

MATINALES D'ORTHOphonie

Samedi 10 janvier 2026

IMAGERIE METABOLIQUE CEREBRALE ET ORTHOPHONIE

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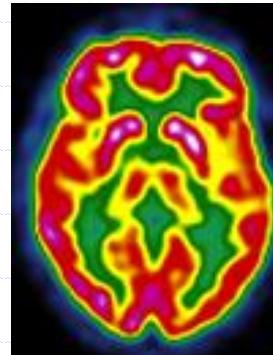
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<https://scinti.edu.umontpellier.fr/enseignements/cours/> onglet EPU

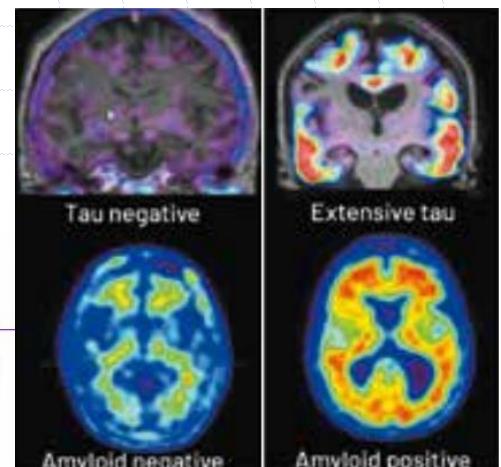
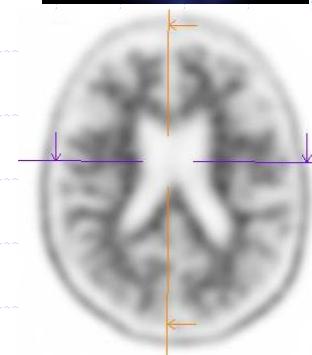
RADIOTRACEURS METABOLIQUES

- Neuronal: $^{18}\text{F-DG}$ (TEP)

(remplace perfusion : HMPAO et ECD-Tc)

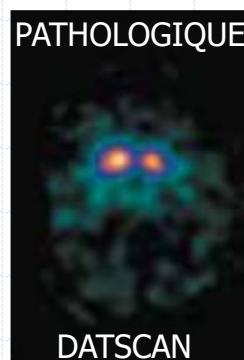
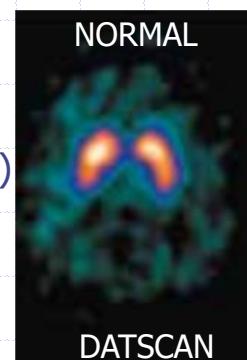


- Plaques amyloïdes et protéine tau (^{18}F) (TEP)

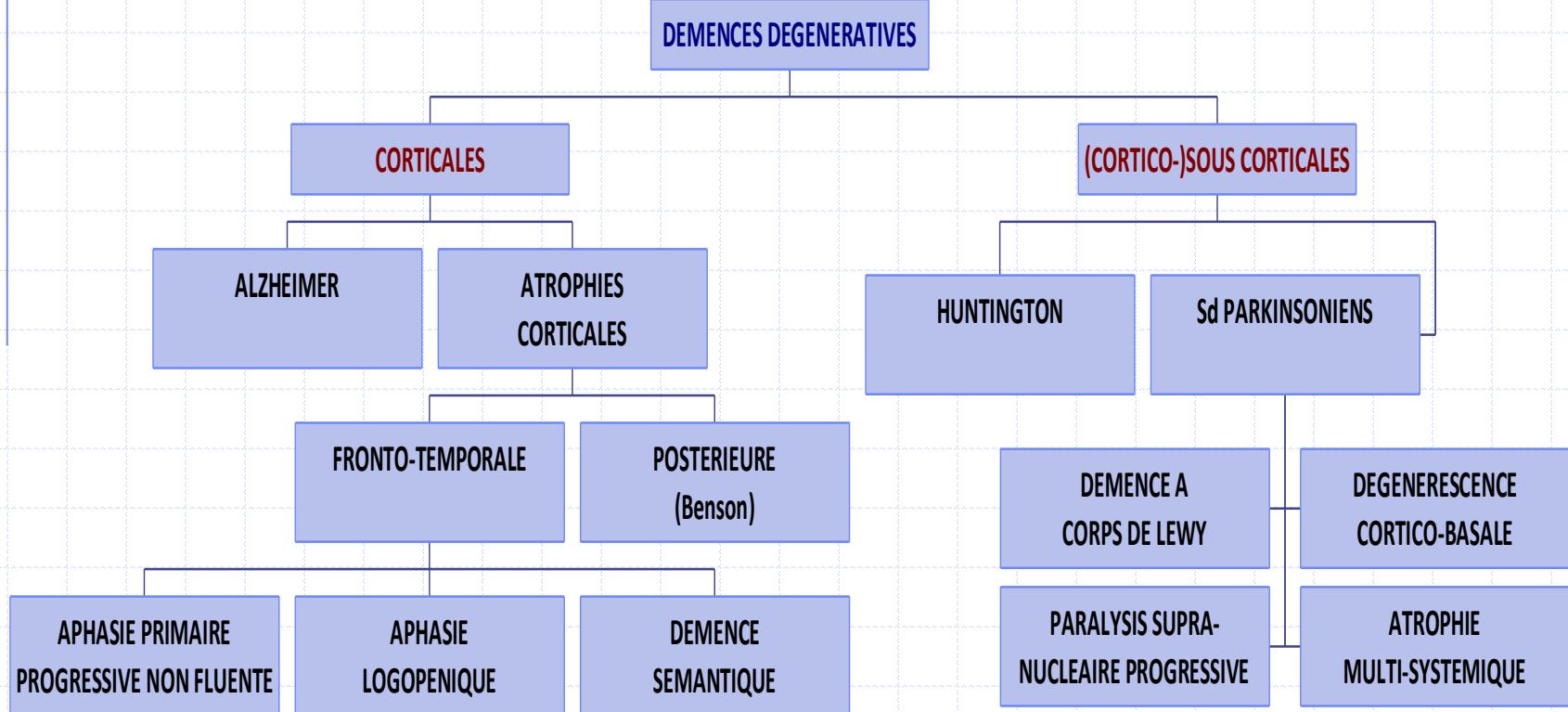


- Dopamine :

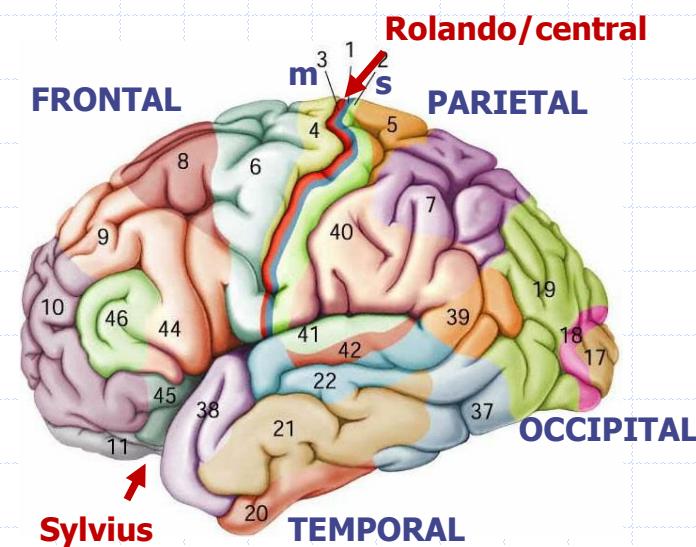
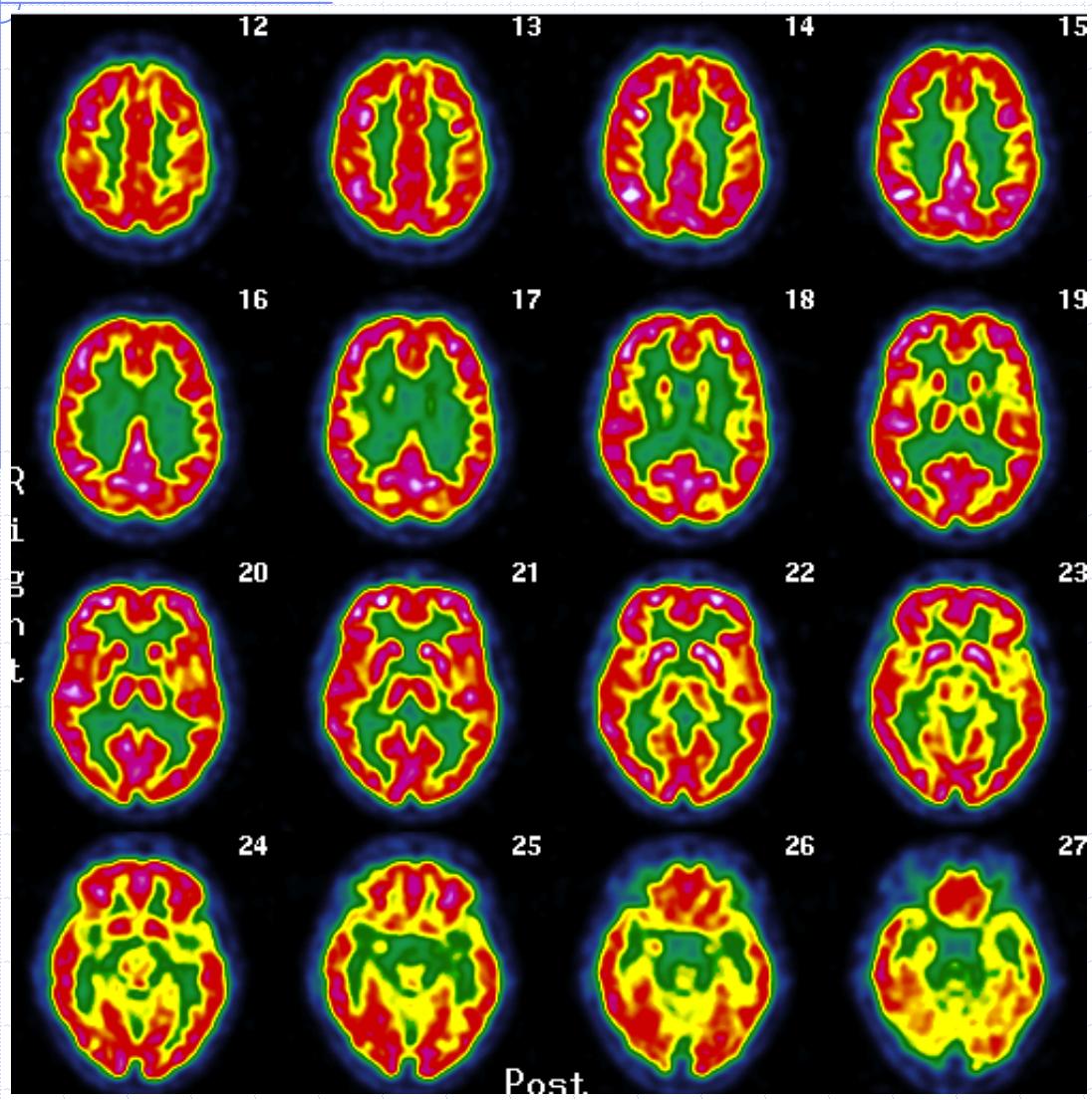
- Synthèse dopa: $^{18}\text{F-DOPA}$ (TEP)
- Recapture dopamine: $^{123}\text{I-FP-CIT}$ (SPECT)
(ioflupane = Datscan®)



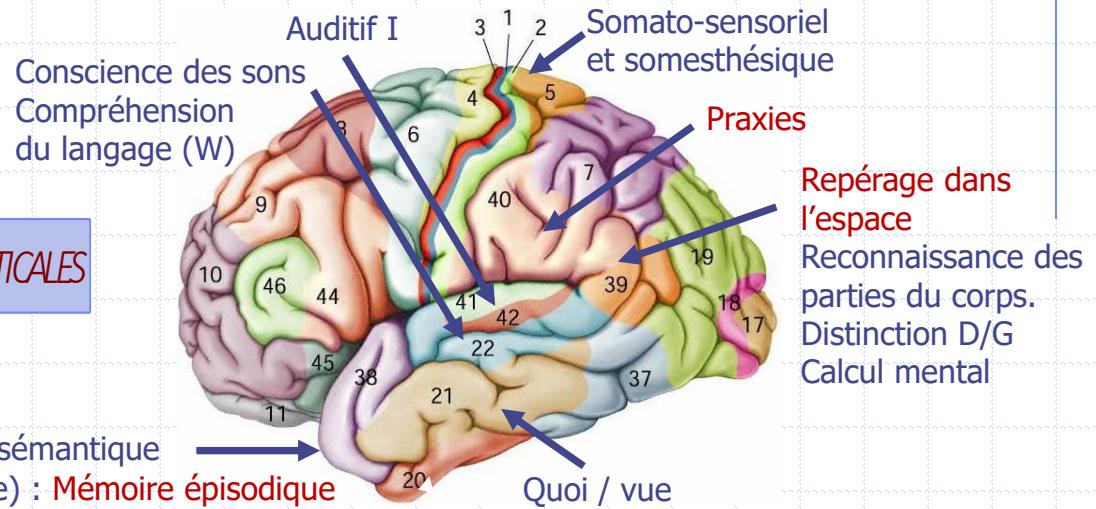
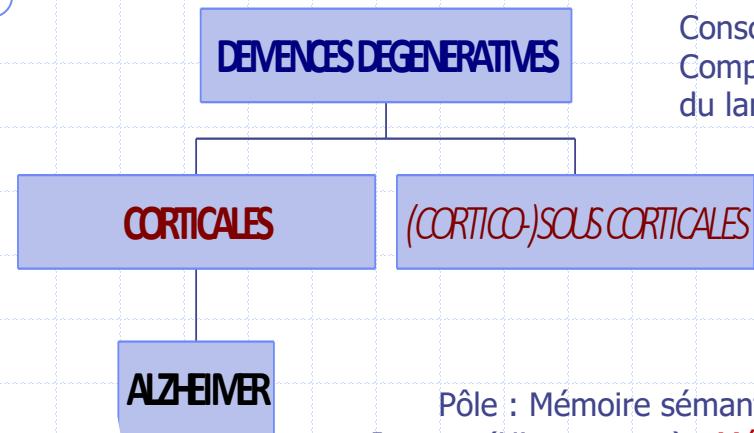
LE DEMENCE DEGENERATIVES



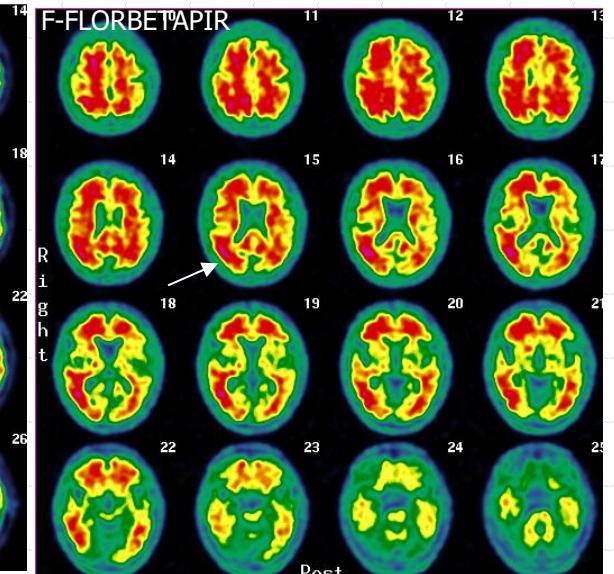
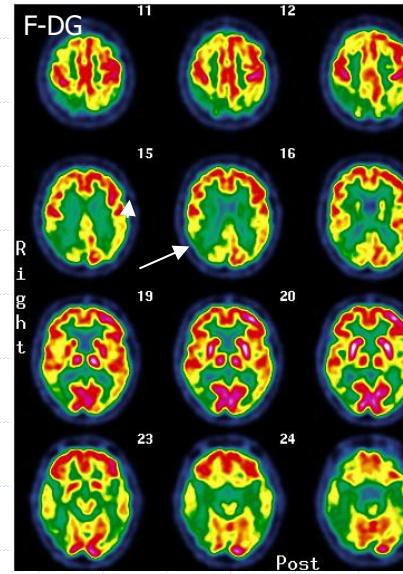
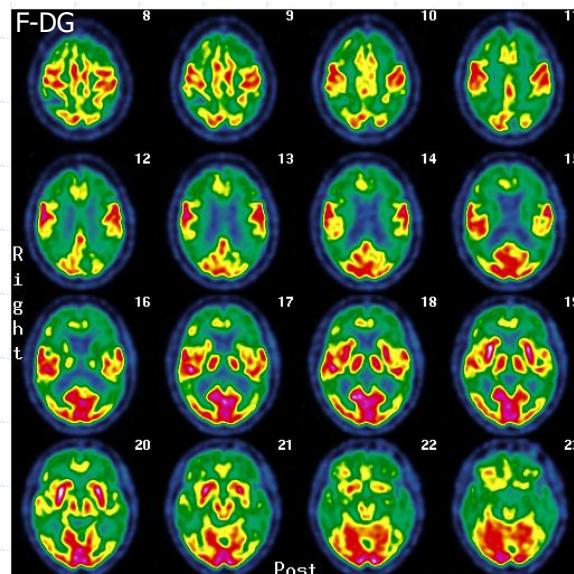
TEP 18F-DG NORMALE



MALADIE D'ALZHEIMER (β amyloïde & τ)

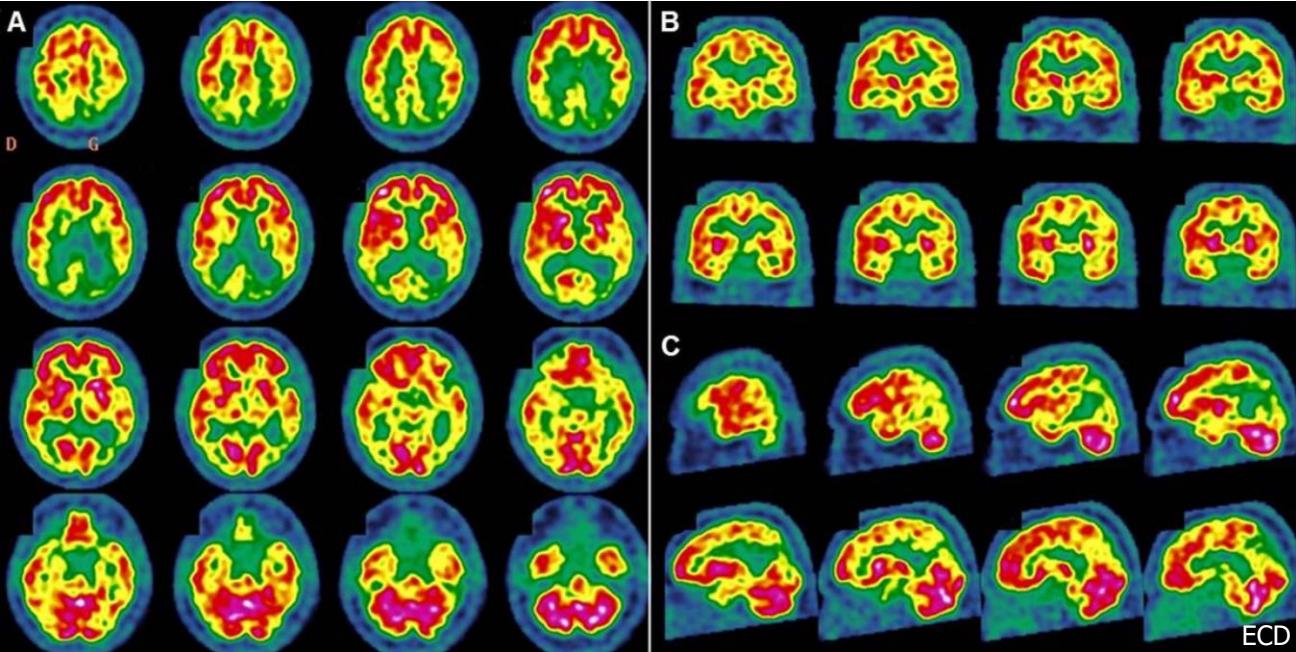
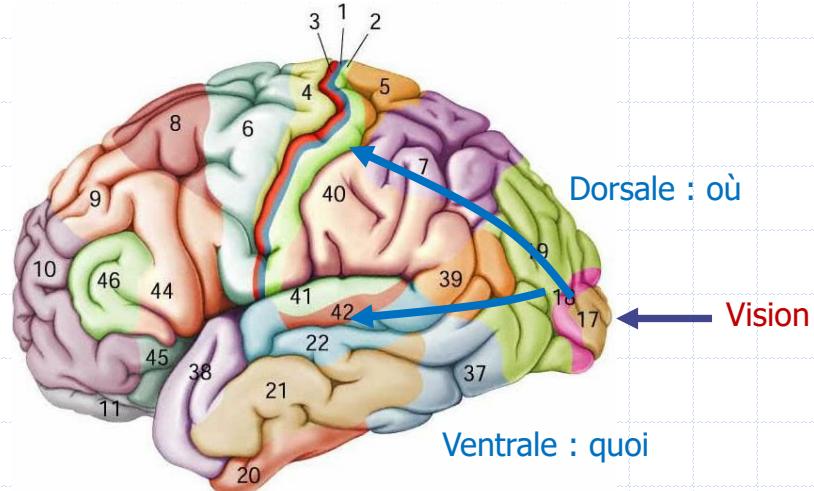
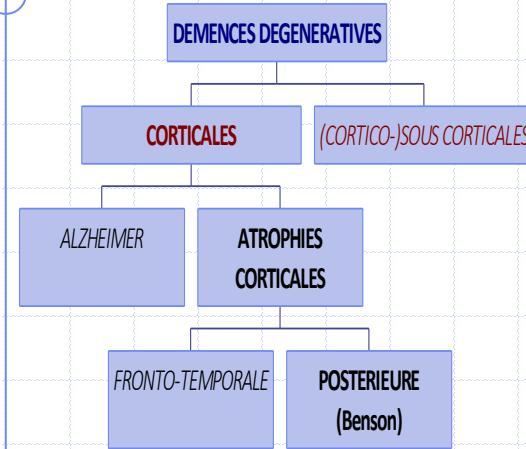


Pôle : Mémoire sémantique
 Interne (Hippocampe) : Mémoire épisodique



↓ Pariétal et temporal (Aires I, occipital, NGC, cervelet N)

ATROPHIES CORTICALES POSTERIEURE



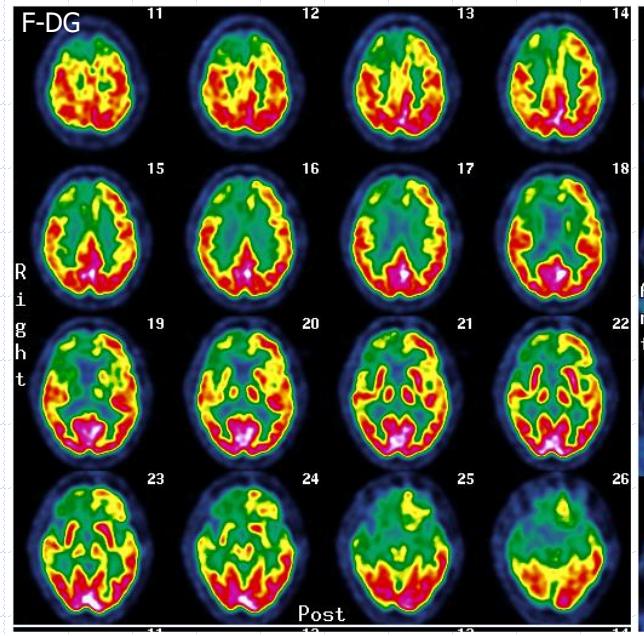
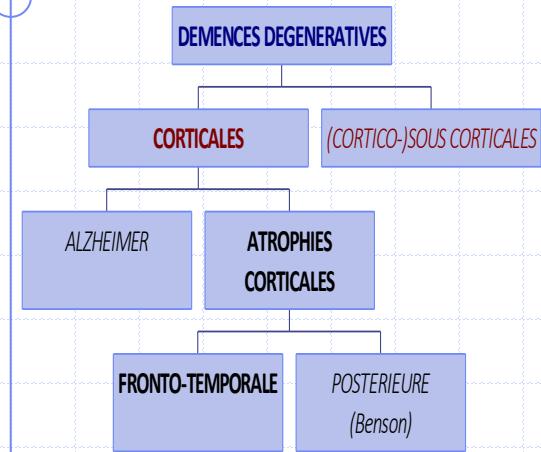
ACP = forme de MA

Syndrome de Balint

- Ataxie optique : incapacité à saisir un objet périphérique.
- Apraxie regard: perte de la capacité de diriger le regard vers un stimulus périphérique
- Simultagnosie: incapacité à observer 2 ou plusieurs objets distincts dans une même scène alors qu'ils peuvent être vus séparément.

↗ Pariéto-occipital x2

ATROPHIE FRONTO TEMPORALE: DFT (τ)



Préfrontal dorsolatéral

Attention, mémoire de travail

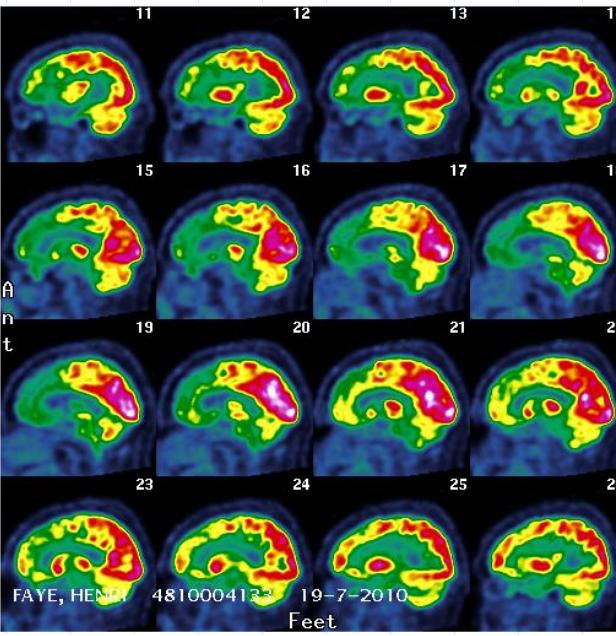
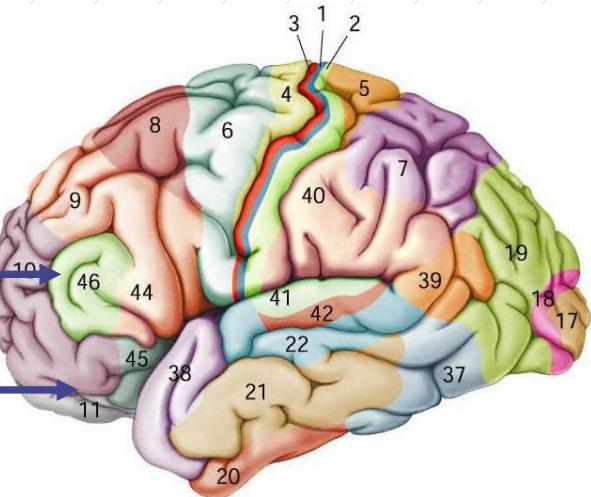
Planification, logique

Préfrontal mésial

Initiative, motivation

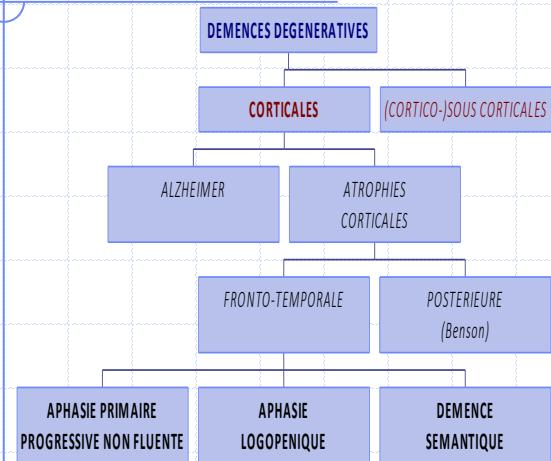
Orbito-frontal mésial

Personnalité,
inhibition, social

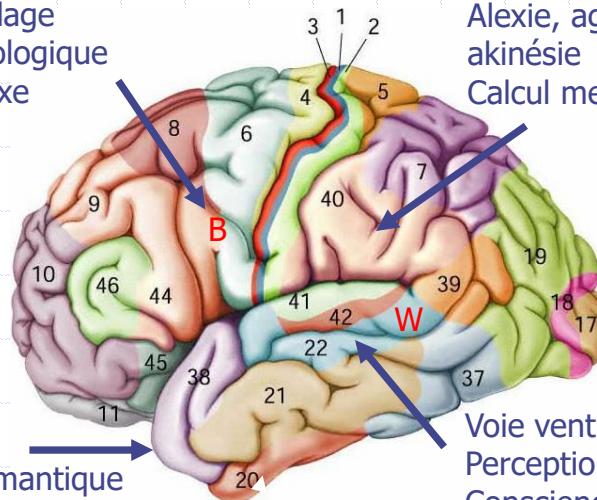


↓ Frontal et temporal

LES APHASIES



Voie dorsale :
production
Encodage phonologique
Syntaxe

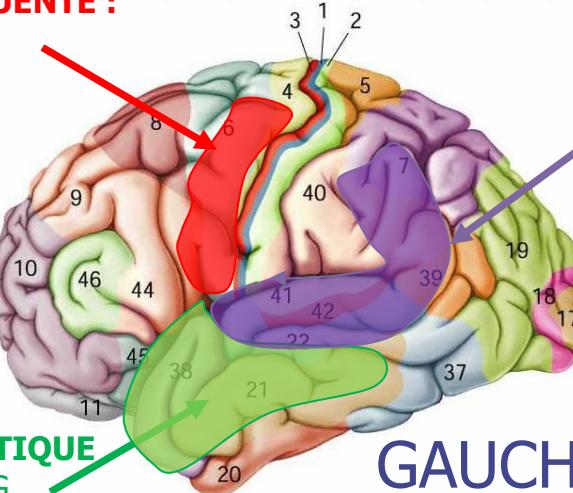


Praxies bégaiement
Alexie, agraphie,
akinésie
Calcul mental

Pôle :
Mémoire sémantique

Voie ventrale :
Perception
Conscience des sons
Compréhension
du langage
Lexique

APP NON FLUENTE :
Périrolandique
Sylvien G

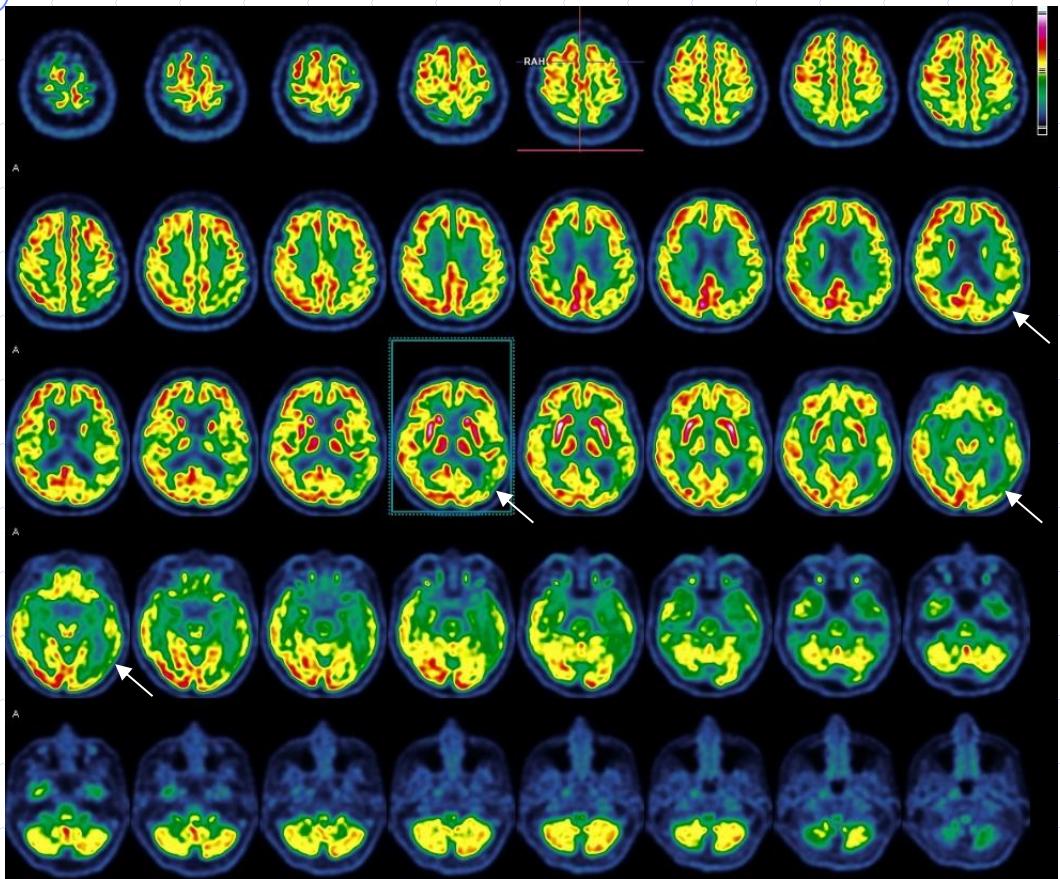


APP LOGOPENIQUE
Temporo-pariétaire G
Associatif post G

DEMENCE SEMANTIQUE
Temporal antérieur G

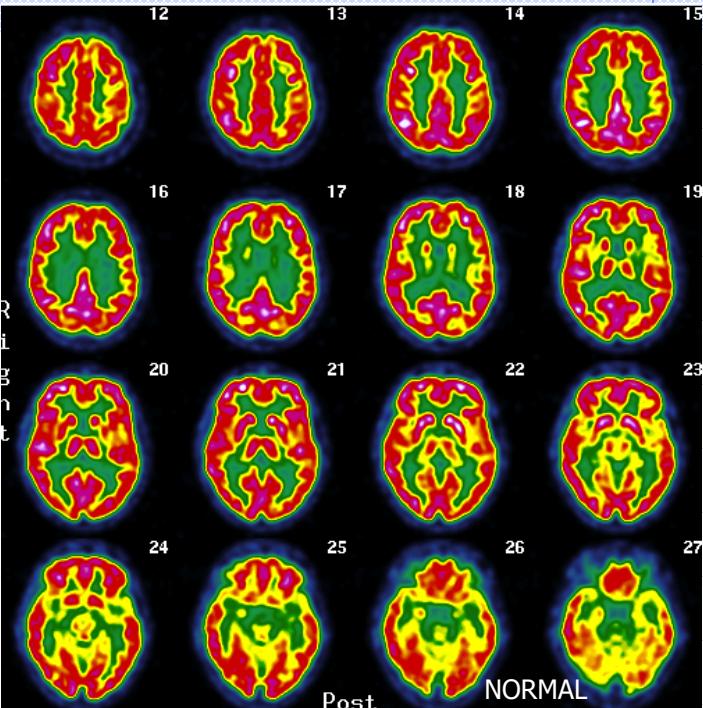
GAUCHE

APP LOGOPENIQUE

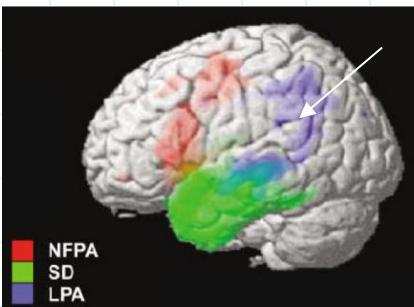


APP L (\approx MA) :

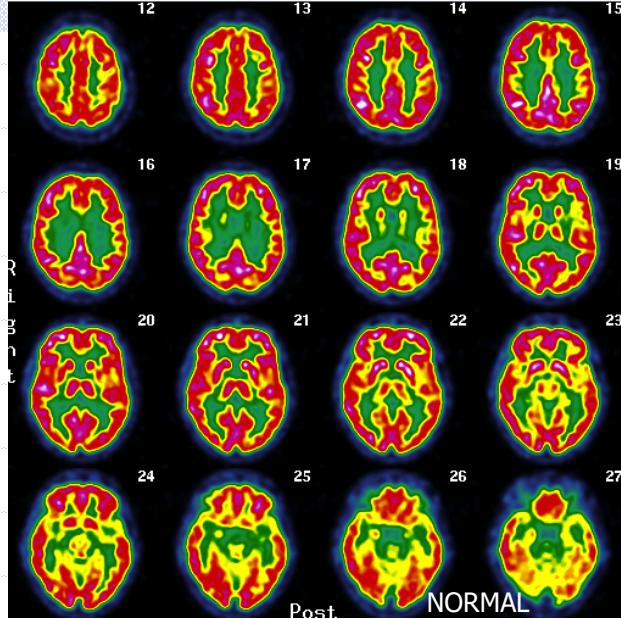
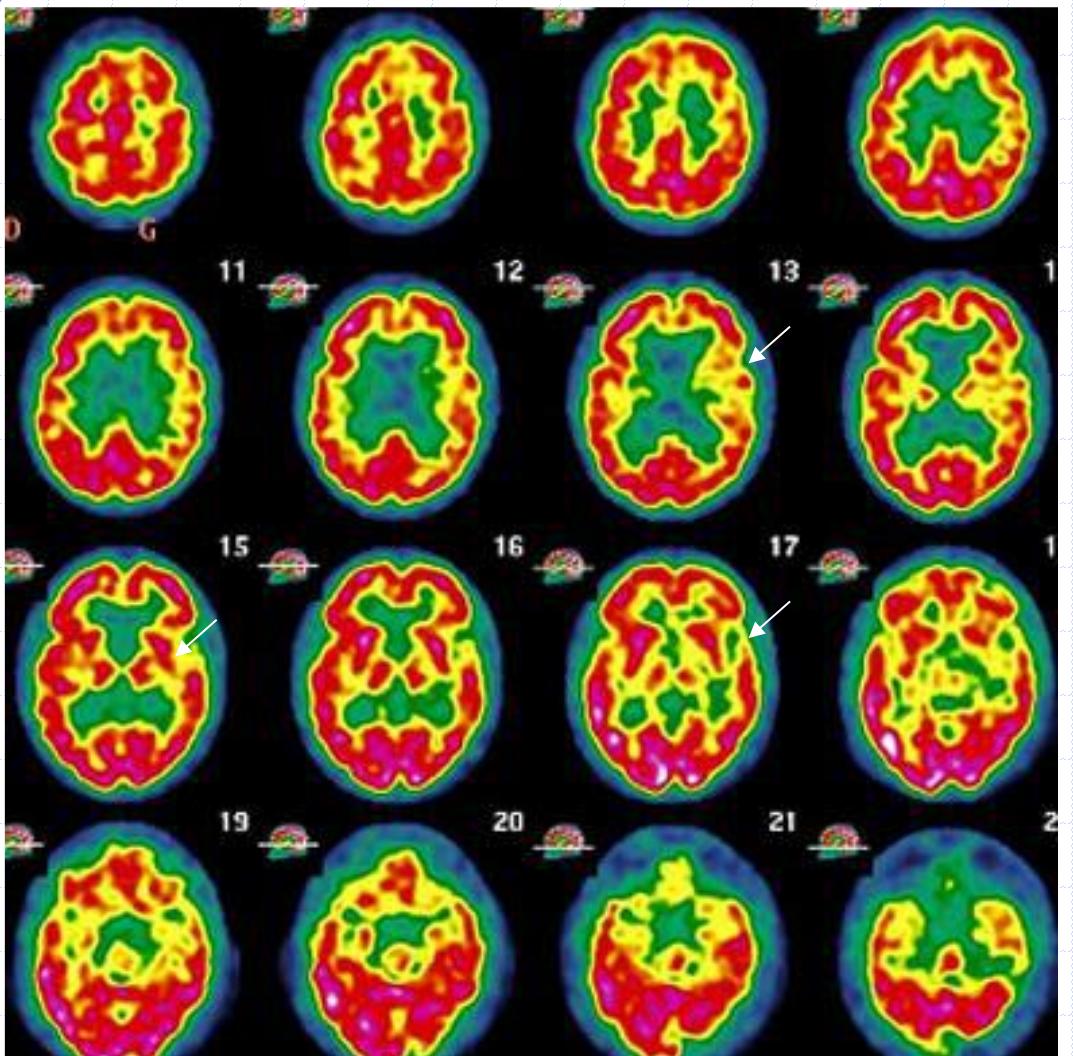
Manque du mot
Troubles de la répétition
Paraphasie phonémique



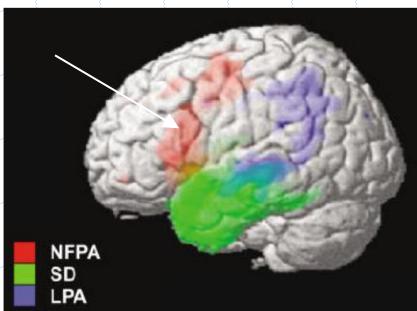
Altérations :
Temporal et Pariétal G
(peri-sylvienne postérieure)
+ associatif post G



APP NON FLUENTE



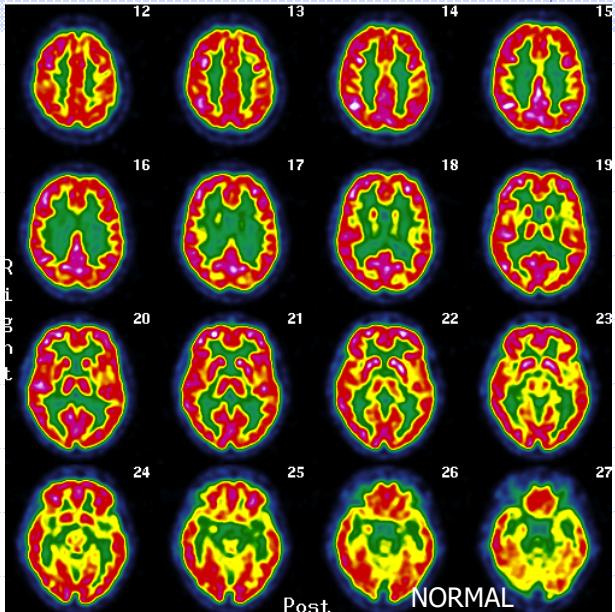
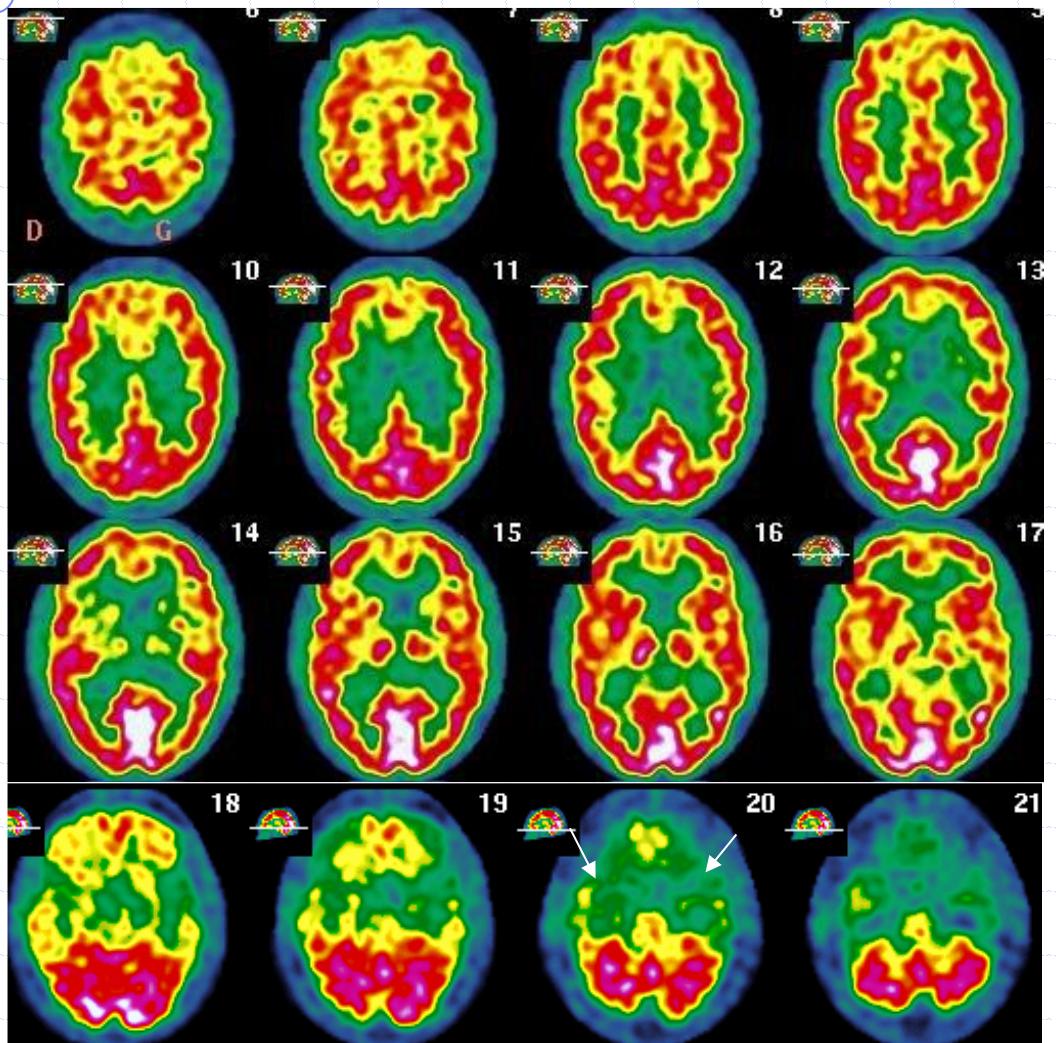
Altérasions: Péri-rolandique,
Insula, Sylvienne gauches



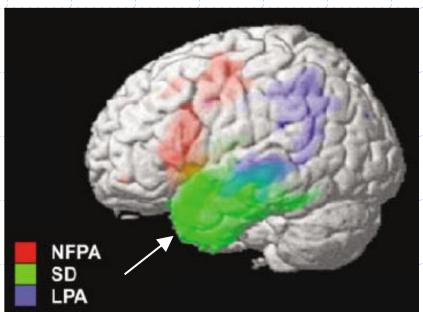
APP NF (\approx DFT):
Accu. de prot. τ

Elocution, bégaiement, agrammatisme,
(compréhension de phrases complexes),
Paraphasies,

APP SEMANTIQUE

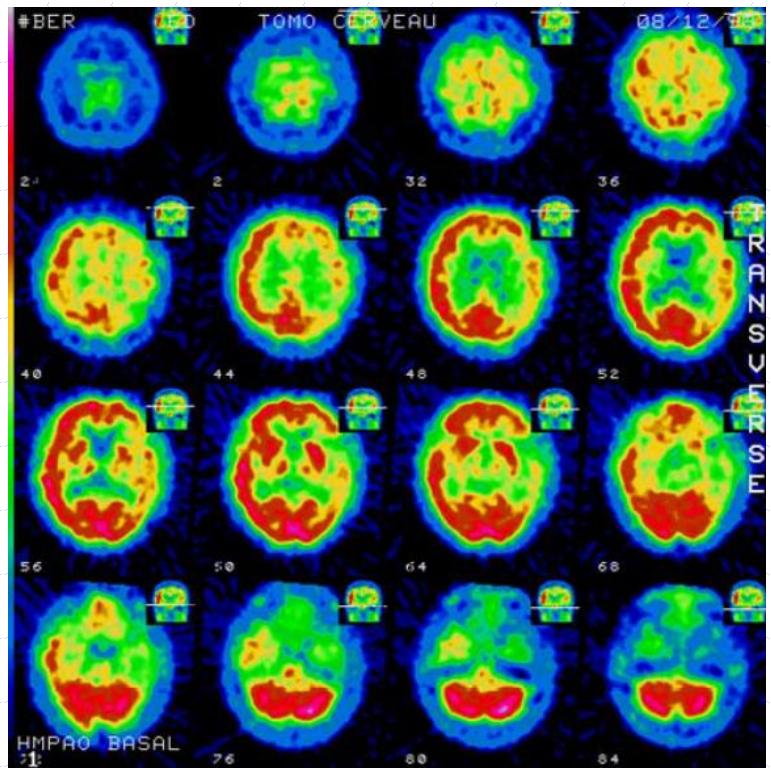
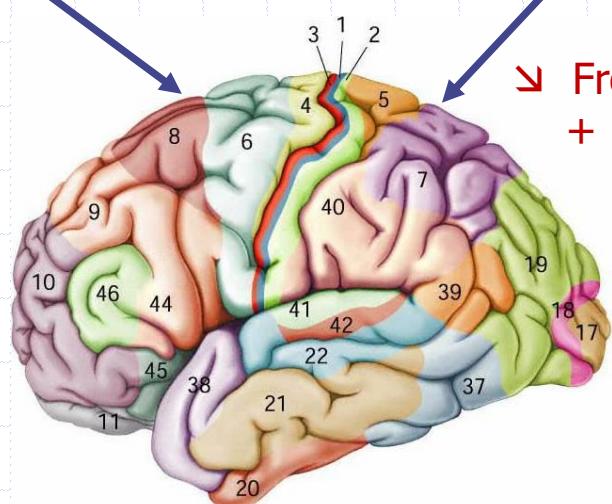
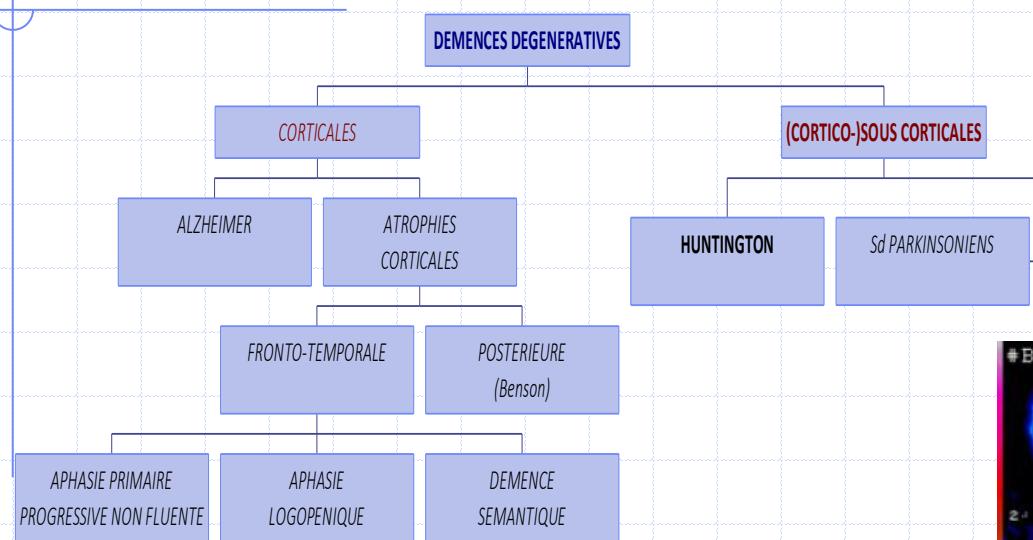


Altérasions : Temporal ant., hippocampes, amygdales G

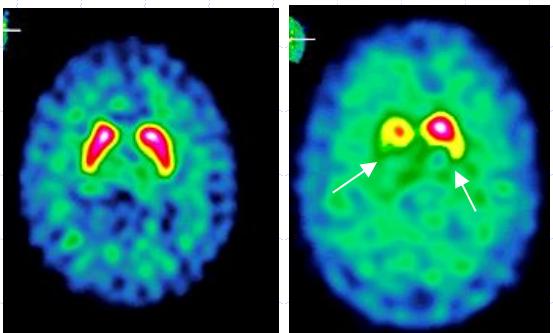
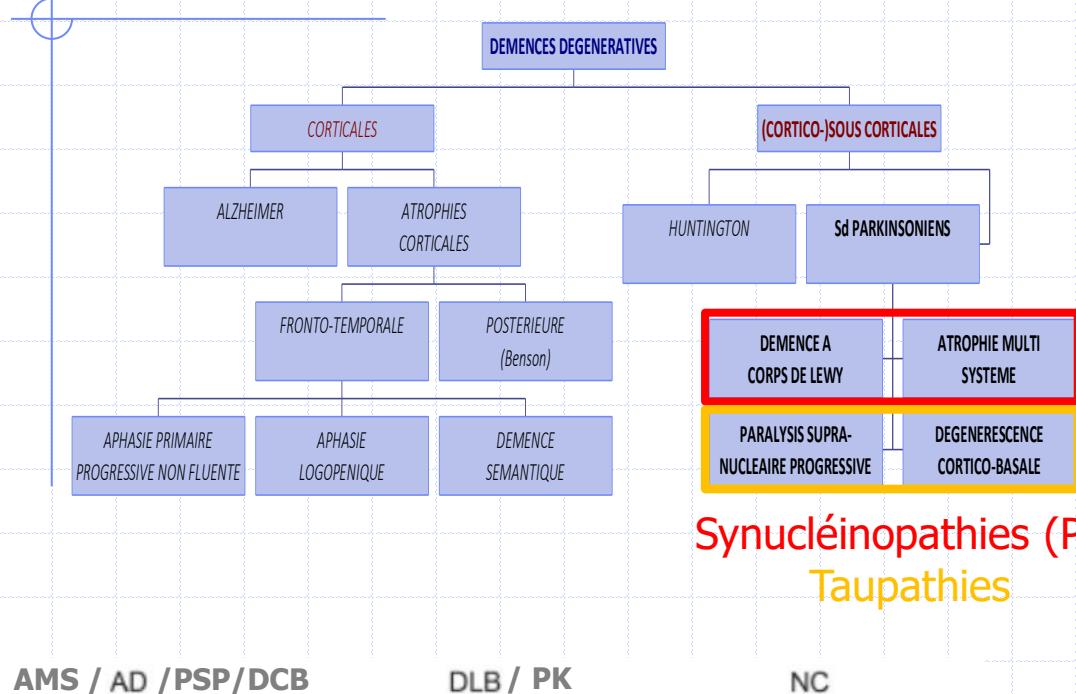


APPS (\approx DFT) :
Accu. prot. TPD-43
Connaissance personnes/concepts
Manque du mot en dénomination
Troubles de la compréhension
Dyslexie, dysgraphie

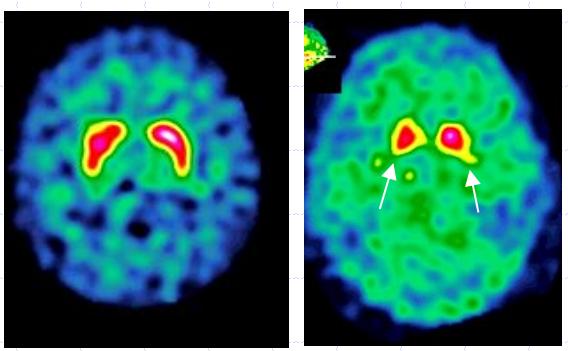
LA MALADIE DE HUNTINGTON



LES SYNDROMES PK+



NORMAL

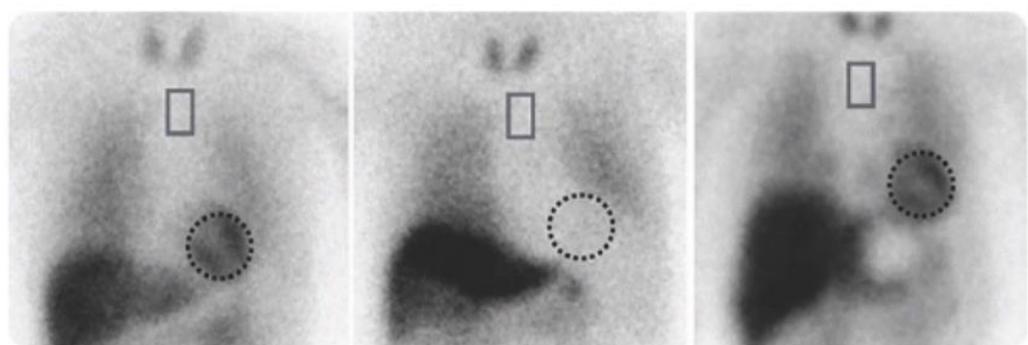


PARKINSON

NORMAL CHEZ ALZHEIMER DEMENCE A CORPS DE LEWY

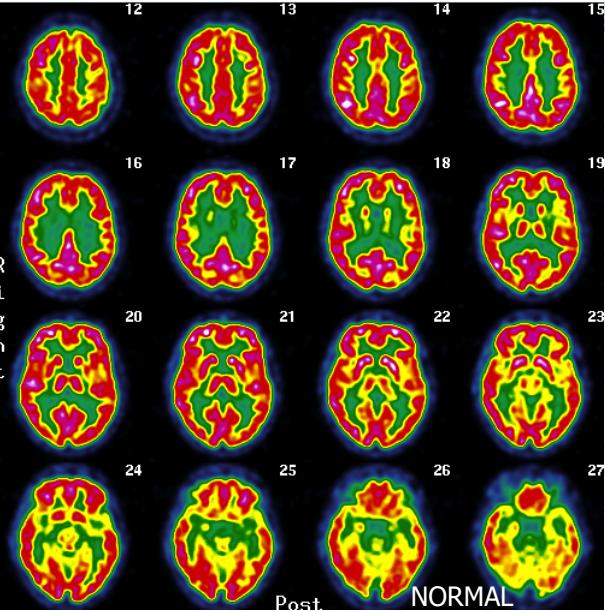
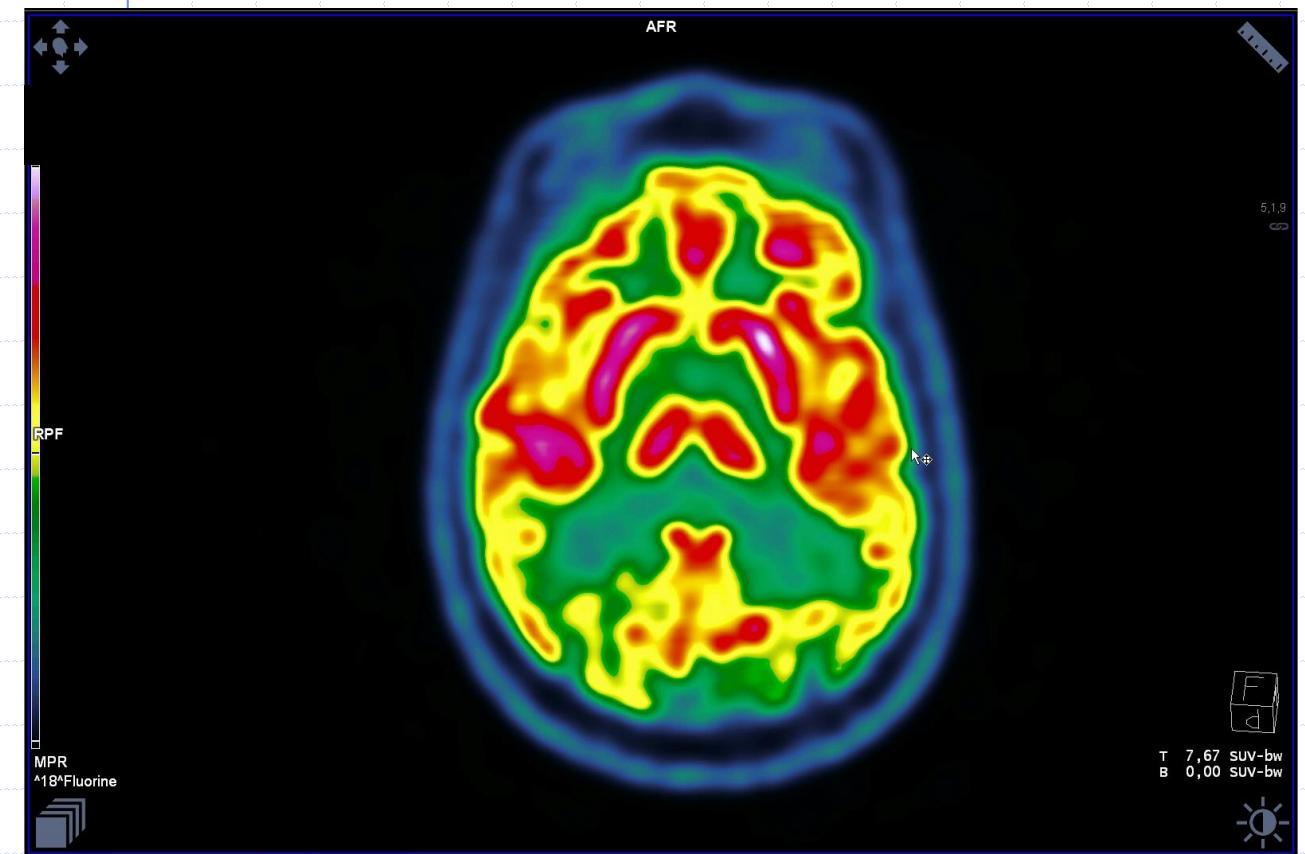
DAT-SCAN / DOPA PATHOLOGIQUES

- ↳ R pré synaptique DOPAMINE
- ↳ Métabolisme de la DOPA



MIBG cardiaque normale sauf DCL/PK : Dic ≠ Sd PK

DEMENCE A CORPS DE LEWY



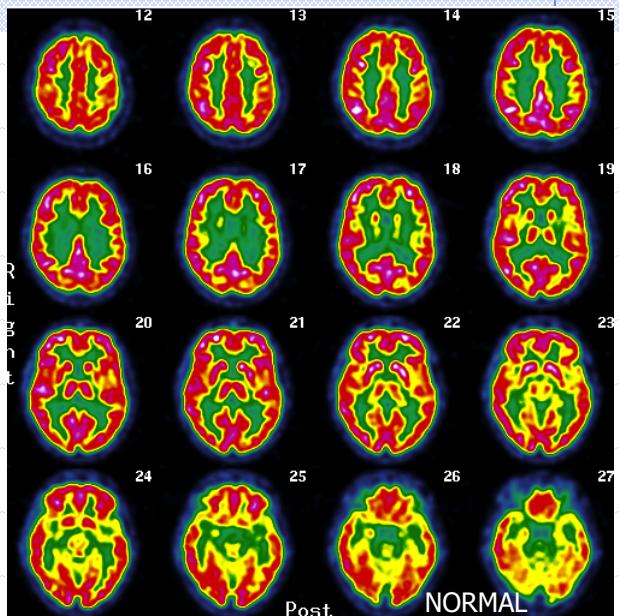
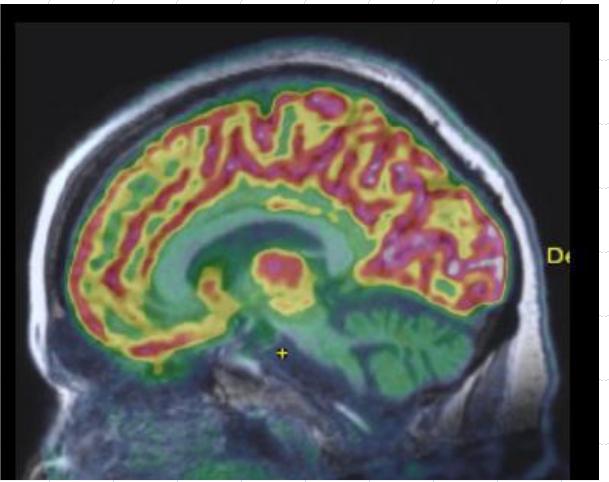
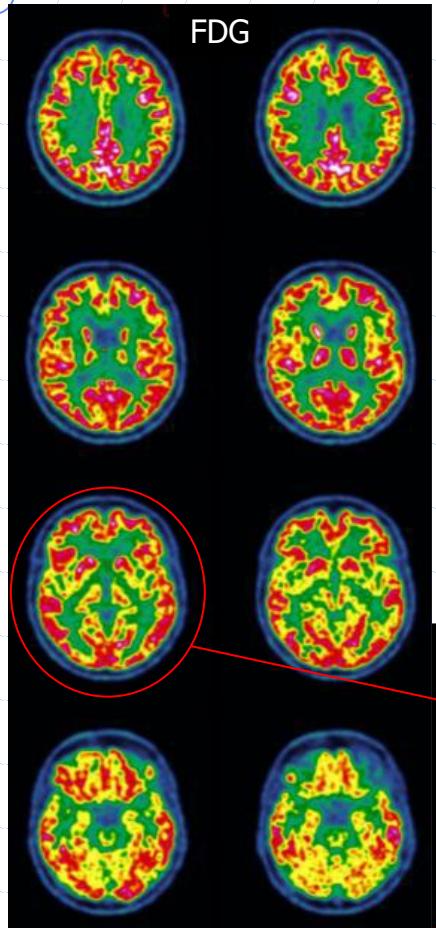
Altérations :
≈ MA + Occipital
« Cingulate island »

DCL : Accu. de corps de Lewy = α -synucléine Intraneuronale (idem PK) + prot. β amyloïde

Syndrome PK + cognitif
Hallucinations, comportement

DATSCAN/DOPA : Dic \neq MA

ATROPHIE MULTI SYSTEME

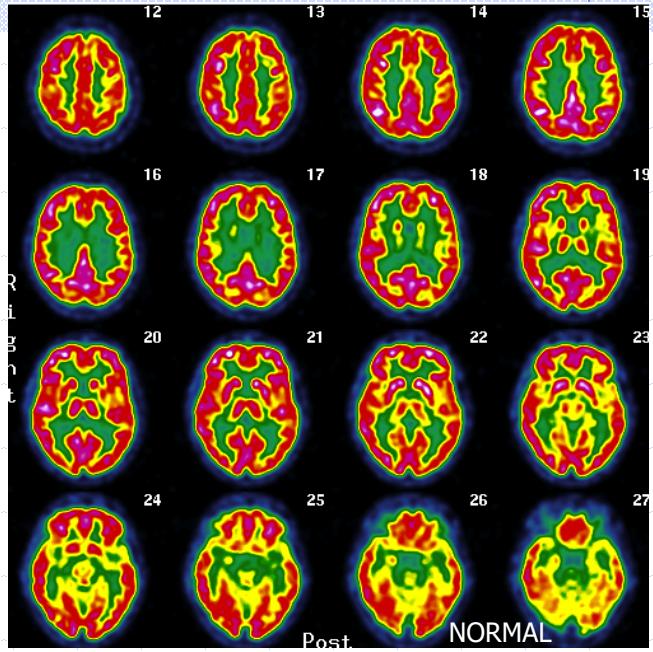
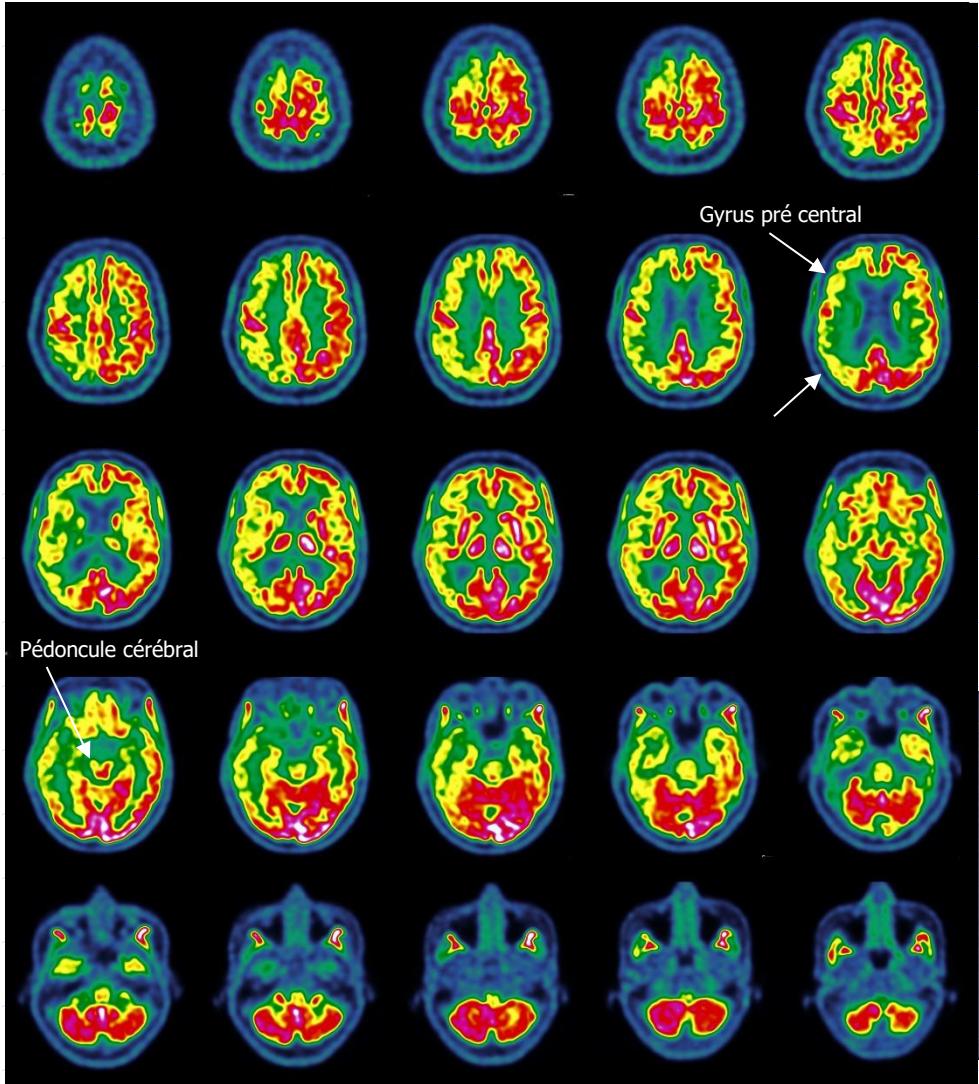


- 2 formes :
- Cérébelleuse
 - PK : ↓ putamen postérieur

AMS: dégénérescence olivo-ponto-cérébelleuse et nigro-striée.
Inclusions cytoplasmiques gliales d'α-synucléine

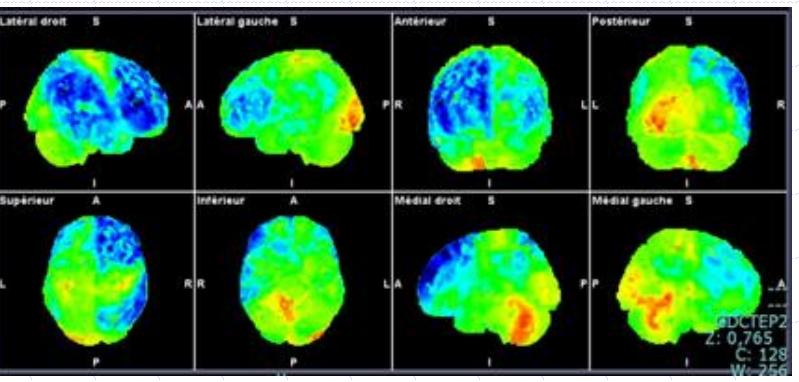
Dysautonomie (hypotension orthostatique, troubles génito-urinaires)
Syndrome cérébelleux

DEGENERESCENCE CORTICOBASALE

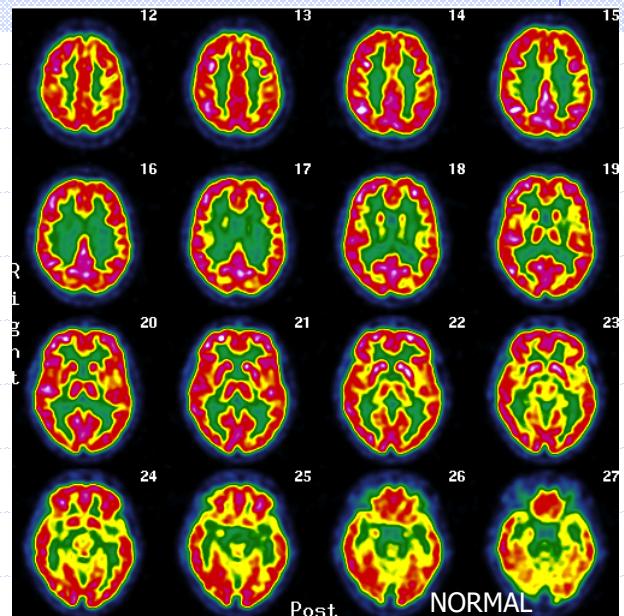
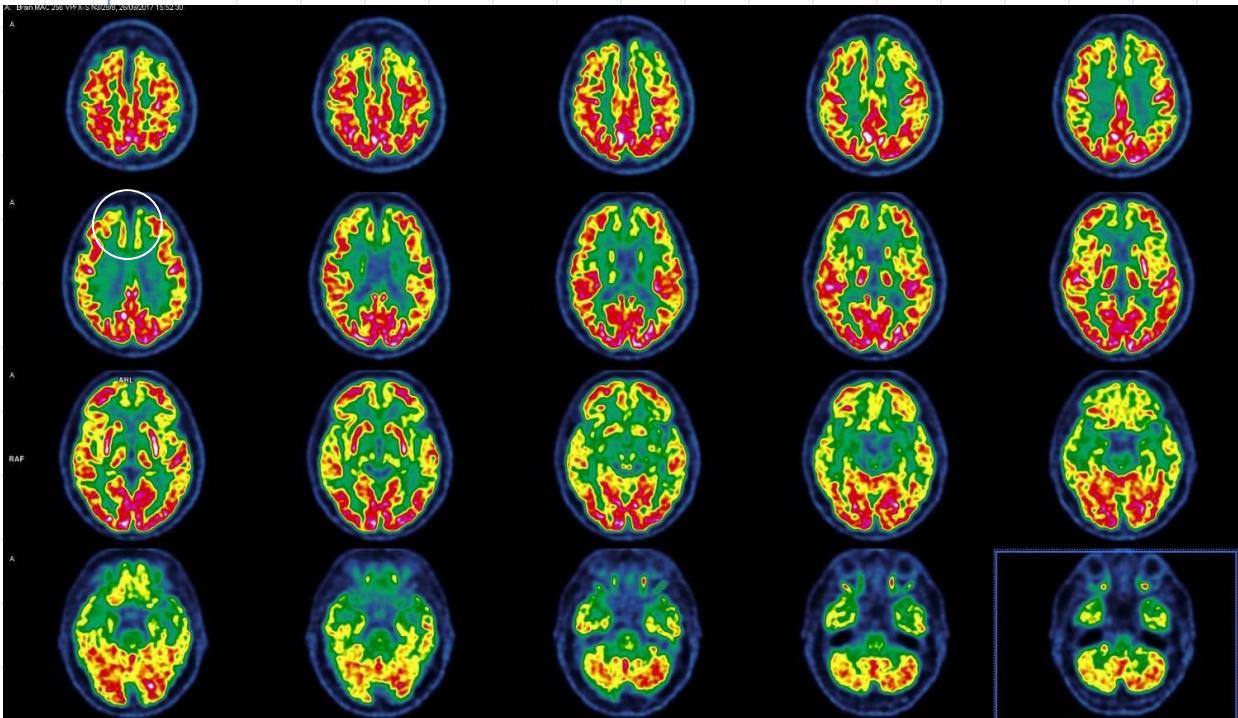


Altérations asymétriques :
Frontal post + Pariétal unilat
Asymétrie thalamique.

DCB : Accu. de Prot. τ
Syndrome PK, Apraxie, Troubles sensitifs,
membre étranger



PARALYSIE SUPRANUCLEAIRE PROGRESSIVE



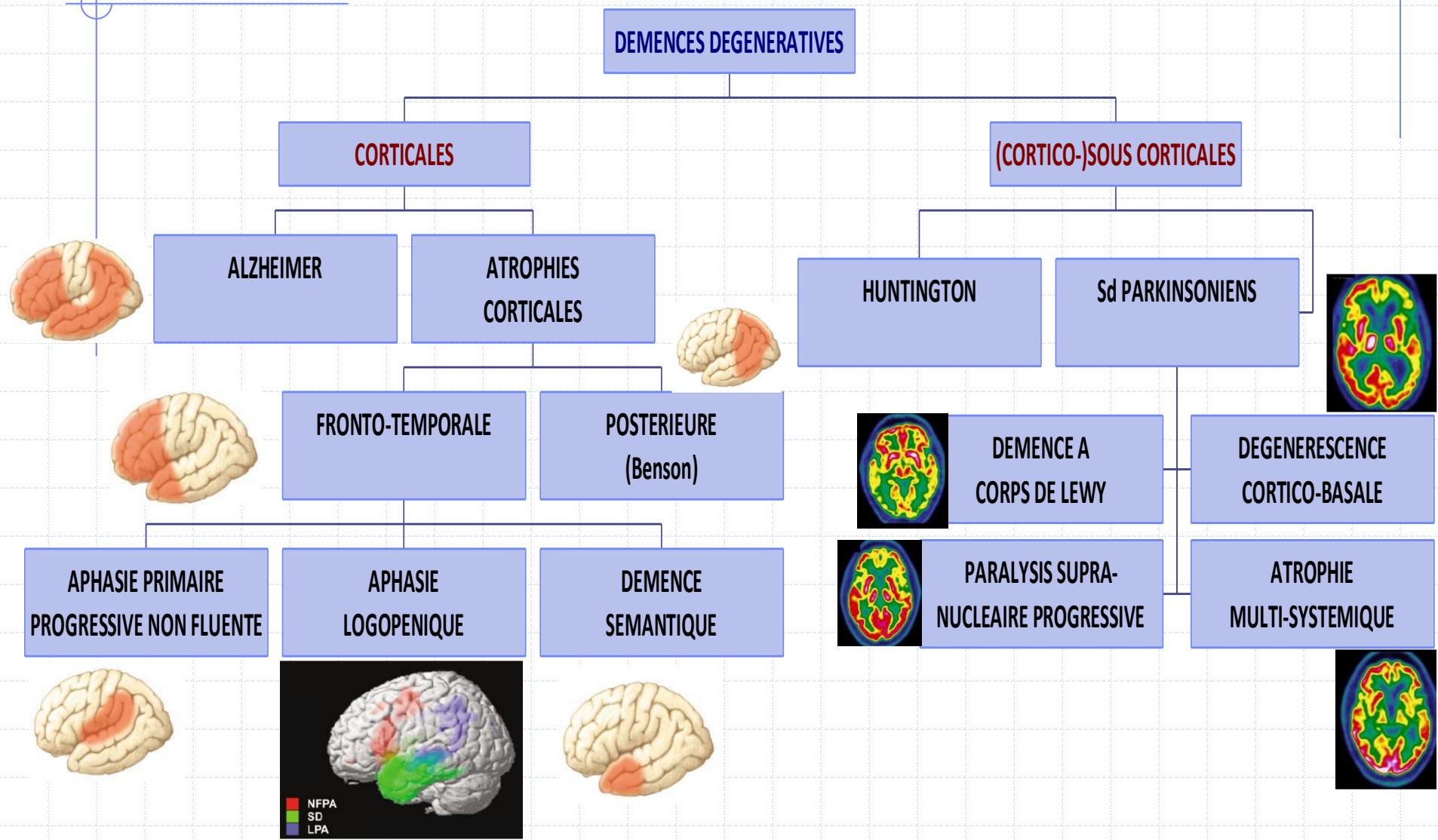
Altération :
Préfrontal mésial
modérée

PSNP: Accu. prot. τ

Syndrome PK et frontal
Paralysie mvt oculaires verticaux
(ophtalmoplégie supranucléaire)
Apathie, ralentissement

DATSCAN/DOPA : Dic \neq DFT

EN SYNTHESE



A VOUS DE JOUER :



Nom de la session : NEURO26DMG
Mot de passe : CuriousCat26

**MERCI POUR VOTRE
ATTENTION**

ORIGINE DES IMAGES ET REMERCIEMENTS

DEPARTEMENT DE MEDECINE NUCLEAIRE, CHU DE MONTPELLIER
MO HABERT et A KAS, CHU PITIE SALPETRIERE, PARIS
E GUEDJ. CHU TIMONE MARSEILLE