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# НОВЫЕ ТЕХНОЛОГИИ ЛУЧЕВОЙ ДИАГНОСТИКИ И ЛЕЧЕНИЯ

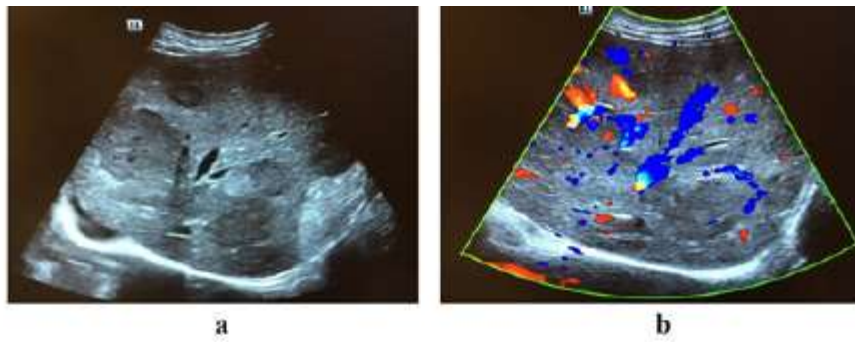
СБОРНИК МАТЕРИАЛОВ

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1 rasm.  
Gepatosellular rak: a – B rejimda, b – rangli doppler rejimida

hujayralari raki, hepatoblastoma, sistadenokartsinoma) ni aniqlash mumkin.

**Tadqiqot obyekti va predmeti.** Jigar tekshiruviga kelgan 17 ta bemor: shularning 8 tasi jigar gepatozi, 2 tasi gepatosellular rak, 4 tasi jigar kista va yana 3 tasi gemangioma bilan kasallangan bemorlardir.

**Tadqiqot natijalari.** Jigar hujayralari raki tez o'sishi va og'ir asorati jigar o'smalarini o'z vaqtida tashxislash muammosini eng dolzarb masalalardan biriga aylantiradi. Jigarning o'choqli kasalliklarining keng qamrovli ultratovush diagnostikasi quyidagilarni o'z ichiga oladi:

- standart usul bo'yicha: jigar, o't yo'llari, oshqozon osti bezu va taloqni real vaqtda ultratovush tekshiruvi B rejimida xususiyatlarini baholash;

- qon tomirlari tuzilmalarini dupeks skanerlash: portal, taloq, yuqori tutqich, pastki kavak vena va jigar venalari,

umumiy jigar, taloq va yuqori tutqich arteriyalari qon oqimini sifat va miqdoriy baholash;

- rangli doppler tasviri yordamida jigar fokal massasi va atrofida qon oqimini impulsli doppler sonografiyasi bilan birgalikda o'rganish.

Tadqiqotlar davomida jigarning gepatosellular raki bilan og'rikan bemorlarni B rejimda va rangli doppler rejimlarida ultratovush tekshiruvi o'tkazildi (1 – rasm).

61 yoshli gepatosellular rak bilan og'rikan bemorda gipoxogenli, konturlari notekis, atrofida giperexogen halqali bir nechta hosila aniqlandi (1 a – rasm). Rangli doppler rejimida hosila atrofida xavfli o'smalarga xos bo'lgan kuchli vaskulyarizatsiya aniqlandi (1 b – rasm).

Xulosalar. UTT yordamida jigardagi kasalliklarni aniqlash imkoni kata, ammo o'smalarni xavfli darajasini aniqlash uchun gistologik biopsiya tahlillarini o'tkazish talab qilinadi.

#### KIMMERLE ANOMALIYASINING BO'YIN UMURTQALARI OSTEONXONDROZI BILAN BOG'LIQLIGI

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**Kirish.** Osteoxondroz bilan birgalikda bo'yin umurtqalarining ko'plab anomaliyalari organizmning umumiy holatiga salbiy fiziologik ta'sir ko'rsatadi. Qoida tariqasida, tug'ma struktura buzilishlari hamroh patologiya shakllanmaguncha o'zini namoyon qilmaydi. Shunday kasalliklardan biri Kimmerle anomaliyasidir (KA).

**Maqsad.** Kimmerle anomaliyasining bo'yin umurtqalari osteoxondrozi bilan bog'liqligi mavjudligini aniqlash.

**Metodlar.** 85 ta bemorda bo'yin umurtqalari kompyuter tomografiyasi o'tkazildi va bo'yin umurtqalari osteoxondrozi aniqlandi. Yosh guruhlari: 1-guruh: 21-30 yosh, 2-guruh: 31dan 40gacha, 3-guruh: 41-50 yosh, 4-guruh: 51-60 yosh, 5-guruh: 61-70 yosh, 6-guruh: 71 yosh va undan yuqori. Bo'yin umurtqalari kompyuter tomografiyasi GE-Optima 520 firmasining apparatida o'tkazildi.

**Natijalar.** Bo'yin umurtqasining 85 ta kompyuter tomogrammasidan 16,5% holatida birinchi bo'yin umurtqasining (C1) suyakli ulanishi Kimmerle anomaliyasi

aniqlandi (14 ta bemorda). Birinchi guruhga 11 ta bemor kirib, ulardan 1 nafarida Kimmerle anomaliyasi bo'lib, 9% ni tashkil etdi. Ikkinchi guruhda 26 kishi bo'lib, 5 kishida Kimmerle anomaliyasi bor edi, bu 19,2%.

3-guruh: 17 ta bemor, 3 kishida C1 ning suyakli ulanishi aniqlandi: bu 17,6%. 4-guruhda 16 kishidan 3 tasida C1 ning suyakli ulanishi aniqlandi, bu 18,8% ni tashkil etdi. 5-guruhda: 8 kishidan bittasida KA, bu 12,5% ni tashkil etdi. Katta guruhda tekshirilgan 7 kishidan bittasida KA bo'lib, 14,3% ni tashkil qiladi. Faqat 14 holatdan 3 tasida anomaliya bir tomonlama xarakterda edi.

**Xulosalar.** Foiz jihatdan Kimmerle anomaliyasi bo'yin umurtqalari osteoxondrozi (mehnatga layoqatli aholining asosiy qismi) bilan bir xil yosh guruhlarida aniqlandi, bu ma'lum darajada ushbu kasalliklarning bog'liqligini tasdiqlaydi, ehtimol ularning birgalikda uchrashi bemor sog'ligini yomonlashtiradi.

#### MAGNETIC RESONANCE IMAGING IN THE DETERMINATION OF BREAST CANCER

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**Actuality:** Over the past 10 years, there has been a marked increase in the use of magnetic resonance imaging (MRI) of the breast. Numerous studies have confirmed the improvement in cancer detection, diagnosis and assessment of response to therapy with breast MRI compared to mammography and ultrasound. Advances in technology,

targeted work on optimal scanning protocols, appropriate clinical applications and image interpretation are needed. Both potential benefits and harms need to be assessed in order to optimize the use of this imaging technique in individual cases.

**Aim:** Evaluation of the sensitivity of magnetic resonance

imaging in the diagnosis of breast cancer when used after mammography and ultrasound examination of the mammary glands.

**Methods:** The study group included 42 patients with non-palpable mammary gland masses, in whom mammography and ultrasound examination were performed and changes in the mammary gland were revealed. Magnetic resonance imaging was performed on a Philips device with a magnetic field power of 1.5 Tesla.

**Results:** The most frequently non-palpable lesions were diagnosed in the age group 48-63 years (63.0%), somewhat less often in the age group 34-47 years (24.9%), in patients in the age group 64-70 years old at 12.1%. All non-palpable

breast tumors detected for the first time were subjected to morphological verification. With the complex use of mammography, sonography, magnetic resonance imaging and biopsy data, the diagnosis was established in 100% of patients. Magnetic resonance imaging with contrast enhancement did not reveal the dependence of sensitivity, specificity and accuracy on the density of breast tissue.

**Conclusion:** Magnetic resonance imaging is a highly sensitive diagnostic method for detecting changes detected by X-ray mammography and ultrasound examination of the mammary glands.

**Key words:** breast cancer, diagnostics, magnetic resonance imaging, X-ray mammography, sensitivity.

### MAGNETIC RESONANCE IMAGING IN THE DIFFERENTIAL DIAGNOSIS OF LIVER TUMORS IN CHILDREN

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**Relevance.** Primary liver tumors account for 5-6% of all abdominal neoplasms in children, of which 70-75% are malignant. Up to 70% of children are admitted to specialized institutions with advanced tumors. Differential diagnostic characteristics of liver tumor lesions based on magnetic resonance imaging data allow planning timely and necessary surgical treatment.

**Objective of the study.** To show the main differential diagnostic criteria of liver tumors in children according to MRI.

**Materials and methods.** Data of 55 patients aged from 4 months to 14 years (median age of 3.1 years) with various liver tumors were included in the work. All patients underwent abdominal MRI on the device with a magnetic field strength of 1.5T with modification of standard contrast-enhanced sequences and MR cholangiography. The MRI data were used to assess the presence and localization of focal liver masses, the anatomy and involvement of hepatic vascular structures, and to determine quantitative liver indices.

**Results.** Malignant tumors were detected in 39 children (71%). Hepatoblastoma was diagnosed in 34 children (62%), which on MRI was presented as a solid mass often revealed as a multifocal lesion with signs of hypervascularization and the presence of decay sites in the central parts. Hepatoblastoma staging was determined based on tumor spread according to PRETEXT. Pretext stage I with involvement of one sector of the liver was determined in 2 cases (6%), which allowed anatomic resection. Pretext stage II was determined in 4 (11%) observations, which allowed right-sided hemihepatectomy (RHHE) to be performed in 3 patients and left-sided hemihepatectomy (LHHE) in one child. In 22 (65%) cases the Pretext III stage was determined with extended PHGE in 11 patients, with additional resection of 1 segment in 6 patients, LGE - in one patient. Two-stage surgery with RPGE was performed in one case due to insufficient volume of the remaining part of the liver. Extended LGE was performed in 3 patients. Pretext IV was diagnosed in 6 (17%) observations with bilateral resection, RPGE with resection of 1 and 3 segments was performed in one patient.

Transplantation of liver fragments from a living related donor was performed in 3 patients - LLS transplantation was performed in two patients, right lobe transplantation in one patient. Hepatocellular carcinoma (HCC) on MRI scans is defined as a heterogeneous mass with a predominant soft tissue component, with diffuse accumulation of contrast in the arterial phase and sufficiently distinct contrast in the pseudocapsule. HCC was detected in 2 patients (3.5%), based on the MRI data an extended PHGE was performed. In 3 (5.5%) cases fetal sarcoma was detected by MRI, which was represented by massive cystic masses, with a thick wall with the presence of hemorrhagic substrate and degeneration. In two cases, after a course of chemotherapy, resection of 4,5,8 liver segments and RPGE were performed. Benign tumors were diagnosed in 16 patients (29%). Hemangiomas of the liver, represented mainly by fluid masses with typical centripetal type of contrast accumulation, were detected in 4 (7%) observations. Focal nodular hyperplasia (FNH) was detected in 6 (11%) observations, in the water of multifocal neoplasms of minimally altered MR signal on native tomograms, with active uniform contrast accumulation in the arterial phase and rapid washout in the portal phase. Four (7%) children showed a mesenchymal hamartoma reaching a large size, without evidence of invasion of surrounding tissues. In contrast to sarcoma, tumors of this group were represented by solid component mainly due to fibrosis areas, cystic component with the presence of thin septa moderately accumulating contrast agent. In all cases of mesenchymal hamartomas, even at large tumor sizes with spreading to the pelvic cavity, anatomical resection of the liver was carried out. Hepatocellular adenoma (HCA) was diagnosed in two (3.5%) patients, represented by a soft tissue mass with rather clear even contours, often with hemorrhage.

**Conclusions.** Contrast-enhanced MRI and diffusion-weighted images enable differential diagnostics between malignant and benign tumors and planning of liver resection on the basis of quantitative and qualitative assessment of the liver parenchyma state.

### MAGNETIC RESONANCE PICTURE OF PROSTATE CANCER

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**Introduction.** Magnetic resonance imaging (MRI) is a highly informative imaging modality, but is not currently recommended for detecting recurrence of prostate cancer (PC) after external beam radiation therapy for localized PC.

**Purpose of the study:** to study the magnetic resonance picture of changes in the prostate gland in patients with localized prostate cancer after radical radiation therapy.

**Materials and methods.** Studied and compared with the data of clinical and histological studies of a series of tomography in 20 patients with prostate cancer before and after radiation therapy. MRI used standard sequences (T2-weighted images, diffusion-weighted images, dynamic contrast enhancement).

**Results.** In all patients before irradiation, prostate cancer