

الآية

قال تعالى:

(قُلْ هَلْ يَسْتَوِي الَّذِينَ يَعْلَمُونَ وَالَّذِينَ لَا يَعْلَمُونَ) الزمر 9

قال الإمام الشافعي رحمه الله:

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أخي لن تتال العلم الابستة

تفصيلها ببيان

ذكاء واجتهاد وحرص وبلغ

ة وصحة استاذ وطول زمان

قال الامام النووي رحمه الله

(طلبنا العلم لغير الله فأبى ان يكون إلا الله)

Dedication

- *To my parents who fed me love of science.*
- *To my wife who supported me all the time .*
- *To my teachers who taught me how to catch science.*
- *To all my friends who helped me in this research.*

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Abstract :-

Thyroid masses should be differentiated on the bases of their nature, i.e. benign or malignant. The diagnosis of thyroid diseases was difficult; beside laboratory investigation which yield some type of thyroid diseases, Nuclear Medicine, Ultrasound, computerized tomography (CT) and magnetic resonance imaging (MRI) have been used. The purpose of this study was to evaluate the correlation between various sonographic features of thyroid nodules and their risk for malignancy in an attempt to suggest an optimal diagnostic approach to further workup of these lesions.

In this study 50 patient with thyroid disorder were scanned by ultrasound at radiation and isotope center–khartoum –sudan (RICK) before histopathology examination (fine needle aspiration biopsy). Hgh-resolution sonography of the thyroid gland was performed with a U/S machine(HDI 4000 scanner (Philips Medical Systems) equipped with acommercially available 8- to 13-MHz linear transducer with color and power Doppler.capability

In this study, specific intra-group analysis of sonographic features among benign and malignant nodules indicates that only the presence of calcification is a statistically significant predictor of malignancy. The presence of intrinsic microcalcifications was 40% sensitive and 85.7% specific in identifying malignancy, and hence the presence of intrinsic microcalcification within a thyroid nodule indicates high risk of malignancy.

الخلاصة :-

تعتبر الغدة الدرقية واحدة من اهم الأعضاء في الجسم، وأي عطب بهذا العضو يؤدي إلى حدوث عطب عام بكل الجسم . يعتبر تشخيص أمراض الغدة الدرقية من الأمور المعقدة ، لذا بجانب الفحص المعملی والذي يقود الى تشخيص بعض أمراض الغدة نجد فحص الطب النووي ، الموجات فوق الصوتية ، التصوير الطبقي و الرنين المغناطيسى . اورام الغدة الدرقية ينبغي ان تميز من حيث طبيعتها – حميدة ام خبيثة . الغرض من هذا البحث هو معرفة المزيد من العلاقة بين الخصائص التي تظهر بها اورام الغدة الدرقية فى التصوير بالموجات فوق الصوتية وبين مدى خباثتها ، وذلك فى محاولة لإيجاد مدخل تشخيصى مناسب لمعرفة كيفية التعامل مع هذه الأورام .

فى هذا البحث اجريت دراسة لخمسين حالة غدة درقية شخصت باستعمال طريقة سحب الخزعة بواسطة الإبرة الدقيقة فى المركز القومى للعلاج بالاشعة والطب النووى- الخرطوم . وقد أجرى فحص بالموجات فوق الصوتية لكل مريض قبل اخذ الخزعة وذلك باستعمال جهاز الموجات فوق الصوتية تتوفر فيه محولات طاقة مختلفة(8-10 ميغاهيرتز). وخاصية التصوير الوعائى الملون .

(HDI 4000 Philips Medical System Scanner , color Doppler)

وجد في هذا البحث بعد التحليل الاحصائي للبيانات ان المؤشر الوحيد الذى يمكن ان يعتمد عليه فى التنبؤ بخبثية اورام الغدة الدرقية هو ظهور التكلس بهذه الاورام . وجود التكلسات الدقيقة له نسبة حساسية تقدر بـ 40% ونسبة مستوى الدقة فيه يساوى 85.7% فى تحديد خبثية الورم . وبالتالي فان وجود مثل هذه التكلسات فى اورام الغدة يعتبر مؤشراً عالى الدقة على خبثيتها .

LIST OF ABBREVIATIONS

AITD	AUTOIMMUNE THYROID DISEASE
CT	COMPUTERIZED TOMOGRAPHY
ECG	ELECTROCARDIOGRAPHY
FNA	FINE NEEDLE ASPIRATION
FNAC	FINE NEEDLE ASPIRATION CYTOLOGY
FNNA	FINE NEEDLE NONASPIRATION
FTC	FOLLICULAR THYROID CARCINOMA
GFR	GLOMERULAR FILTERATION RATE
HBME	HUMAN BONE MARROW ENDOTHELIAL CELLS
HCG	HUMAN CHORIONIC GONADOTROPIN
H & E	HEMATOXYLIN & EOSIN
HLA	HUMAN LYMPHOCYTE ANTIGEN
MRI	MAGNETIC RESONANCE IMAGING
MTC	MEDULLARY THYROID CARCINOMA
PTH	PARATHYROID HORMONE
PTU	PROPYLTHIOURACIL
PTC	PAPILLARY THYROID CARCINOMA
RICK	RADIATION & ISOTOPE CENTER - KHARTOUM
SES	SICK EUTHYROID SYNDROME
T3	TRIIODOTHYRONINE
T4	THYROXIN

TRH	THYROTROPIN RELEASING HORMONE
TPO	THYROID PEROXEDASE
TG	THYROGLOBULIN
TSH	THYROID STIMULATING HORMONE
UG – FNA	ULTRASOUND GUIDED – FINE NEEDLE ASPIRATION

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