

بسم الله الرحمن الرحيم



-Call 4000





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة يعبدا عن الغبار













بالرسالة صفحات لم ترد بالأصل



Role of Diffusion Weighted MRI in Evaluation of Mediastinal Masses

Thesis Submitted for partial fulfillment of M.D in Radiodiagnosis

Presented by

Taher Essam Mostafa Ibrahim M.B.B.CH, M. Sc of Radiodiagnosis Faculty of Medicine - Ain Shams University

Supervised by

Prof. Dr. Yasser Ali Mohamed

Professor of Radiodiagnosis Faculty of Medicine - Ain Shams University

Dr. Remon Zaher Elia

Assisstant Professor of Radiodiagnosis Faculty of Medicine - Ain Shams University

Dr. Rasha Salah Eldin Hussein

Assisstant Professor of Radiodiagnosis Faculty of Medicine - Ain Shams University

> Faculty of Medicine Ain Shams University 2020

Role of Diffusion Weighted MRI in Evaluation of Mediastinal Masses

Taher E. Ibrahim, M.Sc, Yasser A. Mohamed, MD, Remon Z. Elia, MD, Rasha S. Hussien, MD

Radiology Department, Faculty of Medicine, Ain Shams University, Cairo, Egypt.

Corresponding Author: ; Taher Essam Mostafa Ibrahim Email: taheressam@gmail.com Tel. 01224880244

Abstract:

Purpose: Diffusion-weighted imaging is a fundamental tool integrated in MR protocols useful in differentiating benign from malignant mediastinal masses, assessing mediastinal lymphadenopathy and investigating central bronchogenic carcinoma. This method is an excellent alternative to CT or PET/CT in the investigation of mediastinal masses. Current applications of diffusion MRI in malignancies include monitoring the treatment response and detecting recurrent cancer.

Aim of the work: This study aims to assess the value of using MRI diffusion in differentiating benign and malignant mediastinal masses, differentiating central masses from post obstructive collapse and differentiating lymphoma versus sarcoidosis.

Patients and methods: This study included 30 patients; 16 males and 14 females in the period from June 2013 to July 2014. The mean age was 49.3 ± 16.85 (range: 22-82 years).

Cases were referred for MRI assessment and were approved by the ethical committee in our department. The complaints varied between dyspnea, chest pain, cough, hemoptysis, fatigue and loss of weight. A superconducting 1.5 T MRI machine with a four-channel body phased-array coil was used for the examination.

Biopsy and histopathological assessment was done after that.

Results: MRI examination with diffusion imaging was able to differentiate between benign and malignant mediastinal and hilar lesion confirmed by the biopsy and histopathology.

Conclusion: MRI with diffusion weighted images can detect and stage lung cancer, differentiate benign from malignant mediastinal masses and differentiate lymphoma from sarcoidosis in mediastinal/hilar lymphadenopathy.

Keywords: Diffusion-weighted (DW) MRI, mediastinal masses, benign and malignant lesions.

List of Contents

| Title | Page No. |
|----------------------|----------|
| List of Tables | i |
| List of Figures | ii |
| Introduction | 1 |
| Aim of the Work | 4 |
| Review of Litrature | 5 |
| Patients and Methods | 90 |
| Results | 95 |
| Discussion | 124 |
| Summary | 130 |
| Conclusion | 133 |
| Recommendation | |
| References | |
| Arabic Summary | |

List of Tables

| Table. | No. | Title | Page No. |
|--------|----------------------|---|----------|
| Table | (1): | Nodal Stations and Zones in the IASLC Ly | mph |
| | | Node Map | 20 |
| Table | (2): | Showing anatomical compartmentalization | of of |
| | | mediastinal mass lesions | 24 |
| Table | (3): l | Illustrates the TNM staging system for lung can | cer43 |
| Table | (4): \$ | Summary of patients' diagnosis | 96 |
| Table | (5): | ADC values in cases of central mass with | post |
| | | obstructive collapse | 97 |
| Table | | : Associated MRI findings in patients | |
| | | bronchogenic carcinoma | 99 |
| Table | (7): | Quantitative analysis of DW imaging of ly | mph |
| | | nodes in sarcoidosis and lymphoma | 101 |
| Table | (8): | Summary of ADC sensitivity and specificity | for |
| | | differentiating sarcoidosis and lymphoma | at |
| | | different cut off values | 102 |
| Table | (9): <i>A</i> | ADC measurements in thymoma, angiosarcoma | and |
| | | carcinoid | 104 |
| | | | |

List of Figures

| Fig. No | | Title | Page No. |
|----------|------------------|---|----------|
| Figure | (1): | Felson's mediastinal compartments (| lateral |
| C | | diograph) | |
| Figure | (2): H | eitzman's mediastinal compartments | 7 |
| Figure | (3): D | rawing illustrates the anterior mediastinum | n8 |
| Figure | (4): D | rawing illustrates the middle mediastinum | 9 |
| Figure | (5): D | rawing illustrates the posterior mediastinu | m11 |
| Figure | (6): Il | lustration shows the IASLC lymph node n | nap19 |
| Figure | (7): | (a, b, c and d) axial MRI image | es for |
| | de | monstration of structures of mediastinum. | 21 |
| Figure | (8): | (a) coronal (b) sagittal MRI image | es for |
| | de | monstration of structures of mediastinum. | 22 |
| Figure | (9): | Mediastinal goiter. (a)Coronal multi | planar |
| | re | construction CT scan demonstrates an ar | nterior |
| | m | ediastinal mass (*) arising from the the | hyroid |
| | m | ore superiorly. Note the cystic degene | eration |
| | W | ithin goiter. (b) Photograph of the re | sected |
| | su | rgical specimen shows a lobulated | and |
| | he | terogeneous appearance of the mass | 26 |
| Figure (| (10): A | A. Heterotopic mediastinal goitre. Sagittal co | ontrast- |
| | en | hanced CT scan demonstrates a well-c | lefined |
| | m | ass | 26 |
| Figure | (11): | Thymic lymphoid hyperplasia in a 41-ye | ar-old |
| | W | oman with clinical diagnosis of myas | thenia |
| | gr | avis. Non-contrast-enhanced CT scan sho | ows an |
| | er | larged thymic gland | 28 |
| Figure | (12) : | <i>a</i> – <i>c</i> Thymic hyperplasia in a 43-ye | ar-old |
| | W | oman | 29 |
| Figure | (13): | Axial (a) and coronal multiplanar reconstr | uction |
| | (b |) of a non-contrast-enhanced CT scan of | a 57- |
| | • | ar-old man allergic to iodine with a thyr | |
| | A | solid lobulated thymic mass | 32 |

| Fig. No. Title | Page No. |
|---|----------|
| Figure (14): Chest imaging shows heterogeneous cont | tents of |
| mediastinal teratomas. | |
| Figure (15): Nodular sclerosis Hodgkin lymphoma in | n a 44- |
| year-old woman. Frontal chest radiograph | |
| a large, well-defined mediastinal mas | |
| increased density (arrow) | |
| Figure (16): Axial T1-weighted MR image of a 16-y | |
| man with a solid, | |
| Figure (17): Axial non contrast CT scan that shows b | |
| subcarinal and hilar enlarged lymph nod | |
| case of sarcoidosis | |
| Figure (18): Computer tomography in the axial | |
| Figure (19): Duplication cyst in a 42-year-old asymptotic asymptotic for the state of the stat | |
| man. a Contrast-enhanced CT scan shows | |
| well marginated mass | 46 |
| Figure (20): MR scan demonstrating pericardia | |
| presenting as a large cystic mass in right a | = |
| hemithorax | |
| Figure (21): Lymphadenopathy | 48 |
| Figure (22): AP window lymphadenopathy | 49 |
| Figure (23): Paraspinal abscess. | |
| Figure (24): Descending thoracic aortic aneurysm: ax | |
| scan image shows a large aneurysm | of the |
| descending thoracic aorta, with large intral | luminal |
| thrombus | |
| Figure (25): Enhanced CT scan of the chest shows | |
| septated anterior mediastinal mass contain | • |
| calcification and bony elements | • |
| Figure (26): Contrast-enhanced CT scan reveals | a thin- |
| walled water-attenuation lesion | 52 |

| Fig. No. | Title | Page No. |
|---------------------|---|-------------|
| Figure (27) | : Contrast-enhanced CT scan reveals a mide | dle |
| | Mediastinal Mass (right atrial myxoma) | |
| | PET (a) and fused PET/CT (b) images showing | |
| 9 | .0-mm metastatic lymph nodes in left paraaor | tic |
| a | rea (straight arrows and arrowheads) in 7 | ' 0- |
| | rear-old man with stage T2 adenocarcinoma | |
| 10 | eft upper lobe | 57 |
| Figure (29) | : 14-year-old girl with lymphoma showi | ng |
| n | nultiple enlarged mediastinal and right cervi- | cal |
| 1; | ymph nodes are noted on CT | 59 |
| Figure (30): | Depiction of the diffusion of water molecules | in |
| i | ntracellular spaces across cell membranes, a | nd |
| e | xtracellular spaces | 62 |
| Figure (31) | : The inverse relationship of the speed | of |
| d | liffusion to the number of cells | 63 |
| Figure (32): | A-B: Diagram showing measuring water diffusi | on |
| a | ccording to Stejskal and Tanner 1965 experimen | t65 |
| Figure (33): | Visual lesion characterization with DWI | 68 |
| Figure (34): | Thymic non-Hodgkin lymphoma, | 72 |
| Figure (35): | MR and PET/CT images of a 39-year-old wom | nan |
| v | vith lung adenocarcinoma | 76 |
| Figure (36): | : Sagittal T2-weighted image shows extensi | ve |
| C | ollapse of left lung without clear definition | of |
| C | entral bronchogenic carcinoma borders. Note | he |
| p | resence of apical loculated pleural effusion | 77 |
| Figure (37): | (a) Axial CT scan showing a 7 mm lymph no | de |
| i | n the subcarinal position (arrow), with no sign | of |
| n | netastatic spread. (b) Axial T1 weighted | fat |
| S | aturation image showing enhancement of t | he |
| 1 | ymph node, suggesting metastatic disease | 80 |

| Fig. No. | Title Pa | ige No. |
|----------|---|---------|
| Figure | (38): (a) Axial balanced TFE shows a large right mediastinal mass (asterisk) with hiliar and prevascular lymph nodes (arrows) | |
| Figure | (39): Transverse black blood TSE T2-weighted image shows a large right pleural effusion with | |
| | secondary lung collapse | |
| Figure (| (40): Diffusion-weighted images with b values of 50 and 800 s/ mm2 and their corresponding (ADC) map in a 22-year-old patient with Hodgkin | |
| | lymphoma showing anterior mediastinal | |
| Figure | (41): Hodgkin disease, a 61-year-old man with multiple hilar and mediastinal lymphadenopathies. a) The lymphadenopathy in | |
| | station 4R | |
| Figure | (42): Non necrotic lymph nodes in a 40-year-old | |
| | woman with sarcoidosis, | 89 |
| Figure (| (43): Comparison of ADC values between lymphoma and sarcoidosis | |
| Figure | (44): (a) axial non contrast CT mediastinal window (b) coronal MR T2WI, (c) axial DWI, (d) ADC map, showing left central soft tissue mass lesion with post obstructive total lung collapse and left | |
| | pleural effusion. | 105 |
| Figure (| (45): Axial post contrast CT mediastinal window | 107 |
| Figure | (46): Axial inverted grey-scale high b-value PET- | |
| | like diffusion weighted MRI image at the lower | |
| | neck. | |
| Figure (| (47): (a) CT mediastina window, (b) axial DWI, (c) | |
| | axial inverted grey-scale high b-value PET- like | |
| | DWI, (d) axial ADC map | 111 |

| Fig. No. | Title | Page No. |
|-------------|--|----------|
| Figure (48 |): MRI chest (a) axial T2WI, (b) coronal T2W | VI, |
| | (c) diffusion weighted MRI image (d) invert | ed |
| | grey-scale high b-value PET- like diffusi | on |
| | weighted MRI image (e) | 112 |
| Figure (49 |): (a, b and c) axial T2 WIs, (d) DWI, (e) AI | OC |
| | map showing right hilar and right upper lobar se | oft |
| | tissue mass lesion as well as right paratrache | eal |
| | lymph nodes eliciting low T2 signal intens | ity |
| | with restricted diffusion. | 115 |
| Figure (50 |): MRI chest (a) axial T2WI, (b) axial DWI, | (c) |
| | inverted grey-scale high b-value PET- like DWI (d |)116 |
| Figure (51 |): MRI chest (a) axial T2WI, (b) axial DWI, | (c) |
| | inverted grey-scale high b-value PET- li | ke |
| | diffusion weighted MRI image (d) ADC m | ap |
| | showing anterior mediastinal prevascular | 118 |
| Figure (52 |): MRI chest (a) coronal T1WI, (b) axial T2V | VI, |
| | (c) diffusion weighted MRI image (d) ADC m | ap |
| | showing bilateral hilar and subcarinal mediasting | nal |
| | lymph nodes which are hypointense on T2 WI | 119 |
| Figure (53) |): (a) axial post contrast CT, (b) axial T2 weight | ed |
| | MRI image, (c) diffusion weighted MRI image | ge |
| | (d) ADC map | 120 |
| Figure (54) |): (a) axial non contrast CT, (b, c) axial T1 and | Γ2 |
| | WIs, (d) DWI, (e) inverted grey-scale high | b- |
| | value PET- like diffusion weighted MRI image. | 122 |
| Figure (55 |): (a) axial post contrast CT, (b) axial T2 WIs, (| (d) |
| | DWI, (e) ADC map showing right hilar a | nd |
| | posterior mediastinal soft tissue mass lesion was | ith |
| | calcific foci infiltrating right lung with eviden | ce |
| | of restricted diffusion | 123 |