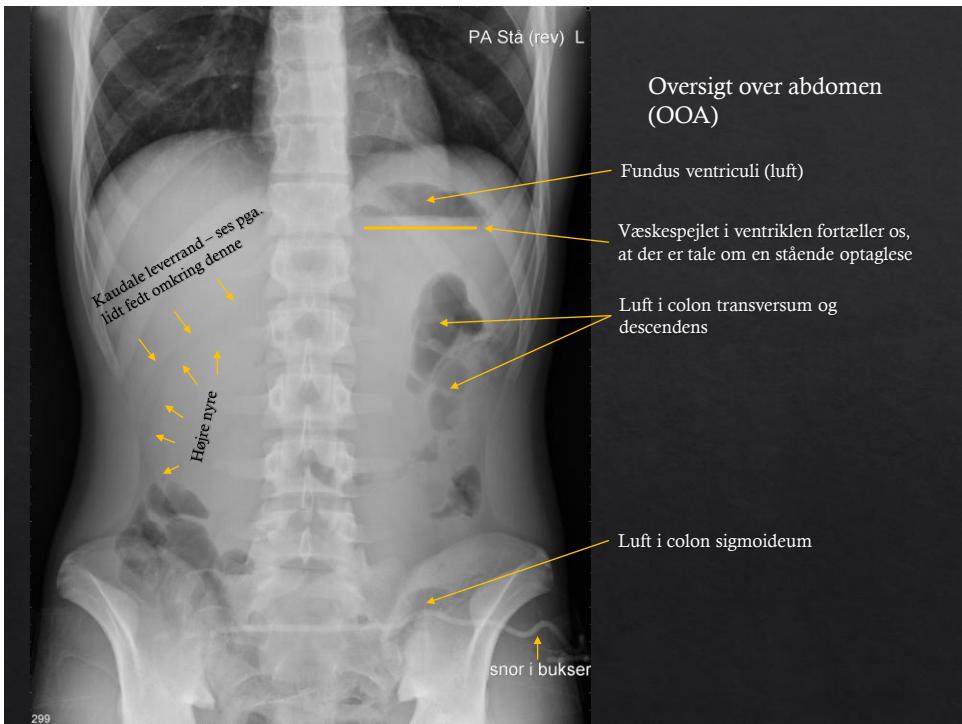


Oversigt over abdomen
(OOA)

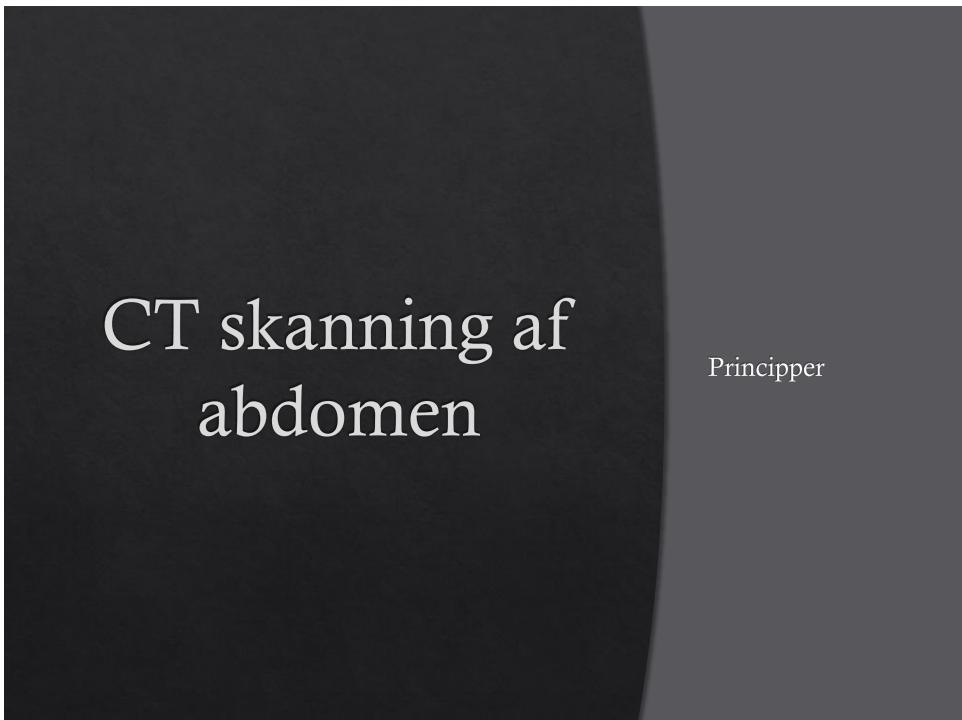
Er der tale om en stående
eller liggende optagelse?

Kan vi udpege abdominale
organer?

2



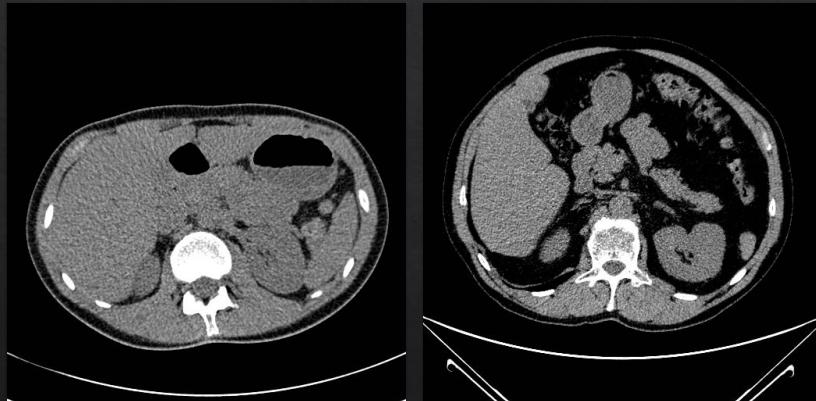
3



4

Principper

CT skanning: Uden i. v. kontrast (tomskanning)

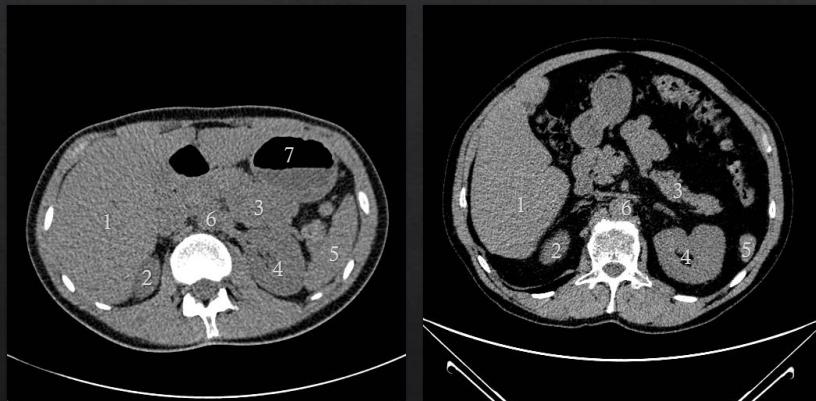


Lavdosis CT uden i.v. kontrast

Lavdosis CT uden i.v. kontrast

5

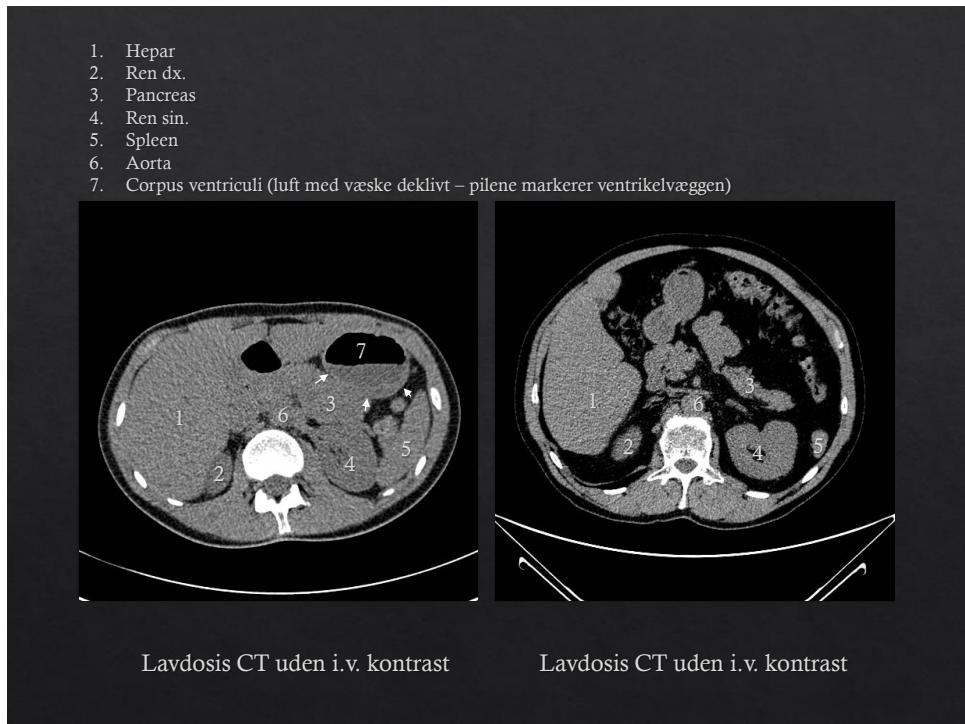
På undersøgelsen til højre er der tale om en person med mere fedtvæv intraabdominalt, der indirekte virker som kontrast. Bemærk at der ikke er benyttet samme W/L på de to billeder, idet det intraabdominale (og subkutane) fedtvæv ikke har samme sorte farve.



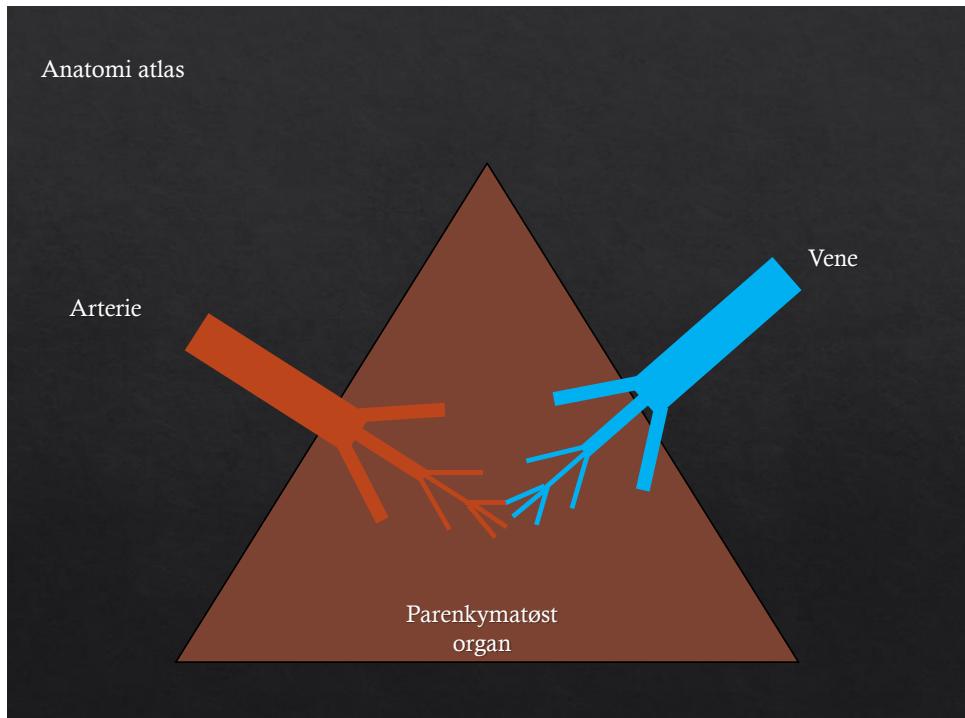
Lavdosis CT uden i.v. kontrast

Lavdosis CT uden i.v. kontrast

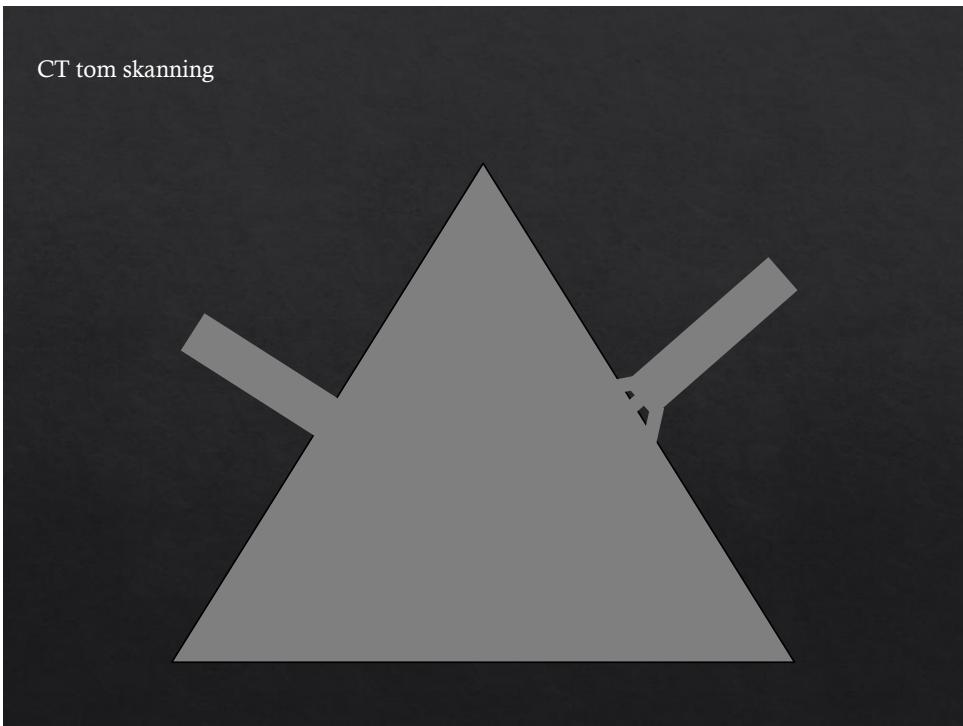
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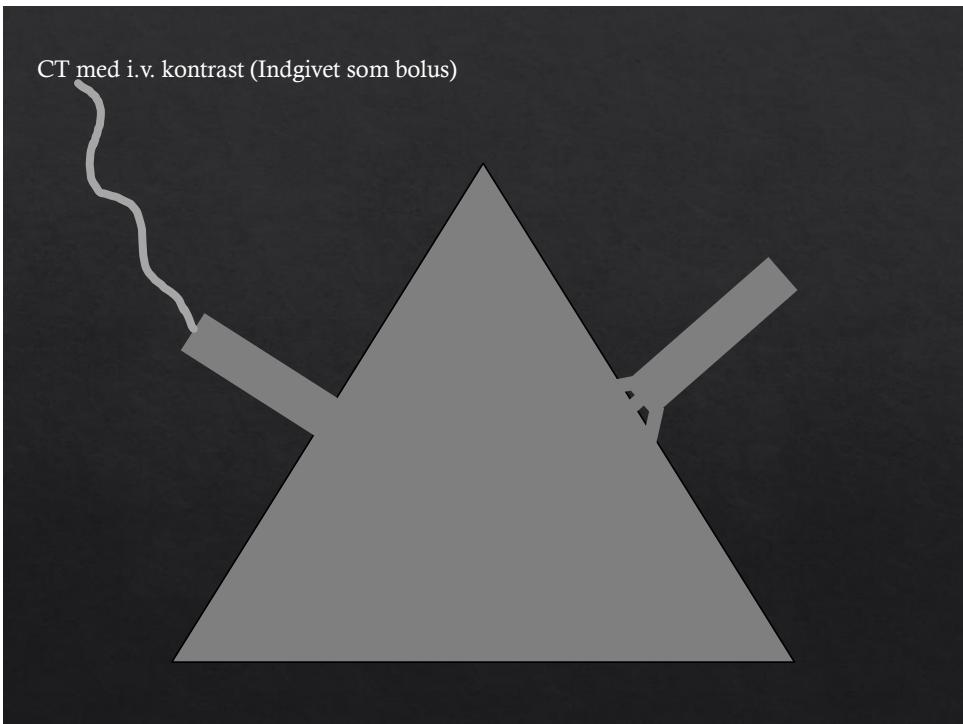
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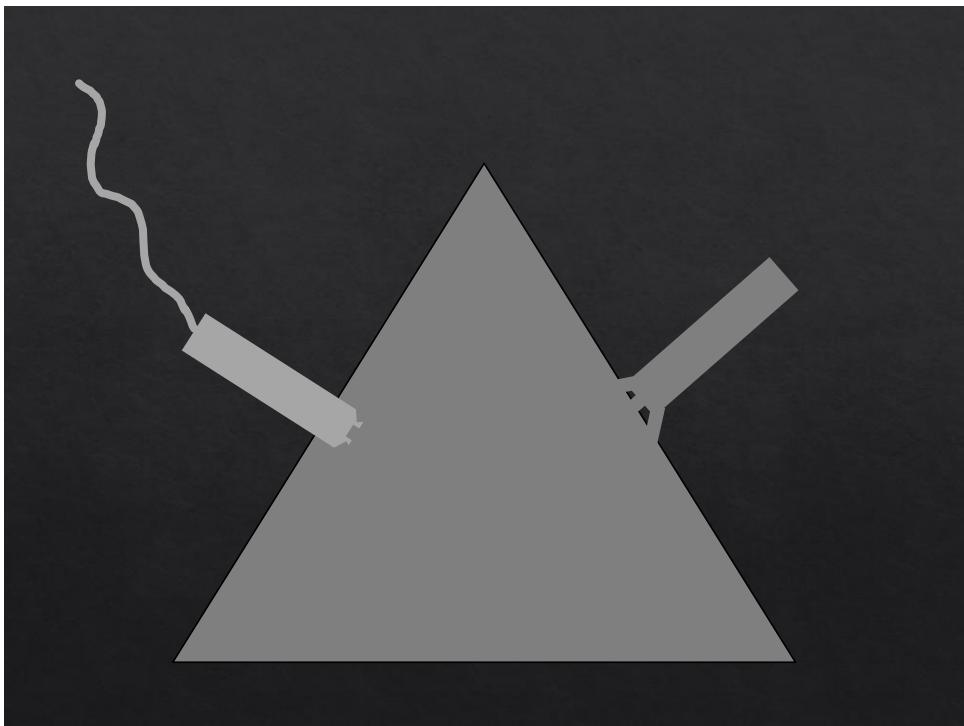
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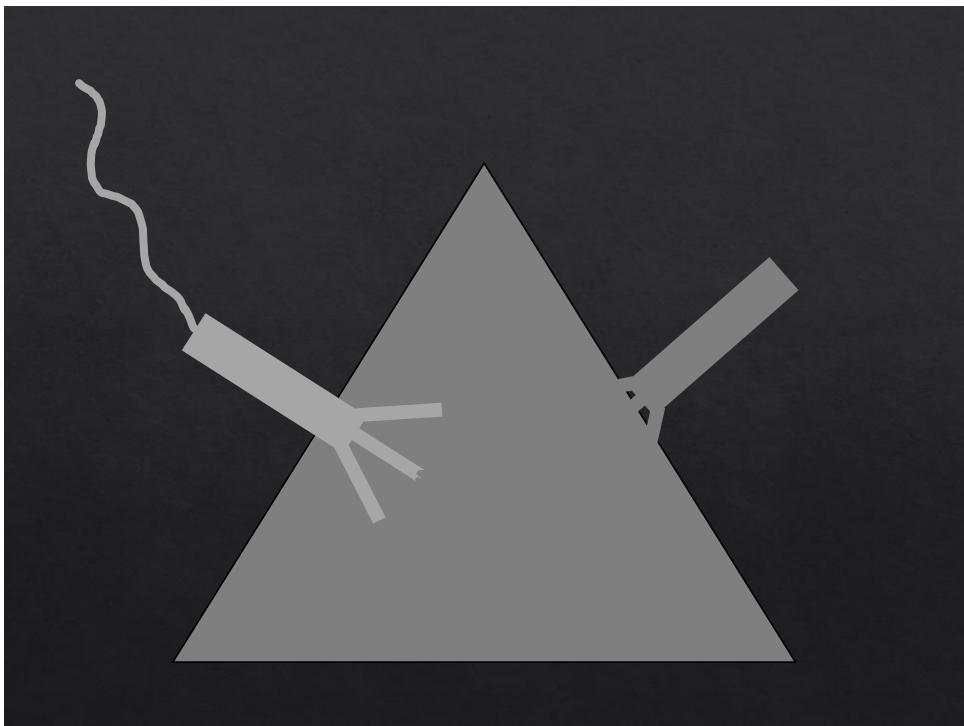
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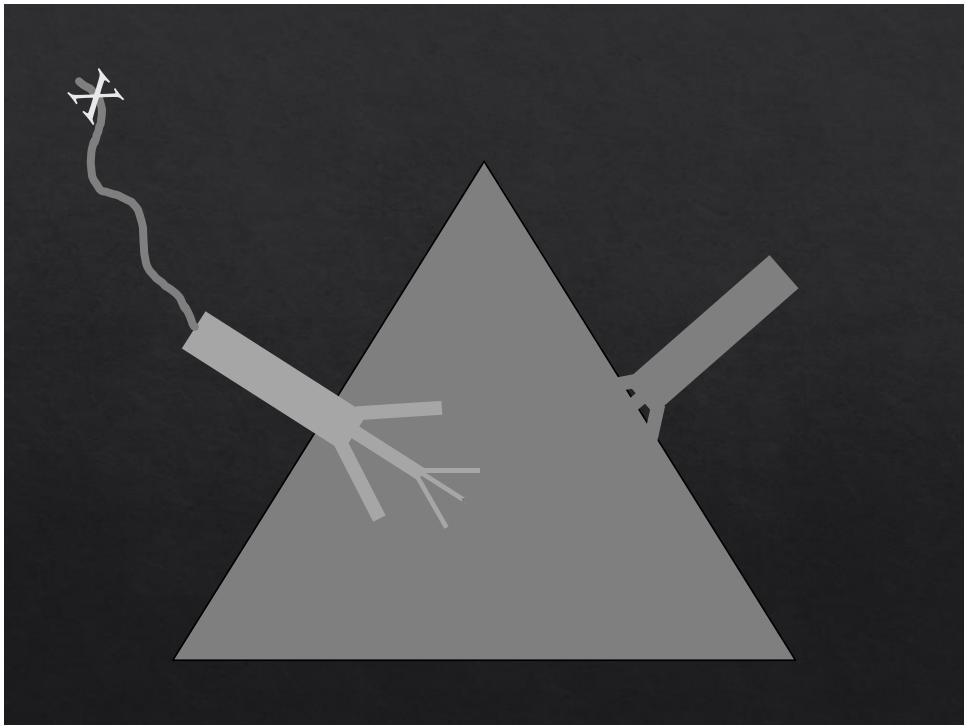
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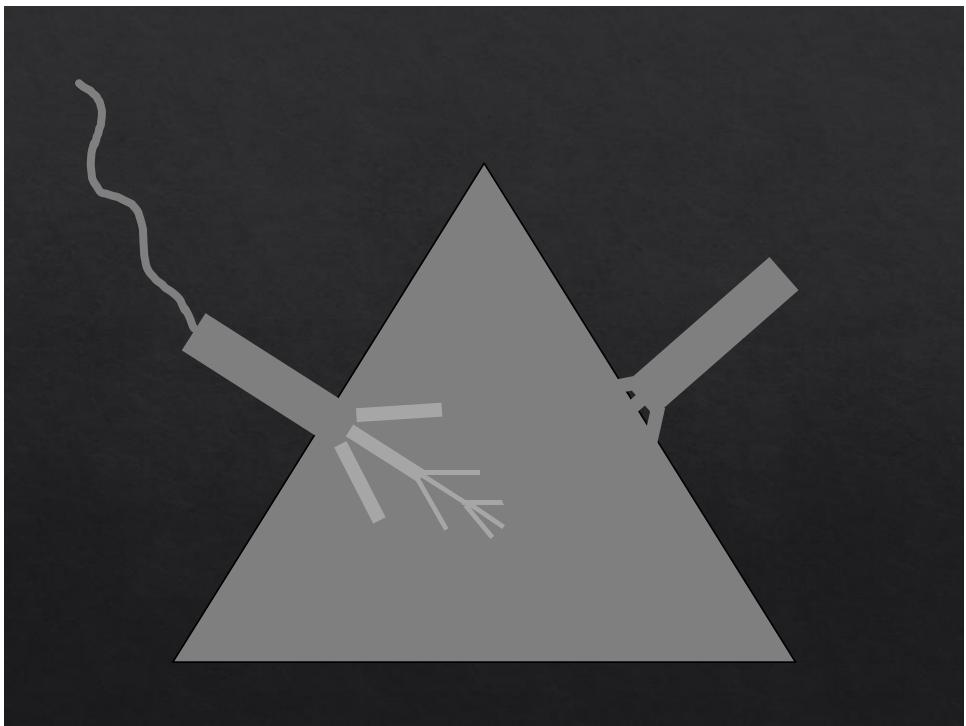
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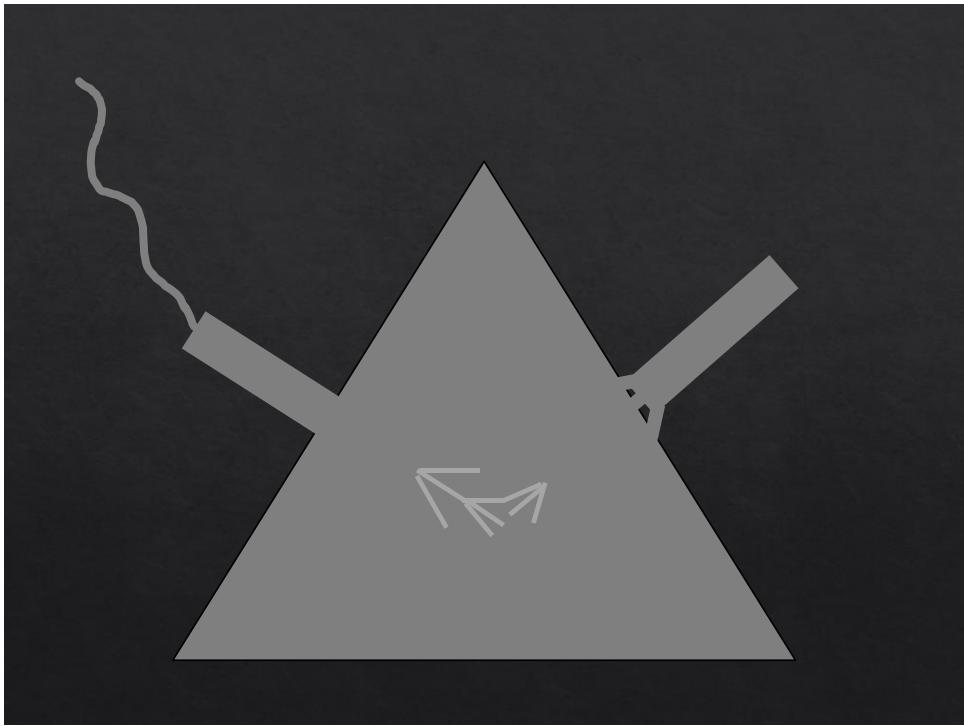
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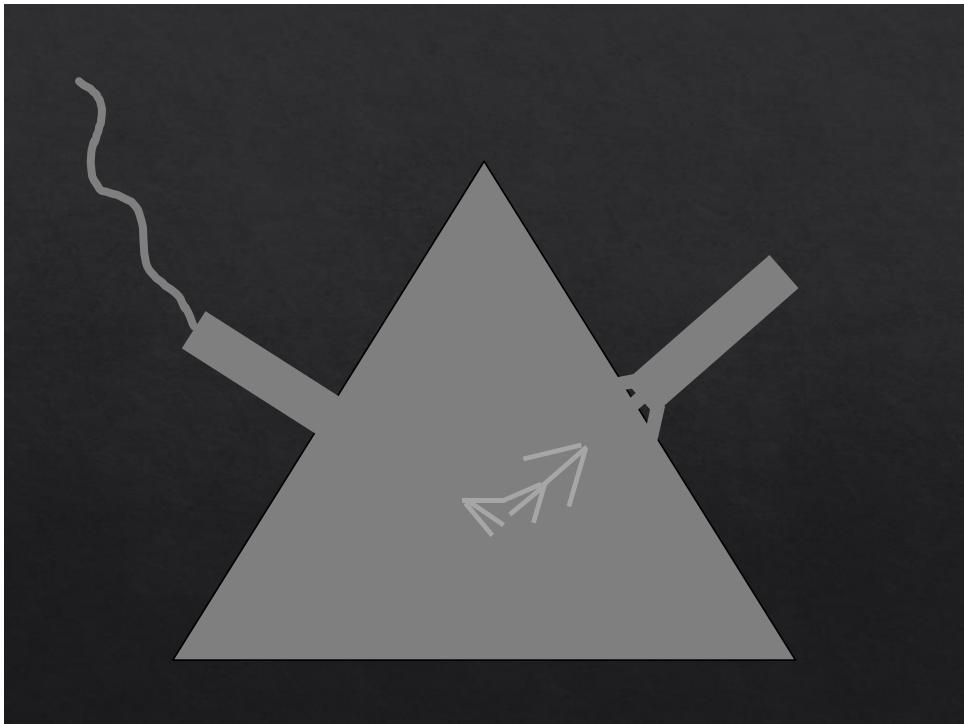
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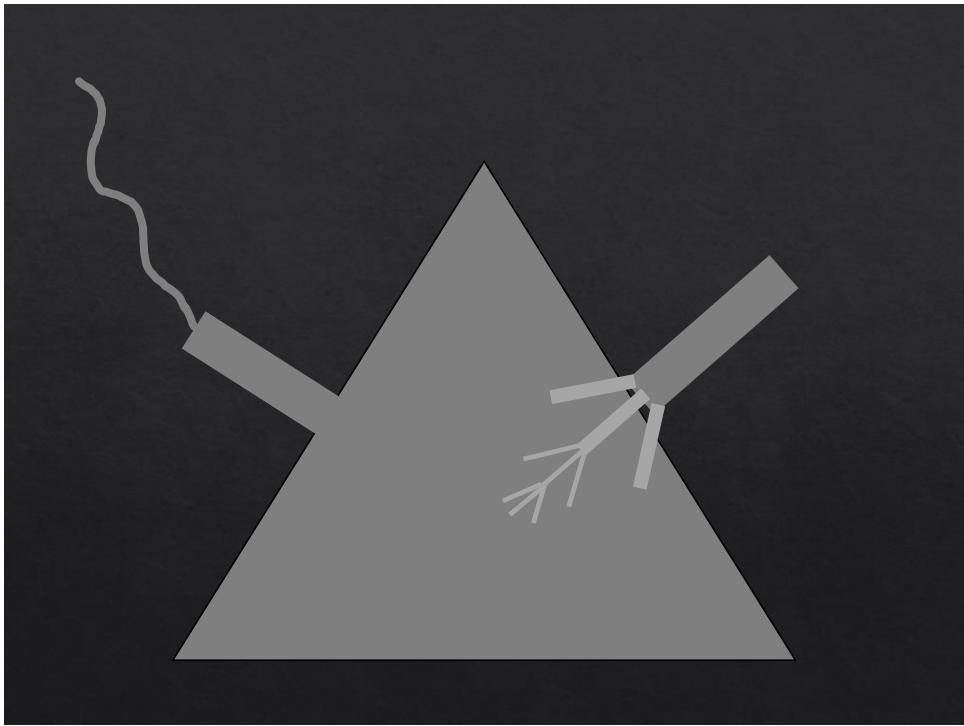
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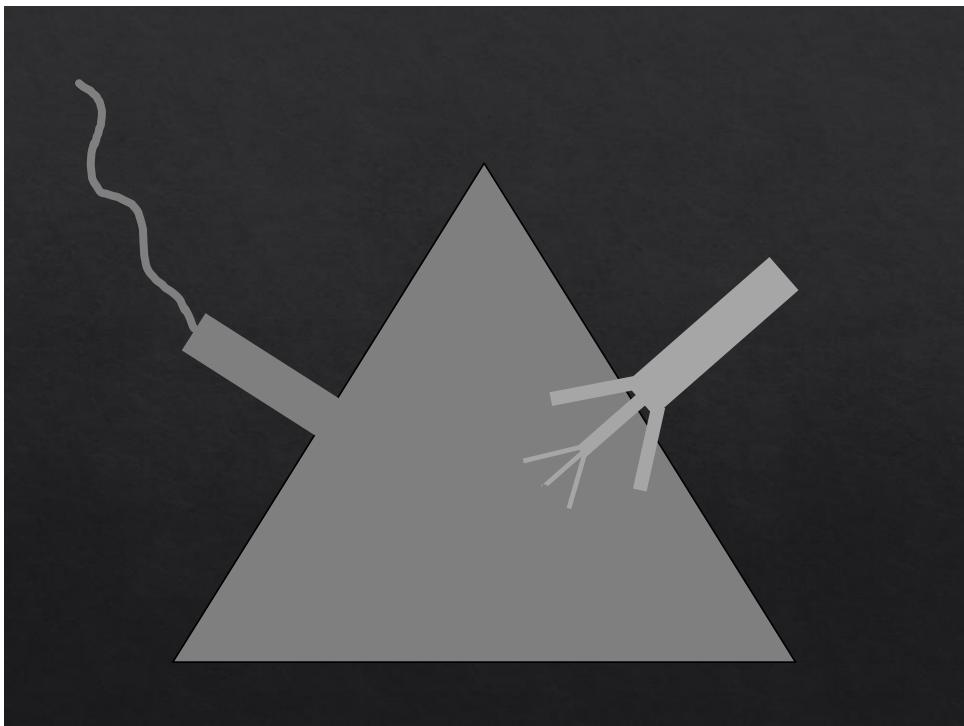
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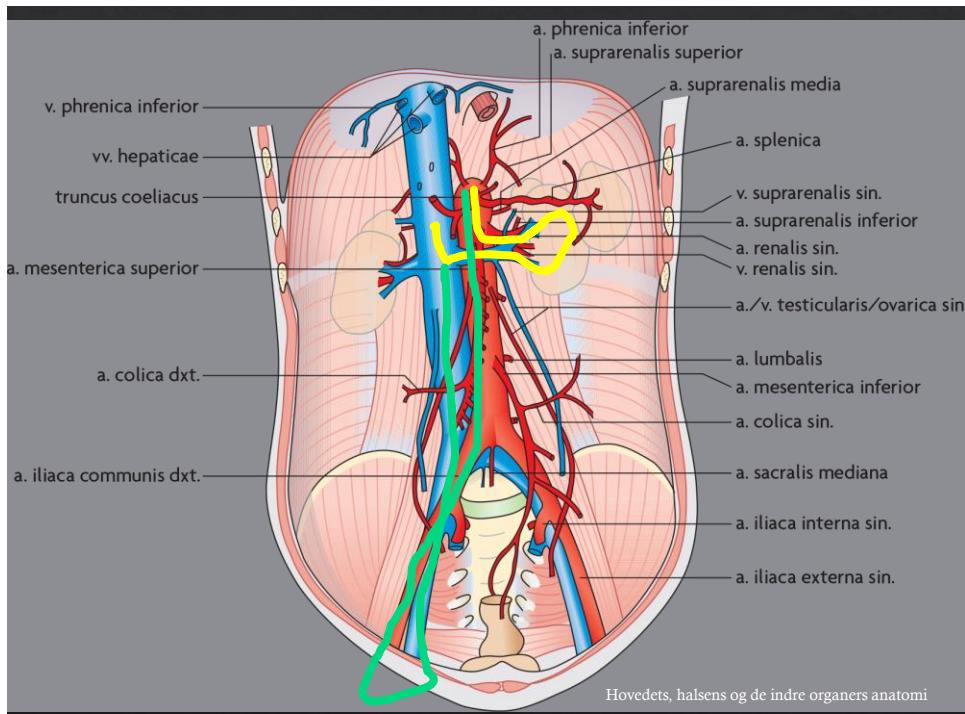
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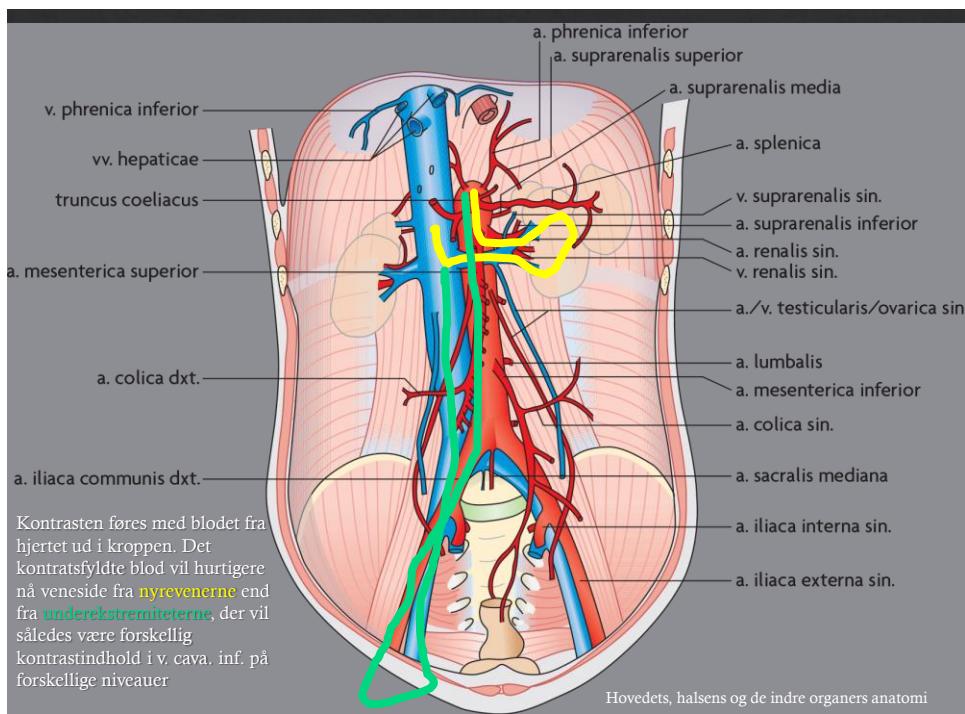
17



18



19



20

CT skanning: Uden og med i.v. kontrast



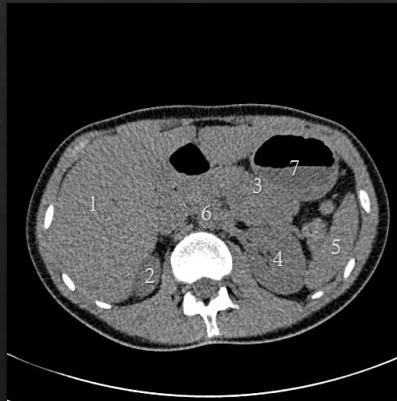
Lavdosis CT uden i.v. kontrast



CT skanning med i.v. kontrast

21

To forskellige skanninger af yngre personer. Betydningen af i.v. kontrast for visualisering af organer ses af de to undersøgelser.

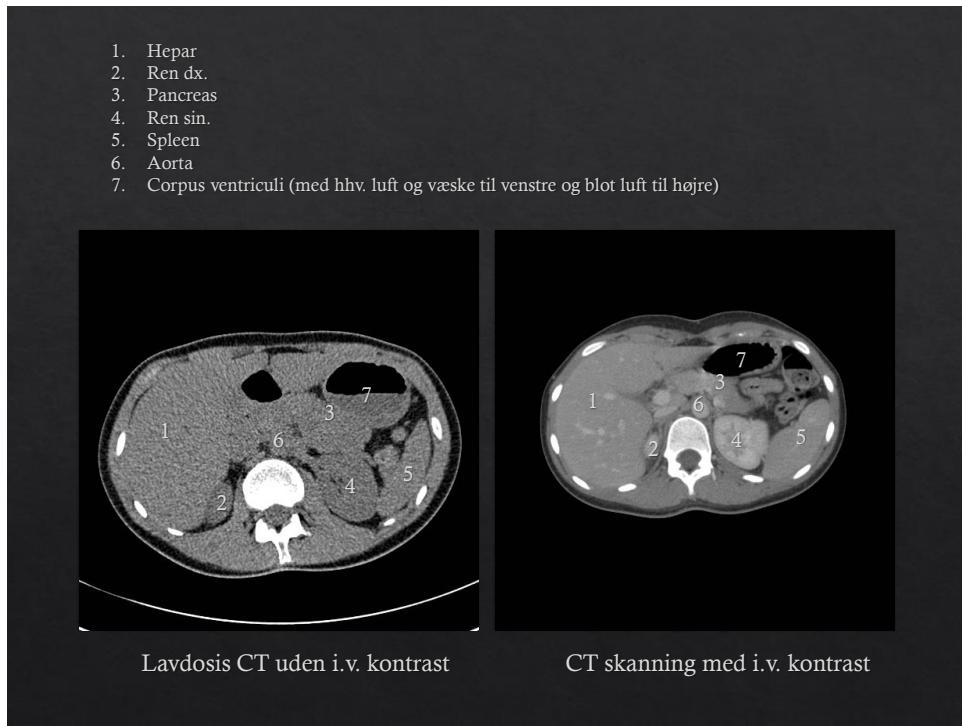


Lavdosis CT uden i.v. kontrast

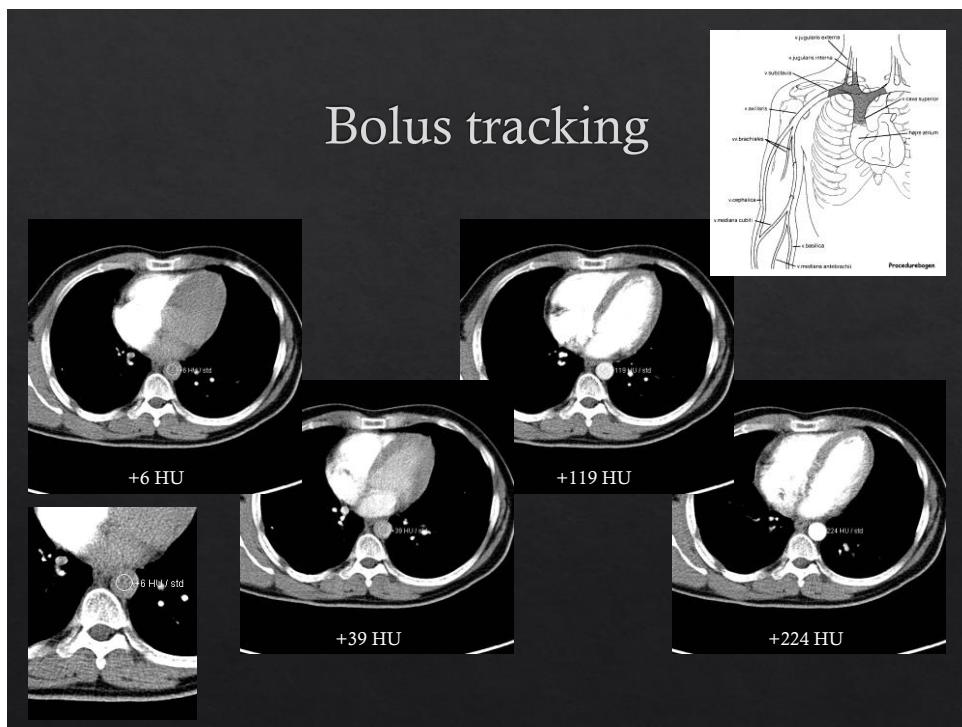


CT skanning med i.v. kontrast

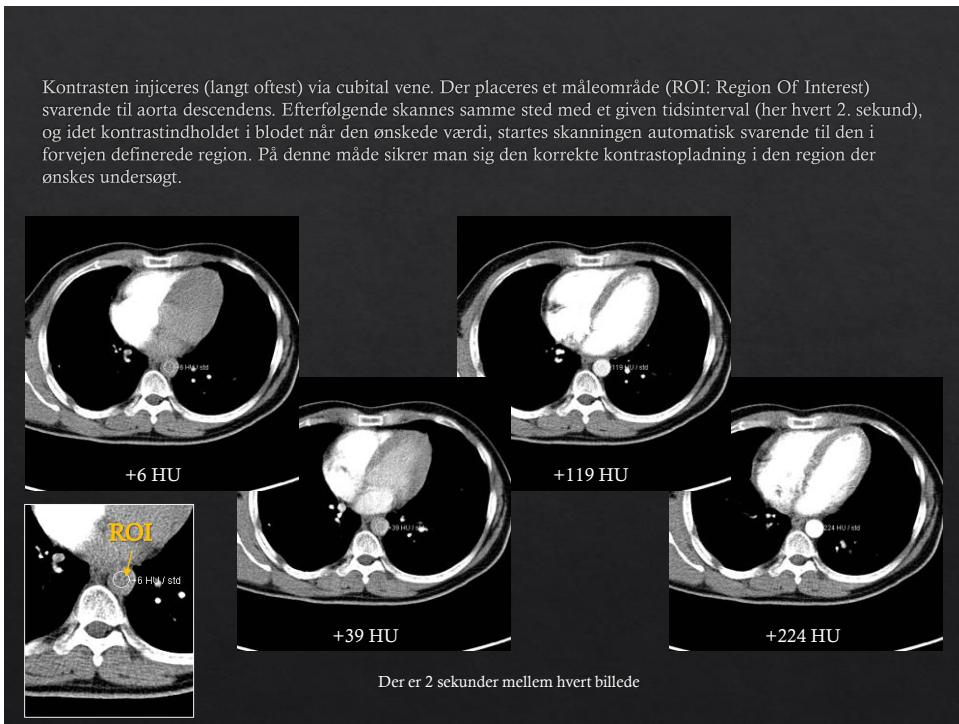
22



23



24

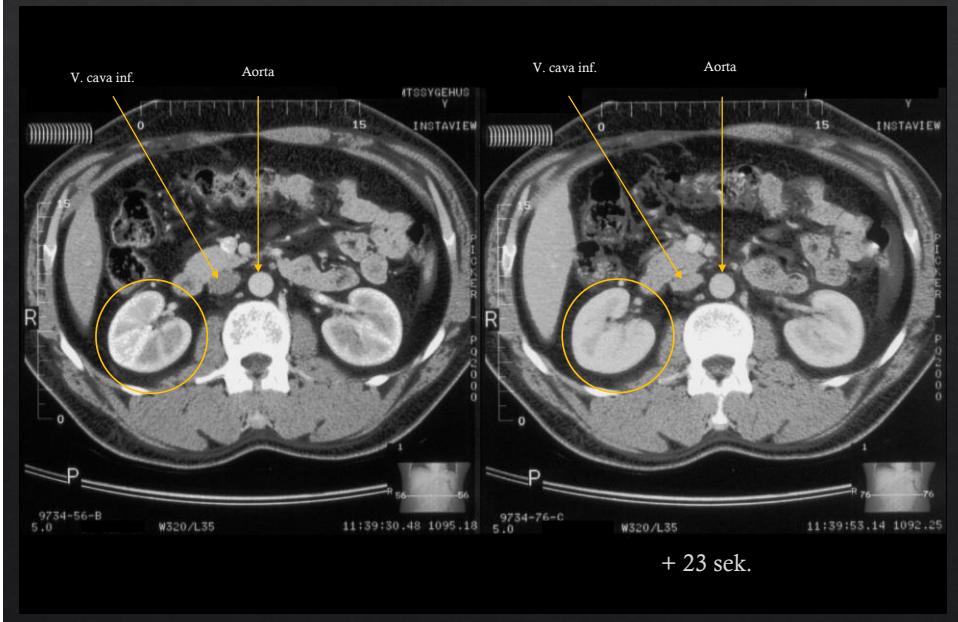


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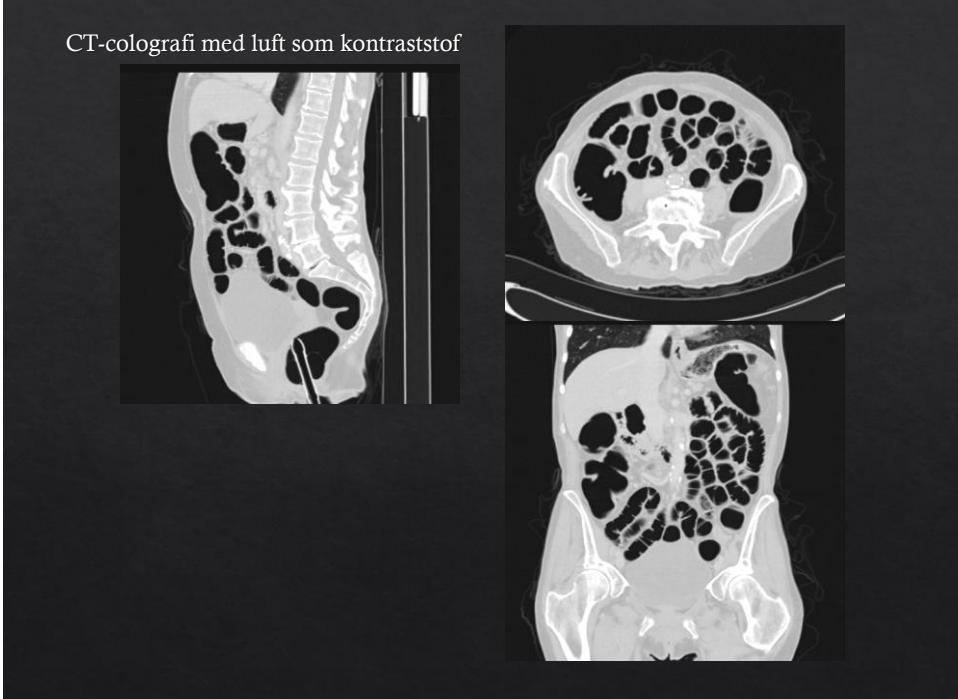
26

Tidlig versus senere arteriel/venøs kontrastfase

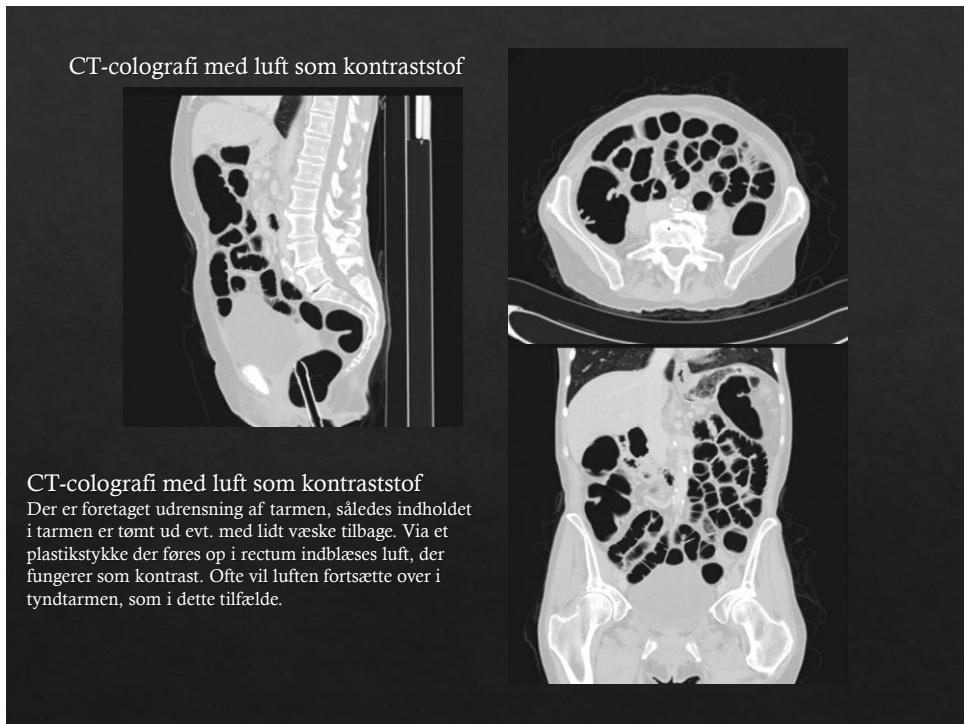


27

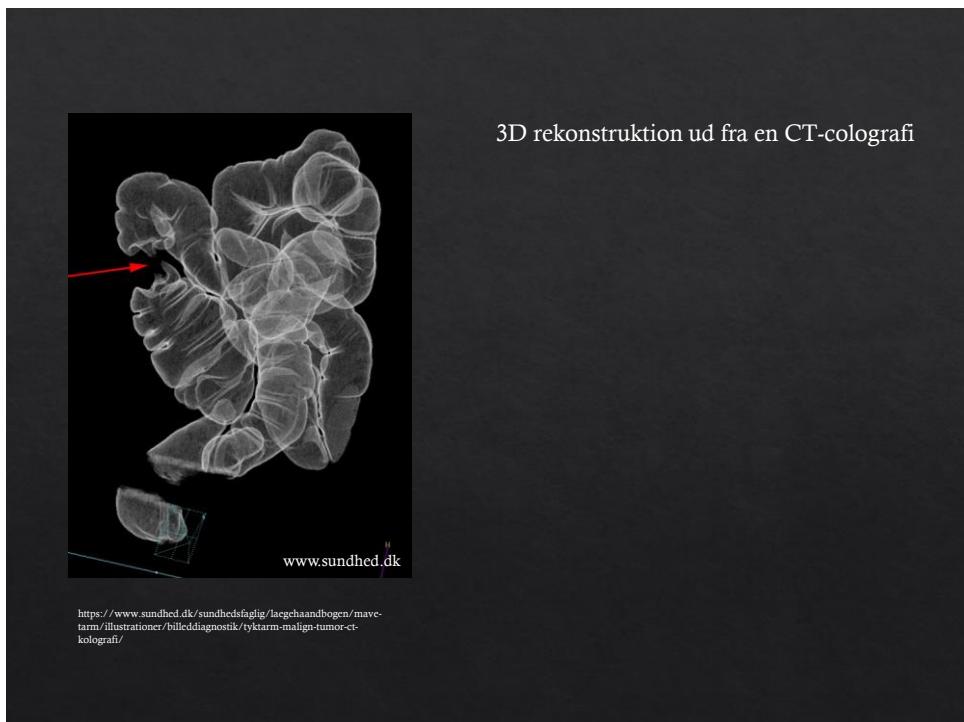
CT-colografi med luft som kontraststof



28



29



30

Pilen peger på en strikterende coloncancer



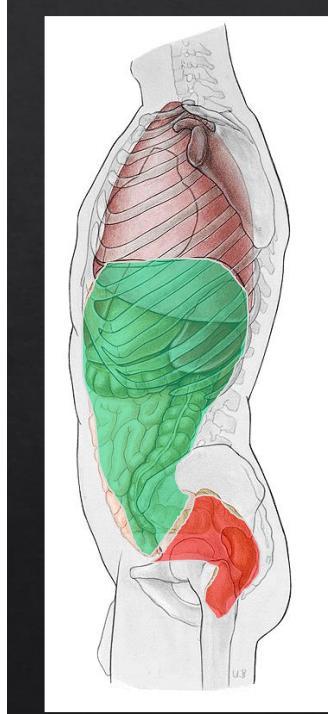
3D rekonstruktion ud fra en CT-colografi

- CT-kolografi anvendes i dag ved insufficient koloskopi samt hos ældre og svækkede patienter
- Den store fordel med CT-kolografi frem for koloskopi er, at metoden er mindre invasiv. CT-kolografi kan gennemføres uden brug af sedativer eller analgetika
- Samtidig med fremstilling af kolons inderside får man oversigt over tumors udbredelse udenfor tarmvæggen samt glandel- og levermetastaser
- CT-kolografi er foreløbig ikke nøjagtig nok til, at det kan erstatte koloskopi
- Ved påvisning af mindre polypper må der alligevel foretages terapeutisk koloskopi, f.eks. Polypektomi

<https://www.sundhed.dk/sundhedsfaglig/lægehaandbogen/mave-tarm/illustrationer/billeddiagnostik/tyktarm-malign-tumor-ct-kolografi/>

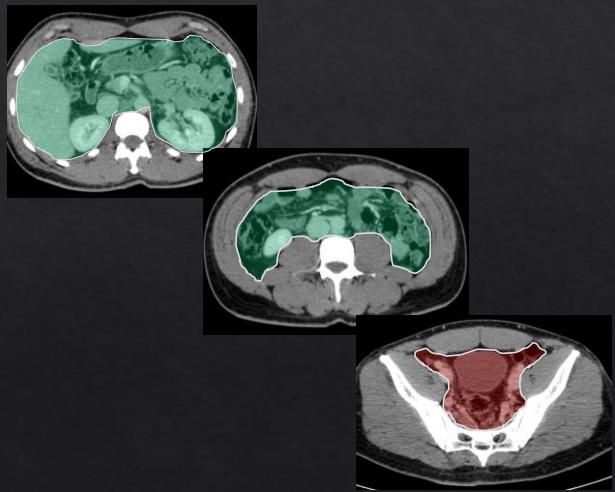
www.sundhed.dk 02-12-23

31



Bughulen/Cavitas abdominalis:

- Cavitas abdominalis propria
 - Linea terminalis
- Cavitas pelvis



32

Ventriklen

33



Röntgen af ventriklen, dobbeltkontrast undersøgelse

Esophagus.

Ventriculus/gaster:

Cardia med incisura cardiaca.

Fundus gastricus (ventriculi).

Corpus ventriculi med plicae gastricae.

Curvatura ventriculi major et minor.

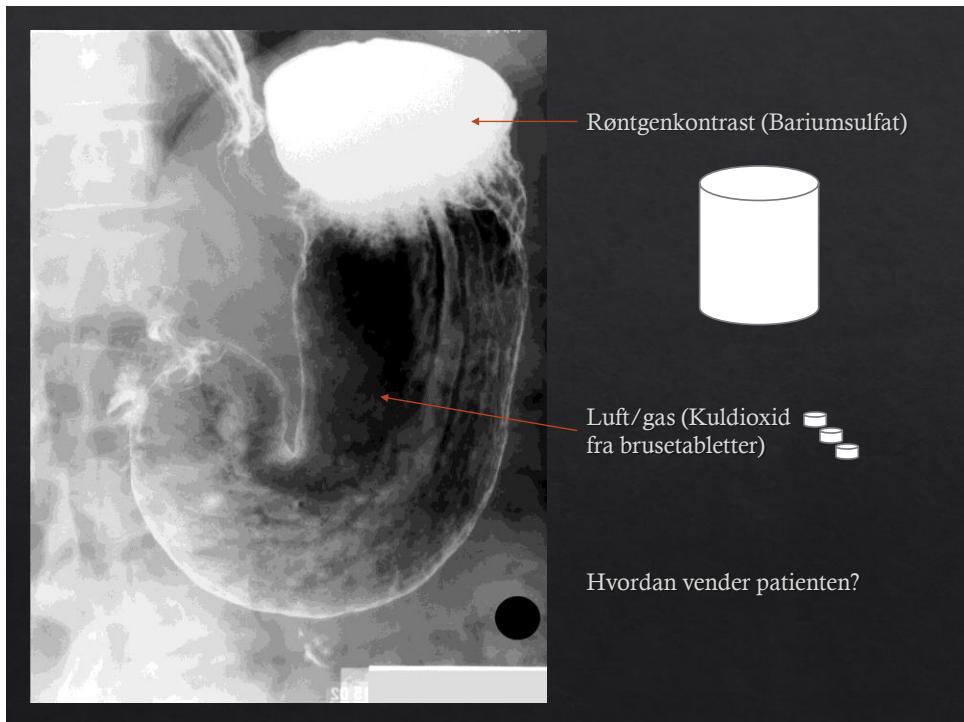
Incisura angularis.

Pars pylorica

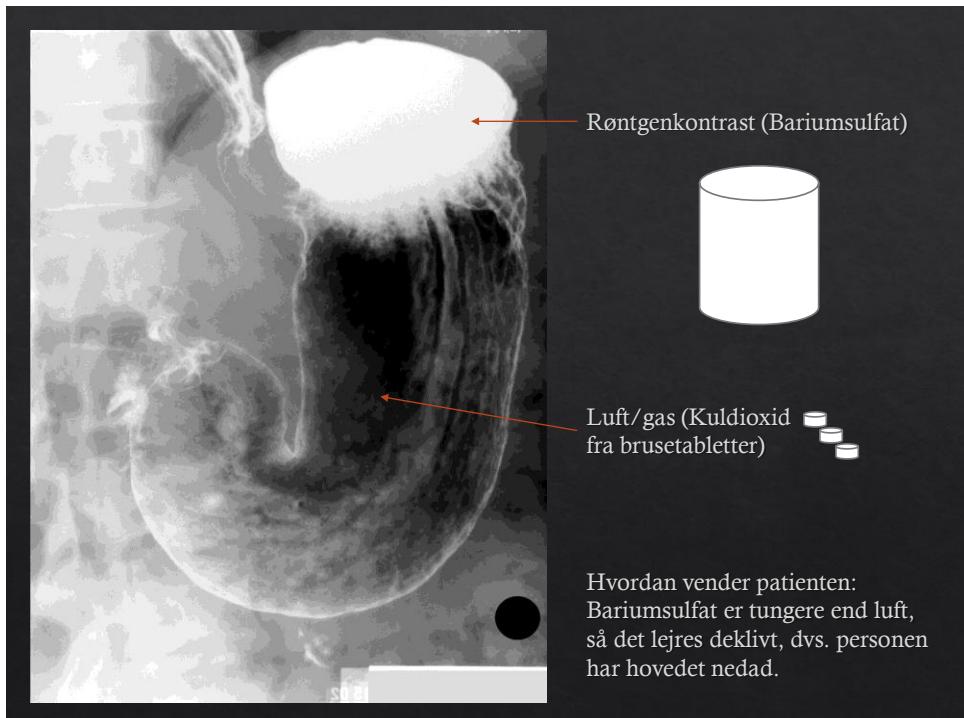
Antrum pyloricum

Canalis pyloricus

34

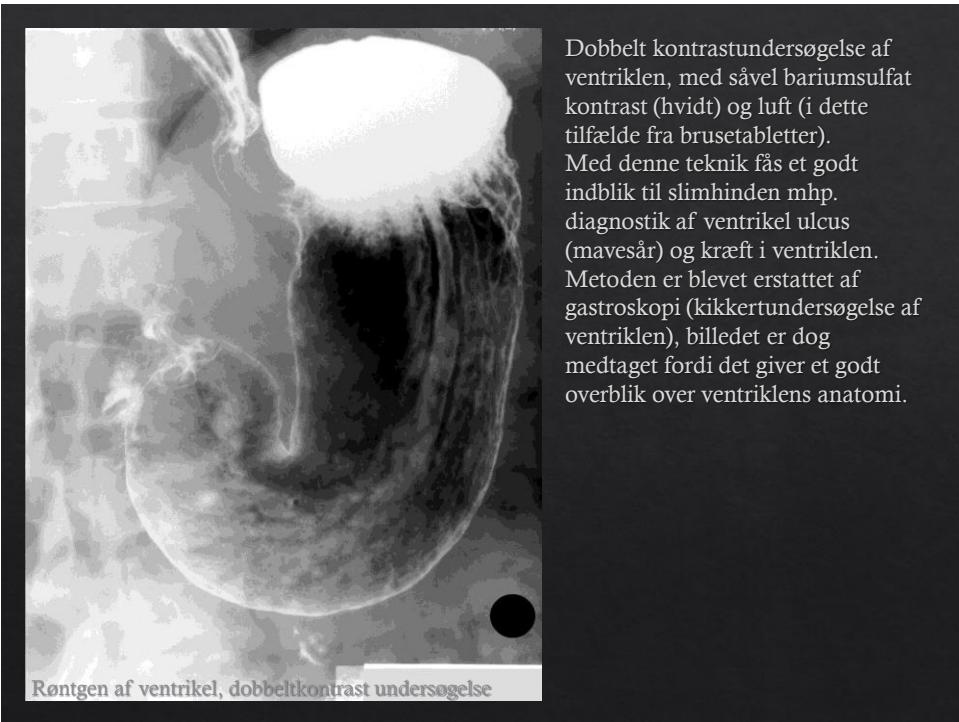


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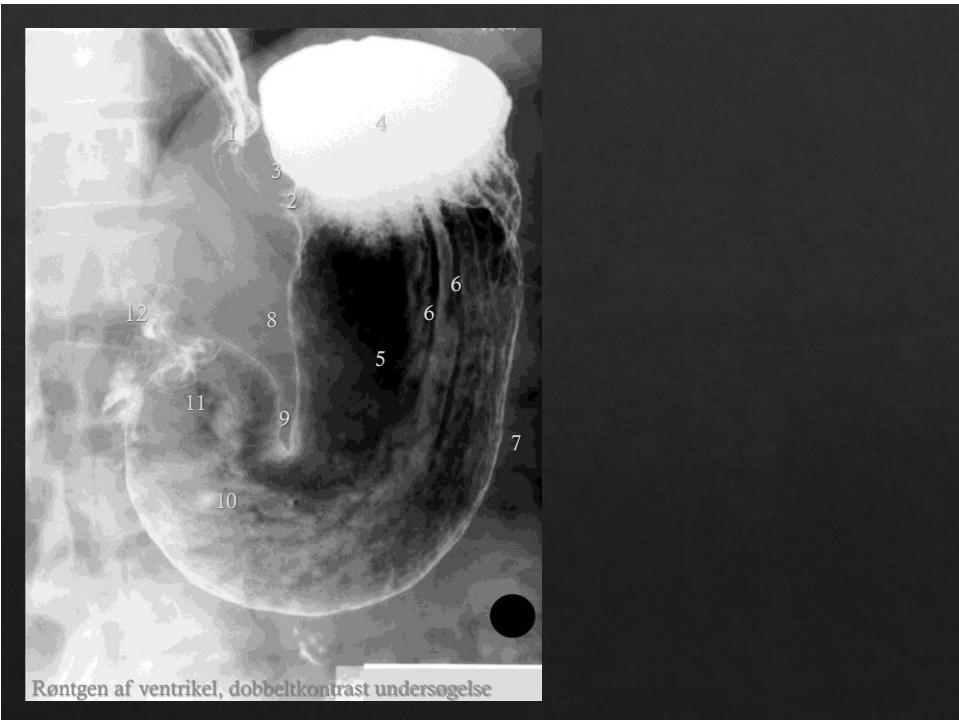


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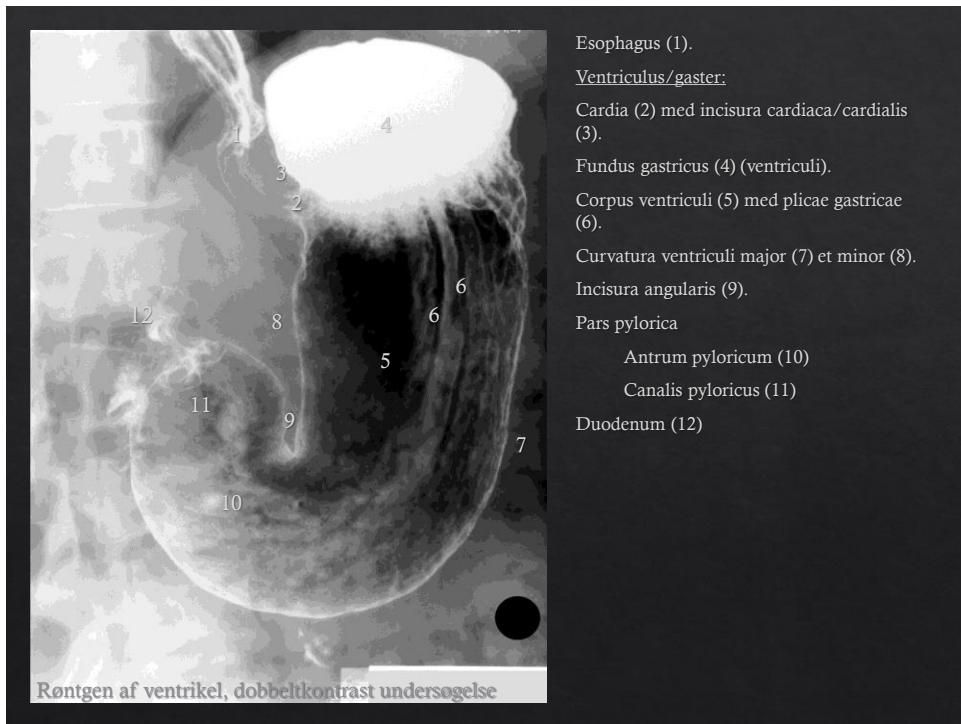
Hvordan vender patienten:
Bariumsulfat er tungere end luft,
så det lejres deklikt, dvs. personen
har hovedet nedad.



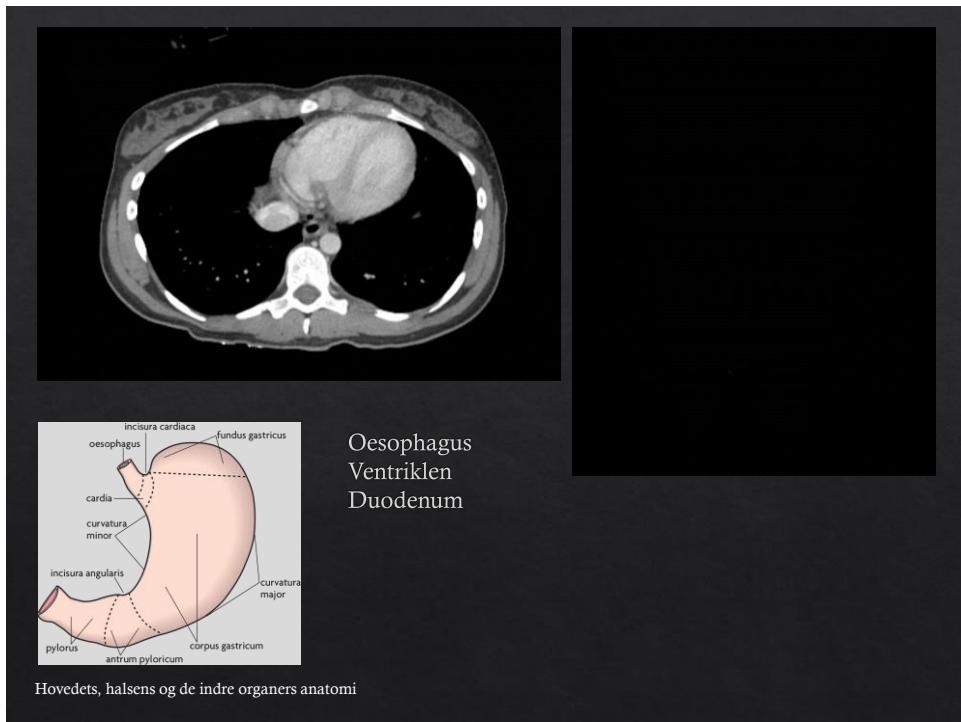
37



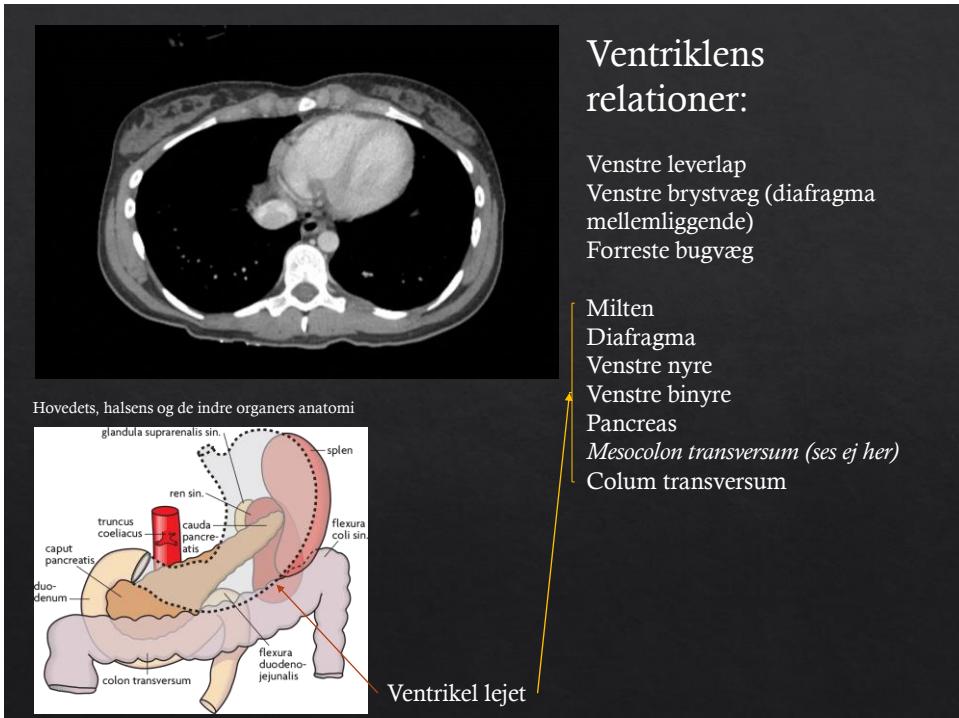
38



39



40



41



CT skanning af øvre abdomen med peroralt kontrast

42

Ventrikulæs relationer:

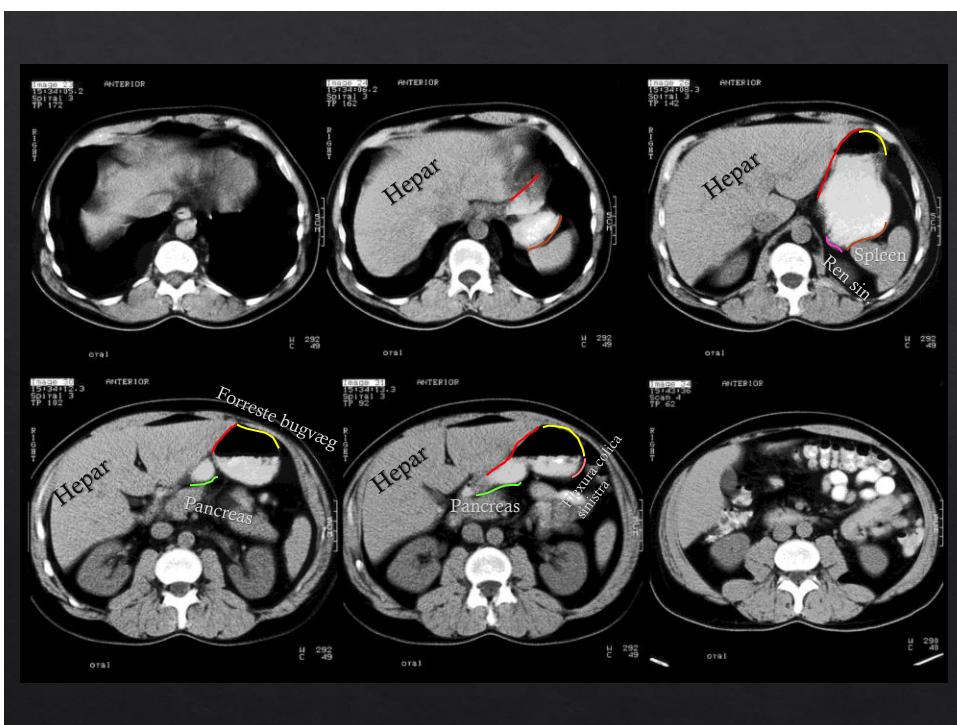
Venstre leverlap
Venstre brystvæg (diafragma mellemliggende)
Forreste bugvæg

Milten
Diafragma
Venstre nyre
Venstre binyre
Pancreas
Mesocolon transversum (ses ej her)
Colum transversum



På næste billede kan ses de markerede relationer.

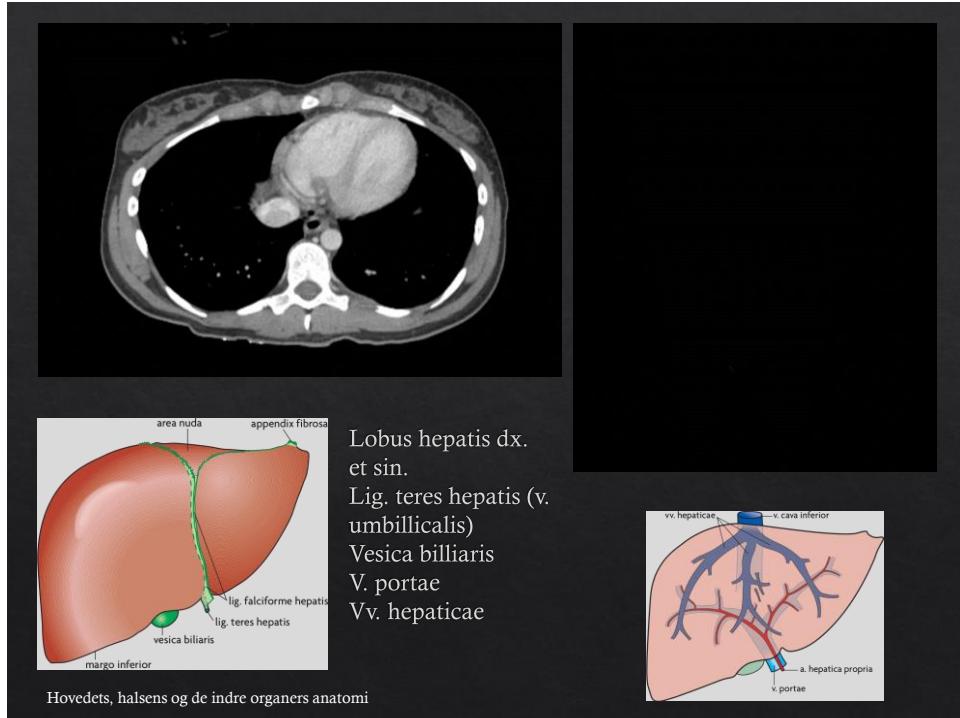
43



44

Lever og galdeveje

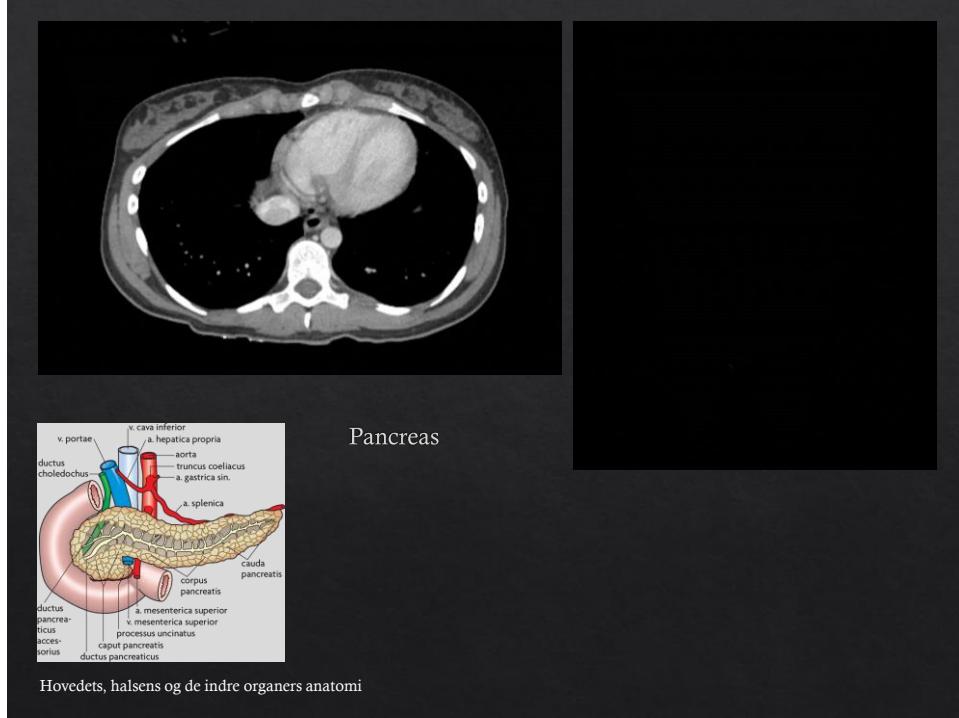
45



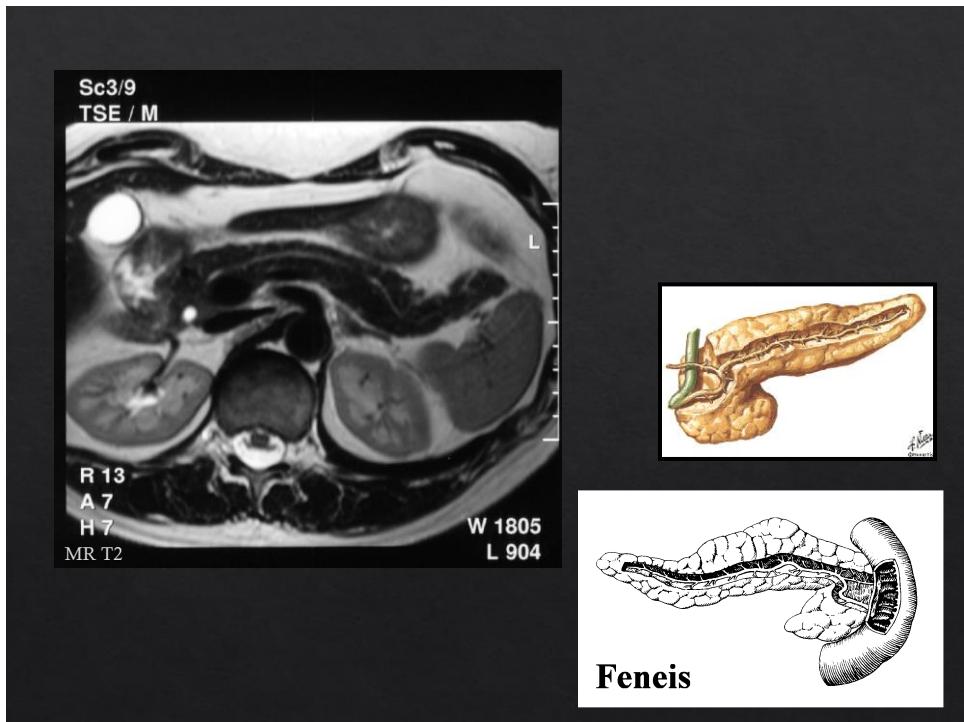
46

Pancreas

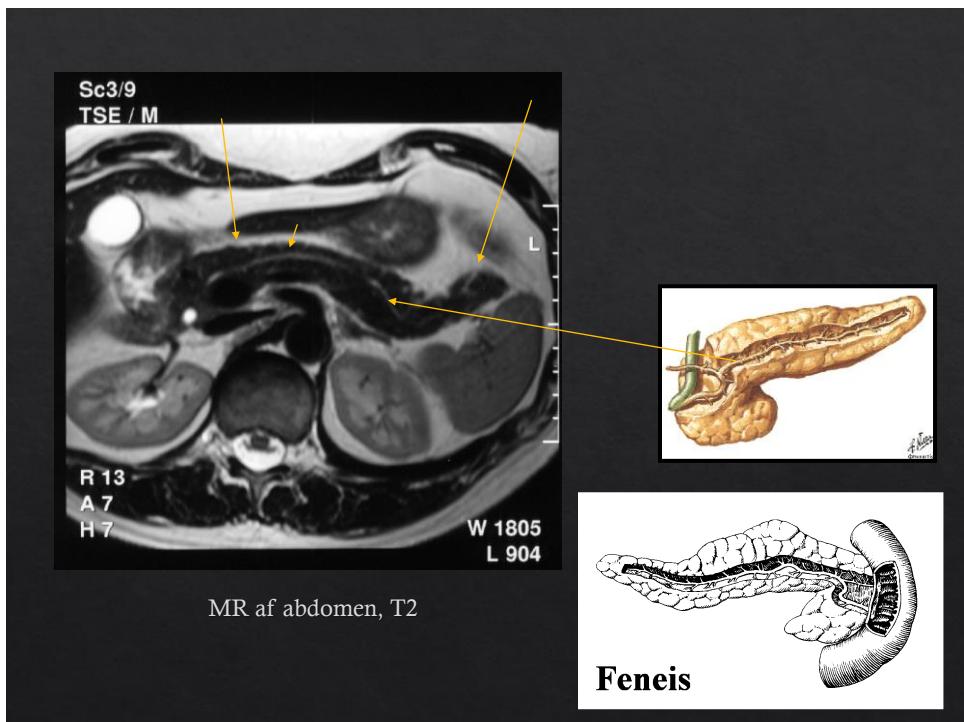
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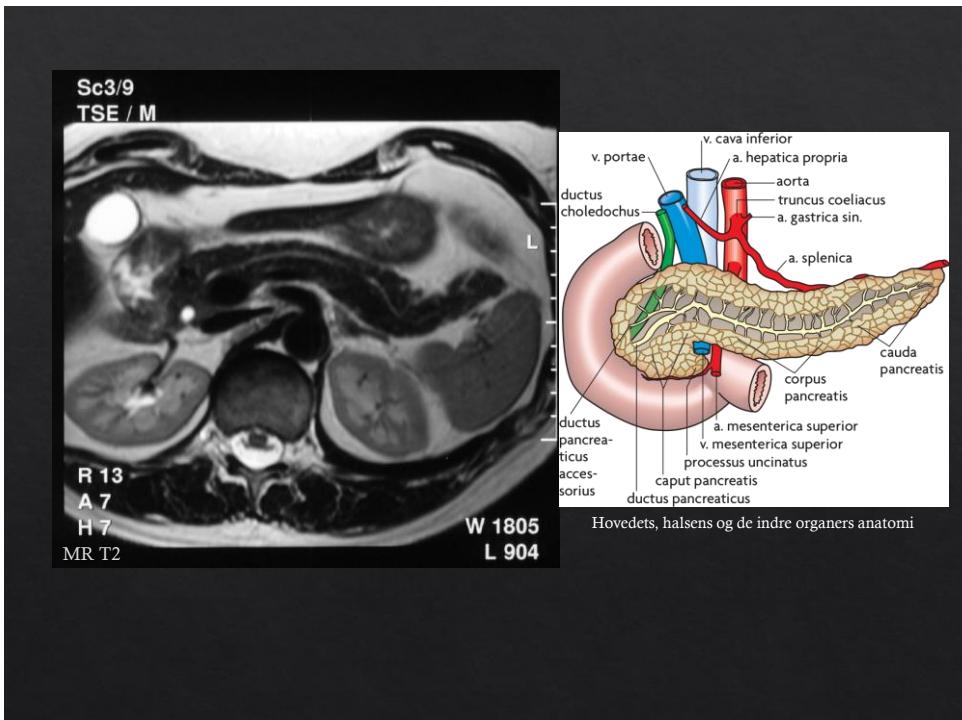
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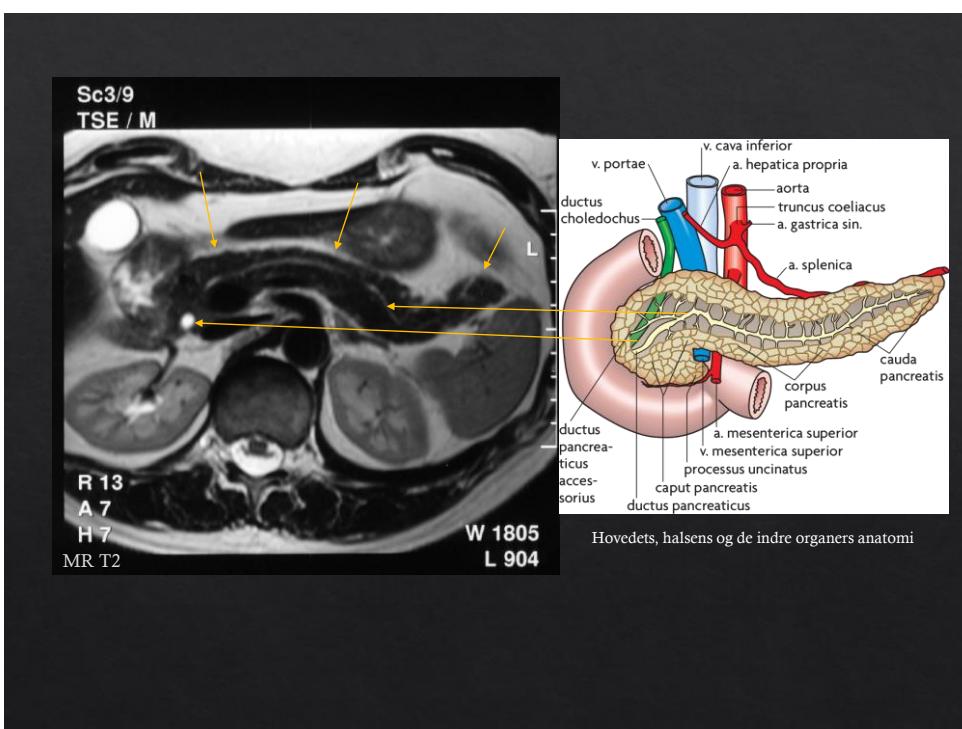
49



50



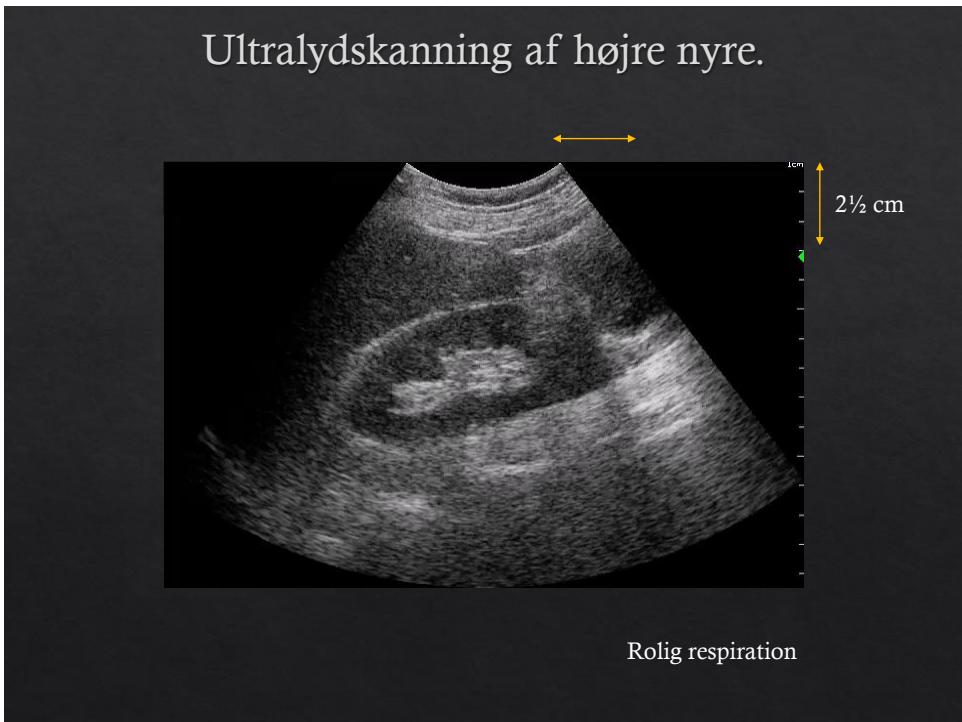
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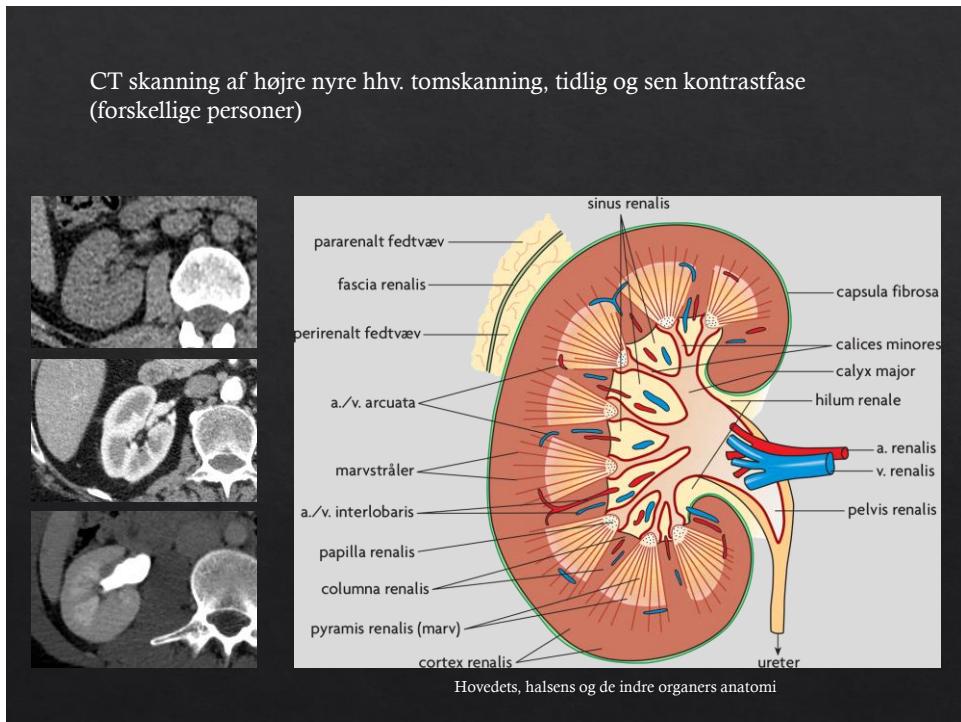
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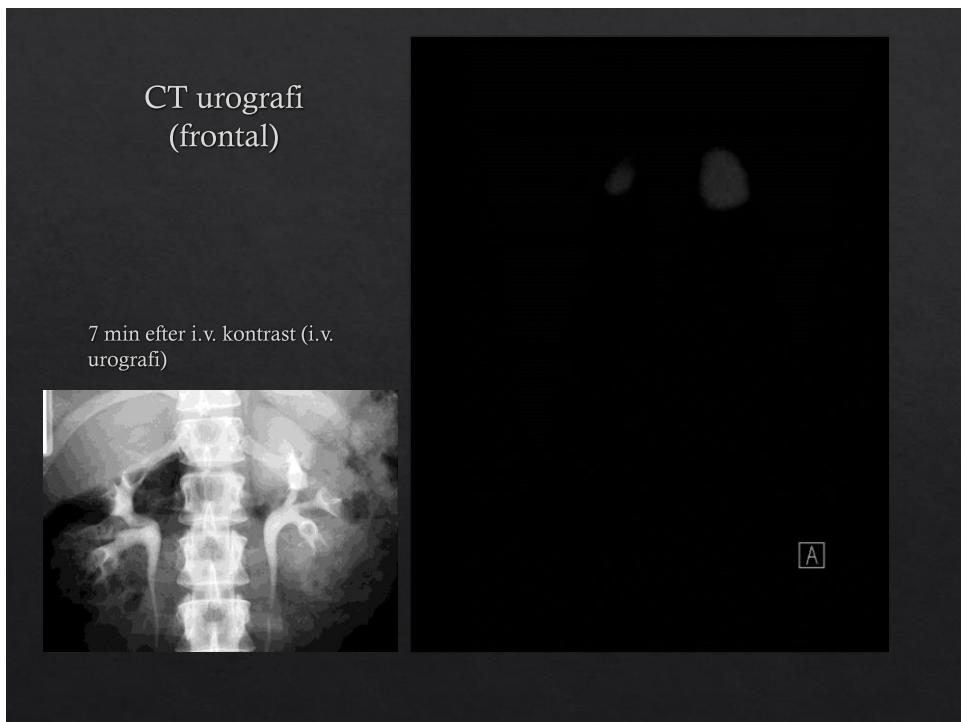
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54



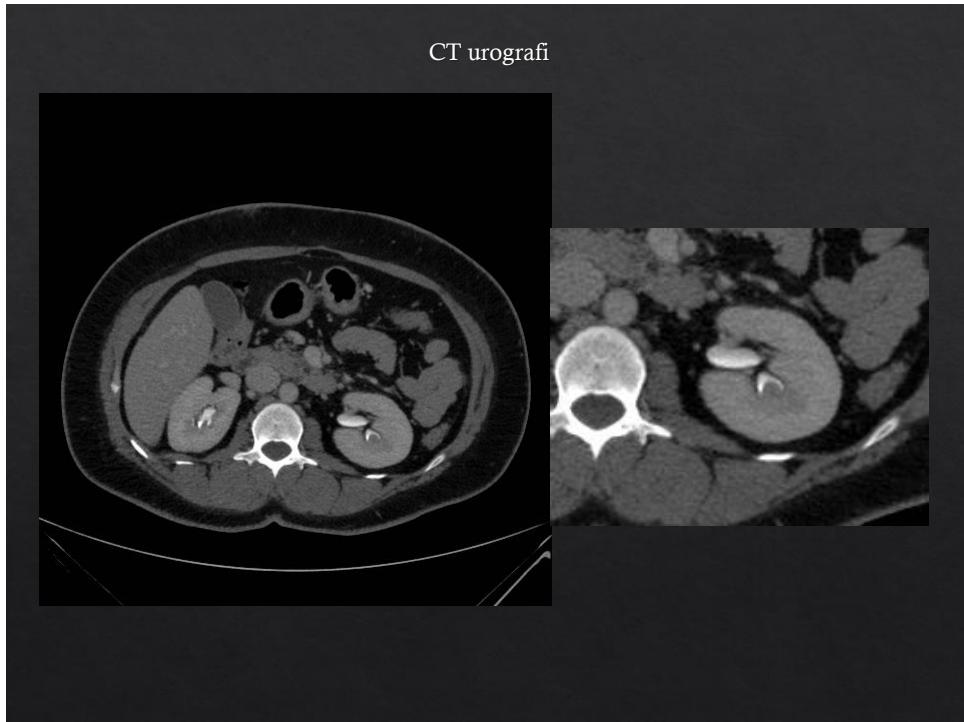
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56

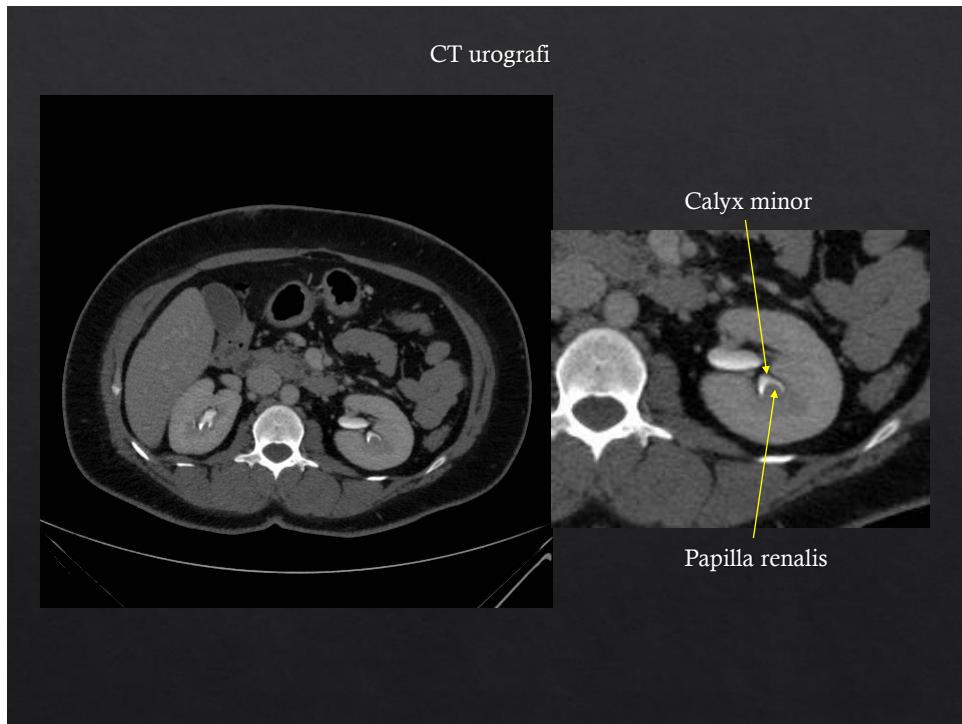


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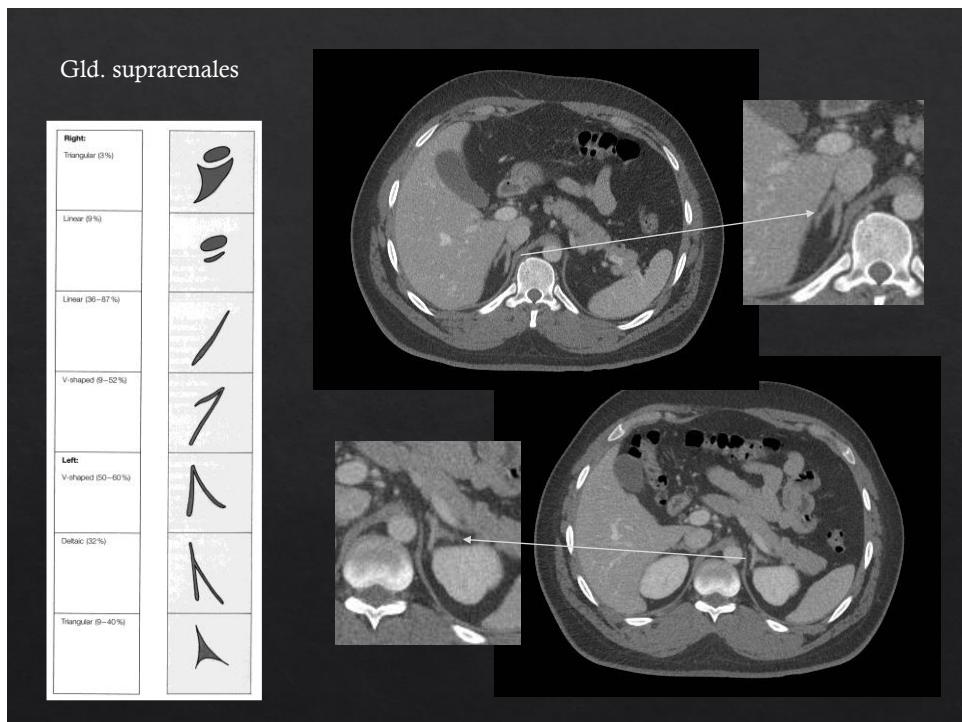


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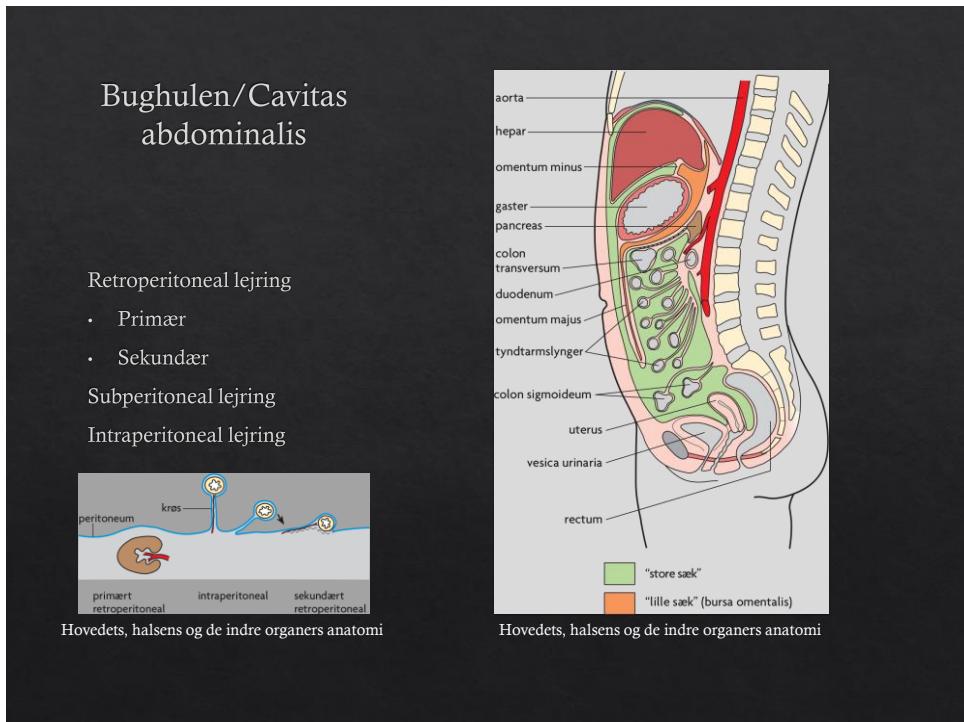
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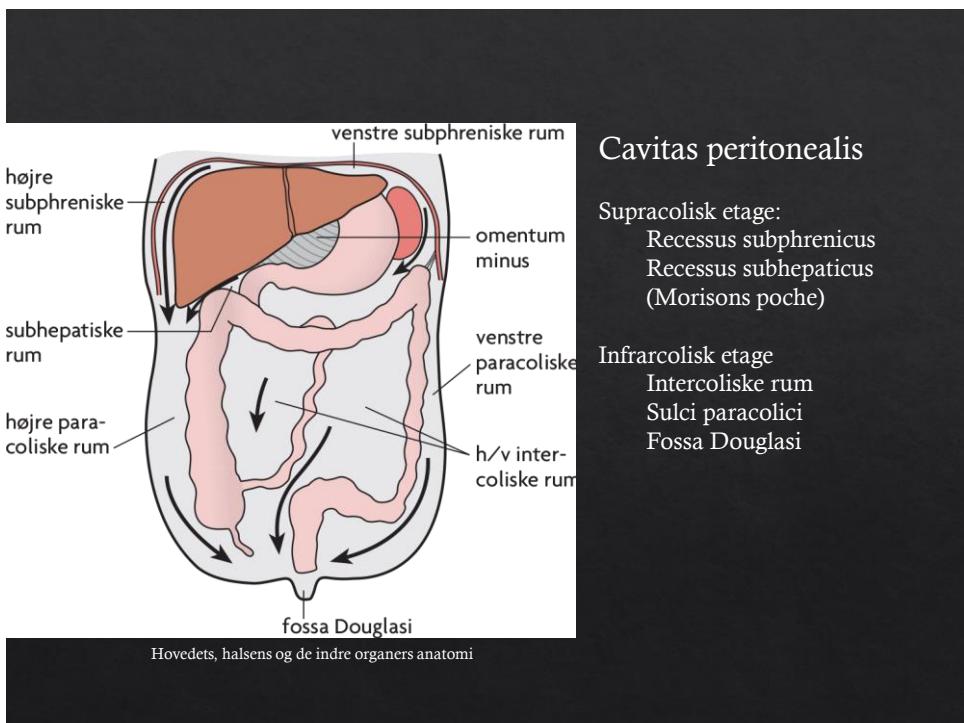
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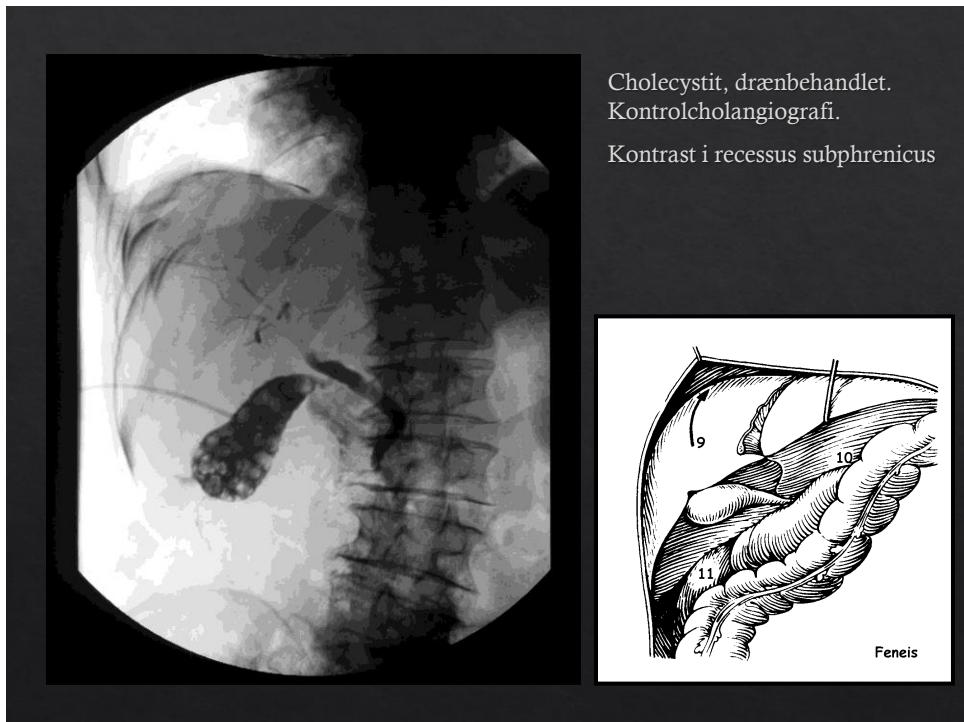
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61



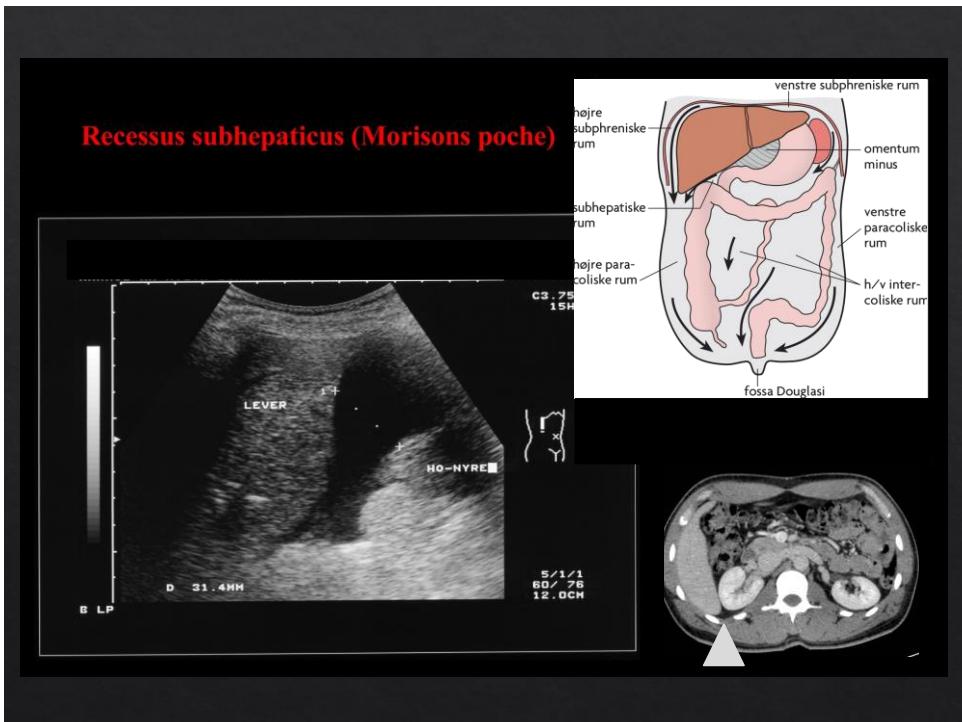
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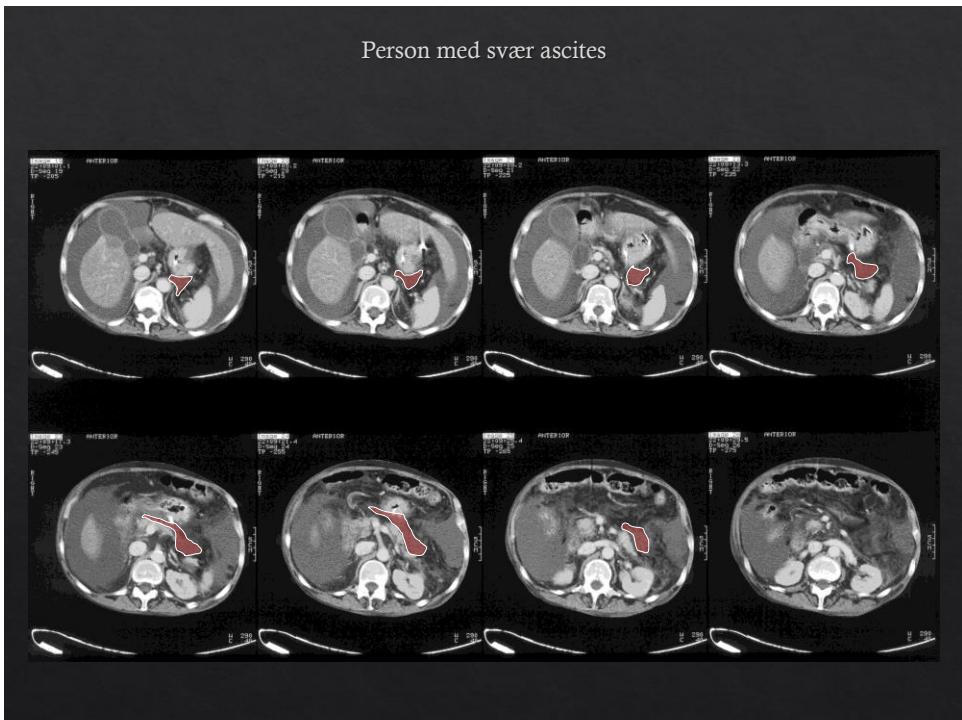
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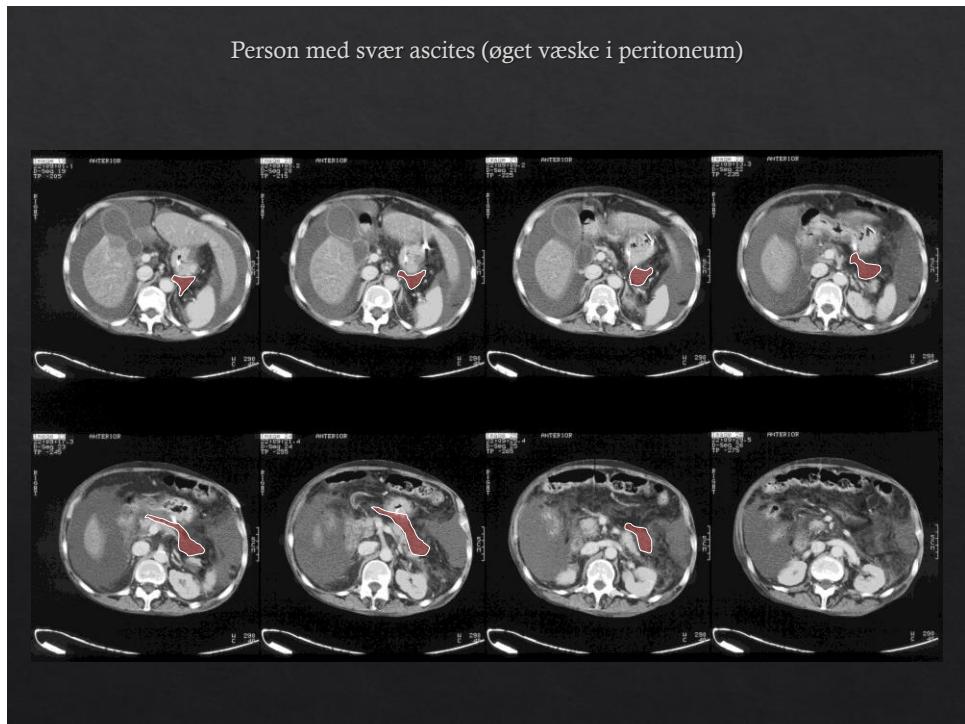
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65



66

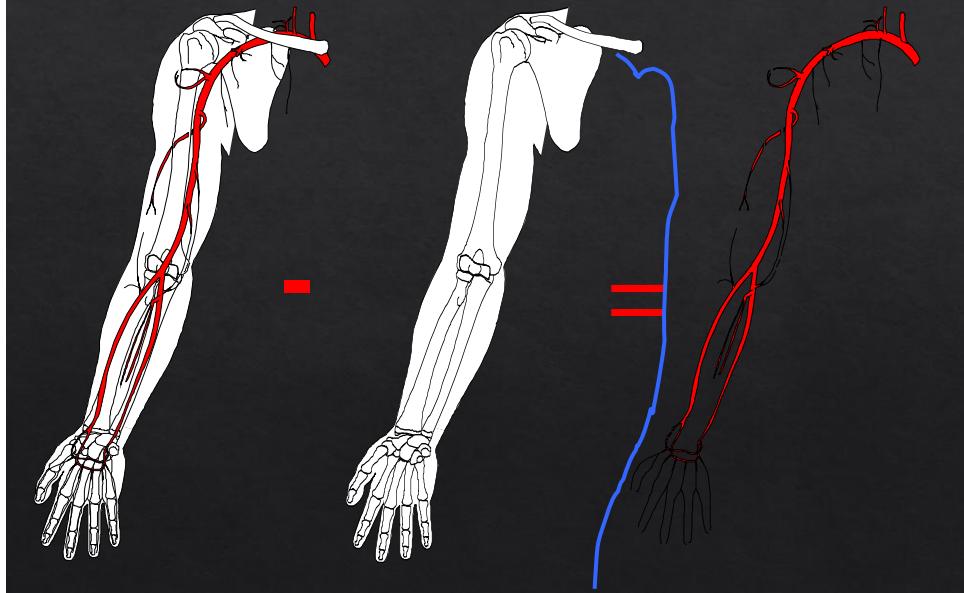


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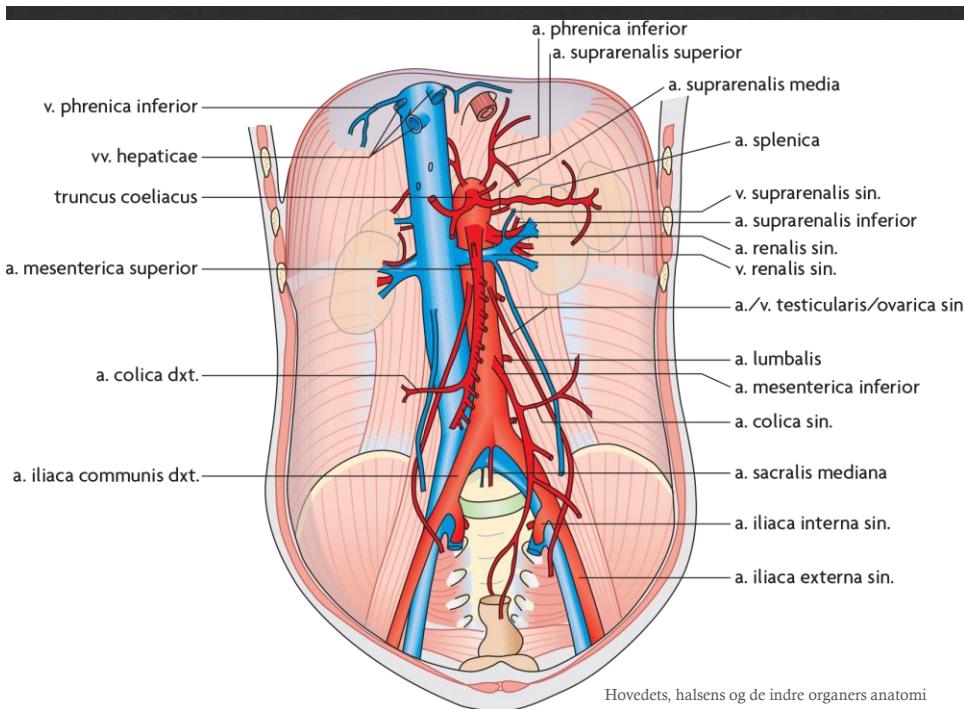


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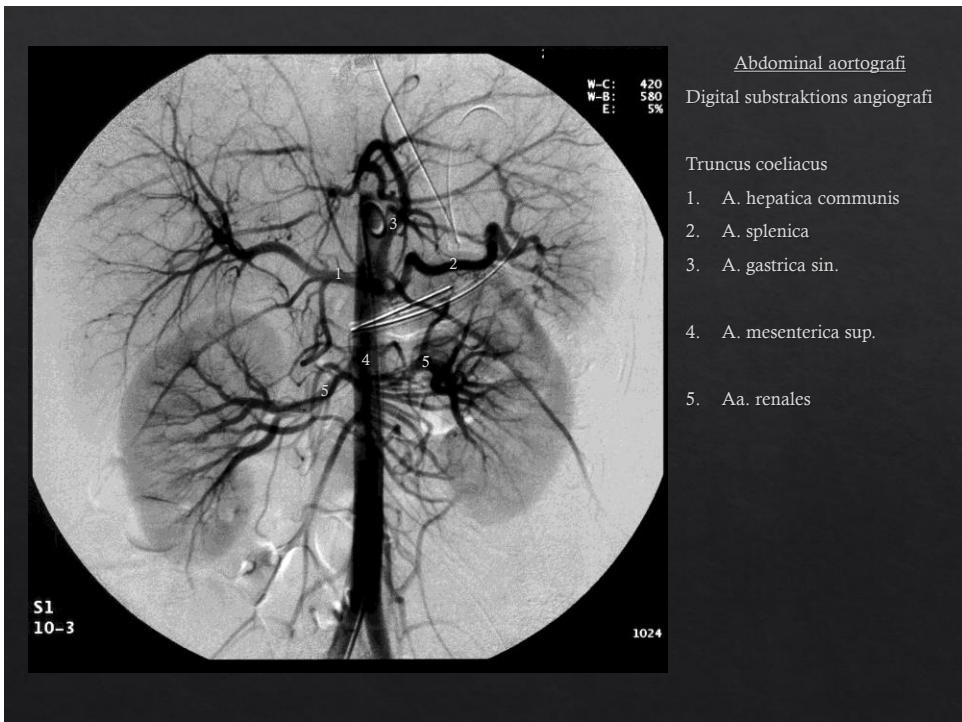
DSA: Digital subtraktions angiografi



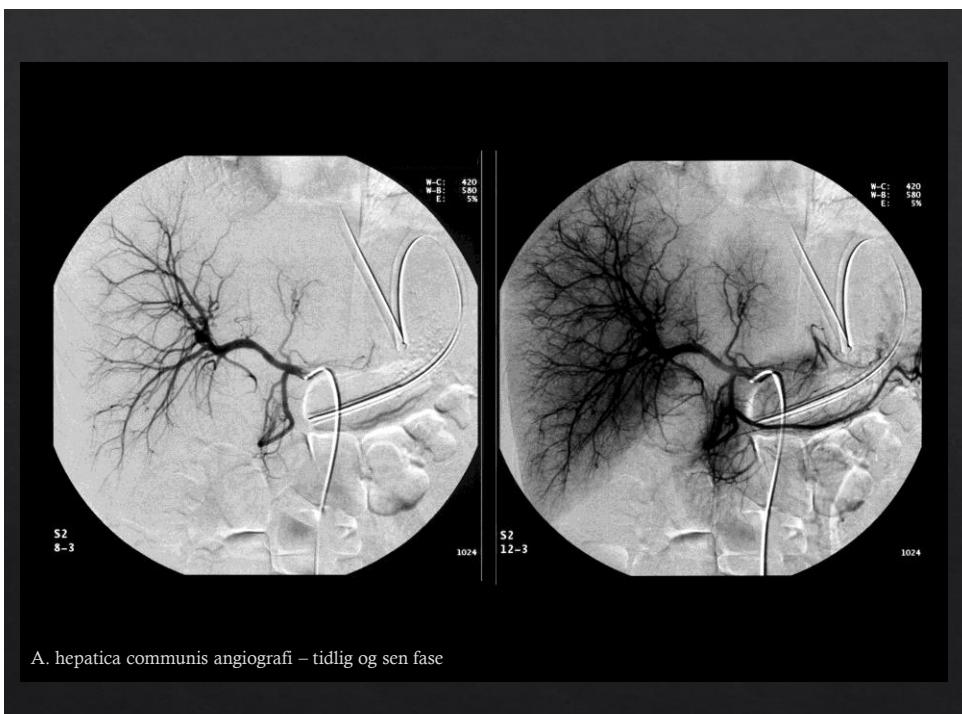
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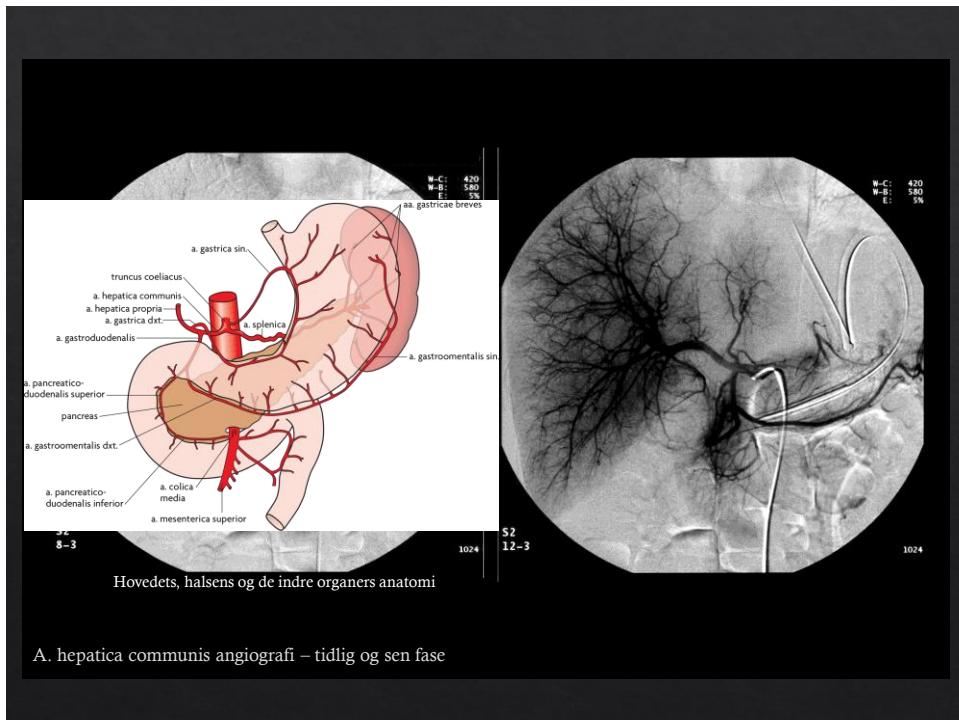
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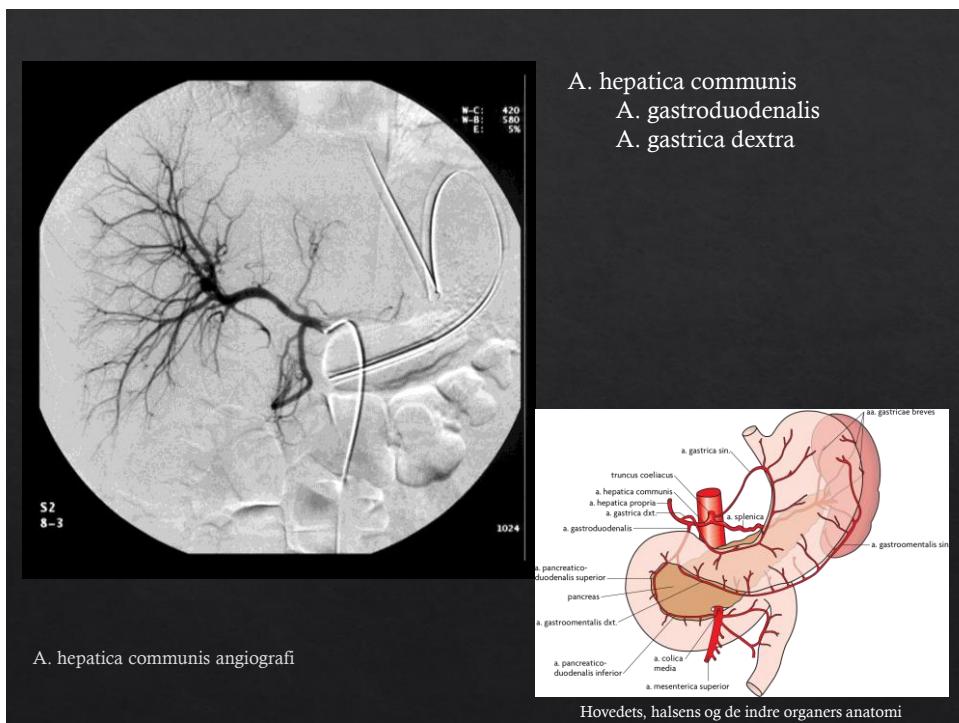
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72



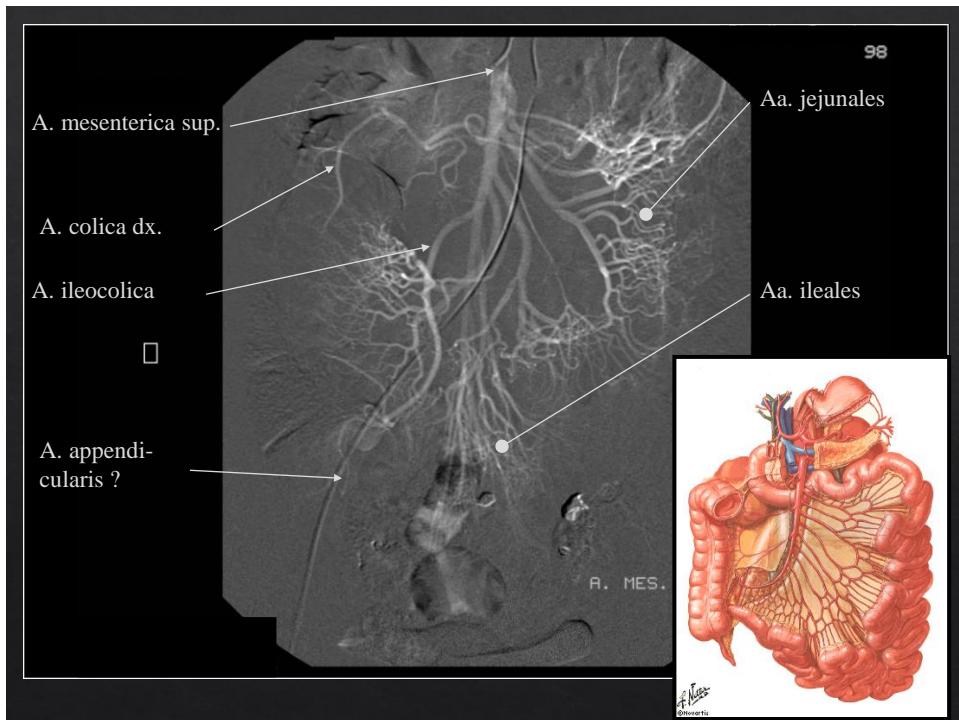
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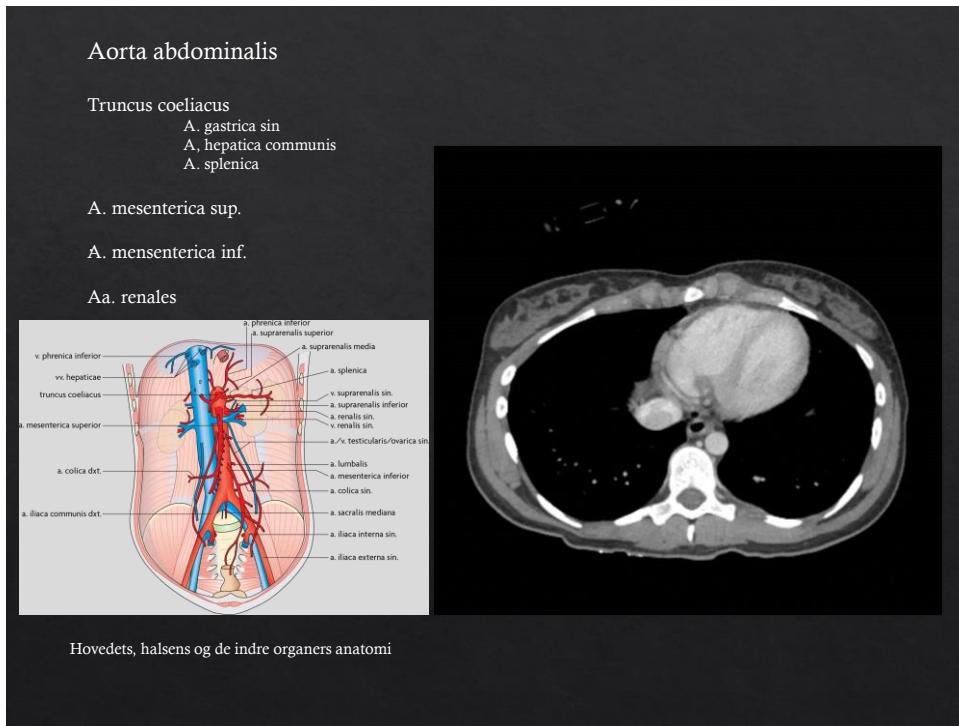
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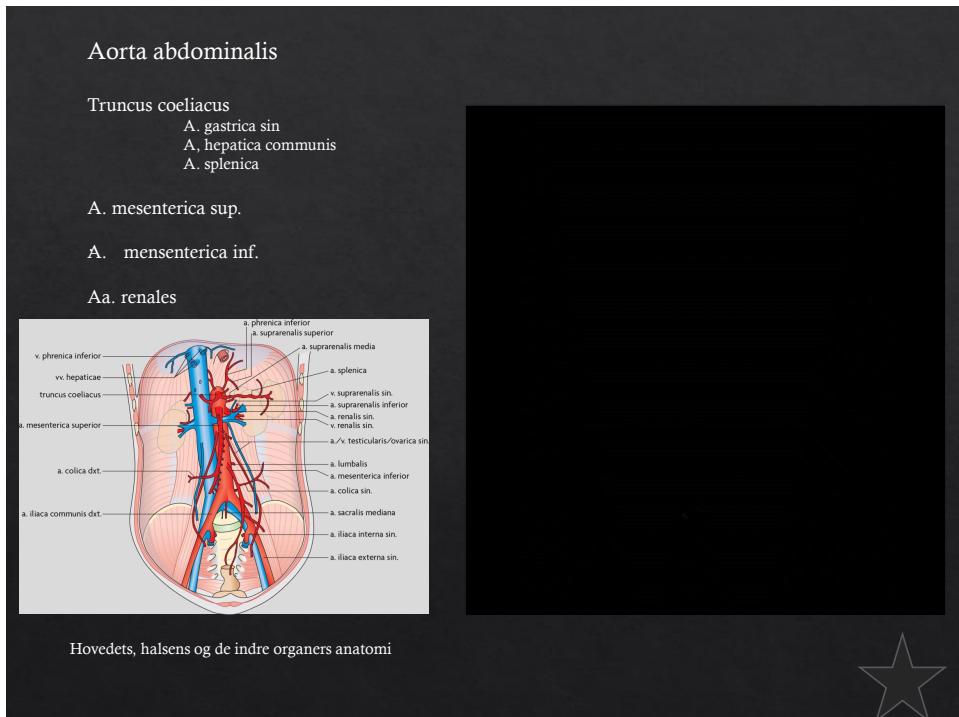
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76

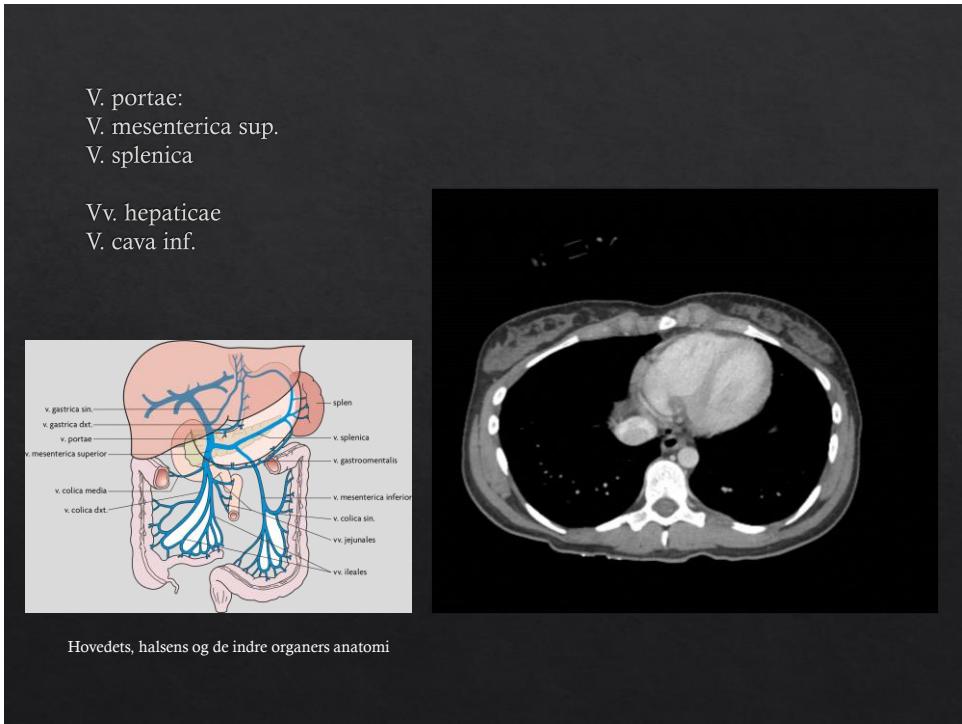


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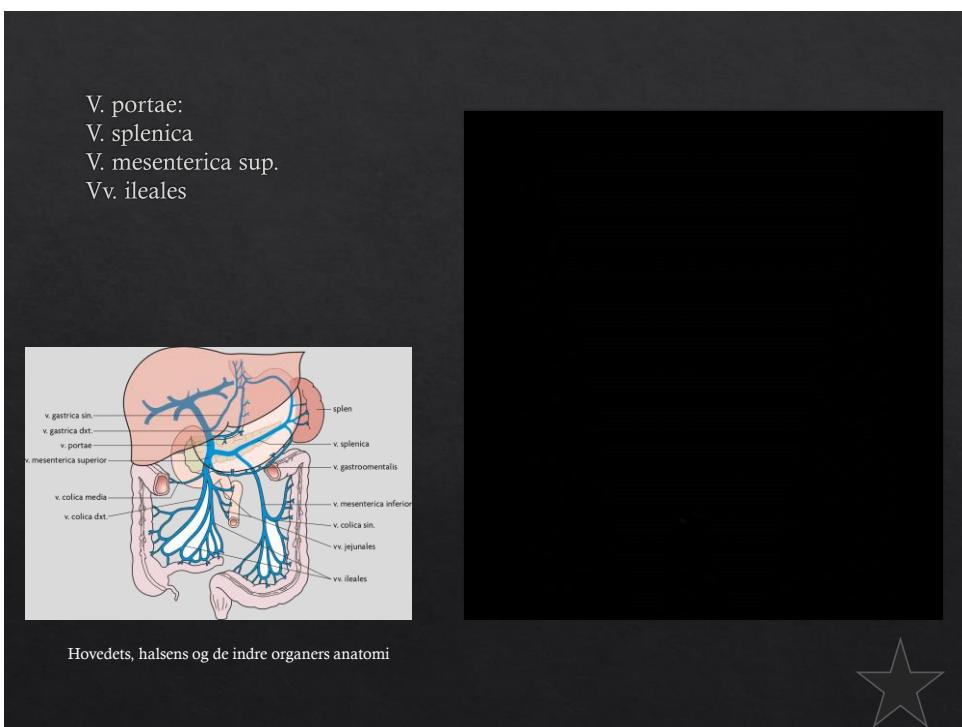


78





79



80

Portae-cava anastomoser

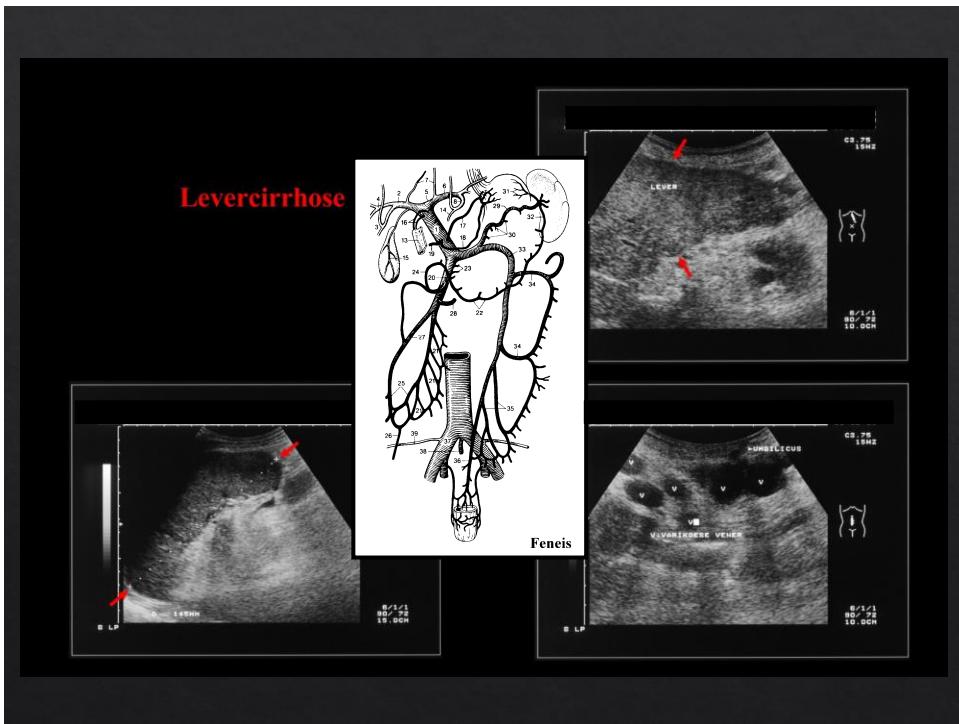
Kliniske case

81

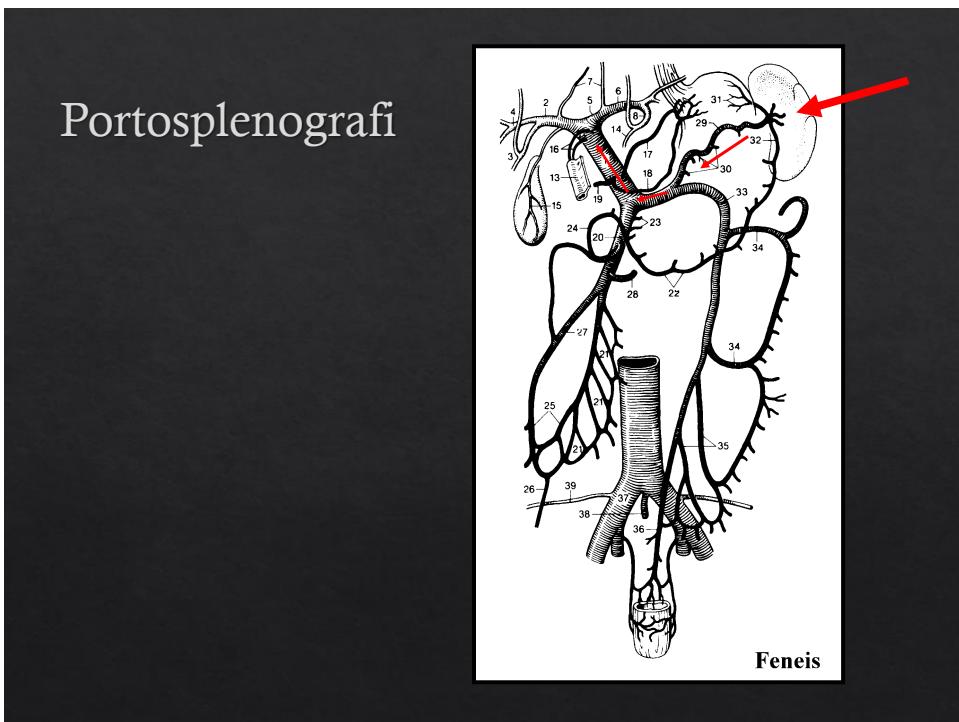
Portae-cava anstomoser (ved portal hypertension)

- Anastomoser mellem vv. gastricae/v. splenica og vv oesophageales (->azygos vene)ne)
- Anastomoser mellem v. rectalis superior og vv. rectales mediae et inferiores (->vv. iliaca internae)
- Vv. paraumbilicales (via lig. falciforme. Giver ophav til caput Medusae)
- Anastomoser via de retroperitoneale vene (talrige vene fra de flader af colon ascendens/decendens, duodenum pancreas og lever der ikke er dække af peritoneum, der anastomoserer med vv. phrenicae inferiores og vv. lumbales (->vv. azygos-cava systemet)

82

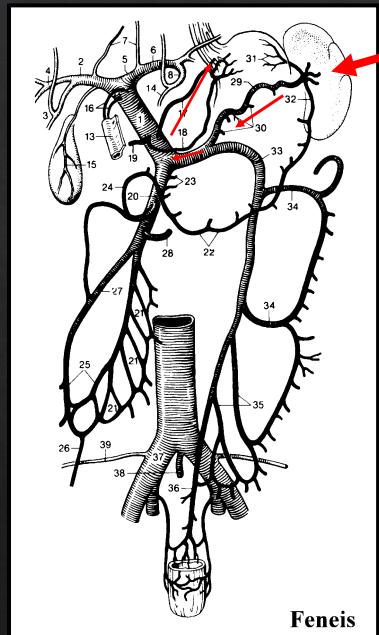


83

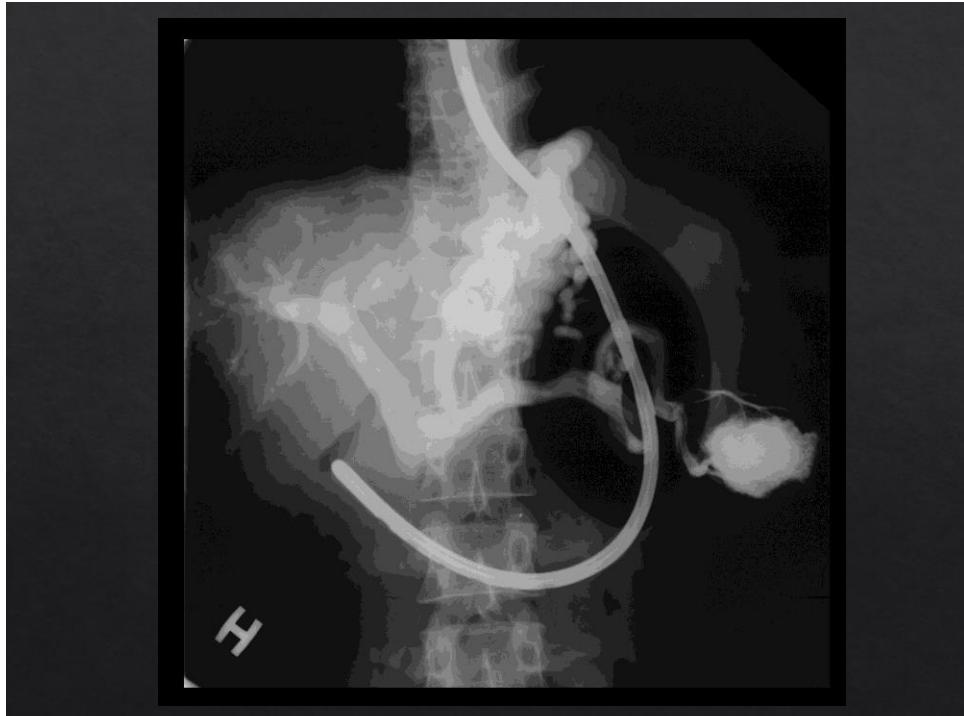


84

Portosplenografi ved portal hypertension.



85



86