

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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Diagnostic role of PET CT in hepatocellular carcinoma compaired with triphasic CT imaging

Thesis

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List of Contents

Title	Page No.
List of Abbreviations	i
List of Tables	iii
List of Figures	iv
Introduction	1
Aim of Study	3
Review of Literature	
Imaging Anatomy of the Liver	4
Pathology of HCC	11
PET/CT Physics and Instrumentation	23
Patients and Methods	44
Results	51
Case Presentation	67
Discussion	77
Summary	80
Conclusion	83
Recommendations and Limitations	84
References	85
Arabic Summary	

List of Abbreviations

Abb. Full term	_
¹⁸ F-FDG ¹⁸ F-fludeoxyglucose	
AASLD American Association for the Study of Liver Diseases	
AFPAlpha feto -protein	
AUC Area under curve	
BCLC Barcelona clinic liver cancer	
CAContrast agent	
CBD Common bile duct	
CHA Common hepatic artery	
CHD Common hepatic duct	
CM Contrast media	
CTComputed tomography	
GB Gall bladder	
GDA Gastro-duodenal artery	
HAP Hepatic artery proper	
HCC Hepatocellular carcinoma	
HFL hepatic focal lesion	
HV Hepatic vein	
IVC Inferior vena cava	
LHA Left hepatic artery	
LHVLeft hepatic vein	
LNlymph node	
LOR Line of response	
LPV Left portal vein	
MHVMiddle hepatic vein	
MPV Main portal vein	

List of Abbreviations Cont...

Abb.	Full term
MDI	Magnatia magananas imaggin g
	. Magnetic resonance imaging
NPV	. Negative predictive value
PET	. Positron emission tomography
PPV	. Positive predictive value
PV	. Portal vein
RHA	. Right hepatic artery
RHV	Right hepatic vein
ROC	. Receiver operating characteristic curve
RPV	. Right portal vein
SMV	. Superior mesenteric vein
SUV	. Standardized uptake value
SV	. Splenic vein
US	. Ultrasound

List of Tables

Table No.	Title	Page No.
Table (1):	American Joint Committee on Cancer 7th edition	
Table (2):	Demographic data of the studied patie	ents51
Table (3):	Results of PET CT based on numpatients and tumors	
Table (4):	Results of Tiphasic CT scan bas number patients and tumors	
Table (5):	Comparison between PET CT and tr CT and gold standerd results regarding metastases.	ng HCC
Table (6):	Showing Comparison between PET C and Triphasic CT results regarding data	tumor
Table (7):	Comparison between PET CT and Tr CT regarding metastases data	_
Table (8):	Shows comparison between PET C triphasic CT regarding tumors	
Table (9):	Shows comparison between PET C Triphasic CT regarding mets by standard	y gold
Table (10):	Shows tumor results regarding PET C	T scan 64
Table (11):	Shows cut off point, AUC, sense specificity, PPV, NPV and accur SUVmax, SUVratio	acy of

List of Figures

Fig. No.	Title	Page No.
Fig. (1): Fig. (2):	Anatomy of the liver segments Cross sectional anatomy of the segments	liver
Fig. (3):	Radiographic segmental anatomy liver by computed tomography (CT)	
Fig. (4):	Normal hepatic arterial anatomy	8
Fig. (5):	Normal portal venous image from a portography shows the portal vein branching into the left portal vein	n (PV) (LPV)
T' (0)	and right portal vein (RPV)	
Fig. (6):	Hepatic venous confluence	
Fig. (7):	Growth pattern of progressed hepatoc carcinoma	
Fig. (8):	Stepwise pathway of carcinogenesis fo in cirrhosis	
Fig. (9):	Photomicrograph shows a regenerate nodule surrounded by septa (curved a which contain a number of portal vein	arrow),
Fig. (10):	Positron Decay	
Fig. (11):	Positron–electron annihilation reaction	
Fig. (12):	(a) True coincidence (b) Scatter coince (c) Random coincidence	eidence
Fig. (13):	Illustrative diagram of combined P scanner components	ET/CT 29
Fig. (14):	FDG is actively taken up by g transport proteins into the cell. With cell, FDG is metabolized to E phosphate, which is metabolically trap	in the DG-6-
Fig. (15):		ftware in the

List of Figures Cont...

Fig. No.	Title	Page No.
Fig. (16): Fig. (17):	Normal distribution of FDGShows normal fused abdominal PE exam	T-CT
Fig. (18):	Benign ovarian ¹⁸ F-FDG uptake in a 22 old female	-year-
Fig. (19):	Misregistration artifact	41
Fig. (20):	Attenuation correction artifact	42
Fig. (21):	PET/CT showing areas of increased ¹⁸ F uptake correlating to lesions in segment III, and IV	nts II,
Fig. (22):	Showing age distribution of patients on their number.	based
Fig. (23):	PET scan results per patient	53
Fig. (24):	PET scan results per tumors	53
Fig. (25):	Bar chart showing segmental distribut tumors by PET/ CT scan	
Fig. (26):	Showing staging of HCC by PET/ CT so	
Fig. (27):	Showing triphasic results per patients.	
Fig. (28):	Showing triphasic results per tumor	
Fig. (29):	Bar chart showing results of metastas PET/CT, triphasic CT and gold standar	ses by
Fig. (30):	Bar chart showing comparison bet PET/ CT and triphasic CT per patient tumors	s and
Fig. (31):	Bar chart showing staging of regarding PET/CT and triphasic CT	HCC
Fig. (32):	Showing tumor size by PET/CT triphasic CT	and
Fig. (33):	Bar chart showing percentage of pometastases by PET/CT and triphasic C	

List of Figures Cont...

Fig. No.	Title	Page No.
Fig. (34):	Shows metastase size by PET/C7 triphasic CT.	
Fig. (35):	Showing SUV max range and med positive and negative cases	
Fig. (36):	Bar chart showing SUV ratio me positive and negative cases	
Fig. (37):	Shows sensitivity and specificity of max and SUV ratio	
Fig. (38):	Case 1	67
Fig. (39):	Case 2	69
Fig. (40):	Case 3	71
Fig. (41):	Case 4	73
Fig. (42):	Case 5	74
Fig. (43):	Case 6	75
Fig. (44):	Case 7	76

Introduction

Hepatocellular carcinoma (HCC) is the most common primary malignancy of the liver. It ranks as the fifth most common tumor in the world and the third most common cause of cancer-related death. In recent decades, HCC age-adjusted incidence rates have doubled. This is largely due to an increasing prevalence of ailments that predispose to hepatic cirrhosis, such as chronic viral hepatitis, obesity, and alcohol abuse (*Gomaa*, 2020).

Prognosis of patients with HCC is usually poor, and predicting life expectancy is difficult because of variable factors such as portal vein (PV) thrombosis, tumor stage, and high recurrence rate of the tumor. Accurate staging of HCC is crucial because only patients with small tumors (<5 cm) without distant metastasis would benefit from liver resection or liver transplantation as a curative treatment (*Cho et al.*, 2017).

Imaging techniques are a key tool for clinical decision. The development of ultrasound (US), computed tomography (CT), and magnetic resonance imaging (MRI) has allowed the detection and diagnosis of liver tumors at an asymptomatic stage, and this has modified their diagnostic approach and treatment. Indeed, some of the effective therapies are image guided. Further more, evaluation of treatment and follow-up are done through imaging. Hence, understanding of the information provided by imaging techniques is critical for the clinician in charge of liver cancer patients (Bruix&Sherman., 2010).



Residual, recurrent, and metastatic lesions of HCC are not detected well by traditional imaging such as MRI or CT because these modalities detect morphologic changes, which can occur quite slowly in HCC. A more effective modality seems to be positron emission tomography (PET/CT) using the exogenous contrast agent (CA) ¹⁸F-fludeoxyglucose (¹⁸F-FDG) can scan the whole body (Liao et al., 2018).

PET/CT is an imaging modality using positron-emitting markers. The most commonly used marker in evaluating cancer patients is ¹⁸ F-FDG, an analogue of glucose, used in processes of glucose metabolism. Glucose metabolism increases rapidly in dividing and growing cells causing an increased uptake of 18 F-FDG (Croteau et al., 2016).

In some cancers, ¹⁸ F-FDG scanning especially when merged with CT, is highly sensitive in the staging of the malignancies, and can be used in management of individual patients. This modality has been established as a diagnostic tool of various cancers' (Guo et al., 2007).

PET/CT is useful to detect distant metastasis. Evidence supports a relationship between PET/CT imaging and degree of tumor differentiation. PET/CT emerged as a highly effective nuclear imaging tool for diagnostic setup, treatment allocation, and assessment of post-interventional tumor response in medical and surgical oncology (Kornberg and Freiss, 2019).