

ULTRAZVUKOVÉ VYŠETŘENÍ PERIFERNÍCH LYMFATICKÝCH UZLIN

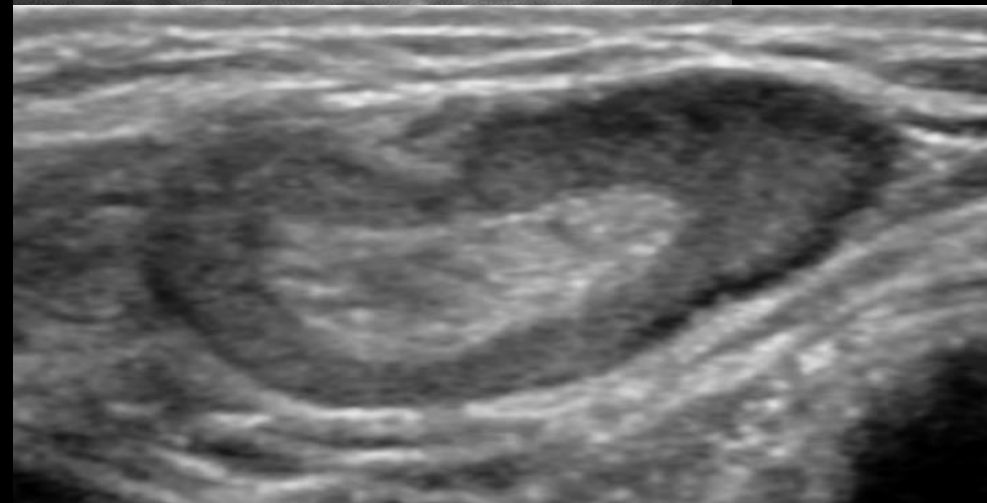
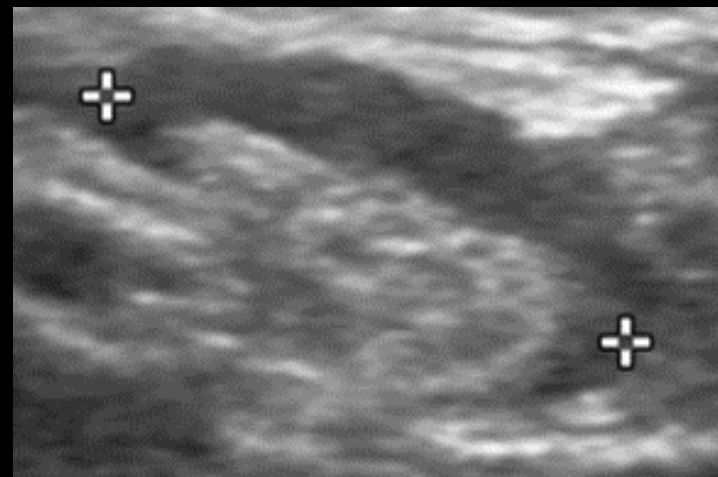
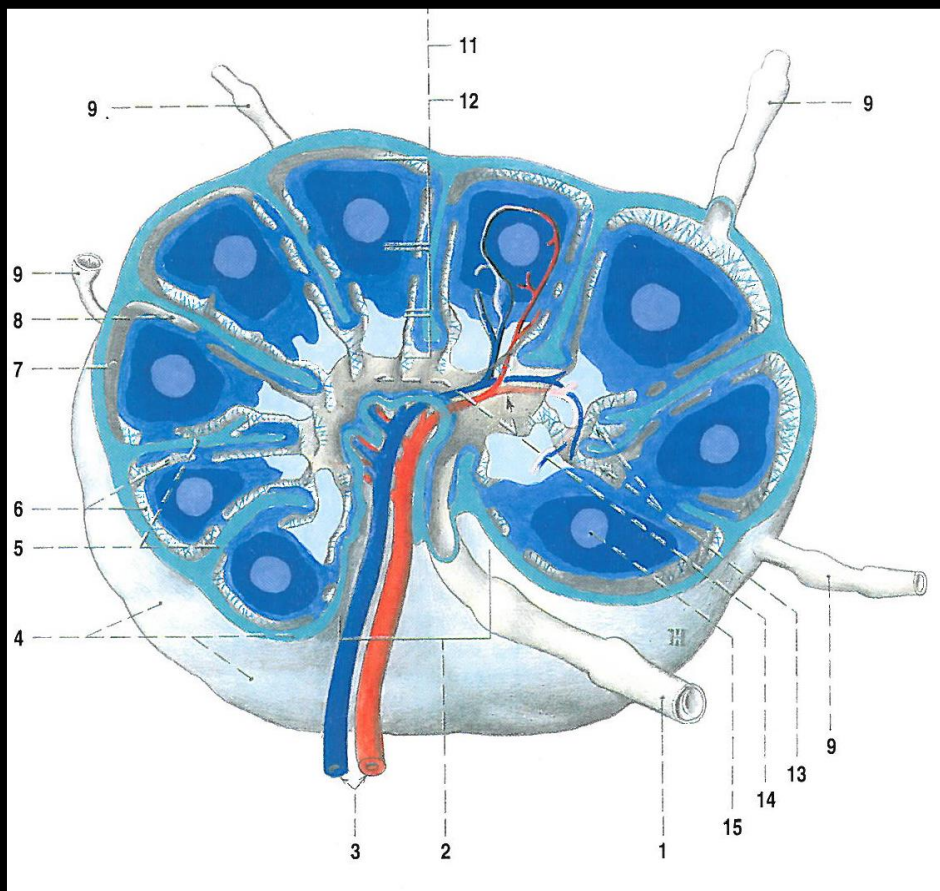
Radka Šlaisová

Klinika radiologie a nukleární medicíny FN Brno a LF MU

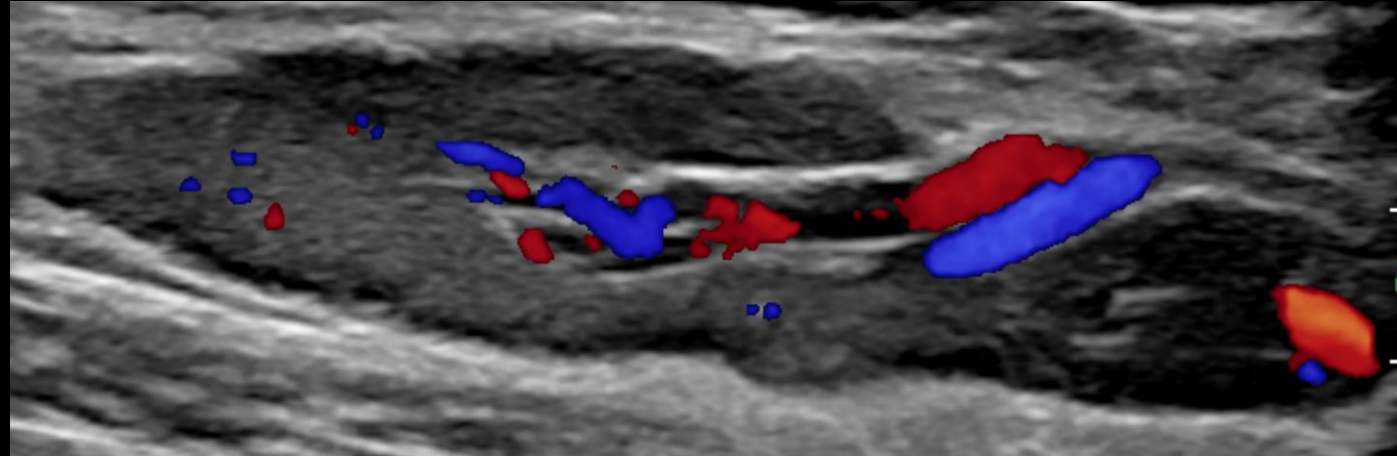
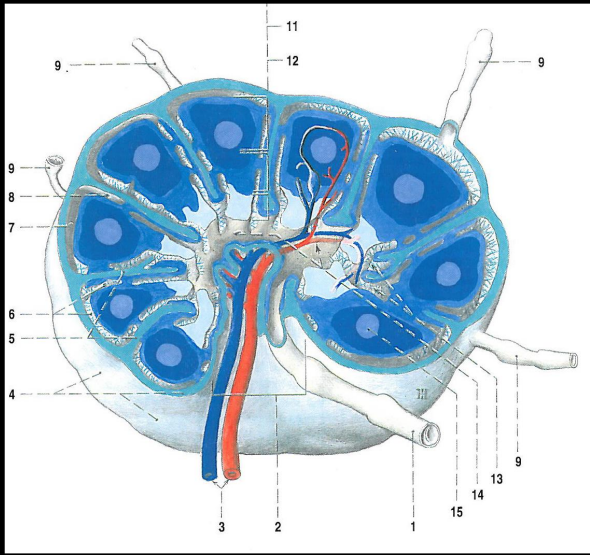
- Metoda volby při podezření na periferní lymfadenopatii
- Lineární vysokofrekvenční sondy, detailní zhodnocení echostruktury – benigní vs maligní etiologie
- Velikost, tvar
- Echogenita
- Ohraničení
- Nekrózy
- Kalcifikace
- Vaskularizace

Dudea SM, Lenghel M, Botar-Jid C, et al. Ultrasonography of superficial lymph nodes: benign vs. malignant. Med Ultrason. 2012 Dec;14(4):294-306.

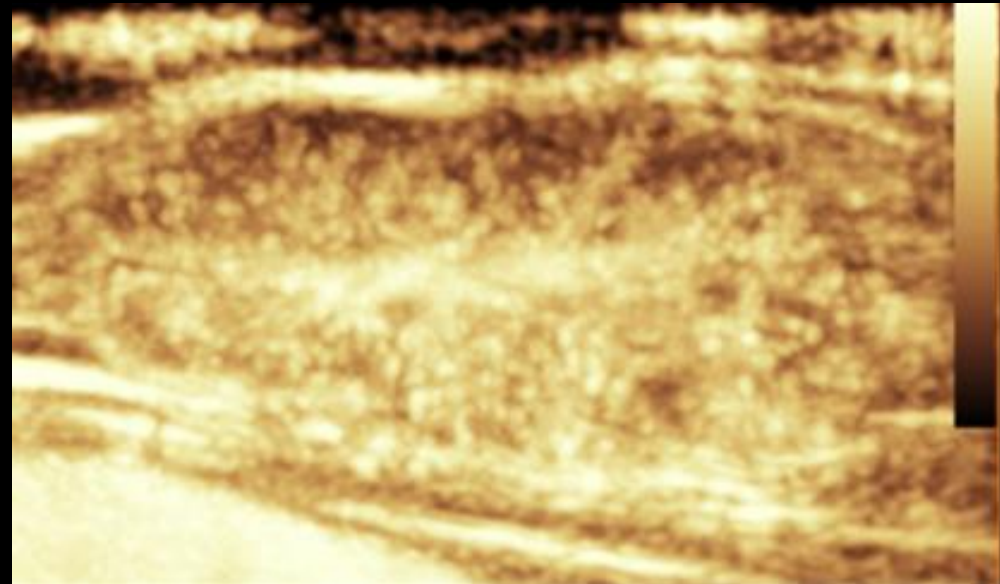
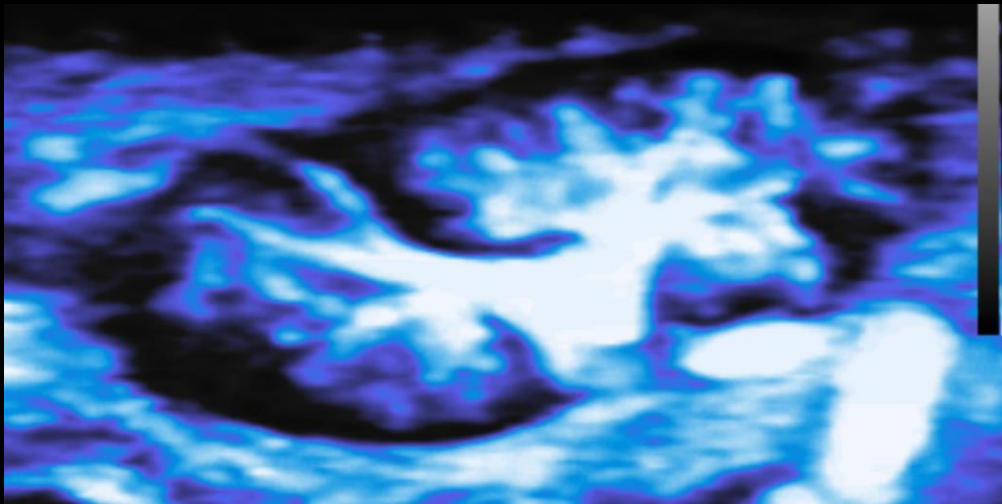
Normální LU



- Čihák R. Anatomie 3. 1., Praha: Grada Publishing 1997, str.172. ISBN 80-7169-140-2.

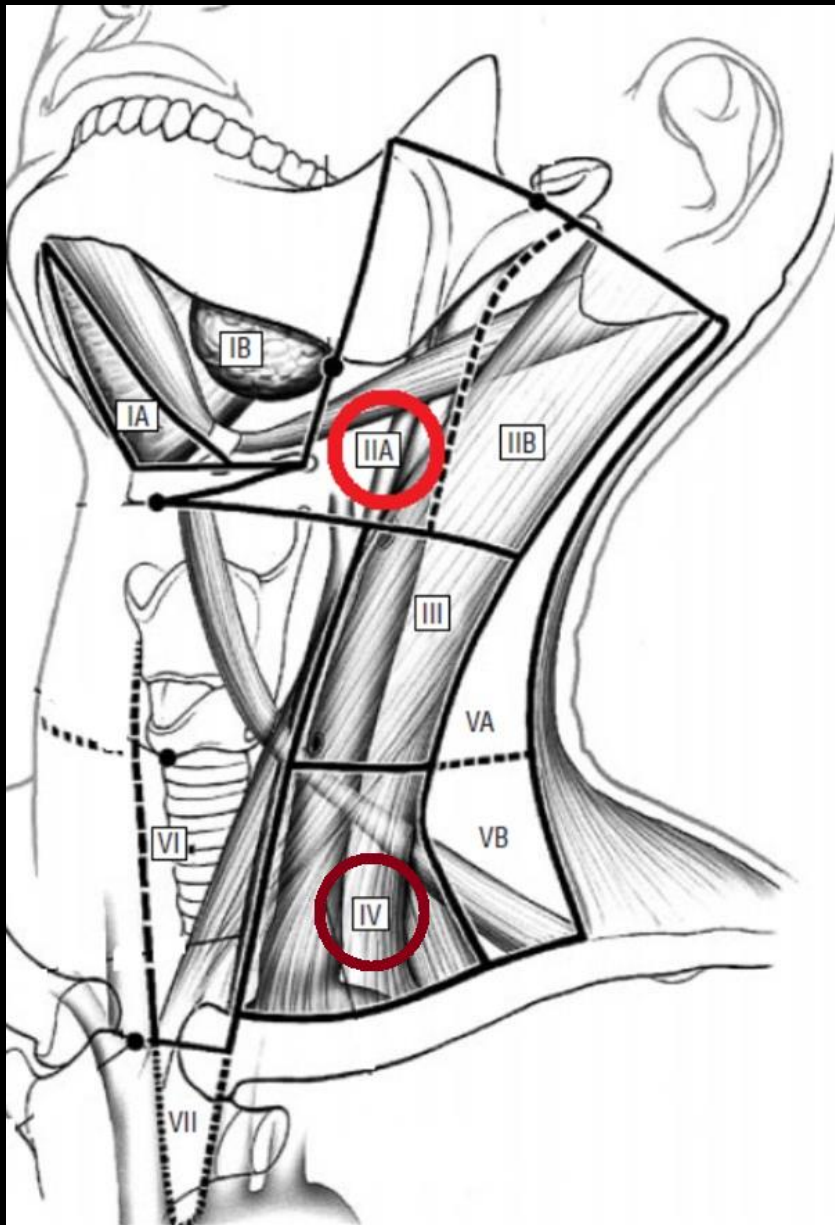


- Čihák R. Anatomie 3. 1., Praha: Grada Publishing 1997, str.172. ISBN 80-7169-140-2.



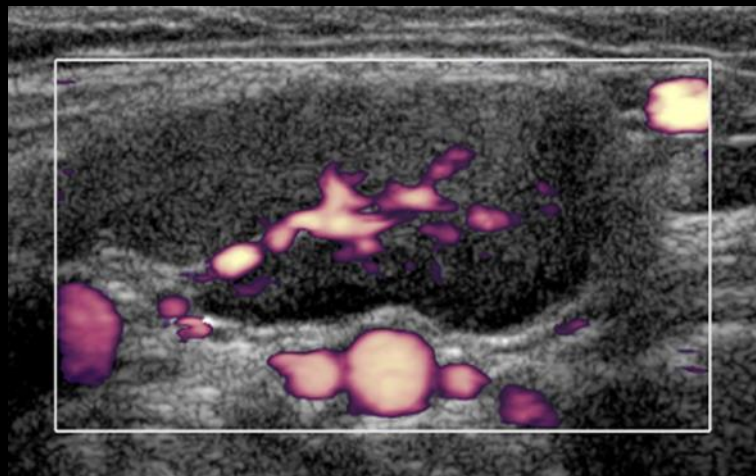
Velikost uzlin

- lokalita
- věk
- Virchowova uzlina - IV

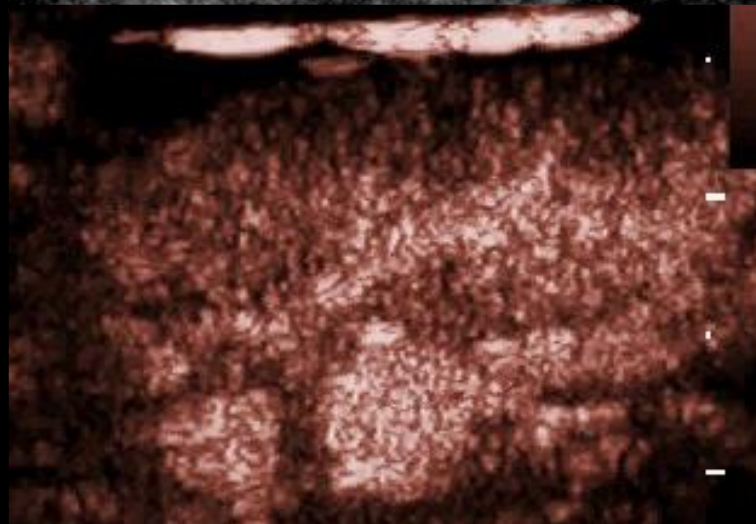


Som PM, Curtin HD, Mancuso AA. An imaging-based classification for the cervical nodes designed as an adjunct to recent clinically based nodal classifications. Arch Otolaryngol Head Neck Surg. 1999;125(4):388-96.

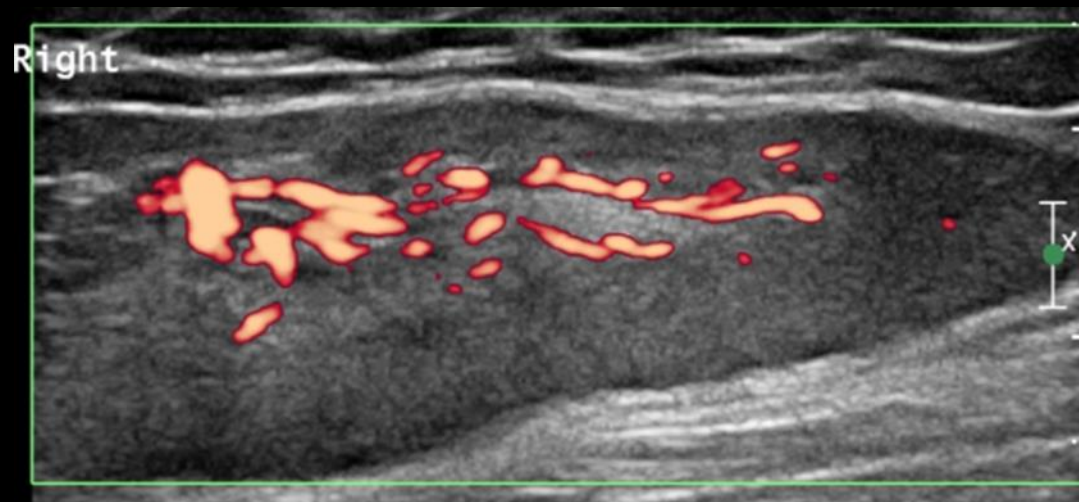
Reaktivní lymfadenopatie



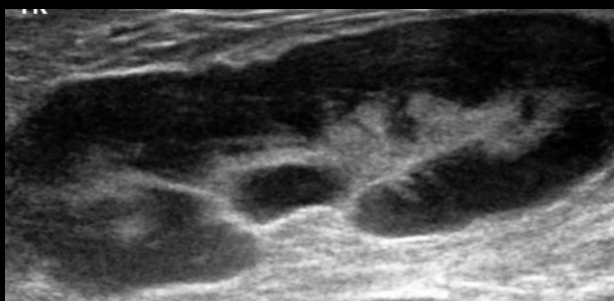
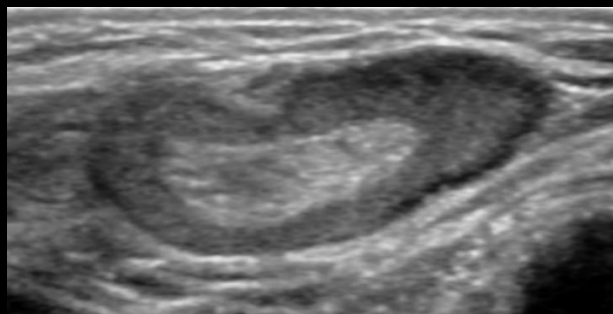
- imunitní stimul ze spádové oblasti
- systémové choroby



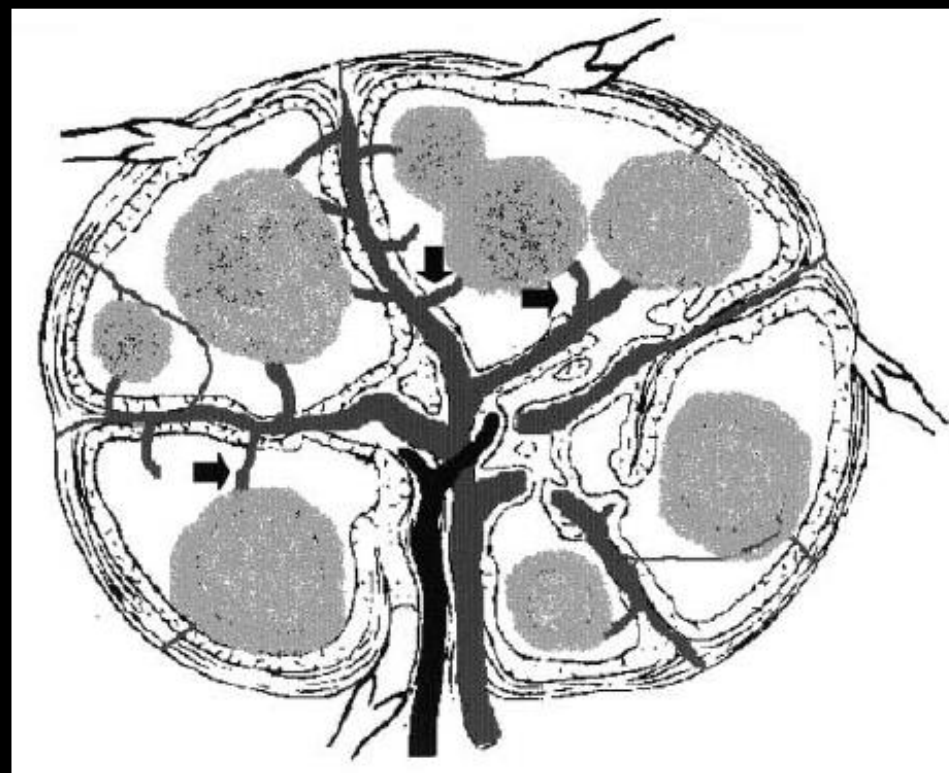
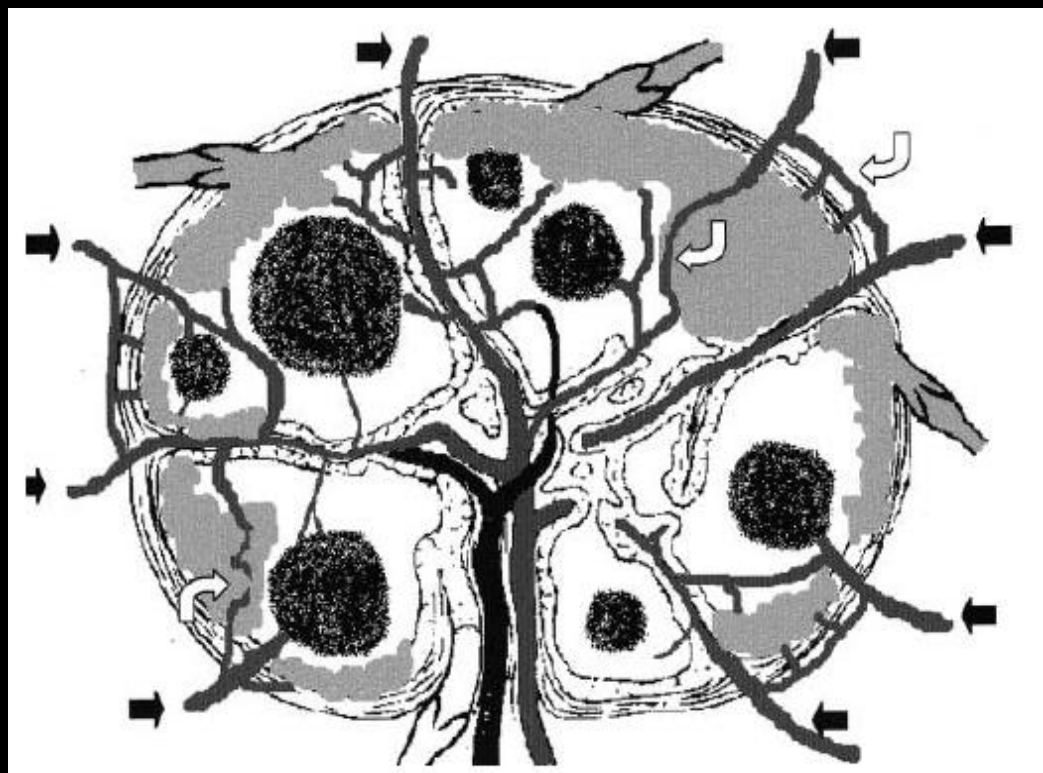
Sinusová histiocytóza



Chron. žilní insuficience, trofické změny kůže
tříselná LU délky 55 mm, stac. od r. 2011

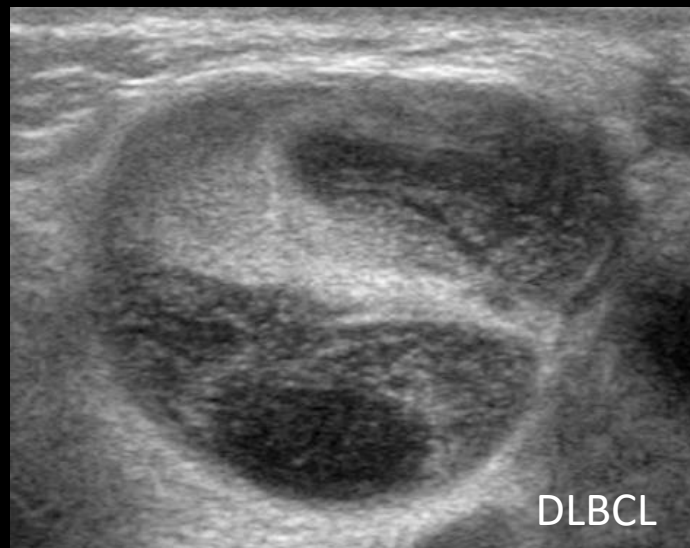


DLBCL
LT index

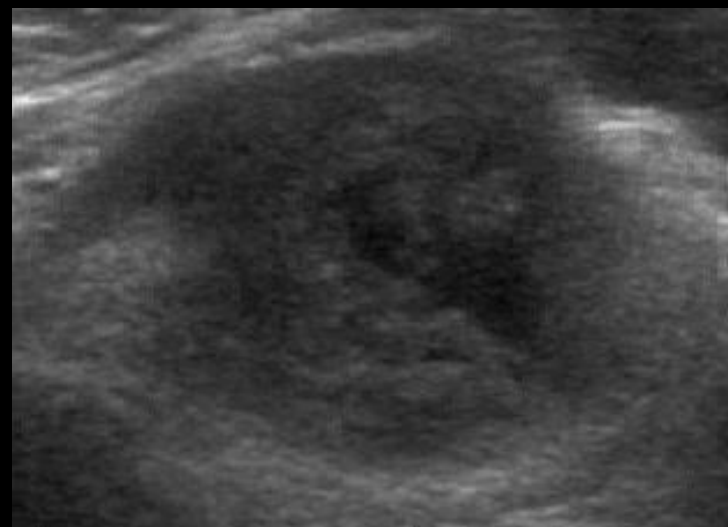


- Giovagnorio F, Galluzzo M, Adreoli Ch, et al. Color Doppler Sonography in the Evaluation of Superficial Lymphomatous Lymph Nodes. *J Ultrasound Med* 2002, 21:403-408

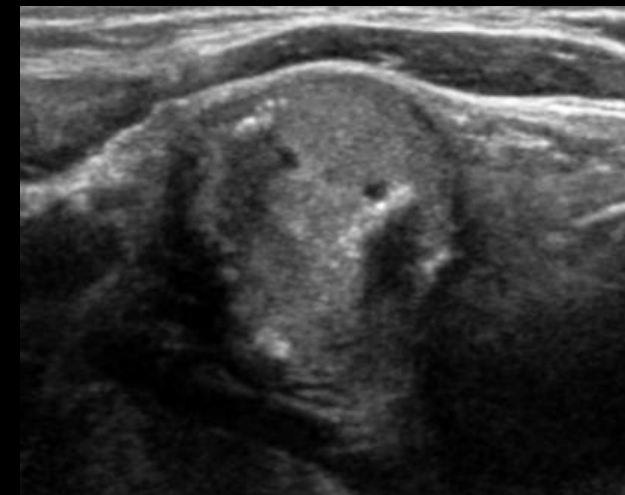
Echogenita, nekrózy



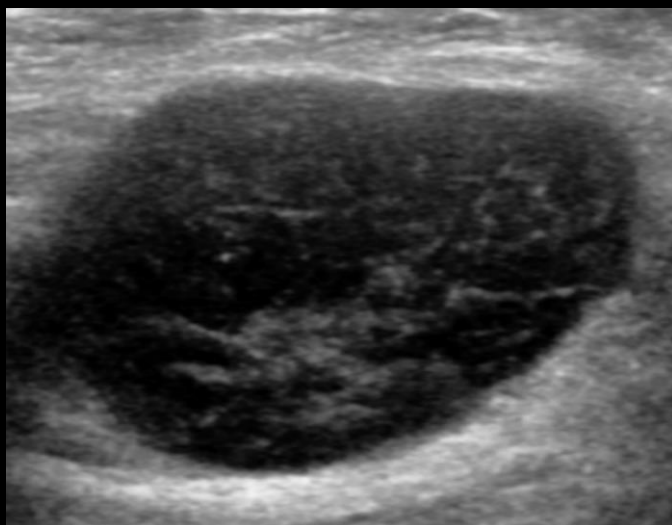
DLBCL



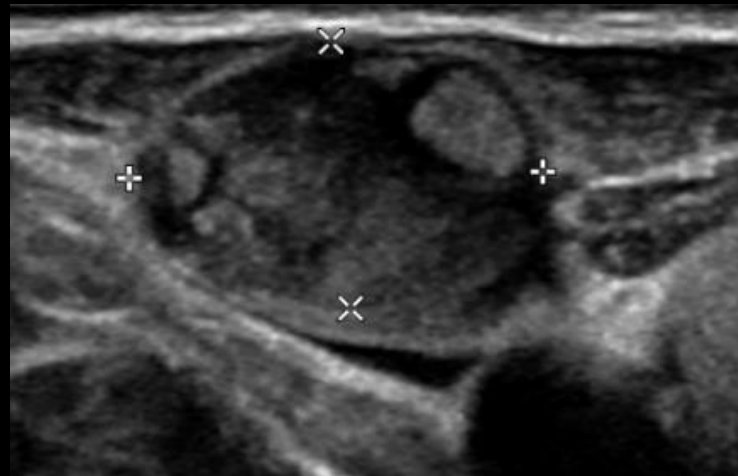
SpinoCa dutiny ústní, patrové tonsily



Papilární ca štítnice

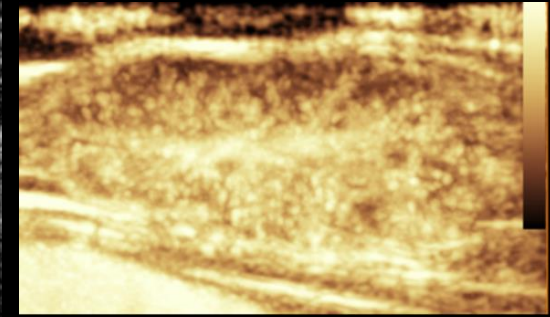
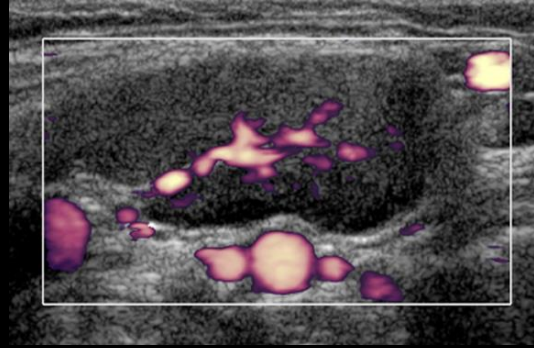


High grade B lymfom, NOS

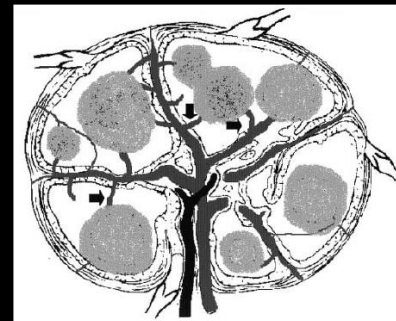
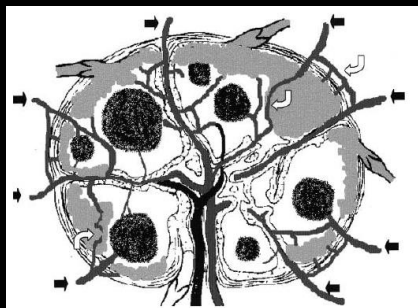


Vaskularizace

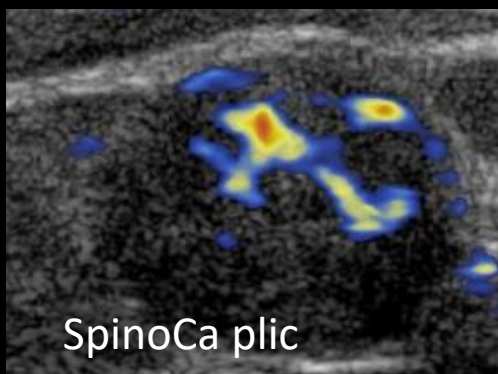
- Odtlačení intranodálních cév
- Avaskulární intranodální okrsky
- Akcesorní hilové cévy
- Subkapsulární cévy v periférii



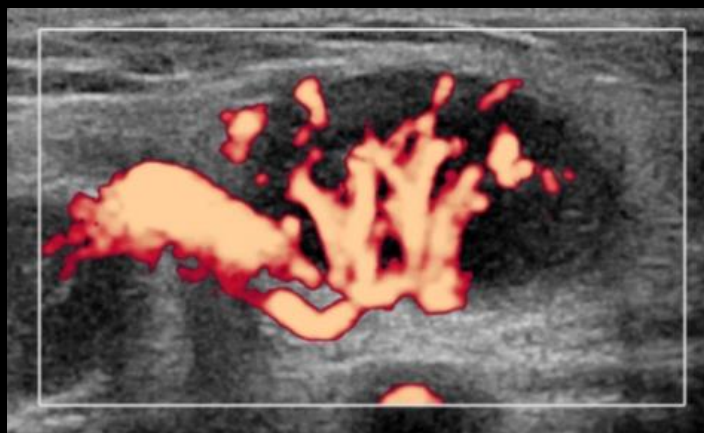
- *Tschammler A, Ott G, Schang T, et al. Lymphadenopathy: differentiation of benign from malignant disease- color Doppler US assessment of intranodal Angioarchitecture. Radiology 1998;208:117-123*
- *Bialek EJ, Jakubowski W, Szczepanik AB, et al. Vascular patterns in superficial lymphomatous lymph nodes: A detailed sonographic analysis. Journal of Ultrasound 2007;10:128-134.*
- **CEUS – hypovaskularizované uzliny**
- *Jin Y., He YS., Zhang MM et al. Value of contrast-enhanced ultrasonography in the differential diagnosis of enlarged lymph nodes: a meta-analysis of diagnostic accuracy studies. Asian Pac J Cancer Prev, 2015;16(6): 2361-2368.*



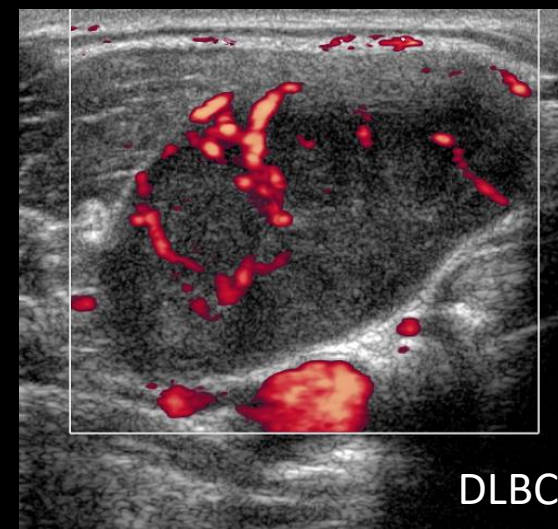
- Giovagnorio F, Galluzzo M, Adreoli Ch, et al. Color Doppler Sonography in the Evaluation of Superficial Lymphomatous Lymph Nodes. *J Ultrasound Med* 2002, 21:403-408



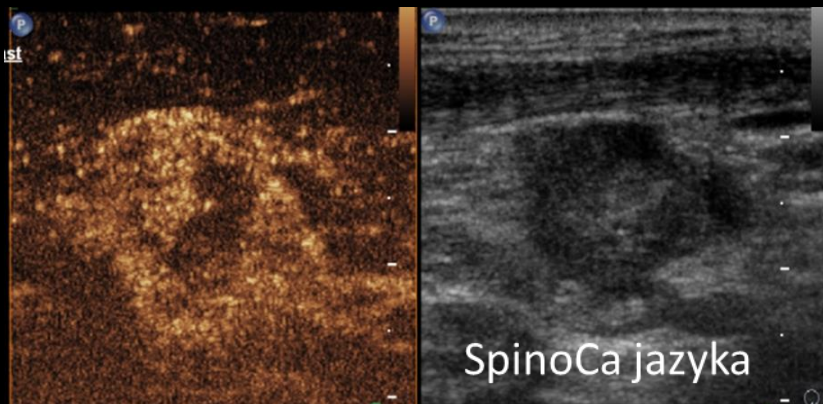
SpinoCa plic



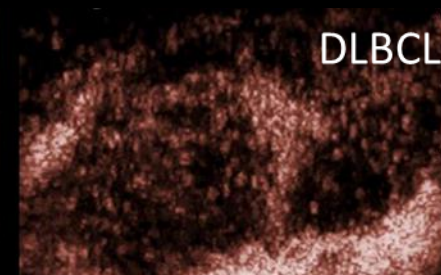
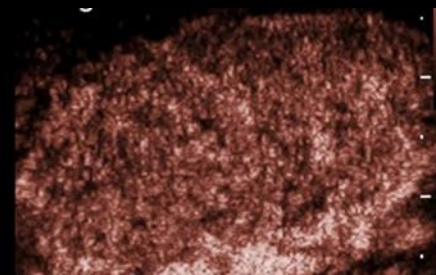
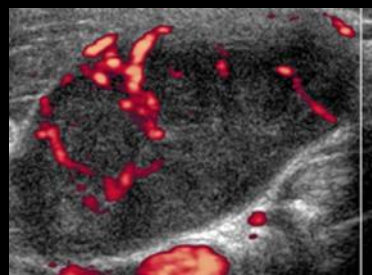
Periferní T lymfom



DLBCL



SpinoCa jazyka



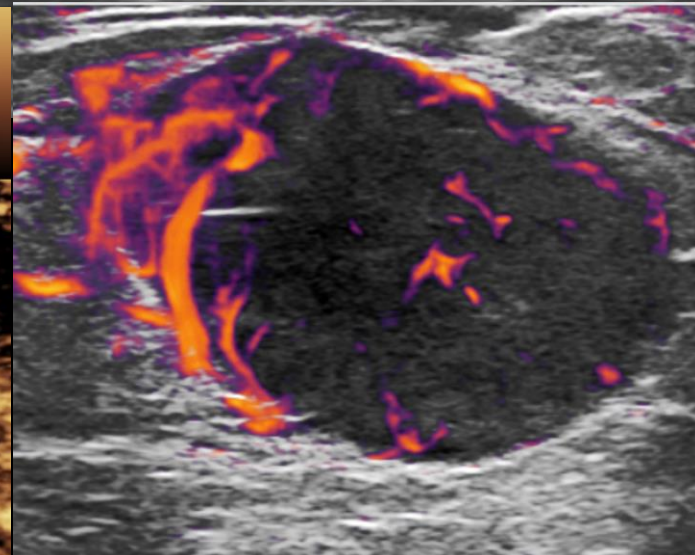
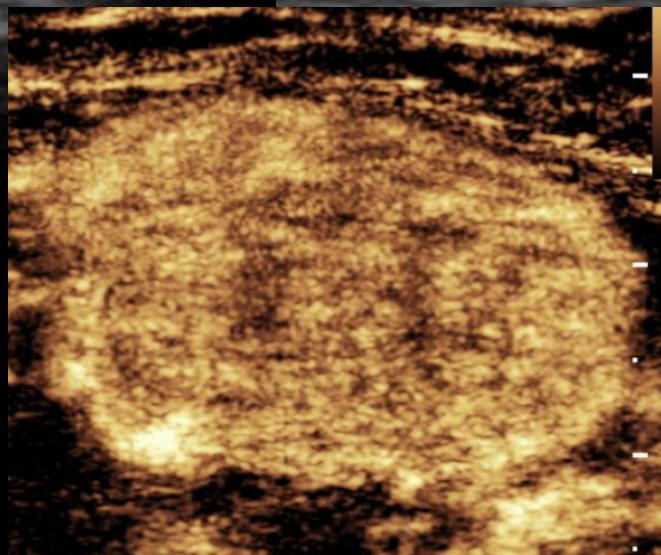
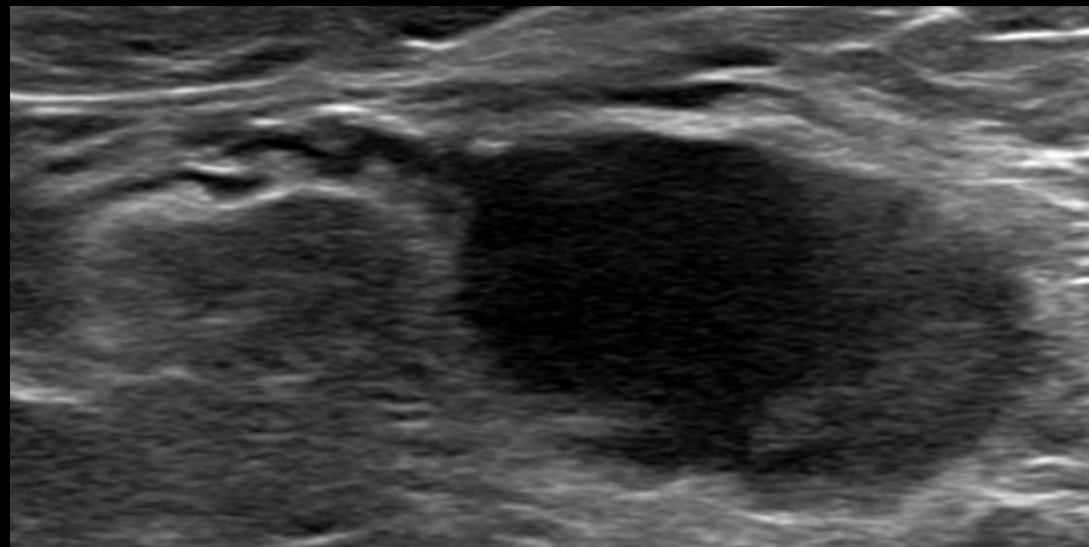
DLBCL

Diagnostické omyly

Lipomatózní přestavba

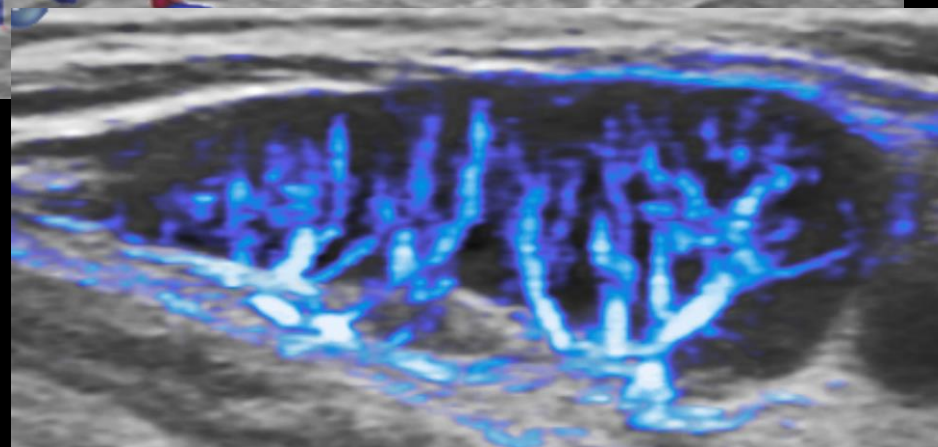
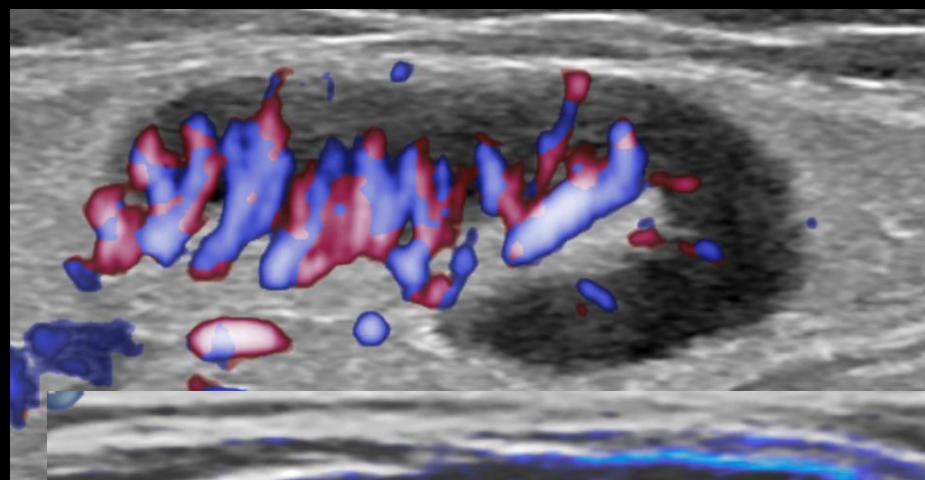
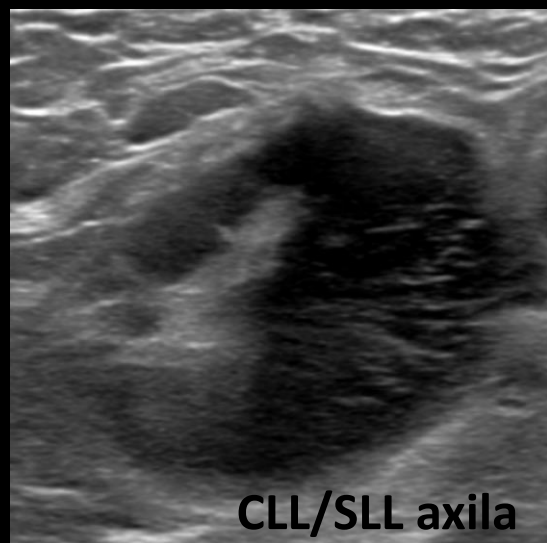
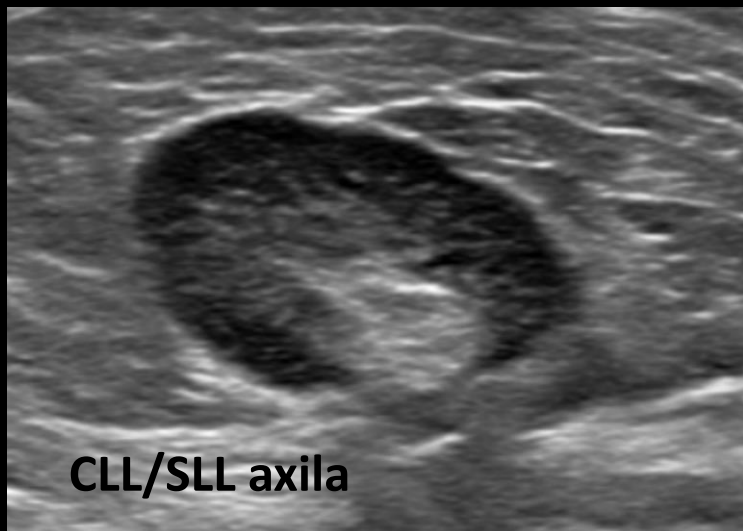


OA: spinoCa kůže
vel. 30x15 mm
stac. od r. 2016



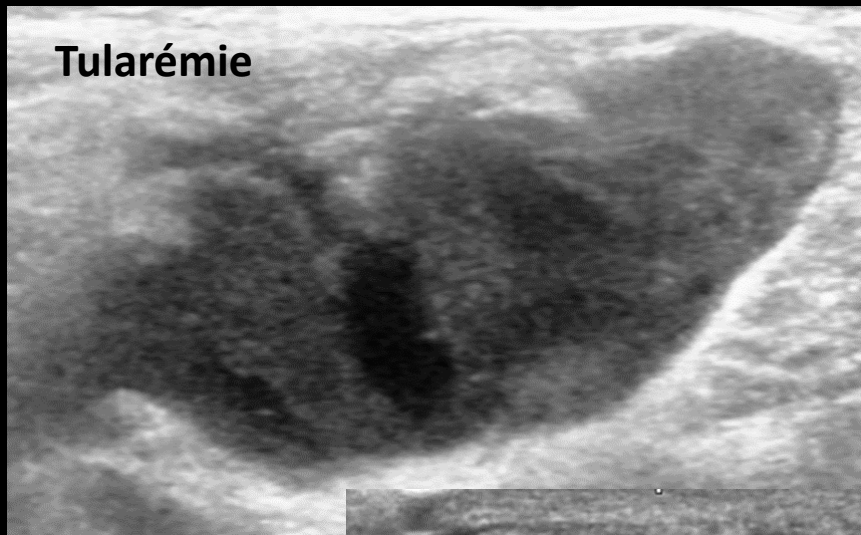
OA: papilární uroteliální Ca MM
axil. LU vel. 32x18 mm
cHL-MC

Lymfomy



Nekrotické uzliny

Tularémie



SÉROLOGIE

Staphylococcus koaguláza negativní
dodatečně PCR+ Chlamydia trachomatis



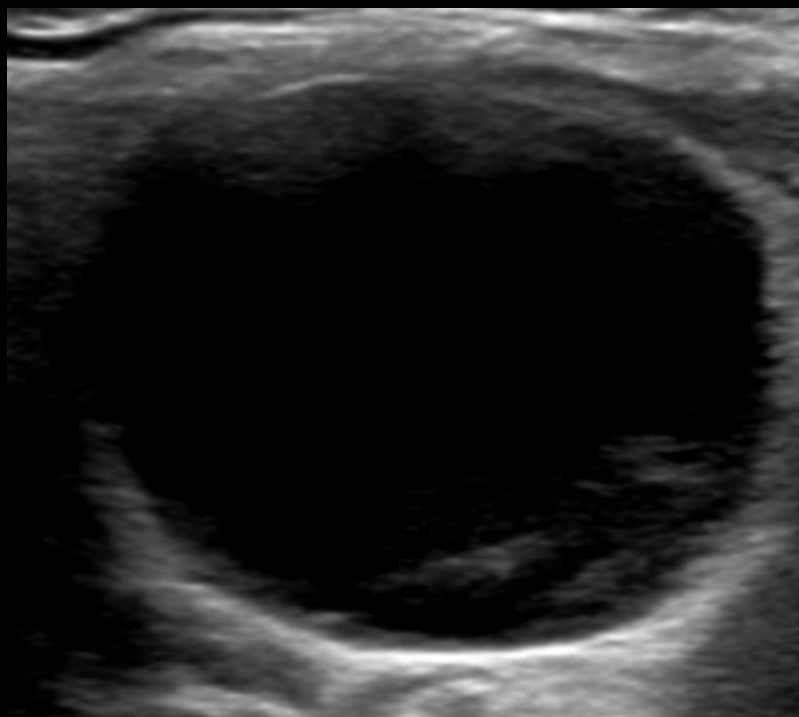
Meta nasofaryngeálního karcinomu



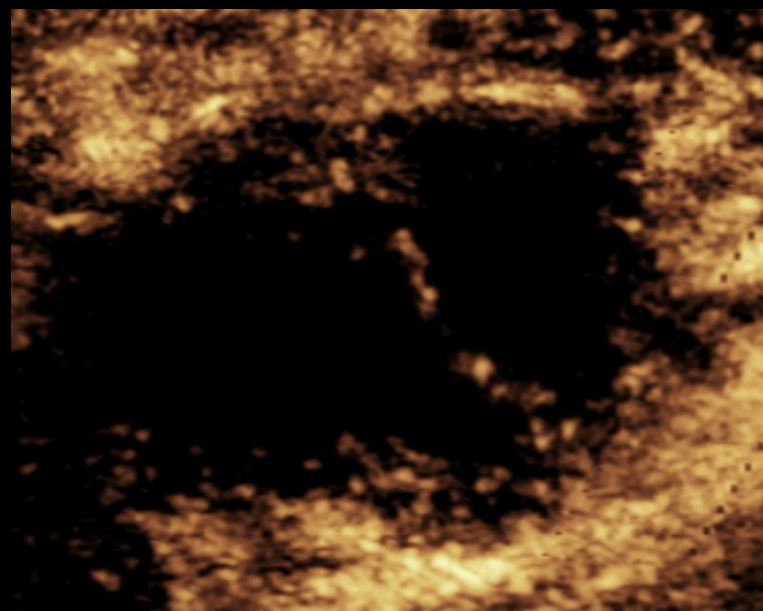
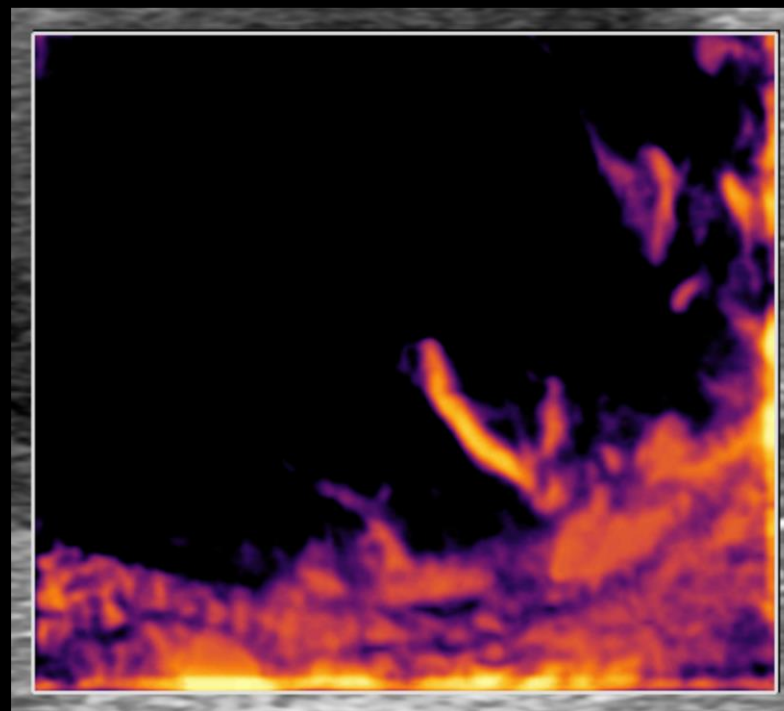
Meta papilárního karcinomu štítnice
II



Cystické metastázy

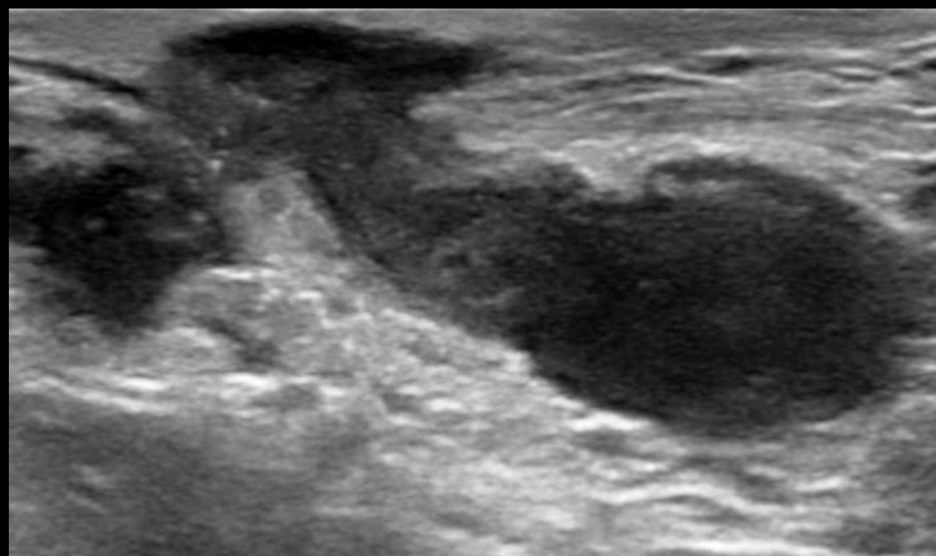
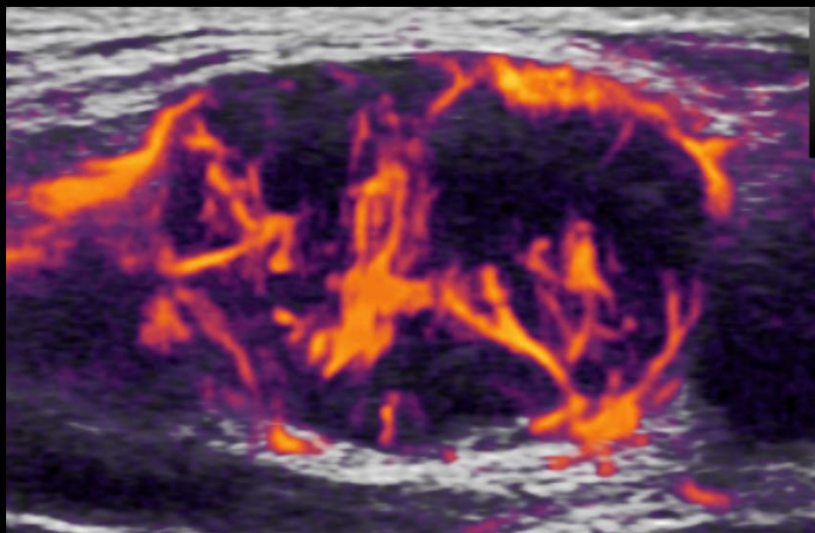
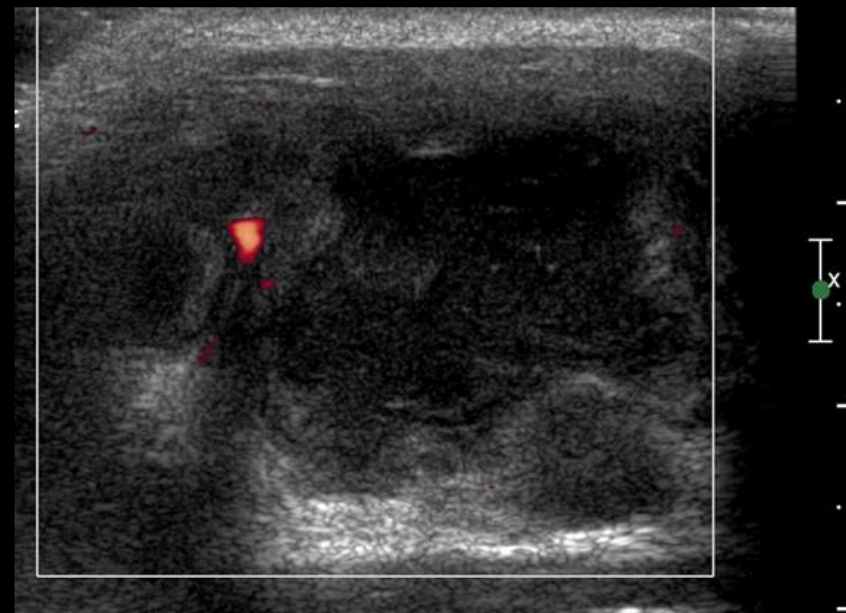
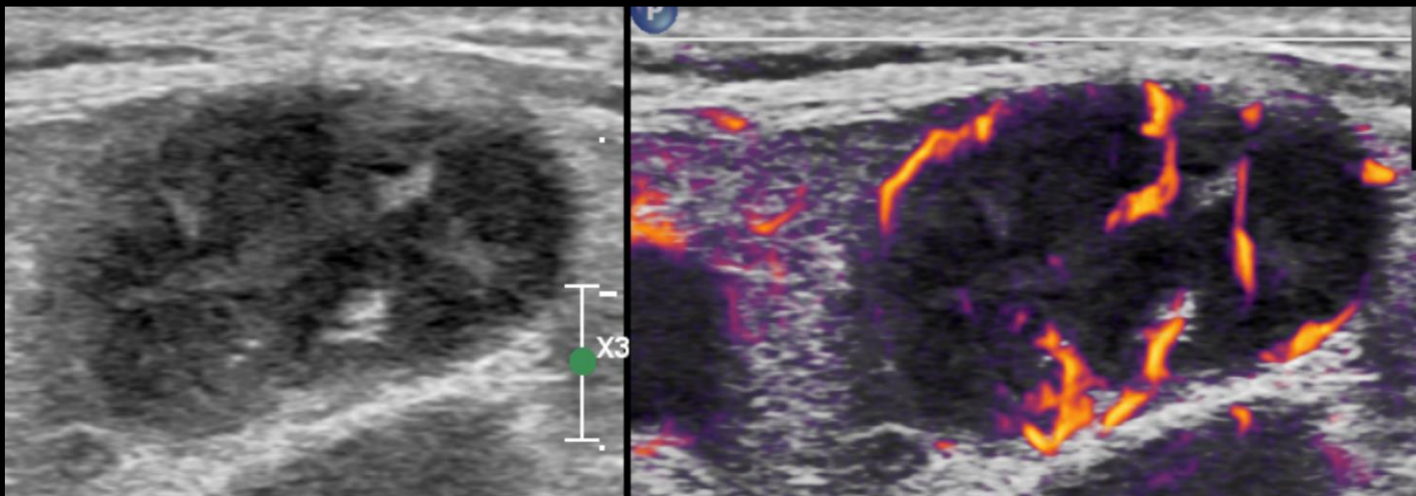


SpinoCa patrové tonsily p16+
HPV infekce



Mouawad F, Rysman B, Russ G, et al. Cystic form of cervical lymphadenopathy. Guidelines of the French Society of Otorhinolaryngology - Head and Neck Surgery (SFORL). Part 1: Diagnostic procedures for lymphadenopathy in case of cervical mass with cystic aspect. Eur Ann Otorhinolaryngol Head Neck Dis. 2019 ;136(6):489-496.

TBC



Závěr

Co sledovat?

- homogenitu a šíři korové vrstvy
- přítomnost nekrotických/cystických okrsků
- typ vaskularizace
- ohraničení uzliny + změny okolí

Známky malignity

- Nehomogenní korová vrstva
- Retikulární kresba
- Přítomnost nekrotických, cystických okrsků
- Neostré ohraničení uzliny bez průvodní peridennitidy
- **Neovaskularizace**
- **CEUS** – nehomogenní syčení, wash-out
- Snížený LT index
- Fokální rozšíření korové vrstvy

Děkuji za pozornost