

# **BILAN STANDARD D'UNE ARTHROPATHIE CHRONIQUE EN VUE D'UNE ARTHROPLASTIE PROTHÉTIQUE**

Imagerie (radios standard, arthro-  
scanner et IRM)

JD Werthel

# Pourquoi un bilan?

- Diagnostic
  - *omarthrose centrée / excentrée*
- Etiologique
  - *primitive, rupture massive de coiffe, post-traumatique, nécrose*
- Etat de la coiffe (tendons / muscles)
  - *Bonne qualité, fine, rompue, irréparable*
- Stock osseux
  - *huméral, glénoïdien +++*

# Radiographies Standard

- Face 3 rotations
- Profil (Lamy)
- Profil Axillaire

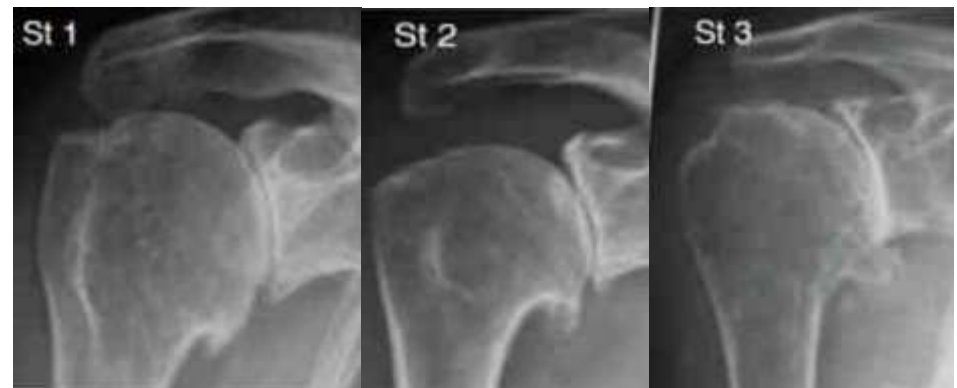
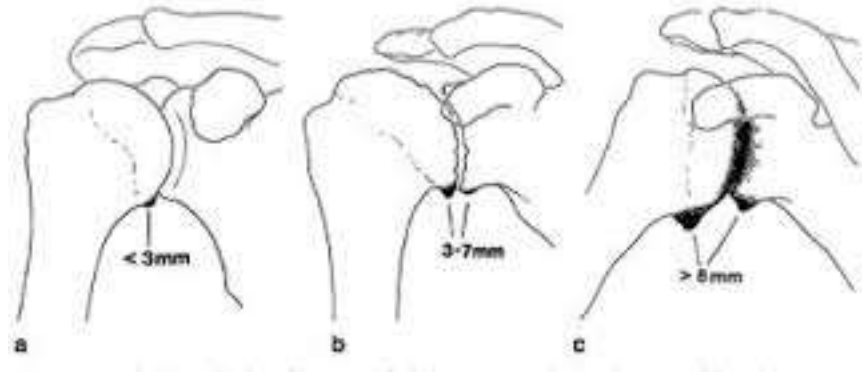


# Face 3 rotations



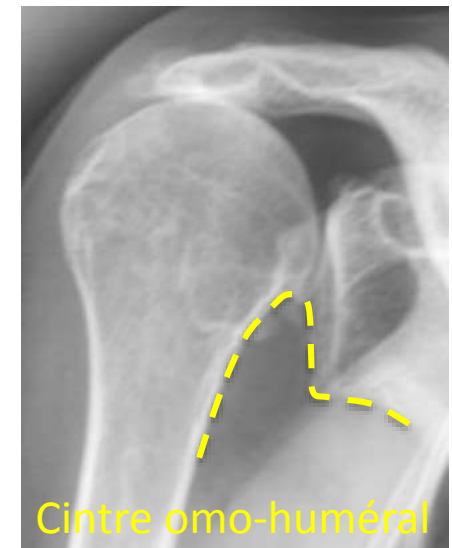
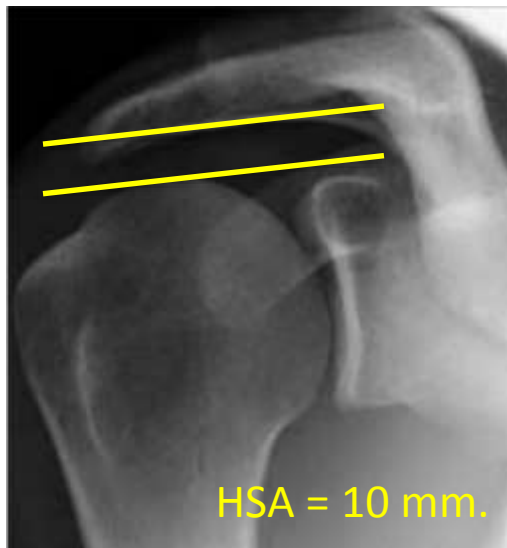
# Que rechercher

- Omarthrose centrée
- Signes d'arthrose
  - Samilson et Prieto:
    - 1/ ostéophyte < 3 mm
    - 2/ ostéophyte 3-7 mm
    - 3 / ostéophyte > 7 mm



# Que rechercher?

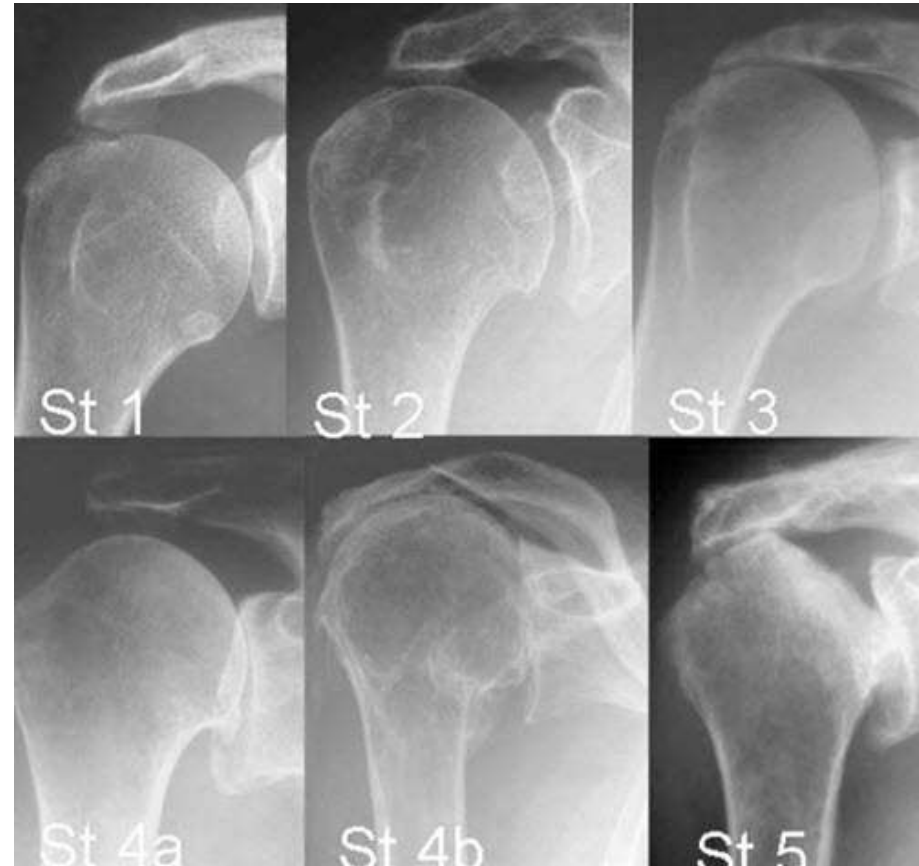
- Rupture massive de coiffe:
- $HSA < 7\text{mm}$   $\rightarrow$  rupture large touchant SSP + 1 autre tendon



# Que rechercher?

- Omarthrose Excentrée
- Classification de Hamada

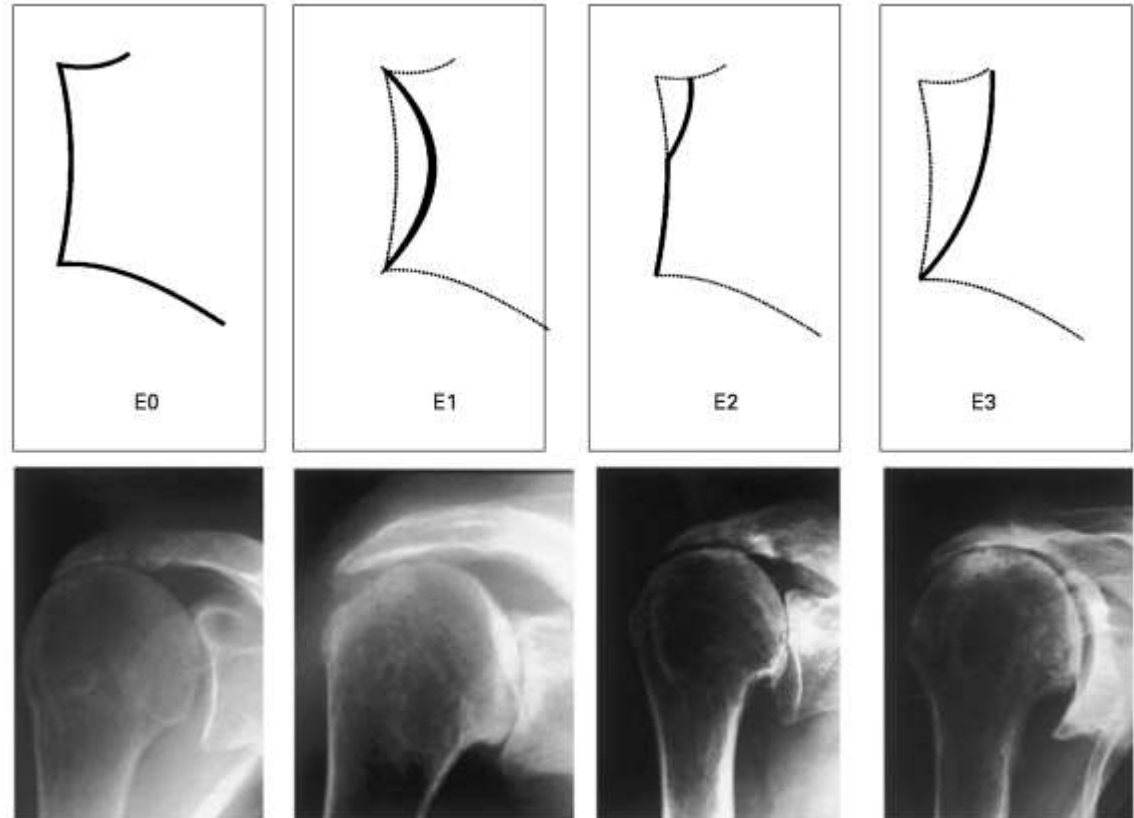
Grade	Espace acromio-huméral	Description
Grade 1	> 6mm	
Grade 2	< 5mm	
Grade 3	< 5mm	acétabulisation de l'acromion (déformation concave de l'acromion inférieure)
Grade 4	< 5mm	4A : pincement gléno-huméral sans acétabulisation 4B : pincement articulaire GH et acétabulisation
Grade 5	< 5mm	effondrement de la tête humérale



# Que rechercher?

- Type de glène:  
usure

Classification  
Favard





# Que rechercher?

- Signes d'ostéonécrose
  - 1: visible uniquement en IRM
  - 2: condensation sous-chondrale
  - 3: fracture sous-chondrale
  - 4: effondrement tête humérale
  - 5: arthrose versant glénoïdien

*Crues, JBJS Am 1976*



# Profil Lamy



# Que rechercher?

- Cal vicieux :
  - anomalie version humérale

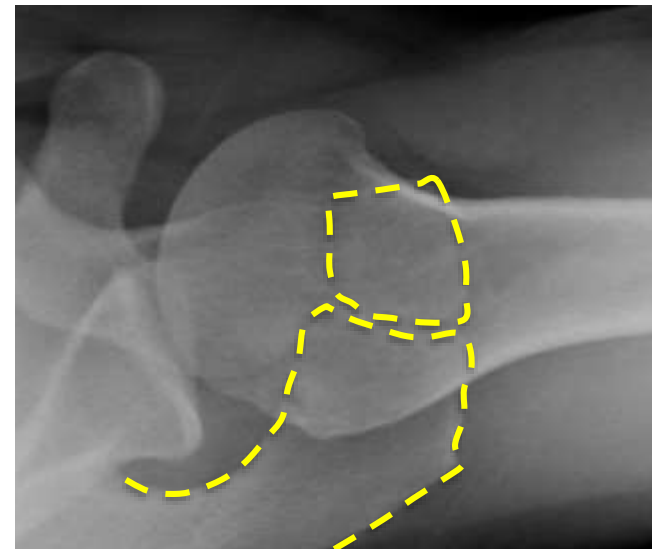
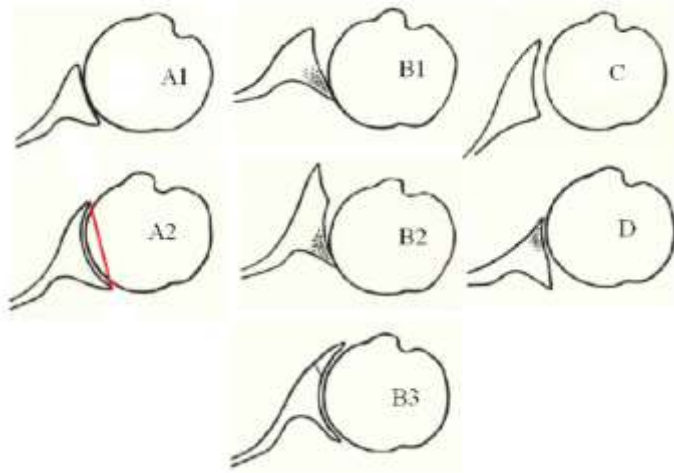


# Profil Axillaire



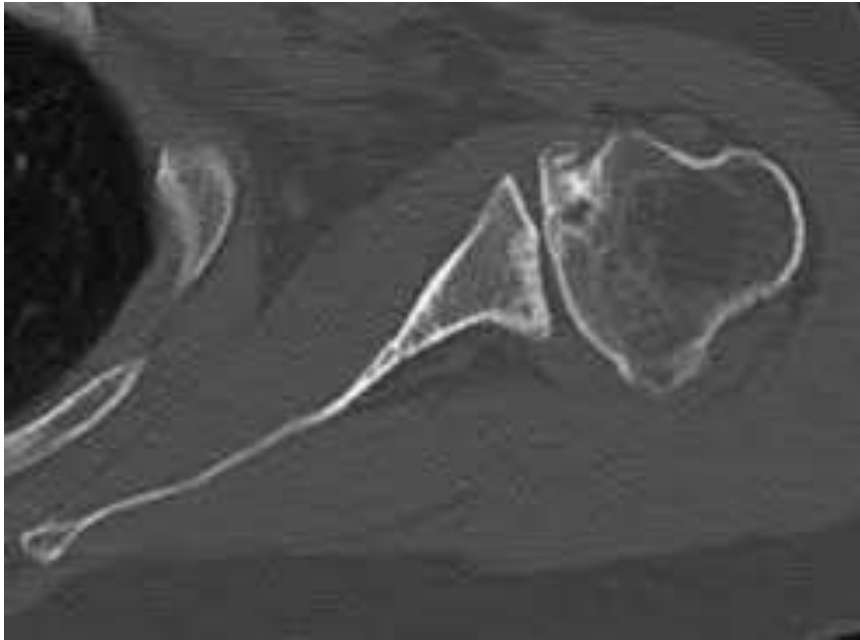
# Que rechercher?

- Subluxation postérieure
- Type de glène : usure
  - Walch



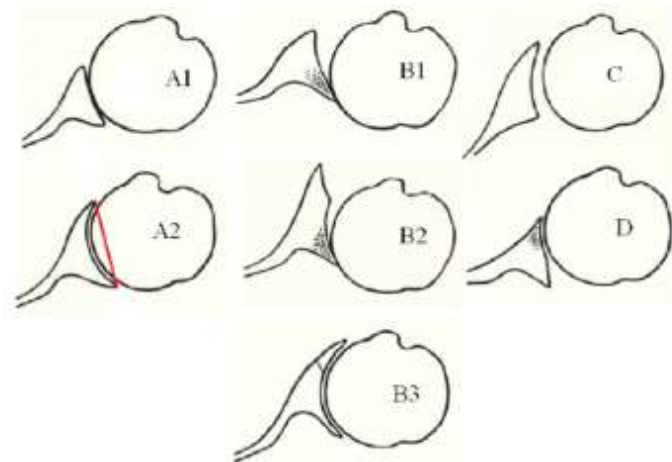
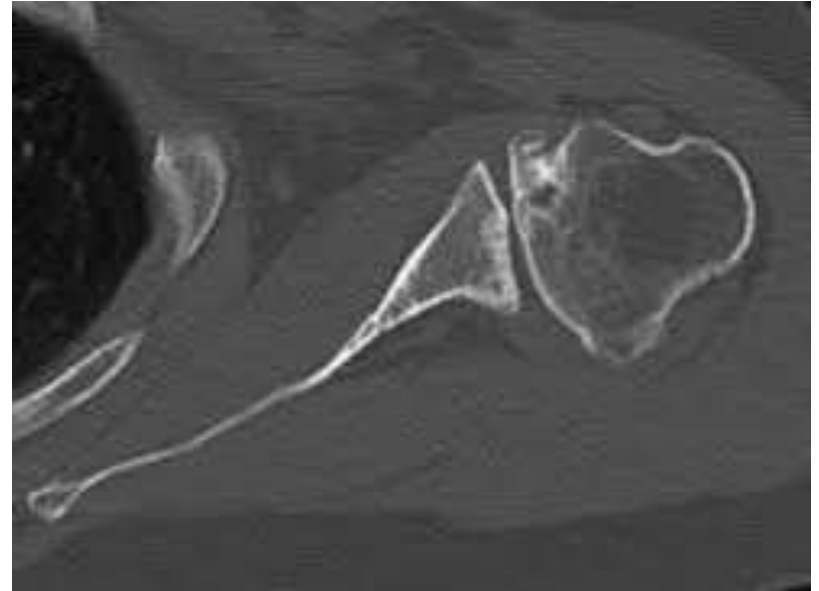
- Acromion bipartita

# Scanner / Arthroscanner



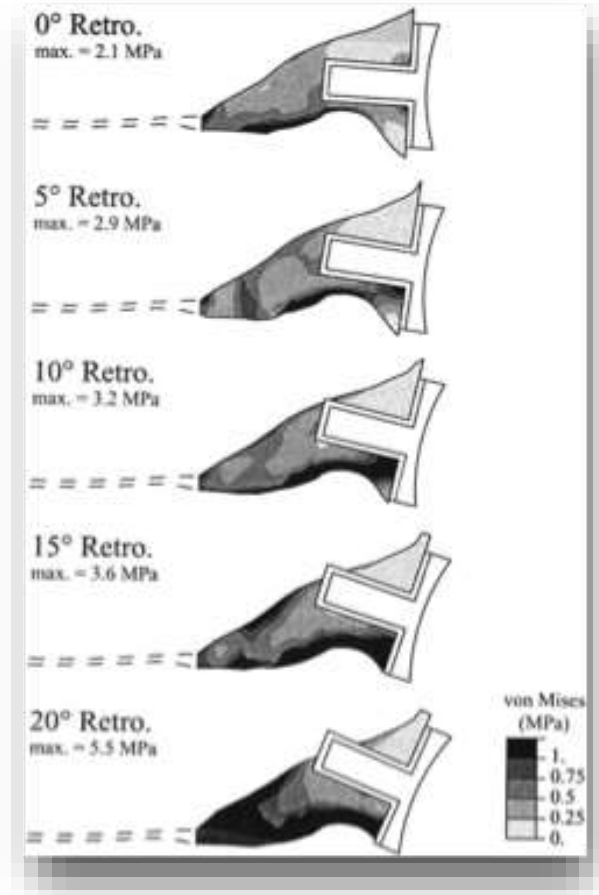
# Que rechercher

- Coupes transversales:
- Mesure de la version glénoïdienne
- Quantification de la subluxation postérieure de la tête
- Forme de la glène : biconcave / dysplasique



# Que rechercher

- Positionnement de l'implant glénoïdien —> capital dans PTE +++
- Retroversion +++ risque élevé de faillite mécanique —> corriger version si retroversion >10°



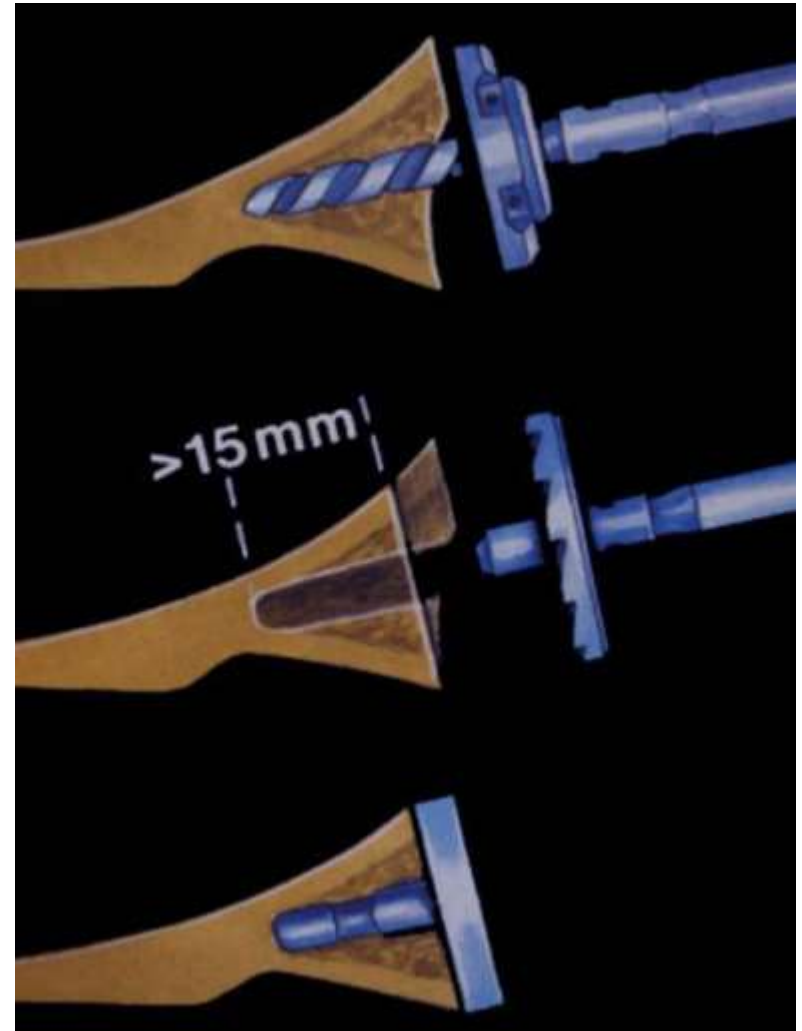
**Risks of loosening of a prosthetic glenoid implanted in retroversion**

Alain Farron, MD,<sup>a</sup> Alexandre Terrier, PhD,<sup>b</sup> and Philippe Büchler, PhD,<sup>b</sup> Lausanne, Switzerland



# Que rechercher?

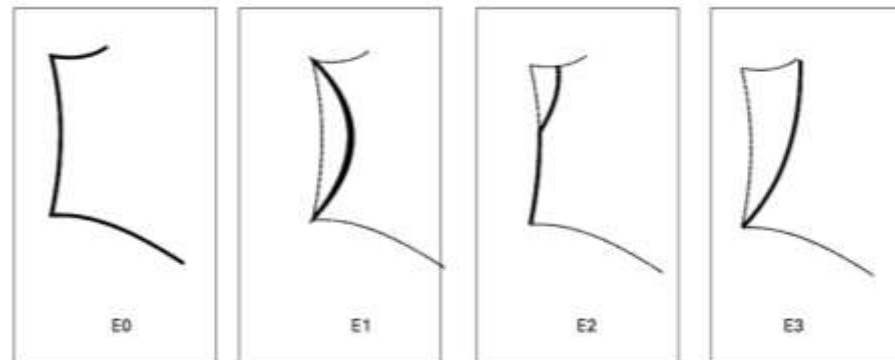
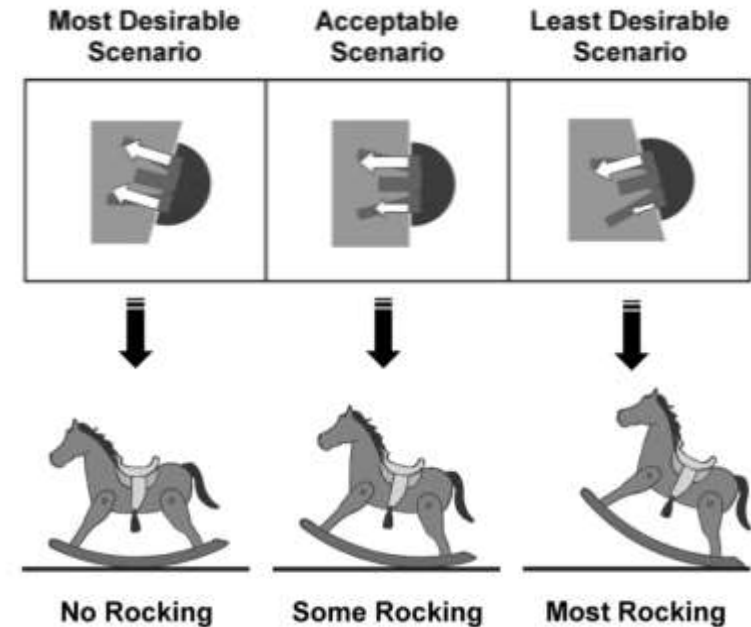
- Evaluation du stock osseux glénoïdien
  - Glenoid vault
  - Plot central / Quille 15 mm.
  - Prévoir éventuelle perforation



# Que rechercher?

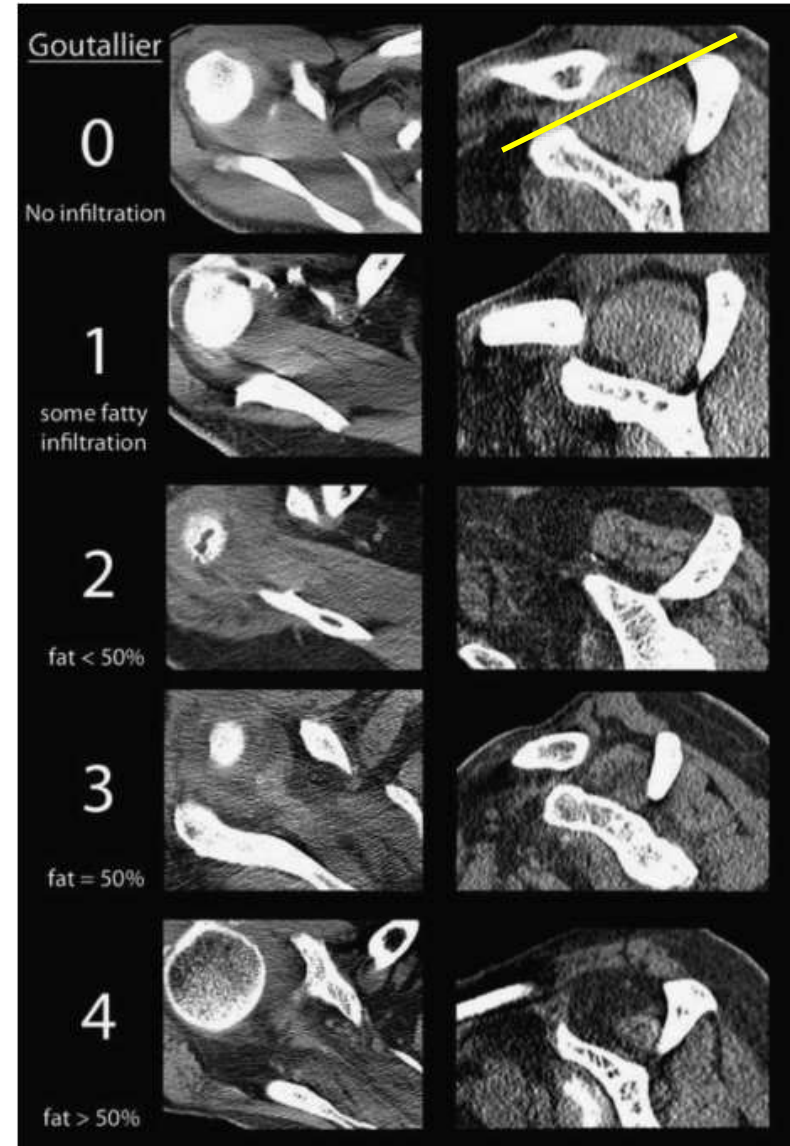
- Coupes Frontales

- Usure supérieure de glène.
- Mesure du tilt



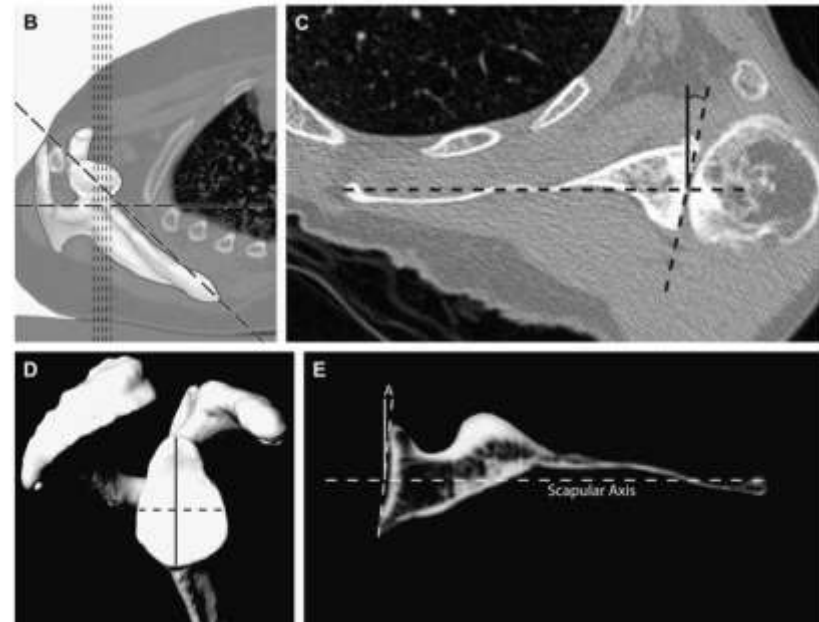
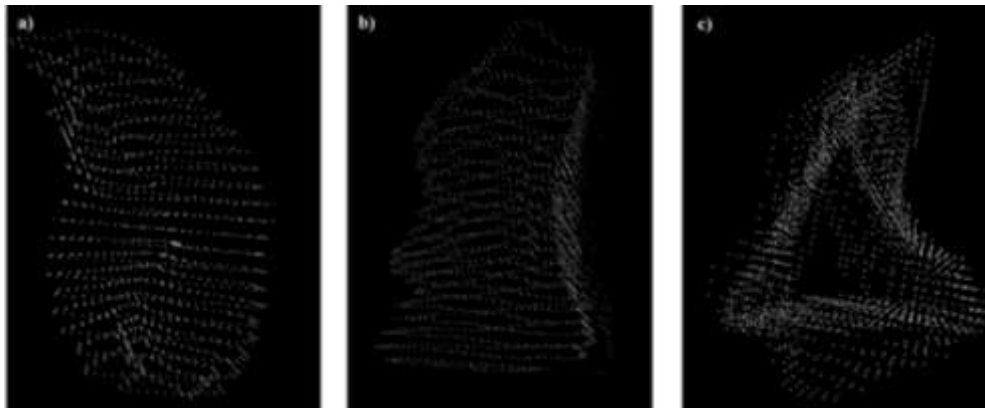
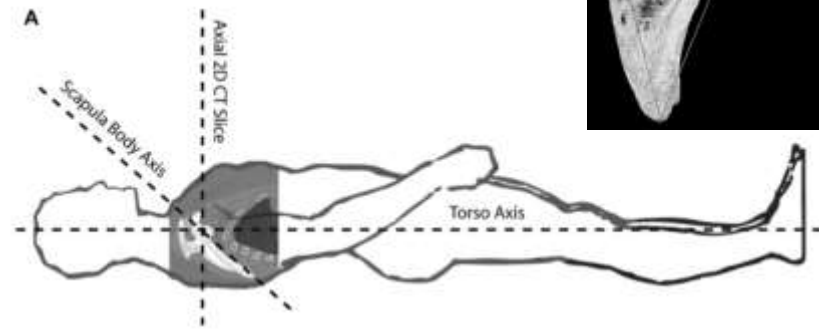
# Que rechercher?

- Coupes Transversales/  
Coronales
  - Etat musculaire de la  
coiffe des rotateurs
    - Infiltration graisseuse
    - Atrophie musculaire



# Que rechercher?

- Reconstruction 3D
  - Evaluation précise de la déformation glénoïdienne



# Que rechercher?

- Arthro-scanner
  - Visualiser éventuelle rupture (réparabilité)



# IRM

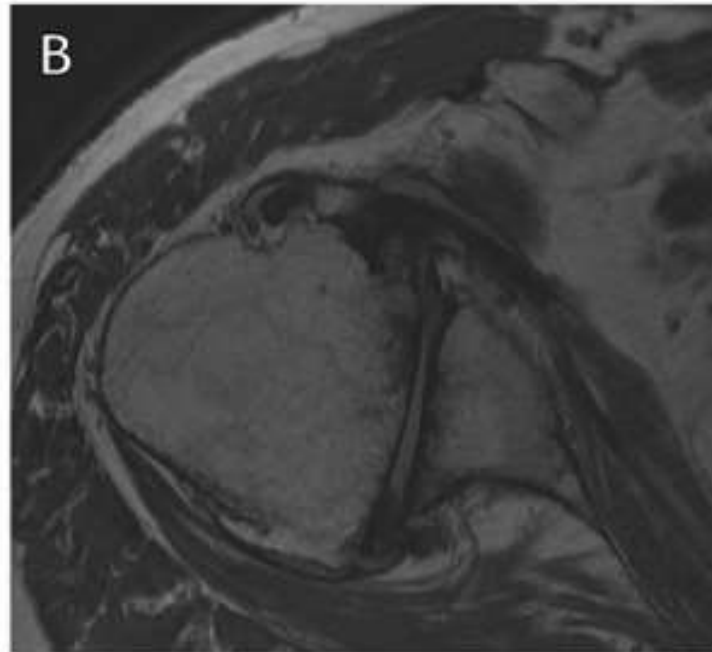
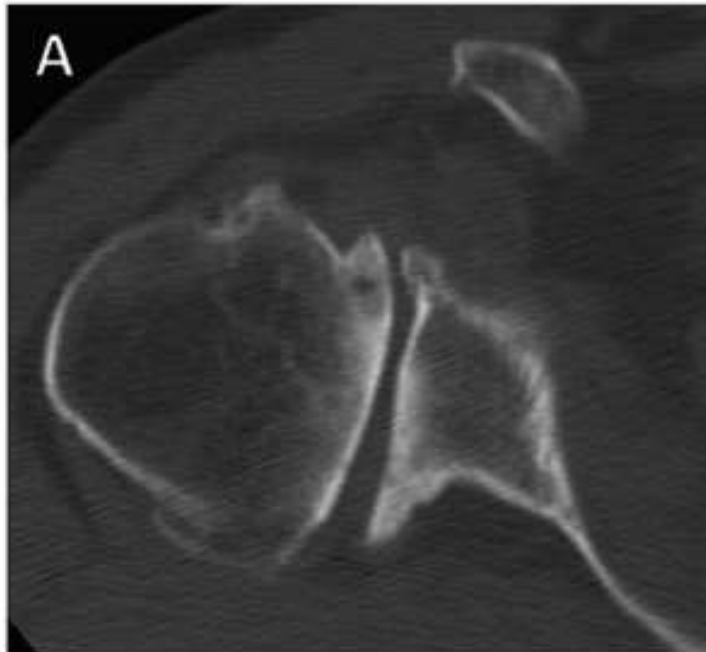


# Que rechercher?

- Type de glène / Version

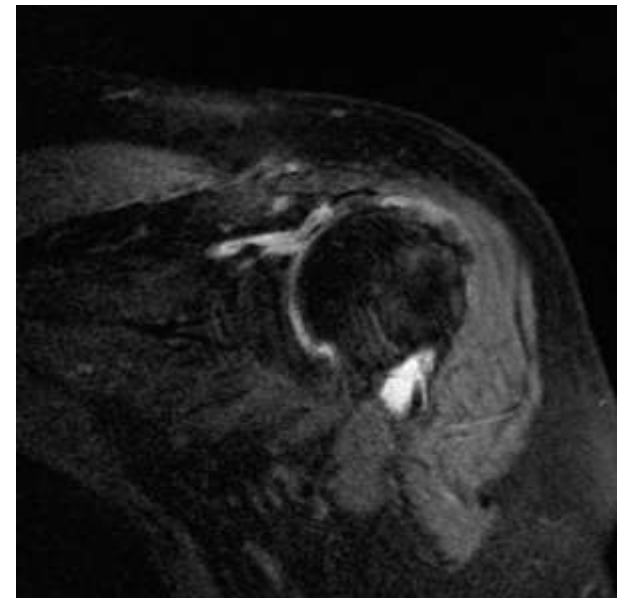
Magnetic resonance imaging is comparable to computed tomography for determination of glenoid version but does not accurately distinguish between Walch B2 and C classifications

Jeremiah T. Lowe, BA<sup>1,2</sup>, Edward J. Testa, BA<sup>1</sup>, Xinning Li, MD<sup>1</sup>, Suzanne Miller, MD<sup>1,2</sup>, Joseph P. DeAngelis, MD<sup>1</sup>, Andrew Jawa, MD<sup>1,2,3,4</sup>



# Que rechercher?

- Coupes Transversales/  
Coronales
  - Etat musculaire de la coiffe
    - Infiltration graisseuse
    - Atrophie musculaire
  - Rupture de coiffe







# PARIS SHOULDER UNIT