

# COMPUTED TOMOGRAPHY IN THE DIAGNOSIS OF PERITONEAL CARCINOMATOSIS

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# Methods of radiation diagnosis of peritoneal carcinomatosis :

- ▶ US
  - ▶ CT
  - ▶ MRI
  - ▶ PT-CT
- 
- A series of white lines of varying lengths and orientations are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.

Computer tomography of the abdomen and pelvis allows you to fully appreciate the size and location of the cancer, as well as to clarify the prevalence of lesions secondary lesions, which is important for planning and for assessing the effectiveness of therapy.

This should be used a CT scanner of the latest generation with high resolution.

On the basis of the oncological dispensary in the Department of x-ray computed tomography have the following multislice computed tomography:- Siemens SOMATOM Definition AS 64

- 2 Siemens SOMATOM Emotion 16
- 2 Toshiba Aquilion 16
- GE Optima CT 660
- GE Optima CT 580 (Широкоапертурный)

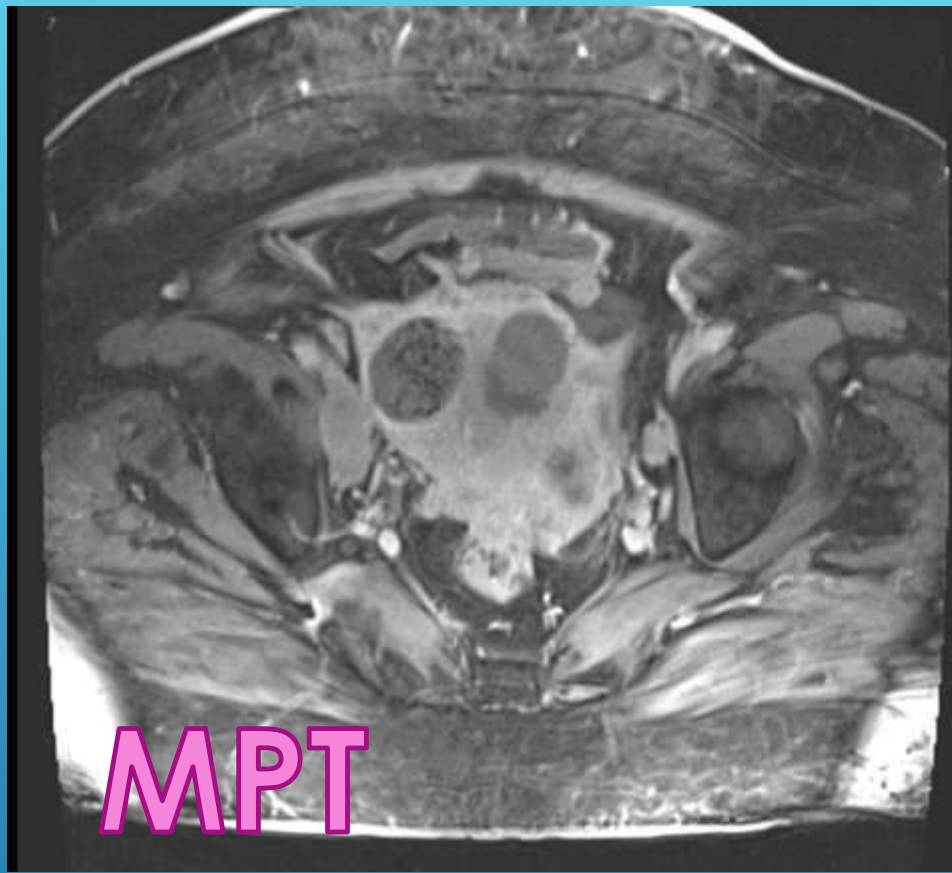


Most often peritoneal carcinomatosis develops when:

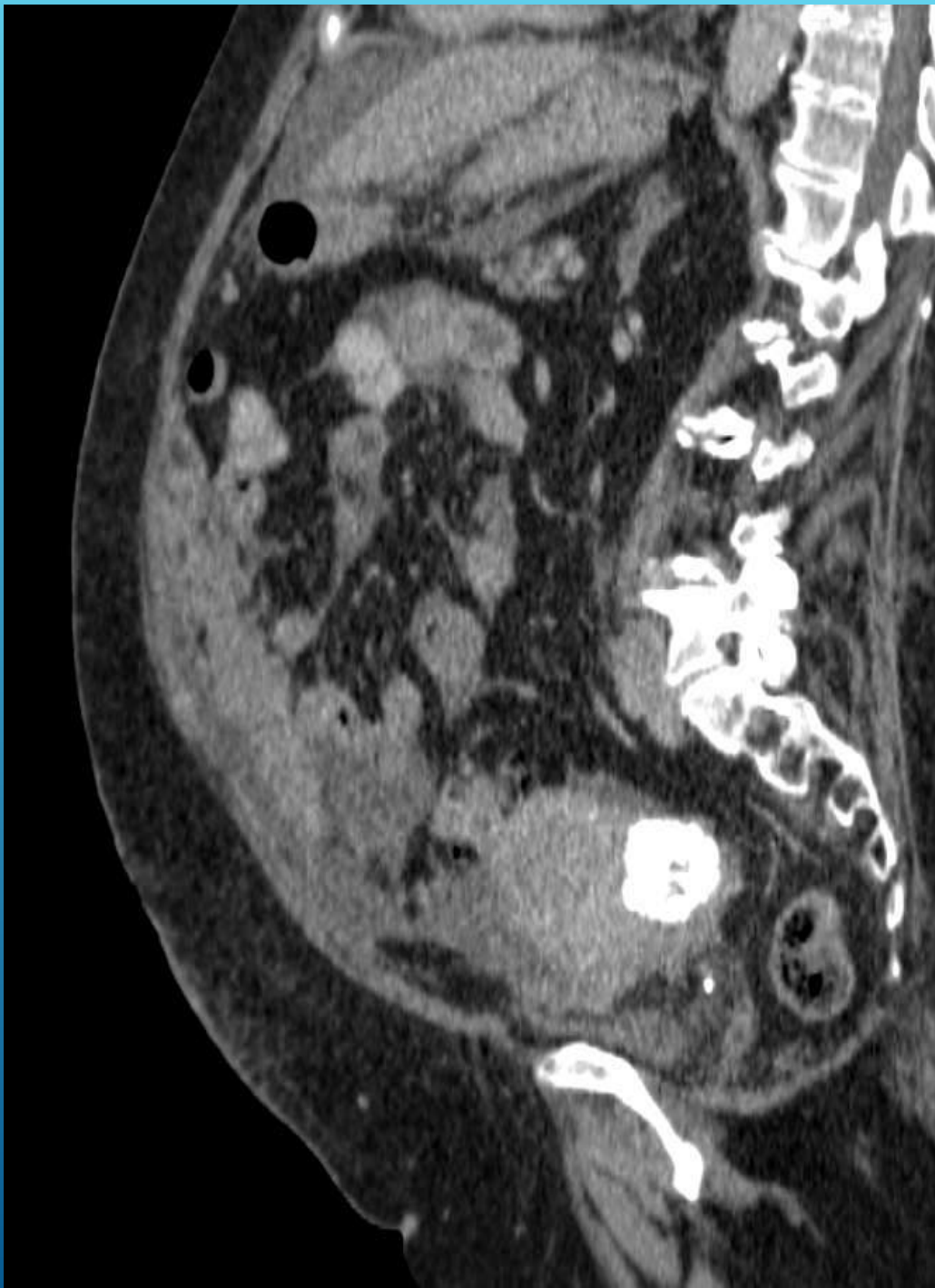
- ▶ Ovarian cancer
- ▶ Colorectal cancer
- ▶ Stomach cancer





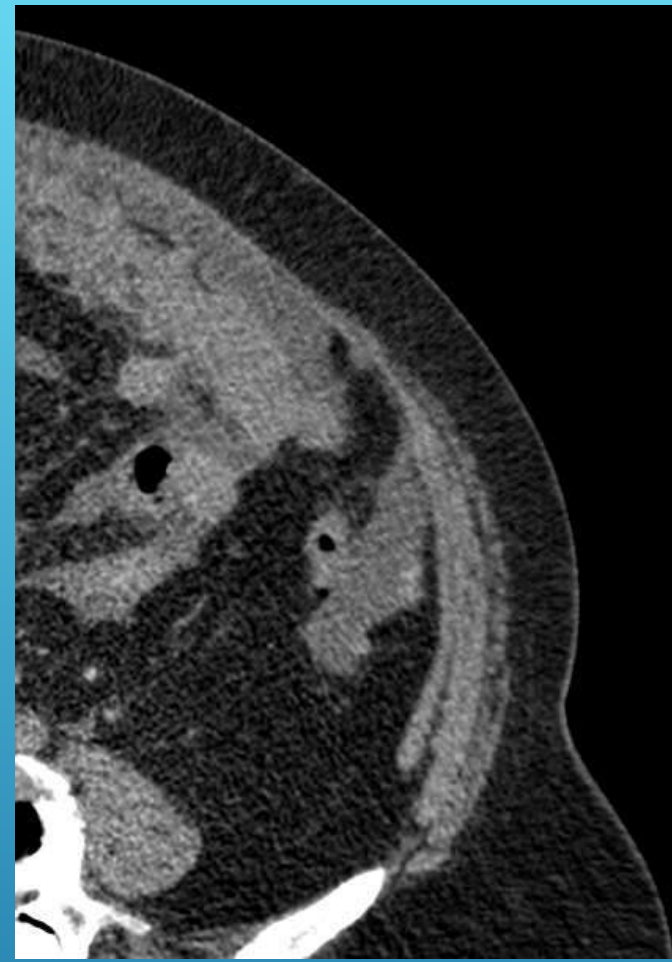
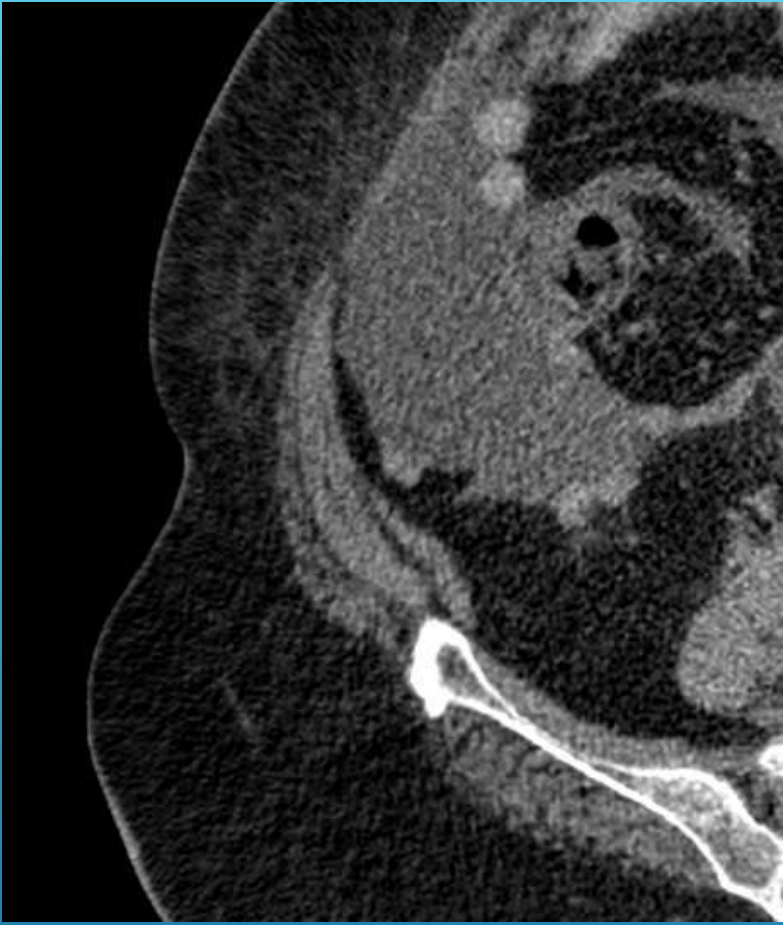


OVARIAN CANCER  
ON CT AND MRI: TUMOR OF THE LEFT OVARY WITH INVASION OF THE  
BODY AND THE CERVIX, THE ANTERIOR WALL OF THE RECTUM

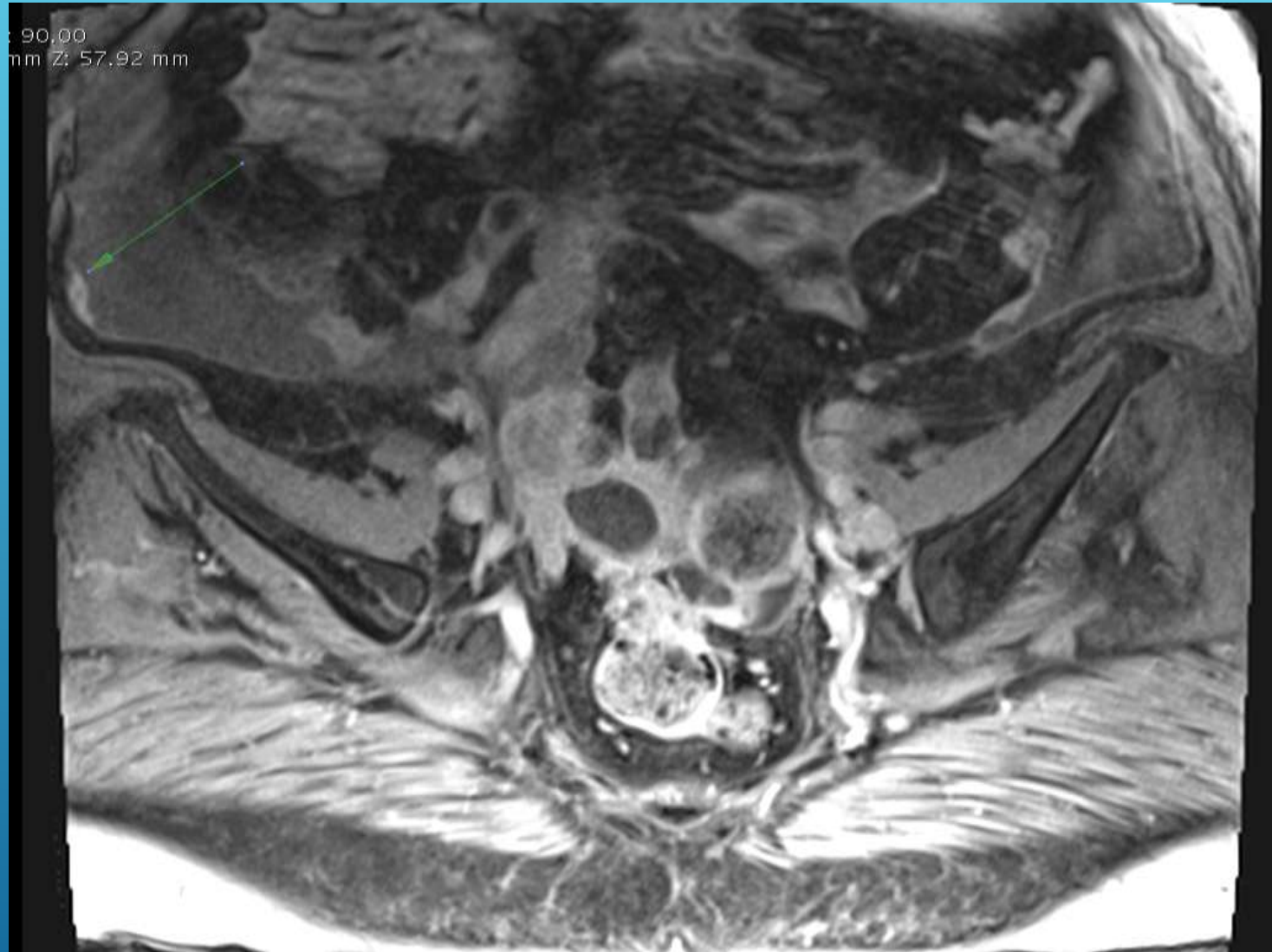


- Diffuse lesions of the greater omentum. Ascites.





ON THE BACKGROUND OF ASCITES IN THE PARIETAL PERITONEUM IN THE LATERAL POCKETS OF THE STOMACH ARE DETERMINED CANCEROMATOS POCKETS<sup>3</sup>



HISTOLOGY. THE PICTURE OF PAPILLARY SEROUS ADENOCARCINOMA OF THE OVARIES, GROWTH IN THE CERVIX AND BODY OF THE UTERUS, THE INVASION OF THE GREATER OMENTUM.

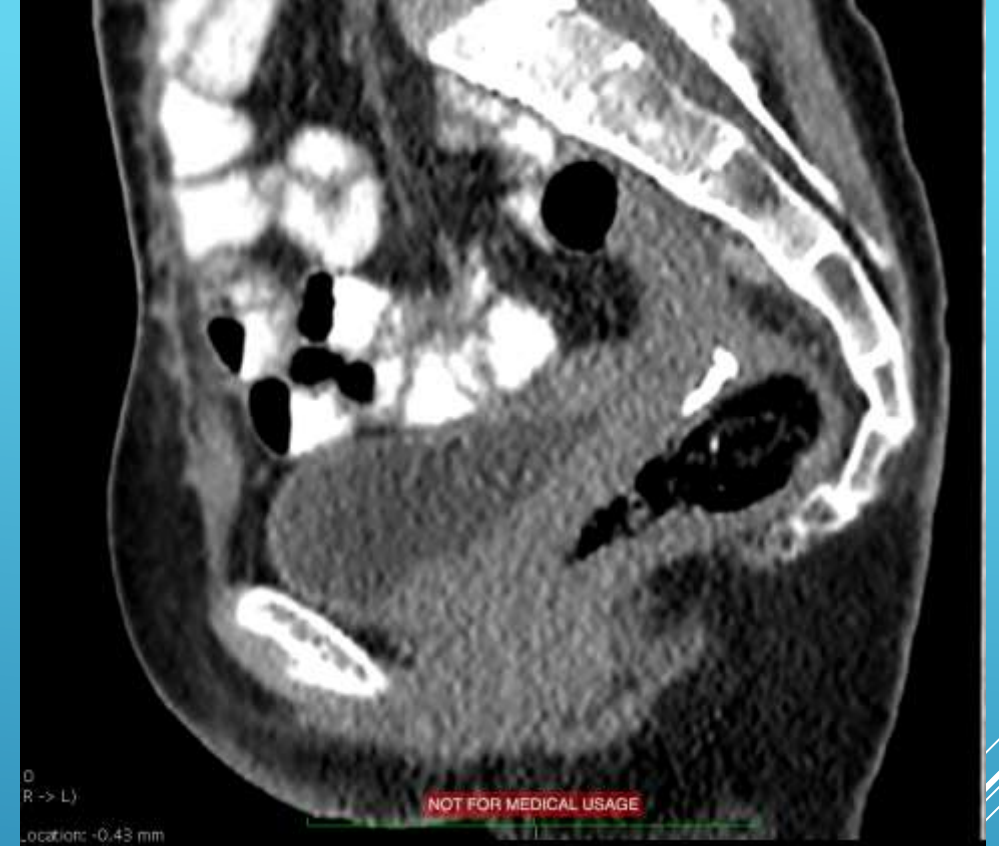




THE PATIENT, 30 YEARS DS: OVARIAN CANCER CT SCAN: TUMOR OF THE RIGHT OVARY WITH THE GROWTH OF THE UTERUS AND THE ANTERIOR WALL OF THE RECTUM.

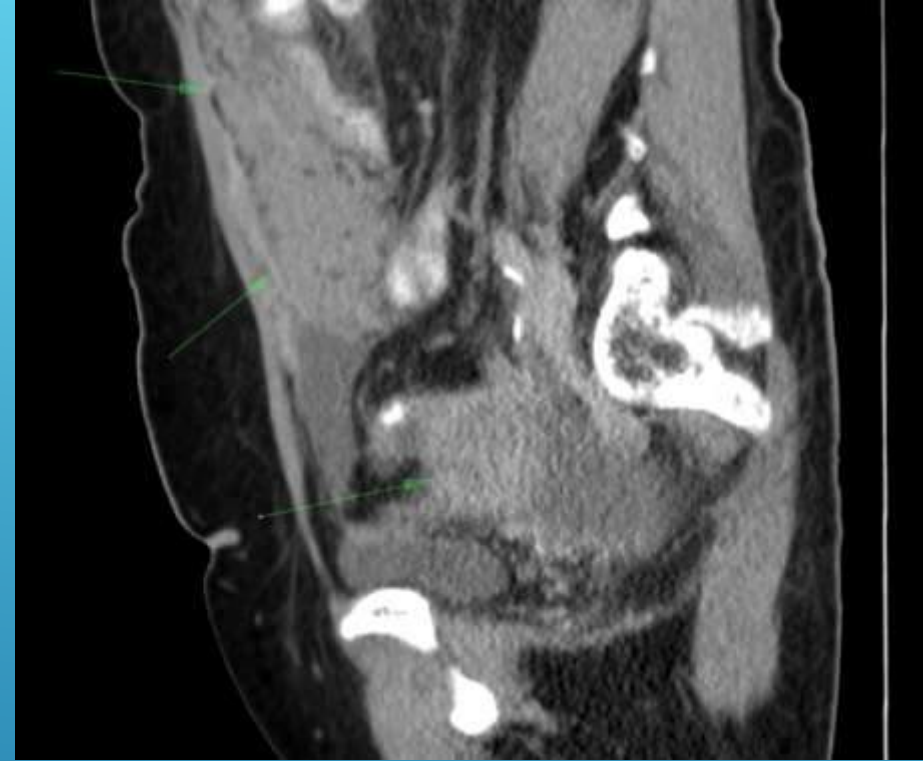
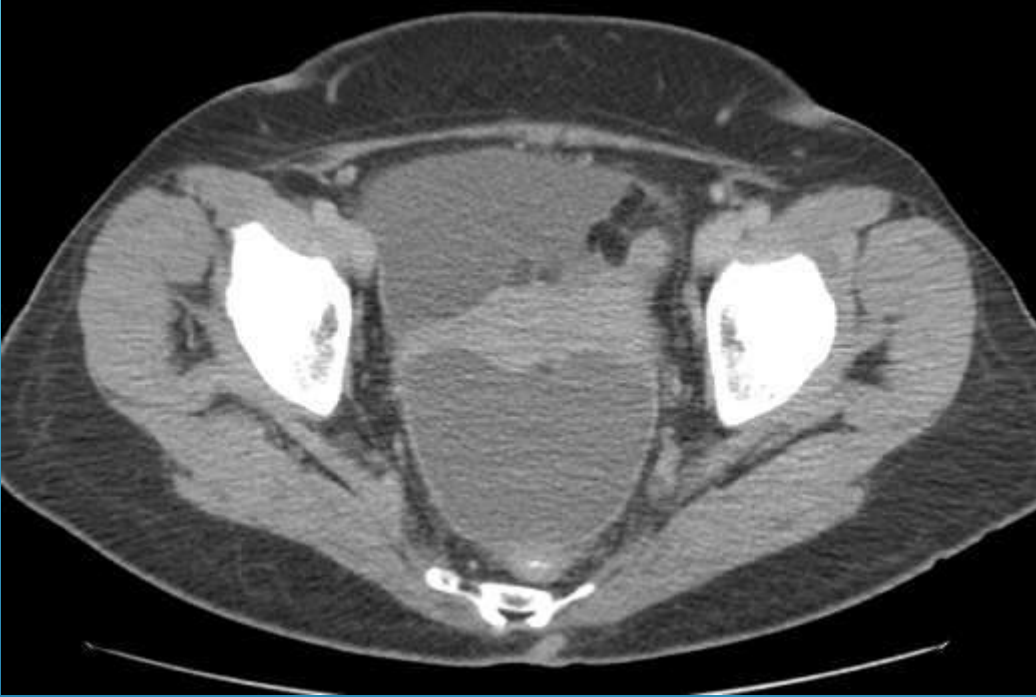


IN A LARGE GLAND VISUALIZED CANCEROMATOS NODES FROM 1.5 CM TO 3.0 CM



ON CONTROL MSCT FOR 8 MONTHS: RECURRENCE AND DISTANT MTS  
IS NOT REVEALED.





CT SCAN: TUMOR OF THE LEFT OVARY. THE GREATER OMENTUM  
CARCINOMATOSIS. ASCITES.



- Operation. Combined extirpation of the uterus with appendages . Anterior resection of the rectum.Colectomy. Ileostomy. Omentectomiya. Peritoneoscope. Resection of the bladder. Epicystostomy. Histology.Ovarian cancer, serous carcinoma

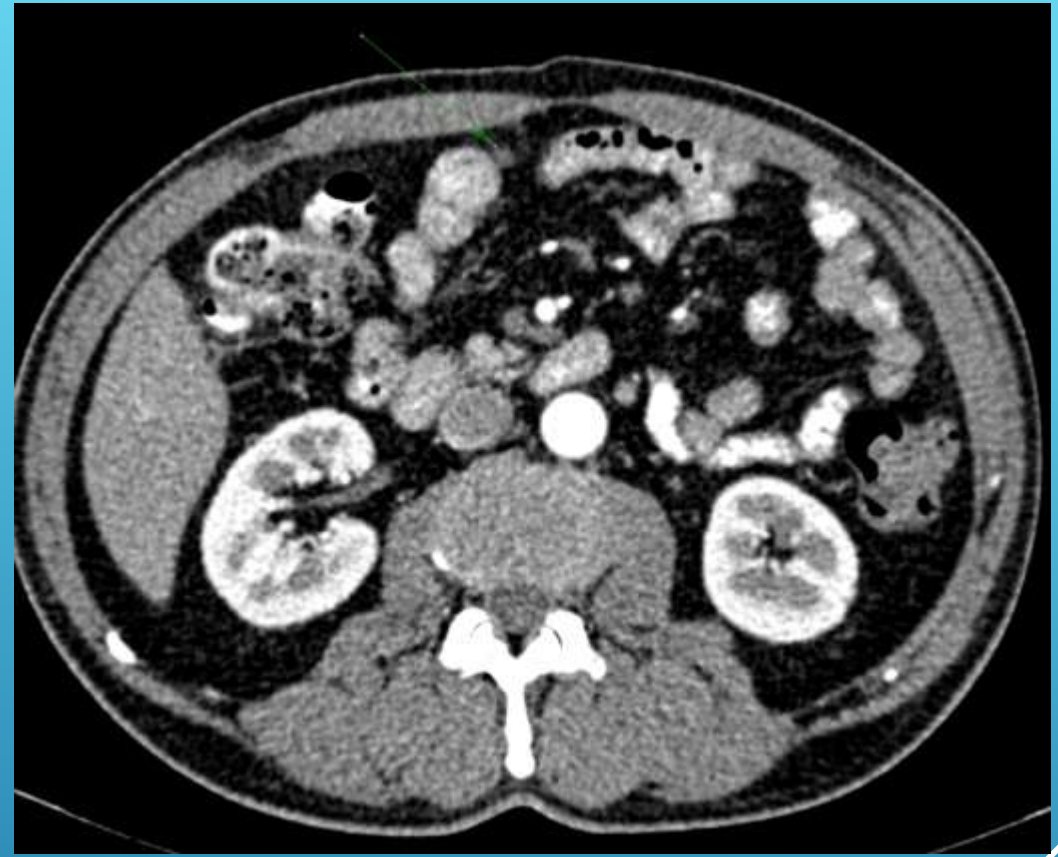
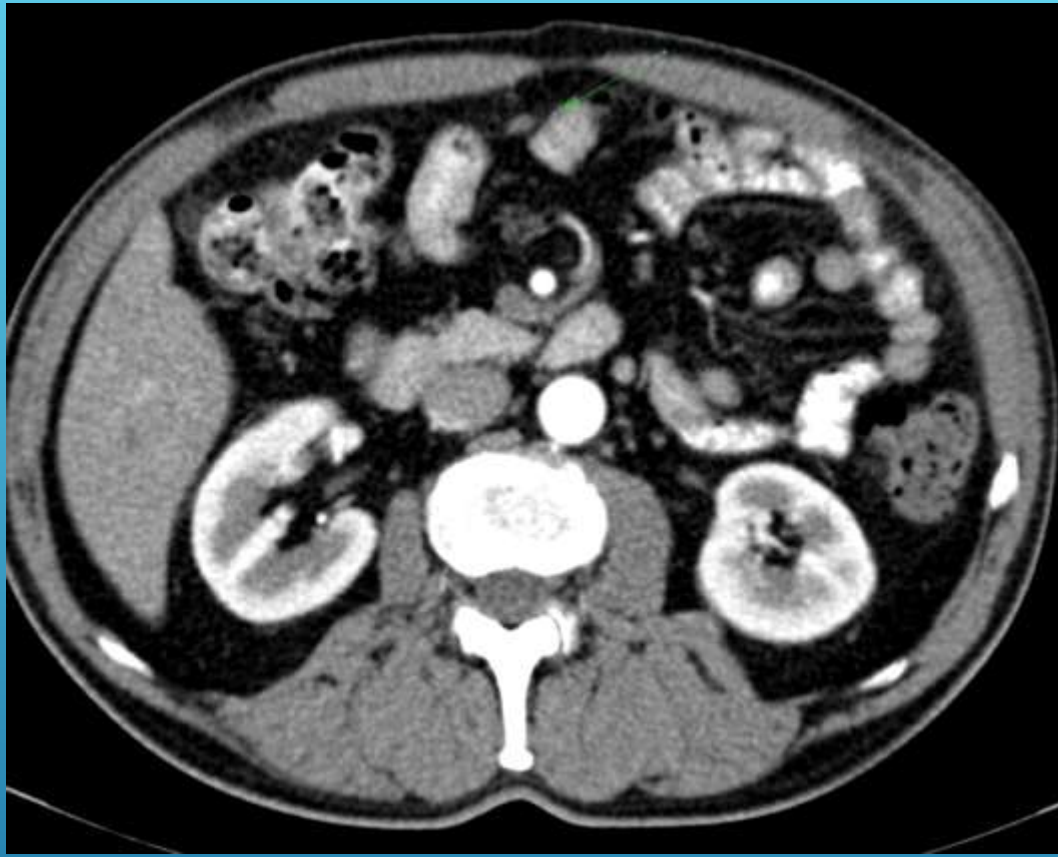


ON CONTROL CT SCAN, 6 MONTHS AFTER SURGERY AND 4 COURSES OF CHEMOTHERAPY (CISPLATIN): THE DATA FOR LOCAL RECURRENCE WERE NOT IDENTIFIED. APPEARED KANZEROMATOSNY NODES ON THE VISCERAL PERITONEUM OF THE LIVER (SEGMENT 6, THE ROUND LIGAMENT), SPLEEN, PARASTERNAL ADIPOSE TISSUE.

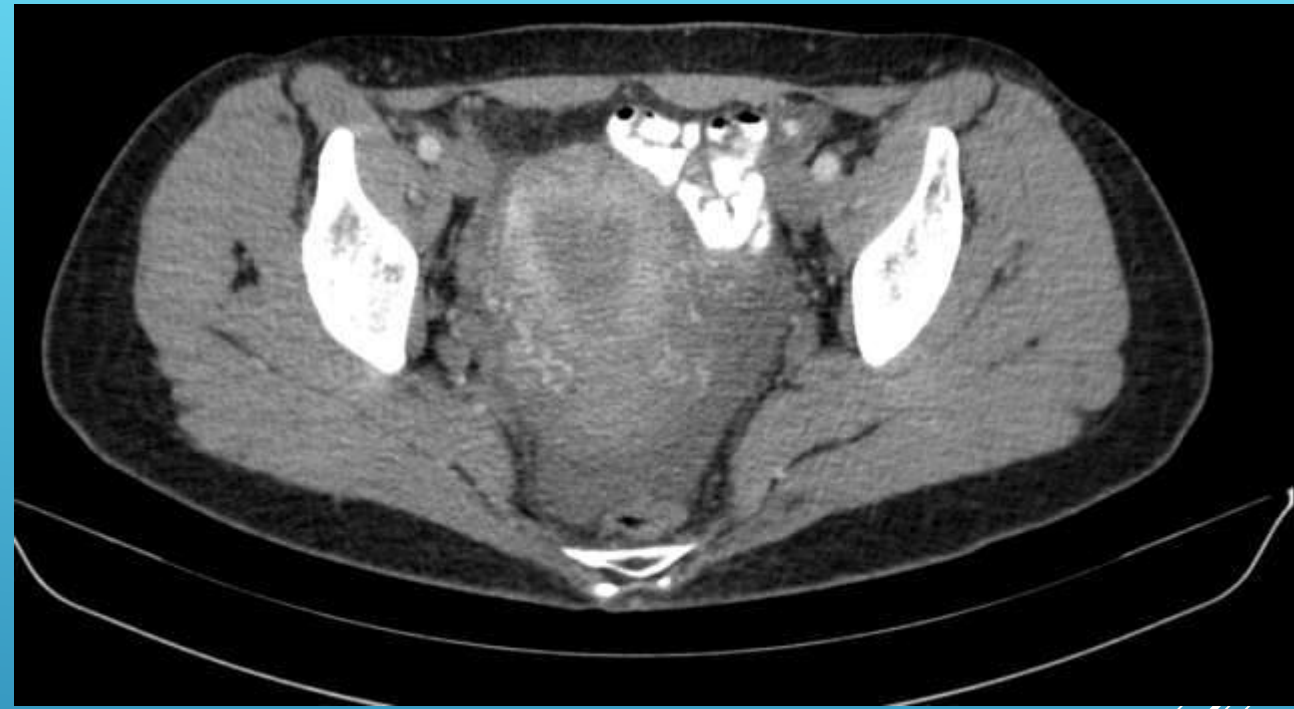




DS: CANCER OF RECTOSIGMOID  
DIVISION OF THE COLON

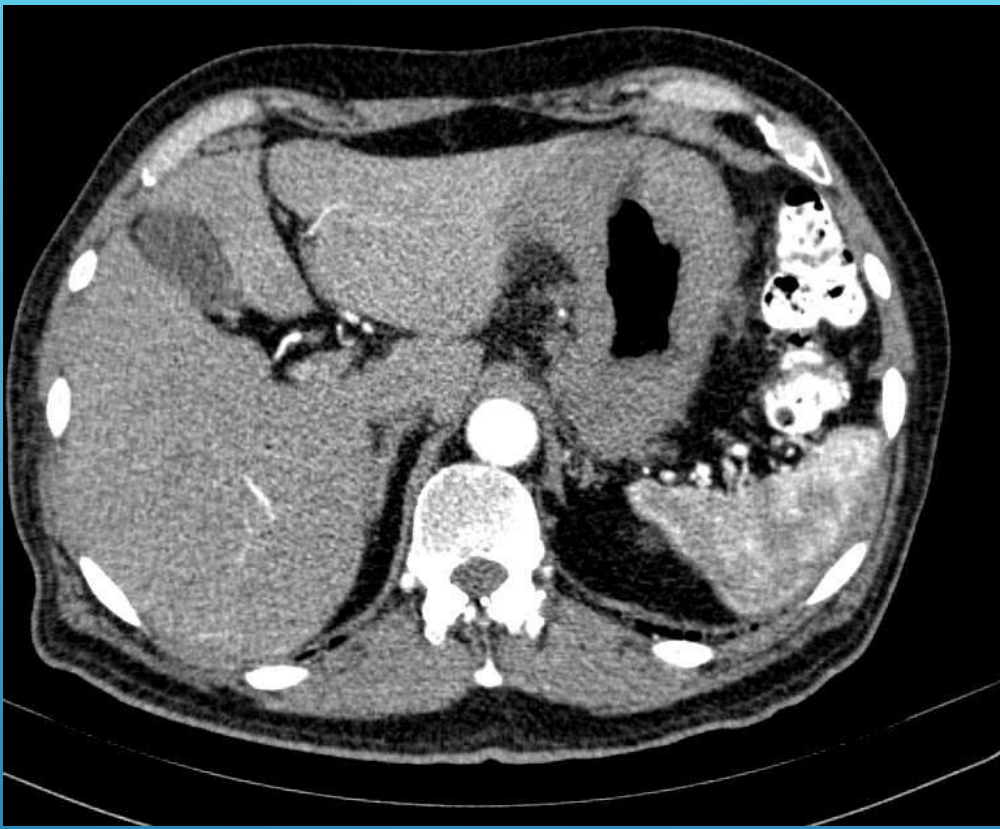


CT OF SUSPECTED SMALL ISOLATED NODES CARCINOMATOSIS IN A LARGE GLAND FROM 5 MM TO 7 MM . OPERATION. LAPAROSCOPIC SIGMOSCOPY. DISCOVERED IN THE EXUDATE CELLS OF ADENOCARCINOMA.




S: CANCER OF THE STOMACH. CT SCAN: TUMOR OF THE STOMACH. EFFUSION IN THE PELVIS.





DS: STOMACH CANCER CT SCAN: TUMOR OF THE STOMACH.  
EFFUSION IN THE PELVIS.

COMPUTED TOMOGRAPHY IS THE MAIN METHOD OF DIAGNOSIS IN OUR CLINIC AND MAKES A SIGNIFICANT CONTRIBUTION TO THE ASSESSMENT OF THE PREVALENCE CANCEROMATOS PROCESS AND PLANNING TACTICS OF TREATMENT OF PATIENTS.

Several thin, white, parallel diagonal lines are positioned in the bottom right corner of the slide, extending from the right edge towards the center.



**THANK YOU FOR YOUR  
ATTENTION**

