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НОВЫЕ ТЕХНОЛОГИИ ЛУЧЕВОЙ ДИАГНОСТИКИ И ЛЕЧЕНИЯ

СБОРНИК МАТЕРИАЛОВ

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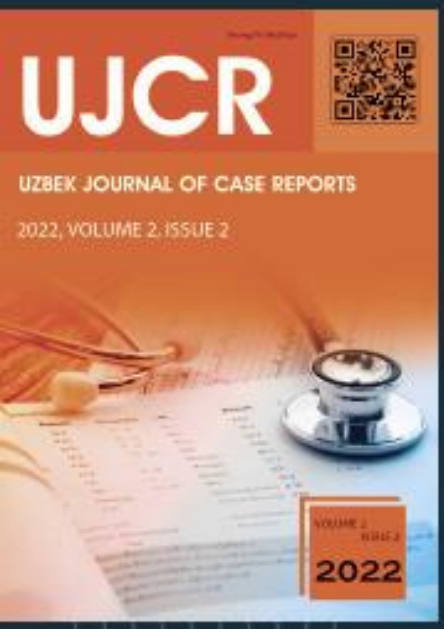

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СБОРНИК МАТЕРИАЛОВ
международной научно-практической конференции
«НОВЫЕ ТЕХНОЛОГИИ ЛУЧЕВОЙ ДИАГНОСТИКИ И ЛЕЧЕНИЯ»

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Materials and methods. One of the reasons for the high radiation dose in CT is the multi- phase study. To reduce radiation exposure, a method of simultaneous two-phase MSCT scanning was proposed. The method allows you to perform one scan, including the arterial and venous phases of contrast enhancement, due to the introduction of two boluses of a contrast agent (CM) at a certain time interval. The total amount of CA is determined at the rate of 1.5 ml/kg of the patient's body weight. Between bolus injections of the drug, a time delay is programmed so that the end of the infusion of the second bolus corresponds to the 60th second from the start of the first injection. The first bolus (2/3 of the total CV volume) provides an image corresponding to the venous phase of contrast enhancement, the second (1/3 of the volume) - arterial.

Results. The technique was tested on 180 patients with various oncological diseases, each of which underwent a standard two-phase CT scan of the abdomen and a study according to the developed protocol with an interval of no more than 6 months. Densitometric characteristics were compared in the aorta, portal vein, liver, spleen, kidneys, pancreas, radiation doses were compared, tumor response was assessed in accordance with RECIST 1.1 criteria.

Differences in the corresponding values of radiological density of parenchymal organs and aorta between the venous-arterial (VAF), arterial (AF) and portal (PF) phases were statistically significant (p0.05).

With CT according to the proposed scanning protocol, the reduction in radiation dose was 49.3±0.6% (standard study 13.7±2.7 mSv , veno-arterial – 6.9±1.3 mSv).

Conclusions. The study in the VAF made it possible to evaluate the response of the tumor process to treatment, invasion into blood vessels and organs. In 96 cases, the response was regarded as stabilization, in 38 - progression, in 36 - partial response, in 10 - complete response.

Thus, the method of simultaneous biphasic venous-arterial MSCT scanning allows obtaining a combined image that combines the features of the arterial and venous phases of the study, and can be used as an alternative to a two-phase study in the process of dynamic monitoring of cancer patients.

NEFROBLASTOMA KASALLIGI NUR DIAGNOSTIKASIDAGI MUAMMOLAR.

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Kirish: So'nggi yillarda radiologiyada standartlashtirilgan radiologik protokollarni yaratish va klinik sinovdan o'tkazishga ko'proq e'tibor qaratilmoqda. Vilms o'smasi va uning tarqalish bosqichini aniqlashda nur tashxisi usullari ajralmas hisoblanadi. Nefroblastomalarni tashxislash sohasida zamonaviy tibbiy tasvirlashning barcha yutuqlariga qaramasdan, jarayonning III-IV bosqichlari bo'lgan bolalarning ulushi juda yuqori. Nefroblastomani aniqlash ko'pincha kech bo'ladi, chunki klinik belgilar faqat keyingi bosqichlarda o'simtadan shubhalanishga imkon beradi. So'nggi yillarda nefroblastomaning nur tashxisida hal etilmagan muhim muammolardan biri bu o'tkazilgan tadqiqotlarni tahlil qilish uchun yagona standartlarning yo'qligi, diagnostika xatolariga, terminologik chalkashliklarga, onkologlar va rentgenologlar o'rtasidagi tushunmovchiliklarga olib keladi. Biroq, hozirda tadqiqotlar sifati va ularning tavsifi muammosi birinchi o'ringa chiqadi.

Maqsad: Nefroblastoma bilan og'rigan bemorlarda KT tekshiruvlarini tavsiflash va xulosa qilish protokollarini tahlil qilish.

Materiallar va usullar: Ixtisoslashgan onkologik muassasalarda nefroblastoma bilan kasallangan 84 nafar bemorda o'tkazilgan KT tekshiruvlarini tavsiflandi va xulosa protokollarini tahlil qilindi.

Natijalar: Nefroblastoma bilan og'rigan bemorlarda KT protokollarini o'rganish vizualizatsiya belgilarining tavsifiga tizimli yondashishning yo'qligini, erkin matnda taqdimotning o'zboshimchalik uslubini ko'rsatdi, shuning uchun tavsiflar format va mazmun jihatidan juda xilma-xil edi.Protokollarining 80% da nefroblastomaning dastlabki lokalizatsiyasiga qarab, potentsial o'sma invaziyasining asosiy anatomik nuqtalarining to'liq tavsifi yo'q edi. Protokollarining barcha xulosalarida o'simtaning mahalliy tarqalishining T-bosqichlari yo'q edi. Retroperitoneal limfa tugunlarining metastatik belgilarini aniqlashda tarqalishning lokalizatsiyasi va tarqalishi har doim ham ko'rsatilmaydi, bu jarayonning mintaqaviy tarqalishining N-bosqichini aniqlashni qiyinlashtirdi. Qo'shni tuzilmalarga o'sib kirish belgilarining tavsiflarida o'sma chegaralarini to'g'ri xaritalash uchun ba'zi tafsilotlar etishmayotgan edi, bu esa davolash taktikasi va operatsiyalar hajmiga ta'sir qilishi mumkin.

Xulosa: Nefroblastoma bilan og'rigan bemorlarda KT tavsiflarining tahlil qilingan protokollarida o'simta jarayonining tarqalishi to'g'risida tasvirlash ma'lumotlariga ko'ra taqdim etilgan ma'lumotlarning etarli emasligi sababli T-N-bosqichini aniqlash qiyin edi.

NEW STRATEGY FOR SURGICAL TREATMENT OF LIVER ECHINOCOCCOSIS

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From December 2011 to May 2021, 185 patients with liver echinococcosis were operated on at the Department of 1-Surgical Diseases of the Samara State Medical Institute. More than 70% of patients had a history of non-radical surgical treatment. 75 patients (40.5%) had obstructive jaundice on admission. In 130 patients (70.3%), parasitic invasion into adjacent structures and organs was detected. 27 patients had resectable forms of echinococcosis (standard liver resections were performed (anatomical resections, extended hemihepatectomy)). 119 patients had borderline resectable forms of echinococcosis, of which 9 patients underwent extended liver resections according to the ALPPS technique (Associated Liver Partition and Portal vein ligation for Staged hepatectomy), due to the small volume of the residual liver lobe (FLR - future liver remnant), of which 4 with resection and plasty of the portal vein, 1 with resection and plasty of the portal and left hepatic veins, 1 patient with autotransplantation of the left lobe of the liver and plasty of the inferior vena cava with a PTFE conduit during the second stage of the operation under conditions of total vascular isolation; 76 patients underwent extended liver resections with resection and plasty of the great vessels (35 patients underwent resection and plasty of the portal vein, 10 patients underwent resection and plasty of the inferior vena cava, 2 patients underwent resection and plasty of the hepatic veins, 4 patients underwent resection and plasty of the hepatic artery, 24 patients underwent multivascular resections, 1 patient underwent resection of the celiac trunk; 34 patients underwent extended liver resections under conditions of complete vascular isolation of the liver (liver autotransplantation) in various variants (4 patients underwent extracorporeal hypothermic extended liver resection and liver autotransplantation in the ex vivo (ex situ ex vivo),