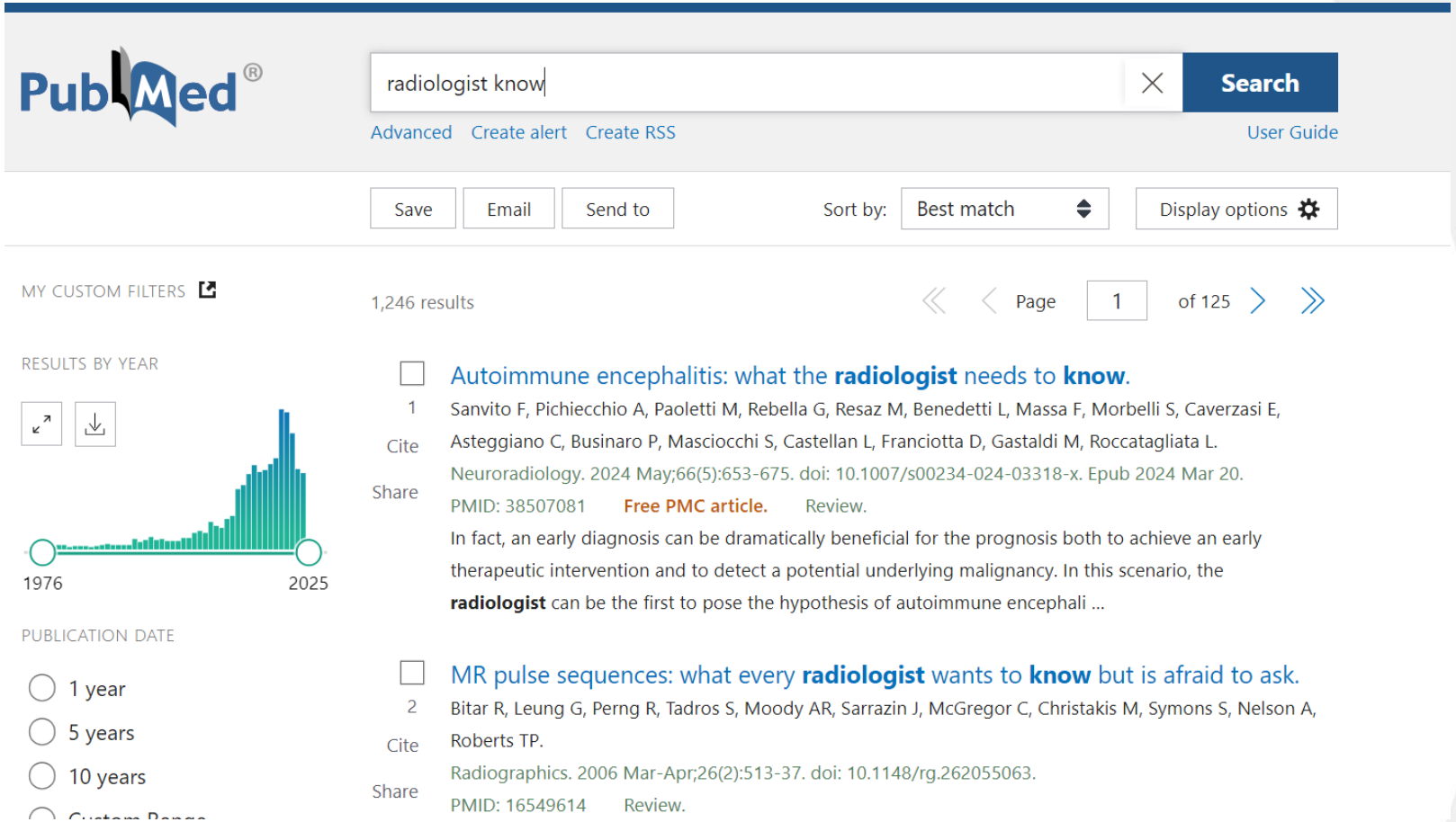
MRI in de diagnostiek van het cervixcarcinoom

Dr. Joost Nederend - Radioloog

catharina
een santeon ziekenhuis

Gedreven door het leven.

Inhoud?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Autoimmune encephalitis: what the radiologist needs to know.
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Sanvito F, Pichiecchio A, Paoletti M, Rebella G, Resaz M, Benedetti L, Massa F, Morbelli S, Caverzasi E, Asteggiano C, Businaro P, Masciocchi S, Castellan L, Franciotta D, Gastaldi M, Roccatagliata L.
Neuroradiology. 2024 May;66(5):653-675. doi: 10.1007/s00234-024-03318-x. Epub 2024 Mar 20.
PMID: 38507081 Free PMC article. Review.
In fact, an early diagnosis can be dramatically beneficial for the prognosis both to achieve an early therapeutic intervention and to detect a potential underlying malignancy. In this scenario, the radiologist can be the first to pose the hypothesis of autoimmune encephali ...
MR pulse sequences: what every radiologist wants to know but is afraid to ask.
2
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Bitar R, Leung G, Perng R, Tadros S, Moody AR, Sarrazin J, McGregor C, Christakis M, Symons S, Nelson A, Roberts TP.
Radiographics. 2006 Mar-Apr;26(2):513-37. doi: 10.1148/rg.262055063.
PMID: 16549614 Review.


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Beddy P, Rangarajan RD, Sala E.
AJR Am J Roentgenol. 2011 Mar;196(3):W341-7. doi: 10.2214/AJR.10.5050.
PMID: 21343486
Review.
The purpose of this article is to review what a radiologist needs to know about imaging brachytherapy probes including the MR technique, correct positioning of the probes, and associated complications. ...It is important for radiologists to be familiar with t ...

'radiation oncologist' know

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84 results Page 1 of 9

1 Cite Share

Local Staging of Prostate Cancer at MRI: What the Urologist and **Radiation Oncologist** Want to **Know**.

Gottumukkala RV, Lee LK, Tu W, Tempany CM, Fennessy FM.

Radiographics. 2023 Sep;43(9):e220100. doi: 10.1148/rg.220100.

PMID: 37561642 **Free PMC article.**

2 Cite Share

Squamous cell carcinoma of head and neck: what internists should **know**.

Jung K, Narwal M, Min SY, Keam B, Kang H.

Korean J Intern Med. 2020 Sep;35(5):1031-1044. doi: 10.3904/kjim.2020.078. Epub 2020 Jul 14.

PMID: 32663913 **Free PMC article.** Review.

Optimal management of SCCHN requires a multidisciplinary team of surgical **oncologists**, **radiation oncologists**, medical **oncologists**, nutritionist, and speech-language pathologists, due to the complexity of anatomical structure and importance of functiona ...

3 Cite Share

Pharmacologic Pain Management: What **Radiation Oncologists** Should **Know**.

Skarf LM, Jones KF, Meyerson JL, Abrahm JL.

Semin Radiat Oncol. 2023 Apr;33(2):93-103. doi: 10.1016/j.semradonc.2023.01.002.

PMID: 36990640 Review.

4

What Neuroradiologists Need to **Know** About **Radiation** Treatment for Neural Tumors.

Inhoud

- Waarom scannen?
- Hoe scannen?
- Wat kun je zien?

Cervical cancer - FIGO stage

I **Tumor confined to cervix (disregard extension to uterine corpus)**

- IA Stromal invasion ≤ 5 mm (diagnosed by microscopy)
- IB Stromal invasion > 5 mm
  Greatest tumor dimension ≤ 2 cm= IB1; 2-4 cm=IB2; >4cm=IB3

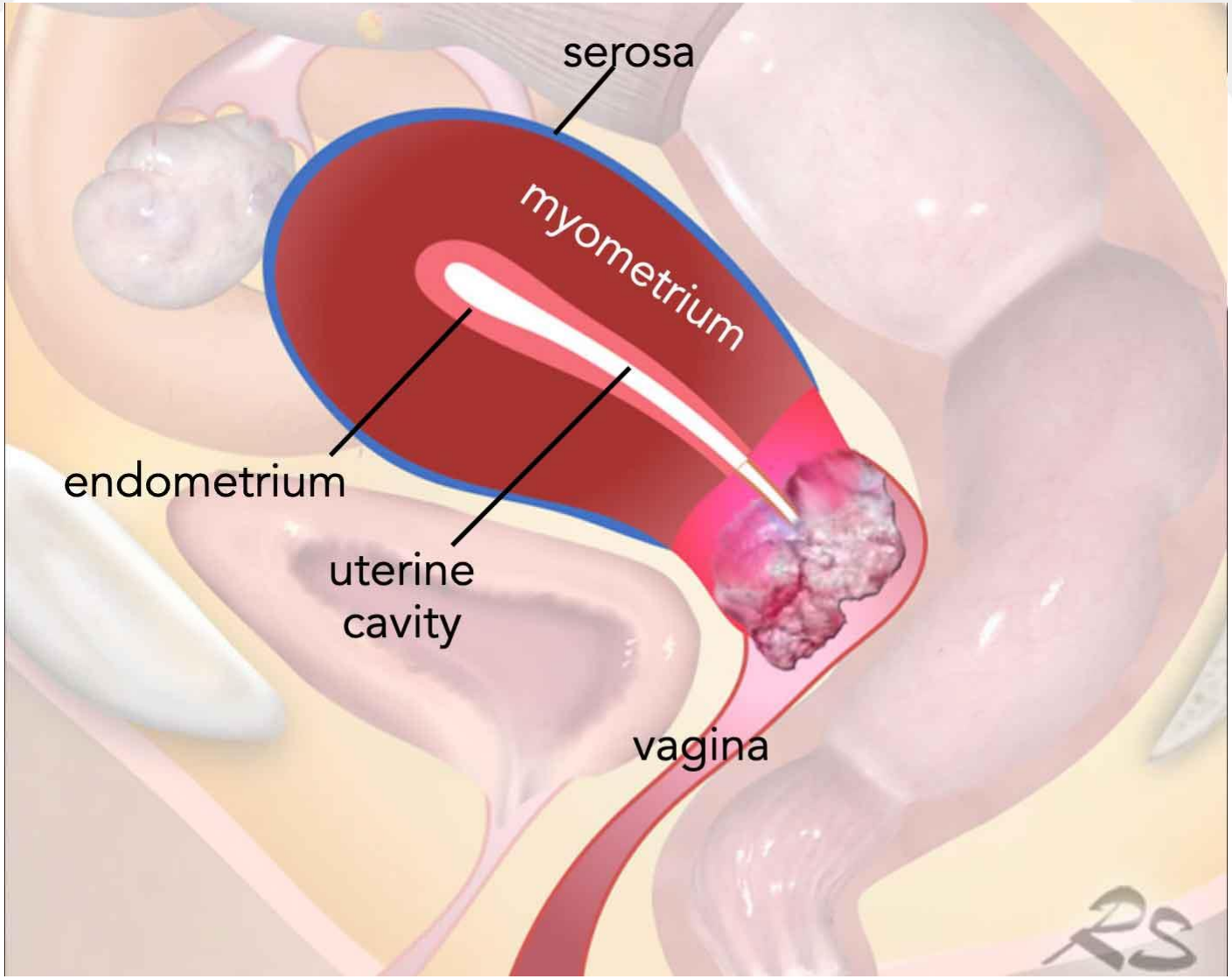
II **Invasion beyond uterus, but not to the lower 1/3 of vagina or pelvic sidewall**

- IIA Invasion limited to upper 2/3 of vagina
- IIB With parametrial invasion

III **Invasion of lower 1/3 of vagina, pelvic sidewall, or causing hydronephrosis**

- IIIA Invasion of lower 1/3 of vagina
- IIIB Invasion of pelvic sidewall and/or hydronephrosis

IVA **Invasion of bladder or rectal mucosa, or distant metastases**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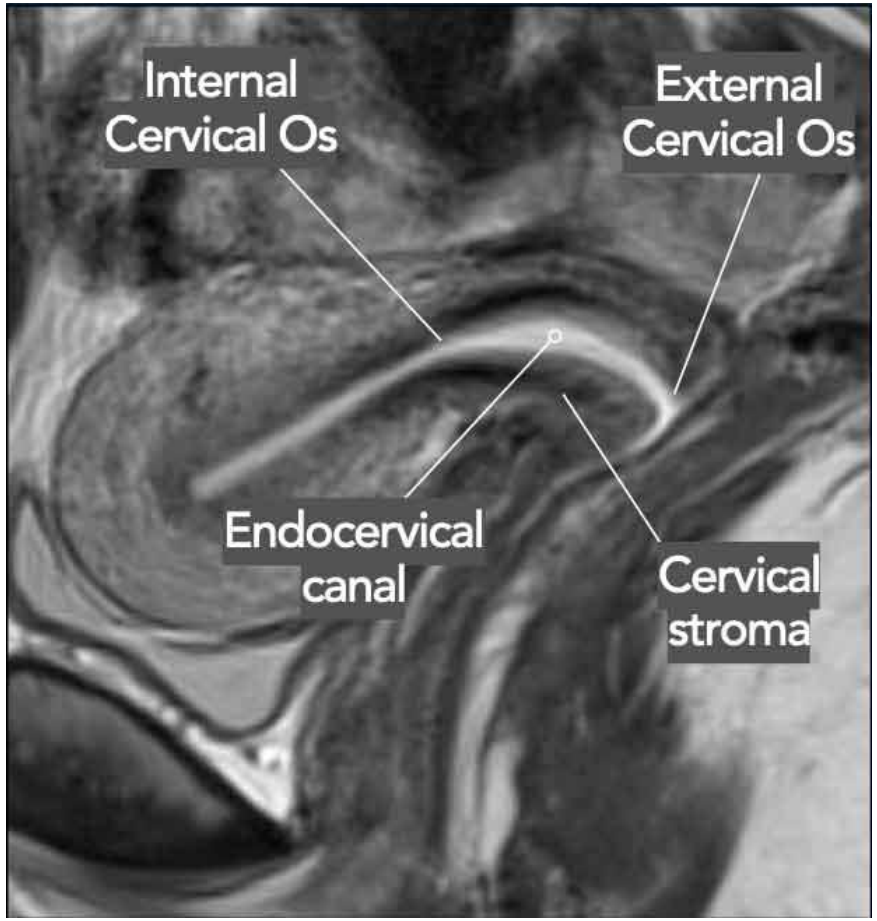
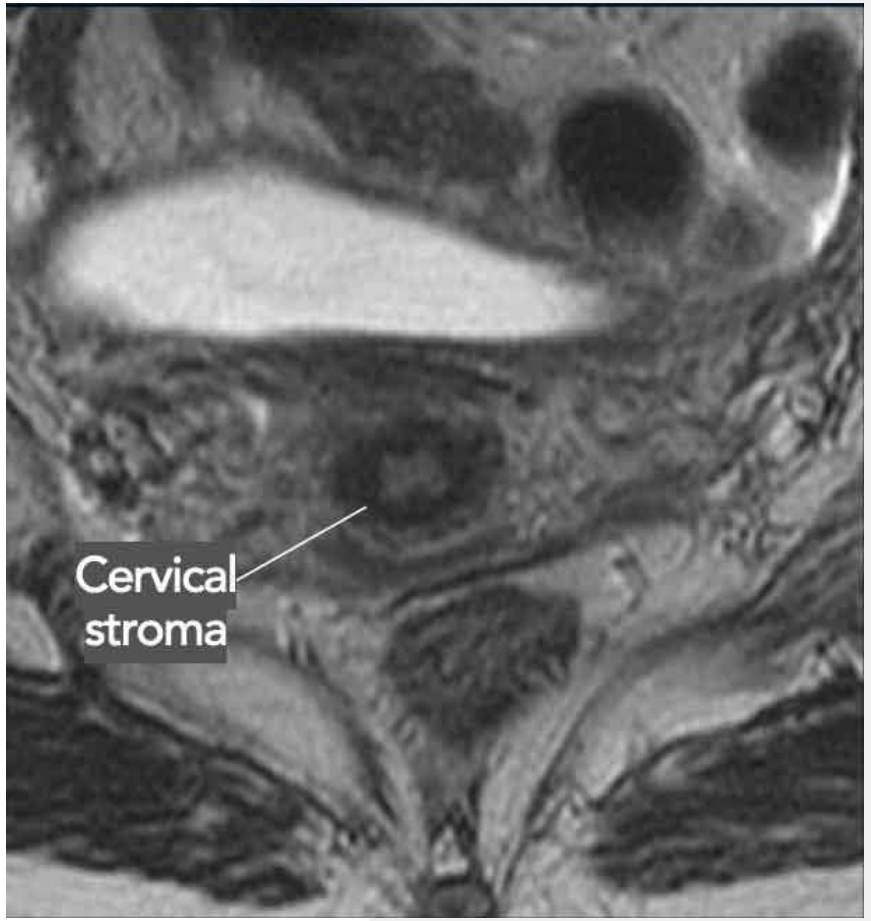
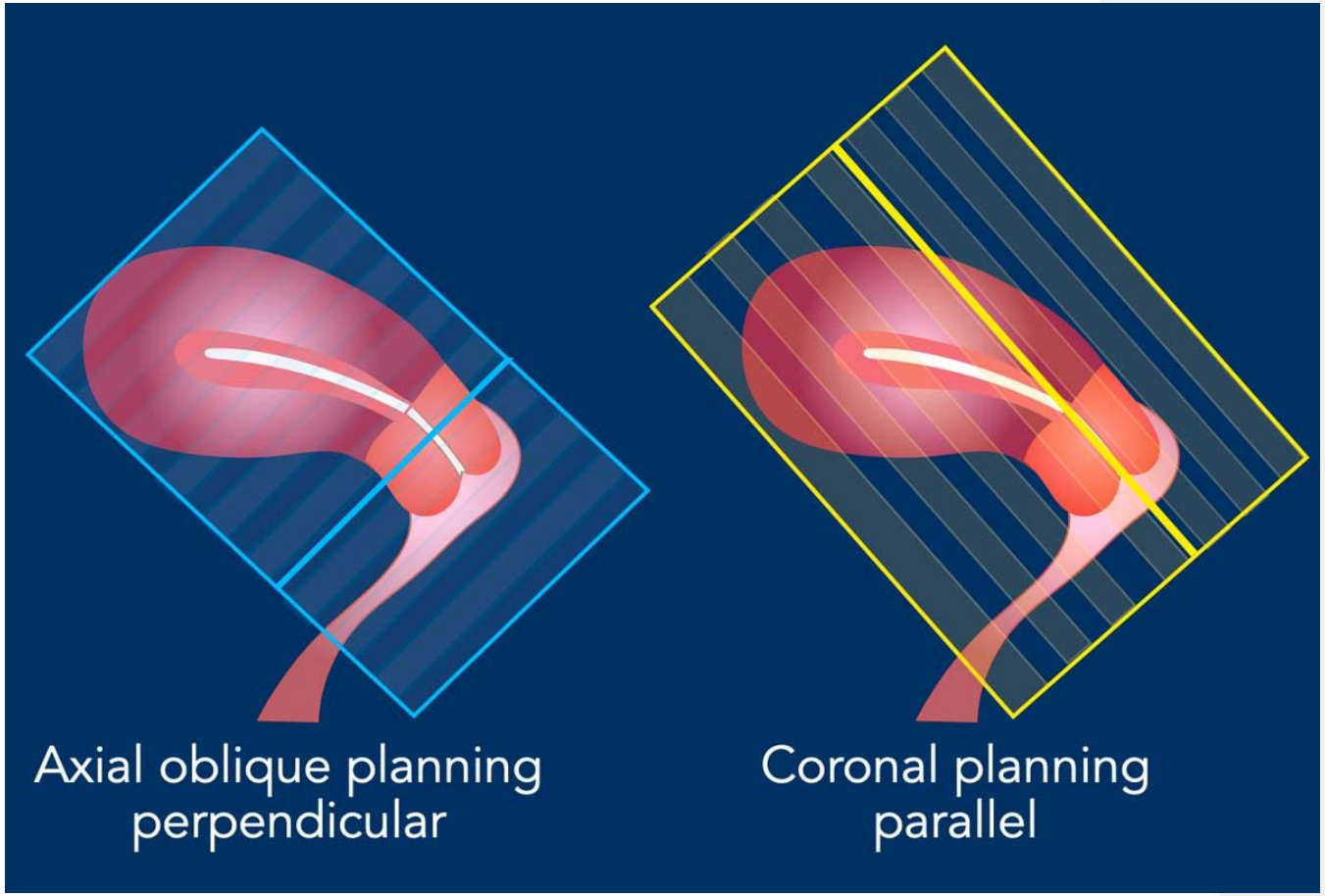
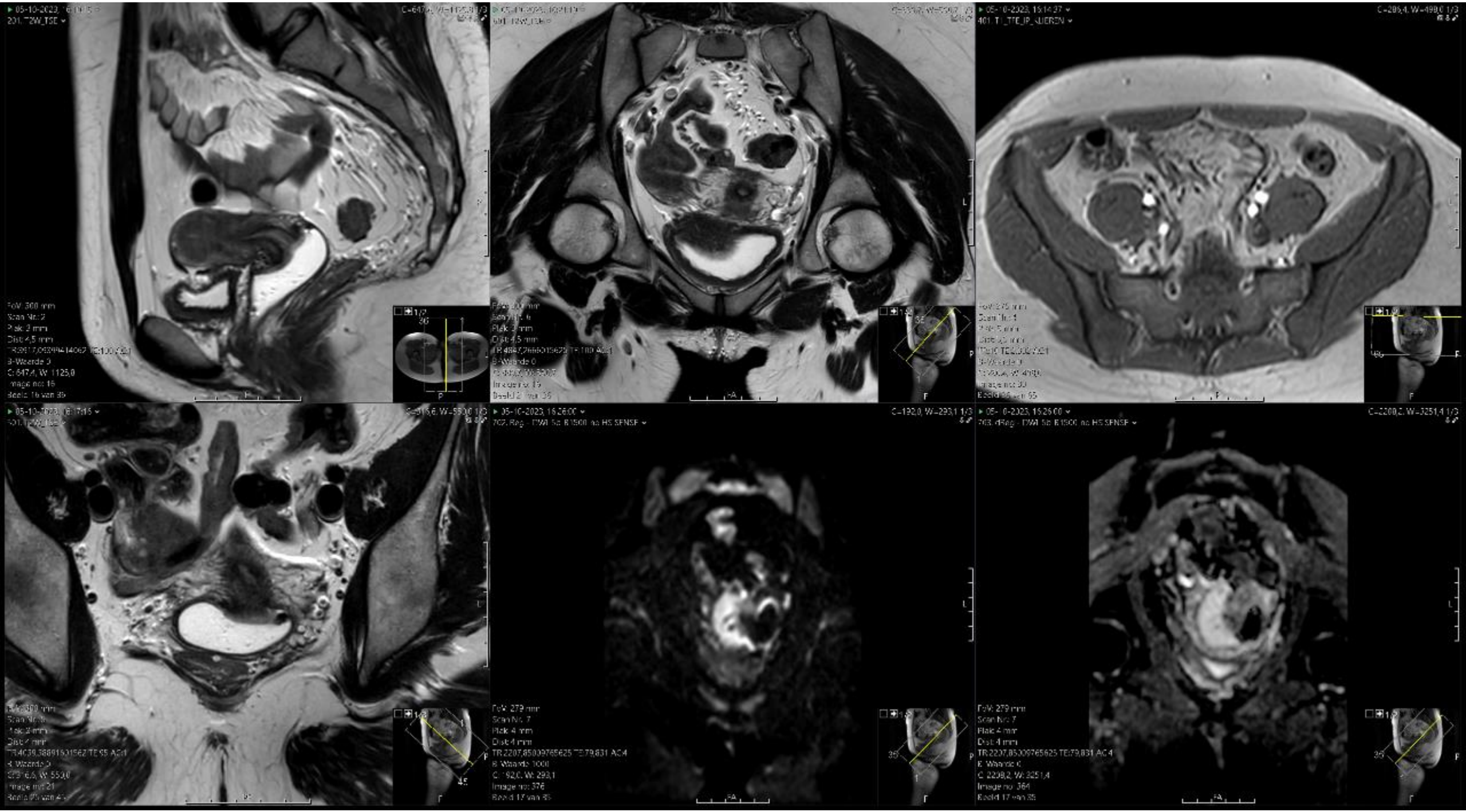
endometrium
uterine cavity
vagina

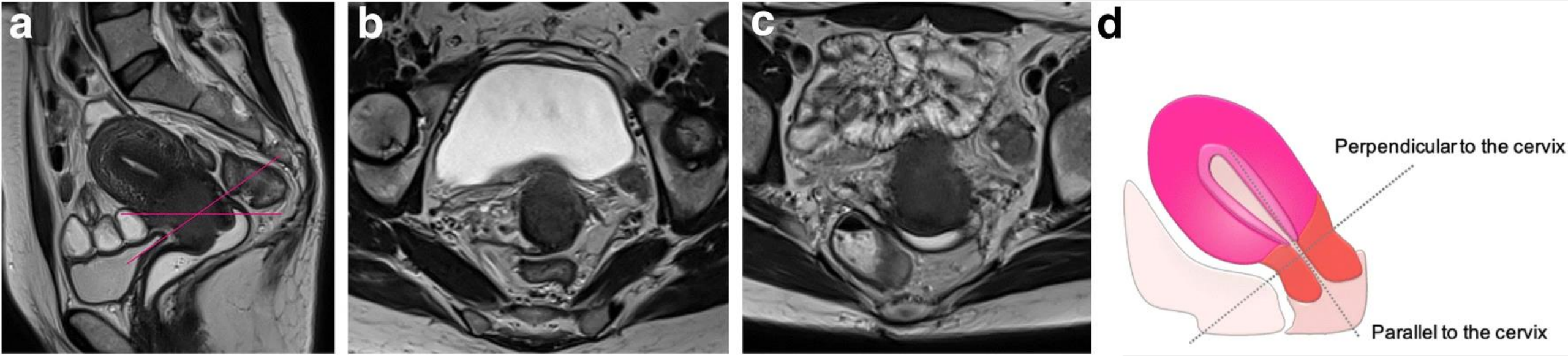

Internal
Cervical Os
External
Cervical Os
Endocervical
canal
Cervical
stroma


Cervical
stroma

- Sequenties:
  - T1 - axiaal
  - T2 – 3 richtingen geanguleerd aan de tumor
  - Diffussie gewogen opnamen: geanguleerd aan de tumor
- Minimaal 1,5T
- 4-6 uur nuchter, lege blaas
- Spasmolyticum (buscopan, glucagen)
- Vaginale echogel


Axial oblique planning
perpendicular
Coronal planning
parallel





- Manganaro et al. Eur Radiol. 2021; doi: 10.1007/s00330-020-07632-9

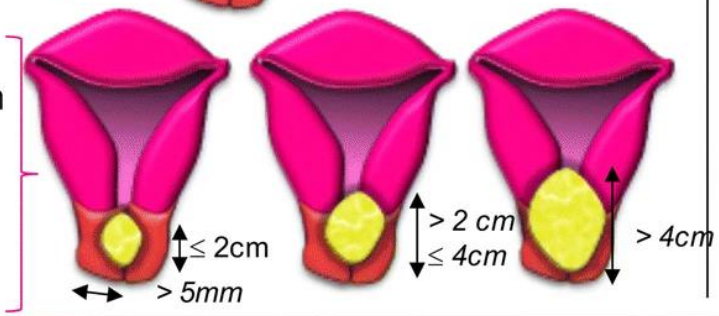
I : Confined to the cervix

IA: Invasive carcinoma with maximum depth of invasion ≤ 5mm

Not visible on MRI

IB: Invasive carcinoma with measured deepest invasion > 5mm

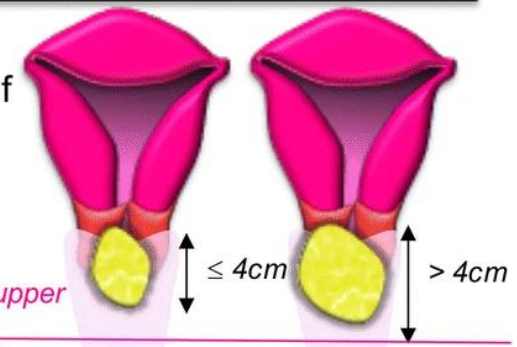
IB1: ≤ 2cm
IB2: > 2 cm and ≤ 4cm
IB3: > 4cm



II : Invasion beyond the uterus, but not extended to the lower third of the vagina or pelvic wall

IIA: Invasive carcinoma limited to the 2/3 of the vaginal without parametrial invasion

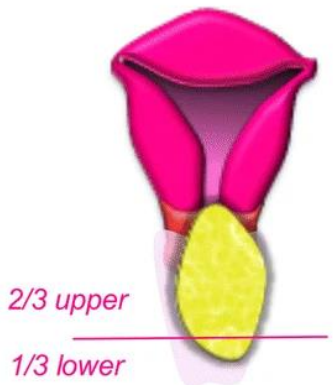
IIA1: ≤ 4 cm
IIA2: > 4 cm



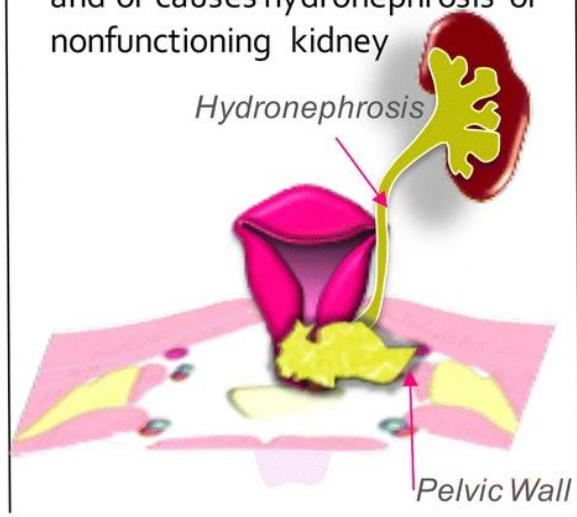
IIB: Invasive carcinoma + parametrial invasion

III: Invasion of the lower 1/3 of the vagina/hydronephrosis/ nonfunctioning kidney / pelvic wall / pelvic-paraaortic nodes

IIIA: Lower 1/3 of the vagina, with no extension to the pelvic wall



IIIB: Extension to the pelvic wall and or causes hydronephrosis or nonfunctioning kidney

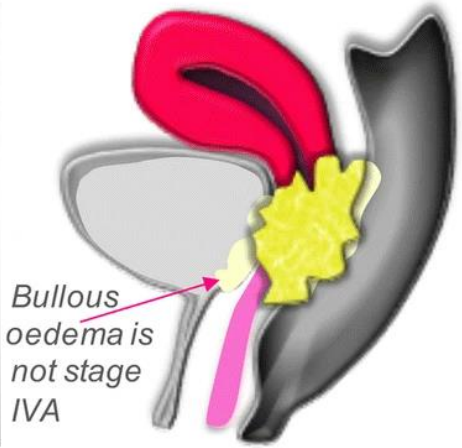


IIIC: Involvement of pelvic and/or para-aortic lymph nodes

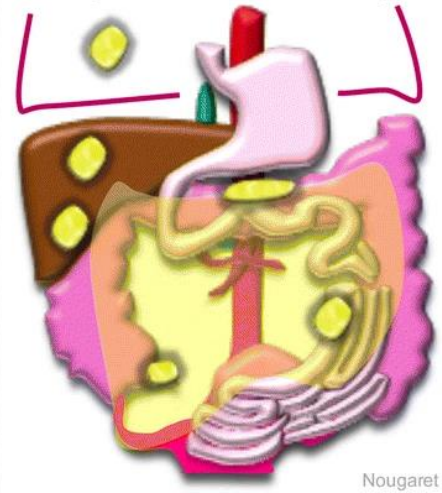
IIIC1: Pelvic node metastasis only
IIIC2: Para-aortic nodes metastasis

IV: Extension beyond the true pelvis or has involved (biopsy proven) the mucosa of the bladder or rectum.

IVA: Spread to adjacent organs



IVB: Spread to distant organs



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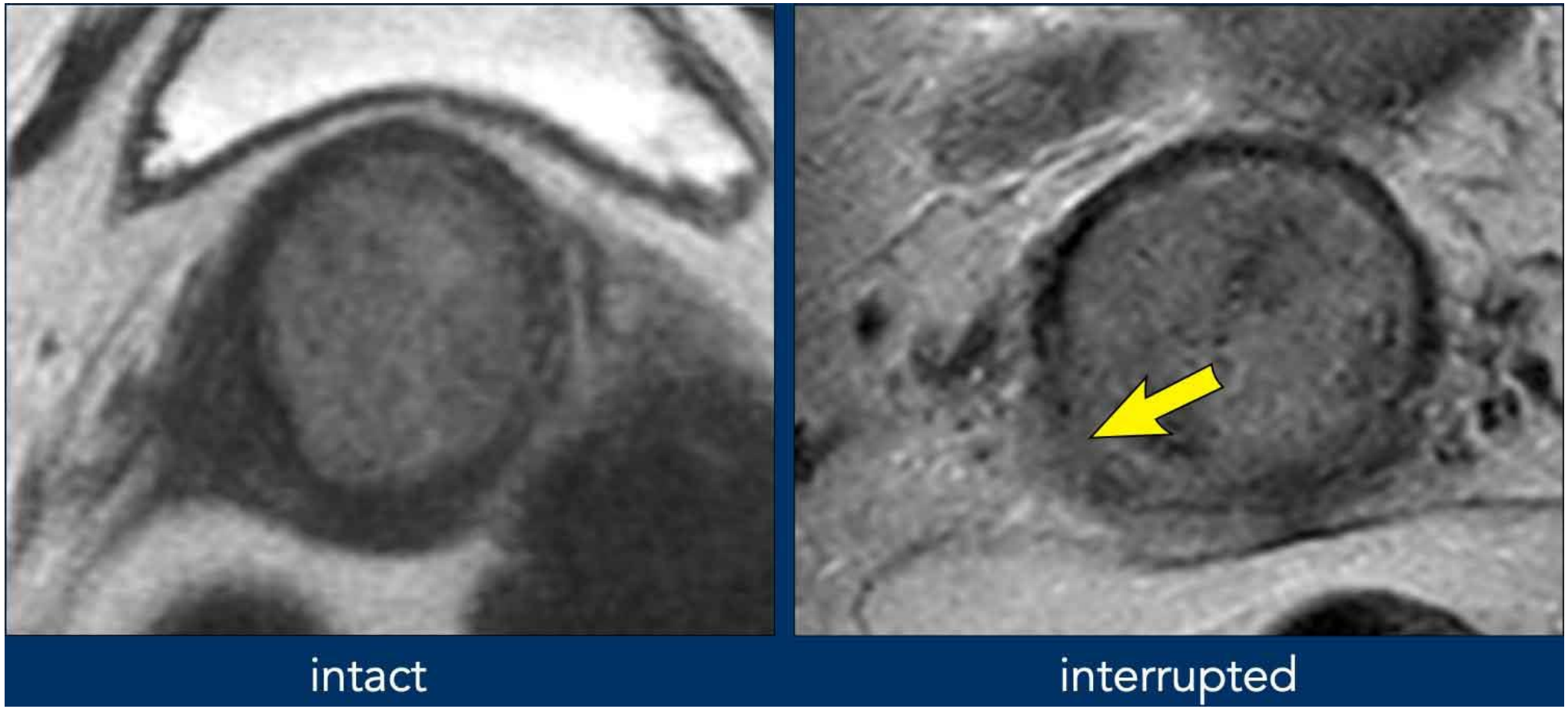
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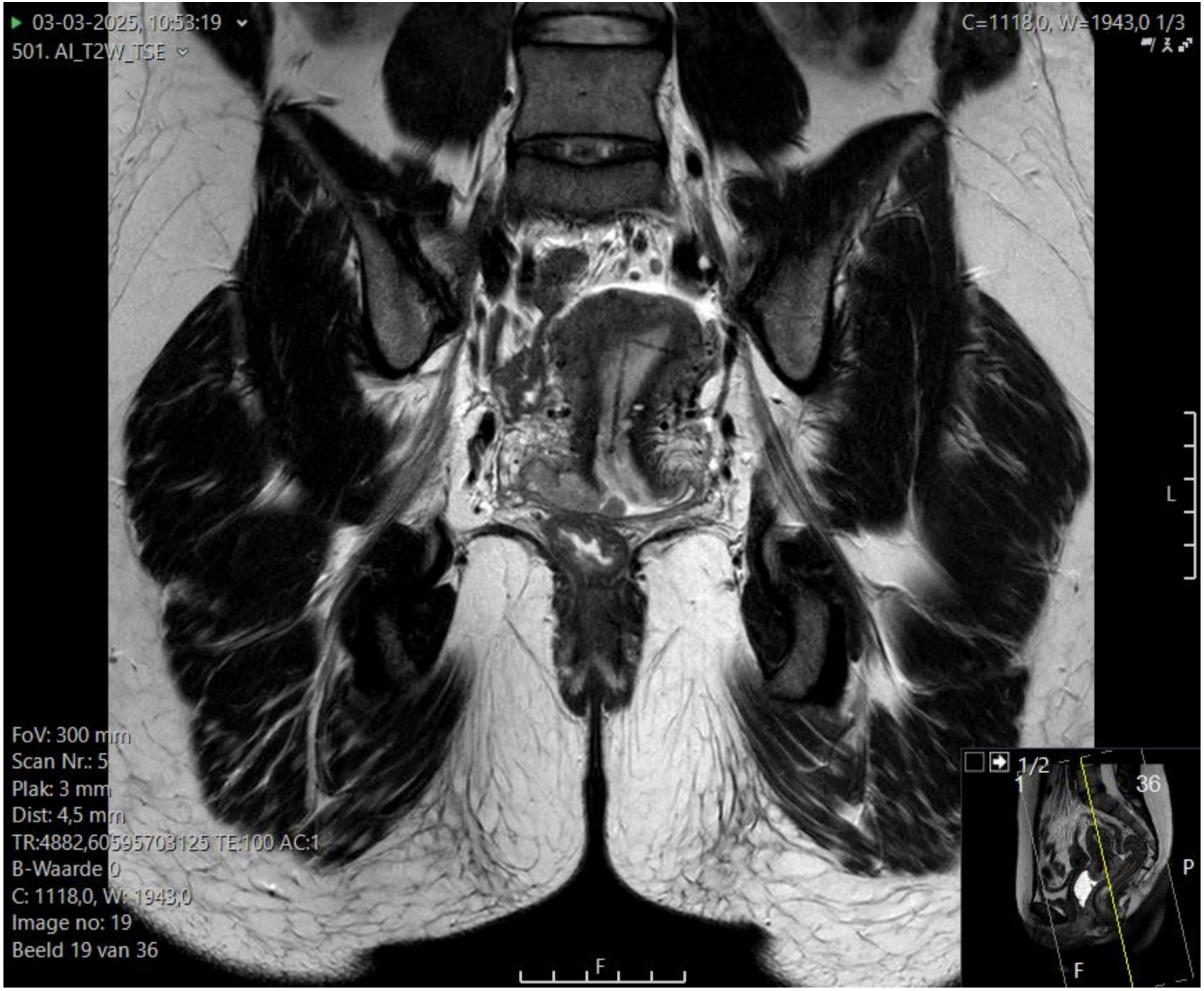
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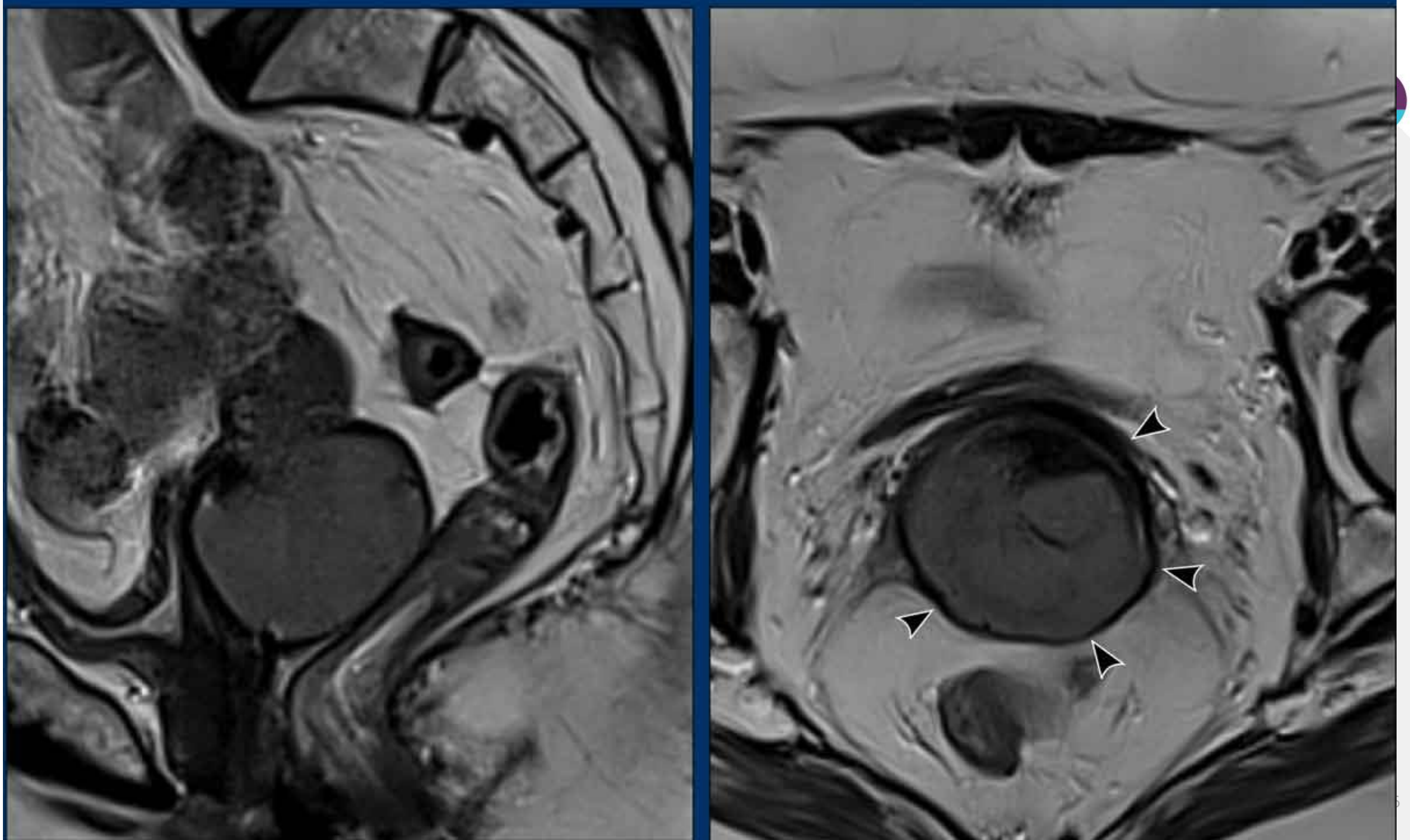

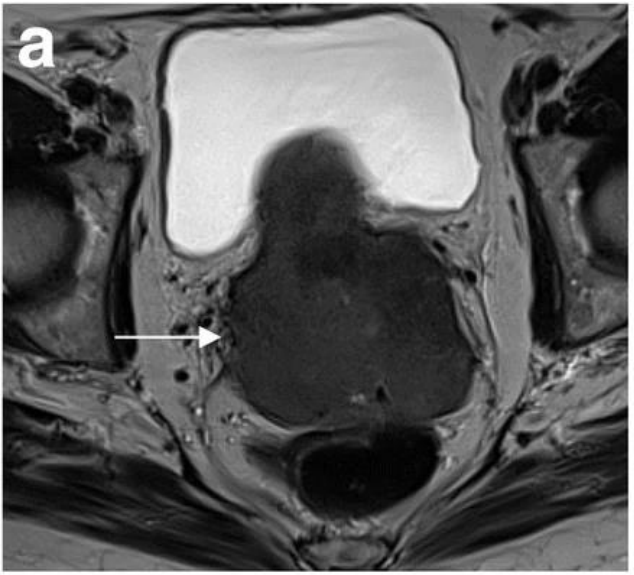
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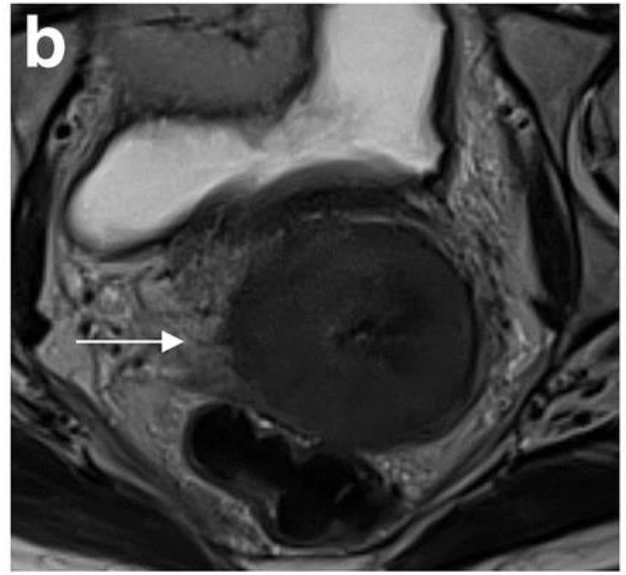
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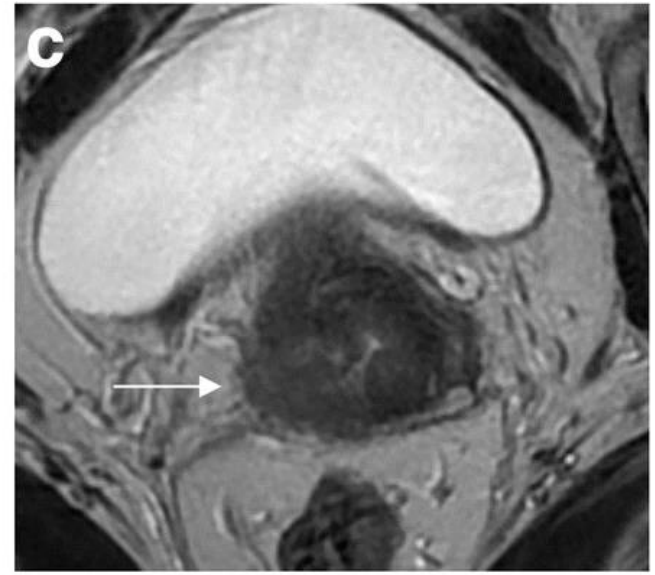
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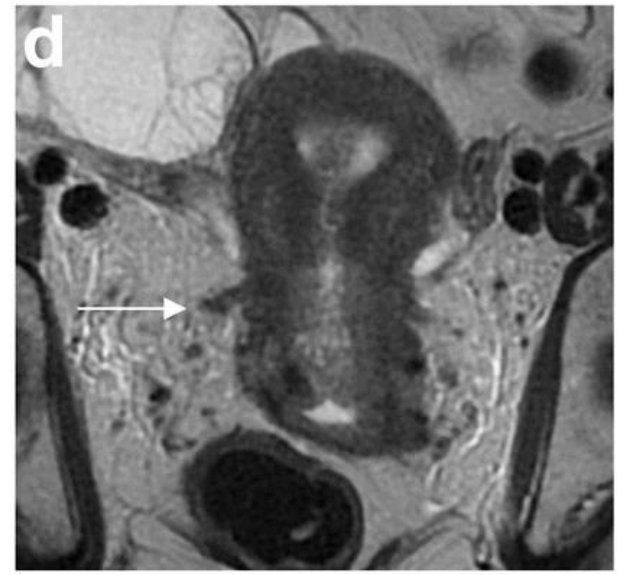
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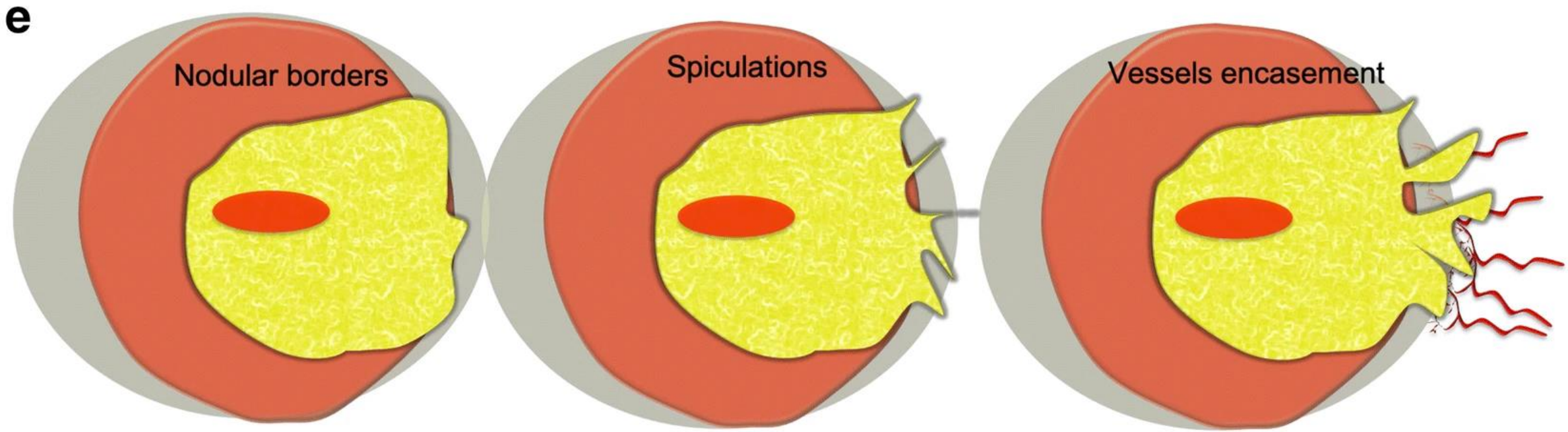
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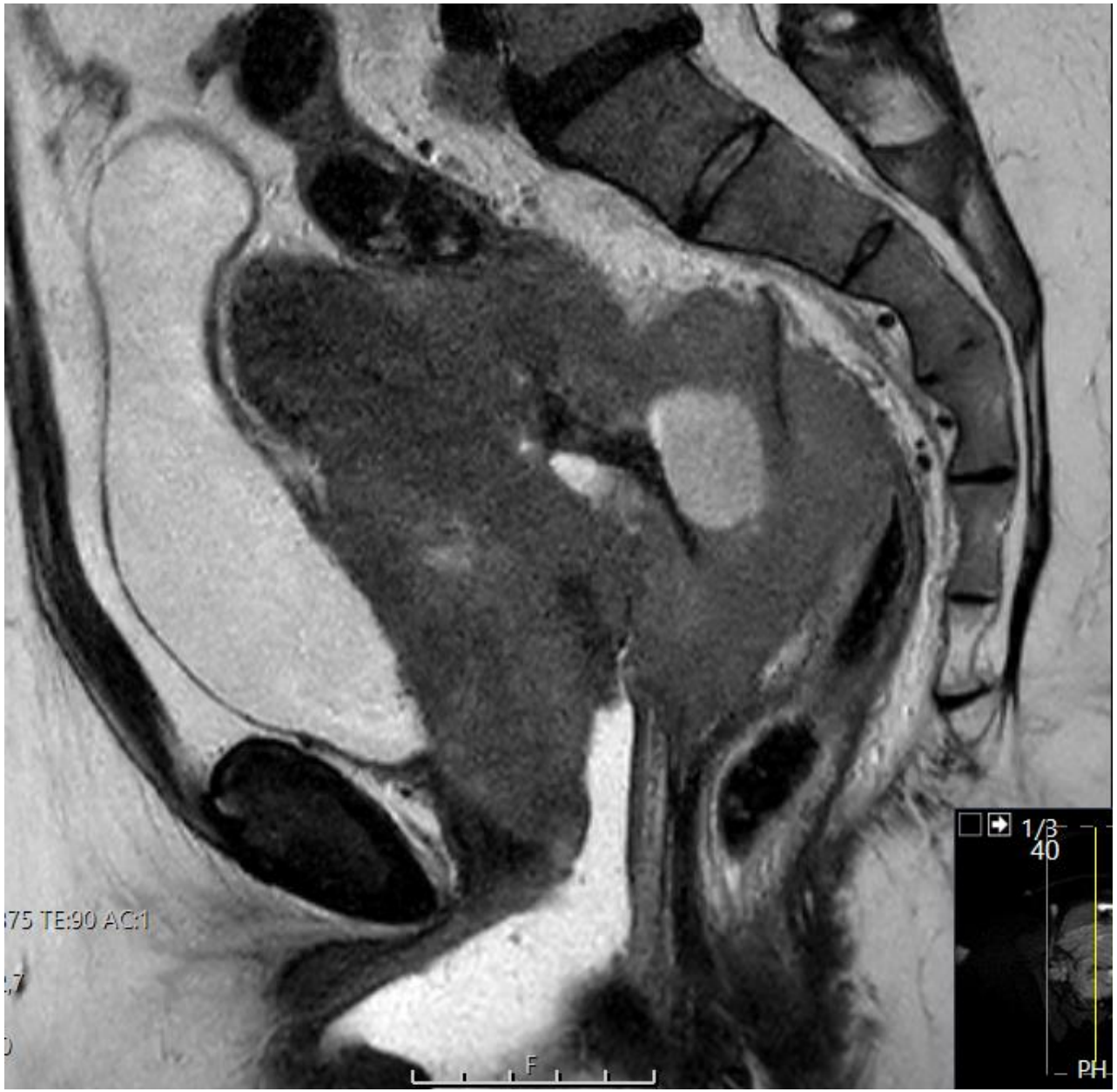
Nodular borders
Spiculations
Vessels encasement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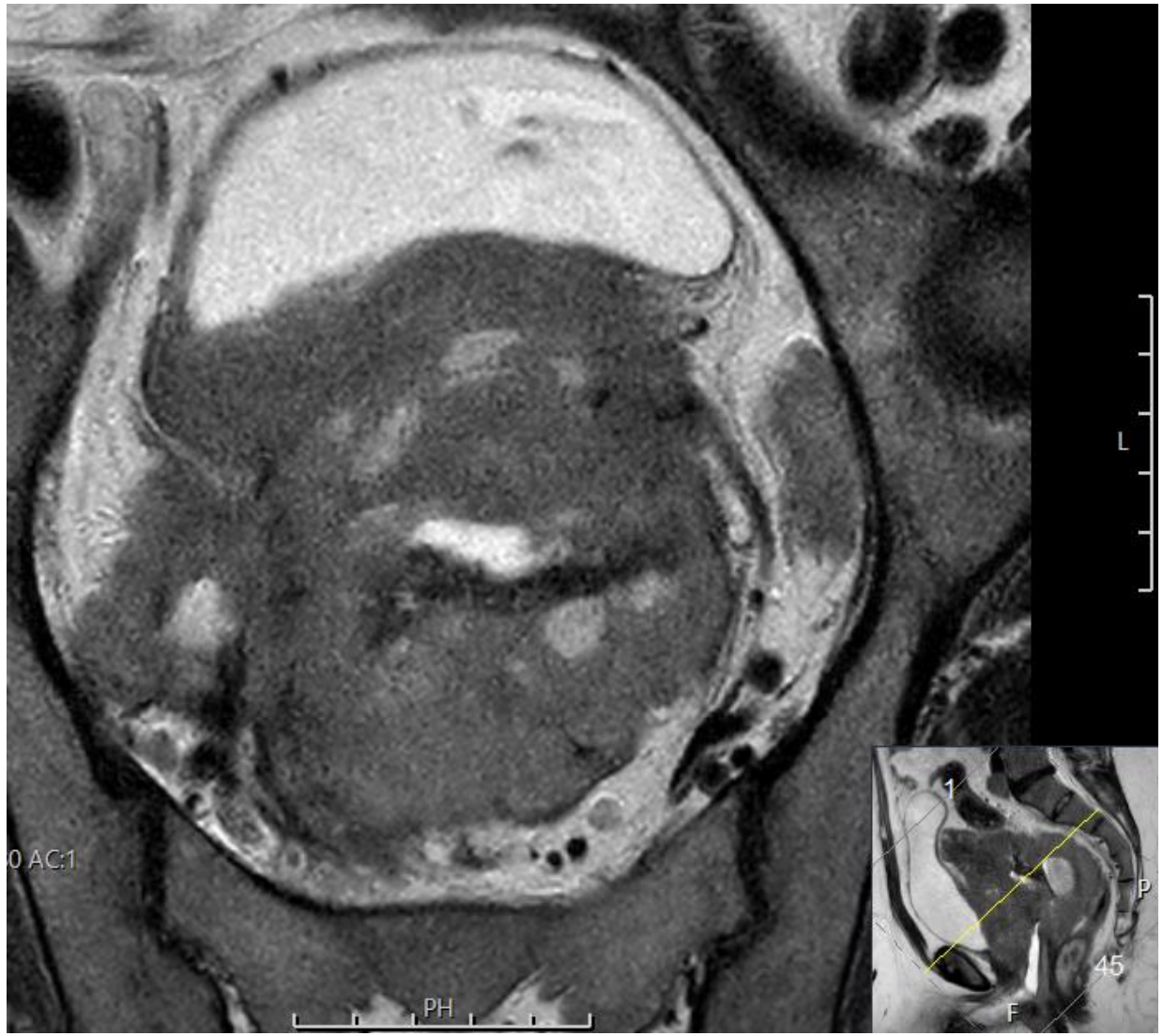
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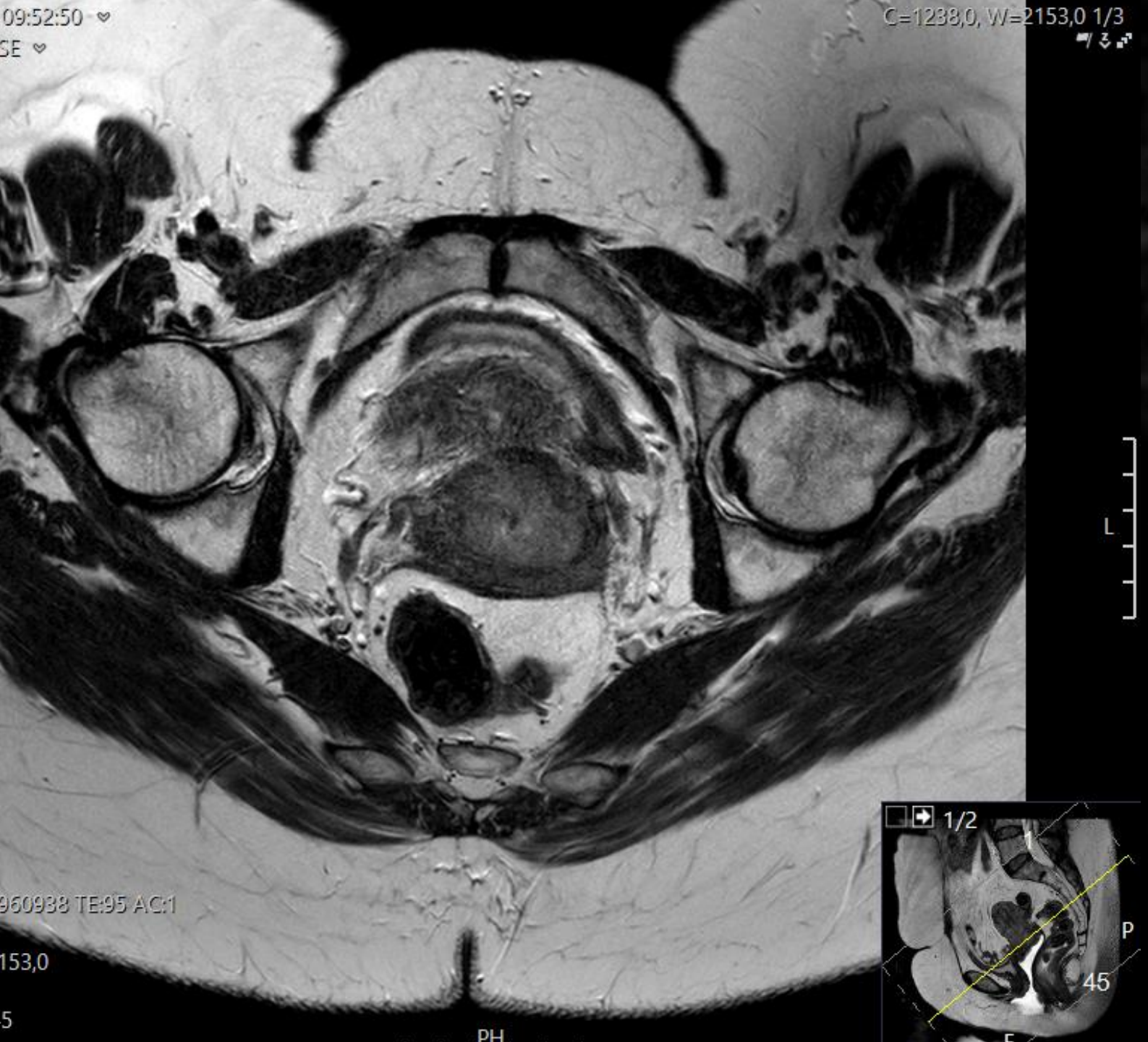
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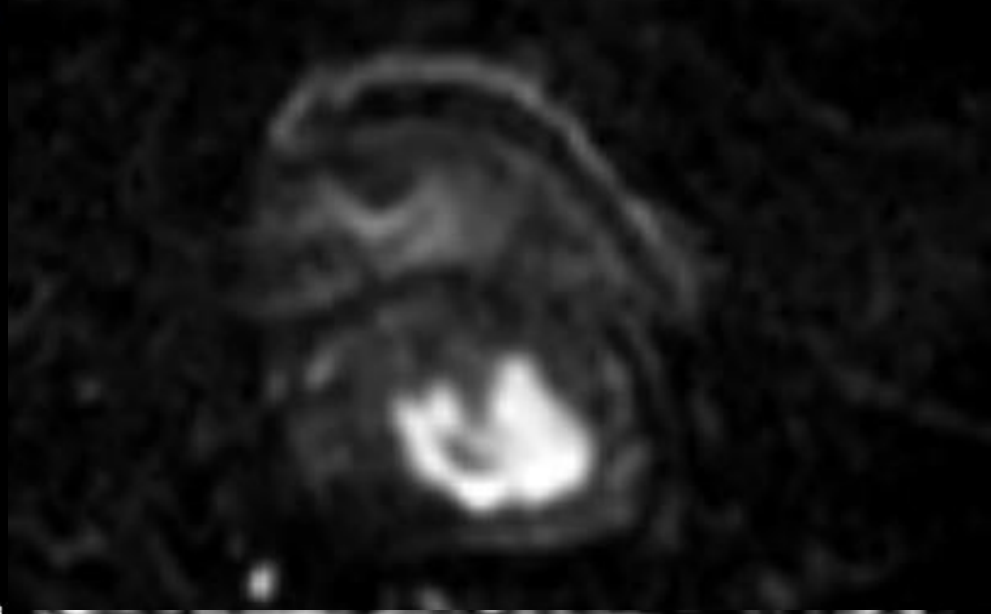

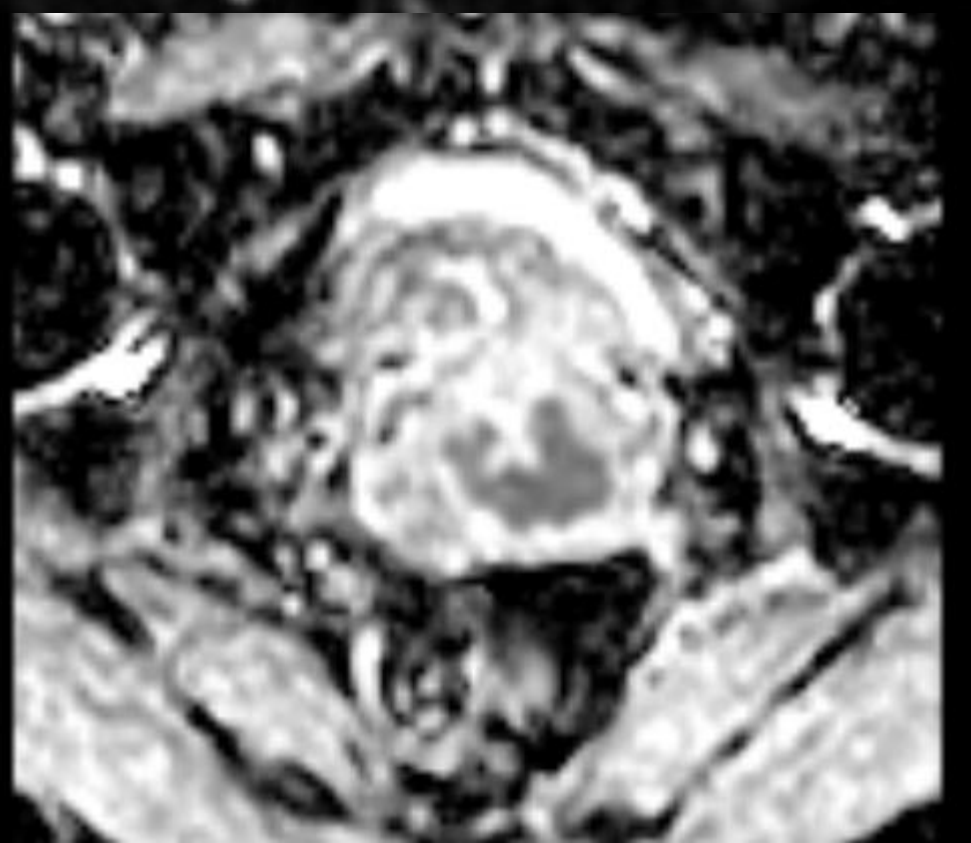
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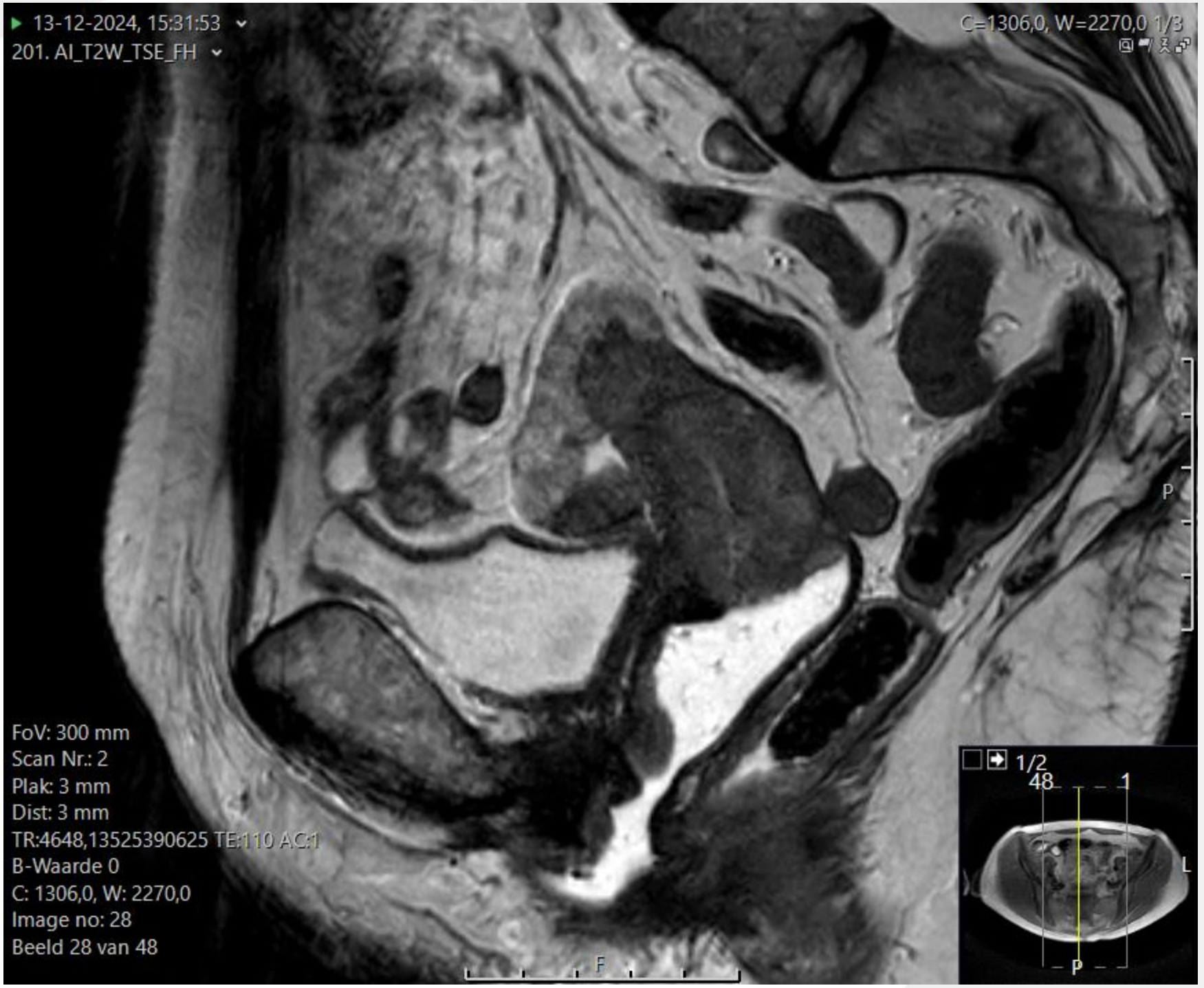
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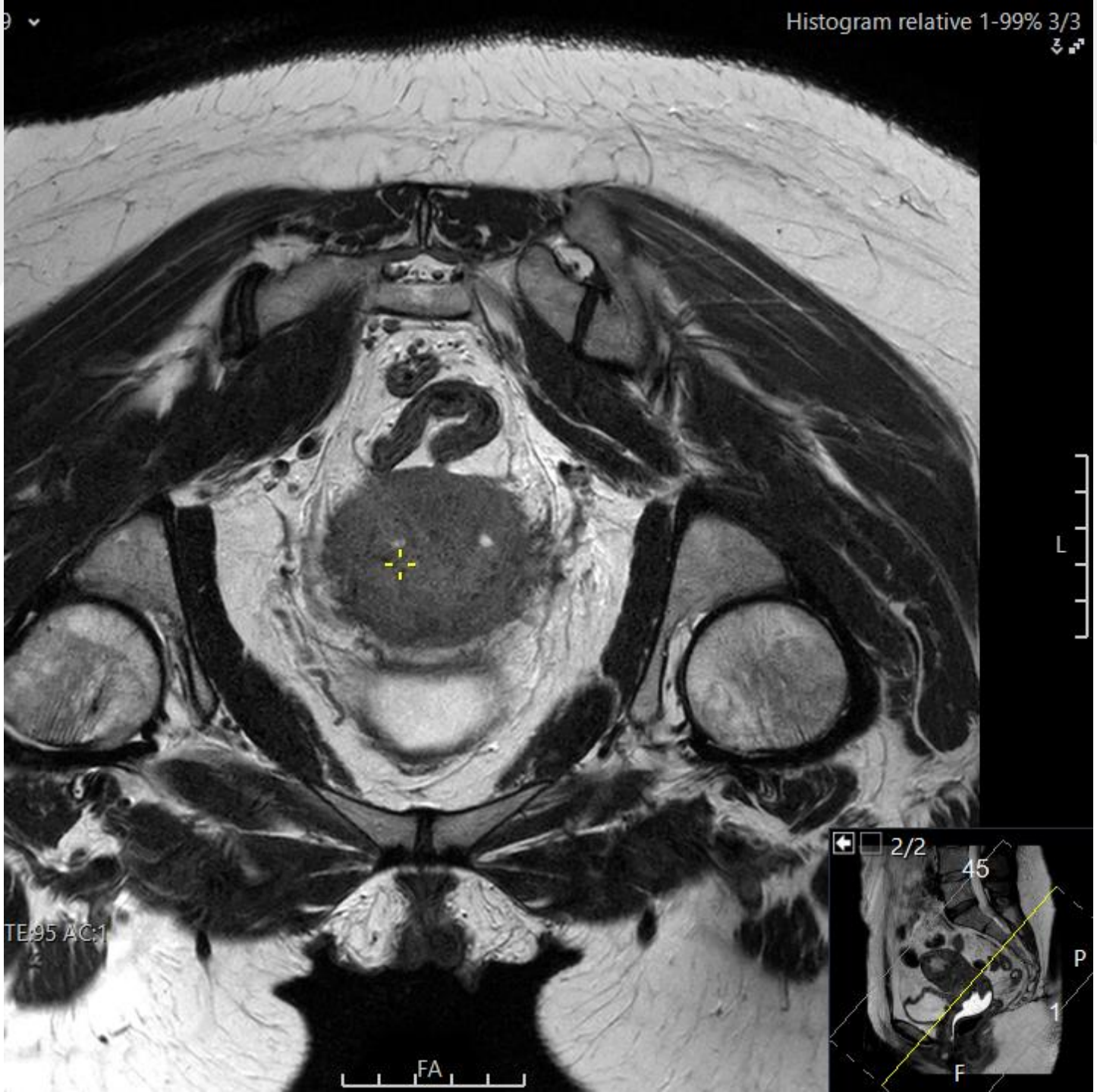
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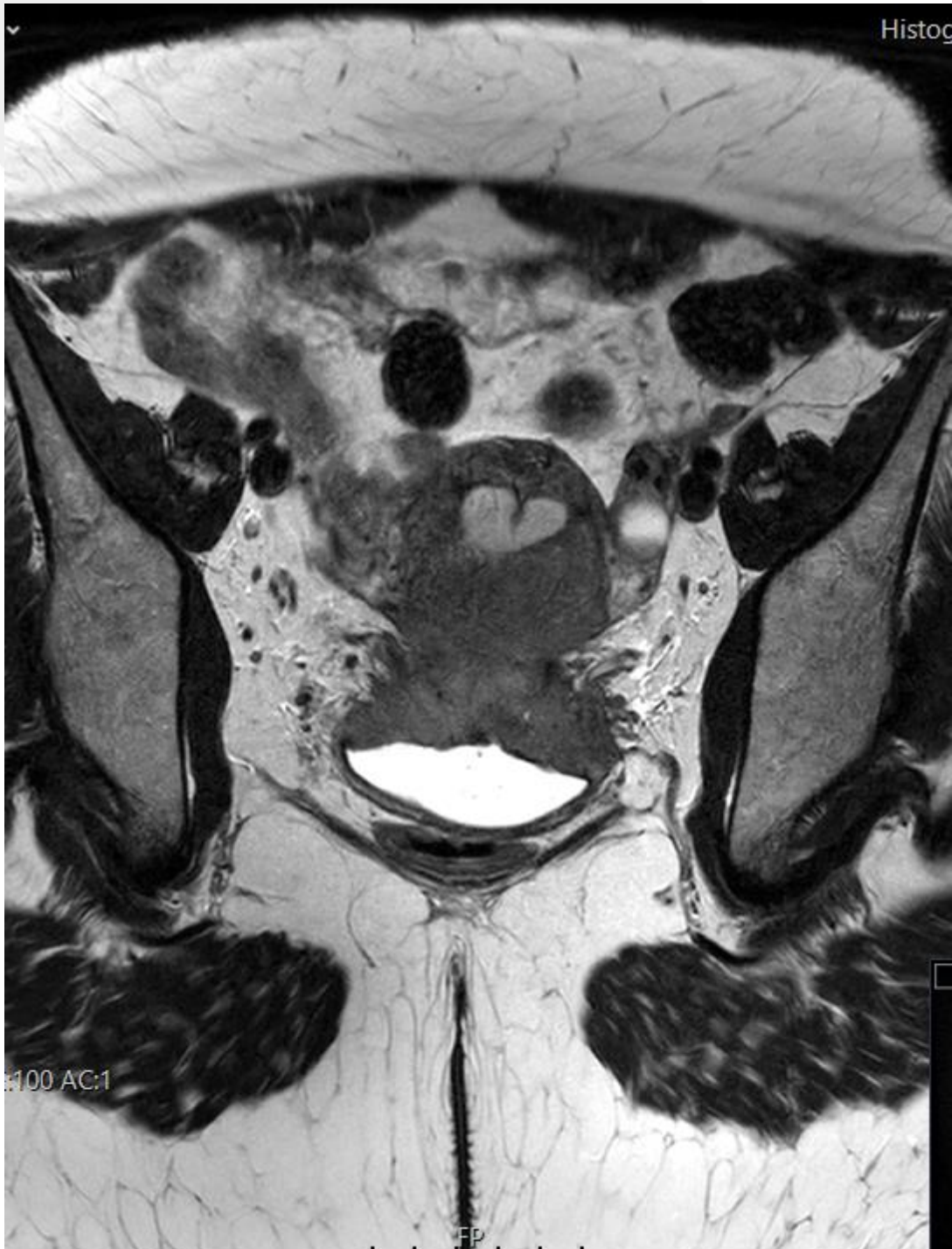
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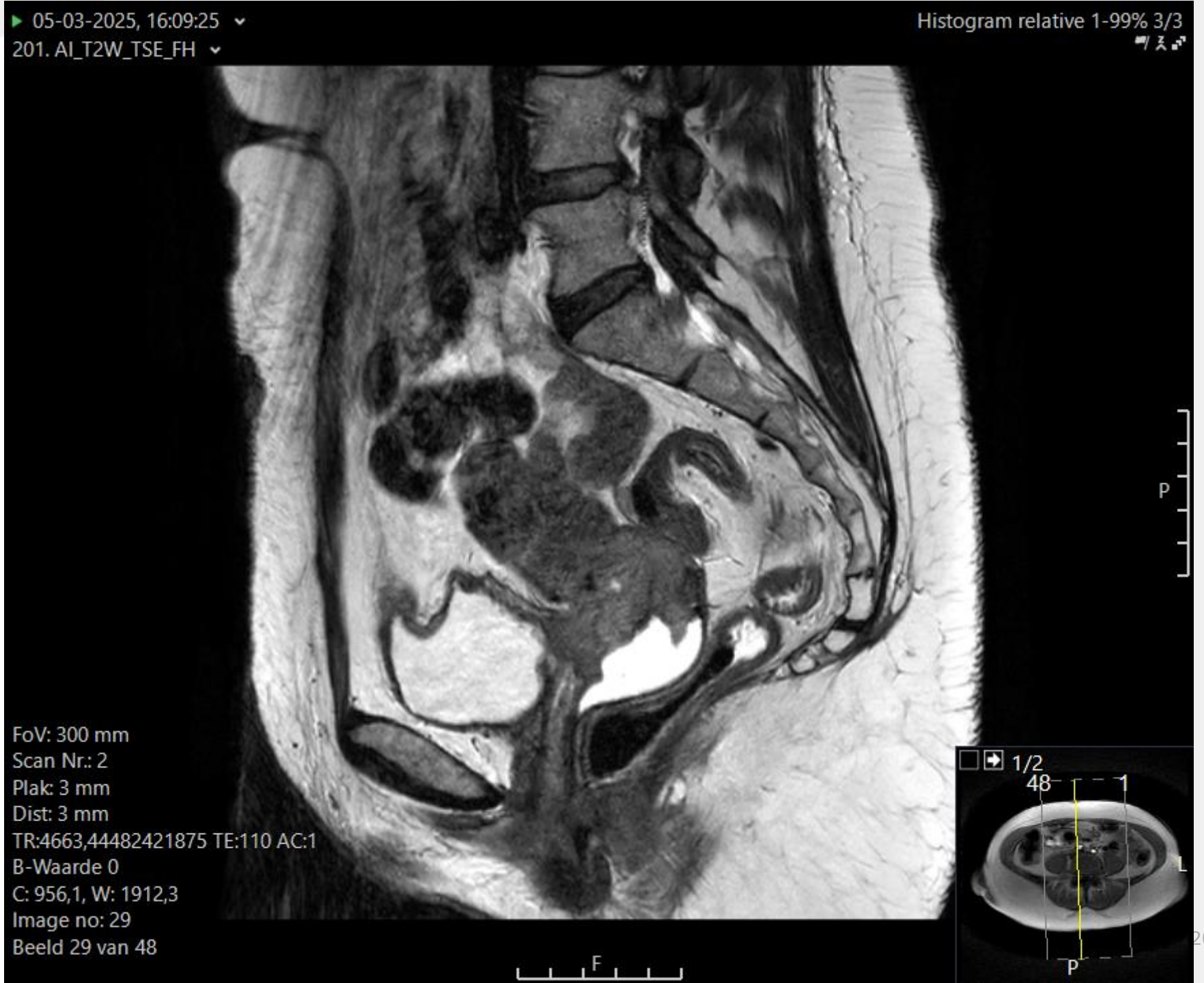
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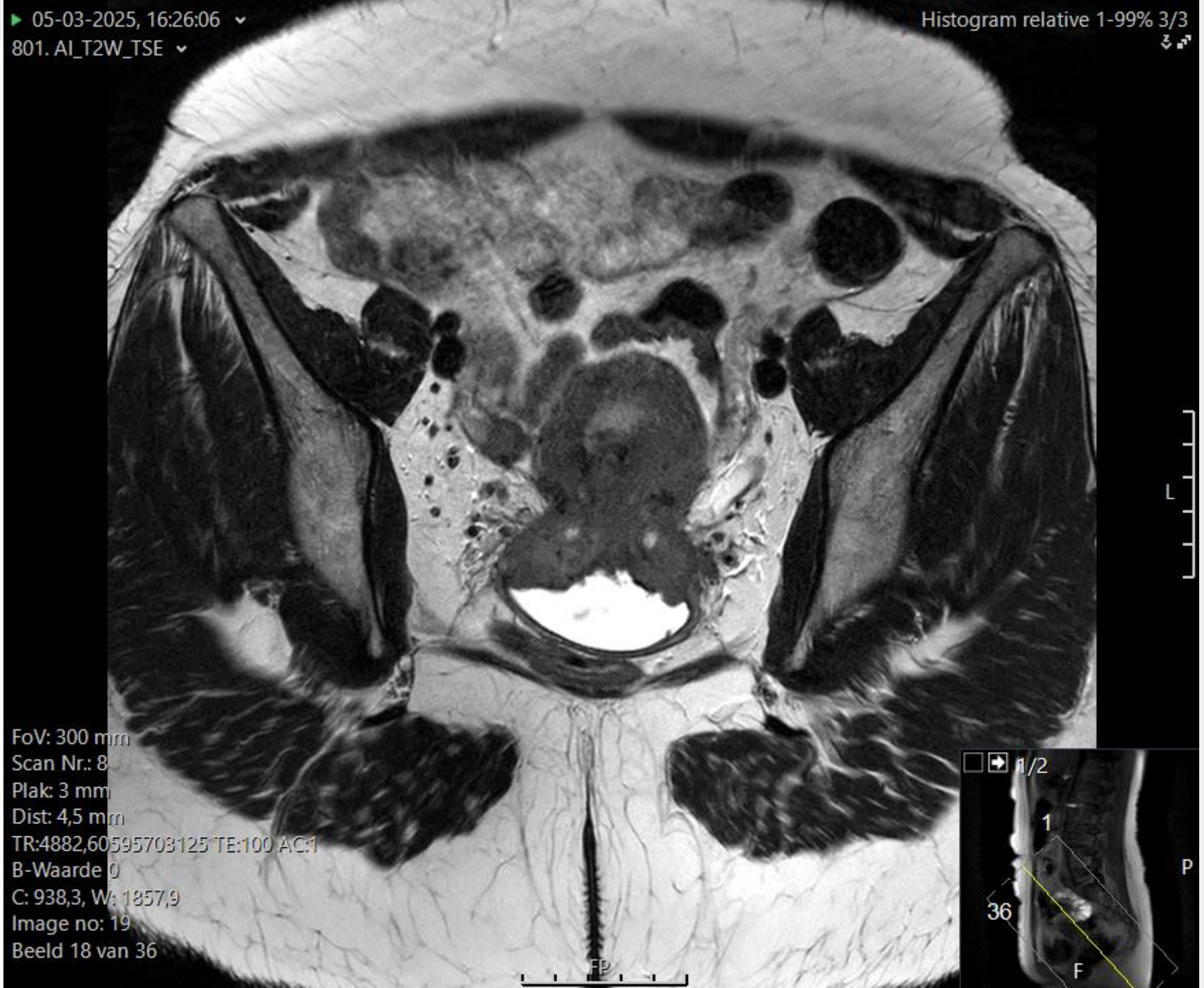
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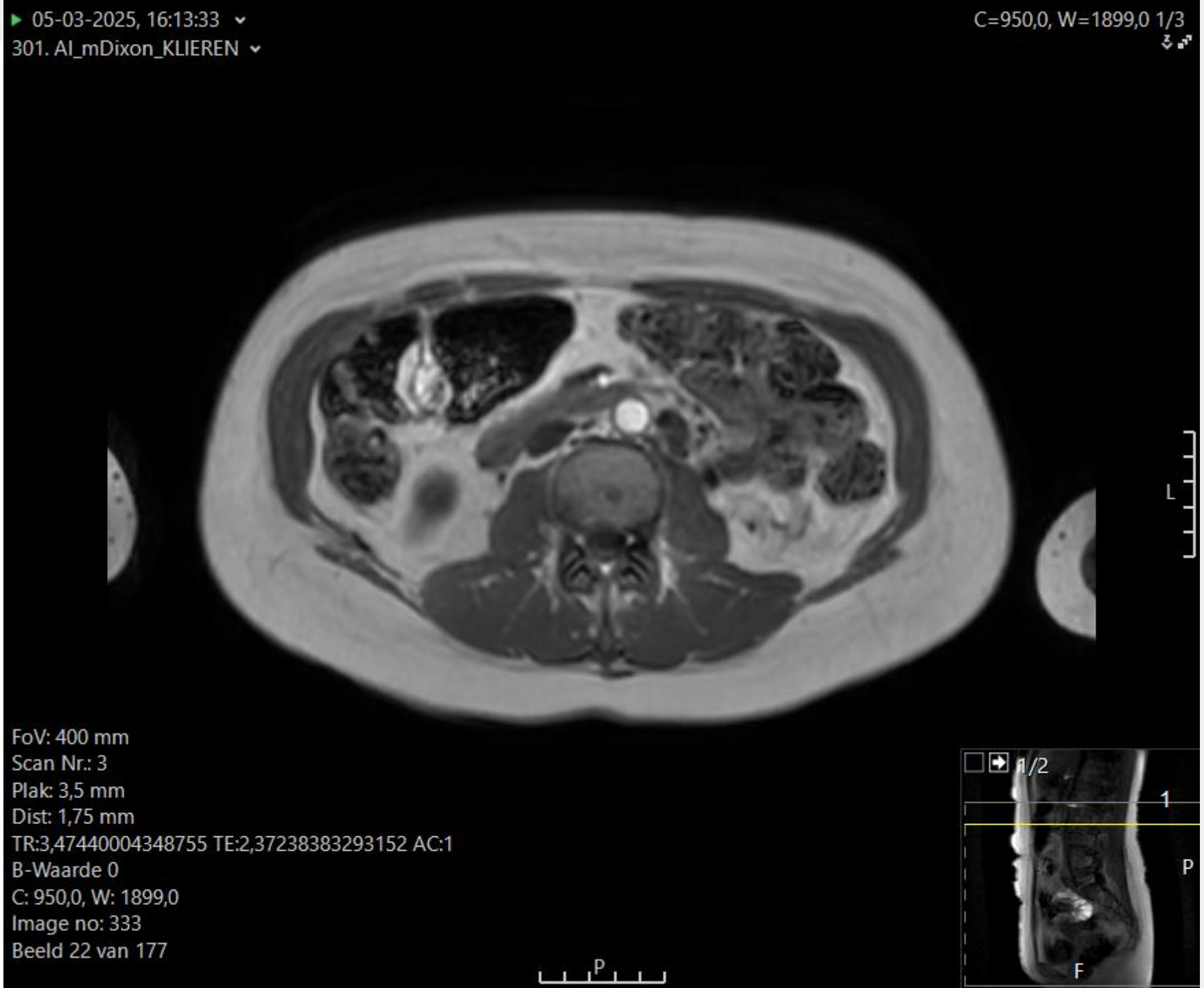
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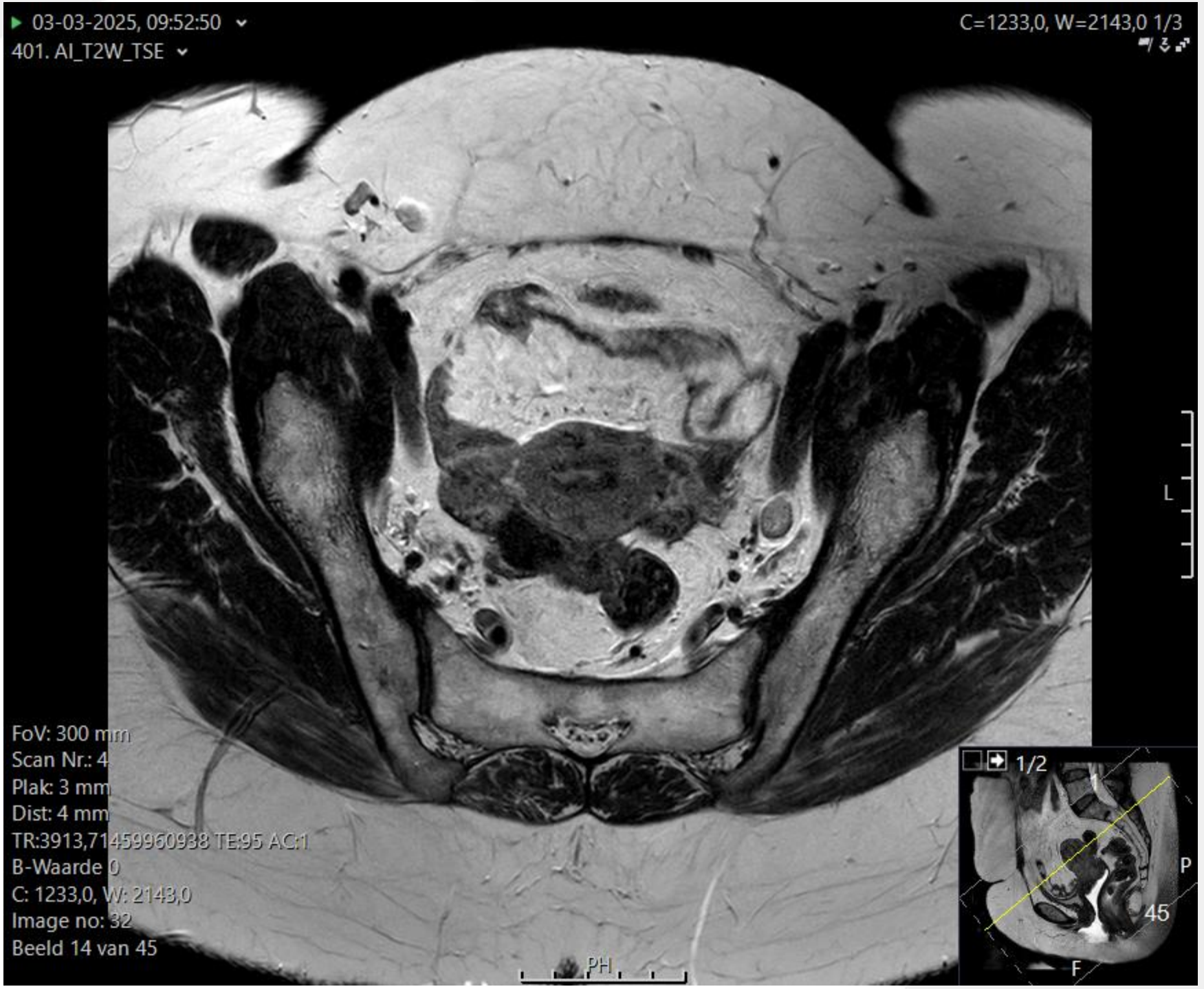
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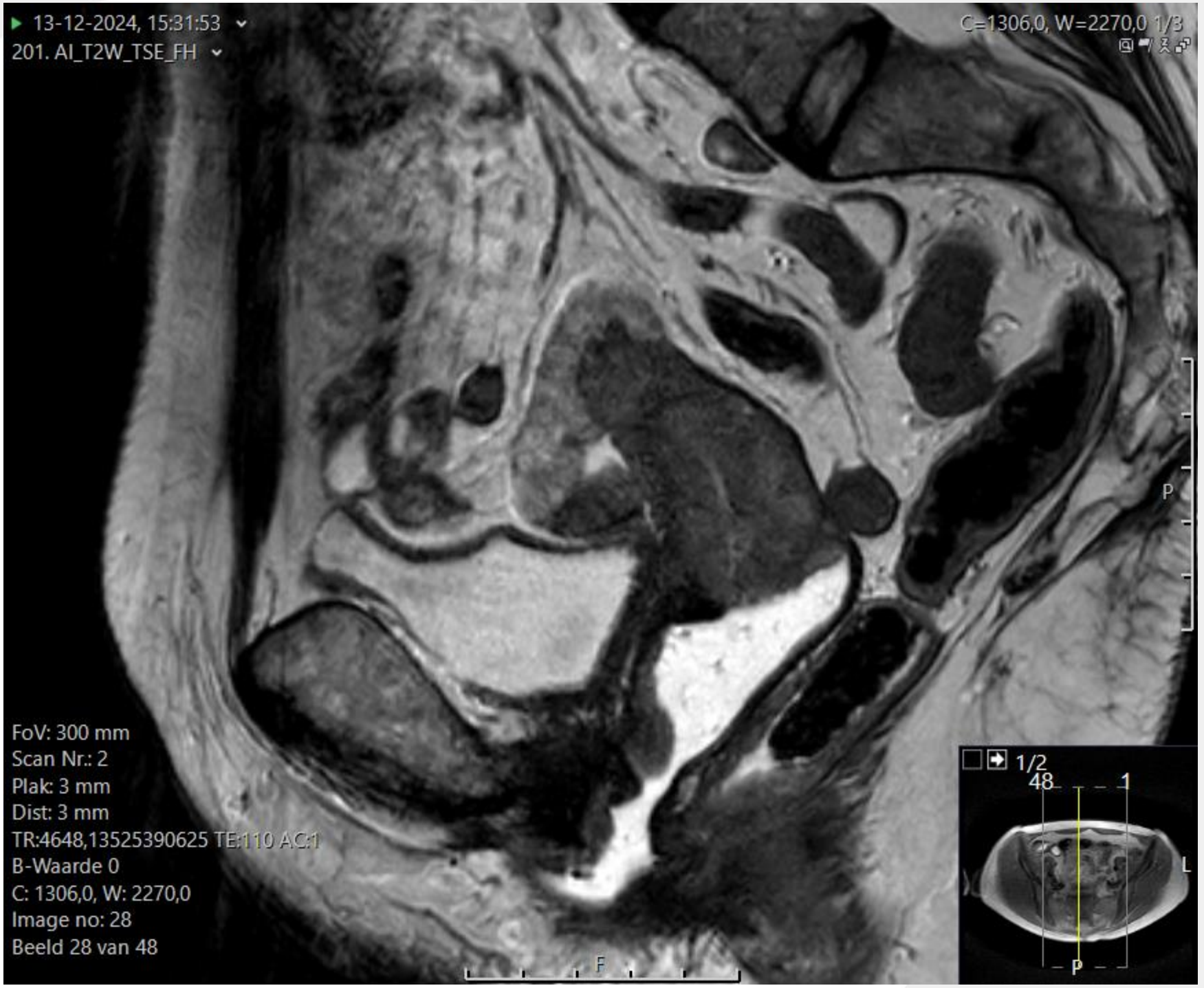
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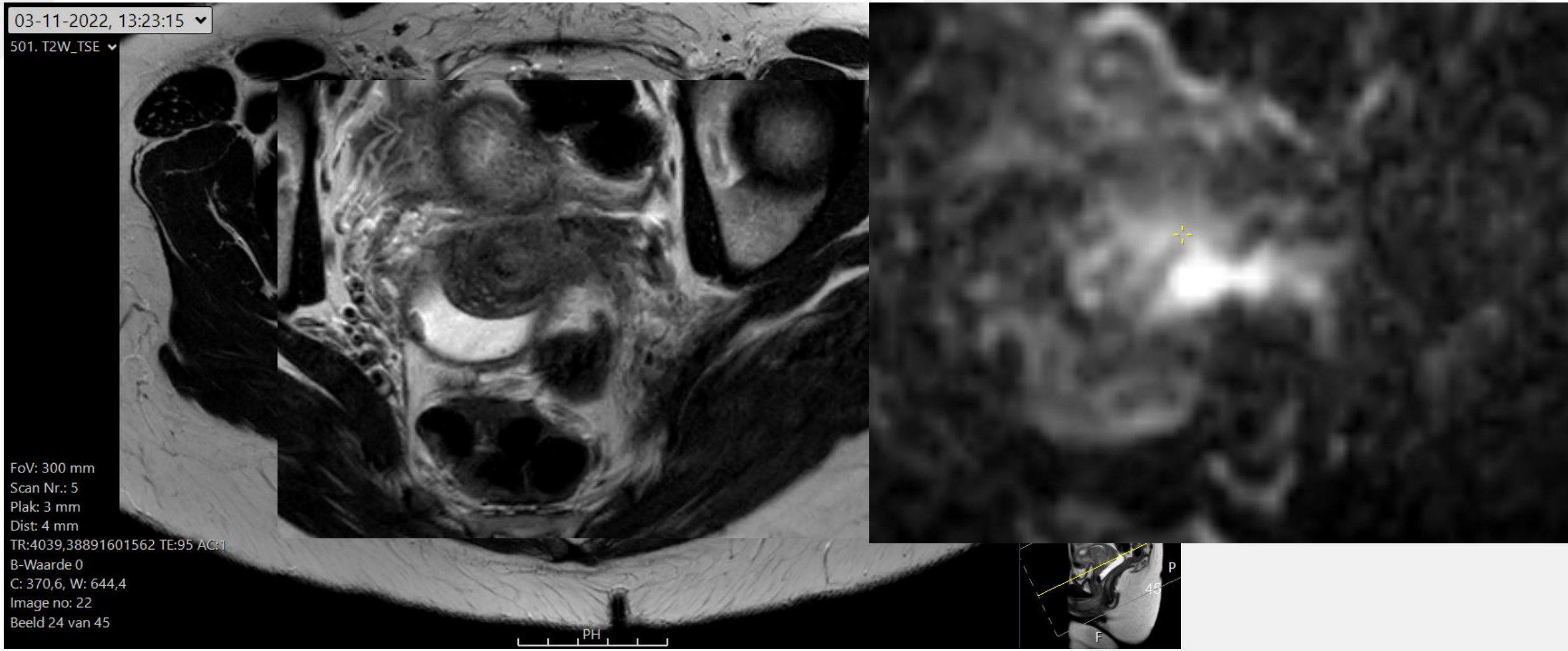

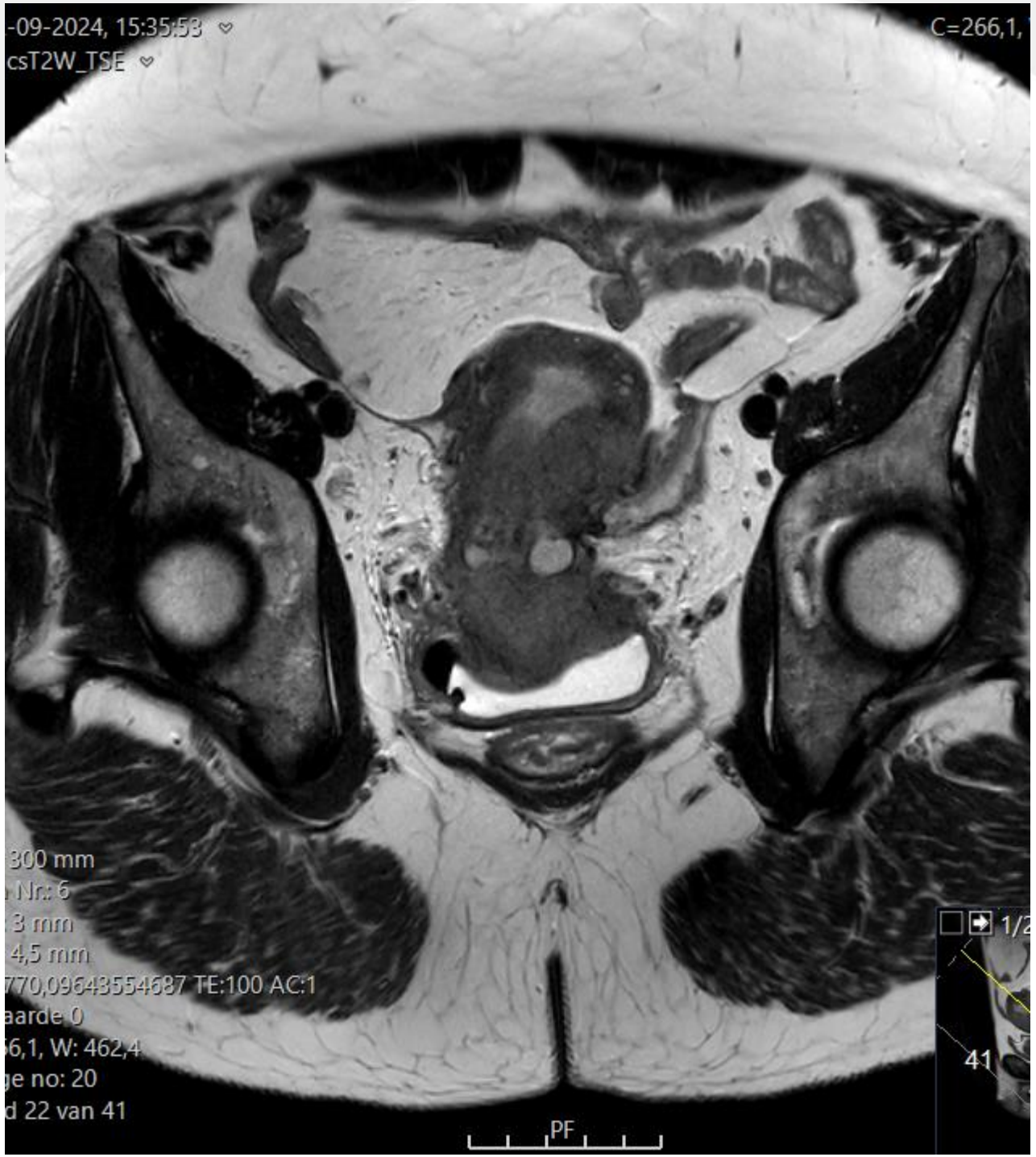
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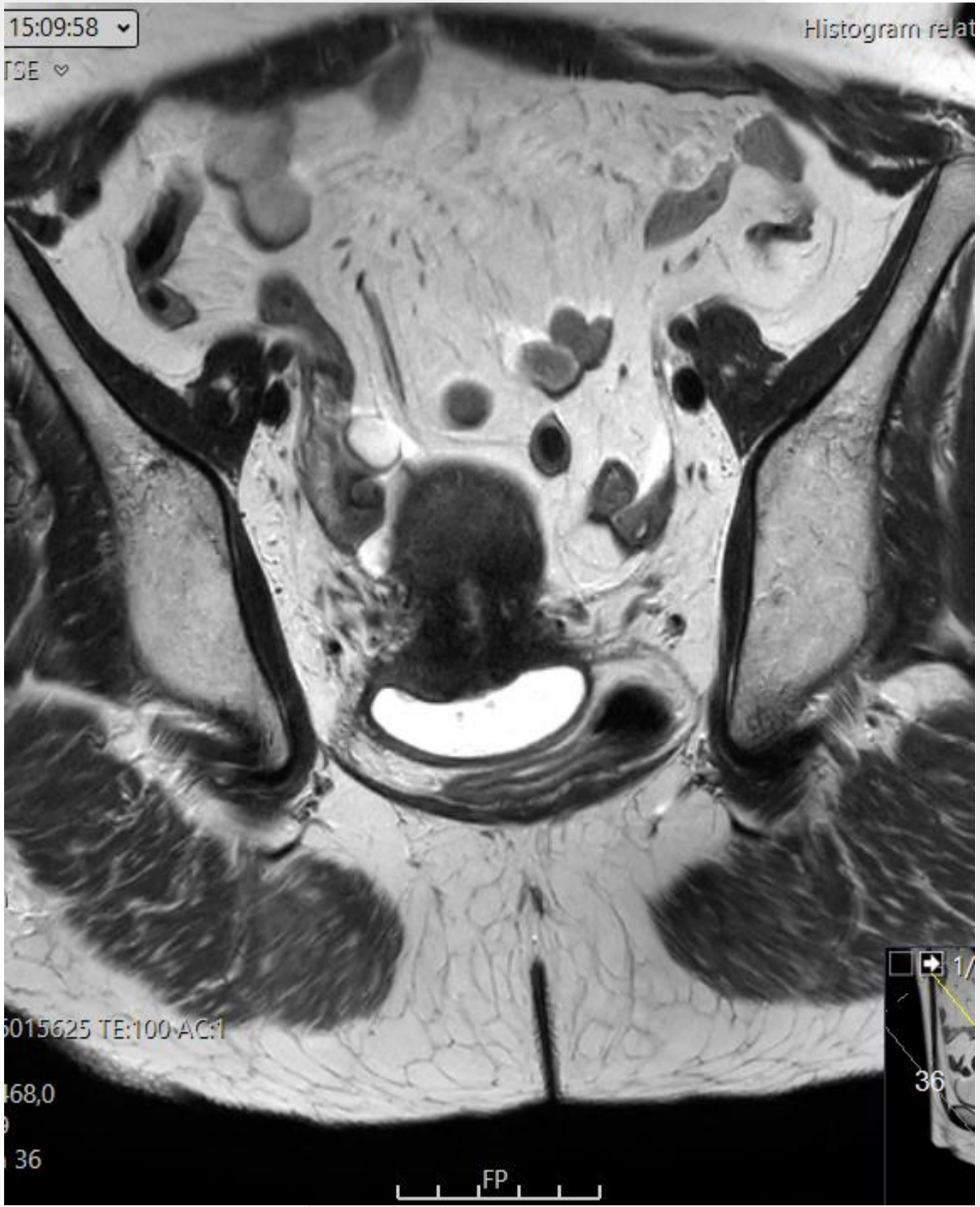
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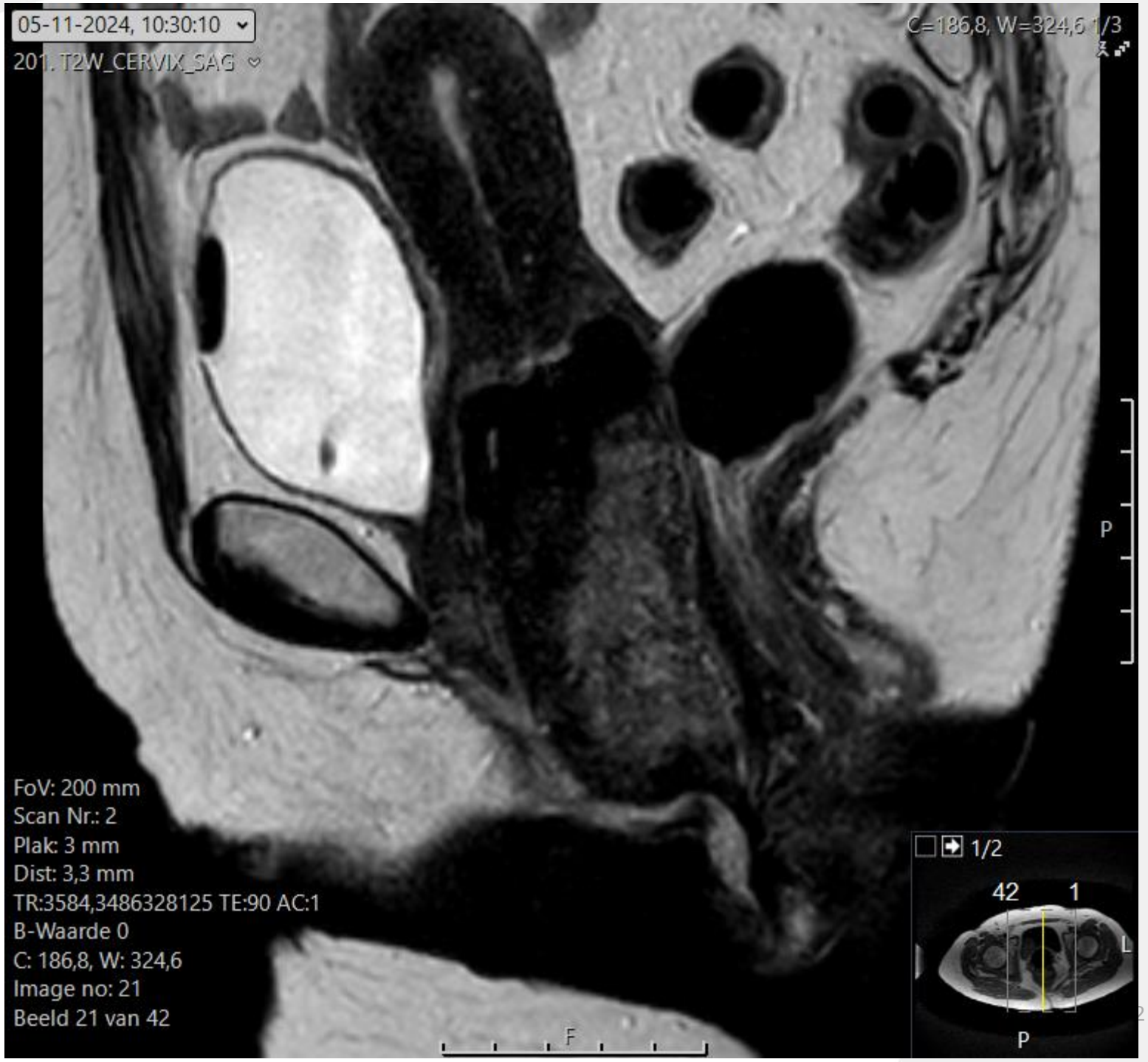
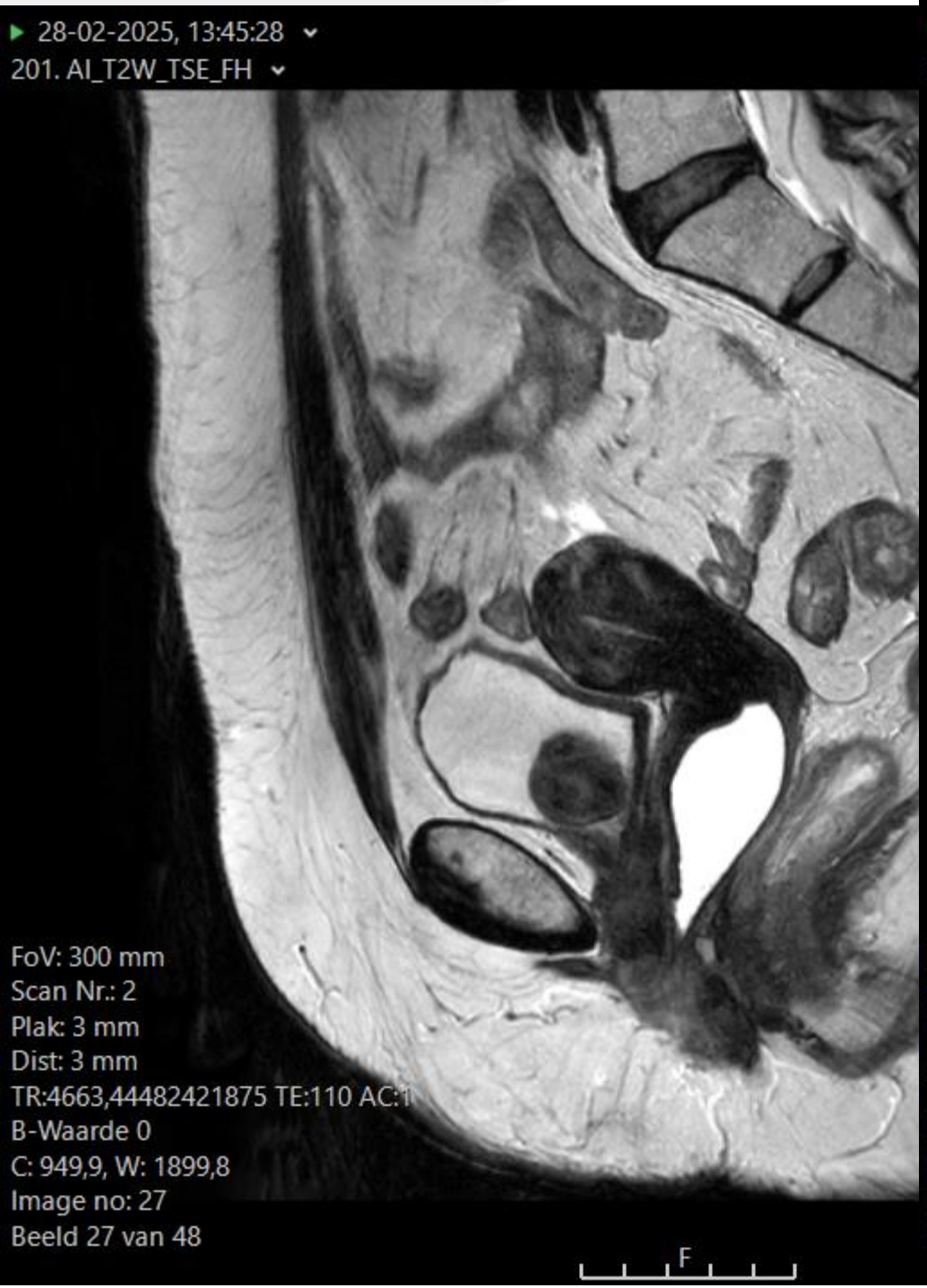
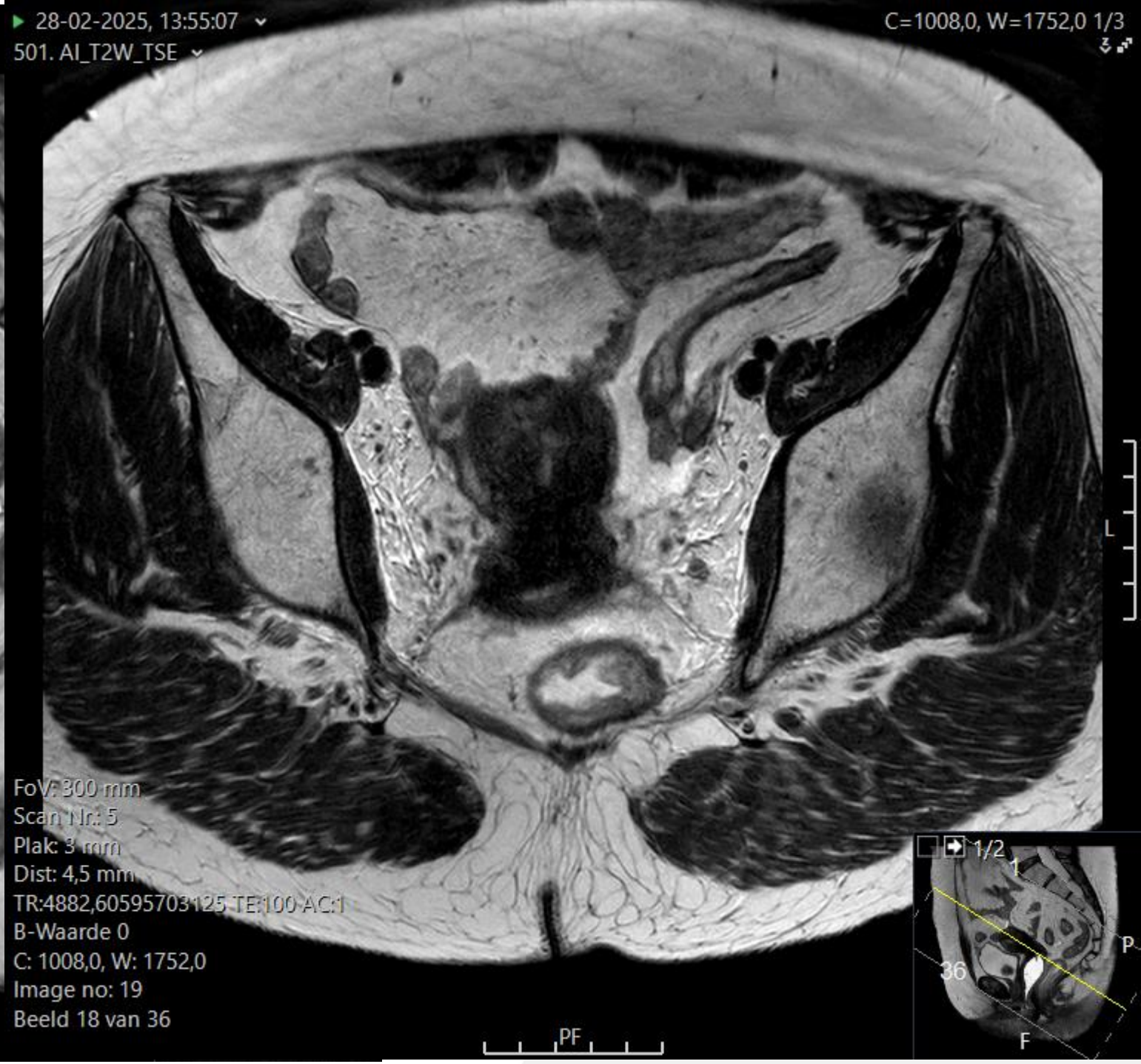
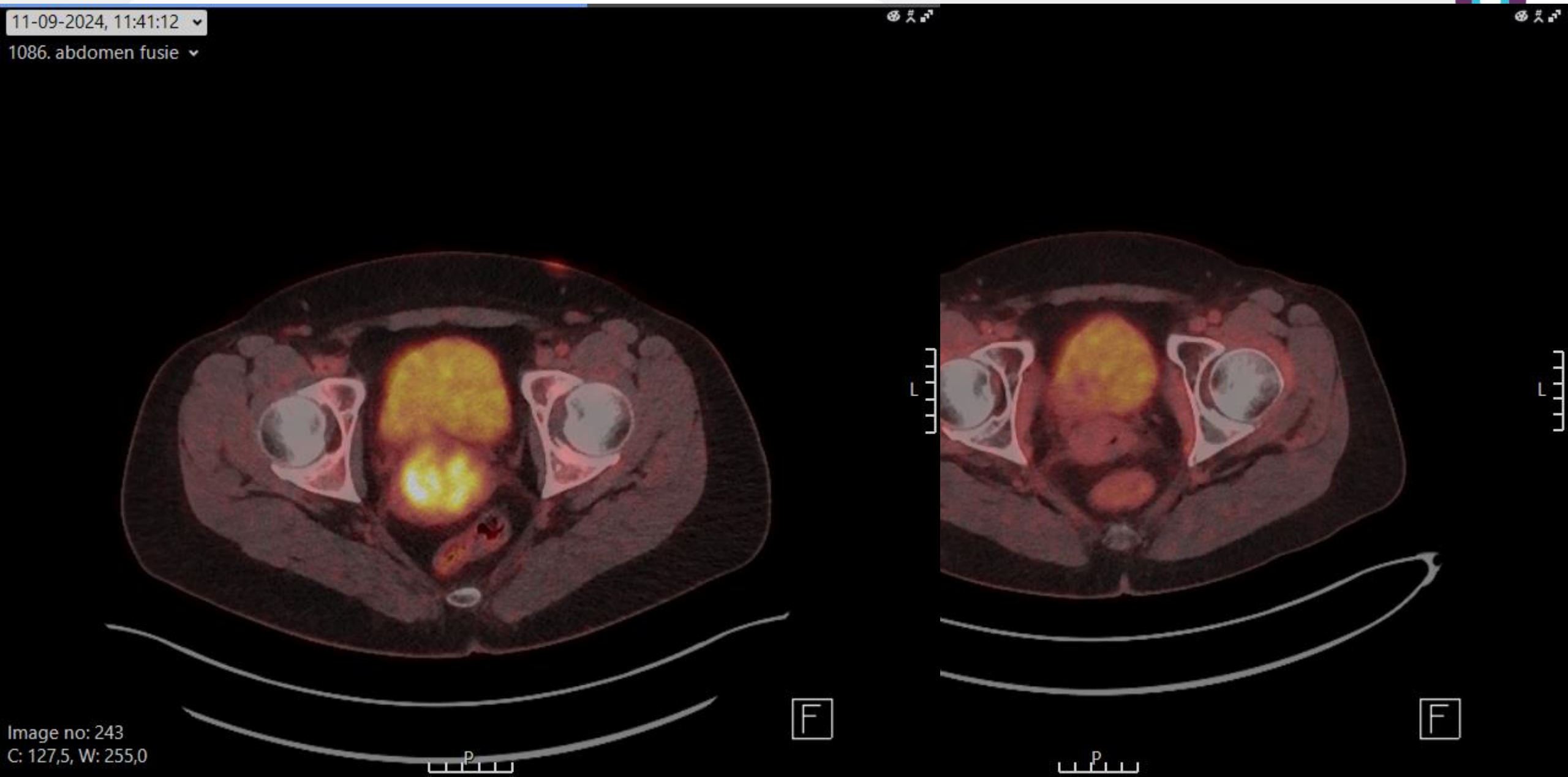
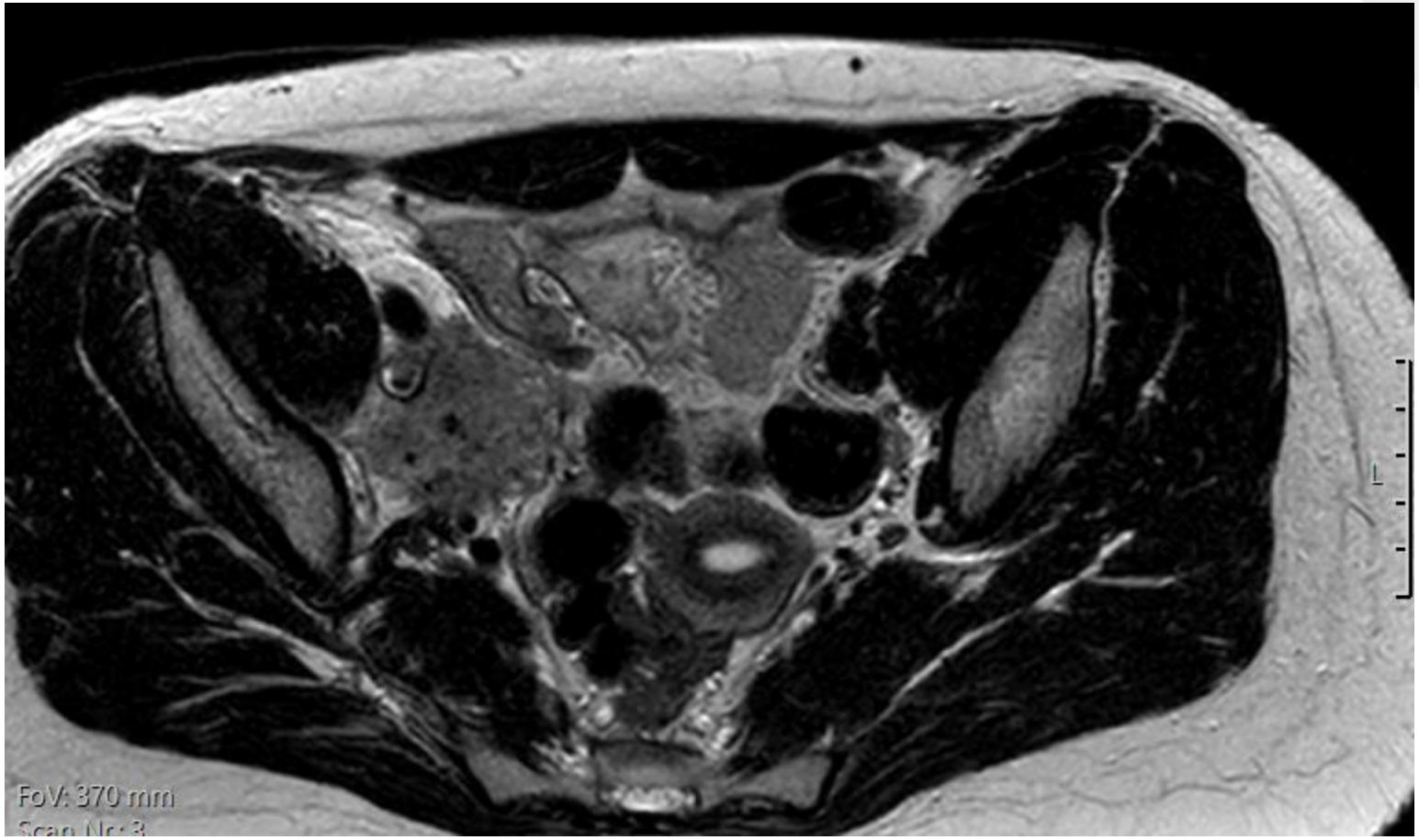
TSE
Histogram relat
5015625 TE:100 AC:1
468,0
36
36
FP


05-11-2024, 10:30:10
201. T2W_CERVIX_SAG
C=186,8, W=324,6 1/3
P
FoV: 200 mm
Scan Nr.: 2
Plak: 3 mm
Dist: 3,3 mm
TR:3584,3486328125 TE:90 AC:1
B-Waarde 0
C: 186,8, W: 324,6
Image no: 21
Beeld 21 van 42
F
1/2
42
1
L
P


28-02-2025, 13:45:28
201. AI_T2W_TSE_FH
FoV: 300 mm
Scan Nr.: 2
Plak: 3 mm
Dist: 3 mm
TR:4663,44482421875 TE:110 AC:1
B-Waarde 0
C: 949,9, W: 1899,8
Image no: 27
Beeld 27 van 48
F


28-02-2025, 13:55:07
501. AI_T2W_TSE
C=1008,0, W=1752,0 1/3
FoV: 300 mm
Scan Nr.: 5
Plak: 3 mm
Dist: 4,5 mm
TR:4882,60595703125 TE:100 AC:1
B-Waarde 0
C: 1008,0, W: 1752,0
Image no: 19
Beeld 18 van 36
L
1/2
1
P
36
F
PF


11-09-2024, 11:41:12
1086. abdomen fusie
Image no: 243
C: 127,5, W: 255,0
F
P
L
F
P
L


FoV: 370 mm
Scan Nr: 3

catharina
een santeon ziekenhuis

Vragen?

Gedreven door het leven.