

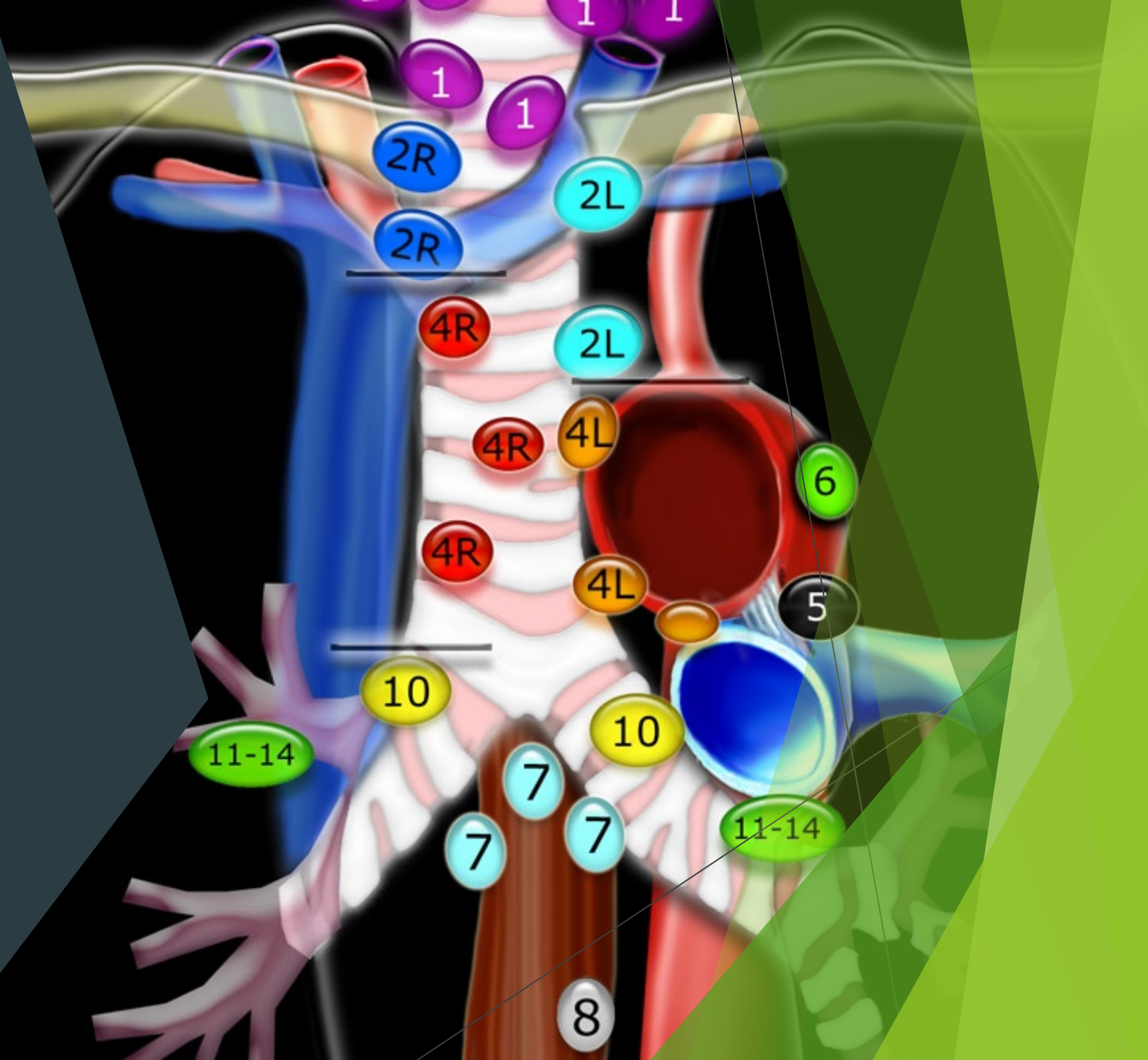
# "Ganglions médiastinaux" en tant que trouvaille fortuite

Iskandar Haddad, R3

Dr. Marie-Michèle Thériault, MD

# Plan:

- ▶ Mise en contexte
- ▶ Comment les rapporter?
- ▶ Pathologies associées
- ▶ Suivi suggéré



# Mise en contexte

Incidentalome : Trouvaille fortuite et inattendue (normale, variante ou anormale)



Incidentalomes en ↑

- Plus de CT demandés
- Scans plus performant

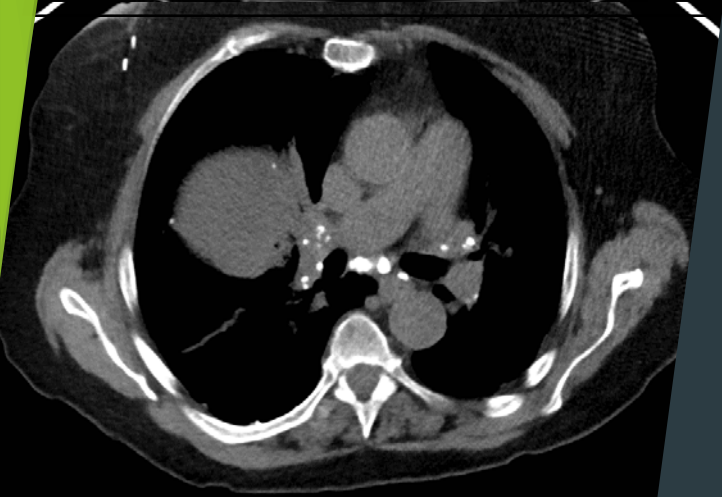
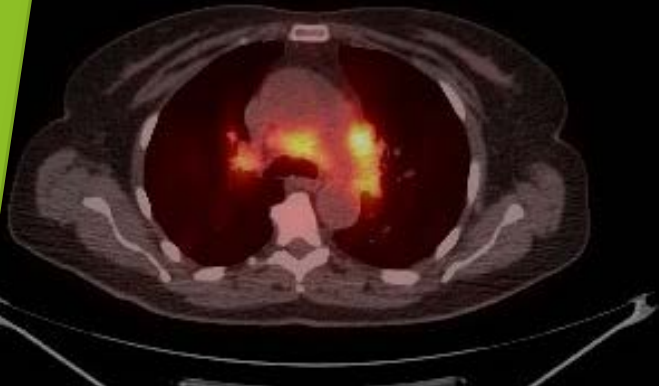


Prévalence de gg ↑ découverts fortuitement sur CT de dépistage pour néo pulmonaire ou MCAS : 1 à 6%



# Rapport

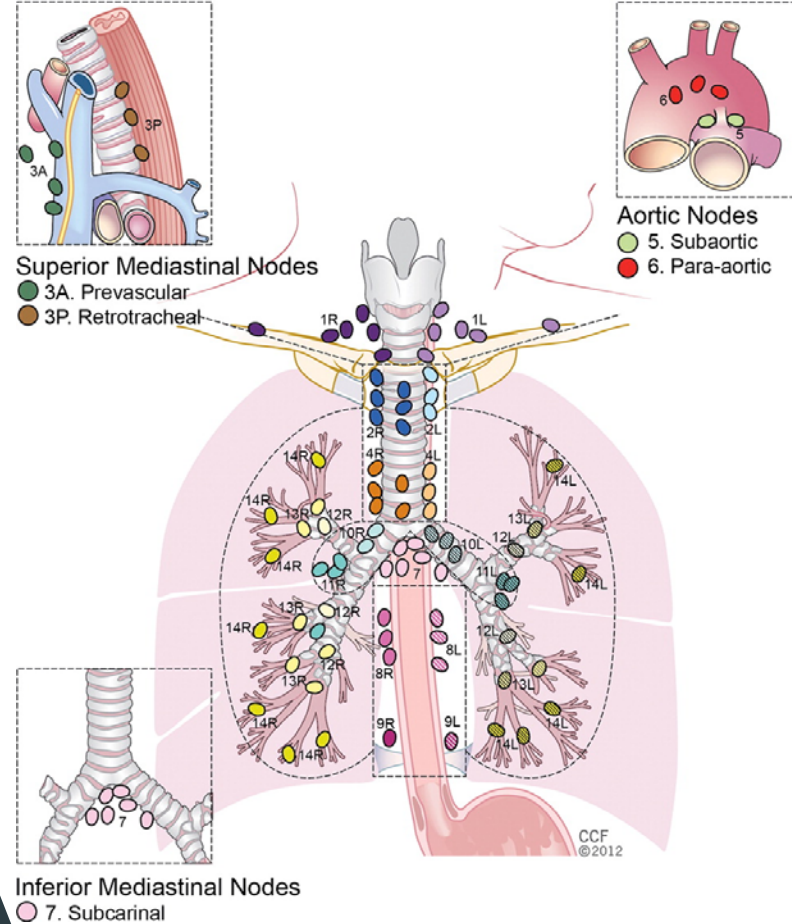
- ▶ Taille (Court axe)
- ▶ Texture/densité/contours
- ▶ Activité métabolique (pour FDG PET-CT)



# Taille

## ► Taille maximale généralement admise:

- Infracarénaire: **12 mm**
- Mammaire interne: normalement, pas de ganglion visible en mammaire interne (aka **0 mm**)
- Péroesophagien inférieur: **5 mm**
- Angles cardiophréniques: **5 mm**
- Tout les autres ganglions médiastinaux : **10 mm**



## Le problème?

- On en trouve souvent des ganglions juste un peu gros, fortuitement!



# Finalement!!!!

ORIGINAL ARTICLE

CLINICAL PRACTICE MANAGEMENT



EC: Editor's Choice

SA-CME

## Managing Incidental Findings on Thoracic CT: Mediastinal and Cardiovascular Findings. A White Paper of the ACR Incidental Findings Committee

*Reginald F. Munden, MD, DMD, MBA<sup>a</sup>, Brett W. Carter, MD<sup>b</sup>, Caroline Chiles, MD<sup>c</sup>, Heber MacMahon, MB, BCh<sup>d</sup>, William C. Black, MD<sup>e</sup>, Jane P. Ko, MD<sup>f</sup>, H. Page McAdams, MD<sup>g</sup>, Santiago E. Rossi, MD<sup>b</sup>, Ann N. Leung, MD<sup>i</sup>, Phillip M. Boiselle, MD<sup>j</sup>, Michael S. Kent, MD<sup>k</sup>, Kathleen Brown, MD<sup>l</sup>, Debra S. Dyer, MD<sup>m</sup>, Thomas E. Hartman, MD<sup>n</sup>, Eric M. Goodman, MD<sup>o</sup>, David P. Naidich, MD<sup>p</sup>, Ella A. Kazerooni, MD<sup>q</sup>, Lincoln L. Berland, MD<sup>r</sup>, Pari V. Pandharipande, MD, MPH<sup>s</sup>*

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### Abstract

The ACR Incidental Findings Committee presents recommendations for managing incidentally detected mediastinal and cardiovascular findings found on CT. The Chest Subcommittee was composed of thoracic radiologists who developed the provided guidance. These recommendations represent a combination of current published evidence and expert opinion and were finalized by informal iterative consensus. The recommendations address the most commonly encountered mediastinal and cardiovascular incidental findings and are not intended to be a comprehensive review of all incidental findings associated with these compartments. Our goal is to improve the quality of care by providing guidance on how to manage incidentally detected thoracic findings.

**Key Words:** Mediastinal lymph nodes, coronary artery calcification, incidental finding, mediastinum, cardiovascular

# Managing Incidental Findings on Thoracic CT: Mediastinal and Cardiovascular Findings

## A White Paper of the ACR Incidental Findings Committee

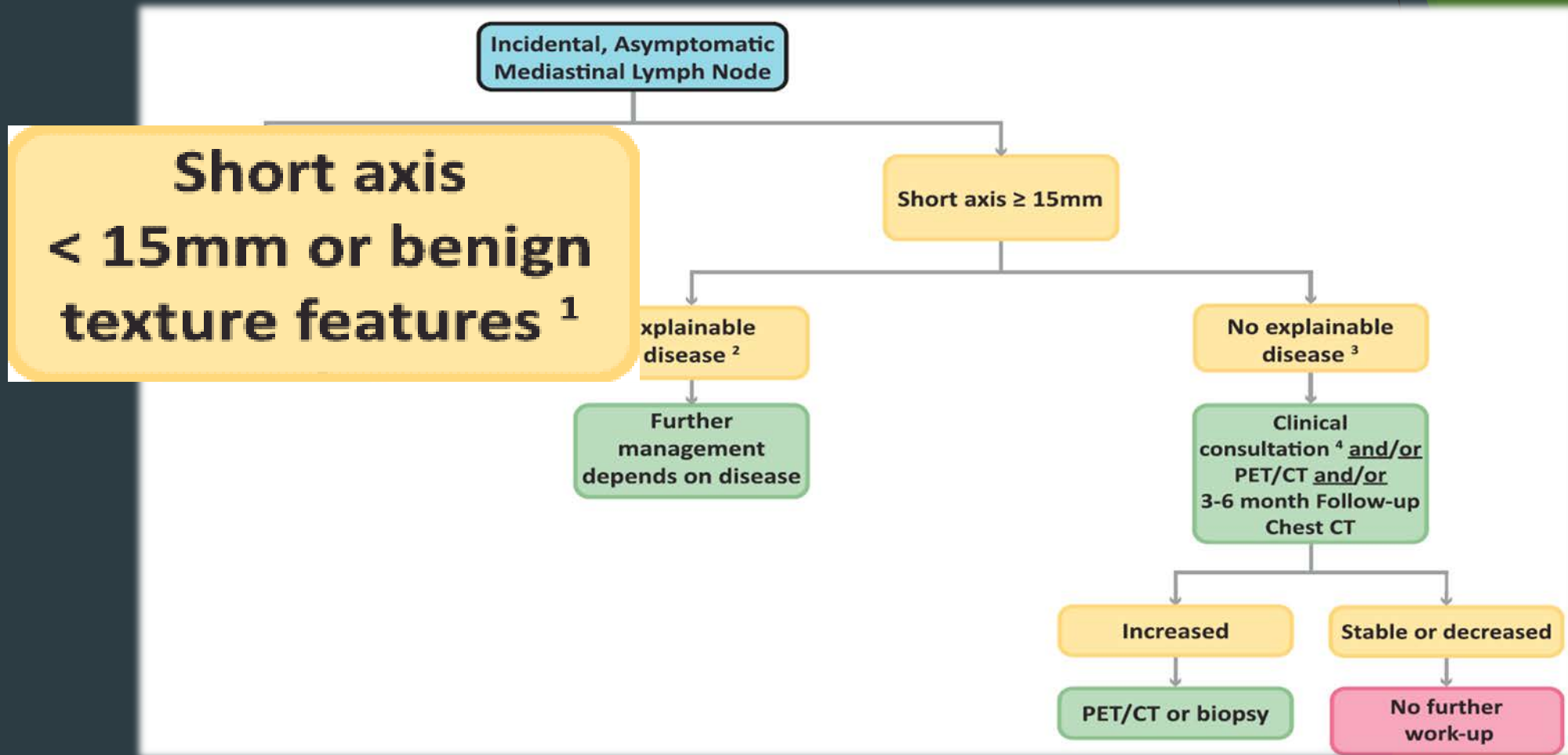


Fig 1. Flowchart for evaluation of an incidentally detected mediastinal lymph node. (1) Short axis measurement is the standard. May consider further action if numerous small lymph nodes are present. (2) Explainable disease such as emphysema, interstitial lung disease, sarcoidosis, cardiac disease. (3) For unexplained causes, consider lymphoma, undiagnosed metastatic disease, including testicular carcinoma in young male, and infection. (4) Clinical consultation with referring provider or specialist.

# Managing Incidental Findings on Thoracic CT: Mediastinal and Cardiovascular Findings

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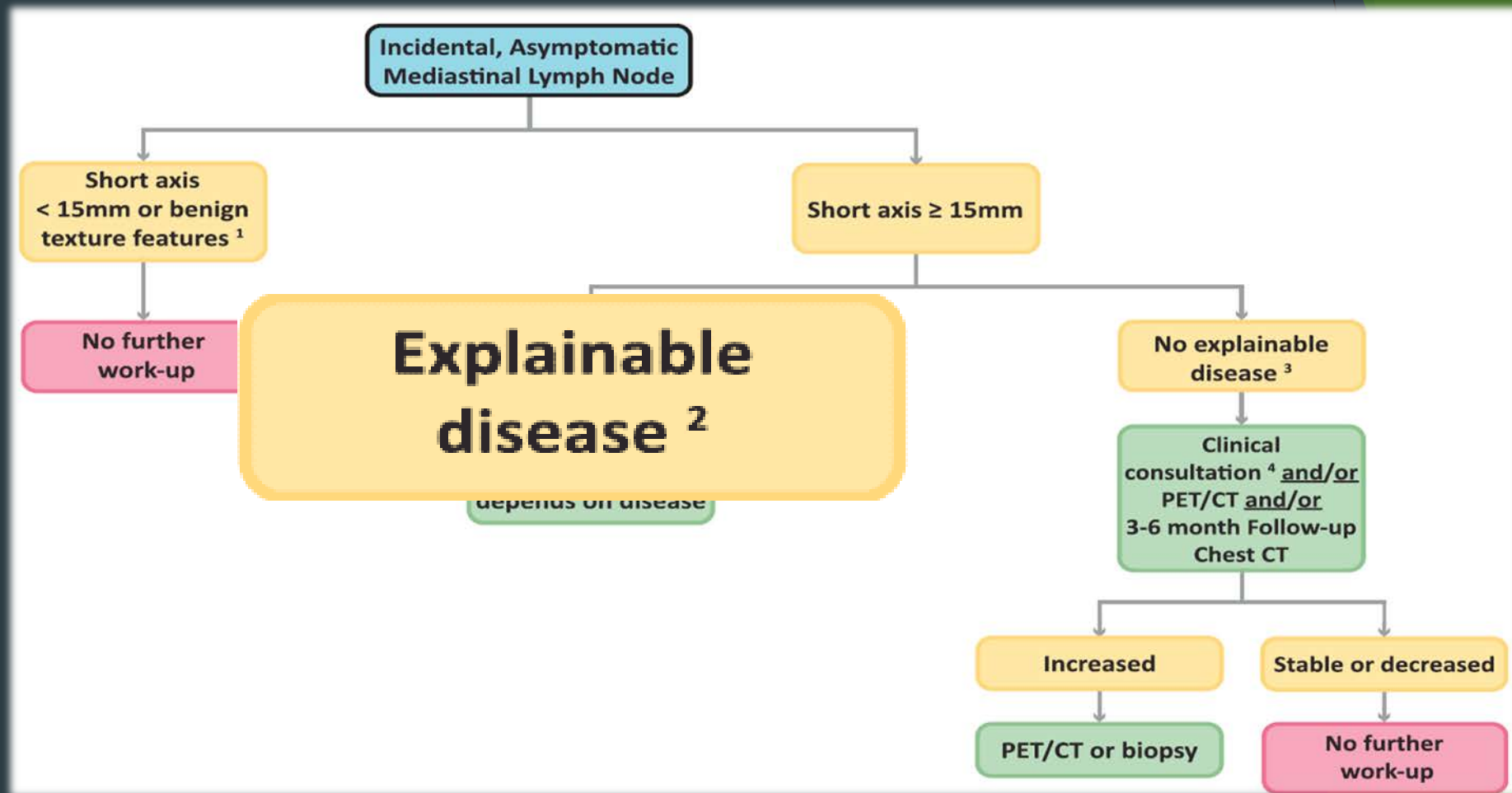


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**Explainable  
disease <sup>2</sup>**

## Maladie sous-jacente?

### Attention

Si suspicion clinique de lymphome

Ou jeune homme (métastases d'un cancer testiculaire non diagnostiqué?)

### Cancer connu

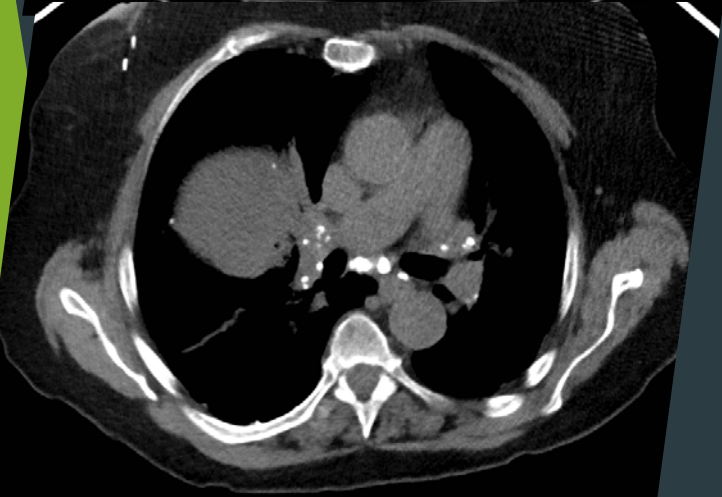
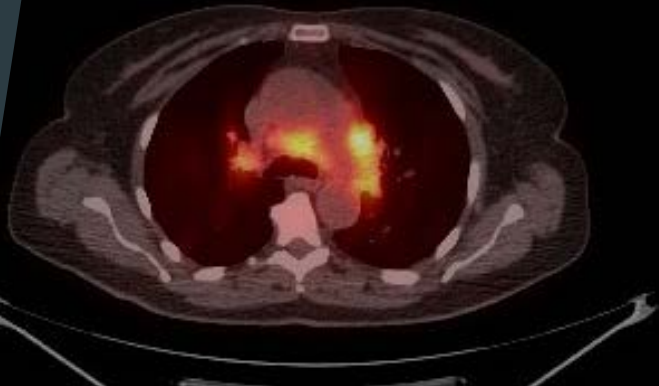
**Maladie pulmonaire** (MPOC/emphysème, fibrose, sarcoïdose, etc.)

**Insuffisance cardiaque** (associée à des ganglions un peu gros)



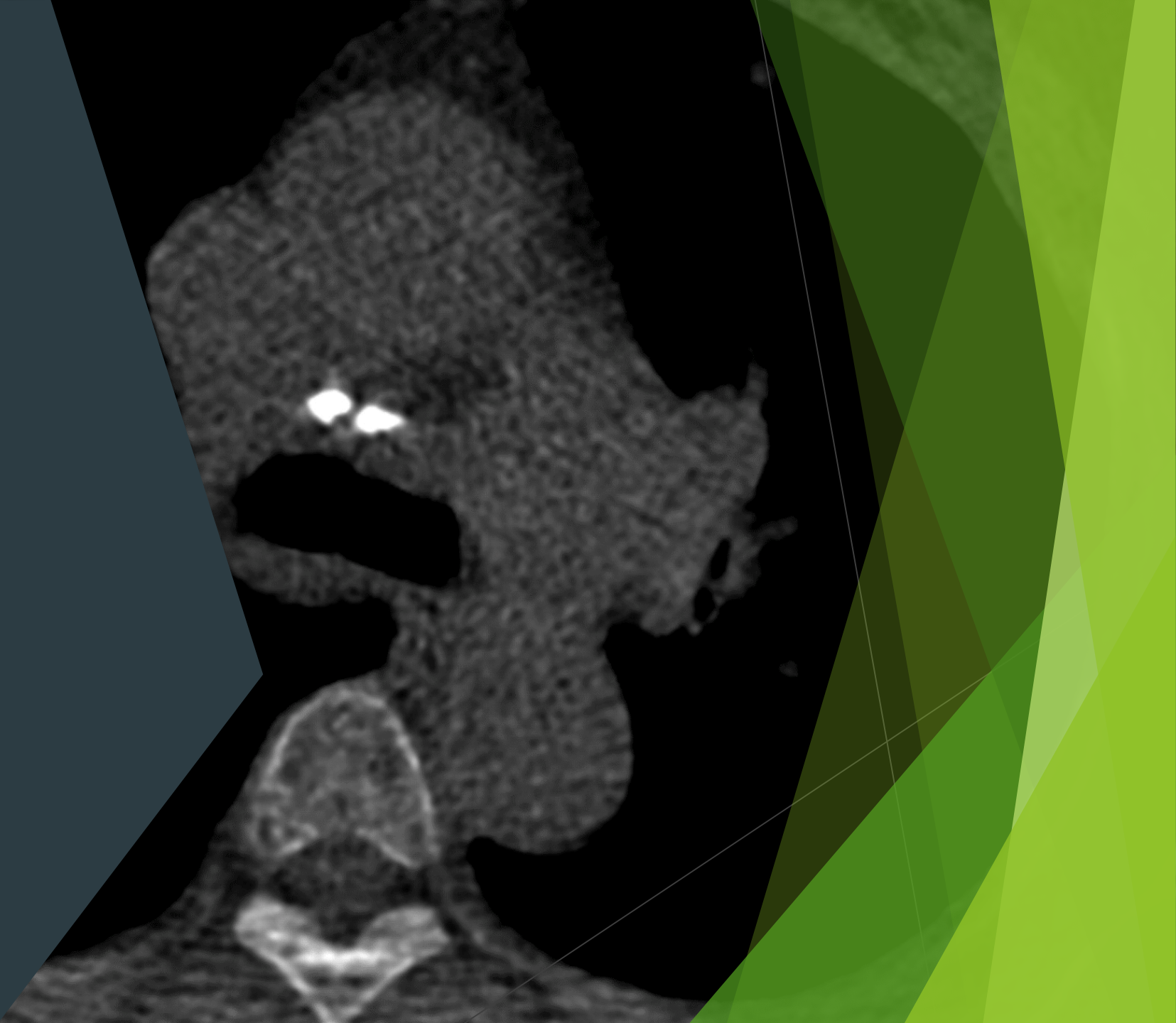
# Rapport

- ▶ Taille (Court axe)
- ▶ Texture/densité/contours
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# Adénopathies calcifiées

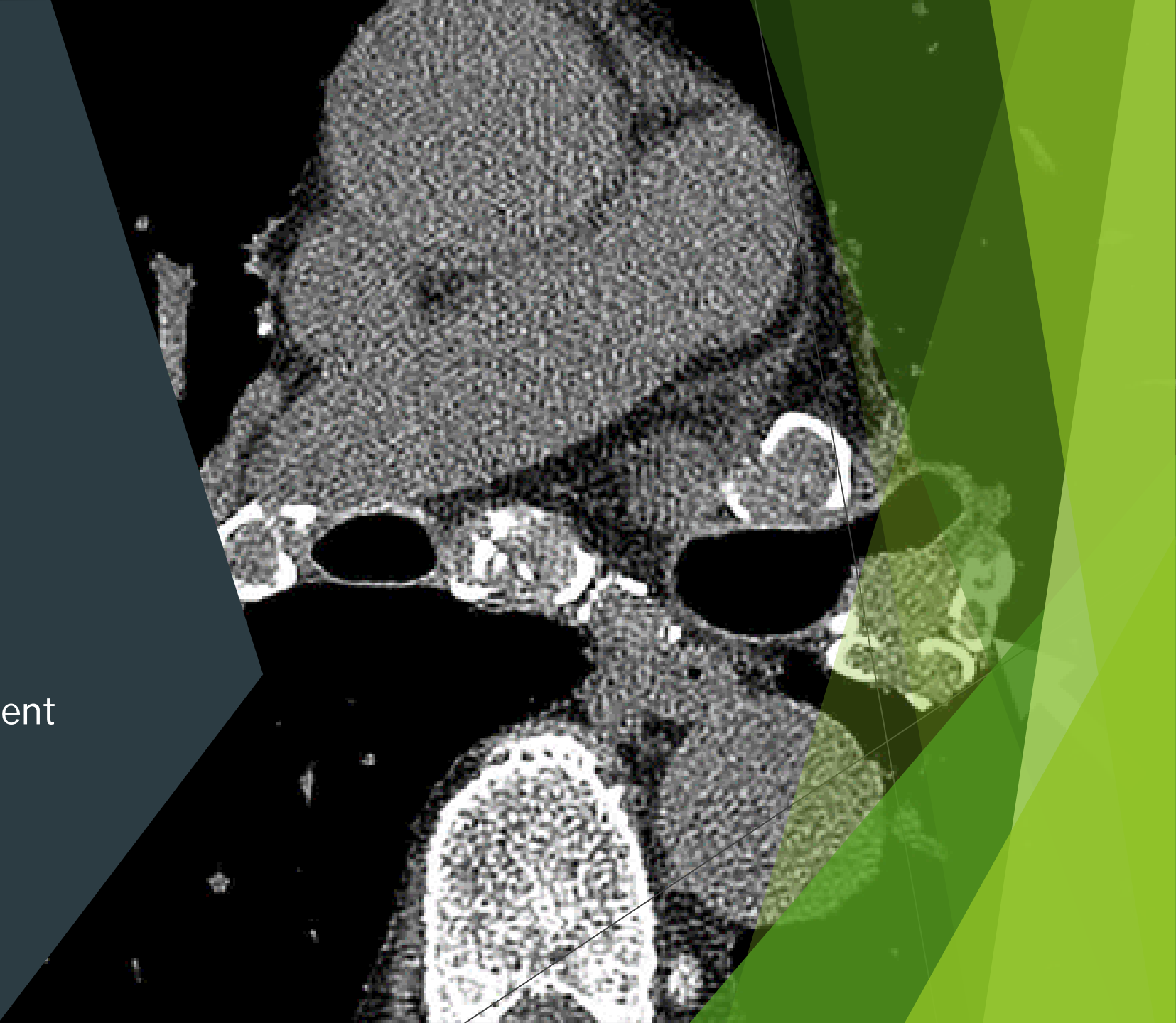
- Ancienne granulomatose
  - Histoplasmose
  - Sarcoidose
  - Tuberculose
- Métastases
  - Adénocarcinome mucineux
  - Cancer thyroïde
  - Carcinome ostéogénique
- Lymphome traité



# Adénopathies calcifiées

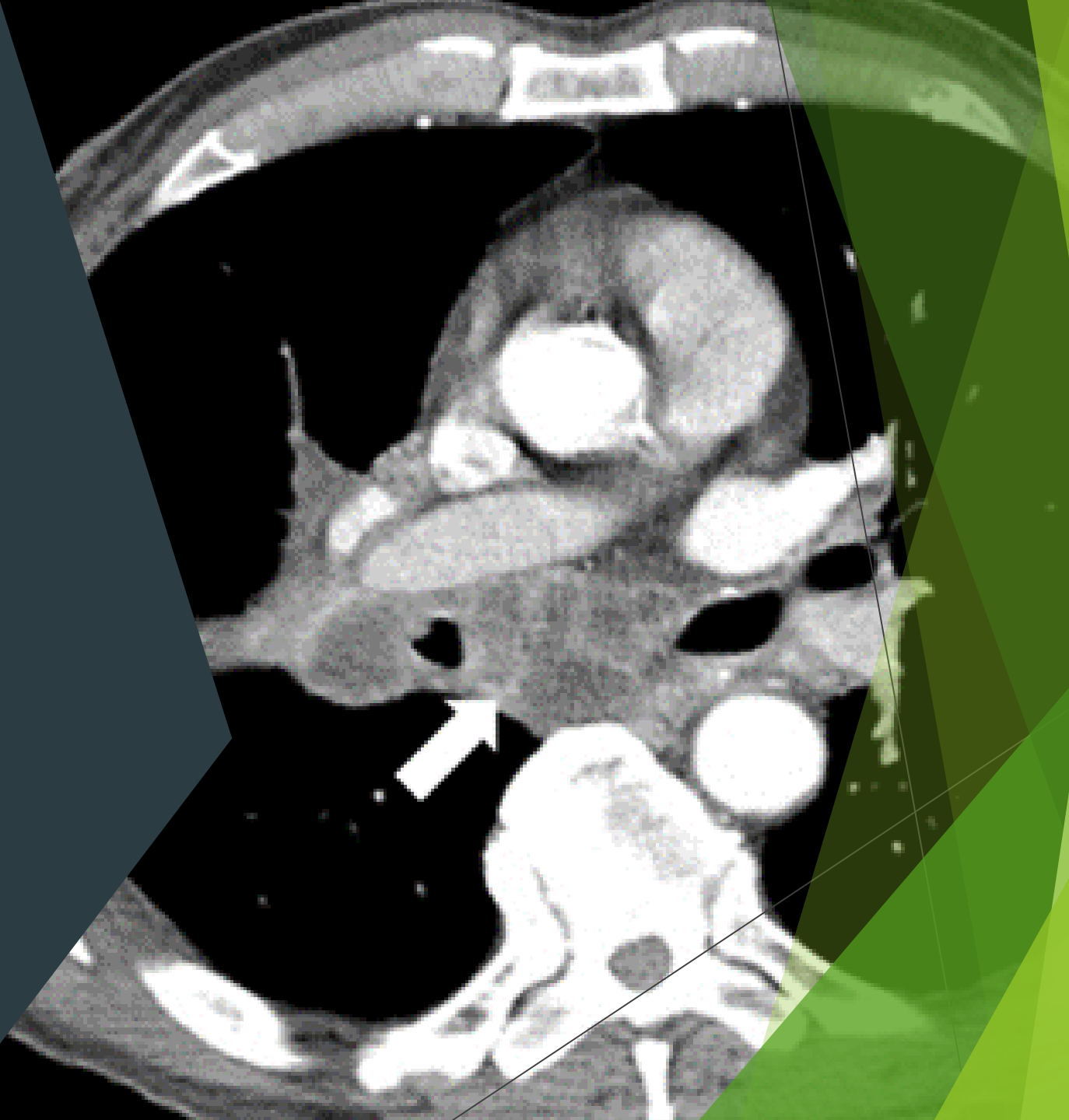
## Coquille d'oeuf

- ▶ #1 Silicose/charbon
- ▶ Plus rarement
  - ▶ Sarcoïdose
  - ▶ Tuberculose
  - ▶ Hodgkin post traitement



# Adénopathies nécrotiques

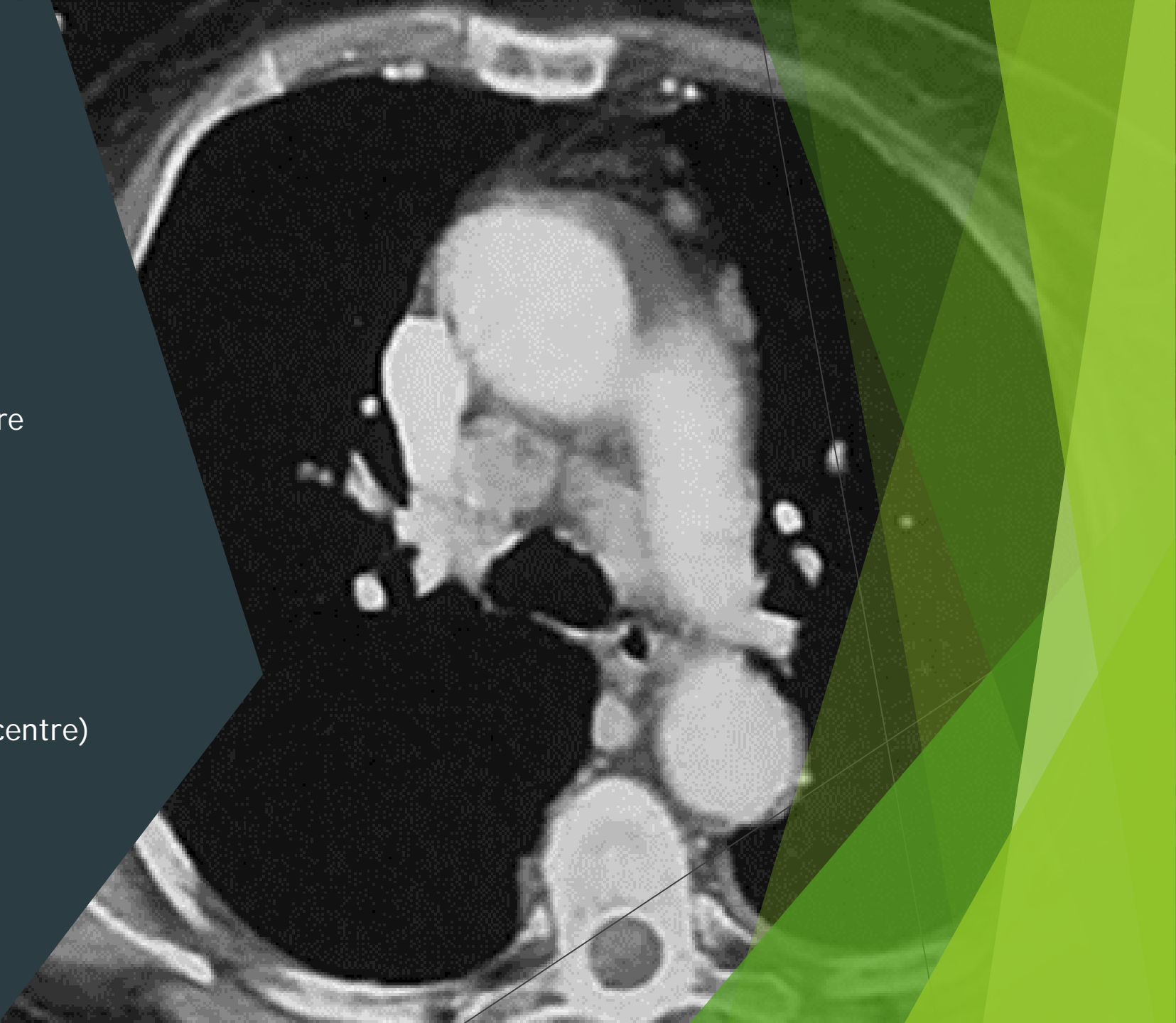
- ▶ Néoplasie métastatique
  - ▶ poumon
  - ▶ seminome
  - ▶ ovaire
  - ▶ thyroïde
  - ▶ estomac
- ▶ Lymphome
  - ▶ pré ou post Tx
- ▶ Granulomatose
  - ▶ TB, histoplasmosse
  - ▶ Rare: sarcoïdose



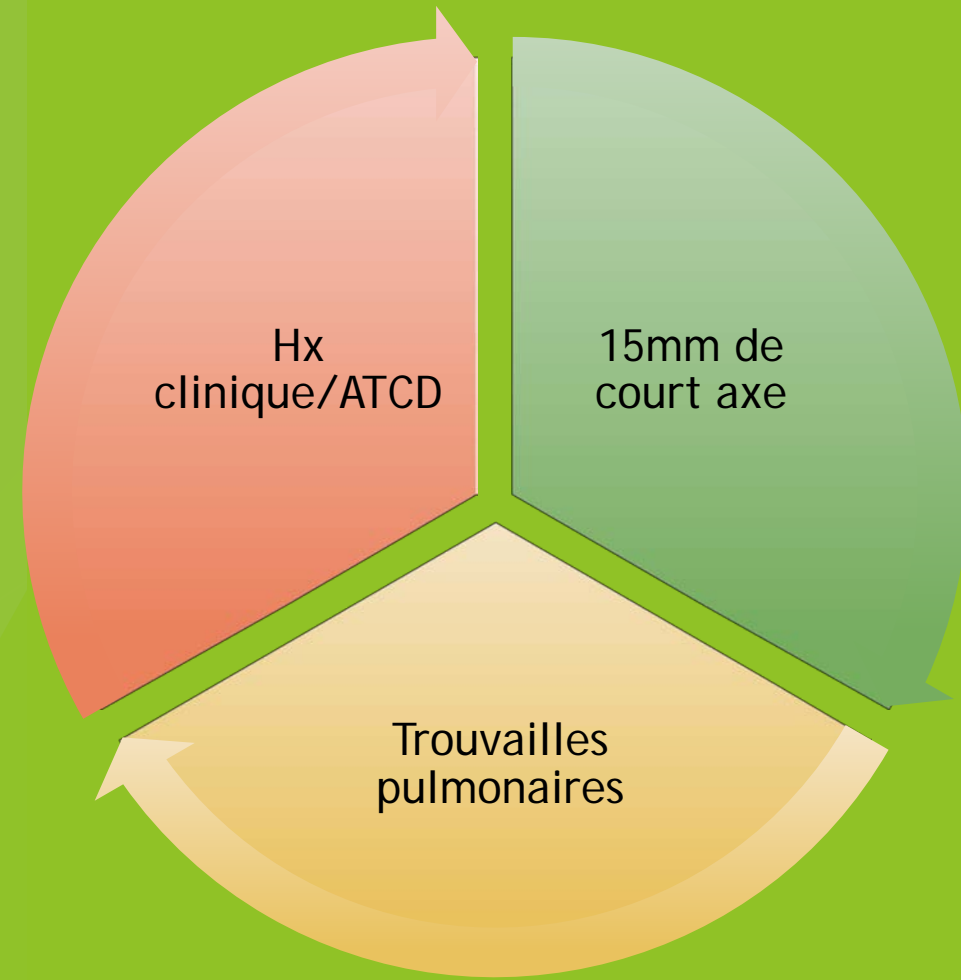


# Adénopathies- Rehaussement

- ▶ Modéré
  - ▶ Non spécifique
- ▶ Marqué
  - ▶ Métastase de néo hypervasculaire
    - ▶ rein
    - ▶ poumon
    - ▶ mélanome
    - ▶ sarcome
    - ▶ thyroïde
  - ▶ Tuberculose (en cible, nécrose centre)
  - ▶ Plus rare:
    - ▶ Castleman
    - ▶ Lymphadénopathie angioimmunoblastique
    - ▶ Sarcoidose

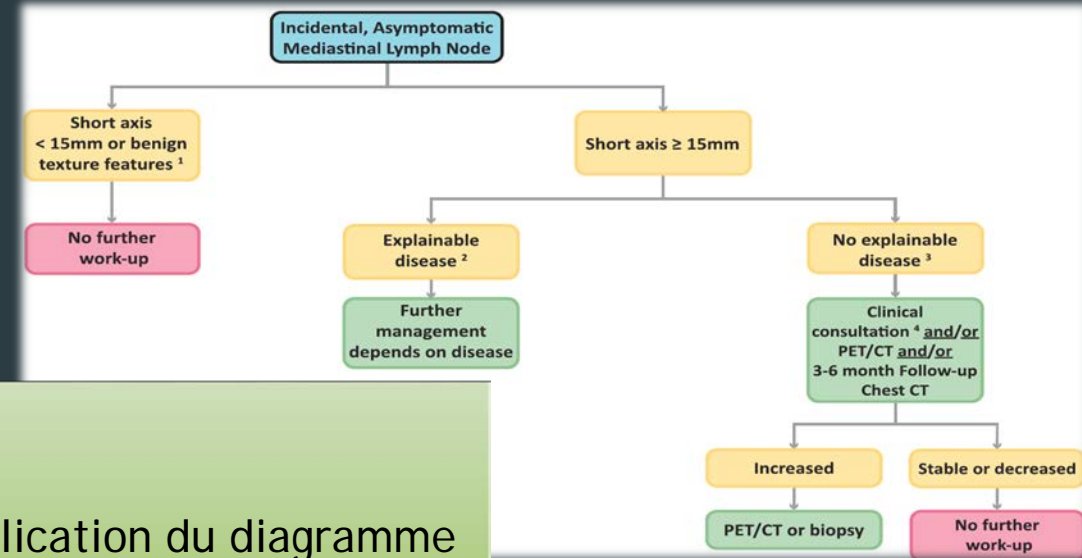
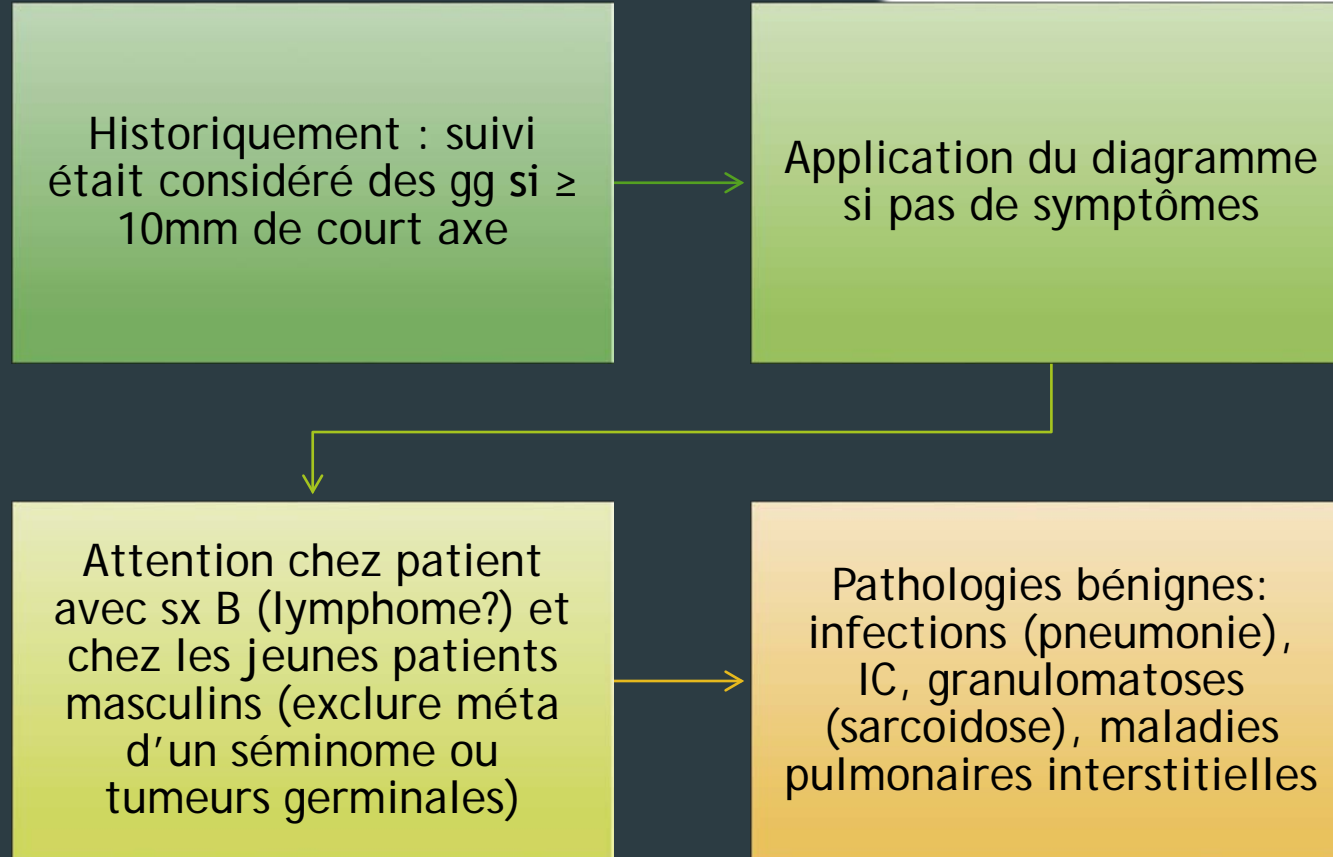


# Principes fondamentaux:



# Suivi

# Suivi

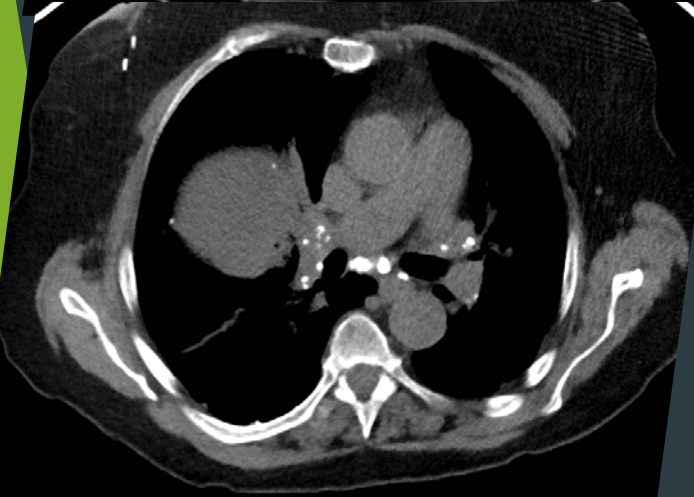
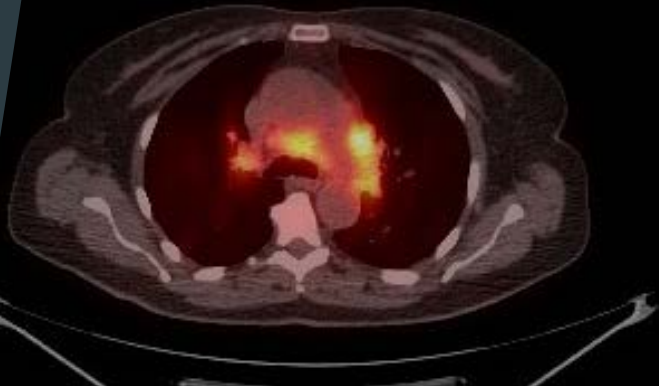




# Rapport

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Rôle du PET/CT  
dans l'évaluation  
des gg controversée  
(bcp de faux  
positifs)



# Quelques pathologies



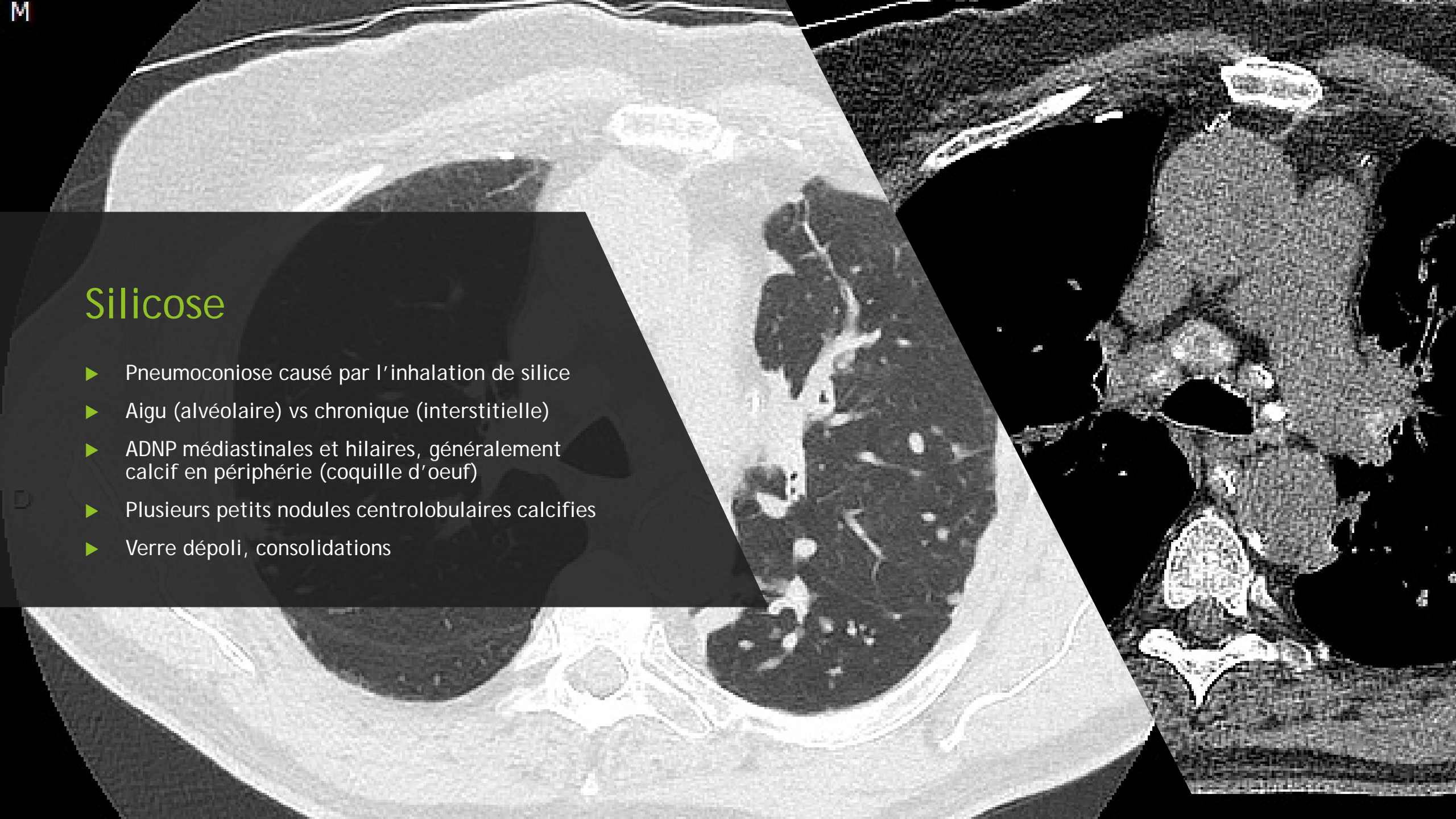


## Sarcoidose

- ▶ Manifestations pulmonaires dans 90% des cas
- ▶ 50% asx, ou manifestations pulmonaires ou cutanées
- ▶ Adnp médiastinales et hilaires symétriques (75%), pas d'effet de masse sur les structures adjacentes, calcif+
- ▶ Nodules périlymphatiques, opacités/consolidations, masses, fibrose pulmonaire, (légers épanchements pleuraux)

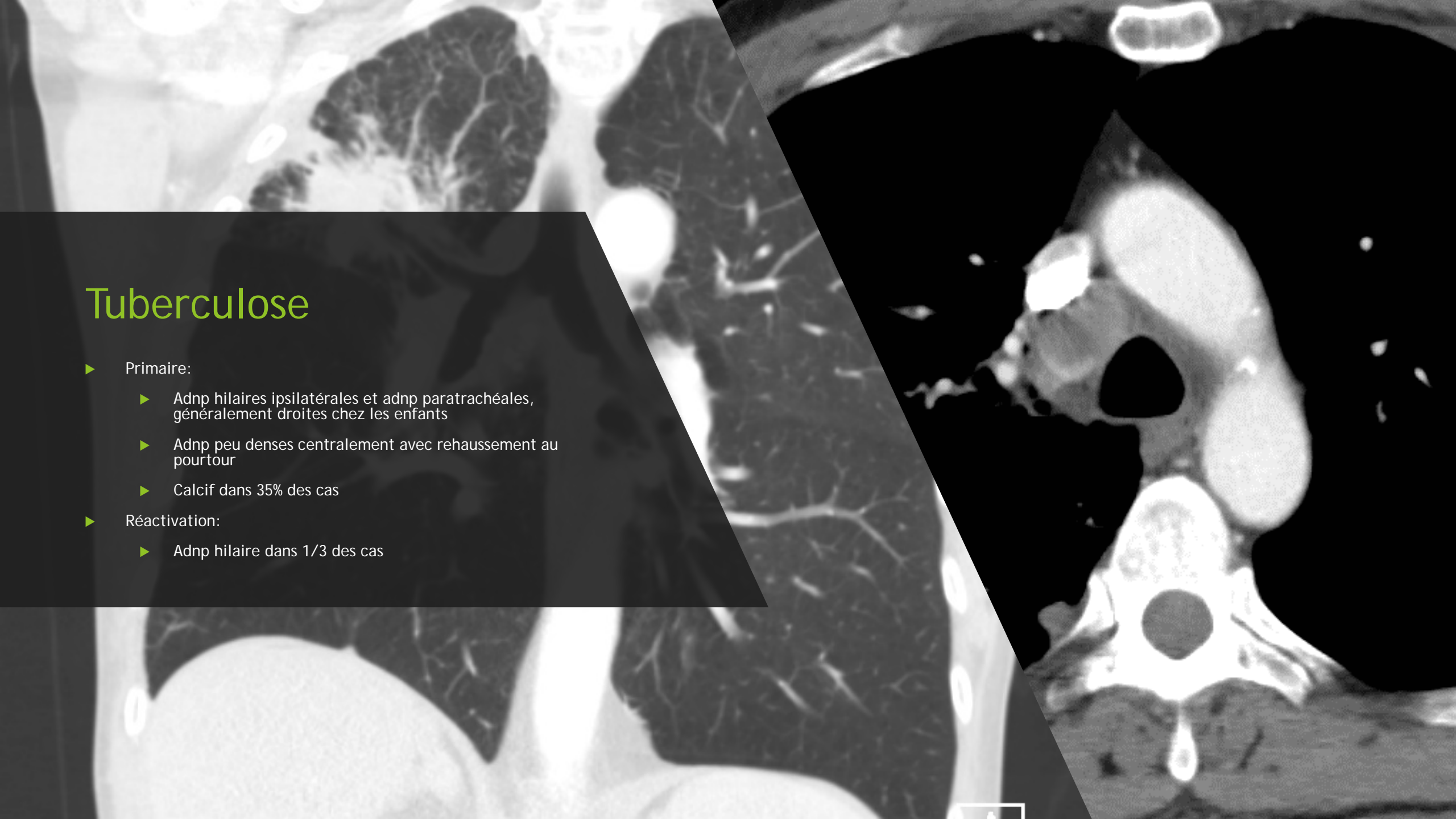
## Silicose

- ▶ Pneumoconiose causé par l'inhalation de silice
- ▶ Aigu (alvéolaire) vs chronique (interstitielle)
- ▶ ADNP médiastinales et hilaires, généralement calcif en périphérie (coquille d'oeuf)
- ▶ Plusieurs petits nodules centrolobulaires calcifiés
- ▶ Verre dépoli, consolidations

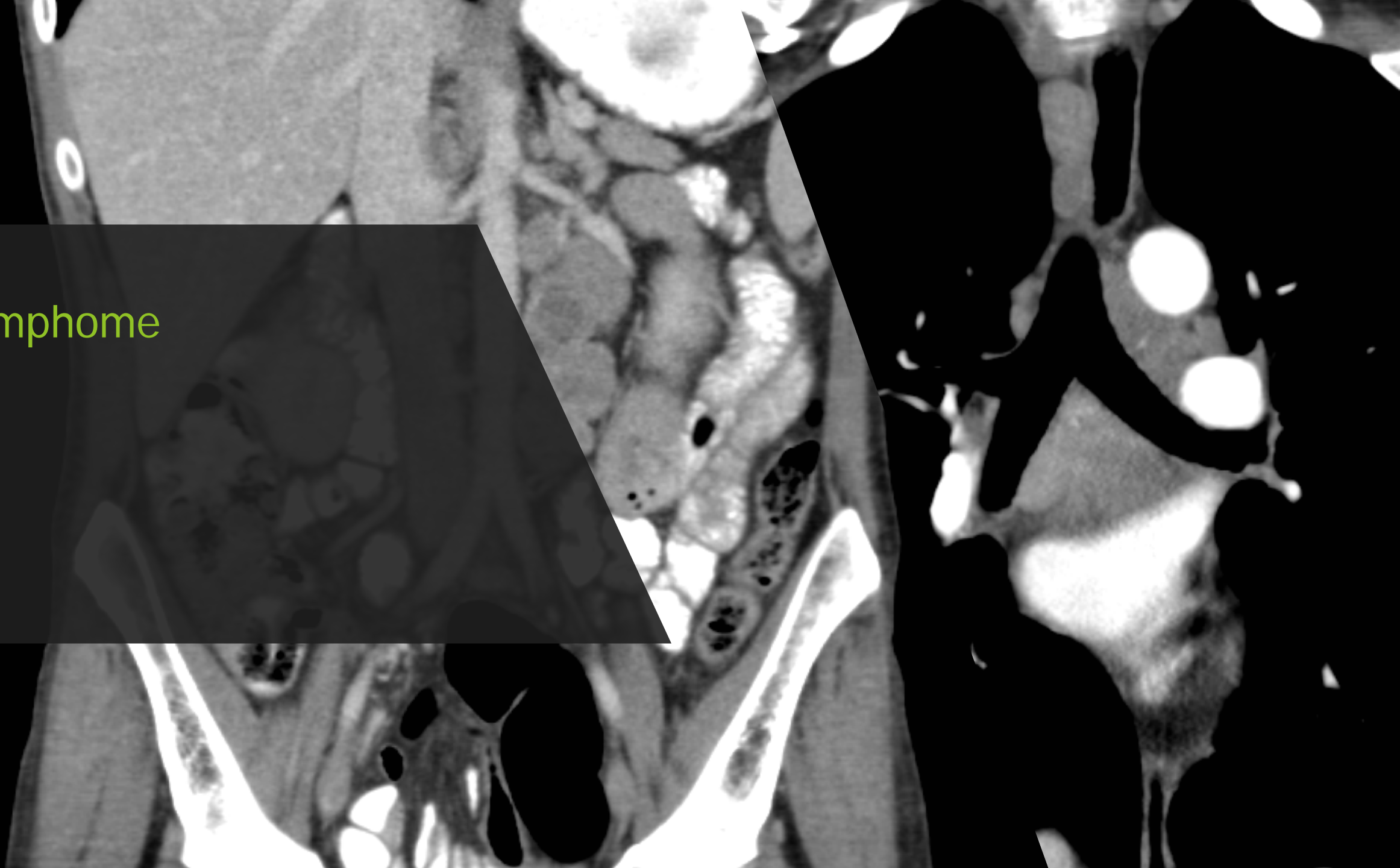


# Tuberculose

- ▶ Primaire:
  - ▶ Adnp hilaires ipsilatérales et adnp paratrachéales, généralement droites chez les enfants
  - ▶ Adnp peu denses centralement avec rehaussement au pourtour
  - ▶ Calcif dans 35% des cas
- ▶ Réactivation:
  - ▶ Adnp hilaires dans 1/3 des cas

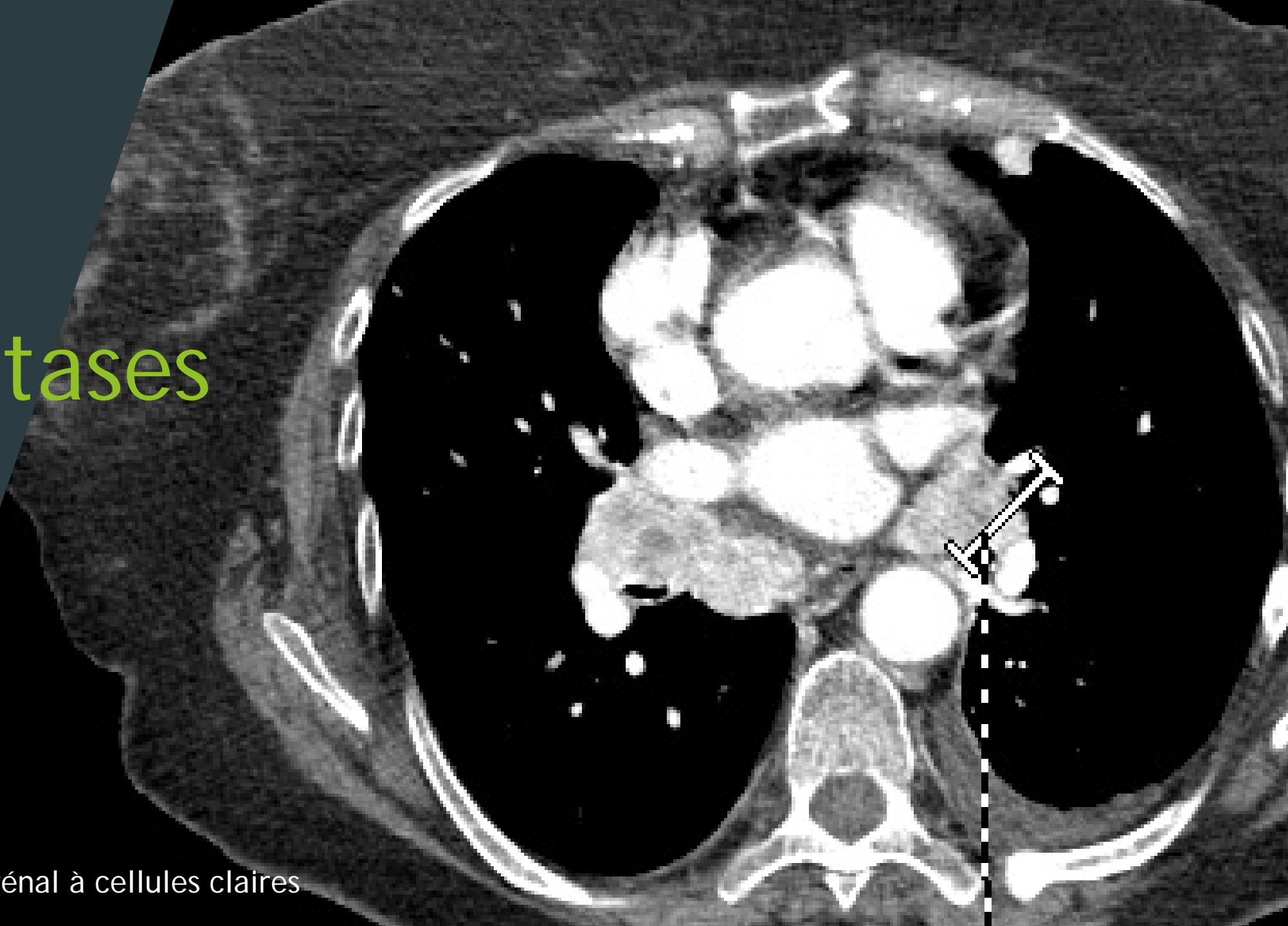


Lymphome



# Métastases

Néo rénal à cellules claires





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## Conclusion:

Un outil maintenant disponible, attendu depuis longtemps....

# Conclusion

- ▶ Outil enfin disponible pour guider la prise en charge
- ▶ Algorithme est le résultat d'un consensus d'expert
- ▶ Recommandation plutôt qu'un guideline

# Références

- ▶ Chest CT incidentalomas: thyroid lesions, enlarged mediastinal lymph nodes, and lung nodules, Frank et Quint, [Cancer Imaging](#). 2012; 12(1): 41-48
- ▶ Managing Incidental Findings on Thoracic CT: Mediastinal and Cardiovascular Findings. A White Paper of the ACR Incidental Findings Committee, Munden et al., J Am Coll Radiol 2018;15:1087-1096