

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ УЗБЕКИСТАН
САМАРКАНДСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ ИНСТИТУТ
ОБЩЕСТВО РАДИОЛОГОВ УЗБЕКИСТАНА



Международная научно-практическая
конференция

НОВЫЕ ТЕХНОЛОГИИ ЛУЧЕВОЙ ДИАГНОСТИКИ И ЛЕЧЕНИЯ

СБОРНИК МАТЕРИАЛОВ


5-6 мая 2022г., Самарканд

^{125}I
 $^{99\text{Tc}}\text{Co}$
 ^{223}Ra
 ^{177}Lu




Delving TO EMERGENCY

UJCR



UZBEK JOURNAL OF CASE REPORTS
2022, VOLUME 2, ISSUE 2



VOLUME 2
ISSUE 2
2022



of radiation diagnostics, after revealing the pathology of the prostate gland by ultrasound examination or its marker determination, are: X-ray, computed and magnetic resonance imaging.

The purpose of the study is to establish the diagnostic signs of prostate cancer based on the complex application of modern methods of radiological examination.

Material and research methods. As objects, living people were studied - patients with prostate cancer who were hospitalized in the Samarkand regional branch of the Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology (20), their medical documents (case histories), as well as the results of clinical and laboratory tests were analyzed. studies, data from morphological studies. All of them underwent high-resolution computed tomography of the pelvic organs.

Results. It has been established that the early radiation signs of prostate cancer are: echographic - a sharp local decrease in echogenicity in the peripheral part of the prostate gland; computed tomography - local decrease in density below 20 H11; magnetic resonance - reduction (approximation) of wateriness (density) of the local area of the prostate.

Magnetic resonance imaging of the prostate has the highest sensitivity (0.89) and specificity (0.78), and can be used as a

highly informative clarifying method that allows you to detail the nodular, focal, cystic formations of the prostate detected by ultrasound, as well as with suspected its malignant lesion in marker analysis, and with the greatest reliability to judge the spread of the tumor beyond the capsule of the gland.

Computed tomography has a lower sensitivity (0.79) and specificity (0.55), and can be used as a clarifying method for determining the prevalence of cancer within an organ, with T3-T4 cancer stage - to determine the degree of invasion and the prevalence of the process on paraprostatic organs, and with lesions of regional and iliac lymph nodes. Computed tomography does not visualize many inclusions and formations in the structure of the gland less than 3 mm in size.

Conclusions. Therefore, computed tomography and magnetic resonance semiotics of prostate cancer are detailed. CT and MRI data on the features of the structure of the prostate gland, with its malignant lesion, are compared with clinical and histomorphological ones. The role of computed tomography and magnetic resonance examination methods in early diagnosis and selection of the optimal treatment option for prostate cancer has been established. Radiation signs of early stages of prostate cancer were studied and histomorphologically verified.

REVEALING SYNONASAL CANCER BY COMPUTED TOMOGRAPHY

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Introduction. Imaging techniques are obtained primarily to determine the incidence of a tumor and its staging. The effect of the histological form on the spread of the spontaneous cancer is not clearly understood.

The aim. To explore the computer tomographic (CT) characteristics of various histological forms of synonasal cancer.

Materials and methods. The available data of preoperative multislice computer tomography of 86 patients with synonasal cancer were localized in the nasal cavity-13 and in paranasal sinuses-63. The histological confirmation of the squamous cell carcinoma were in 65 patients, undifferentiated cancer in 21 patients. In five patient there was confirmed IInd stage, in 81 patients — IIIrd and IVth stages of the disease was diagnosed.

Results. Squamous cell carcinoma and undifferentiated forms of synonasal cancer showed isodensal irregular masses and heterogeneous structure. There were no differences

in the average size of the images visualized on CT scans. The involvement of adjacent bones in the form of lysis was detected in all 20 patients (95% with undifferentiated cancer) in 55 of 65 patients with squamous cell sinonasal cancer (84.60%). Involvement in the form of bone erosions in 6 patients, whereas in the form of sclerosis and thickening of the bone in 3 patients, and the form of lysis in 52. Soft-tissue spread with undifferentiated cancer was more common. The defeat of soft tissue structures in the skull base and involvement of the nasopharynx was observed with undifferentiated cancer many times more often than with squamous cell carcinoma (13,4–28,0% and 6,5–18,7%, respectively).

Conclusion. By CT analyze, undifferentiated cancer of nasal cavity and paranasal sinuses recognizes itself with a tendency to more widespread involvement of adjacent structures and hence to a more aggressive course.

SURGICAL INTERVENTIONS FOR LIVER ECHINOCOCCOSIS

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Relevance. Liver echinococcosis (EP) is an important medical and social problem in the world, especially in endemic areas. Over the past 20 years, the incidence of echinococcosis has increased in Uzbekistan from 0.11 to 0.4 per 100,000 people, and in endemic areas (Samarkand, Ferghana, Navayinsky, Andijan regions, etc.) it is 1.8–9.1 per 100,000 population. In the Samarkand region, endemic areas for echinococcosis are Kushrabad, Nurabad and Urgut. To date, there is no consensus among specialists on the issues of diagnosis, treatment tactics for EP, and prevention of recurrence of the disease.

The aim of the work is to evaluate the immediate results of puncture-drainage, laparoscopic and laparotomic surgical interventions in patients with hydatid liver echinococcosis (HEP).

Material and methods. The analysis of the results

of examination and treatment of 108 patients with HEP, operated on in the clinic over the past 30 years, was carried out. There were men (43.5%), women — 61 (56.5%) at the age of 43.1 ± 5.4 years. Combined damage to the liver and lungs was in (6.2%) cases. One parasitic cyst was found in 59 (54.6%) patients, in 49 (45.4%) — 2 or more. The cyst was in the right lobe of the liver in 57 (53.1%) people, in the left lobe — in 26 (24.2%), right and left — in 25 (22.7%). The following examination methods were used: clinical and laboratory (with serological reactions to echinococcus), ultrasound, multislice computed or magnetic resonance imaging, laparoscopy. All 108 patients were operated on.

Results. The completeness of the elimination of the residual cavity depends on the radicalness of surgical intervention in EP. Laparoscopic access was used in 21 (19.2%) patients, laparotomy — in 62 (57.6%), puncture-drainage treatment

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