بسم الله الرحمن الرحيم

شبكة المعلومـــــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قـــسـم ﴾

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية تغيرات

يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %

بعض الوثائق الأصلية تالفة

بالرسالة صفحات

لم ترد بالأصـــل

TRANSRECTAL ULTRASONOGRAPHY IN DISORDERS OF THE SEMINAL VESICLES AND EJACULATORY DUCTS

Thesis

SUBMITTED IN PARTIAL FULFILLMENT OF MASTER DEGREE

IN DIAGNOSTIC RADIOLOGY

By

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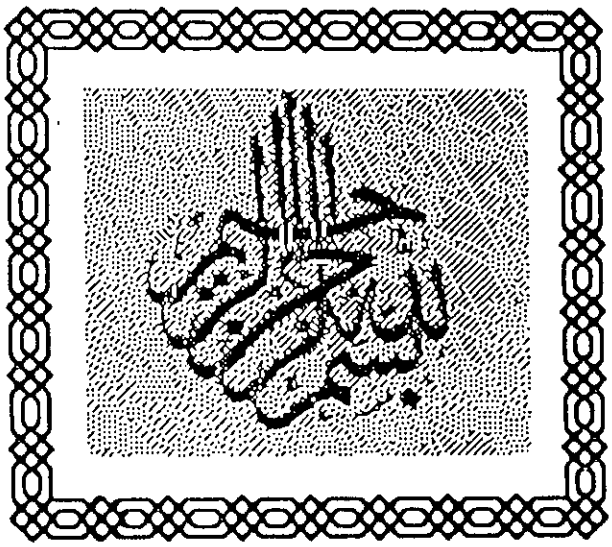
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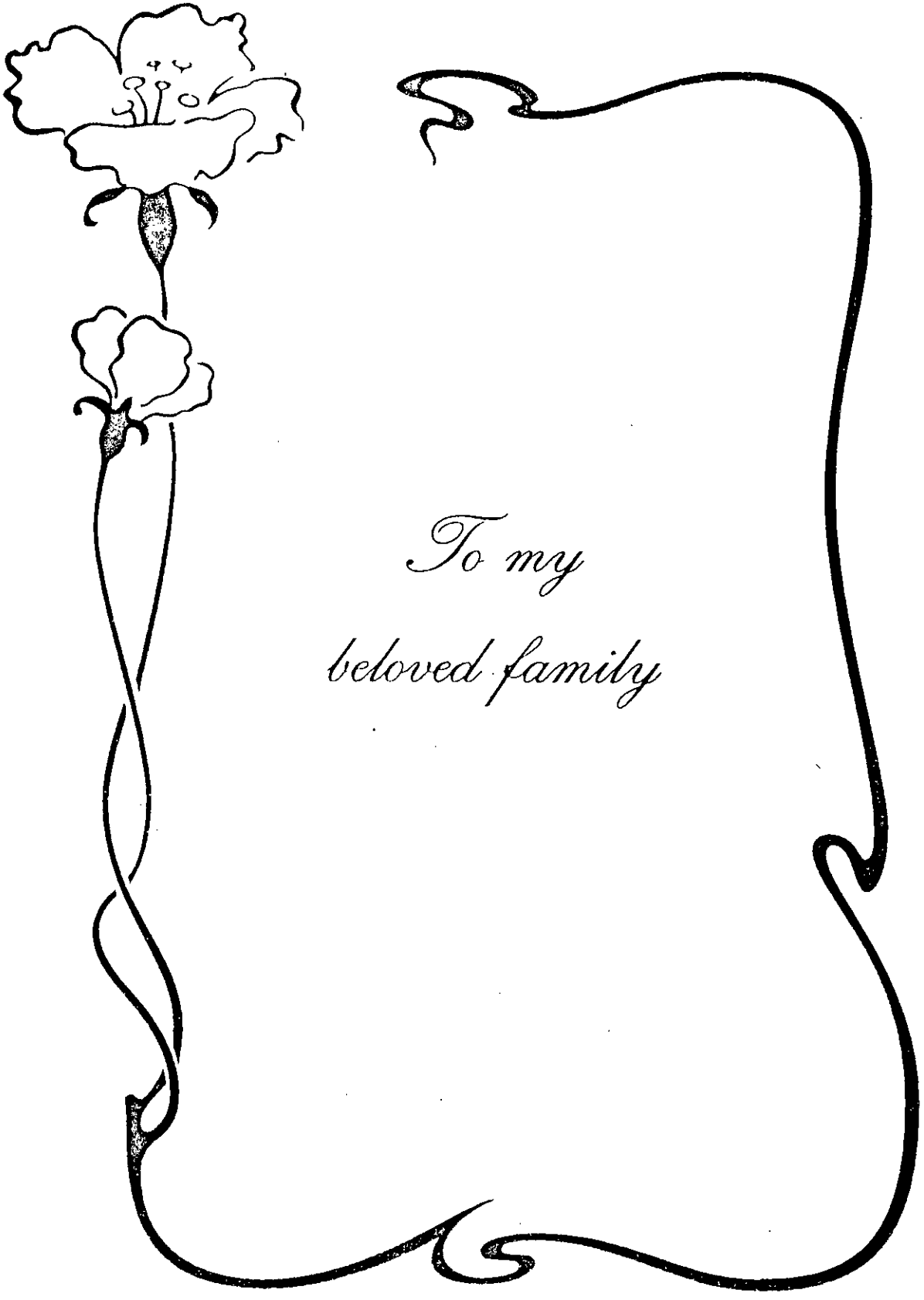

To my

beloved family

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Ayman M. Ismail

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INTRODUCTION

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Diseases of the seminal vesicles and ejaculatory ducts are seen rarely in general urologic practice. In the late 19th century, the seminal vesicles were believed to be the site of non-specific infection, and for a while seminal vesiculectomy was proposed as a treatment of many urologic symptoms (Palmer, 1986).

During this century, unusual and interesting congenital anomalies of the ejaculatory apparatus have been the subject of many single case reports, but there has been little interest in acquired pathology. The scarcity of information concerning diseases of the seminal vesicles may in part be attributable to the difficulties in clinical examination and investigation (Carter et al., 1989).

Clinical examination of the seminal vesicles and ejaculatory ducts is difficult and seldom diagnostic, apart from the finding of gross involvement by malignant disease from the prostate or bladder (Byar and Mostofi, 1972). The only other significant clinical finding is the rare detection of a boggy swelling from a distended seminal vesicle or a smooth cystic swelling of the prostate (Reiser and Griffin, 1964; Fischelovitch et al., 1975 and Elder and Mostwin, 1984).

Investigation of the seminal tract has relied traditionally on the invasive technique of vasography either by open exposure or by a fine needle placed through the scrotal skin (Abeshouse et al., 1954). However, imaging of the pelvic part is difficult, and attempts may be made to introduce contrast through a catheter placed in the ejaculatory duct orifice at urethroscopy (Hebert et al., 1971). This procedure is not only an invasive one but also is technically difficult.

Transrectal ultrasonography has now become widely available because of its well demonstrated values in the diagnosis and staging of prostatic cancer. In addition, the normal sonographic appearances of the seminal vesicles have been described by several authors (Tanahashi et al., 1975 and Brooman et al., 1981). Moreover, preliminary reports of the use of transrectal ultrasonography (TRUS) in the investigation of the infertile man have described the detection of a variety of abnormalities (Shabsigh et al., 1989 and Hellerstein et al., 1992). These reports have generally been enthusiastic about use of this imaging modality for the investigation of acquired disorders of the seminal vesicles and ejaculatory duct.

AIM OF WORK

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The aim of this work is to study the anatomical and pathological changes of the seminal vesicles and ejaculatory ducts by transrectal ultrasonography (TRUS) with clinical correlation.