



ROLE OF DIFFUSION WEIGHTED MAGNETIC RESONANCE IMAGING IN ASSESSMENT OF URINARY BLADDER CANCER

Thesis

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List of Abbreviations

<i>Abb.</i>	<i>Full-term</i>
ADC	Apparent Diffusion coefficient
AJCC	American Joint Committee on Cancer
CIA	Carcinoma in situ
CT	: Computed Tomography
CTU	: Computed Tomography Urography
DCE	Dynamic contrast enhancement study
DWI	: Diffusion Weighted Image
Fig.	: Figure
FOV	: Field of view
FSE	: Fat-saturated fast-spin echo
Gd	: Gadolinium
Gd- DTPA	: Gadolinium diethyl-triamine-pentaacetic
MIBT	: Muscle invasive bladder tumors
MRI	: Magnetic Resonance Imaging
MRU	: Magnetic Resonance Urography
NEX	: Number of excitations
NMIBT	: Non muscle invasive bladder tumors
PPV	:Positive predictive value
NPV	:Negative predictive value

PUC	plasmacytoid urothelial carcinoma
PUNLMP	: Papillary urothelial neoplasm of low malignant Potential
<i>Abb.</i>	<i>Full-term</i>
SCC	: Squamous cell carcinoma
SI	: Signal intensity
SLE	: Submucosal linear enhancement
SNR	: Signal to noise ratio
T1WI	: T1-weighted image
T2WI	: T2-weighted image
TCC	: Transitional cell carcinoma
TE	: Echo time
TR	: Repetition time
TSE	: Turbo spin echo
TURBT	: Transurethral resection of bladder tumor
UB	: Urinary bladder
US	: Ultrasound
USPIO	: Ultra small super paramagnetic iron oxide
VIBE	: Volumetric interpolated breathhold examination

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Introduction

Bladder cancer is a prevalent cancer worldwide, arising from the urothelium, which represents 3- to 7-cell mucosal layer within the muscular bladder. In North America, South America, Europe, and Asia, transitional cell carcinoma is the most common type, while squamous cell carcinoma (SCC) is the most common in developing nations.

It is closely related to exposure to particular pollutions, like Tobacco use which is the most common cause as well as exposure to substances in a number of occupations, like aromatic amines, diesel exhaust, petroleum products, solvents, organic chemicals, dyes (Beauticians, Dry cleaners, Painters, Paper production workers).

Schistosoma haematobium infection is considered a predisposing factor for most cases of bladder SCC in many developing countries, particularly in the Middle East.

Painless gross hematuria represents the most important symptom, in addition to irritative bladder symptoms such as dysuria, urgency, or frequency of urination which represents about 20-30% of the patients' complaints.

Prognosis of the tumor depends mainly on grade, depth of invasion, and the presence of carcinoma in situ (CIS) (*Hemdan, T. 2016*).

Post operative tumor relapse is reportedly 5–70%, mostly occurring within 2 years of surgery (*D.M. Koh et al., 2015*).

Cystoscopy and biopsy remains the gold standard tool for staging of the tumor due to its high sensitivity in diagnosis and the possibilities of treatment, **however** invasiveness, missing flat lesions and non visualization of extra-vesical tumor invasion represent the main defects (*Teama Atef H et al., 2014*).

Computed tomography (CT) and magnetic resonance (MR) imaging became the standard imaging work – up for diagnosis of urinary bladder cancer.

Magnetic resonance imaging has the upper hand in the staging of bladder carcinomas over CT because of its high soft-tissue contrast resolution, which allows clear differentiation between bladder wall layers (*S Verma et al., 2012*).

Aim of the Work

The aim of this work is to elucidate the role of diffusion-weighted imaging in T-stage of bladder cancer, to find correlation between the apparent diffusion coefficient (ADC) and histologic grade and to detect early tumor recurrence.

Urinary Bladder Anatomy

▪ Introduction:

The urinary bladder is a tetrahedral structure located within the pelvis, having base (fundus), neck, apex, a superior (dome) and two infero-lateral surfaces.(*Ginzburg et al., 2016*). It shows relation as shown in figures 1&2.

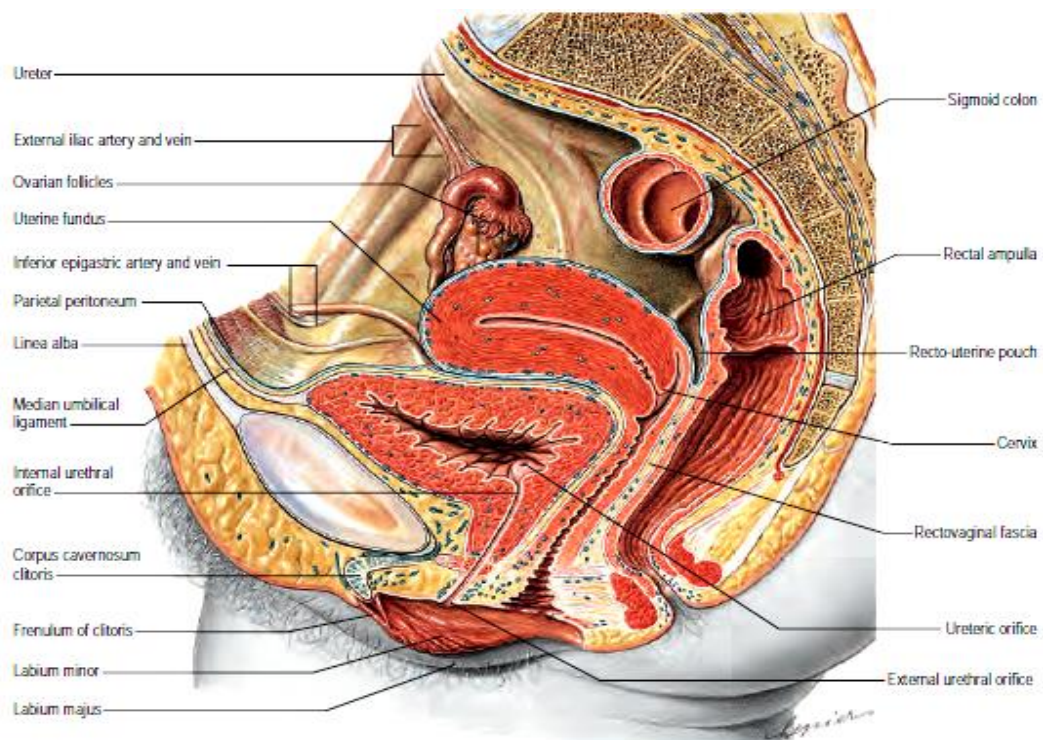


Fig (1): The relations of the female bladder, sagittal section of the pelvis (*Quoted from Ginzburg, 2016*).

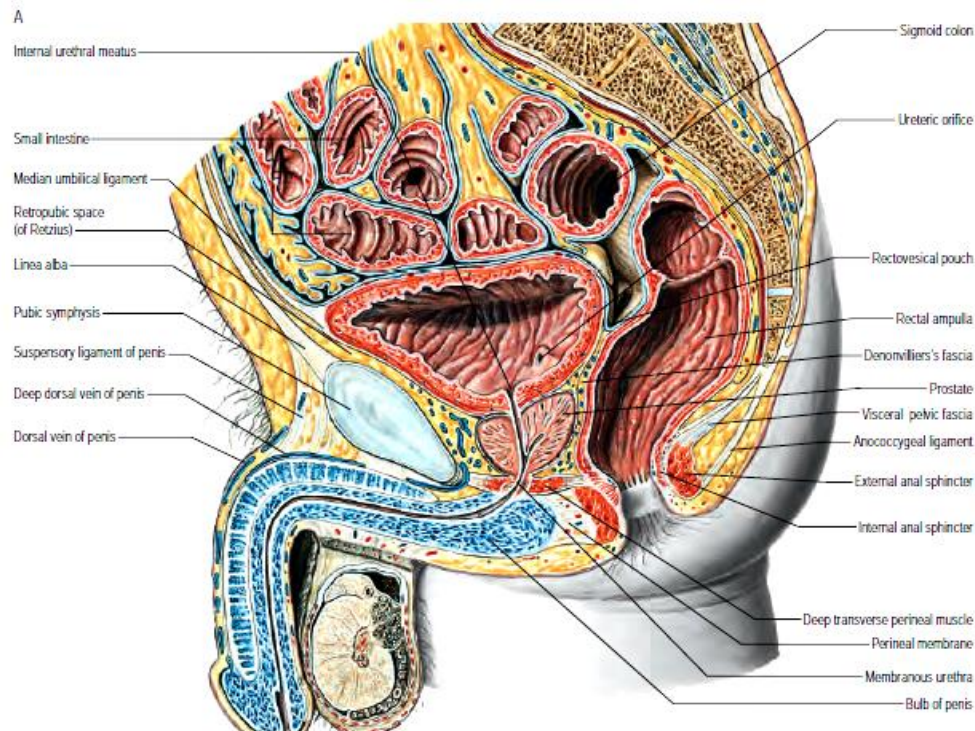


Fig (2): The relationship of the bladder and prostate: sagittal section, male pelvis (*Quoted from Ginzburg, 2016*).

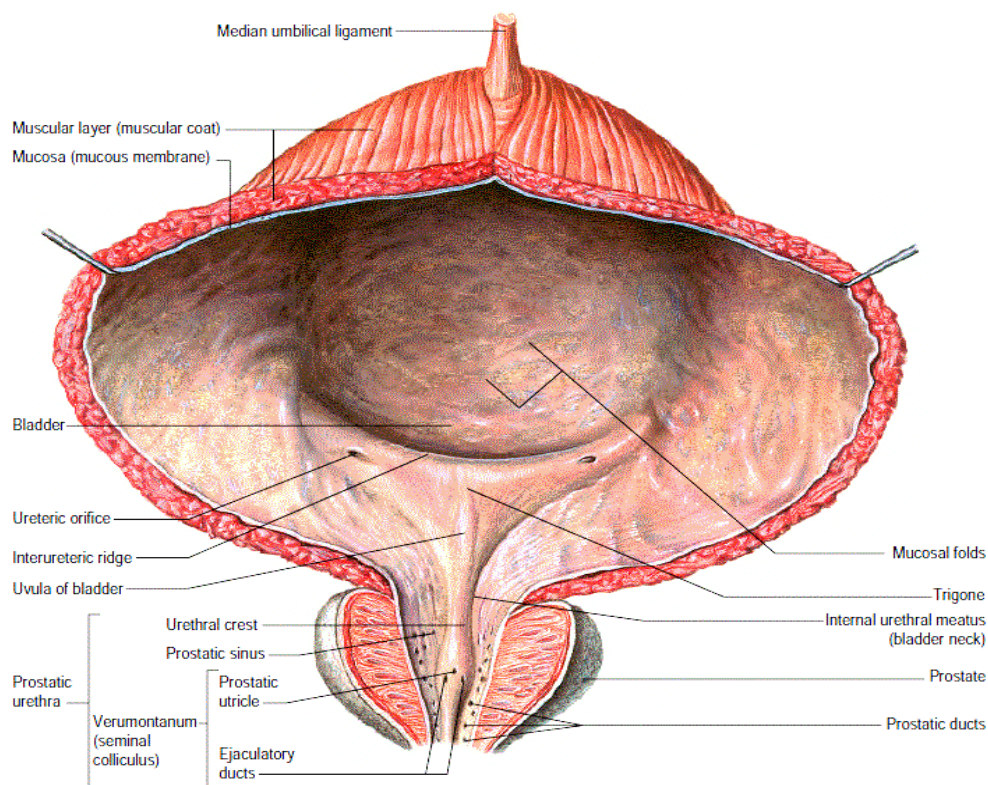


Fig (3): Coronal section of the urinary bladder in the male. The mucosal folds are dependent on the state of filling (*Quoted from Ginzburg, 2016*).