

Role of Magnetic Resonance Imaging in evaluation of Ovarian Tumors

Thesis

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For their warm affection, patience, encouragement, and for always being there when I needed them

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List of Abbreviations

ADC: Apparent Diffusion Coefficient

BOT: Border line Ovarian Tumors

Cho : Choline Cr : Creatine

CT : Computed tomography

DCE-: Dynamic contrast Enhanced

MRI

DW: Diffusion-weighted

DWI : DIFFUSION weighted imaging

EADC: Exponential Apparent Diffusion Coefficient

FIGO: Fedetration International Gynaclolgy,

Obestetric

FIGO: The International Federation of Obstetrics and

Gynecology

FLASH: Fast low angle shot

FOV : False Negative : Field of view

FOV : Field of view FP : False positive

FSE: Fast SPIN ECHO

FSE : Fast Spin Echo

GCT : Granulosa cell tumors

Gd : Gadolinium

HASTE: Half-Fourier single shot turbo spin echo

HCG: Human chorionic gonadotrophin

MR : Magnetic Resonance

MRE : Maximum Relative Enhancement

MRI : Magnetic Resonance Imaging

SList of Abbreviations &

MRS : MR spectroscopyNAA : N-acetylaspartate

NPV: Nigative Predictive Value

PET: Positron Emission Tomography

ppm : Parts per million

PPV : Positive predictive value

PRESS: Point-resolved spectroscopy in the steady state

ROI : Region of interest

Rt: Right

SE : Spin echoSE : Spin Echo

SI : Signal intensity

SNR : Signal-to-noise ratioSPGR : Spoiled gradient-echo

STEAM: Stimulated echo acquisition mode

STIR : Short T1 inversion recovery

T1WI : T1 weighted images.T2WI : T2 weighted images

TE: Echo TIME

TI : Inversion timeTN : True Negative

TNM: Tumor, nodal and metastatic staging

TP : True positive
TR : Repititon Time
TR : Repetition time
TV U/S : Trans vaginal u/s

US : Ultrasound

USPIO: Ultrasmall superparamagnetic iron oxide

WHO: World Health Organization

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Abstract

The purpose of this study is to demonstrate the value of magnetic resonance imaging for the diagnosis of ovarian tumors, and to discuss the accuracy of MRI in this setting.

This study was performed on 20 female patients and conducted in the Ain Shams hospital patients. All cases were referred from the gynecology department to the radiology department as ovarian masses based on U/S study for pelvic MR. The twenty (20 cases) were pathologically proved.

In our study the sensitivity of MRI was 90.0%, the specificity was 80.0%, and the accuracy was 85.0% for ovarian mass characterization.

In conclusion MRI, is highly accurate for identifying the origin of a mass and characterizing its tissue content, obviating surgery. Better results are achieved by combining DWI with the conventional MRI.

Key words: MRI, ovarian masses, pathological diagnosis.