

الآية الكريمة



اقْرَأْ بِاسْمِ رَبِّكَ الَّذِي خَلَقَ (١) خَلَقَ الْإِنْسَانَ مِنْ عَلَقٍ (٢) اقْرَأْ وَرَبُّكَ الْأَكْرَمُ (٣) الَّذِي عَلَّمَ بِالْقَلَمِ (٤)
عَلَّمَ الْإِنْسَانَ مَا لَمْ يَعْلَمْ (٥) صدق الله العظيم (سورة العلق)

Dedication

This thesis is dedicated:

To my Family ...

To my Parents

Idriss & Mastura who gave me confidence to dream ,

The courage to believe and the determination to do

To The spirit of my brother (Amer)

I ask god to undertake you with his mercy and kindness

To my Friends ...

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Abstract

The main objective of this study To evaluate the presence of abdominal lymph node enlargement by using MDCT and find the incidence in cases of inflammatory process and malignancy .

A CT scans were reviewed for patients in whom the MDCT scan revealed abdominal abnormality. Patients with a documented history of cancer or any illness known to cause lymphadenopathy were included males and females Their age from ≤ 30 to ≥ 106 years, with a mean age of 52.05 ± 18.26 years.

In accordance with our departmental protocol for imaging the abdominal cases, the patients were administered the oral and intravenous contrast material. The lymph node size was evaluated and measured in the short-axis diameter in (mm). We recorded the lymph nodes locations distribution as well as sites (the abdominal Regions from 1-9) and correlated with the nodal size.

The study showed that the most common causes of abdomen lymphadenopathy are neoplastic, inflammatory, and infectious processes. The size of the enlarged lymph nodes ranged between ≥ 6 mm and ≥ 25 mm with no significant relation was detected with the CT outcomes.

Lymph Node Sites were: Common iliac, Gastroduodenal ligament LNs, Iliac, Inguinal, Internal iliac, Mesenteric, Para aortic, Paracaval, Periaortic, Pericollic , Periportal, Perirectal, Porta hepatis, and Spleen with the highest distribution in mesenteric and para aortic regions. The distribution of the lymph nodes indicate the exact nature of the underlying disease process and CT outcomes significantly at $p < 0.000$.

By granted the short axis measurement for lymph nodes using MDCT, their use in response assessment will be better associated with clinical radiology practice

ملخص البحث

تهدف هذه الدراسة هو تقييم تضخم العقدة الليمفاوية بالبطن عن طريق استخدام الأشعة المقطعية ذات الكواشف المتعددة ومعرفة مدى تأثرها في الإصابة بالحالات الالتهابية والأورام السرطانية .

تم دراسة عدد من حالات اعتلال البطن ، وتم إجراء الفحص بواسطة الأشعة المقطعية متعددة الكواشف لإمراض سرطانية وحالات مرضية أخرى تسببت في اعتلال العقد الليمفاوية حسب التاريخ المرضي المتعلق بهذه الحالات ، وشملت الدراسة عدد من الذكور والإناث تتراوح أعمارهم ما بين ≤ 30 إلى ≥ 106 سنة ومتوسط أعمارهم هو $52,05 \pm 18,26$ سنة.

وفقا للبروتوكولات المتبعة بقسم التصوير الطبي لحالات اعتلال البطن تم إعطاء المرضى وسائط تباين عن طريق الفم والحقن الوريدي ، وتم تقييم حجم الغدد الليمفاوية بقياس قطر المحور القصير (العرضي) لهذه الغدد ب (الملم) ، وسجلت هذه الغدد حسب انتشارها ، توزيعها و مواقع الأعضاء المصابة (النطاق البطنية 1-9) وتم ربطها مع حجم الغدد.

أظهرت هذه الدراسة إن أكثر الأسباب شيوعا لاعتلال الغدد الليمفاوية بالبطن هي : الأورام ، الالتهابات وحالات العدوى . وجد إن حجم الغدد المتضخمة تراوحت ما بين ≤ 6 ملم إلى ≥ 25 ملم مع عدم وجود علاقة ذات أهمية مقارنة مع نتائج الأشعة المقطعية .

مواقع الغدد الليمفاوية هي : الحرقفة الكبيرة ، الغدد الليمفاوية للرباط المعدي العفجى ، الحرقفة الصغيرة ، الاربى ، الحرقفة الداخلية ، المساريقا ، الابهر،البابى الأجوف ، حول الوتين ، حول القولون ، حول الوريد البابى ، حول المستقيم ، البابى الكبدي والطوحوال . ووجد أن الغدد الليمفاوية بموقع المساريقا والابهر هي الاكثر شيوعا ، توزيع وانتشار الغدد الليمفاوية يشير بدقة إلى طبيعة المرض وأهمية نتائج التصوير المقطعي بالكمبيوتر عندما $F < 0,000$.

من المسلم به أن قياس قطر المحور القصير(العرضي) للغدد الليمفاوية بالبطن بواسطة الأشعة المقطعية متعددة الكواشف واستخدامها في التقييم يعتبر من أفضل الممارسات المرتبطة بالأشعة السريرية .

List of abbreviations

ACH	Asser central hospital
ANOVA	Analysis Of Variance
AP	Antroposterior
APCs	Antigen presenting cells
BMI	Body mass index
CT	Computed tomography
CDs	compact discs
DCs	Dendritic cells
DCU	Deep cortical unit
FDCs	Follicular Dendritic cells
FDG	Fluorodeoxy-D glucose
HCC	Hepatocellular carcinoma
HU	Hounsfield Unit
IMA	Inferior mesenteric artery
IVC	Inferior vena cava
KSA	kingdom of Saudi Arabia
LNs	Lymph nodes
LNM	Lymph node metastases
MDCT	Multidetectors computed tomography
MIP	Maximum intensity projection
MPR	Multiplanar reformat
MRI	Magnetic resonance imaging
PACS	Picture archiving and communication system
RCC	Renal cell carcinoma
RECIST	Response Evaluation Criteria in solid tumors
SMA	Superior mesenteric artery
SPSS	Statistical Package for Social Science
TCC	Transitional cell carcinoma
3DVR	3 dimensions volume rendering

List of figures

Figure No	Title	Page
2.1	Lymphoid lobule	10
2.2	Lymph node	10
2.3	Lymph drainage of the stomach	15
2.4	Lymph drainage of the small intestine	16
2.5	Lymph drainage of the Large intestine	16
2.6	Lymph of the abdomen	18
2.7	Lymph drainage of the gall bladder	20
2.8	The major pelvic and retroperitoneal lymph node groups	27
2.9	Subgroups of paraaortic lymph nodes	28
2.10	Common iliac lymph nodes	29
2.11	Internal iliac lymph nodes	30
2.12	External iliac lymph nodes	31
2.13	Inguinal lymph nodes	32
2.14	Axial CT image in a patient with cirrhosis shows a prominent portocaval lymph node	35
2.15	Axial CT image in a patient with hepatoma shows a metastatic low density portocaval lymph node	37
2.16	Superficial pathways of lymphatic drainage for the liver	37
2.17	Axial CT image in a patient with hepatocellular carcinoma	38
2.18	Axial CT image in a patient with hepatoma shows enlarged nodes in the periportal	38
2.19	Deep pathways of lymphatic drainage for the liver	39
2-20	Axial CT image in a patient with cholangiocarcinoma shows enlarged prepancreatic	40
2.21	Lymphatic drainage pathways for the stomach	41
2.22	Coronal reformatted CT image in a patient with stomach cancer	42
2.23	Axial CT image in a patient with lymphoma shows enlarged, clustered mesenteric root lymph nodes	43
2.24	Axial CT image in a patient with primary colon cancer	44
2.25	Lymphatic drainage pathways for the colon	45
2.26	Axial CT image in a patient with left nephrectomy for renal cell cancer	47

2.27	Axial contrast-enhanced CT image shows an enlarged inguinal node	51
2.28	Axial CT image obtained in a patient who had a seminomatous tumor	52
2.29	axial CT image shows an enlarged external iliac node	53
4.1	frequency and percentage age group	64
4.2	frequency and percentage of the gender	65
4.3	frequency and percentage of the gender of affected and non-affected abdominal lymph node	67
4.4	frequency and percentage of the enlarged and non-enlarged abdominal lymph node	67

List of tables

Table No	Title	Page
2-1	Normal lymph node size in the abdomen	21
2-2	Normal lymph node size in the abdomen and pelvis	26
2-3	Size criteria for detecting abdominal malignant lymph nodes	35
2-4	Regional lymph nodes for colorectal cancer	44
4.1	Mean , median And Standard Deviation (SD) Minimum And Maximum Values Of The Age, weight, BMI ,HU and dimension For The study Group.	64
4-2	frequency and percentages of age group	64
4-3	frequency and percentages of the gender	65
4.4	Distribution of lymph nodes according to the abdominal regions	66
4.5	frequency and percentage of the gender of affected and non-affected abdominal lymph node	67
4.6	frequency and percentages of the enlarged and non-enlarged abdominal lymph node	67
4.7	The lymph node size, frequency and percentages	68
4.8	Computerized tomography final diagnoses frequency and percentages	68
4.9	Lymph nodes Location, frequency and percentages	69
4.10	Frequency of Distribution of lymph nodes Sites in different Abdominal Regions	70
4.11	Cross tabulation between the Distribution of lymph nodes Locations in different Abdominal Regions and CT findings	71
4.12	Descriptive Statistics With ANOVA Test Shows Different Abdominal lesions And CT Findings(Mean Values \pm Std. Deviation, Minimum and Maximum Values Measured In mm)	72

Tables of Contents

Topic	Page number
الآية الكريمة	I
Dedication	II
Acknowledgement	III
English Abstract	IV
Arabic Abstract	V
List of abbreviations	VI
List of figures	VII
List of tables	IX
Table of contents	X
Chapter One	
1.1 Introduction	1
1.2 Problem of the study	2
1.3 Objectives of the study	2
1.3.1 general objective	2
1.3.2 specific objectives	2
1.4 Significance of the study	3
1.5 Overview of study	3
Chapter Two	
2.1 lymph nodes anatomy	4
2.2 Capsule	5
2.3 Subcapsular sinus	6
2.4 Cortex	7
2.5 Medulla	7
2. 6The lymphoid lobule	11
2.7 Lymphatic drainage of the abdomen and pelvis	13
2.7.1 Lymphatic drainage of the anterior abdominal wall	13
2.7.2 The deep lymphatic vessels	13
2.7.3 Lymph drainage of the posterior abdominal wall	13
2.8 Lymph drainage of the abdominal organs	14
2.8.1 Lymph drainage of the testis	14
2.8.2 Lymph drainage of the stomach	14
2.8.3 Lymph drainage of the small intestine	15
2.8.3 .1 Duodenum	15
2.8.3 .2 Jejunum and Ileum	17
2.8.4 Lymph drainage of the large intestine:	17
2.8.5 Lymph drainage of the liver	18

2.8.5.1 The superficial vessels	18
2.8.5.2 The Deep lymphatics	19
2.8.6 Lymph drainage of the gall bladder	19
2.8.7 Lymph drainage of the pancreas	20
2.8.8 Lymphatic drainage of the spleen	20
2.7.9 Lymph drainage of the kidney	21
2.9 Lymph node groups of the abdomen	21
2.9.1 Superior mesenteric and inferior mesenteric nodes	22
2.9 .2 Para-aortic nodes	22
2.9 .3 Lateral aortic group	23
2.9 .4 Preaortic group	23
2.9 .5 Coeliac nodes	24
2.9 .6 Gastric group	24
2.9 .7 Retro-aortic group	25
2.9 .8 Pancreaticosplenic	25
2.9 .9 Cisterna chyli and abdominal lymph trunks	25
2.9 .10 porta hepatis	26
2.10 Normal Anatomy of the Paraaortic and Iliopelvic Nodes	27
2.10.1 Paraaortic Nodes	28
2.10.2 Common Iliac Nodal Group	29
2.10.3 Internal Iliac (Hypogastric) Nodal Group	30
2.10.4 External Iliac Nodal Group	30
2.10.5 Inguinal Lymph Nodes	31
2.10.6 Normal Radiological features of the abdominal lymphatics	32
2.11 The Pathology of Lymph Nodes Enlargement	33
2.12 Lymphatic Spread of Malignancies	36
2.12.1 Liver	36
2.12.2 Stomach	40
2.12.2 .1 Nodal Metastases in the Gastrocolic Ligament	41
2.12.2 .2 Inferior Phrenic Nodal Pathways	41
2.12.3 Small Intestine	42
2.12.4 Appendix	43
2.12.5 Colorectal	43
2.12.6 Caecum and ascending colon	45
2.12.7 Transverse colon	46
2.12.8 Left side of colon and upper rectum	46
2.12.9 Lower rectum	46
2.13 Retroperitoneal Lymph Nodes	46
2.13 .1 Renal, Upper Urothelial and Adrenal Malignancies	46

2.14 Lymphatic Spread of Malignancies	47
2.14.1 Renal Tumor	47
2.14.2 Adrenal Tumors	48
2.14.3 Pancreatic Cancer	48
2.15 Criteria for Diagnosing Abnormal Lymph Nodes	48
2.15.1 Size	48
2.15.2 Shape and Margin	49
2.15.3 Internal Architecture	49
2.16 Imaging-based Criteria for Identifying Nodal Metastases	49
2.16.1 Lymph Node Size	49
2.16.2 Shape and Contour of Nodes	50
2.16.3 Nodal Location	51
2.16.4 Number of Nodes	51
2.16.5 Internal Nodal Architecture	52
2.16.6 Other Indicators	54
2.17 Imaging Evaluation of abdominal LNs by MDCT	54
2.18 Previous studies	55
Chapter Three	
3 Materials and methods	60
3.1 Materials	60
3.1.1 Population of the study	60
3.1.2 Study sample	60
3.1.3 Inclusion criteria	60
3.1.4 Ethical consideration	60
3.1.5 Data analysis	61
3.2 Methods	61
3.2.1 Scanning protocol	61
3.2.2 Image acquisition and parameters	61
3.2.3 Steps of MDCT	62
3.2.4 Image analysis	62
3.2.5 Data collection	63
Chapter Four	
4 Results	64
Chapter Five	
5.1 Discussion	73
5.2 Conclusion	80
5-3 Recommendation	81
References	82

Appendices	90
publication	92