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Classification	Étiologies
Tumeurs	
Malignes	Carcinomes pulmonaires primitifs Lymphomes pulmonaires primitifs Tumeurs carcinoïdes pulmonaires primitives Métastase solitaire
Bénignes	Hamartochondrome Chondrome Fibrome Lipome Léiomyome

- Eviter le sur-diagnostic .
- Minimiser les examens scannographiques

Infections et inflammations

Granulome tuberculeux ou mycotique
Abscess
Infections à germes opportunistes
Parasitoses
Pneumonies rondes
Granulome plasmocytaire
Polyarthrite rhumatoïde
Granulomatose de Wegener
Amas ganglionnaire

Lésions vasculaires

Malformation artérioveineuse
Infarctus
Hématome

Lésions congénitales

Atrésie bronchique
Kyste bronchogénique
Séquestration bronchopulmonaire

Autres causes

Pseudo-nodule d'origine pariétale
Pseudo-tumeur pleurale
Plaque pleurale
Bronchocèle

Densité

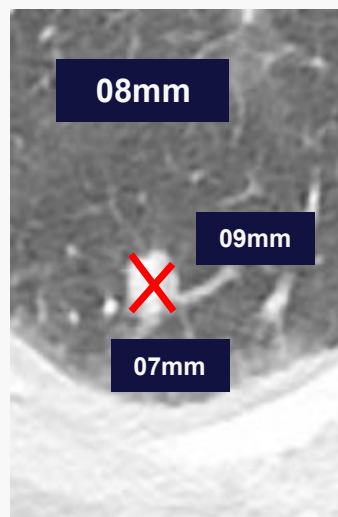
Morphologie

Contenu

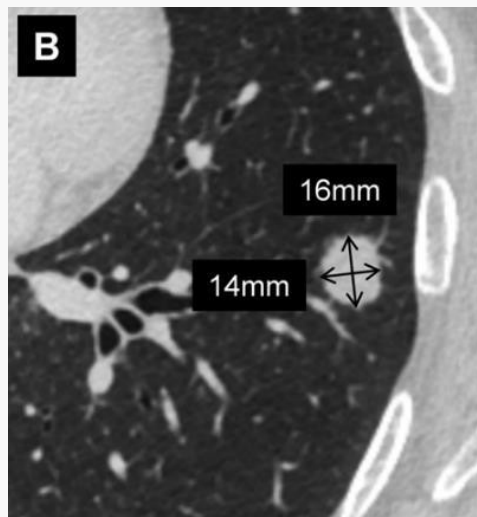
Recommendations for Measuring Pulmonary Nodules at CT: A Statement from the Fleischner Society

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Cornelia M Schaefer-Prokop¹, David P Naidich¹

Nodule solide / Verre dépoli

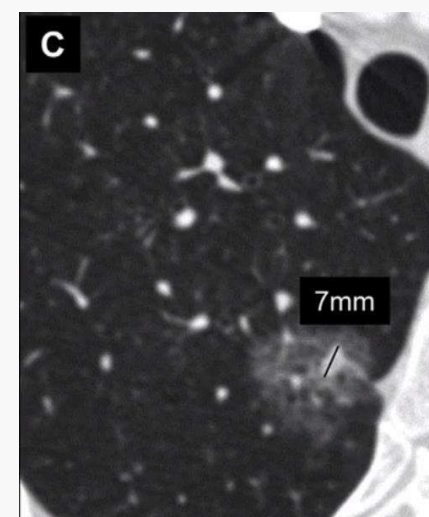
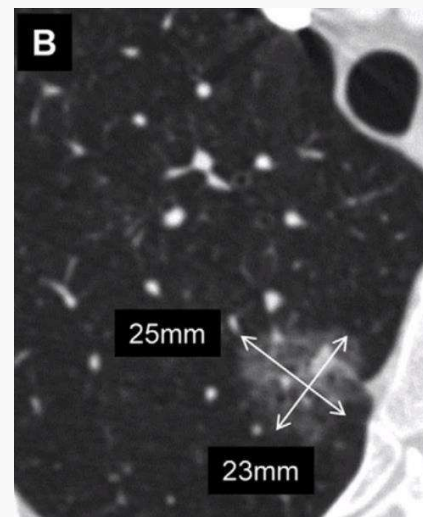


<10mm



>10mm

Nodule mixte



Benin

Indeterminé

MALIN

Circonstance de découverte

Fortuite

Dépistage

08-51%

Symptomatique
TDM T/ TAP/ AP
Comorbidités possible
Tout âge
Tout statut tabagique

09-24%

Sujets a risque (Asymp)
50 (55) – 75 ans
Fumeurs actifs ou ex-fumeurs
50 % des patients fumeurs >50
ans

4A	Suspicious Estimated Population Prevalence: 4%	Solid nodule: • ≥ 8 to < 15 mm (≥ 268 to $< 1,767$ mm³) at baseline OR • Growing < 8 mm (< 268 mm³) OR • New 6 to < 8 mm (113 to < 268 mm³)	3-month LDCT; PET/CT may be considered if there is a ≥ 8 mm (≥ 268 mm ³) solid nodule or solid component
		Part solid nodule: • ≥ 6 mm total mean diameter (≥ 113 mm³) with solid component ≥ 6 mm to < 8 mm (≥ 113 to < 268 mm³) at baseline OR • New or growing < 4 mm (< 34 mm³) solid component	
		Airway nodule , segmental or more proximal - at baseline (see note 11)	
		Atypical pulmonary cyst: (see note 12) • Thick-walled cyst OR • Multilocular cyst at baseline OR • Thin- or thick-walled cyst that becomes multilocular	
4B	Very Suspicious Estimated Population Prevalence: 2%	Airway nodule , segmental or more proximal - stable or growing (see note 11)	Referral for further clinical evaluation
		Solid nodule: • ≥ 15 mm (≥ 1767 mm³) at baseline OR • New or growing ≥ 8 mm (≥ 268 mm³)	Diagnostic chest CT with or without contrast; PET/CT may be considered if there is a ≥ 8 mm (≥ 268 mm³) solid nodule or solid component; tissue sampling; and/or referral for further clinical evaluation Management depends on clinical evaluation, patient preference, and the probability of malignancy (see note 13)
		Part solid nodule: • Solid component ≥ 8 mm (≥ 268 mm³) at baseline OR • New or growing ≥ 4 mm (≥ 34 mm³) solid component	
		Atypical pulmonary cyst: (see note 12) • Thick-walled cyst with growing wall thickness/nodularity OR • Growing multilocular cyst (mean diameter) OR • Multilocular cyst with increased loculation or new/increased opacity (nodular, ground glass, or consolidation)	
		Slow growing solid or part solid nodule that demonstrates growth over multiple screening exams (see note 8)	
4X	Estimated Population Prevalence: $< 1\%$	Category 3 or 4 nodules with additional features or imaging findings that increase suspicion for lung cancer (see note 14)	