Dedication

To give me a drop of love To

My Parents...

My sisters...

And my brothers...

Acknowledgements

In the name of Allah, the Most Gracious and the Most Merciful Alhamdulillah, all praises to All ah for the strengths and His blessing in completing this project. Special appreciation goes to my supervisor,

Dr. Caroline Edward Ayad, for her supervision and constant support.

I am greatly indebted to my parents Mr., and Mrs. Sugrab. I am also thankful to my colleagues in Radiology Department at Dr.Suleiman Al Habib Hospital (Medical center –Olaya) especially all doctors for perfect and many description of diagnosis details reports. I am also thankful to laboratory department's staff in histology branch.

I want say of all without you, believing in me, this would have been so much harder...

Abstract

Diffusion-weighted magnetic resonance imaging (DW-MRI) provides image contrast through measurement of the diffusion properties of water within tissues.

The purpose of this study is to evaluate the use of diffusion-weighted imaging (DWI) for the detection and characterization of breast lesions compared with dynamic contrast-enhanced MRI, dynamic curve, ultrasound, mammography and biopsy.

Included fifty cases from adult women with 50 breast lesions, their ages were between 26 and 80 years (mean age: 41.78±12.48 years). All patients were examined on MRI protocol: T1, T2 weighted images, Diffusion weight image (DWI), dynamic contrast enhancement (DCE-MRI) and BI-RAD. Of these 50 patients, 18 underwent breast MRI with ultrasound, mammography and biopsy. 21 patients underwent breast MRI, ultrasound and mammography .28 patients underwent MRI and biopsy. The study took place during the period from June 2013 up to June 2014, at Dr. Suleiman AL Habib Medical Center-Olaya.

The results of histopathology examination were chosen as the reference standard for lesion evaluation. Findings could either be benign or malignant, and the lesion type was recorded. Findings were

15 benign lesions out of 28 including breast hematoma breast cyst, degeneration, fibroadenoma, fat necrosis, fibrocystic change, myxoid fibroid, papilloma and pseudoangiomatous hyperplasia. Malignant lesions totaled 13 out of 28, including infiltrating ductal carcinoma, ductal papillary carcinoma and breast calcification.

The average of diameter of the benign lesions was 1.7x1.5cm and that of breast malignant lesions was 2.1x2.0cm. The diagnostic assessment of breast lesions in combination with the assessment of signal intensity and lesion morphologic features showed that the correlation is significant at P value<0.05 in both T2 and (DWI) as 0.017 and 0.000 respectively. In hematomas T1 images should be evaluated together with (DWI) to avoid misdiagnosis. Lesions were classified according its shape as regular and irregular, the correlation was found to be significant between the MRI diagnosis and the lesion morphology at p=0.014. The (DWI), DCE-MRI, BI-RADS, and dynamic curve assessment with detailed histopathology for each lesion showed significant relationship P-Value < 0.05 0.002. 0.005. 0.001,0.000 at as respectively. Histological results and MRI Findings shows sensitivity of 82%, specifity of 71%, accuracy of 75% and positive predictive value (PPV) of 64%. The additive diffusion-weighted imaging, Contrast enhancement MRI, Dynamic curves and BIRADS values to T1, T2-weighted MR imaging, for the assessment of breast lesions, will be useful in the analysis of breast MR images.

It is likely that diffusion weighted breast imaging will be revealed to have an acknowledged task in breast MRI without the need of the invasive unnecessary biopsies.

ملخص الدراسة:

الغرض من مذه الدراسة مو تقييه استخداه التصوير مربع نشر للكشف وتوصيف آفات الغرض من مذه الدراسة مو تقييه استخداه التصوير بالرنين المغناطيسي، ومنحنى الديناميكية، والتحدي مقارنة مع وسيط التباين للتصوير بالرنين المغناطيسي، ومنحنى الديناميكية، والتحوير الإشعاعي للثدي، وعينات من الأنسجة.

شملت 50 حالة من النساء البالغات معدل أعمارهن ما بين 80 و26 عاما (متوسط العمر: 50 حالة من النساء البالغات معدل أعمارهن ما بين 80 و26 عاما (متوسط العمر: 12.48 ± 41.78 سنة) تم فد م بميع المريضات 18 من خضعن التصوير بالرنين المغناطيسي. من هنولاء المريضات النمسين، هناك 18 من خضعن التصوير بالرنين المغناطيسي مع الموبات فوق الصوتية والتصوير بالرنين المغناطيسي والموبات فوق الصوتية والتصوير بالرنين المغناطيسي والموبات فوق الصوتية والتصوير بالرنين المغناطيسي والمغناطيسي واخذ غينة من الأنسبة.

جررت الدراسة خلال الغترة من يونيو عماء 2013 حتى يونيو عماء 2014، في مستشفى الدكتور سليمان الحبيب الطبي (المركز الطبي) العليا.

وقد تم اختيار نتائج الأنسجة كمعيار مرجعي لتقييم الآفة. يمكن أن تكون النتائج إما 28 حميدة أو خبيثة، وتم تسجيل نوع الآفة. وكانت النتائج 15 آفات حميدة من أصل 28 بما في ذلك: ورم دموي الثدي، والكيس الثدي، انعطاط، ورم غدي ليفي، ننر الدمون، وتغير الليفي، الورم الليفي مخاطية، الورم العليمي والزائفة تضغم وعمائي. وبلغ مجموع الآفات الخبيثة 13 من أصل 28، بما في ذلك: التسلل سرطان الأقنية، الأقنية حليمي سرطان الثدي وتكلس.

وكان متوسط قطر الآفائ حميدة 1.7 × 1.5 سو وذلك من الآفائ النبيثة الثدي وكان 2.0 × 2.1 سو وذلك من الآفائ النبيثة الثدي وكيبة مع تقييم كان 2.1 × 2.0 سو. وأظمر التقييم التشنيدي الآفائ الثدي في تركيبة مع تقييم كان قيلة الإشارة وملامع التشكل الآفة أن ارتباط مسم في قيمة <0.05 في كان من 71 مربح النشر 71 0.00 و 0.000 على التوالي. ويبع تقييم الدور من 71 جنبا إلى جنب مع دور النشر المرجم لتجنب التشنيص الخاطئ.

تم تصنيف الآفات حسب شكاه كما المنتظمة ونمير المنتظمة، وتم العثور على علاقة خات دلالة بين التشخيص بالرنين المغناطيسي والشكل الآفة ص = 0.014. والنشر المعناطيسي والشكل الآفة ص = 0.014. والنشر المعربع، ووسيط التباين، وبيانات وتقارير صور الثدي، وتقييه مندنى الديناميكية مع التشريع المفصل لكل آفة وأظمرت علاقة ذات دلالة إحصائية في Pالقيمة <0.05 التشريع المفصل لكل آفة وأظمرت علاقة ذات دلالة إحصائية في Pالقيمة ونتائع التسيبية ونتائع التسيبية ونتائع التسيبية ونتائع التسيبية ونتائع التحوير بالرنين المغناطيسي يظمر حساسية 82٪، خصوصية فيما 71٪، دقة 75٪ والقيمة التنبؤية الإيبابية (PPV) من 64٪. وبميع مدة البيانات ستكون مغيدة لتقييم الآفات في حور الرنين المغناطيسي للثدي

فحص مربع النشر لديم دور كبير في تشخيص صور الرنين المغناطيسي للثدي تفيي بالغرض دون الحاجة إلى اخذ عينة نسيجية غير ضرورية.

Tables of Contents:

Topic	Page	
Dedication	Ι	
Acknowledgement	II	
English Abstract	III	
Arabic Abstract	V	
Tables of Contents	VII	
List of tables	IX	
List of figure	XI	
List of abbreviations	XIII	
Chapter one : Introduction		
1.1 Prelude	1	
1.2 The problem of study	2	
1.3 Objectives of the study	2	
1.4 Significance of the study	3	
1.5 Overview of study	3	
Chapter two : Literature Review		
2.1 Breast Anatomy & Physiology	4	
2.2 Breast Shapes	16	
2.3 Pathology	19	
2.4 Breast Cancer Risk Factors	30	
2.5 Breast Cancer Stages	32	
2.6 Methods of Breast Investigation	36	
2.7 The Distribution of Cancers by Region	39	
2.8 Image of Breast	40	
2.9 Diffusion-Weight Magnetic Resonance Imaging	46	
2.10 Previous Studies	64	

Chapter three: Material & Methodology	
3.1 Material	68
3.2 Method	74
Chapter four : Results	l
4.1 General Characteristics of The Sample	78
4.2 MRI Results and Correlations	78
4.3 Ultrasongraphy Results and Correlations	87
4.4 Mamographic Results and Correlations	90
Chapter five : Discussion, Conclusions and Reco	mmendations
5.1 Discussion	93
5.2 Conclusions	98
5.3 Recommendations	99
References	100
Appendices	103

List of Table:

Table2-1	breast cancer survival rates by stage	33
Table2-2	the features of palpable breast masses	38
Table2-3	compare between moderate and low signal	46
Table2-4	CAD with biopsy	64
Table2-5	Sample to age, Frequency and Percentages	64
Table4-1	Statistical Description of the sample age	77
Table4-2	Classification to age, Frequency and Percentages	77
Table4-3	MRI Diagnoses and Classification of Lesions	78
Tabe4-4	MRI Diagnoses And Classification of Lesions	79
Table4-5	signs and symptoms and MRI Diagnosis	79
Table4-6	MRI of lesions signals intensity in T_1 , T_2 , DWI	80
Table 4-7	RI of lesions in Dynamic Curve and BI-RAD	81
Table4-8	Morphologic Characteristics of Lesions in DWI	82
Table4-9	MRI contrast enhancement with MRI diagnosis	82
table 4-10	Histological Results and MRI Findings	83
Table4-11	MRI Findings and BIRAD Results	83
Table4-12	MRI Findings and Dynamic Contrast	84
Table4-13	MRI Diagnosis and Ultrasound Doppler Flow	84
Table4-14	MRI Contrast Enhancement With Histopathology	85
Table4-15	BI-RAD MRI values with Histological Results	85

Table4-16	MRI dynamic curve with values Histological	86
Table4-17	Lesion Shape at DWI and Histological Results	86
Table4-18	Ultrasound Blood Flow and Histological Results	87
Table4-19	Ultrasonography and Lesion Shape at DWI	87
Table4-20	Ultrasonography and MRI Contrast Enchantment	88
Table4-21	Ultrasonography Results and BIRAD Results	88
Table4-22	Ultrasonography Results and Dynamic Curve	89
Table4-23	Mammographic and U/S Doppler Blood Flow	90
Table4-24	Mammographic and Lesion Shape at DWI	90
Table4-25	Mammographic and MRI Contrast Enhancement	91
Table4-26	Mammographic Findings and BIRAD Results	91
Table4-27	Mammographic Findings and Dynamic Curve	92

List of figures:

Figure	Title	Page
Figure2-1	utero development of the human breast	5
Figure 2-2	the development of the mammary glands in	7
	utero	
Figure 2-3	CT shows the breast of an elderly woman	8
Figure 2-4	CT breast image of a young adult female	9
Figure 2-5	the structure of the lobule	11
Figure 2-6	the mammary ducts	11
figure 2-7	Breast anatomy	13
Figure 2-8	Blood supply of breast	14
Figure2-9	Musculature Related to the Breast	15
Figure2-10	Breast Shapes	18
figure2-11	Simple cysts	20
figure2-12	Fat necrosis	21
figure2-13	Myxoid Fibroadenoma	22
figure2-14	Intraductal Papilloma	23
figure2-15	Invasive Ductal Carcinoma	26
figure2-16	Lobular Carcinoma in Situ LCIS	28
figure2-17	Invasive Lobular Carcinoma ILC	29
Figure2-18	Four quadrants	36
Figure2-19	Clinical breast examination	37
Figure2-20	Quadrants percentage of found breast	39
	cancers	
Figure2-21	Normal ultrasound breast	41
Figure2-22	fibroademoa Ultrasound image	41

Figure2-23	Mammogram images	42
Figure2-24	Proper terminology to the BI-RADS lexicon	44
Figure2-25	A representation of a tumour	48
figure 2-26	MRI breast image	53
Figure2-27	Terminology BI-RADS lexicon for	54
	enhancement	
Figure2-28	invasive ductal carcinoma (homogeneous)	55
Figure2-29	invasive lobular carcinoma	56
Figure2-30	invasive ductal carcinoma (rim)	56
Figure2-31	type 1 enhancement curve	57
Figure2-32	Contrast enhancement type 3 enhancement	58
	curve	
Figure2-33	Type 2 enhancement curve	59
Figure2-34	Contrast enhancement peaks	60
Figure2-35	CAD with a large of type 3 enhancement	61
Figure2-36	very small areas with type 3 washout(in red)	62
Figure2-37	The enhancement kinetics following	63
	gadolinium	
Figure3-1	MRI HD X 1.5T	69
Figure 3-2	Coil 8-channel breast array coil	69
Figure3-3	MRI machine include coil	70
Figure3-4	Ultrasound Machine	71
Figure3-5	Digital Mammogram Machine	72
Figure3-6	Slid of FNA	73
Figure4-1	Classification of Sample according to age	78

List of Abbreviations:

(DW-MRI)	Diffusion- weighted MRI.
(ADC)	Apparent diffusion coefficient.
(SS SE EPI)	Single-Shot Spin-Echo Echo-Planar Imaging
	Sequence.
(B-value)	Indicates the strength of the diffusion sensitizing
	gradient and proportional to the gradient amplitude,
	the duration of the applied gradient, and the time
	interval between the paired gradient. Diffusion come
	above 1000s/mm b-values.
(SNR)	Signal-to-noise ratio.
(EPI)	Echo-planar imaging sequence.
(TE)	Echo time.
(Breast	Stands for abnormal growth, sores, wounds, cyst or
lesion)	general tissue damage in the breast.
(Malignant)	Malignant neoplasm, and malignant tumor are
	synonymous with cancer.
(Benign)	That is harmless in the long run. The opposite of
	benign is malignant.
(Lesion)	Refers to any abnormal growth on the surface of an organ.
(BI-RADS)	Breast Imaging Reporting and Data System.
(BSE)	Breast self-exam.
(CBE)	clinical breast examination
(BRCA)	The BRCA gene test is a blood test that uses DNA
	analysis to identify harmful changes (mutations) in
	either one of the two breast cancer susceptibility genes
	— BRCA1 and BRCA2.