



šesti kongre

es radiologa scg



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PROGRAM

ZBORNIK SAŽETAKA



maybe submucosal TU process or lymphoma, without any other lesions or enlarged intra or retroperitoneal lymph gland. Barium study images showed about 4 cm long polypoide lesion with central ulceration at the same region. OGD scopy with deeper biopsy afterwards showed suspected malignant submucosal tumor at the end part of duodenum, and hystopathological analysis confirmed gastrointestinal spindle cell sarcoma with low malignant potential. Surgery has been undertaken with tumour resection with uncomplicated duodenojejunostomy.

CONCLUSION: Primary small bowel tumors are rare. They generally present with bleeding so when the other reasons for Anemia are excluded ones should look at small bowel and consider small bowel pathology as a source of blood loss.

PS 032

LOWER LEGS ARTERIES OCCLUSION: COLOR DOPPLER ULTRASOUND VERSUS IV DSA

Jovanoska S., M. Sapungioski, G. Damjanoski, B. Bozinoska, S. Jakomoska, J. Simjonovska

Medicinski centar-Prilep

Aim: In our daily practice, Color Doppler Ultrasound - CDU as a noninvasive technique is the first choice for assessing the patients with claudication. This report compares results gathered with Doppler Ultrasound that were checked with intra venous Digital Subtractional Arteriography - IV DSA more a less invasive than direct arteriography.

Material and Methods Symptomatic patients referred to the Ultrasound Department for CDU evaluation of lower legs arteries were included. Color-coded duplex sonography with patient lying in the supine position was performed with Toshiba SSA 270HD, with 3.5-MHz convex and 7.5-MHz linear probe.

Results 21 occlusions were diagnosed with CDU which from 2 Lericheâ™s syndrome, 3 occlusions of external iliac artery and 16 occlusions of superficial femoral artery. All patients were sent for IV DSA. Results from IV DSA confirm the same findings.

Conclusion The results show the strong correlation among CDU diagnosed occlusions and IV DSA findings; so Doppler Ultrasound is prove as accurate versus IV DSA in diagnosing occlusion of lover legs arteries. It is also practical, noninvasive, save and cost-effective technique, especially in small centers where other methods are not available.

PS 033

PREDLOG PROGRAMA RANOG OTKRIVANJA RAKA DOJKE NA OPŠTINI VOŽDOVAC

Jovanović Ivanka, Mila Milekić Marković

Dom zdravlja "Voždovac", Beograd

Svetska zdravstvena skupština je na 58. -om zasedanju 2005. godine usvojila Rezoluciju o prevenciji i kontroli karcinoma. Kontrola raka je javno-zdravstveni problem koji uključuje prevenciju, rano otkrivanje, lečenje i na kraju palijativno zbrinjavanje.

Prevencija je najuspešnija dugotrajna strategija većine malignoma ali ne i raka dojke.

Skrining i rano otkrivanje kod karcinoma dojke povećava šanse za izlečenje, smanjuje troškove lečenja i mortalitet.

U mnogim zemljama sveta postoje Nacionalni programi za rano otkrivanje karcinoma dojke ali pojedine zemlje imaju i regionalne i lokalne programe.

Skrining za rak dojke je multidisciplinarni poduhvat a uspeh osigurava planiranje pre izvođenja postupka.

Ciljevi našeg programa na lokalnom nivou opštine Voždovac:

1. Otkriti u većem postotku rak u ranom stadijumu

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2. Smanjiti mortalitet

Uslovi skrininga:

1. Mamograf
2. Klinički pregled, DZ Voždovac ima školovanog onkologa
3. Edukovani radiolog, DZ Voždovac ima 2 edukovana radiologa i 2 tehničara za kompletну dijagnostiku dojke (mamografija i UZ dijagnostika)

Ciljana grupa su žene Voždovca, ukupan broj žena 80.495, životne dobi od 50-69 godina 22.071 voždovčanka.

Iskustvo iz analize prethodnih periodičnih pregleda nam govori da je očekivani odziv u našoj populaciji do 40%.

Zaključak: Ako se ostvare tehnički uslovi za skrining dojke na našoj opštini, tim od 2 radiologa, 2 tehničara bi sledeće 4 godine mogao da obavi inicijalni pregled sa zahvatanjem u populaciji do 40%.