

Results: MOC was identified in 17(14.5%) cases. The average age was 16.7 ± 0.6 years (95% CI: 15.44-17.98). MOC was on the left ovary – 9(52.9%), right – 6(35.3%) and in 2(11.8%) – bilateral. After radiological exam data: unilateral MOC – cystic, multicameral formations with max. 12.7 ± 1.4 cm (from 8 to 27.7) and the “morphological” index (MI) after Jeoung HY. – 6.5 ± 0.1 ; bilateral (or secondary, appendectomy anamnesis) – are preponderant solid formations with max. – 6.9 ± 0.4 cm and MI = 4. Surgical interventions were performed by laparotomy – 15(88.2%) and laparoscopic – 2(11.8%). According to the volume of operations, ovarian tissue preserving – 11(64.7%), adnexectomy – 4(23.5%) and ovariectomy – 2(11.8%) were performed. On the immunohistochemical exam: Primary MOC (benign cystic adenoma) – CK-7 + / CK-20- / CEA-, and secondary MOC – CK20 + / CEA + / CK-7-.

Conclusions: MOC are quite rare epithelial tumors in pediatric patients with specific radiological and immunohistochemical characteristics. Secondary MOCs must be examined as metastatic formations in the mucinous tumors of the appendix having the potential for developing pseudomixomas of the abdominal cavity.

Key words: mucinous ovarian cysts, adolescents, children, cystadenoma.

Diagnostic value of MRI optimized protocols in evaluation of BI-RADS category 0 lesions detected by conventional imaging

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Background: Due to its higher sensitivity, breast magnetic resonance imaging (MRI) is increasingly being used to evaluate a variety of breast lesions when the results of conventional methods are inconclusive. The aim of this study was to assess the diagnostic value of breast MRI optimized acquisition protocols in the assessment of suspicious lesions rated as BI-RADS category 0 on previous mammography and/or breast ultrasound exam.

Material and methods: The study included a total of 214 suspicious lesions referred for breast MRI evaluation in the period 10.2015 – 02.2018. All lesions had been rated as BI-RADS category 0 on previous mammography and/or breast ultrasound exam. The MRI results were correlated with the final diagnosis and histopathology findings when available.

Results: A total of 214 lesions were restaged by MRI optimized protocols from BI-RADS 0 to the following categories: I – 35 lesions (16.4%), II – 24 lesions (11.2%), III – 75 lesions (35.0%), IV – 64 lesions (29.9%), V – 13 lesions (7.5%). BI-RADS category III lesions were recommended a short-term follow-up MRI at intervals of 6, 12, and 24 months. All BI-RADS IV and V lesions underwent biopsy, which revealed that 28.1% (18/64) BI RADS IV lesions were malignant and 71.9% (46/64) were benign, while 84.6% (11/13) BI RADS V lesions were malignant and 15.4% (2/13) were benign.

Conclusions: Breast MRI optimized protocols provide relevant additional details for evaluation of BI-RADS 0 lesions, significantly improving cancer detection rate.

Key words: breast MRI, optimized protocols, BI-RADS category 0 lesions.

Chest X-ray utility in chronic dialysis patients

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Background: Respiratory system pathologies are one of the most frequent causes of hospital admission for patients to chronic dialysis. Chest X-ray is an accessible and cost-effective way to diagnose such comorbidities and guide their management. The study aim was to assess the efficiency of follow-up chest X-rays performed twice per year for evaluation of chronic dialysis in outpatients.

Material and methods: The study included 350 outpatients who underwent dialysis in Chisinau Dialysis unit of “BB-Dializa” S.R.L. during 2016. Basing on the National Clinical Protocol each patient except those on holiday dialysis underwent a chest X-ray in 3 projections twice per year. Additional chest X-rays could be performed if clinically indicated.

Results: Simple chest X-ray in 3 projections has demonstrated to be an efficient instrument in diagnosis of both acute and chronic pulmonary, mediastinal and cardiac pathology. During the study period, 2 cases of BAAR+ tuberculosis were diagnosed and successfully treated. A total of 12 cases of pneumonia, 26 cases of chronic bronchitis, 1 case of primary lung cancer and 1 case of pulmonary metastases were also diagnosed at the routine follow-up chest X-rays. A total of 9 patients required hospital admission, while the rest underwent ambulatory treatment. Further investigations of the patient with lung metastases revealed a pancreatic malignancy.

Conclusions: Proposed imaging management approach to the chronic dialysis outpatients has demonstrated its viability and efficiency in this cohort of 350 outpatients.

Key words: chest X-ray, dialysis, respiratory system.