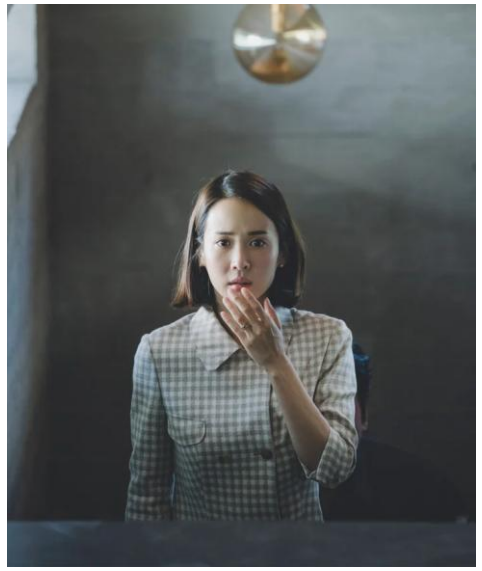
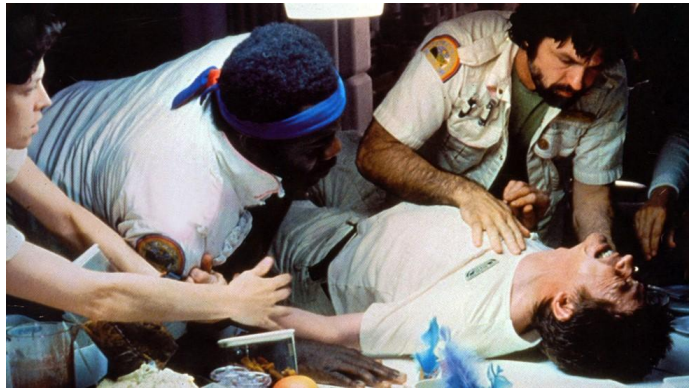




Au commencement… les infections du tube digestif

Cas cliniques commentés : Pièges et subtilités

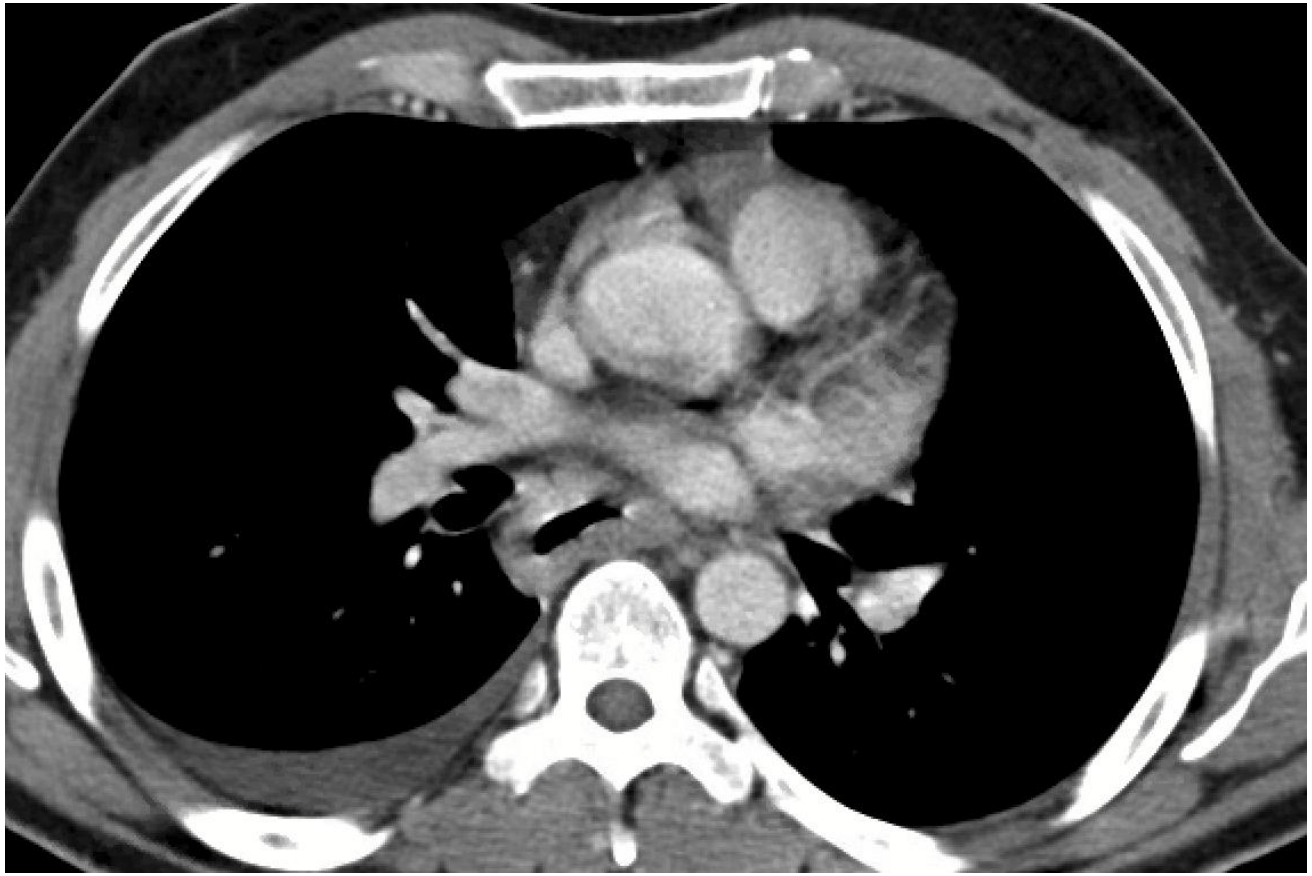
Lorenzo Garzelli

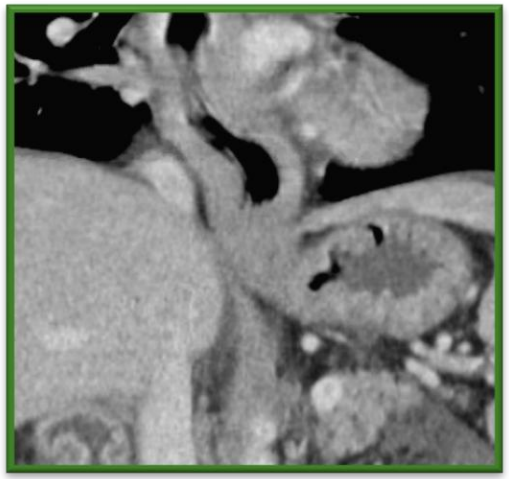
Hôpital Saint Antoine, APHP.Sorbonne Université

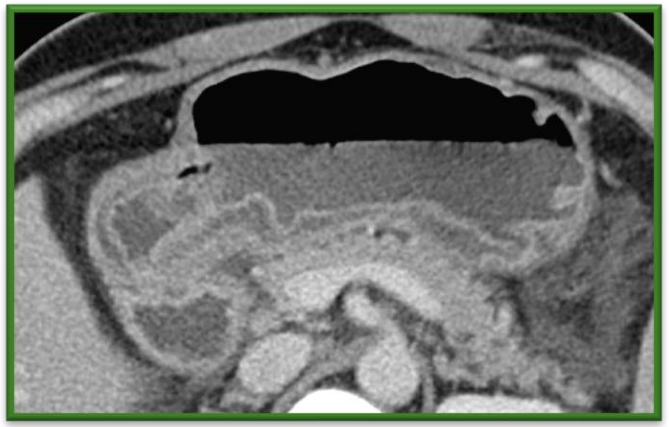
Infection ou pas infection ?

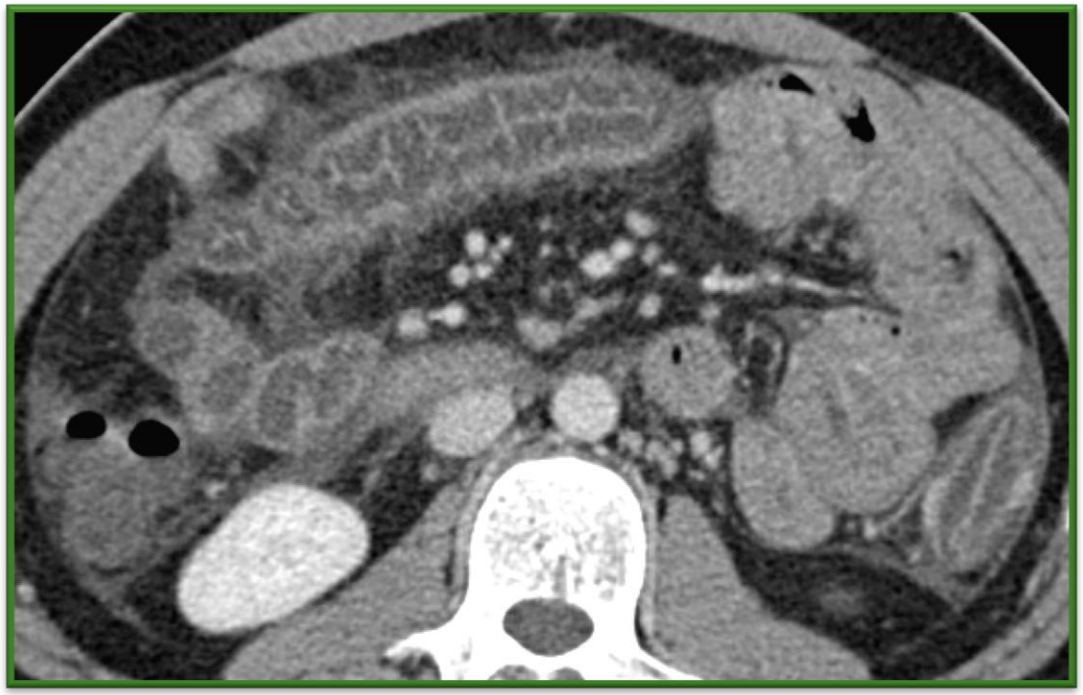

Cas 1

Cas 1









Infection ou pas infection ?

Cas 1

Homme 29 ans

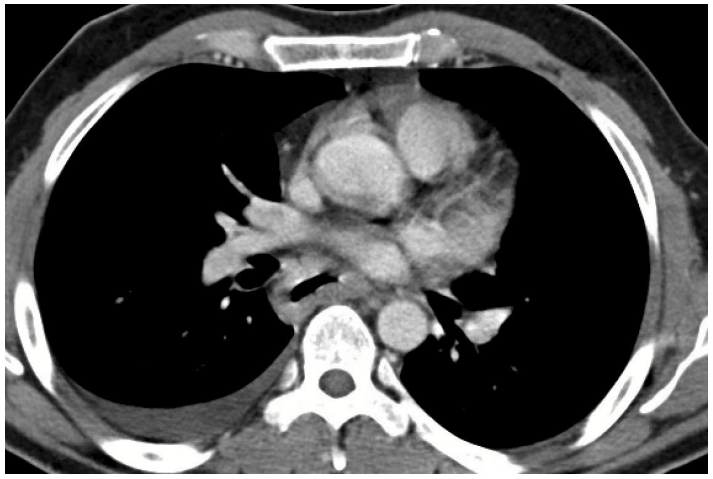
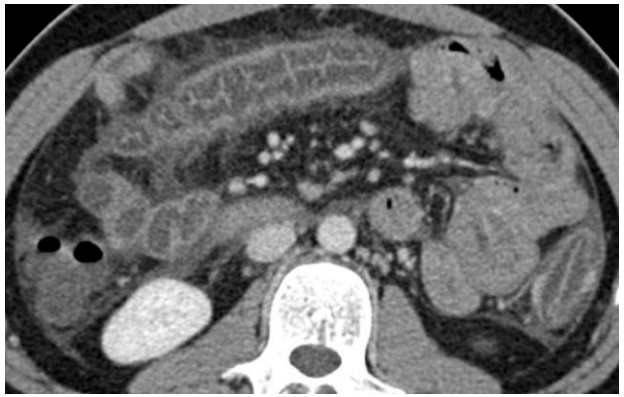
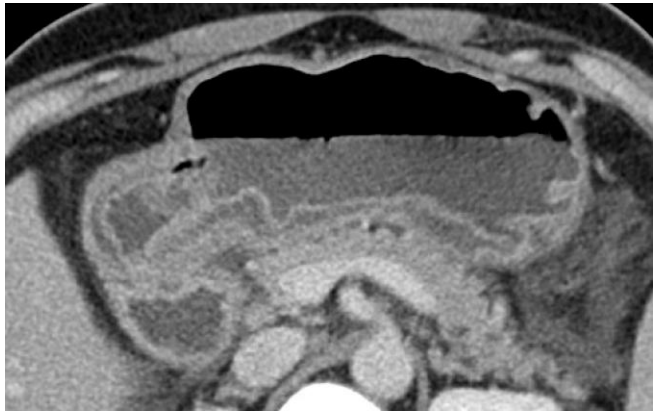
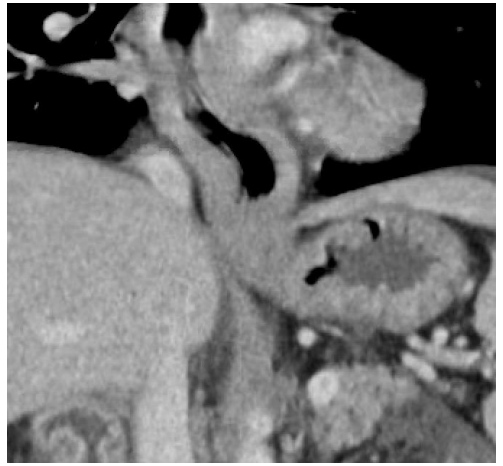
Pas d'antécédents

Infection ou pas infection ?

Douleurs abdominales, vomissements, constipation

Bio : CRP : 13 mg/L GB 15 : G/L Eosinophile: 2,5 G/L

Biopsies coliques : inflammation modérée colique riche en éosinophiles

Gastro-entérite à éosinophile

(atteinte pan-intestinale)

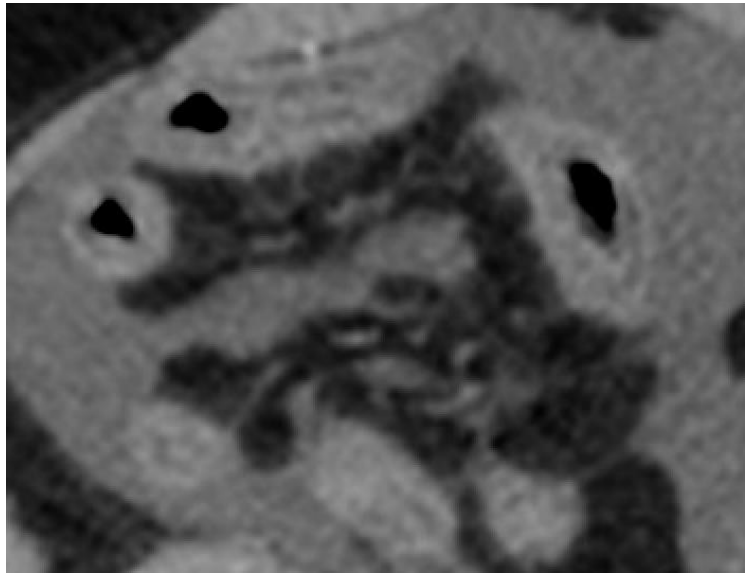
Gastro-entérite à éosinophile

Adulte jeune

Scanner positif dans ¾ des patients

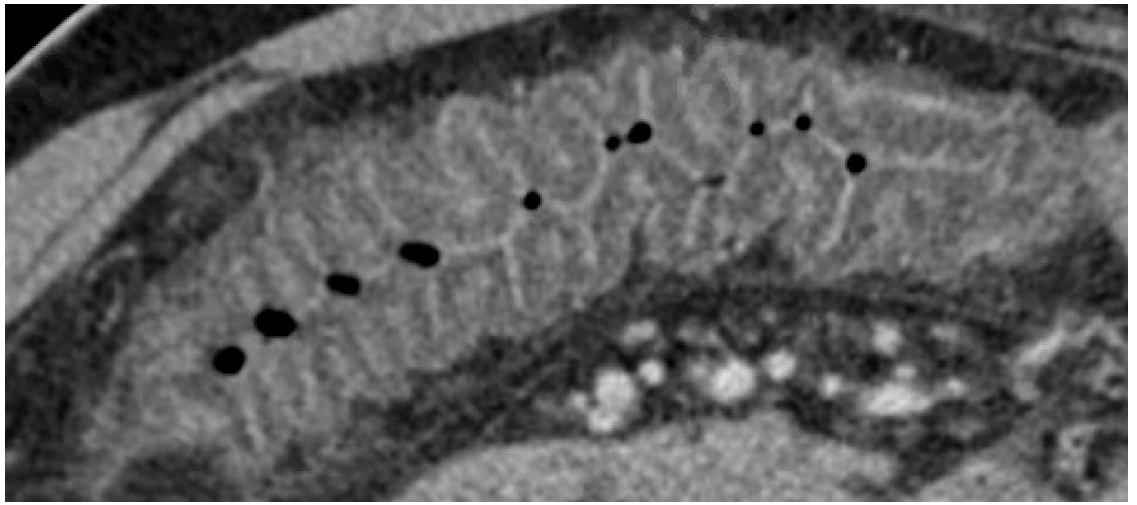
Atteinte diffuse = non segmentaire

Atteinte intestinale grêle ≈ 90% (jéjunum ++)



Stratification pariétale

(Homme 31 ans)

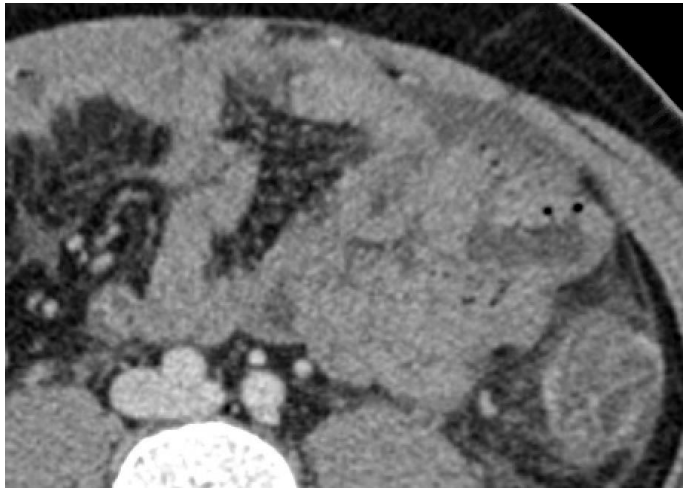


Replis intestinaux

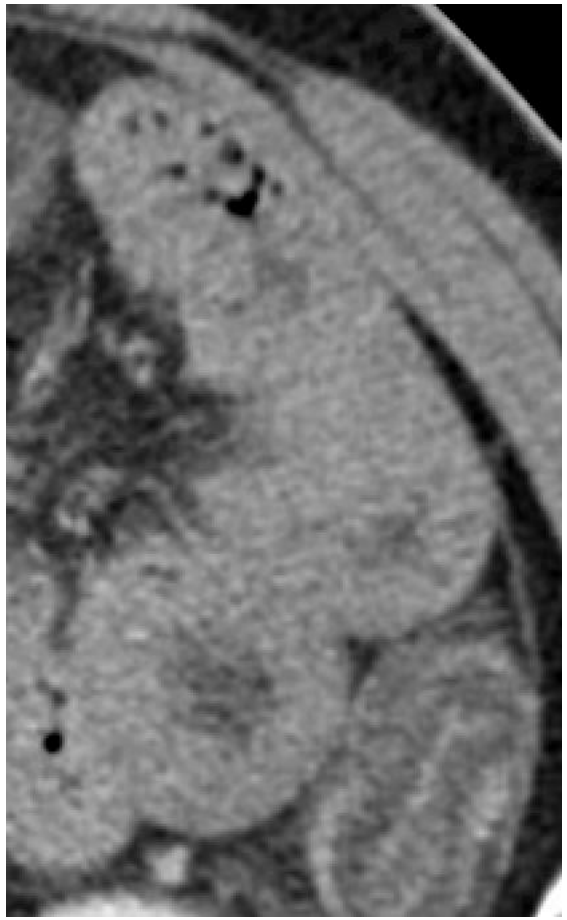
Gastro-entérite à éosinophile

3 sous types :

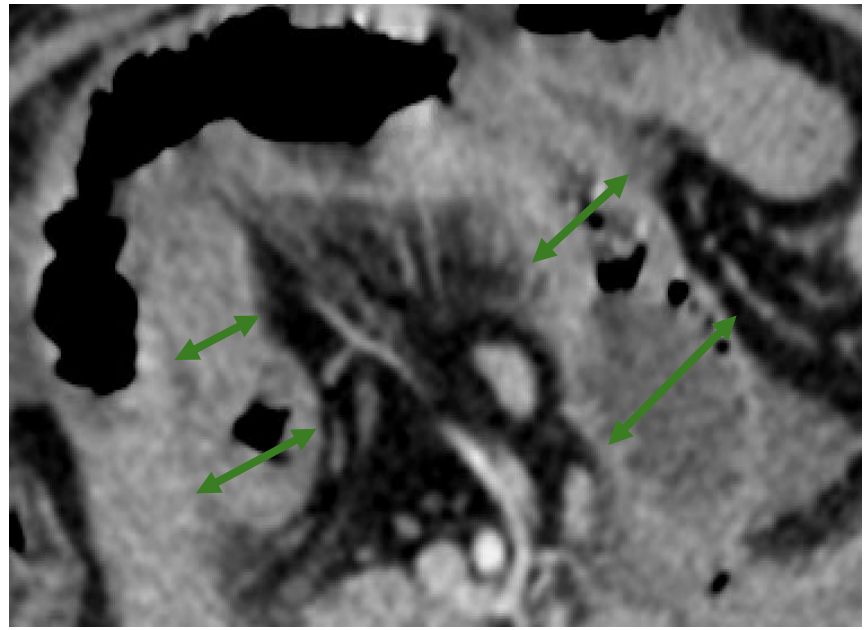
- Muqueux
- Sous-muqueux
- Séreux (Ascite++, ganglions)



Syndrome occlusif absent



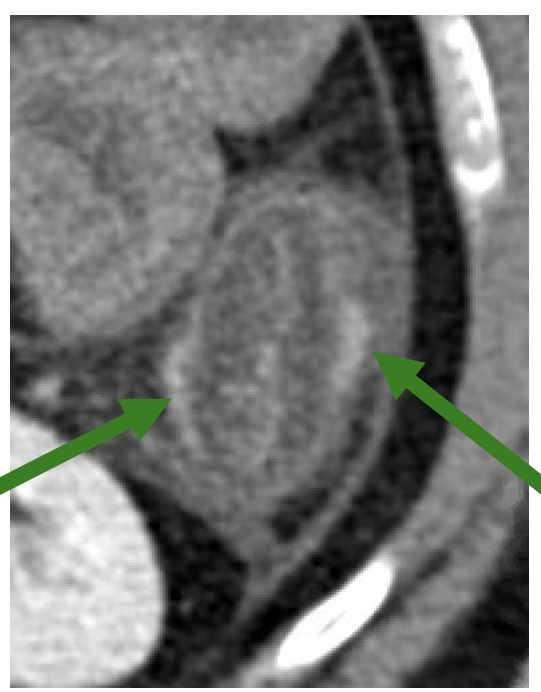
Epaississement pariétal

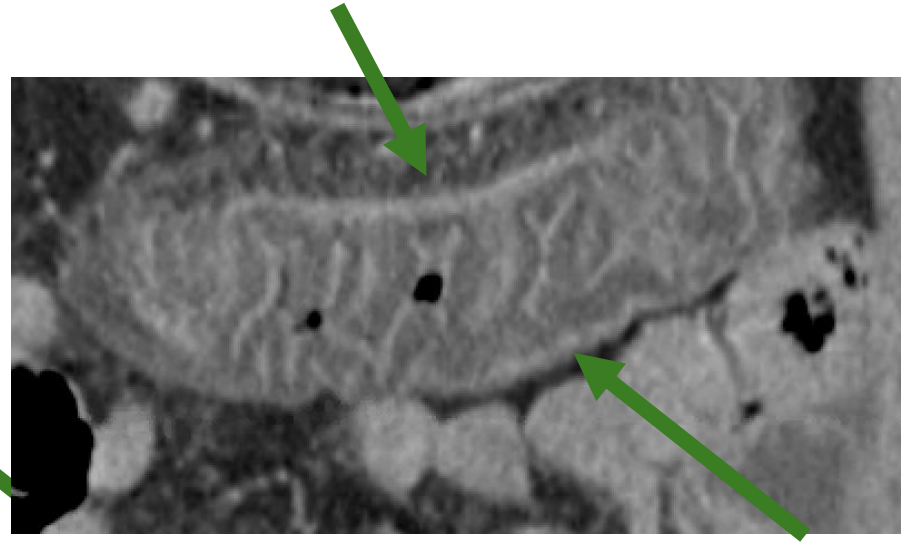


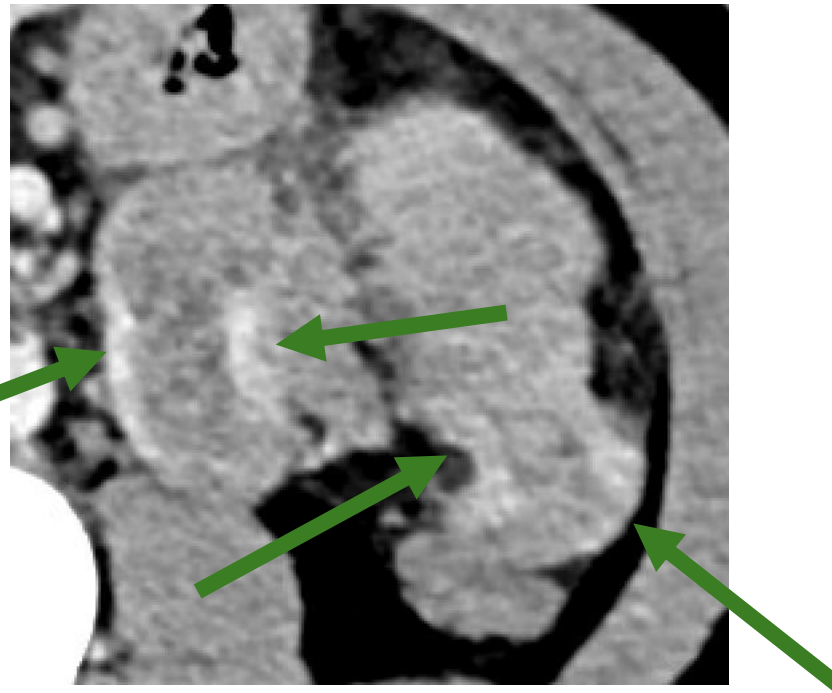
Irrégulier

(Homme de 31 ans)

Gastro-entérite à éosinophile



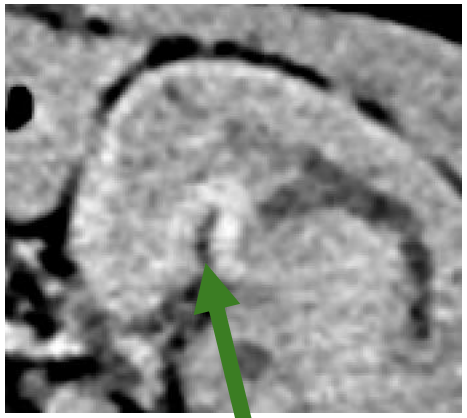




Epaississement + rehaussement séreux asymétrique

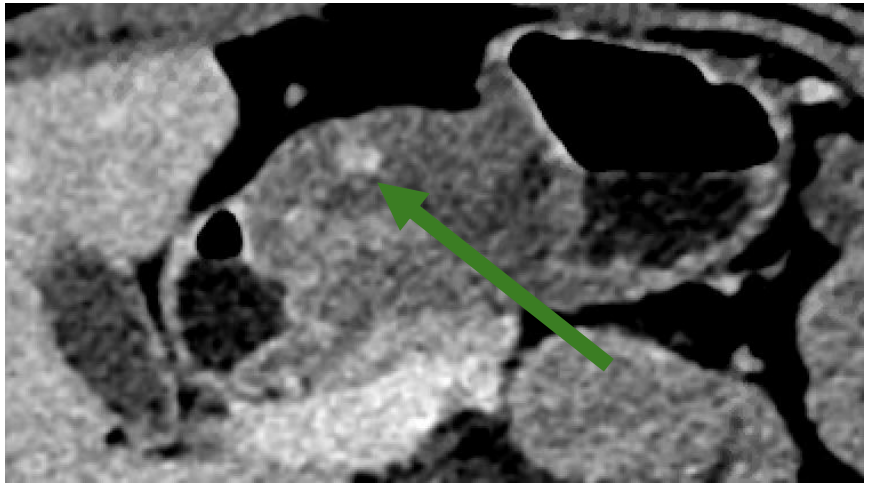
Rétraction fibreuse

(Sous type séreux)

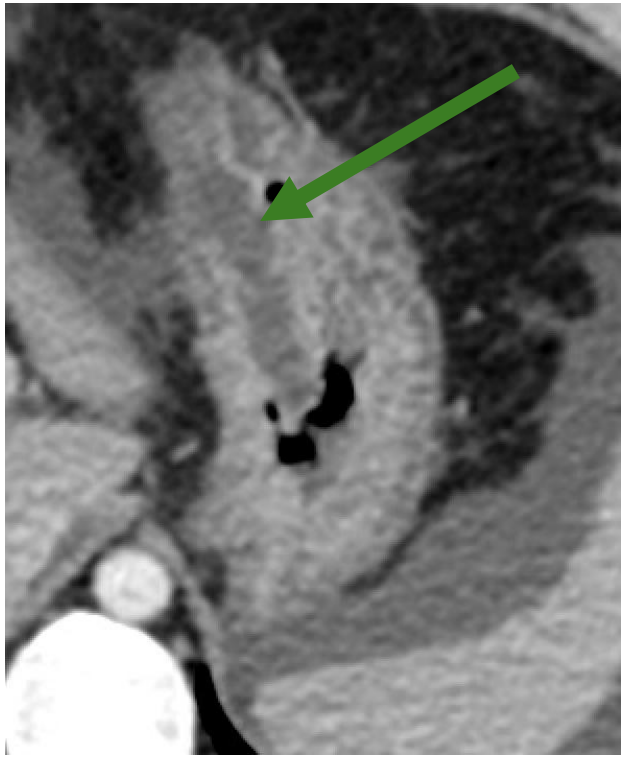


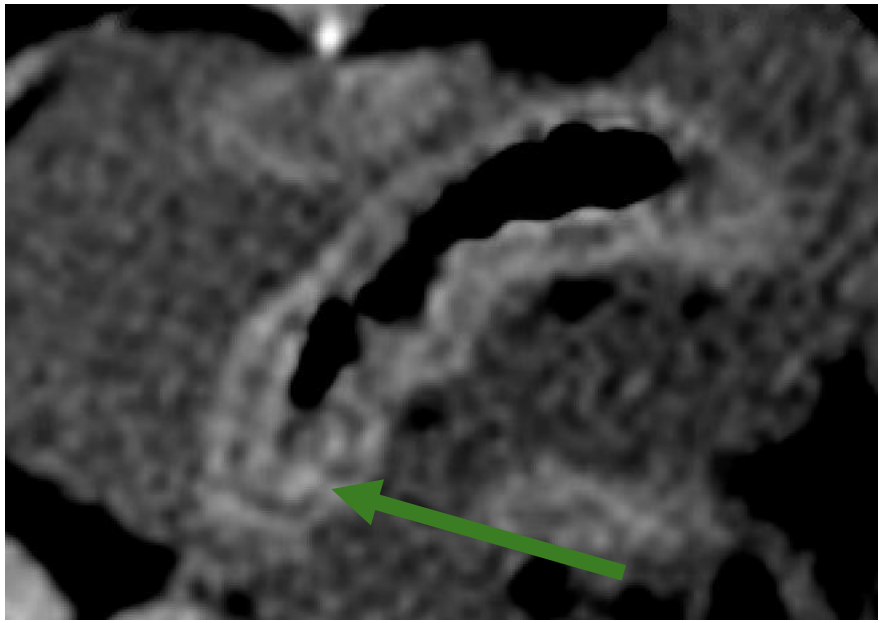
Femme 18 ans

Gastro-entérite à éosinophile



Femme 18 ans





Homme 31 ans

Atteinte asymétrique

Gastro-entérite à éosinophile

Adulte jeune

Stratification des couches

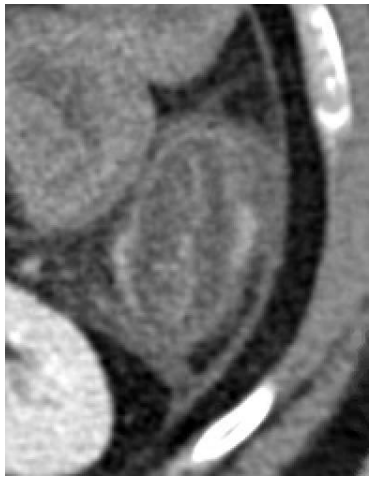
Atteinte diffuse

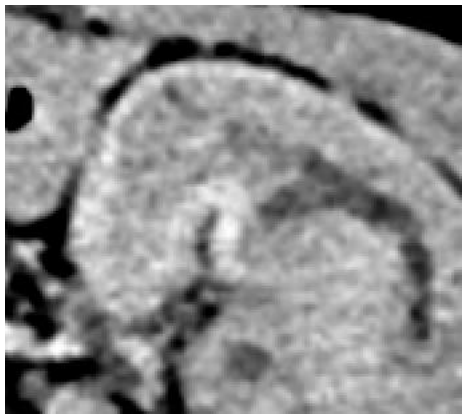
Gastro-jéjunale

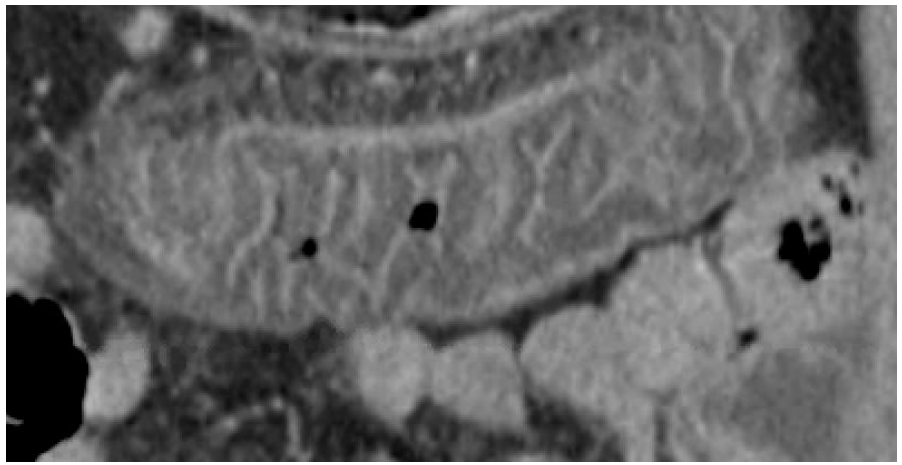
Rehaussement séreux

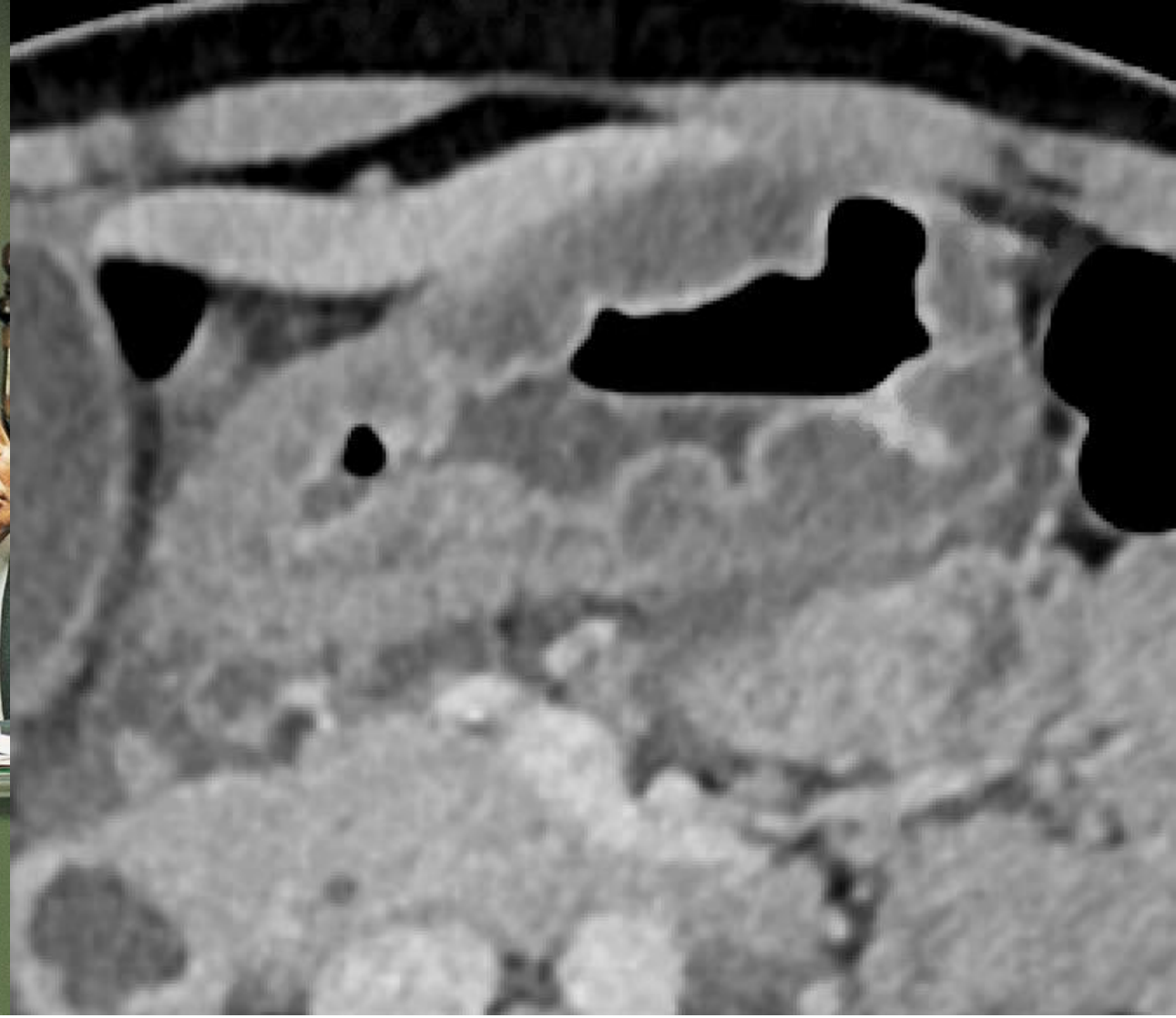
Epaississement pariétal

Asymétrique



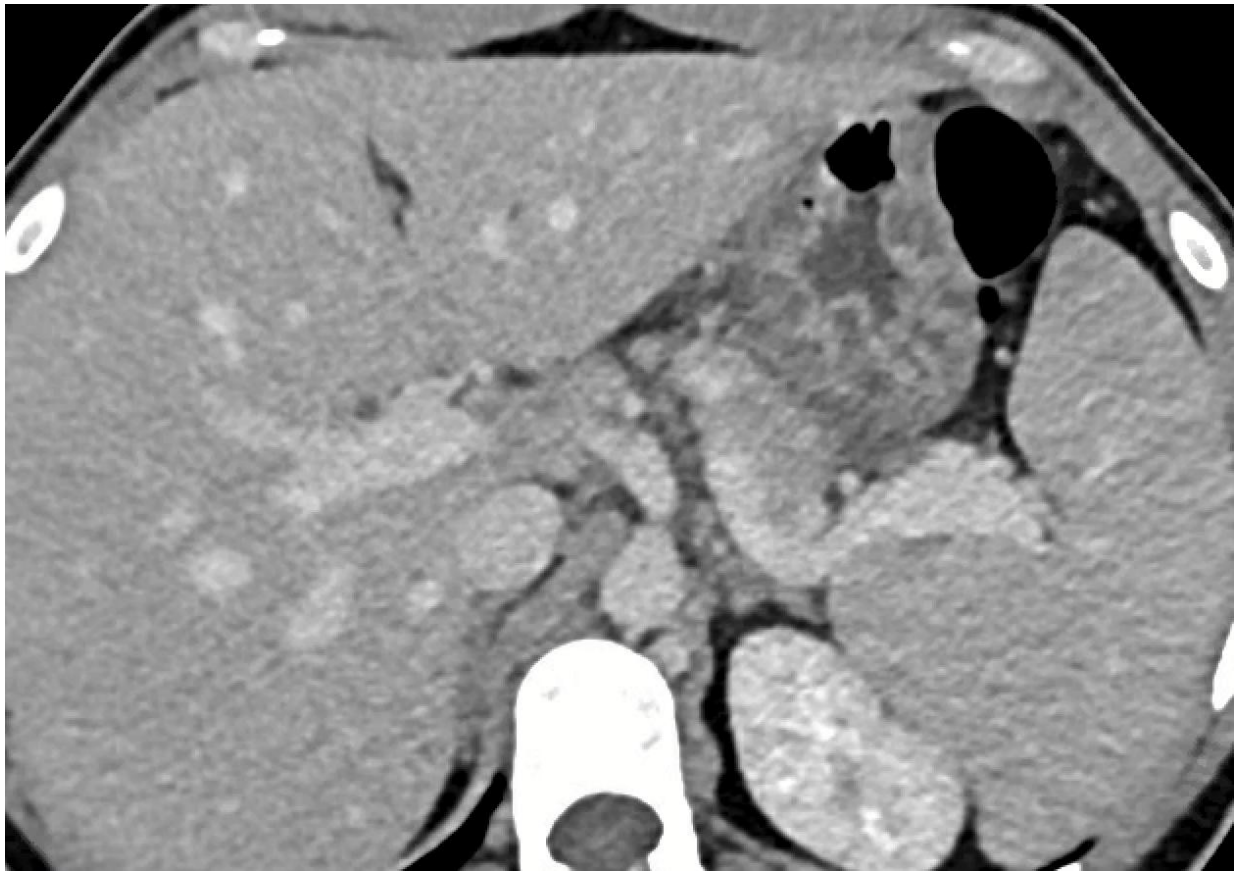


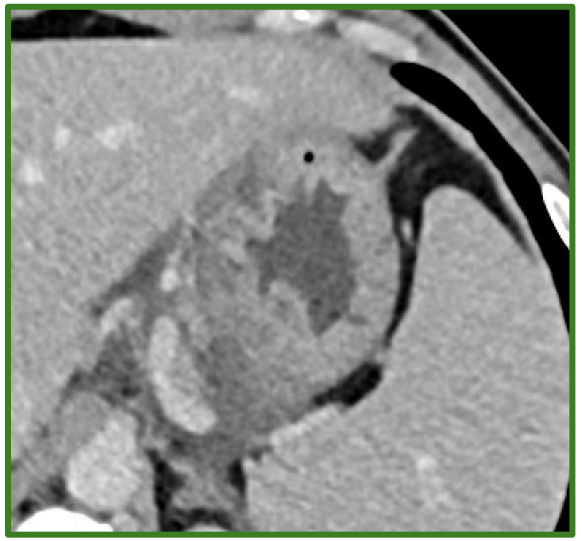


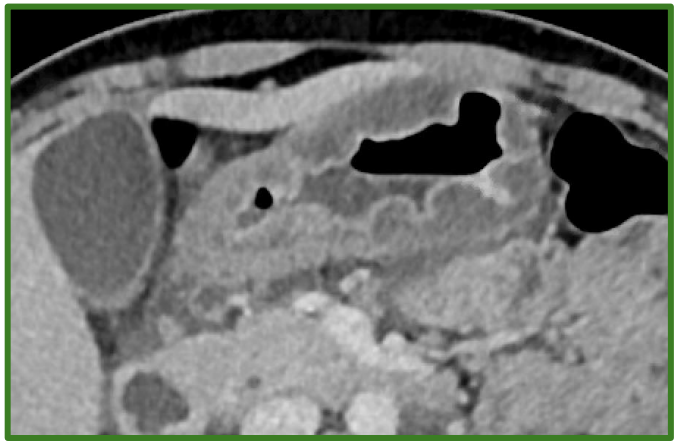


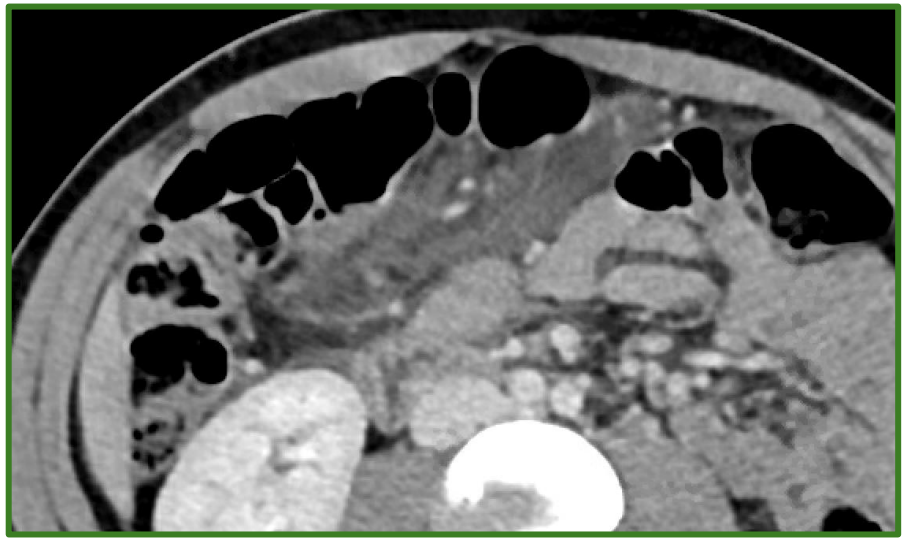
Cas 2

Cas 2









Infection ou pas infection ?

Cas 2

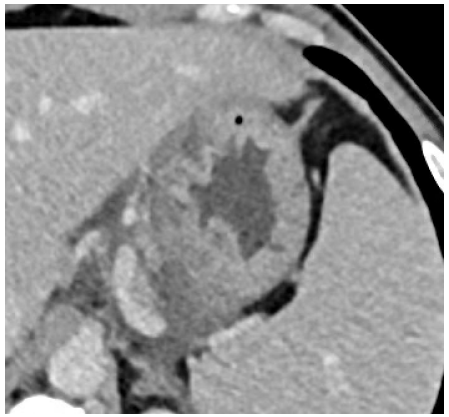
Femme 32 ans

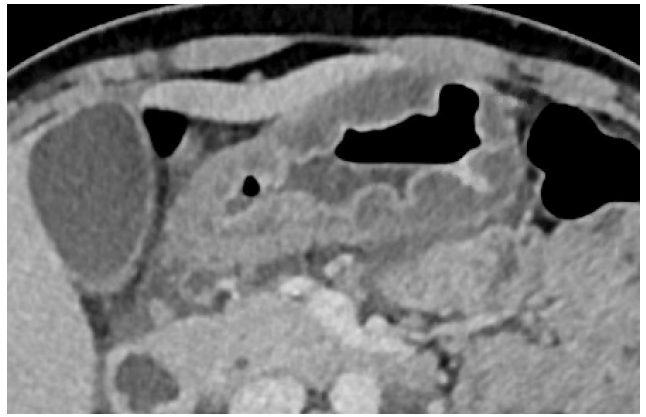
Antécédents familiaux: DT1, SPA, MICI

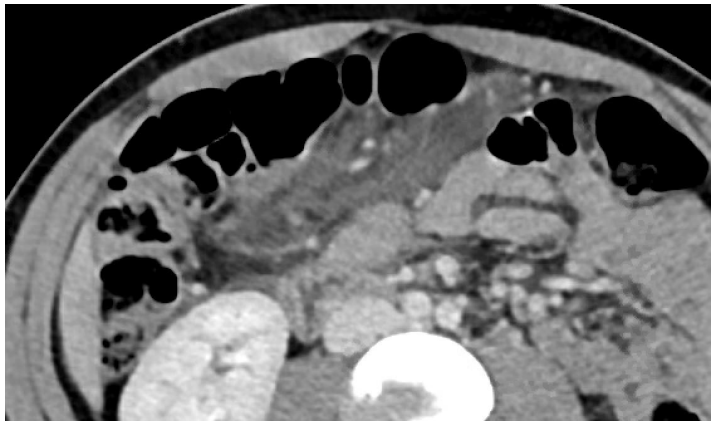
Antécédents : Pancréatite auto-immune type 2 (arrêt CTC il y a 2 mois)

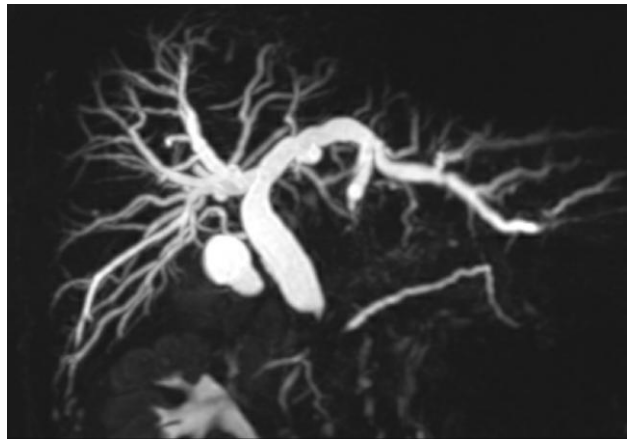
Douleur abdominale EVA 8/10

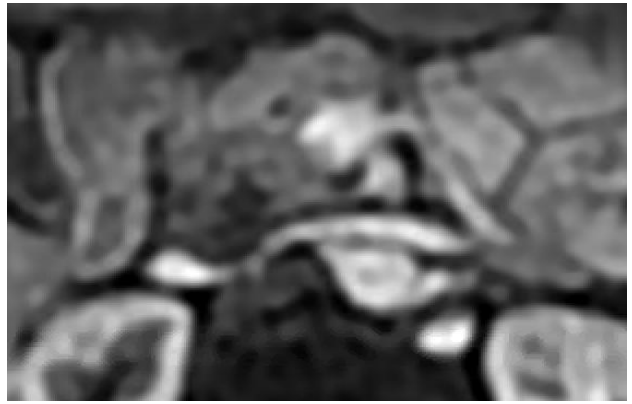
Lipase - CRP = 130 mg/L

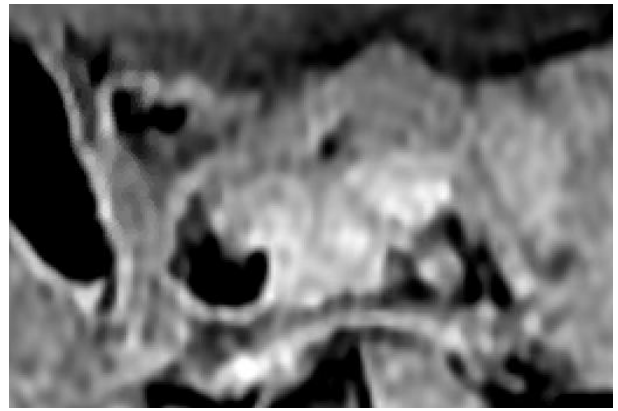












IRM il y a 1 an

Infection ou pas infection ?

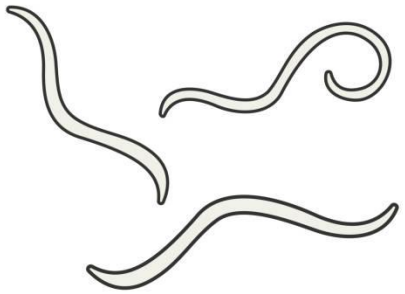
Cas 2

Endoscopie

Infection

Anisakiase gastrique

(phase précoce)



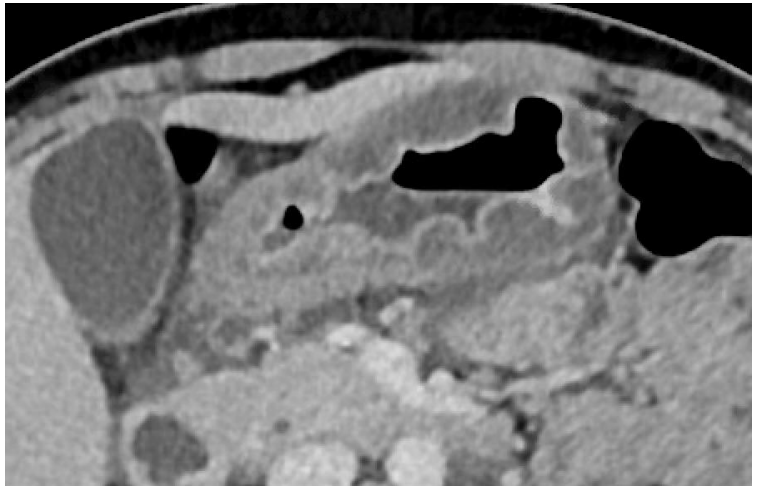
Anisakiase

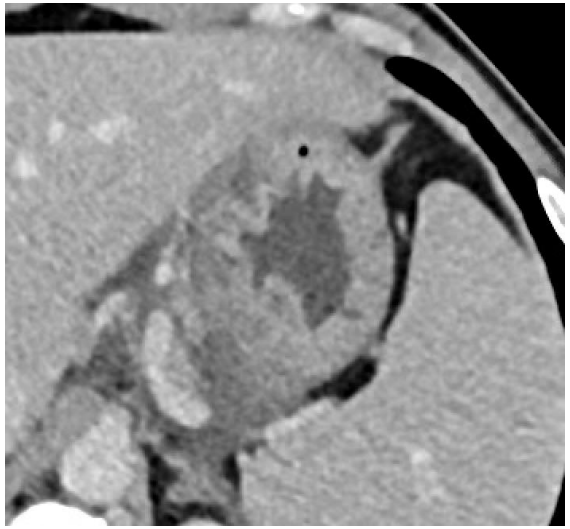
Dès les premières heures suivant l'ingestion

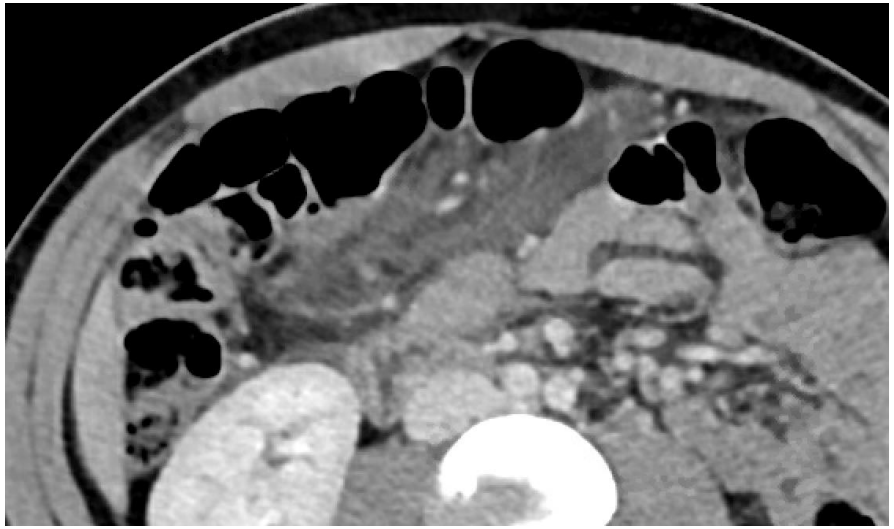
Poisson cru non congelé

Atteinte gastrique dans 95%

Ascite







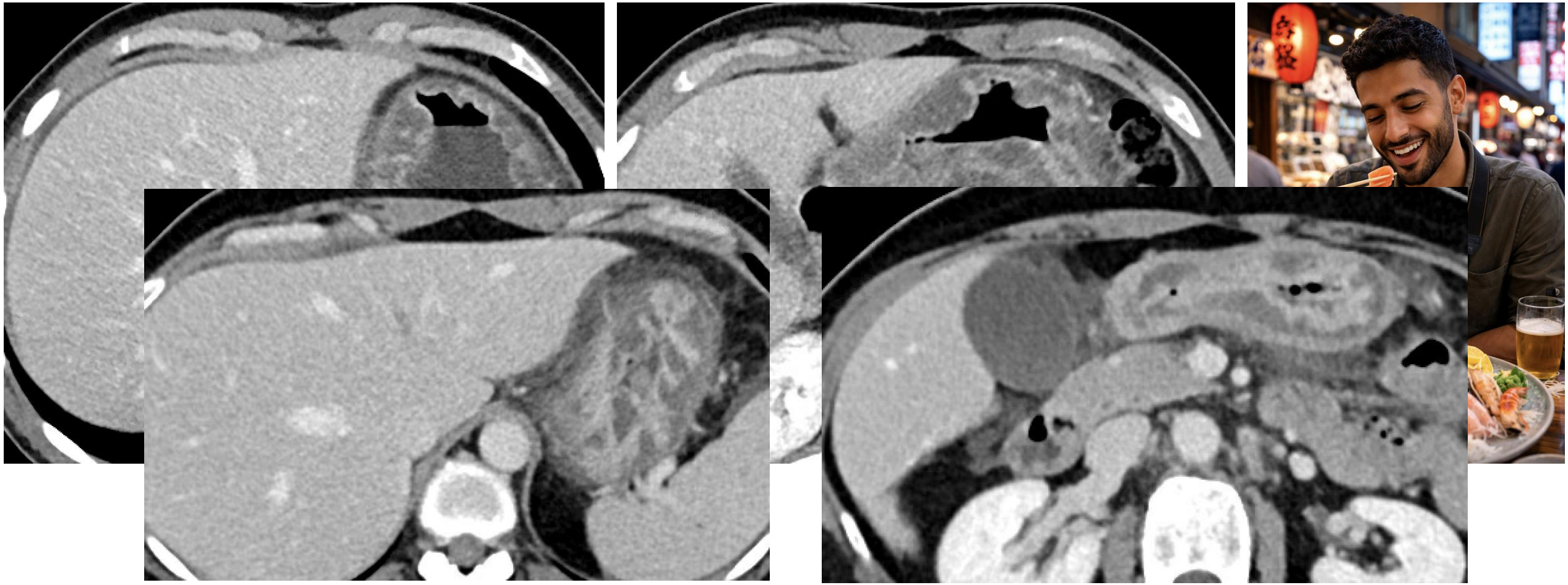
Epaississement pariétal

Œdème sous-muqueux

Infiltration péritonéale

Ashida H. Abdominal Radiology. 2017

Anisakiase



Anisakiase versus ulcère

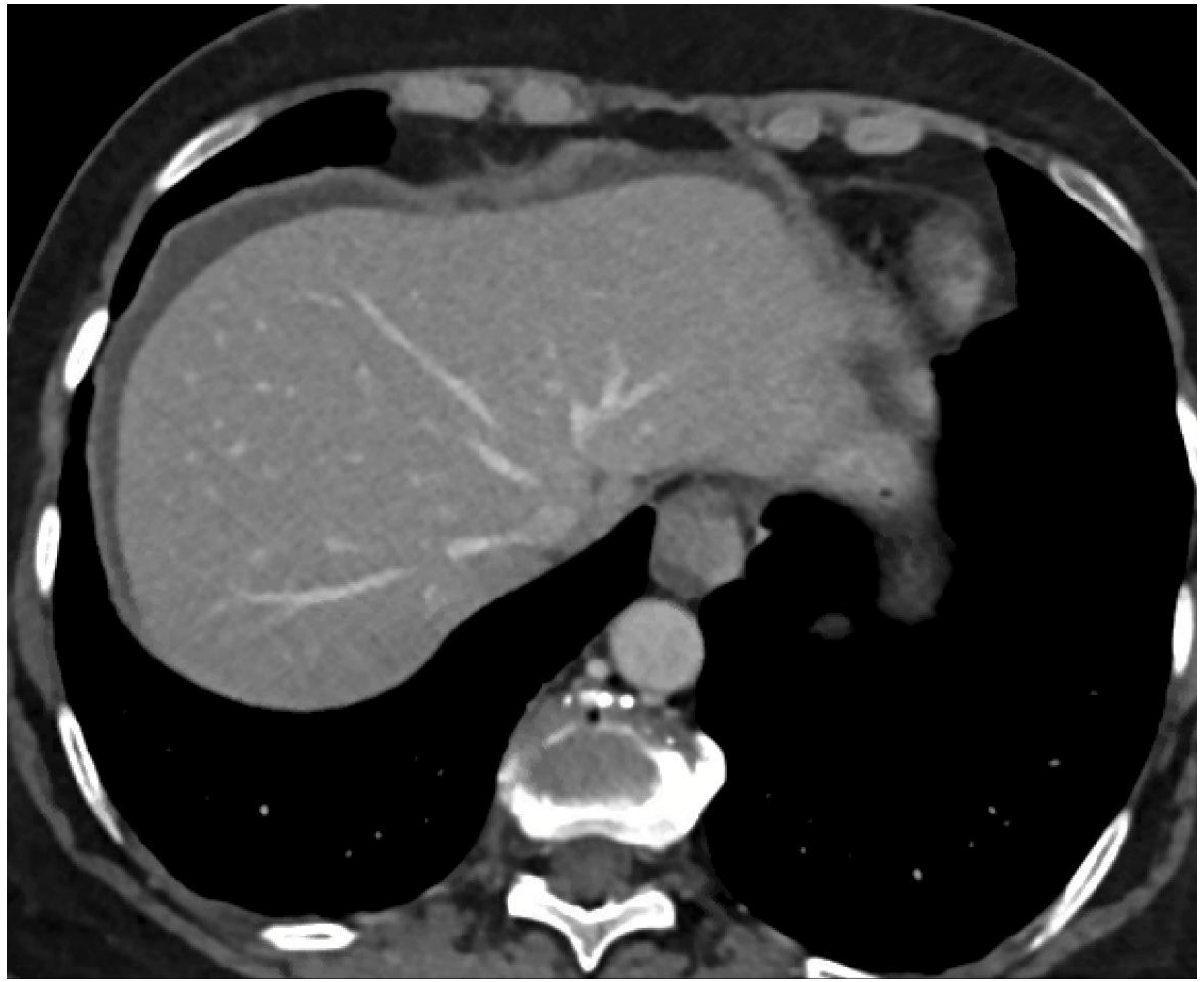
Variable	Gastric anisakis (n = 148)	Gastric ulcer (n = 130)	*p*	κ
Wall thickening	141 (95)	27 (21)	< 0.001	0.796
Localized protrusion of gastric wall	1 (1)	43 (33)	< 0.001	0.691
Increased density of perigastric fat	127 (86)	28 (22)	< 0.001	0.663
Ascites	59 (40)	7 (5)	< 0.001	0.482
Edematous changes in other bowel segments	12 (8)	1 (1)	0.004	0.527
Fluid collection around the esophagus	4 (3)	0 (0)	0.125	0.000
Esophageal wall thickening	5 (3)	1 (1)	0.22	− 0.006

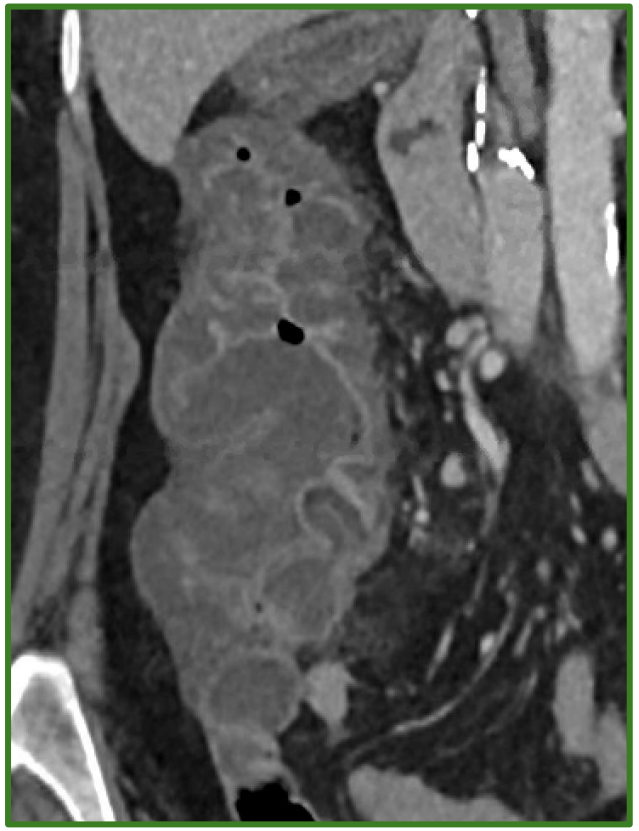
Contexte…

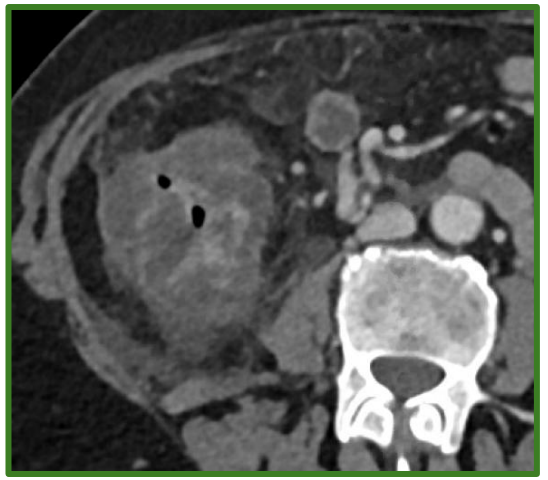
Ikejima K. Jpn J Radiol. 2025

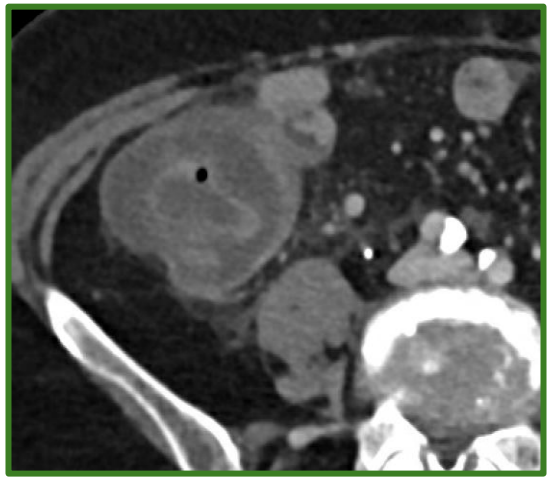
Cas 3

Cas 3









Infection ou pas infection ?

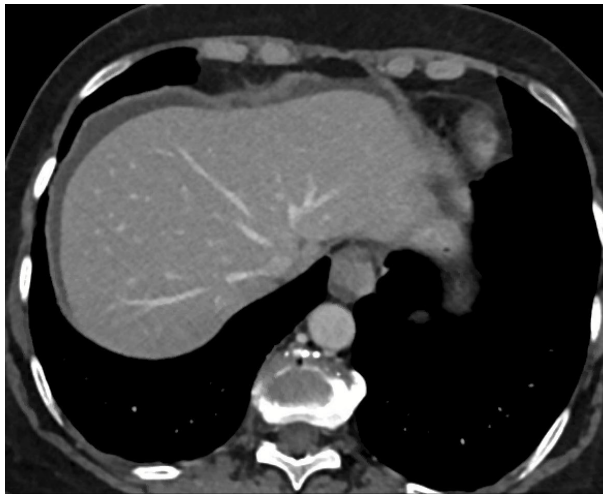
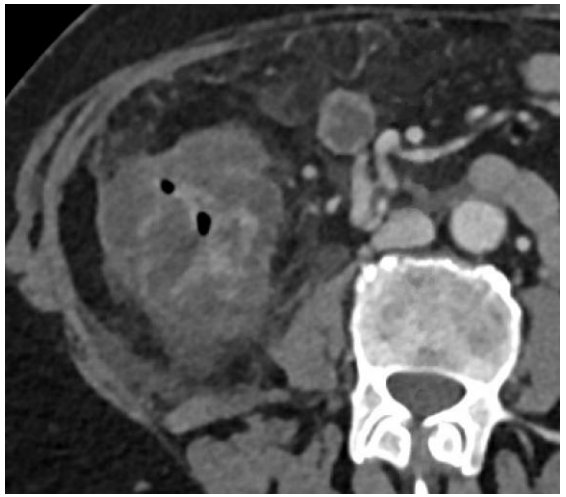
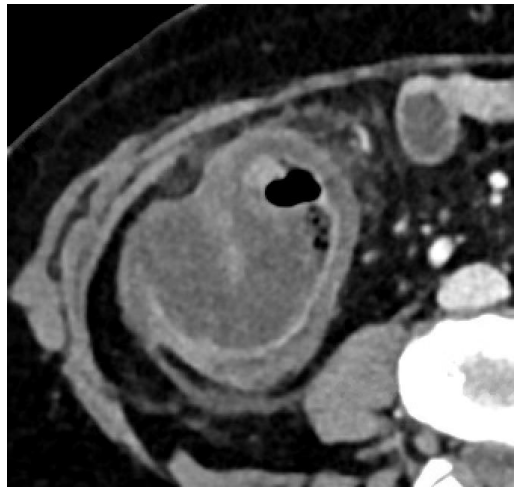
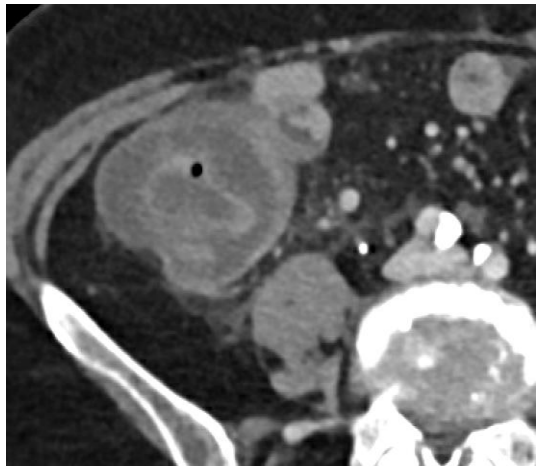
Cas 3

Femme 76 ans

Carcinome à cellules claires opéré sous anti-PD1 (pembrolizumab)

Douleurs abdominales, diarrhée, vomissements (colite grade 3)

Bio : CRP : 33 mg/L GB : N Cytolyse hépatique 4N

Infection ou pas infection ?

Iléo-colite droite induite par l'immunothérapie

(+hépatite)

Atteinte digestive des immunothérapies

Inhibiteurs de points de contrôle immunitaire

Rétablissement des capacités antitumorales des lymphocytes T

Toxicité non cytotoxique

Typiquement 5-10 mois après [illegible] même après arrêt

Non infectieuse= corticothérapie

Anti CTLA-4

ipilimumab, tremelimumab…

\+ fréquent

≈10% grade 3

Anti PD-1/PD-L1

pembrolizumab, nivolumab…

\- fréquent

≈ 1% grade 3

Combinaisons augmentent le risque

Nielsen DL. Cancer Treat Rev. 2022

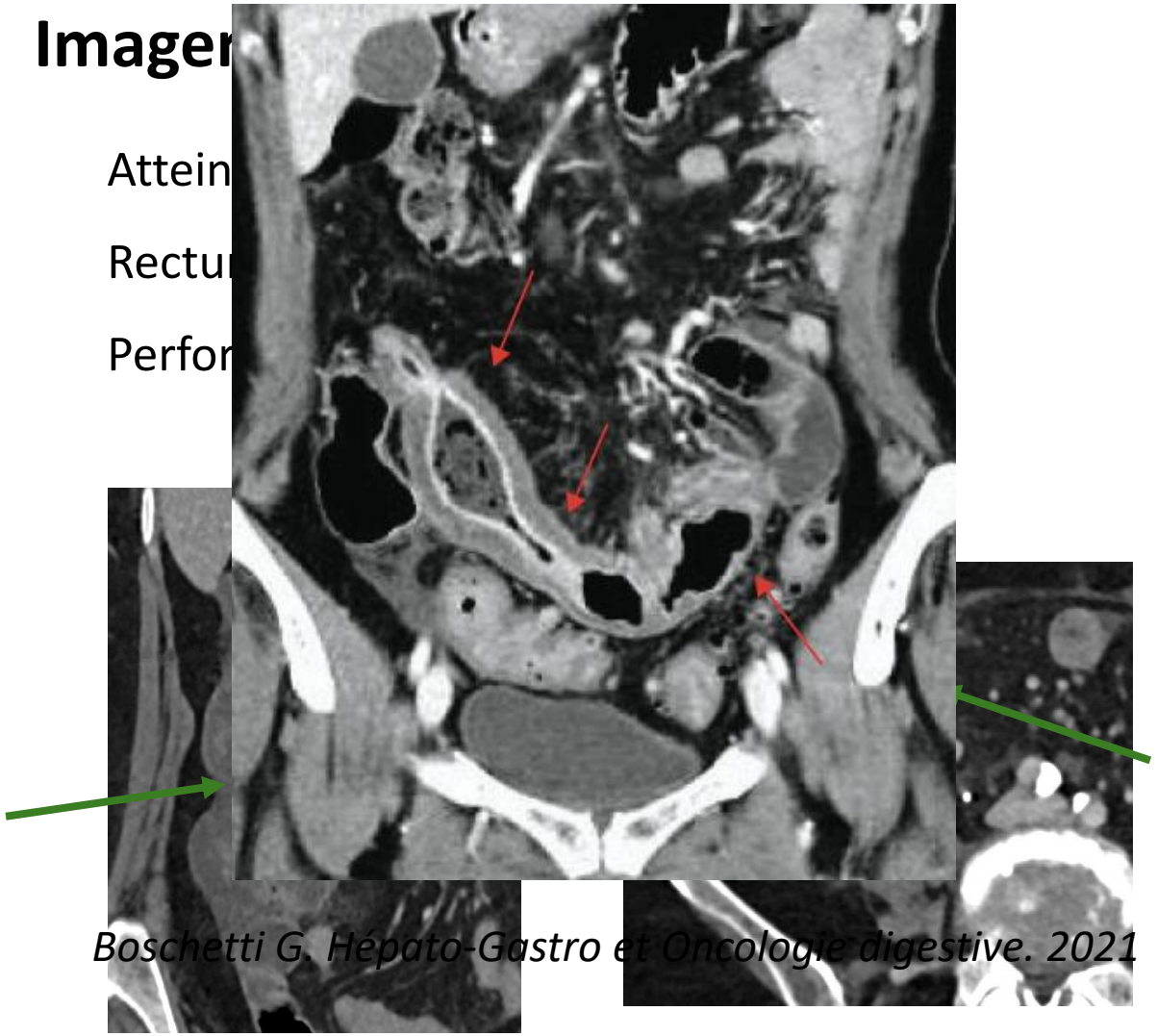
Atteinte digestive des immunothérapies

Imager

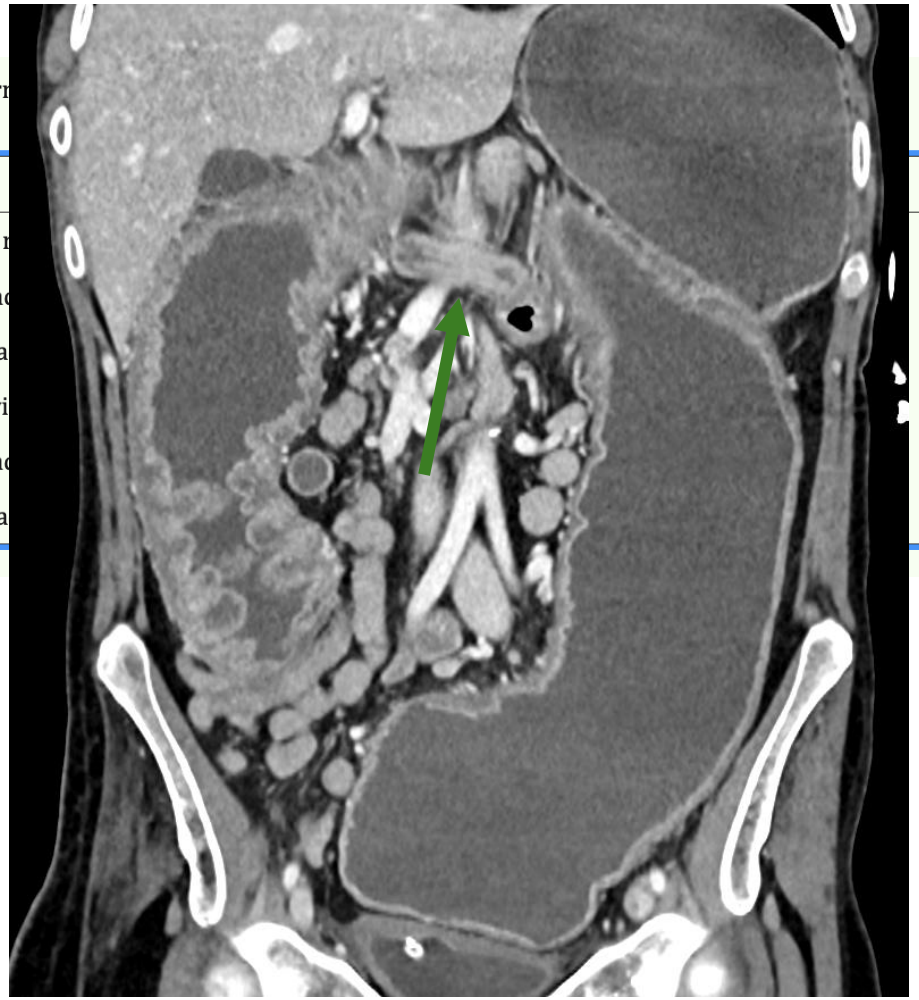
Attein

Rectu

Perfor



Boschetti G. Hépato-Gastro et Oncologie digestive. 2021



Test perfor

Radiology

Low-grad

High-gra

Expert revi

Low-grad

High-gra

Double anti CTLA4 / PD1

Kurokawa M. Abdom Radiol. 2021

Durbin MS. J Immunother Cancer. 2020

Rovira JI. J Immunother Precis Oncol. 2022

Lorenzo Garzelli

Hôpital Saint Antoine, APHP.Sorbonne Université

Hôpital Saint-Antoine AP-HP

SANTÉ SORBONNE UNIVERSITÉ