شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها

علي هذه الأفلام قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأفلام بعيدا عن الغبار

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بالرسالة صفحات لم ترد بالاصل

DIFFERENTIAL DIAGNOSIS OF CERVICAL LYMPHADENOPATHY: USEFULNESS OF ULTRASONOGRAPHIC MODALITIES

Essay

Submitted in Partial fulfillment of master's degree in Radiodiagnosis

By

Sherin Mahmoud Nabil Talaat

M.B., B. Ch.

Under the supervision of

ASSISTANT PROF. DR. LAILA HOSNI MAHMOUD

Ass. Prof. Of Radiodiagnosis

Faculty of Medicine

Ain Shams University

DR. MAHA MOHAMED ABD-EL RAOUF

Lecturer of Radiodiagnosis

Faculty of Medicine

Ain Shams University

Faculty of Medicine

Ain Shams University

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FIRST OF ALL, I WOULD LIKE TO PRAISE GOD, THE MOST GRACIOUS, MOST MERCIFUL, AND I AM INDEBTED TO HIS GENEROSITY, WHILE I TRY HUMBLY TO LEAD ON HIS PATH.

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DEDICATION

TO MY DEAR HUSBAND

&

MY FAMILY

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INTRODUCTION

The neck is formed of a large number of complex structures and for ease it is divided into 2 main triangles anterior and posterior triangles of the neck. The anterior triangle is further divided into 4 smaller triangles, the digastric, carotid, muscular and submental triangles.

Cervical lymph nodes are susceptible to a large number of pathologies such as infections, inflammations, benign, and malignant conditions.

Different imaging modalities are used for examination of the neck including the plain film, ultrasonography, angiography, computed tomography and magnetic resonance imaging.

Among these modalities, ultrasonography presents a safe, non-invasive and rapid technique in the diagnosis of cervical lymphadenopathy and can be assisted by the use of Doppler.

The Doppler spectral waveform might be different in lymph nodes involved by benign disease and those involved by metastases *(Choi-My., et al., 1995).*

We might be able to use color Doppler and power Doppler depending upon comparing the patterns of hilar vascularity, central nodal vascularity and peripheral vascularity. The highest resistive index and pulsatility index were measured from spectral waveform. High values for resistive and pulsatility