



MRI DIAGNOSIS OF STOMACH CANCER

Umarkulov Zabur Zafarjonovich, Bekniyozov Rustam Abdimurod ugli, Yuldashev Nasim Xoshimovich

Department of Medical Radiology, Samarkand State Medical University, Samarkand, Uzbekistan

Currently, stomach cancer (SC) in Uzbekistan ranks 2nd in men and 3rd in women among all malignant neoplasms in terms of frequency. Most often, SC affects patients aged 50-70 years. Despite the fact that in the last 20 years there has been a certain tendency to decrease the incidence of RV, the total number of patients and mortality from this disease remain high, and the possibility of early detection of a tumor has not been fully realized. Therefore, the problem of improving the methods of diagnosis and treatment of this disease remains relevant. Along with the already common methods of medical imaging, such as X-ray, FGDS, ultrasound and CT, MRI has recently been increasingly used for stomach diseases (while at the second stage of the diagnostic algorithm). The main task of MRI is, first of all, to assess the degree of changes in the stomach wall, staging the pathological process with the detection of both local and distant metastases

The advantages of MRI Advantages of MRI over other methods of imaging in the diagnosis of stomach cancer are: \Box high visibility; \Box non-invasive; \Box the lack of ionizing radiation; \Box the ability to image in any plane and any sections; \Box high tissue contrast; \Box absence of artifacts from gases and bone structures; \Box the possibility of using additional software (europacollege, DWI, ultra-fast sequence).

The methodology of the study of the stomach includes two stages with preliminary preparation. Preparation of the patient for the study: the day before the study, exclude food rich in fiber, take Fortrans, drink two No-shpy tablets in the evening, a cleansing enema. In the morning, the study is carried out on an empty stomach with the intake of two "No-shpy" tablets 20 minutes before the procedure. The first stage is carried out on an empty stomach using standard programs in the coronal, axial and sagittal planes weighted by T2, T1 with fat suppression. At this stage, the condition of the abdominal cavity and retroperitoneal space, the diaphragm, regional lymph nodes, the shape and location of the stomach, perigastric fiber and abdominal esophagus are evaluated. The second stage is carried out with a full stomach. As a filler, ordinary water at a temperature of 36-37 ° C is used in an amount of 3-4 glasses of 150 ml (450-600 ml). The position of the stomach axes is evaluated again, and the slices are placed strictly along the axes using T2VI. When a suspicious section of the stomach wall is found, sections up to 3 mm thick are installed parallel and perpendicular to the pathological zone, which allows you to determine the extent of the lesion of the wall,



its thickness, the depth of the lesion, the presence of ulceration and violation of the integrity of the serous layer. In addition to T2VI, T1 TRUFI and DWI programs are used. Due to the fact that it is often not possible to reliably visualize all the layers of the stomach wall, the criteria for its defeat are the degree of thickening and the extent of changes. With the defeat of all layers and the spread of the process beyond serosis, the main MR signs should be considered the fuzziness and blurring of the outer contour of the stomach wall, a decrease in the signal from the perihastric fatty tissue.

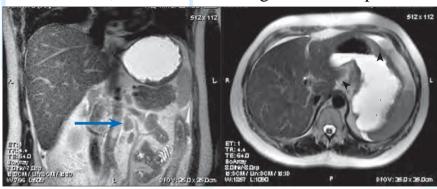


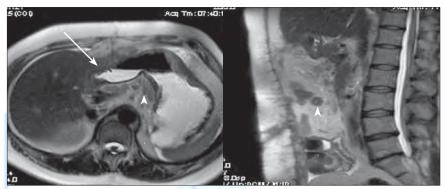
Fig. 1. Local thickening of the walls of the stomach with infiltrative changes of the small omentum (black arrows); enlarged lymph nodes of the paraaortic group (blue arrow).



Fig. 2. Thickening of the stomach wall and enlarged mesenteric lymph nodes

In modern radiation diagnostics, MRI is used to determine the stage by N and M stages, using the TNM classification. We use the classification of the Japanese Association for Stomach Cancer in our work. The JGCA (1998) classification is based on the anatomical principle. In contrast to the principles of the JGCA, the classification of the UICC (International Cancer Union 2002) considers only the quantitative lesion of regional lymph nodes, regardless of their localization. The depth of the tumor lesion The depth of the tumor invasion is recorded using the T-classification. The anatomical level of invasion of the stomach wall is indicated as follows: T1: the tumor affects the mucous layer and / or submucosal layers. T2: the tumor affects the actual mucous or subserous layer. T3: the tumor penetrates the serous layer. T4: The tumor invades the surrounding tissues.





3. Total defeat of the stomach wall with metastatic changes of lymph nodes, peritoneum of the anterior abdominal wall and the left lobe of the liver type IV.

Metastatic lesion of lymph nodes, liver and peritoneum – N, H and P. The main signs of damage to the walls of the stomach are: thickening of the wall more than 5 mm, roughness and lumpiness of the contours, a change in the MR signal from the formation, spreading beyond the wall. Post-contrast tomograms After administration of the contrast agent "Magnevist", an uneven increase in the intensity of the signal from the formation of the stomach by peripheral type is determined. The lesion of not only the abdominal esophagus, but also the distal third of its thoracic part with signs of stenosis is visualized.

Conclusions: MR examination in various planes with DWI allows to obtain additional information about the degree of infiltrative damage to the stomach wall, regional lymphatic collectors, to detect, including distant metastases. MRI has a high diagnostic value and correlation with pathomorphological data, which makes this study, in combination with the use of other imaging methods, highly informative at the preoperative stage, which helps to more correctly select patients for surgical or combined treatment.

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