

CONCLUSION

- CT is the primary imaging modality for diagnosis and follow-up of patients with known or suspected primary or secondary neoplastic conditions of the peritoneum and mesentery.
- Secondary peritoneal tumors are much more common than primary, however primary peritoneal tumor should be in the differential diagnosis in presence of peritoneal soft tissue masses with no detected primary non peritoneal tumor.
- There are other tumor like pathological conditions affect the peritoneum and mesentery as granulomatous peritonitis, sclerosing mesenteritis, inflammatory pseudotumor and endometriosis, these lesions could also manifest as peritoneal soft tissue with or without ascites.
- In case of primary non-peritoneal tumor associated with unexplained ascites, the peritoneum should be inspected carefully to look for peritoneal metastasis.
- Even with resection of the primary tumor and clear surgical bed with no residual or recurrent masses, periodic follow up CECT is still recommended to detect any denovo peritoneal deposits even if small ones.
- Correlation of imaging findings with pathological analysis is essential to reach an appropriate diagnosis and initiate management.

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الملخص العربي

الغشاء البيروتوني هو غشاء مصلي معقد وكبير، يعتبر مكان شائع للأورام. أورام البيروتون الأولية أقل تواترا بكثير من الأورام الثانوية.

الرؤية الواضحة للغشاء البيروتوني و المساريقي بواسطة الأشعة المقطعية أدت الى زيادة عظيمة في معرفة التكوين الطبيعي للغشاء البيروتوني، المساريقي وأربطته.

الهدف من هذه الدراسة هو دراسة دور الأشعة المقطعية في تقييم أورام الغشاء البيروتوني والمساريقي مع ربط نتائج الأشعة المقطعية بنتائج التحليل الباثولوجي للعينات، وشملت هذه الدراسة ثلاثين حالة، تراوحت أعمارهم بين (٥-٧٣ سنة) بمتوسط عمر (٤٤.٨ سنة)، وشملت ١٧ حالة من الاناث (٥٦.٧%) و ١٣ حالة من الذكور (٤٣.٣%).

الأورام الثانوية كانت أكثر شيوعا من الأولية حيث كانت الأورام الثانوية ثلاثة وعشرين حالة (٧٦.٧%) و الأورام الأولية كانت سبع حالات (٢٣.٣%)، ولقد وجد أن أكثر المصادر لأورام الغشاء البيروتوني الثانوية هي أورام المبيضين يليها أورام الجهاز الهضمي.

وجد أيضا في هذه الدراسة أن الثرب الأكبر هو أكثر جزء في الغشاء البيروتوني تأثرا بالأورام الثانوية و أن أكثر مظهر له في الأشعة المقطعية هو الكعكة الثربية.

أظهر الربط بين تشخيص الأشعة متعددة المقاطع ونتائج تحليل العينات أن الأشعة المقطعية كانت قادرة على اكتشاف الأورام البيروتونية وكانت قادرة على التشخيص الصحيح و تحديد نوع الورم في ستة وعشرين حالة (٨٦.٦%).

خلال هذه الدراسة لم تكن الأشعة المقطعية مفيدة فقط في اكتشاف و تشخيص الأورام البيروتونية بلأضافة الى التشخيص المرحلي ولكن كانت أيضا مفيدة في أخذ عينات التحليل الباثولوجي.

و بهذا يكون الربط بين نتائج الأشعة المقطعية و التاريخ المرضي للحالة مع التحليل الباثولوجي للعينات أساسي من أجل التشخيص الدقيق للحالات و بدء العلاج المناسب.



جامعة الإسكندرية
كلية الطب
قسم الأشعة التشخيصية والتدخلية

دور الأشعة متعددة المقاطع في تقييم أورام الغشاء البيروتوني والمساريقي

رسالة مقدمة

لقسم الأشعة التشخيصية والتدخلية - كلية الطب - جامعة الإسكندرية
ضمن متطلبات درجة

الماجستير

فى

الأشعة التشخيصية والتدخلية

من

داليا عبد رب النبي محمد عبد الهادي
بكالوريوس الطب والجراحة ، ٢٠٠٩
كلية الطب، جامعة الإسكندرية

[٢٠١٥]



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للحصول على درجة

الماجستير

فى

الأشعة التشخيصية والتدخلية

التوقيع

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لجنة المناقشة والحكم على الرسالة

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