

## **Abstracts of Papers Presented At The 166<sup>th</sup> Research Meeting of The Medical Research Centre of Bombay Hospital Trust on Monday 9<sup>th</sup> February 2009 Convener Dr. HL Dhar**

1. Role of Whole body <sup>18</sup>F-FDG PET-CT scan in newly diagnosed lung carcinoma patients for baseline staging and treatment planning

***Atul Marwah, Sunita Tarsarya, Ruchira Marwah, P Salvi, Mehjaben***

Lung carcinoma is the leading cause of cancer related deaths. The purpose of this study was to compare the accuracy of whole body coincidence mode <sup>18</sup>F-FDG PET-CT scan and conventional imaging (thoracic and abdominal CT).

As compared to the conventional imaging, <sup>18</sup>F-FDG PET changed the N stage in 36 (33%) patients and changed the M stage in 21 (19%) patients. Twenty three (21%) patients had surgically operable disease demonstrated by PET, which were surgically inoperable by CT, 13 (12%) patients had surgically operable disease by CT, which were detected to be surgically inoperable by PET. Ten (9%) patients had metastasis demonstrated by PET that were not found in conventional imaging, whereas 11 (10%) patients suspected of having metastasis because of CT findings did not show metastasis with PET. Thus, 34 (31%) patients were downstaged by PET and thereby labelled as potentially operable, 23 (21%) patients were upstaged by PET, these patients received less expensive therapies than more expensive radical treatments.

<sup>18</sup>F-FDG PET-CT scan plays an important role in baseline staging of lung carcinoma and substantially influences the treatment planning and is also a cost-effective tool in management of lung carcinoma.

2. Cisterna Chyli : Prevalence and Characteristic on CT

***Vacha Shah, Sunila Jaggi, Inder Talwar***

Cisterna Chyli is a dilated lymphatic sac in the retroocular space located at the origin of the thoracic duct. The objective of this study was primarily to determine its prevalence, radiological characteristics and how it can mimic an enlarged retrocrucl lymphnode. Total 85 consecutive contrast enhanced CT examinations of chest and/or abdomen were included in this retrospective study. The imaging characteristics – the location, shape, diameter, length, CT attenuation value as well as presence or absence of malignancy and adenopathy were recorded. Cisterna Chyli was demonstrated in two cases (2.35%). It had round to oval shape in cross section with average length 2.5 cm, average diameter 9 mm anteroposteriorly and 9.2 mm in transverse dimension. The average attenuation value was 12.5 HU with enhancement on delayed phase in both cases (average 30 HU). Primary malignancy – oesophageal carcinoma was detected in one of the two cases. None of the two had adenopathy. Cisterna chyli can be differentiated from retrocrucl lymphnode by its low attenuation, anatomic continuity with the thoracic duct and enhancement on delayed phase. Identifying the continuity between the cisterna chyli and thoracic duct is a safer method to distinguish it from a retrocrucl lymphnode than water CT attenuation alone.