

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





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شبكة المعلومات الجامعية التوثيق الإلكتروني والميكرونيله



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شبكة المعلومات الجامعية التوثيق الإلكترونى والميكروفيلم

جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

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Use of PET/CT in Diagnosis and Staging of Malignant Pleural Mesothelioma

Thesis

Submitted for Partial Fulfillment of Master Degree In **Rradiodiagnosis**

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List of Abbreviations

Abb.	Full term
10 FEDC.	18 fluoro-2-deoxy glucose
	, , ,
	Apparent diffusion coefficient
BAP1	1-associated protein 1
<i>BTS</i> :	British thoracic society
CE.CT:	Contrast enhanced computed tomography
CTA-4:	Cytotoxic T- lymphocyte antigen 4
CT-AC:	$ Computed\ tomography\ attenuation\ correction$
DNA:	Deoxy ribo nucleic acid
DWI:	.Diffusion weight image
<i>EPP</i> :	Extra pleural pneumonectomy
ER:	$ Endoplasmic\ reticulum$
G-CSF:	Granulocyte-colony stimulating factor
<i>GLUT</i> :	. Glucose transporter
IASLC:	International association for the study lung of lung cancer
<i>KEV</i> :	Kilo electron volt
MBQ:	Mega Becquerel (unit of radio activity)
<i>MPM</i> :	Malignant pleural mesothelioma
MRI:	Magnetic resonance imaging
<i>MTAP:</i>	$ Methyl\ thio adenisine\ phosphory lase$
NF-KB:	Nuclear factor kappa light chain enhancer of activated B cells
OSEM:	$. Ordered\ subsets-expectations\ maximization$

List of Abbreviations (Cont...)

Abb.	Full term
P/D:	Pleurectomy / decortiation
P16CDKN2A	:Protein 16 cyclin-dependant kinase inhibitor
PD-1:	Programmed cell death protein
PD-L1:	Programmed cell death ligand
PET/CT:	Positron emission tomography / computed tomography
<i>RT</i> :	Radiation therapy
SFTA:	Solitary fibros tumor of pleural
SUV:	Standardized uptake value
SV40:	Simian virus 40
TNF:	Tumor necrotic factor
TNM:	Tumor-node-metastasis
UK:	United kingdom
USA:	United states of America
<i>VATS:</i>	Video-ussisted thoracoscopic surhery

Introduction

alignant pleural mesothelioma (MPM) is the most common primary malignancy of the pleura. MPM arises from mesothelial cells that cover the lung and chest wall and is strongly associated with asbestos exposure, with latency periods ranging from 20 to 50 years (*Kitajima et al., 2016*).

The most common pleural malignancy is pleural metastases, which can be difficult to differentiate from MPM. The differential diagnosis for MPM includes pleural metastases, solitary fibrous tumor of the pleura, epithelioid hemangioendothelioma, and metastatic dissemination of thymoma.

The association with asbestos exposure explains the predominance of MPM in men with men to women ratio of 4:1 with a median age between 50 and 70 years old. The median survival for a patient with MPM is between 4 to 18 months with predictors of poor prognosis including male gender, poor performance status and nonepithelioid histology (*Odisio et al.*, 2017).

The majority of patients with MPM are symptomatic at diagnosis usually presenting with chest pain and shortness of breath. Additional clinical symptoms may include cough, malaise and weight loss.