

Role of Multiparametric MRI in Characterization of Hepatocellular Carcinoma

Thesis

Submitted for partial fulfillment of M.D. Degree in Radiodiagnosis

By

Anas Abd El-Azem Mohamed Mohamed

M.B.B.Ch., M.Sc Radiodiagnosis - Ain-Shams University

Under The Supervision Of

Prof. Dr. Hesham Mahmoud Ahmed Mansour

Professor of Radiodiagnosis Faculty of Medicine - Ain Shams University

Prof. Dr. Rania Ali Maarouf

Assistant professor of Radiodiagnosis Faculty of medicine - Ain Shams University

Dr. Gamal Niazi

Lecturer of Radiodiagnosis
Faculty of medicine-Ain Shams University

Faculty of Medicine Ain-Shams University 2015





وقل اعملوا فسيرى الله عملوا عملكم ورسوله والمؤمنون



سورة التوبة رقم الأية ٥٠٥





First and foremost, thanks are due to Allah, the most Beneficent and Merciful.

I am indebted to my parents and dedicate this work to their souls; God bless their Souls and have mercy on them.

I am so grateful and most appreciative to the efforts of **Prof. Dr. Hesham Mahmoud Ahmed Mansour**, Professor of Radiodiagnosis, Faculty of Medicine-Ain Shams University, No words can express what I owe him for his endless patience and continuous advice and support.

I wish to express my great thanks to **Prof. Dr. Rania**Ali Maarouf, Assistant professor of Radiodiagnosis, Faculty
of medicine-Ain Shams University, for her kind assistance
and guidance.

I wish to express my deep gratitude and respect to **Dr. Gamal Niazi**, Lecturer of radio-diagnosis, Faculty of medicine-Ain Shams University, for his valuable advices, continuous encouragement, judicious guidance and kind support at this study.

I am indebted to my family, my friends and my colleagues for their endless and continuous help and support.



Eist of Contents

Title	Page
• Introduction and aim of the	study1
• Chapter 1: - Anatomy of the Liver.	4
• Chapter 2: - Pathology & Epiden Carcinoma.	niology of Hepatocellular 25
• Chapter 3: - Principles and Tectechniques.	chnical aspects of MR
	69
• Chapter 6:	77
- Illustrated cases • Chapter 7:	
• Summary and Conclusion	159
ReferencesArabic Summary	

Eist of Abbreviations

2D	Two dimentional.
3D	Three dimensional.
AASLD	American Association for the Study of Liver Diseases.
ADC	Apparent diffusion coefficient.
AFP	Alpha feto-protein.
AJCC	American Joint Committee on Cancer
APS	Arterio-portal shunts.
ART	Arterial.
BBEPI	Black-blood echoplanar imaging.
BCLC	Barcelona Clinic Liver Cancer
СНА	Common hepatic artery.
CT	Computed tomography.
DCE-MRI	Dynamic contrast enhanced- magnetic resonance imaging
DEL	Delayed
DNs	Dysplastic nodules.
DSC-MRI	Dynamic susceptibility contrast- magnetic resonance imaging.
DW	Diffusion weighted.
DWI	Diffusion weighted imaging.
EPI	Echo planner imaging.
FIESTA	Fast imaging employing steady state acquisition sequence.

FOV	Field of view.
FRFSE	Fast recovery fast spin echo.
FSE	Fast spin echo.
FSPGR	Fast spoiled gradient.
Gd-DTPA	Gadolinium-diethylenetriamine pentaacetic acid.
Gd-EOB-DTPA	Gadolinium ethoxybenzyl diethylenetriamine pentaacetic acid
GRE	Gradient recalled echo
HA	Hepatic artery
НСС	Hepatocellular carcinoma
HCV	Hepatitis C virus
IP	In-phase
LAVA	Liver Acquisition with Volume Acquisition.
LI-RADS	Liver Imaging-Reporting And Data System
ME	Maximum enhancement
MIP	Maximum intensity projection.
MRE	Maximum relative enhancement
MRI	Magnetic resonance imaging.
ms millisecond	
NEX	Number of excitations.
OP	Out-of-phase.
PACS	Picture archiving and communication system
PET	Positron-emission tomography
PI	Parallel imaging.
PST	Performance status test

PV	Portal vein
RE	Relative enhancement
RES	Reticuloendothelial system
RNs	Regenerative nodules.
ROI	Regions of interest
s/mm ²	Second per square millimeter.
Sat	Saturation.
SE	Spin echo.
SI	Signal intensity.
SNR	Signal to noise ratio.
SPIO	Superparamagnetic iron oxide.
SSTSE	Single shot turbo spin echo.
T	Tesla.
TE	Echo Time
THRIVE	T1-weighted high resolution isotropic volume examination.
TR	Repetition time
True-FISP	True fast imaging with steady state precession
TSE	Turbo spin echo.
TTP	Time to peak
US	Ultrasound
VIBE	Volumetric interpolated breath hold examination.

Eist of Figures

Figure	Title	Page
	Anatomy of the Liver	
1.1	Diagram showing the segmentation of the liver	6
1.2	Diagram showing the segmentation of the liver	7
1.3	Diagram showing the relations of the hepatic artery, bile duct and portal vein to each other in the lesser omentum: anterior aspect	9
1.4	Diagram showing the normal anatomy of the celiac Artery	9
1.5	Diagram showing the portal vein and its tributaries	10
1.6	Diagram showing the normal anatomy of the portal-venous system	11
1.7	Normal portal venous anatomy. 3D CT portography and oblique MIP image from gadolinium-enhanced 3D MRI imaging	11
1.8	Coronal MIP image from contrast enhanced MR imaging shows variant anatomy of the portal vein	12
1.9	Diagram shows that the arterial and venous supplies to the liver	13
1.10	Diagram showing the arrangement of the hepatic venous territories	14
1.11	Diagram showing the anatomy of the biliary system	17
1.12	Axial image T1 and T2 weighted plain images showing the normal orientation oh hepatic veins	19

1.13	MR post-contrast. Segmental anatomy of the liver	19
1.14	Normal MR Liver signal intensity in T1 and T2 weighted images	21
1.15	Coronal reformat shows the relationship among the hepatic segments	21
1.16	Segmental anatomy of the liver according to Couinaud and Bismuth	22
1.17	Sagittal MR images of the liver showing the inferior vena cava in its entire length	23
1.18	Coronal MR image of the liver best demonstrating relations of the liver	24
1.19	MR post-contrast (true-FISP, FIESTA) segmental anatomy of the liver	24
	Pathology and Epidemiology of HCC	
2.1	Histopathological section showing trabecular HCC	29
2.2	Histopathological section showing pseudoglandular HCC.	29
2.3	Drawing illustrates the concept of stepwise carcinogenesis of HCC in cirrhosis	37
2.4	Cirrhosis, morphology of the liver, drawings	38
2.5	Cirrhosis, morphology of the liver, MRI findings from six different patients.	38
2.6	Cirrhosis, confluent fibrosis, MRI findings	40
2.7	DN-HCC transition in a patient with hepatitis C for >20 years, MRI findings	42
2.8	DN-HCC transition, follow-up MRI	42
2.9	HCC, cirrhosis, small, typical MRI findings	44
2.10	HCC, cirrhosis, small HCC without a capsule, slightly larger HCC with a tumor capsule, MRI findings	46

2.11	HCC, cirrhosis, mid-size HCC, MRI findings	46
2.12	HCC, cirrhotic liver, nodule-in-nodule, MRI findings	48
2.13	Algorithm for investigation of small nodules found on screening in patients at risk for HCC	51
Principles and Technical aspects of MR techniques		
3.1	Typical MR imaging examination of the liver	57
3.2	Hepatocellular carcinoma, MR findings	63
3.3	DCE-MRI for HCC	68
	Illustrated cases	
Case 1	Diagnosis: HCC	107
Case 2	Diagnosis: hemangioma	110
Case 3	Diagnosis: HCC	113
Case 4	Diagnosis: AP shunt and confluent hepatic fibrosis	116
Case 5	Diagnosis: Two hemangioma lesions and one HCC lesion	121
Case 6	Diagnosis: Multinodular HCC	133
Case 6 Case 7	Diagnosis: Multinodular HCC Diagnosis: Hepatic dome HCC and multiple benign regenerative nodules	133
	Diagnosis: Hepatic dome HCC and	