

Mūsdienīgas radioloģiskās metodes vēdera sāpju diagnostikā

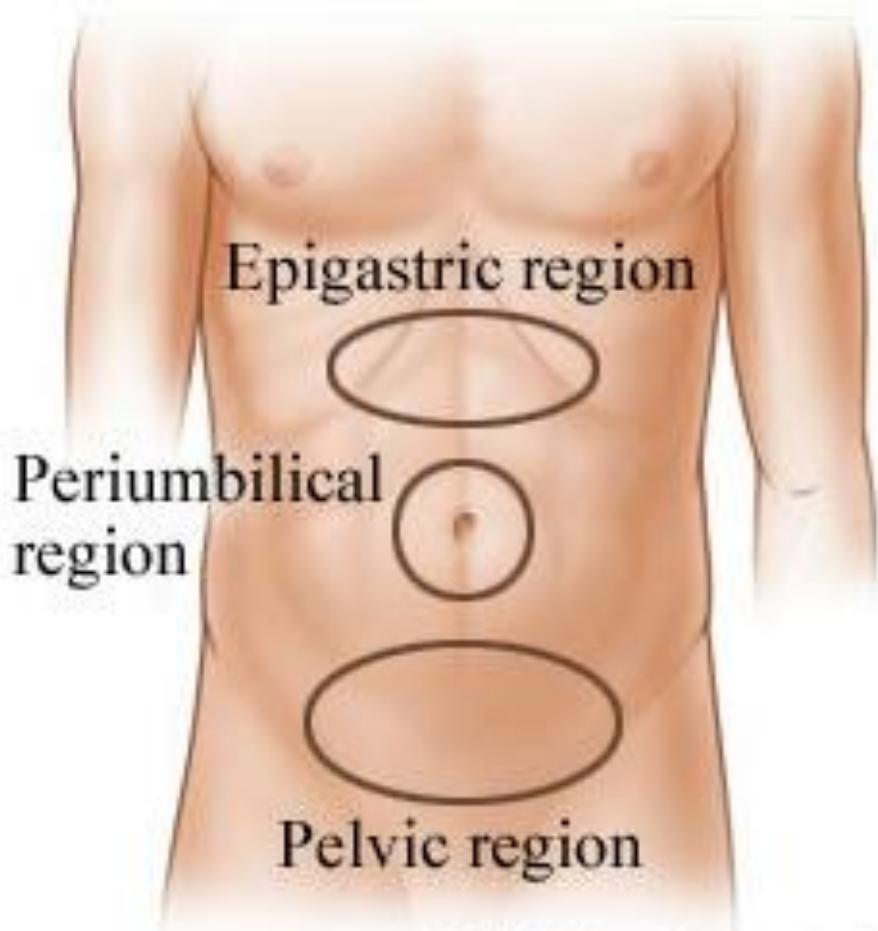
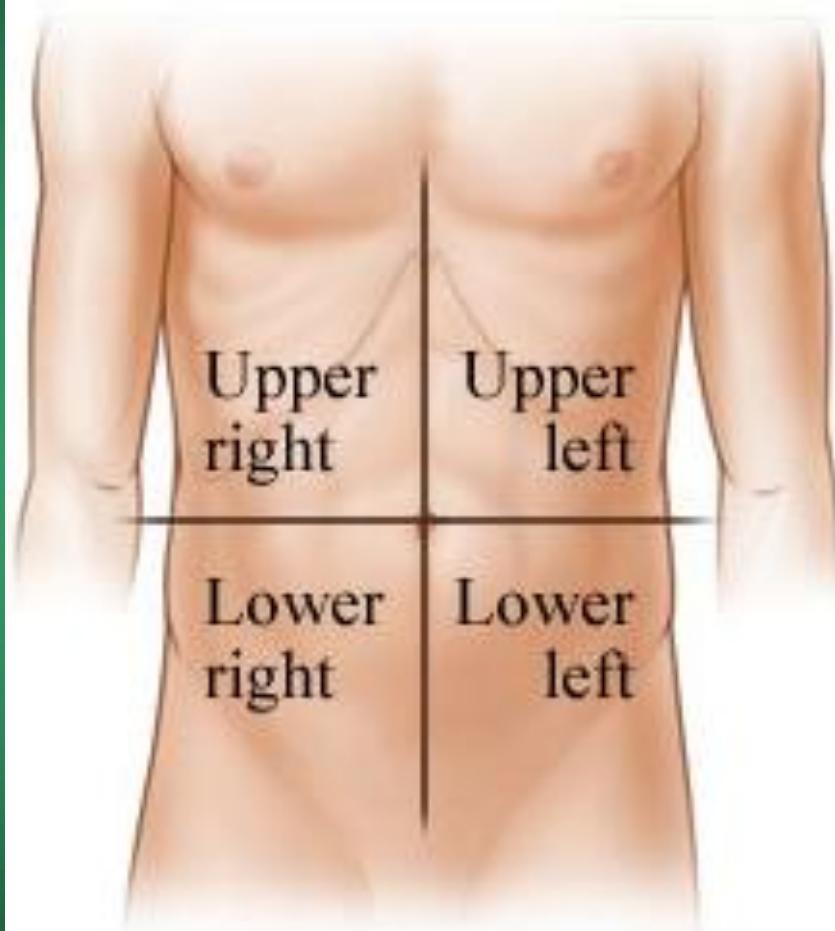


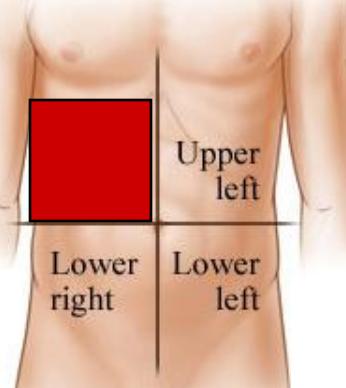
Dr. Evija Olmane

- **Abdominal Disorders**
- Inflammatory disorders
 - Peritonitis (chemical or bacterial)
 - Subdiaphragmatic abscess
 - Familial Mediterranean fever
 - Gastritis
 - Duodenitis
 - Peptic ulcer disease
 - Gastroenteritis
 - Cholecystitis
 - Bacterial cholangitis
 - Peptic ulcer disease
 - Intestinal perforation
 - Meckel's diverticulum
 - Appendicitis
 - Crohn's disease
 - Colitis (idiopathic and infectious)
 - Diverticulitis
 - Pancreatitis
 - Hepatitis
 - Pyelonephritis
 - Abscess (especially hepatic, splenic, pancreatic, perinephric, psoas)
 - Mesenteric lymphadenitis
- Mechanical disorders
 - Intestinal obstruction
 - Intussusception
 - Volvulus
 - Biliary tract obstruction (stones, strictures)
 - Ureteral obstruction
 - Acute splenomegaly
 - Acute hepatomegaly (especially hepatitis, hepatic congestion)
 - Nephrolithiasis
 - Abdominal wall contusion
 - Abdominal wall hematoma
- Neoplasms
 - Pancreatic tumors
 - Gastric tumors
 - Hepatic tumors, primary or metastatic
 - Colonic tumors
 - Small intestinal tumors
 - Abdominal wall tumors
- Vascular disorders
 - Intraabdominal bleeding
 - Ischemia
 - Mesenteric artery insufficiency or thrombosis
 - Mesenteric venous thrombosis
 - Budd-Chiari syndrome
 - Infarction (especially liver, spleen)
 - Omental ischemia
 - Abdominal aortic aneurysm
- Functional disorders
 - Irritable bowel syndrome
 - Nonulcer dyspepsia
 - Sphincter of Oddi dysfunction
 - Functional constipation
- **Pelvic Disorders**
- Inflammatory disorders
 - Pelvic inflammatory disease
 - Tuboovarian disease
 - Endometritis
 - Endometriosis
 - Salpingitis
 - Fitz-Hugh-Curtis syndrome
 - Cystitis
 - Seminal vesiculitis
 - Epididymitis
- Mechanical disorders
 - Ovarian cyst/torsion
 - Ectopic pregnancy
 - Distended bladder
 - Omental torsion
- Neoplasms
 - Cervical tumors
 - Ovarian tumors
 - Uterine tumors
 - Bladder tumors
 - Prostate tumors
- **Extraabdominal Disorders**
- Thoracic
 - Esophagitis
 - Esophageal spasm
 - Esophageal rupture (Boerhaave's syndrome)
 - Myocardial infarction or ischemia
 - Pericarditis
 - Myocarditis, Endocarditis
 - Congestive heart failure
 - Pneumonia
 - Pulmonary embolism or infarction
 - Pneumothorax
 - Empyema, Pleuritis
- Neurologic
 - Radiculitis
 - Herpes zoster (shingles)
 - Degenerative arthritis
 - Herniated intervertebral disc
 - Spinal or peripheral nerve tumors
 - Causalgia
 - Tabes dorsalis
 - Abdominal epilepsy
- Hematologic
 - Leukemia
 - Lymphoma
 - Sickle cell anemia
 - Hemolytic anemia
 - Henoch-Schönlein purpura
- Toxins
 - Insect bite
 - Snake bite
 - Lead poisoning
- Metabolic disorders
 - Uremia
 - Diabetes mellitus
 - Diabetic ketoacidosis
 - Acute adrenal insufficiency (Addison's disease)
 - Porphyria
 - Hypercalcemia
 - Hyperparathyroidism
 - Hyperlipidemia
 - Hereditary angioneurotic edema
- Psychiatric disorders
 - Depression
 - Anxiety disorders
 - Schizophrenia
 - Factitious abdominal pain
- Other
 - Acute glaucoma
 - Narcotic withdrawal
 - Heat stroke
 - Unexplained intractable abdominal pain

Medicīniski izskaidrojami vēdera sāpju iemesli 2568







American College of Radiology ACR Appropriateness Criteria®

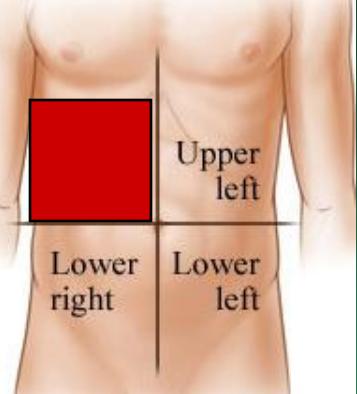
Clinical Condition: Right Upper Quadrant Pain

Variant 1: Fever, elevated WBC, positive Murphy's sign.

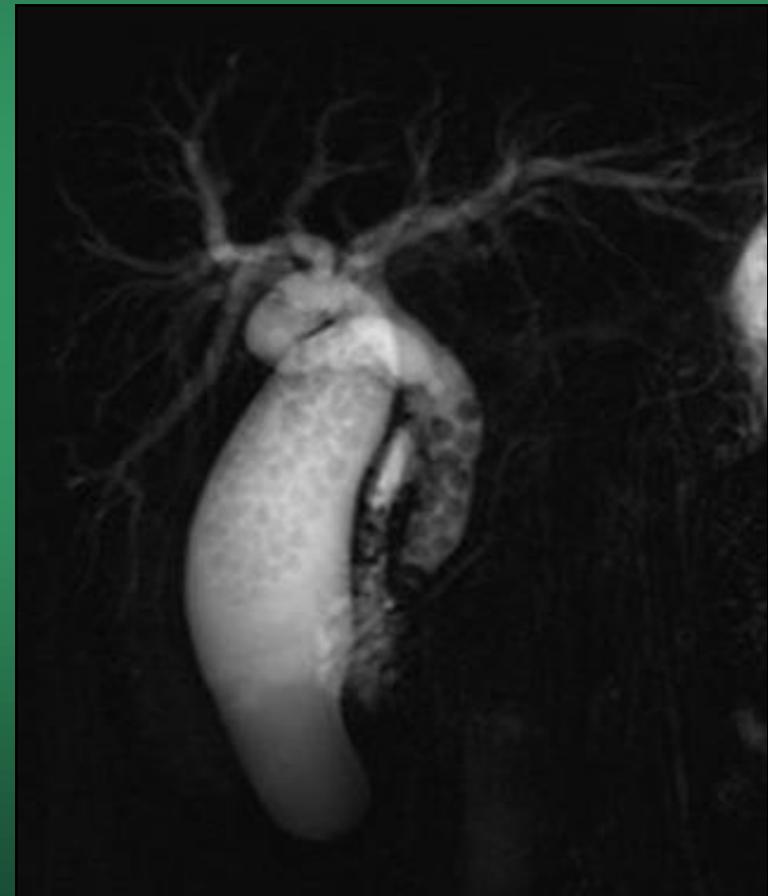
Radiologic Procedure	Rating	Comments	<u>RRL*</u>
US abdomen	9		O
CT abdomen with or without contrast	6	Generally should follow US of the RUQ based on US findings. With IV contrast preferred.	⊕ ⊕ ⊕
Cholescintigraphy	6	Generally should follow US of the RUQ based on US findings.	⊕ ⊕
MRI abdomen with or without contrast	6	Generally should follow US of the RUQ based on US findings. See statement regarding contrast in text under "Anticipated Exceptions."	O

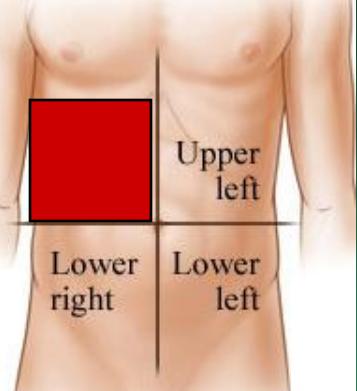
Rating Scale: 1,2,3 Usually not appropriate; 4,5,6 May be appropriate; 7,8,9 Usually appropriate

*Relative
Radiation Level

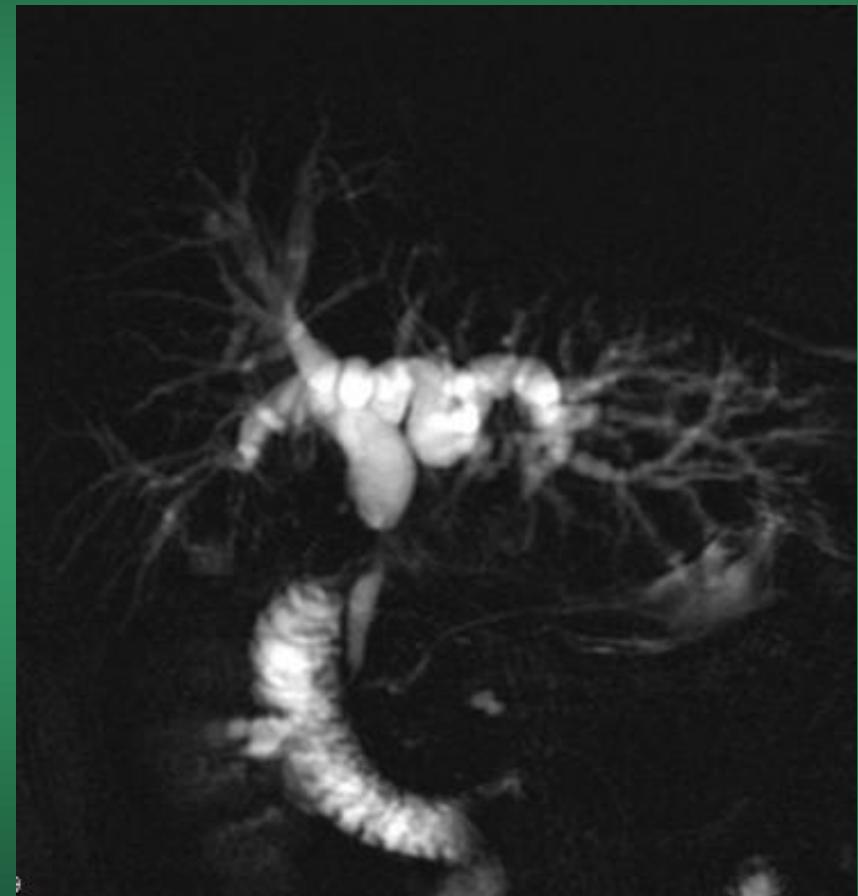
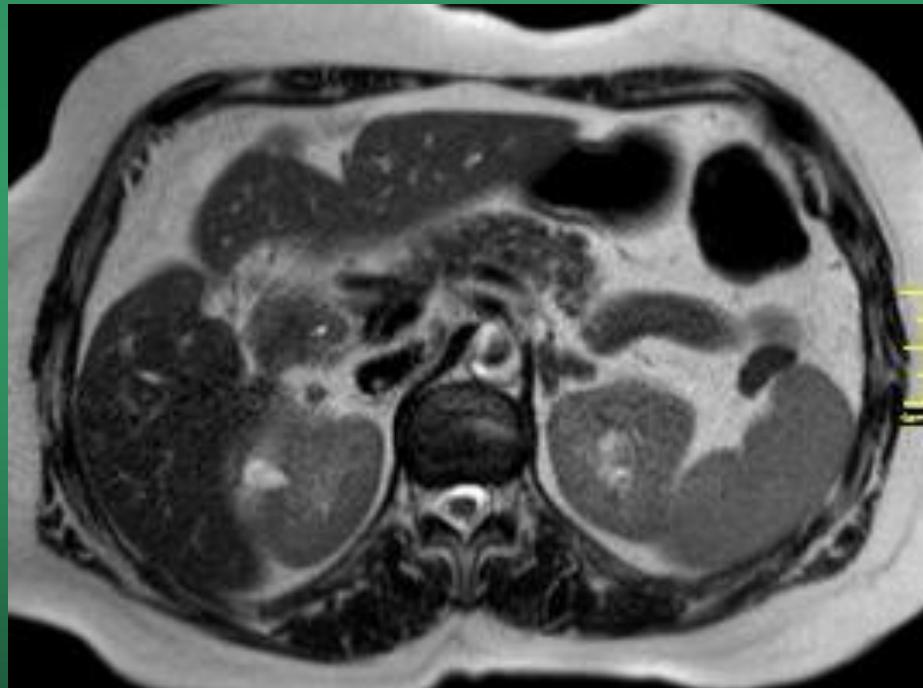


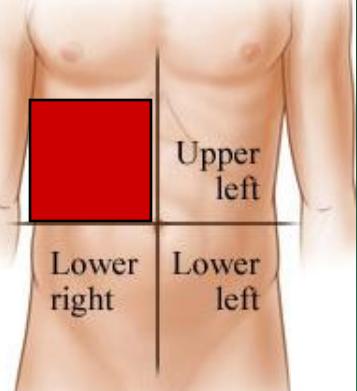
Dg: Žultsakmeņu slimība.
Akmeņi d.choledochus.



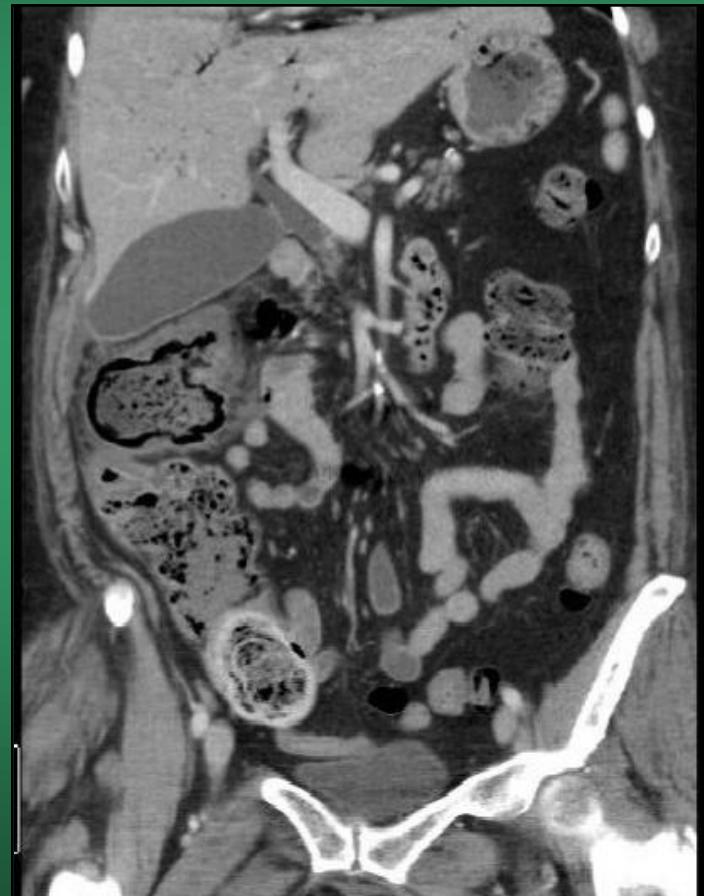


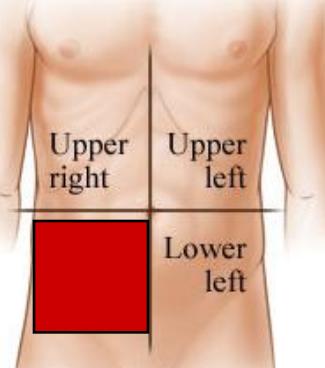
Dg: Pēc MR ar lielāko varbūtību centrāla
holangiokarcinoma.





Dg: Pneumatosis intestinalis colon ascendens un
coecum išēmisku izmaiņu rezultātā, gaiss
v.portae sistēmā.





**American College of Radiology
ACR Appropriateness Criteria®**

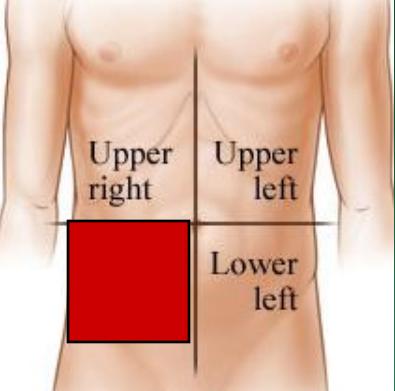
Clinical Condition:

Right Lower Quadrant Pain — Suspected Appendicitis

Variant 1:

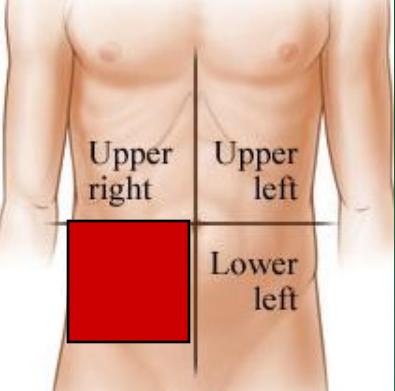
Fever, leukocytosis, and classic presentation clinically for appendicitis in adults.

Radiologic Procedure	Rating	Comments	RRL*
CT abdomen and pelvis with contrast	8	Use of oral or rectal contrast depends on institutional preference.	⊕ ⊕ ⊕ ⊕
CT abdomen and pelvis without contrast	7	Use of oral or rectal contrast depends on institutional preference.	⊕ ⊕ ⊕ ⊕
US abdomen RLQ	6	With graded compression.	O
US pelvis	5		O
X-ray abdomen	5	May be useful in excluding free air or obstruction.	⊕ ⊕ ⊕
MRI abdomen and pelvis with or without contrast	4	See statement regarding contrast in text under "Anticipated Exceptions."	O
X-ray contrast enema	3		⊕ ⊕ ⊕
Tc-99m WBC scan abdomen and pelvis	3		⊕ ⊕ ⊕
Rating Scale: 1,2,3 Usually not appropriate; 4,5,6 May be appropriate; 7,8,9 Usually appropriate			*Relative Radiation Level

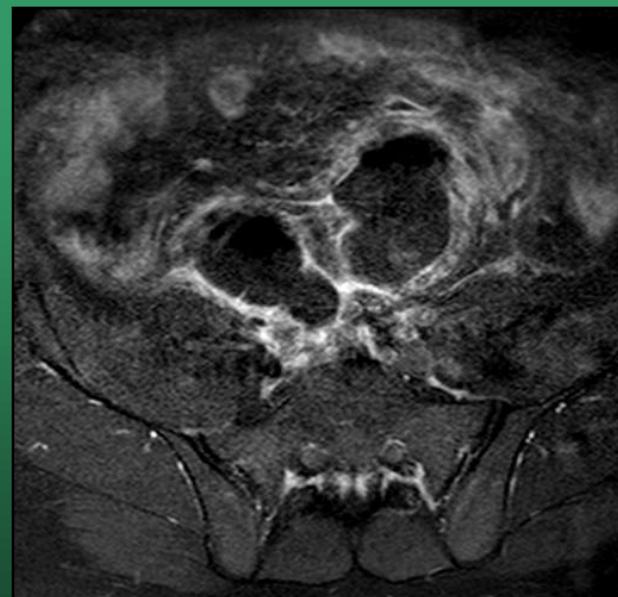


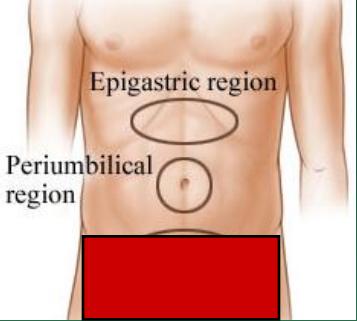
Dg: Akūts apendicīts.



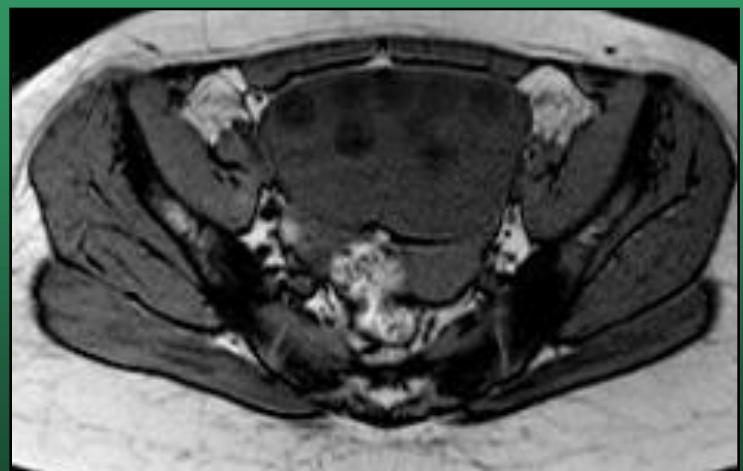
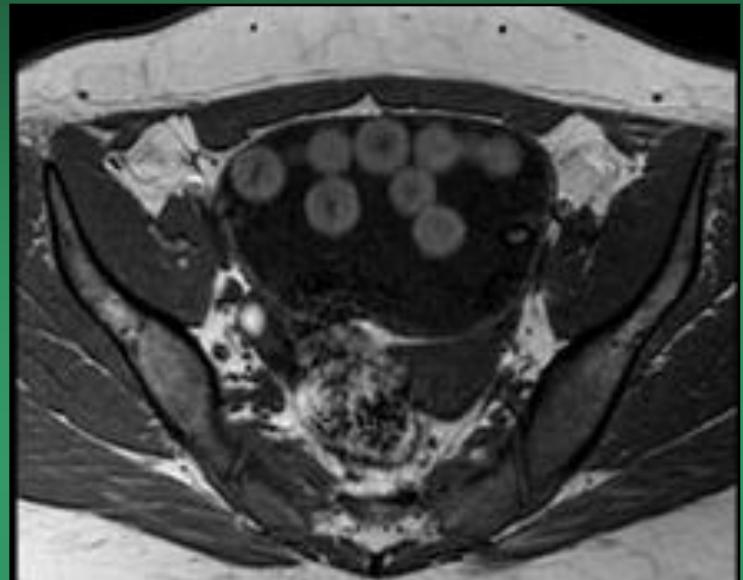
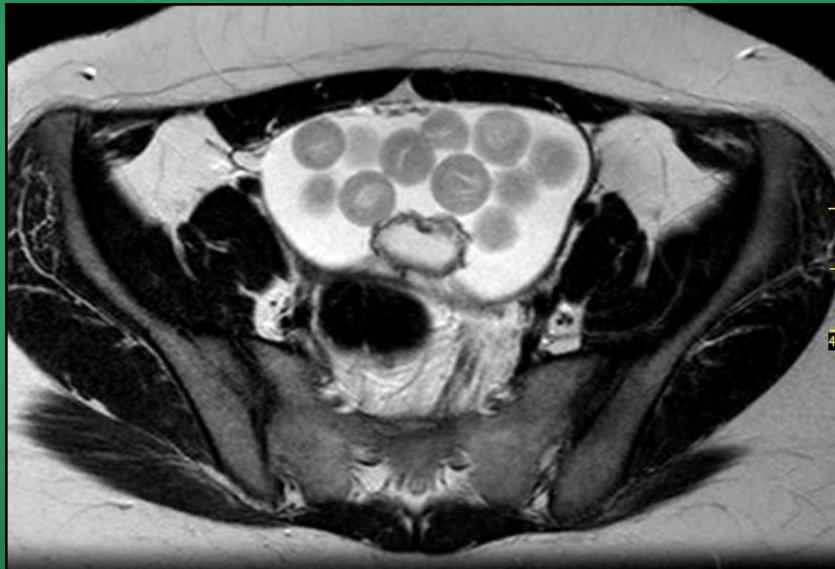


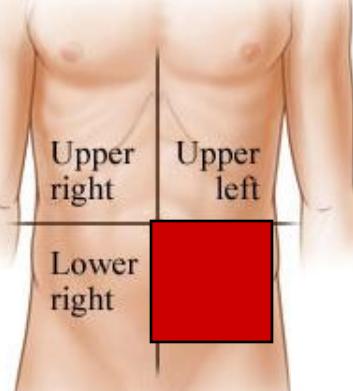
Dg: Apendikulārs
abscess un starpzarnu
abscesi.





Dg: Dermoīdcista kreisā olnīcā.





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Clinical Condition:

Left Lower Quadrant Pain

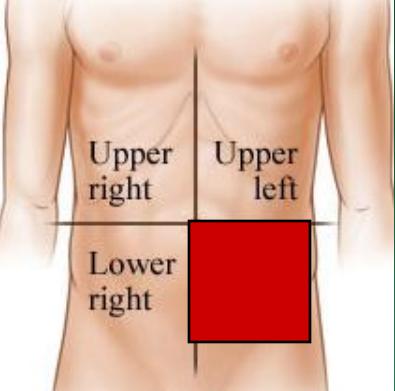
Variant 1:

Older patient with typical clinical presentation for diverticulitis.

Radiologic Procedure	Rating	Comments	RRL*
CT abdomen and pelvis with contrast	8	Oral and/or colonic contrast may be helpful for bowel luminal visualization.	⊕⊕⊕⊕
CT abdomen and pelvis without contrast	6		⊕⊕⊕⊕
X-ray contrast enema	5		⊕⊕⊕
US abdomen transabdominal graded compression	4		O
US abdomen transrectal or transvaginal	4		O
X-ray abdomen and pelvis	4		⊕⊕⊕
MRI abdomen and pelvis with or without contrast	4	See statement regarding contrast in text under "Anticipated Exceptions."	O

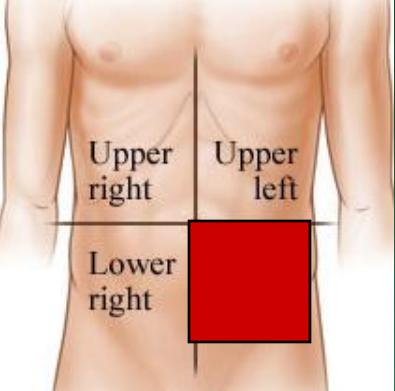
Rating Scale: 1,2,3 Usually not appropriate; 4,5,6 May be appropriate; 7,8,9 Usually appropriate

*Relative Radiation Level



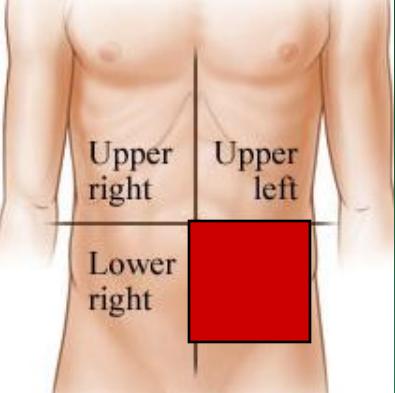
Dg: Colon sigmoideum divertikulīts.



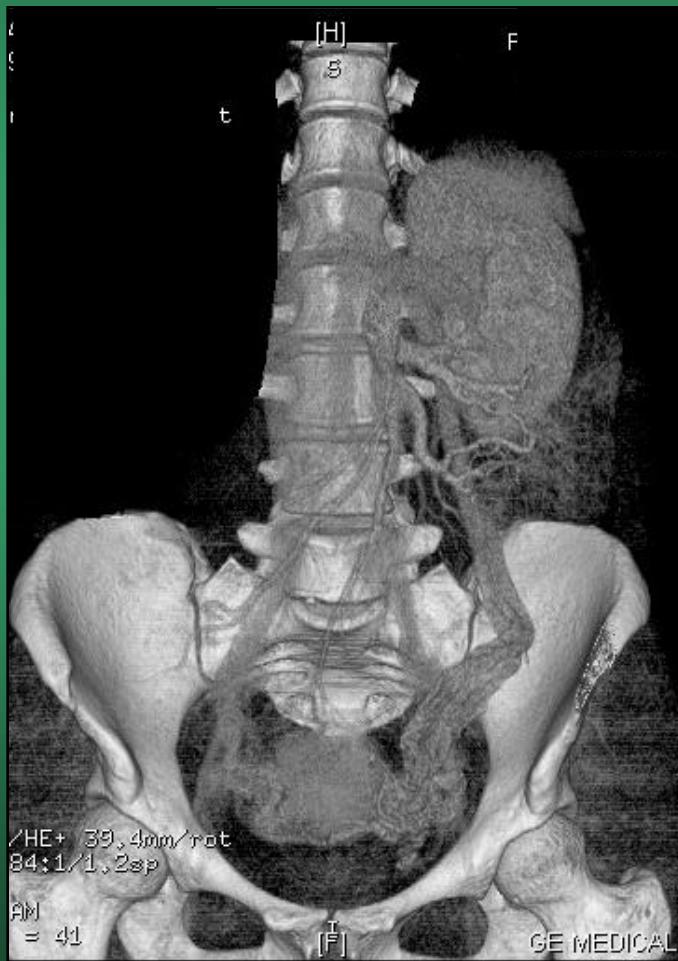


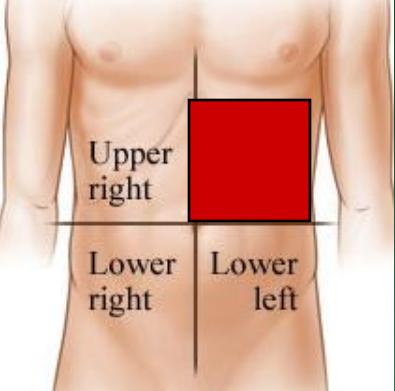
Dg: Vēdera priekšējās sienas laterāla
trūce (Spīgeļa trūce).



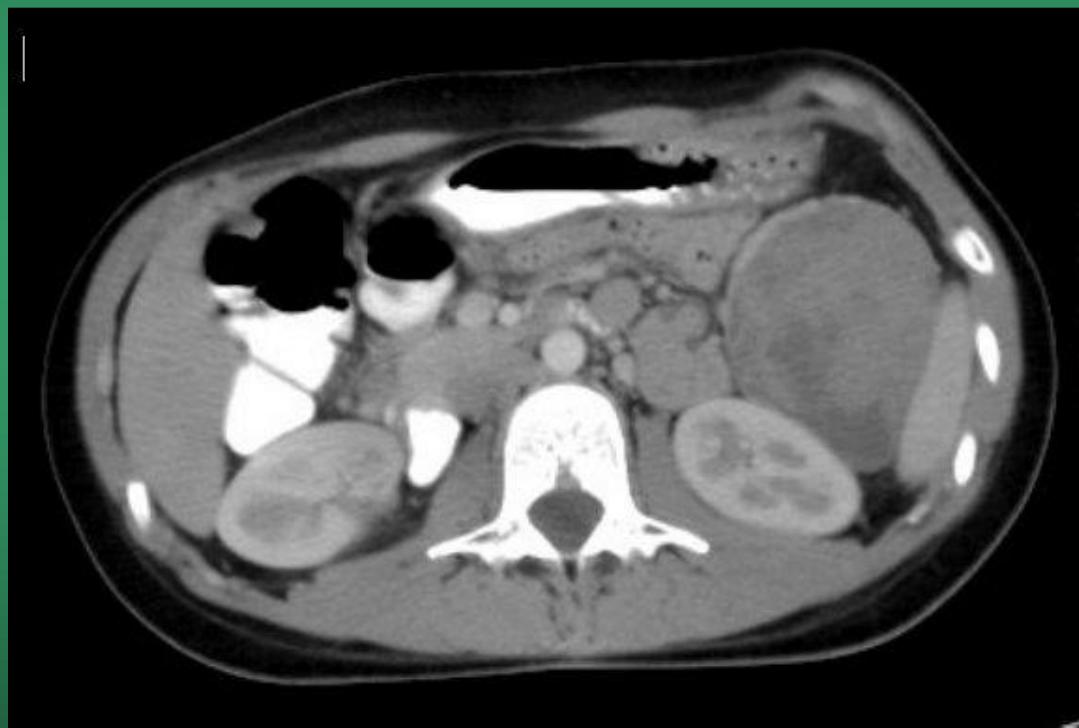


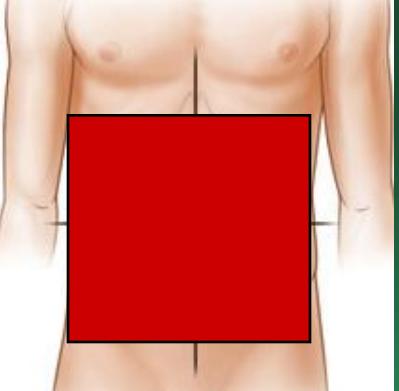
Dg: V.ovarica sinister varikoze.



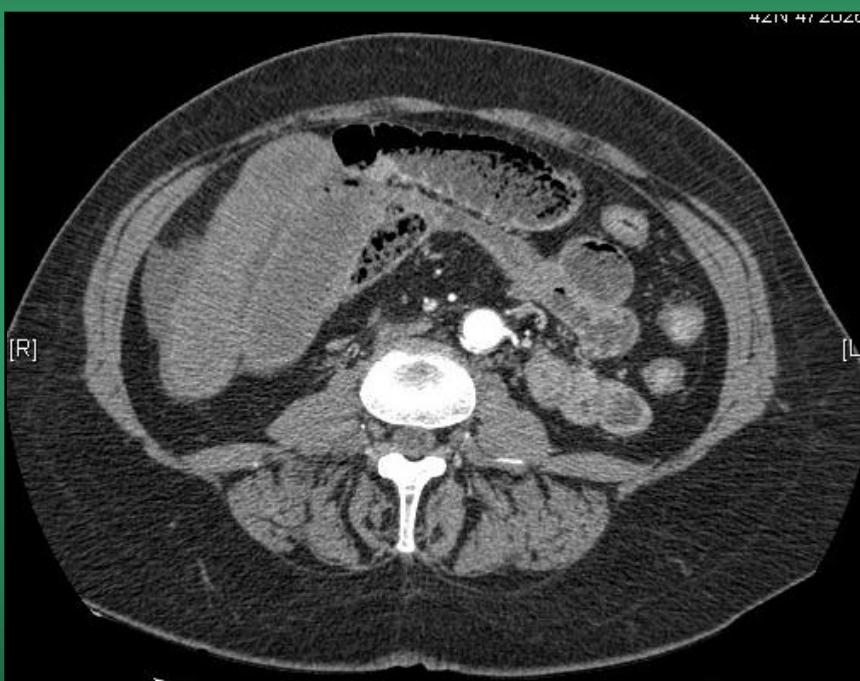


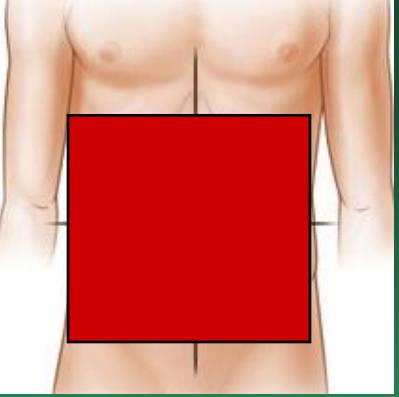
Dg: Aizkuņķa dziedzera astes
daļas maligns jaunveidojums.



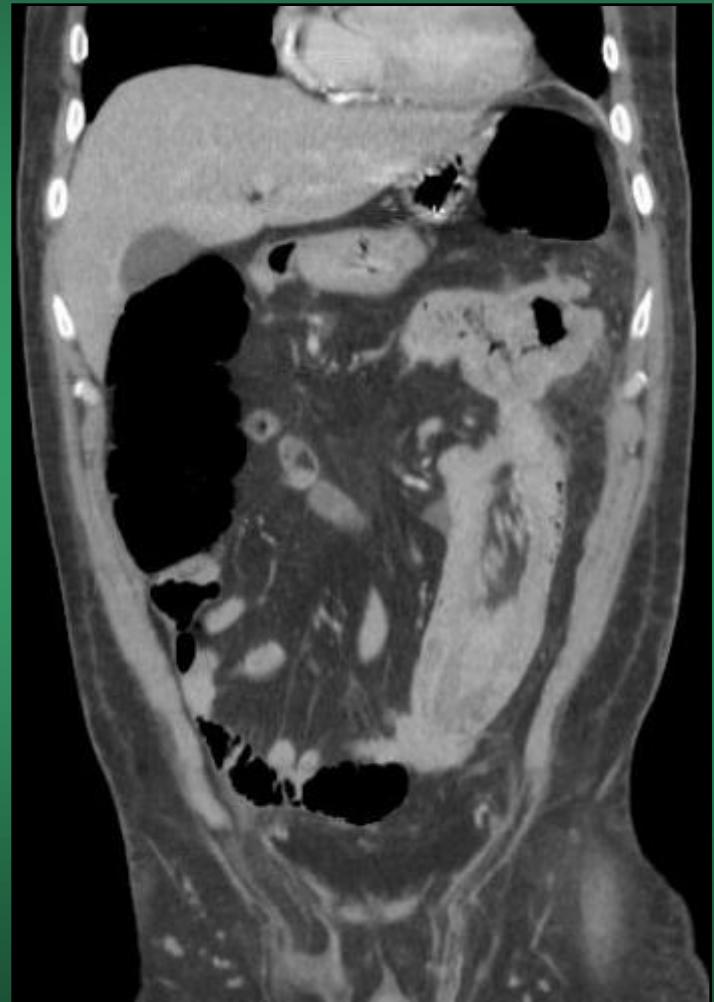
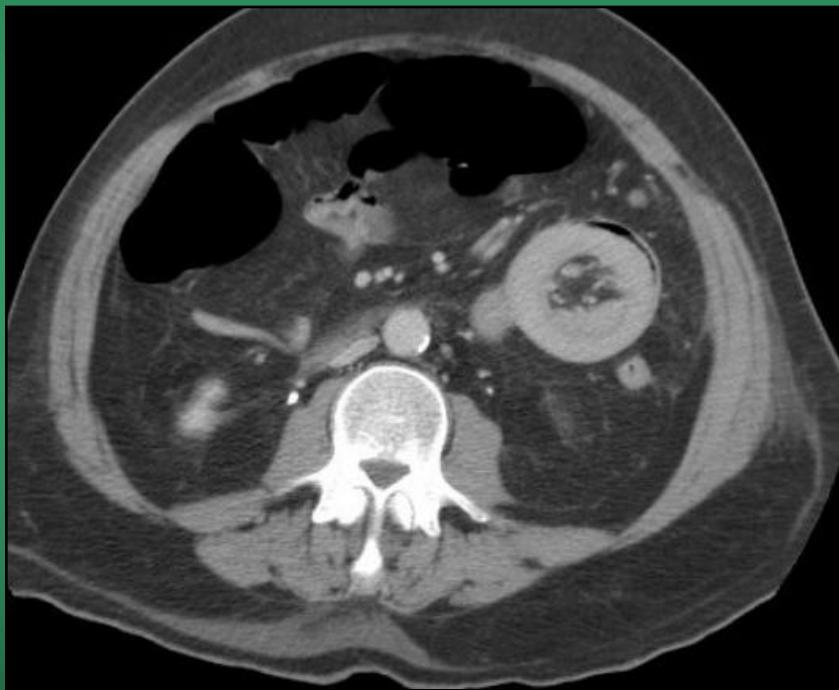


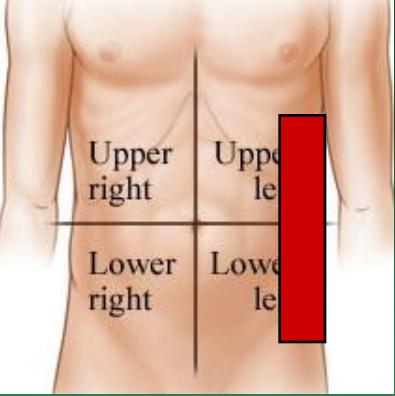
Dg: Tievo zarnu obstrukcija.
Saugumu slimība.



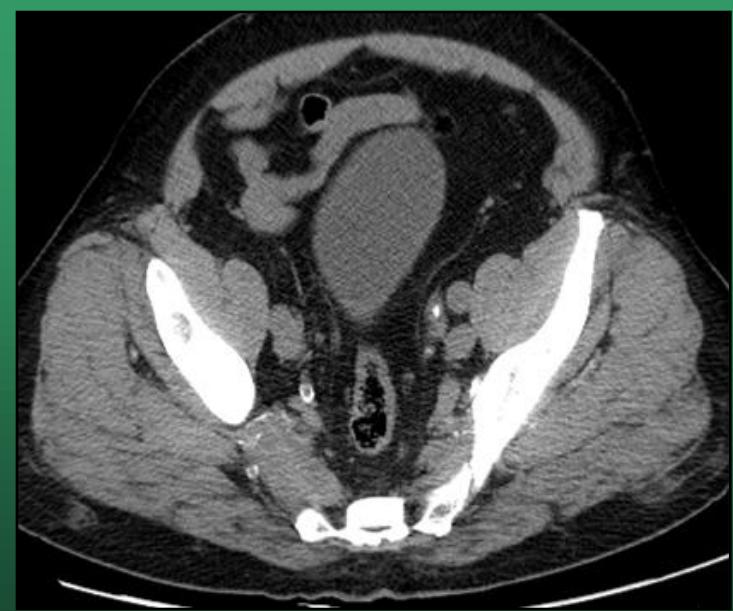
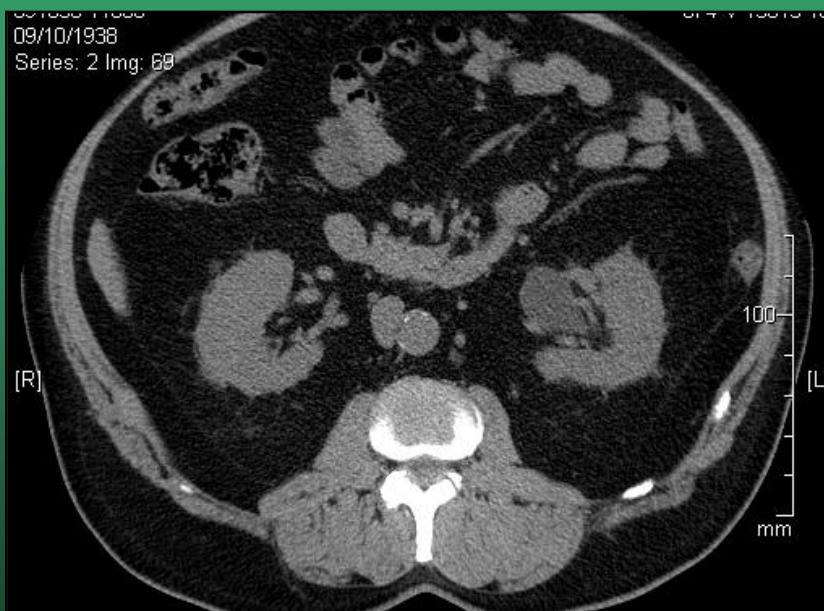


Dg: Enteroenteriska invaginācija
sekundāri jejunum maligna
jaunveidojuma rezultātā.





Dg: Akmens kreisā urīnvada distālā
1/3 ar retrogrādu hidronefrotisku
transformāciju.



Secinājumi

- USG ir visbiežāk lietotā primārā radioloģiskās diagnostikas metode pacientiem ar vēdera sāpēm
- USG bieži nespēj diagnosticēt sāpju iemesli
- CT un MRI ir nozīmīgi izmeklējumi vēdera sāpju diagnostikā

Secinājumi

- MRI kā izvēles metode salīdzinot ar CT:
 - žultsvadu patoloģija
 - iegurņa orgānu patoloģija
 - labdabīgu veidojumu kontrolei (virsnieru adenomas, aknu labdabīgi veidojumi)
 - pacientiem ar nieru mazspēju
 - pacientiem ar alerģiju pret jodu saturošu kontrastvielu

