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Abstract book

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had irregular borders.

In 2 patients (28.6%) enlarged hilar lymph nodes were noted.

Lobar collapse was found in 3 patients (42.9%). Peritumoral calcification was detected in 2 patients (28.6%). In one child (14.3%) erosion of the thoracic vertebra was evident.

Discussion: Mediastinal tumors are usually first suspected on chest X-rays. US provides distinction of solid, and cystic regions of the masses. CT and MR can precisely detect the growth and character of the masses, and the relations with the surrounding structures. For associated tracheal and bronchial abnormalities CT provides more data than MR. Calcifications can be precisely detected with CT. MR has more advantage for the masses are in the apical area or near the diaphragm or spine.

Conclusion: CT and MR imaging are superior in diagnosing mediastinal tumors, compared to chest X-ray, and US. They offer excellent data on tissue characterization as well as on location, and extension of the masses.

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PERCUTANEOUS TREATMENT OF THE CYSTIC LESIONS IN THE ABDOMINAL CAVITY

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INTRODUCTION

The Percutaneous treatment of the cystic lesion in the abdominal cavity had almost the same long term results like the surgical treatment of the above mentioned cysts.

The advantages of the percutaneous treatment of the cysts in the abdominal cavity are lower morbidity and mortality. Intraabdominal cysts can generally be characterized like unilocular with well-defined walls without fistulae connections and occurring in the non debilitated patients.

Unfortunately, noninvasive diagnostically procedures cannot give information for the nature of the fluid within the cysts, so more recommendable is Percutaneous imaging guided treatment.

The cysts in the abdominal cavity can be placed in the liver, retroperitoneal, subphrenic as well as subhepatic spaces, in the pericolic gutters and pelvic cul-de sac.

Generally speaking according to the pathology character Intraabdominal cystic lesion can be abscesses, lymphocysts, hydatid cysts, organized haematoma or other kind like pseudocysts of the pancreas.

AIM

The aim of the study is to present our first experience in the percutaneous treatment of the cystic lesions in the abdominal cavity.

MATERIAL AND METHODS

In a period of 4 years 15 patients from out coming unit as well as hospitalized diagnosed with a different kind of cystic lesions were underwent of the Percutaneous treatment of the Intraabdominal cysts.

We have used two kind of technique:

- Simple technique of the puncture and drainage
- PAIR technique (punction aspiration-injection-reaspiration) presented by Ben Amor study .With this method, cysts are first punctured with a needle After aspiration of the content hypertonic saline is injected .Finally the content is reaspirated without any drainage.
- PAIR plus drainage (according to Okan Akhan MD) were after punction, aspiration and injection of the hypertonic saline we install a drainage catheter.

Several imaging modalities can be used to localize lesions and guide needle placement. The optimal choice for any given procedure is the one that best combine speed, accuracy, safety and acceptable costs.

Lesions that differ significantly in radiopacity from their immediate surroundings are well suited for fluoroscopy guided needle placement. For the Intraabdominal cystic lesions well differ from the surroundings according to the echogenicity we can use US needle puncture and catheter placement .Although the best results and view that we got is with computed tomography (CT) guided needle puncture and catheter placement .

Used materials:

- Needle
- Guide wire
- Drainage catheter

RESULTS

Concerning to the PAIR drainage of the hydatid cysts we have to mention that only negative side of the intervention is that due to effect of the hypertonic saline on the protoscolices we can not determine their viability during the intervention .If any viable protoscolices are left within the cysts cavity, hydatid diseases may recur after a period.

COMPLICATIONS

We can say that the complications were very small. In one patient with hydatid intrahepatic cyst underwent on PAIR plus drainage get slight anaphylactiod skin reaction. After placing of the catheter in two patients the catheter has moved. We had two re-interventions after some period due to refilling of the cysts.

CONCLUSION

Percutaneous treatment of the cysts in the abdominal cavity give excellent results related to the simplicity of the procedure that can be conducted in out coming units , long term results for the patients and small frequency of the complications.

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CONTEMPORARY DIAGNOSTIC EVALUATION OF RECURRENT SALIVARY GLAND SWELLING

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Introduction: Recurrent swelling of the salivary gland is usually considered as chronic sialoadenitis, sialosis or benign lymphoepithelial lesion, but in fact, there are many possible causes. In all cases, there is obstruction of salivary outflow is a prominent feature, with evident obstruction or as a consequence of interstitial tissue pressure on excretory ducts. The expanding development of