

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

# بسم الله الرحمن الرحيم





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شبكة المعلومات الجامعية التوثيق الإلكتروني والميكرونيله



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# جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

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# The Role of Magnetic Resonance Imaging in Evaluation of Chemotherapy Induced Posterior Reversible Encephalopathy Syndrome in Cancer Patients

Thesis

Submitted for Partial Fulfillment of MD Degree of **Radiodiagnosis** 

By

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# Tist of Abbreviations

Abb.	Full term
17.0	1.00
	Apparent diffusion coefficient
	Acute disseminated encephalomyelitis
	One Way Analysis of Variance
	Catheter angiography
<i>CSF</i>	Cerebrospinal fluid
DW	Diffusion weighted
FOV	Field of view
<i>ITH</i>	Intrathecal
<i>JC</i>	John Cunningham
<i>MAP</i>	Mean arterial blood pressure
MRA	MR angiography
MRI	Magnetic resonance imaging
<i>MRP</i>	MR perfusion
NCI	National Cancer Institute
<i>NEX</i>	Number of excitations
<i>PML</i>	Progressive multifocal leukoencephalopathy
PRES	Posterior reversible encephalopathy
	syndrome
<i>ROS</i>	Reactive oxygen species
SPSS	Statistical Package for Social Science
SWI	Susceptibility-Weighted Imaging
<i>T1W</i>	Axial T1 weighted
T2*W	Axial T2* weighted
T2W	Axial T2 weighted
<i>TE</i>	Echo time
TR	Repetition time
<i>VEGF</i>	Vascular endothelial growth factor

## Introduction

osterior reversible encephalopathy syndrome (PRES) describes a usually reversible neurologic syndrome with a variety of presenting symptoms ranging from headache, altered mental status, seizures, and vision loss to loss of consciousness (*Bojan et al.*, 2011).

The term describes a potentially reversible imaging appearance and symptomatology that is shared by a diverse array of causes including: hypertension, eclampsia and immunosuppressive medications preeclampsia, cyclosporine, various antineoplastic agents, thrombocytopenic syndromes, Henoch-Schönlein purpura, hemolytic uremic Angiopathy, Amyloid systemic syndrome, lupus erythematosus, and various causes of renal failure (Khan et al., *2018*).

As PRES is being increasingly identified within the oncology population. Numerous medications linked to PRES can include traditional cytotoxic chemotherapeutics (e. g., cisplatin, cyclophosphamide, and high-dose corticosteroids), newer agents that target the vascular endothelial growth factor pathway (e. g., bevacizumab, sunitinib, and pazopanib), and supportive care mediations (e. g., granulocyte colony stimulating factors and erythropoietin) (*Crona and Whang*, 2015).