Role of IR in sohag University Hospitals

By

Mohamed Ahmed AbdElGhany Elsherif


when
where
what
why
who
How

Objectives

- **Role of IR in our hospital and available services**
- **Cases from our daily work**
- **IR team**
- **Home massage**

Role and services

- **Non vascular procedures**
  - **Biopsies** form any where and any lesions either very small lesions

LN , thyroid , lung masses . Pleural , mediastinal mases , chest wall , renal , liver , bone lesion and parietal lesions

Gastric masses

Prostate

Using US and CT guidance

- **Drainage**

pleural effusion , empyema , ascites , abscess any where (liver , spleen , psoas, parietal …etc)

PTD

Role and services

- **Local injection**

Muscular hematoma and PRP injection

Ganglion aspiration and steroid injection

Intra articular injection (osteoarthritis and arthrography)

Spine procedure

Varicose veins sclerotherapy , Laser ablation

Venous and lymphatic malformation sclerotherapy any where (tongue , face , thigh , liver etc)

Alcohol injection of hepatic focal lesions

- **Ablation**

Hepatic focal lesions Radio frequency ablation and microwave ablation

Uterine fibroid and adenomyosis R F ablation

Role and services

- **Vascular procedure**

Diagnostic conventional angiography

Partial splenic artery embolization

Trans arterial chemoembolization

And emergency vascular procedure such

Closure of renal pseudo aneurysm after biopsies or PCNL

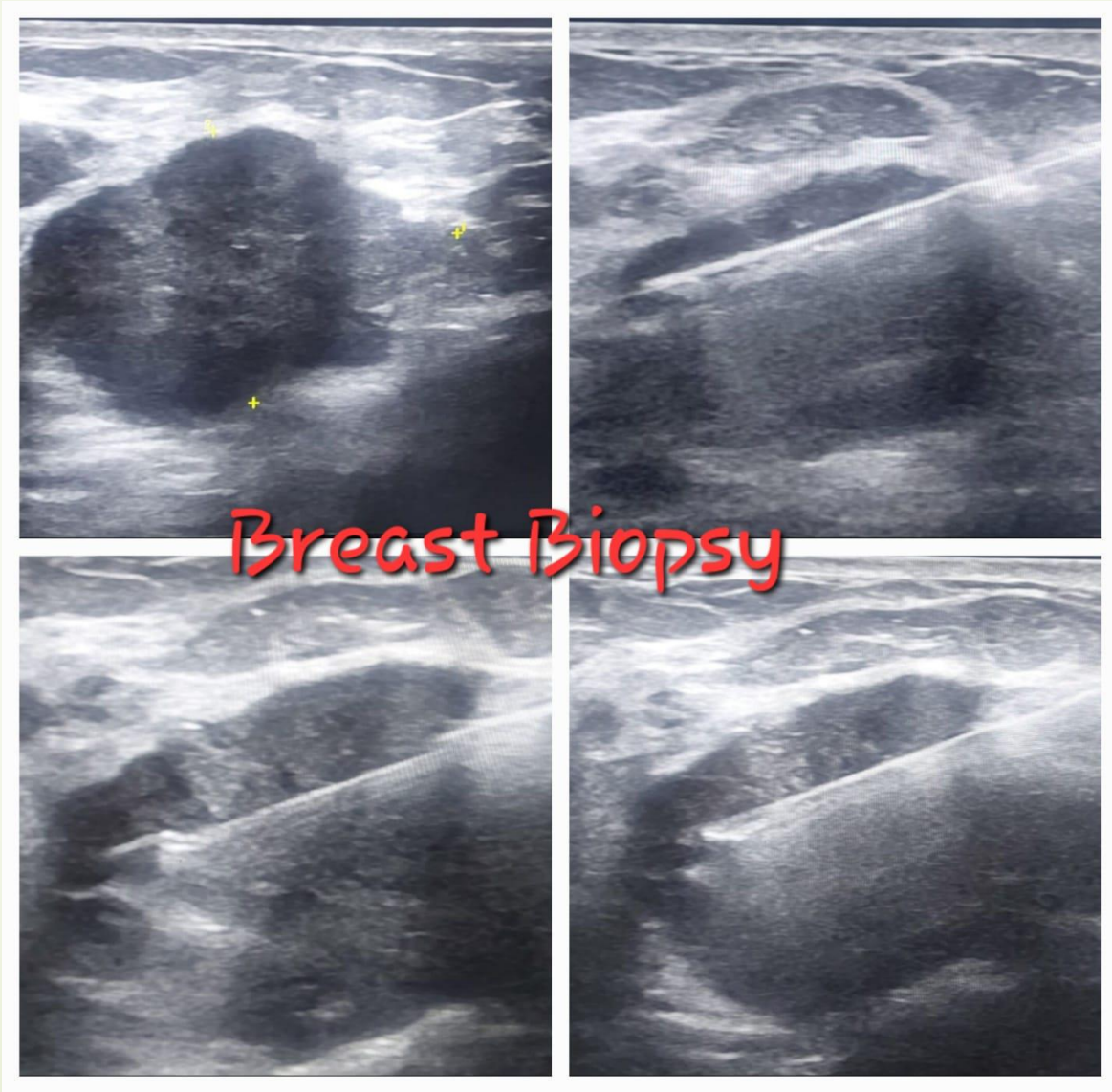
Double way insertion

Permicath. insertion either in peripheral veins or trans hepatic

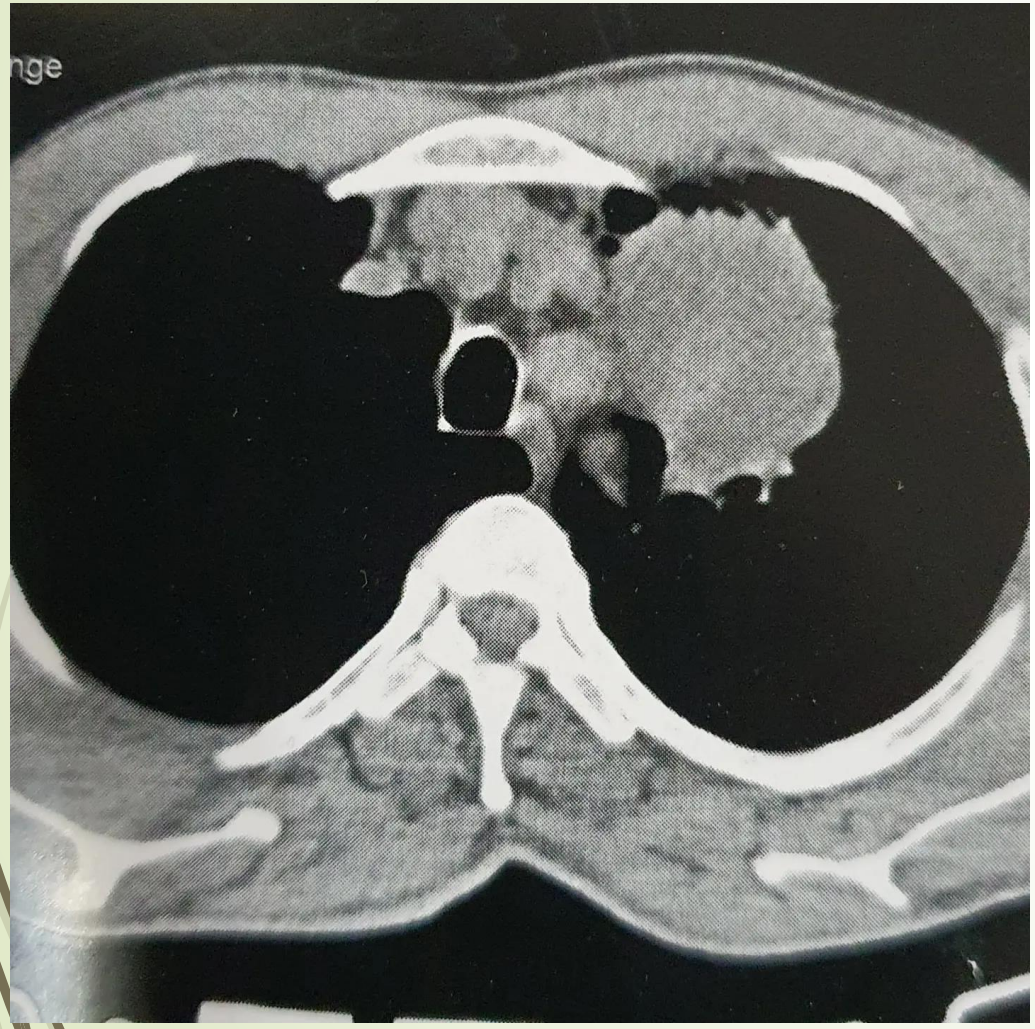
Portcath. for oncology patients

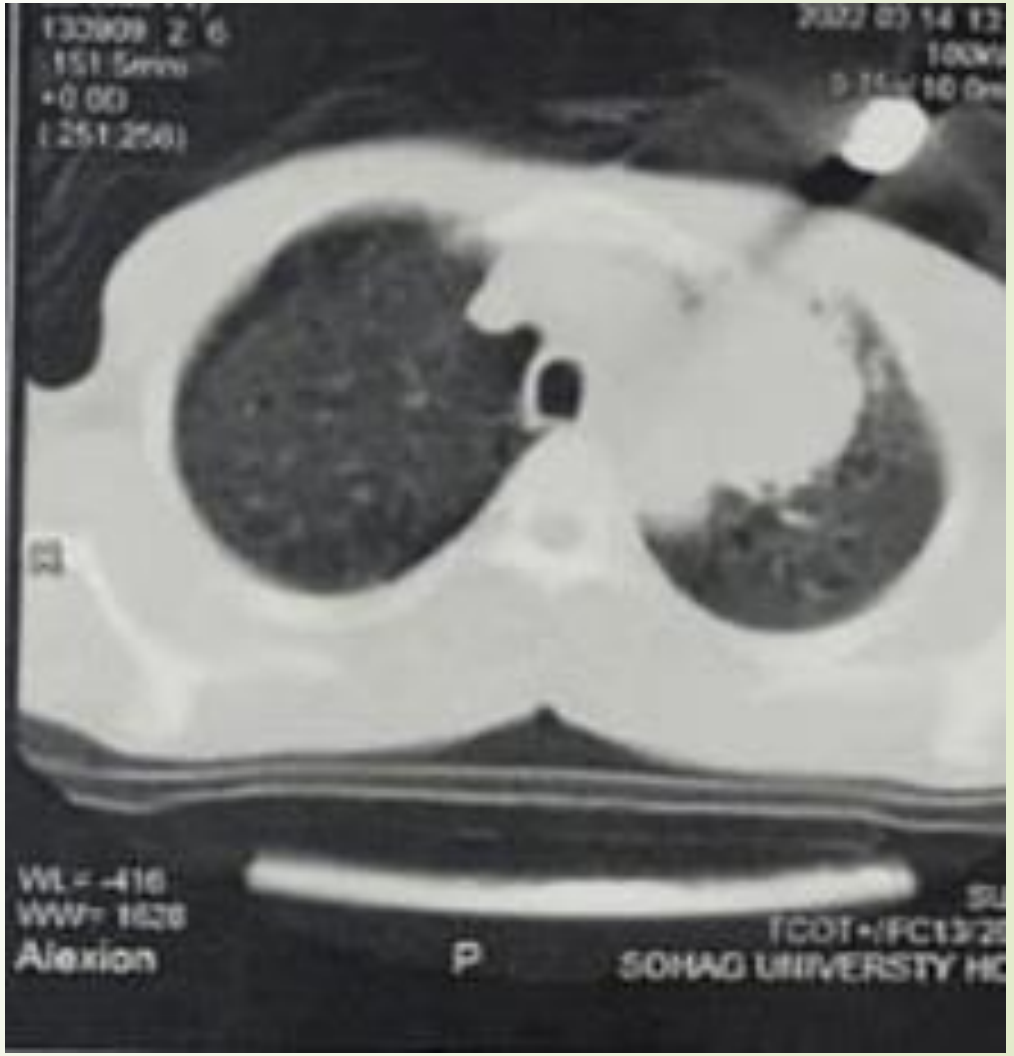
Cases from our daily work

Case I US guided Breast biopsy by Elsaman

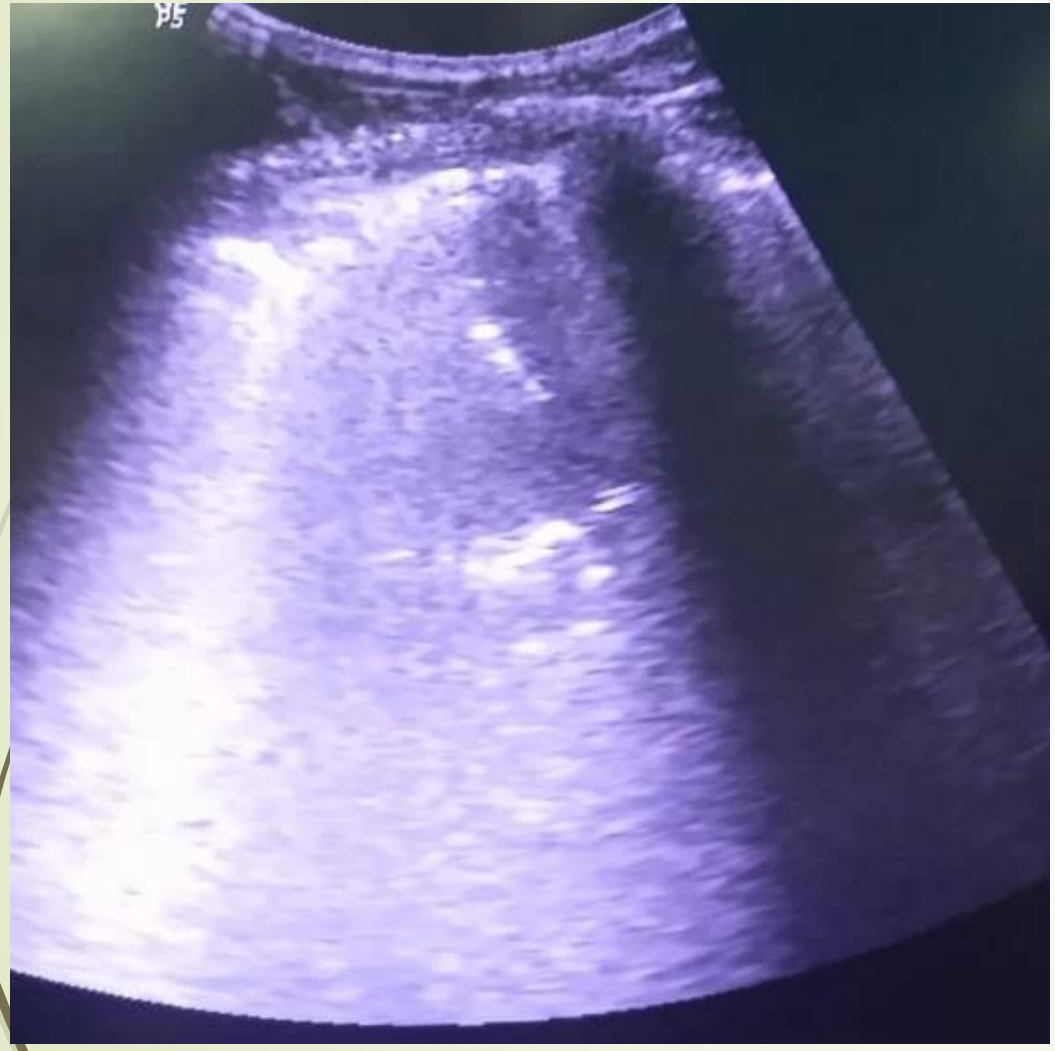


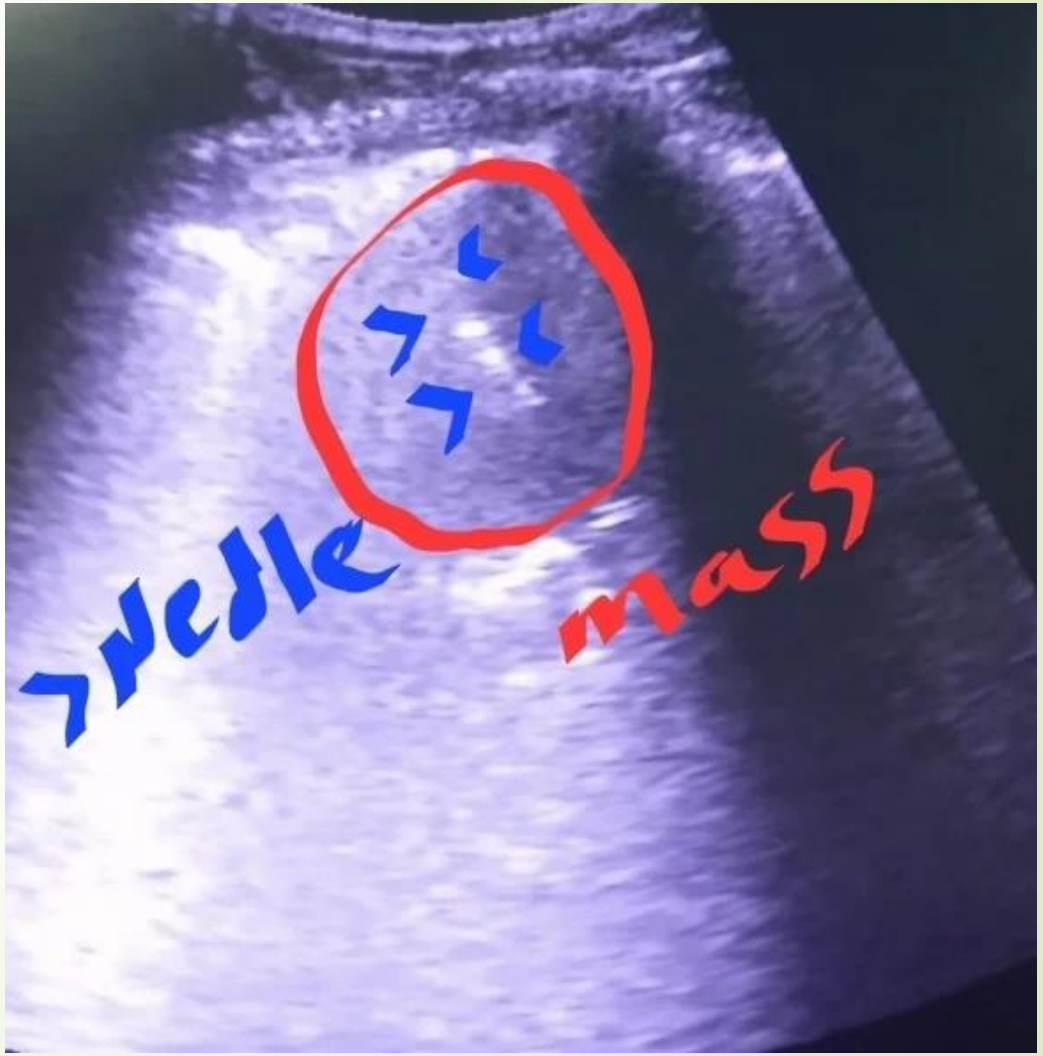
Case 2 US Guided biopsy from lung mass by AbdElGhany





Us guided biopsy





Pathology Report

Thanks For Reference

Clinical Diagnosis:	**Left Upper Lobe, Para Hilar Region Mass**		
Nature of the specimen:	**U/S Guided Core Biopsy**		
Report issued At:	**23-3-2022**	**Code Number:**	**ZK4370-22**

PATHOLOGY REPORT

Gross Pathology:
Multiple gray white tissue cores, totally submitted.

Histology:
Sections examined reveal tissue cores composed of focally necrotized tumor tissue made up of solid sheets and irregular groups of medium sized malignant polygonal epithelioid cells having eosinophilic cytoplasm, pleomorphic hyperchromatic nuclei, increased N/C ratio and scattered mitoses including atypical forms. The background is fibro inflammatory.

Diagnosis:
Left Upper Lobe, Para Hilar Region Mass Lesion, U/S Guided Core Biopsy:
 # Feature Compatible With Poorly Differentiated Squamous Cell Carcinoma.
#For Confirmation By Immunophenotyping (P63, TTF-1,....).

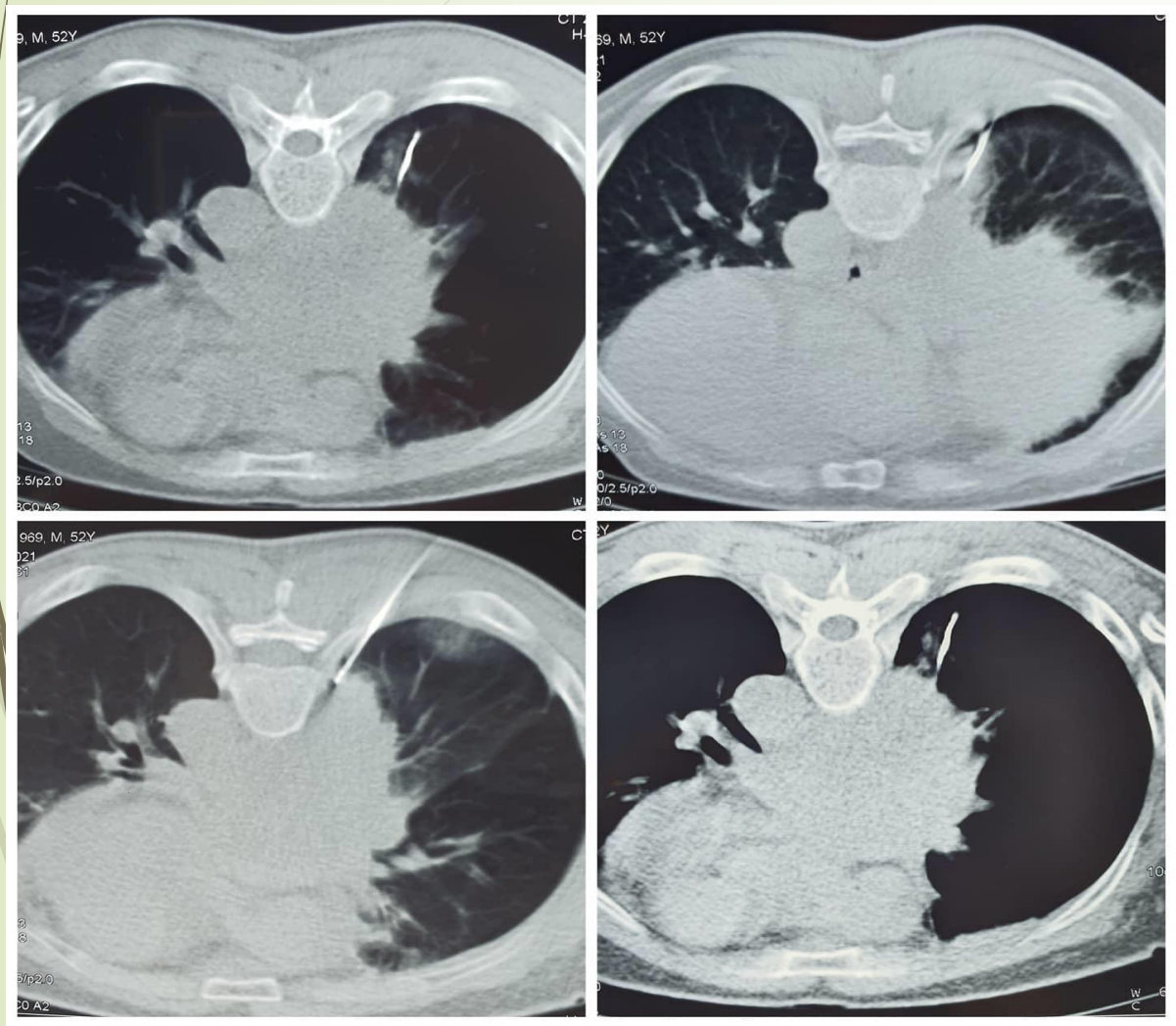
P.O:

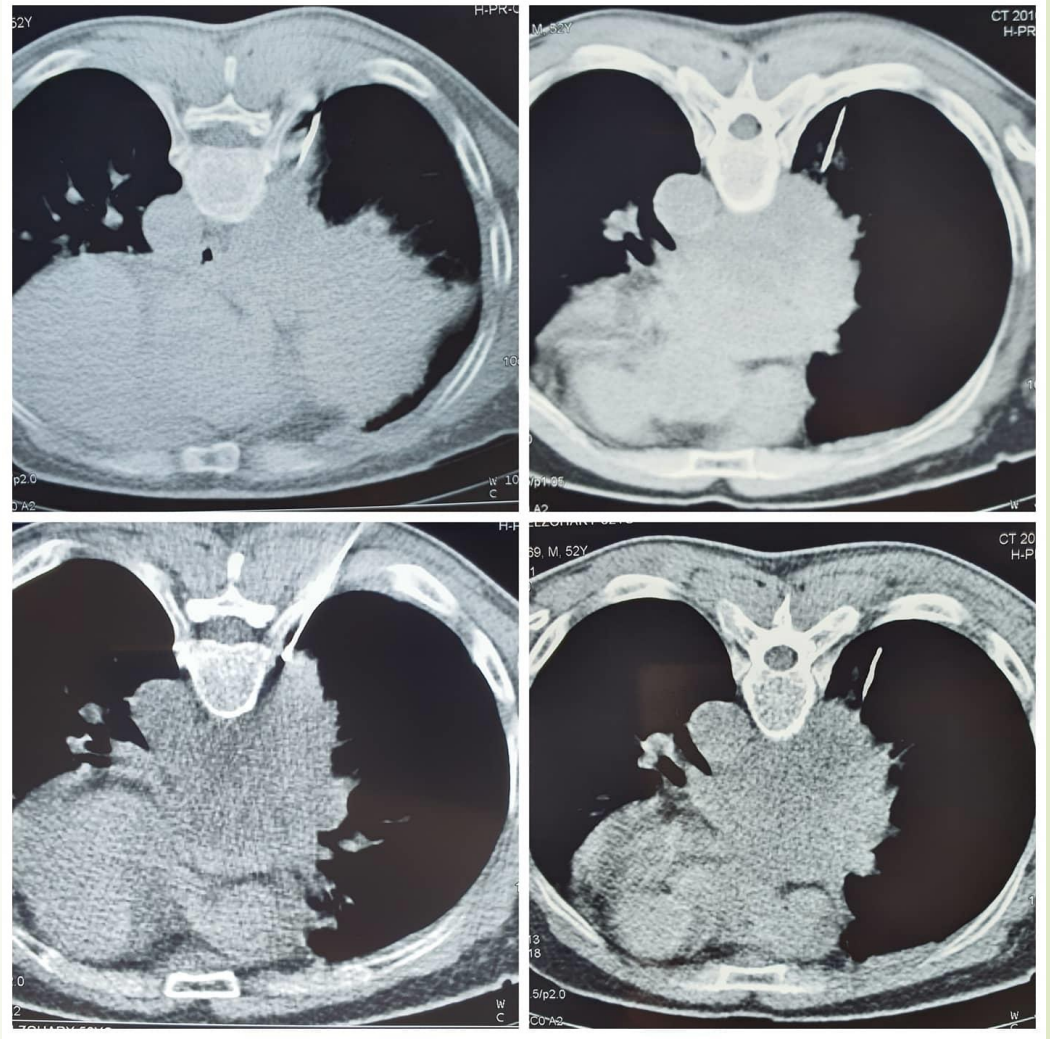
Number of slides enclosed: 1

Diagnosed By:

Prof/ Iman Gouda **Dr/ Amr AL-Amaragy** **Dr/ Suzan Talaat**

Case 3 CT guided biopsy from lung mass by AbdElGhany





Pathology report

Referred By Prof. :

Thanks For Reference

Clinical Diagnosis: Rt Lung Mass

Nature of the specimen: Core Biopsy

Report issued At: 3-10- 2021 **Code Number:** MS6720-21

PATHOLOGY REPORT

Gross Pathology:
Multiple grayish black cores; the longest measured 1 cm, totally submitted.

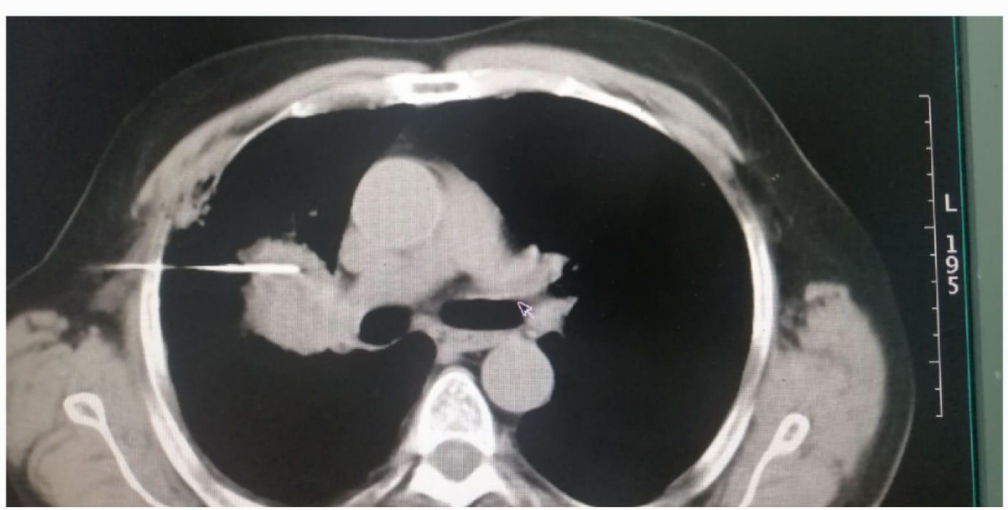
Histology:
The examined serial sections revealed a core of extensive necrotizing lung lesion, showing an infiltrative growth composed of pleomorphic epithelial cells showing moderate nuclear anaplasia. The cells were oriented in tubular and cord structures, focally growing along bronchioloalveolar septa and partially invading the interstitial tissue associated with stromal fibrosis. Some cell had signet ring features.

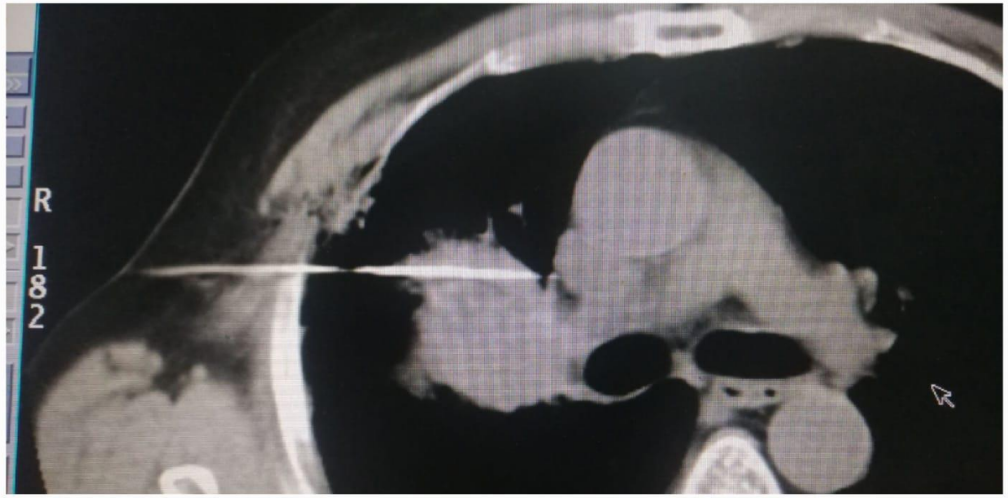
Diagnosis:
Rt Lung Mass; Core Biopsy:
 # Adenocarcinoma , G2, Lipidic Pattern.
 # For Immunophenotyping (CK7-CK20-CEA-TTF1-Cdx2-Calretenin.....)

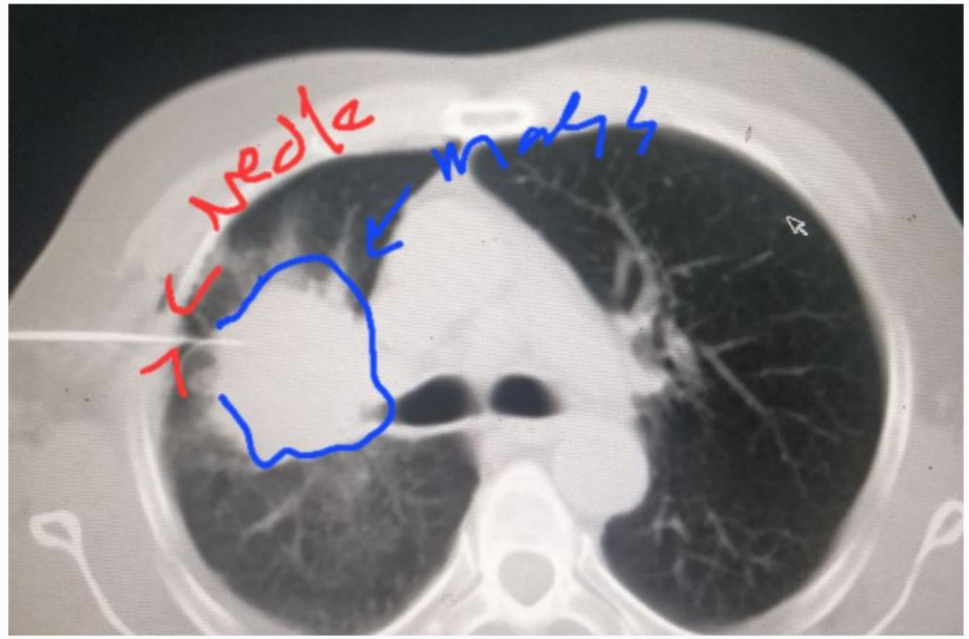
P.O:
1 Slide enclosed

Diagnosed By:
Prof. / Amr El-Sebaey
Dr/ Amr AL-Amaragy
Dr/ Dalia AbouelFadl

Case 4 Ct guide biopsy from lung mass by AbdElGhany







Pathology report

Age: 64 years **Department:**

Nature of Specimen:
Tru-cut needle biopsy, lung mass.

Gross picture:
Received six cores ranging from (0.5 to 1cm) grayish and soft.

Microscopic Examination:
Examination of serial sections from the submitted fragmented cores revealed infiltration of fragmented lung alveoli by malignant epithelial cells with moderate to high grade nuclear atypia. They arranged in small nests, abortive acinar formation and pseudopapillae. The stroma showing a mixture of dense inflammatory infiltration.

Diagnosis:

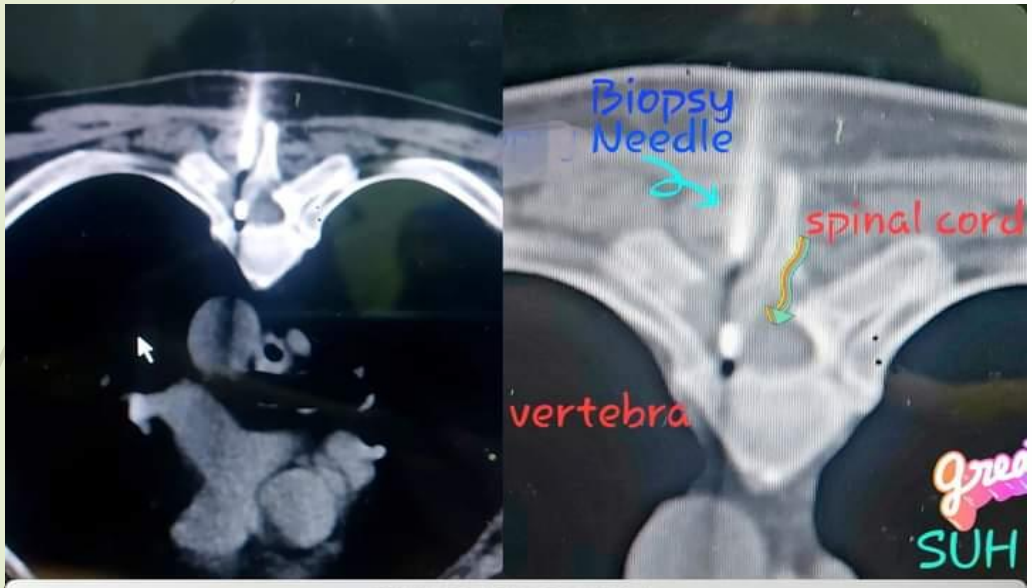
- **Constellation of histopathological features is suggested of high grade adenocarcinoma. However, IHC is must for conformation (TTf,P63) is a suggested primary panel**

Signature

Dr. Fatma Al-Zahraa Salah Al-Deen

Printed by: Asmaa Abdo

Case 5 and 6 CT guided spine masses biopsy done by Dr Hesham AbdElghnay



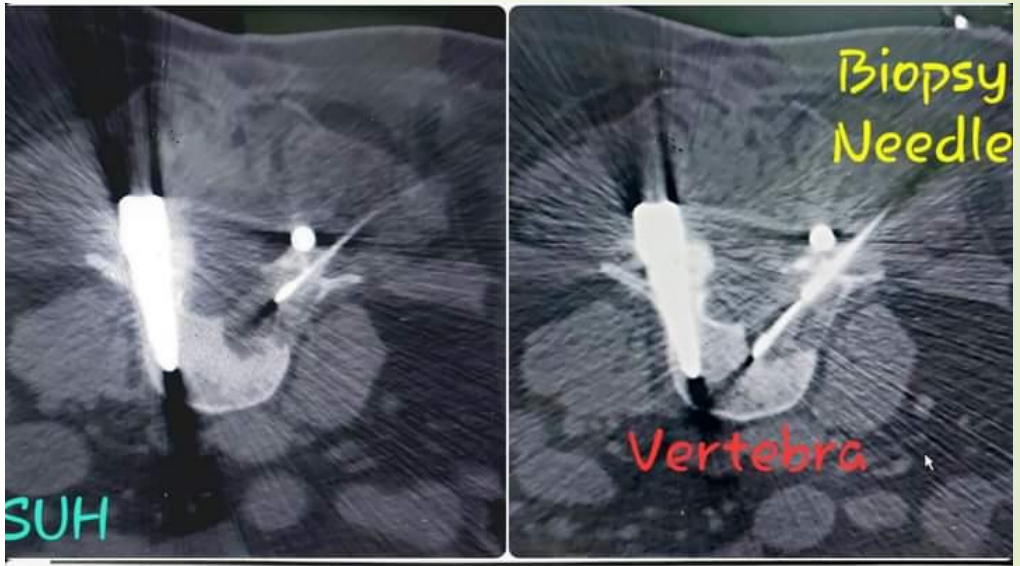
PATHOLOGY REPORT

Adenocarcinoma Metastasis

Gross Pathology:
gray white tissue cores, totally submitted.

Histology:
Sections examined revealed tissue cores formed of widely necrotized epithelial growth displayed as malformed individual and fused glands and vague papillary structures lined by malignant epithelial cells exhibiting moderate pleomorphic hyperchromatic nuclei with occasional nucleoli. the intervening stroma was markedly desmoplastic with focal hyaline areas and focal hemorrhage.

Diagnosis:
Dorsal Spine Soft Tissue Lesion; Tru Cut Needle Biopsy; CT Guided TCNB:
 # Metastatic Widely Necrotized Adenocarcinoma, Grade II Of Unclear Primary Origin For Cellular Immunophenotyping.



PATHOLOGY REPORT

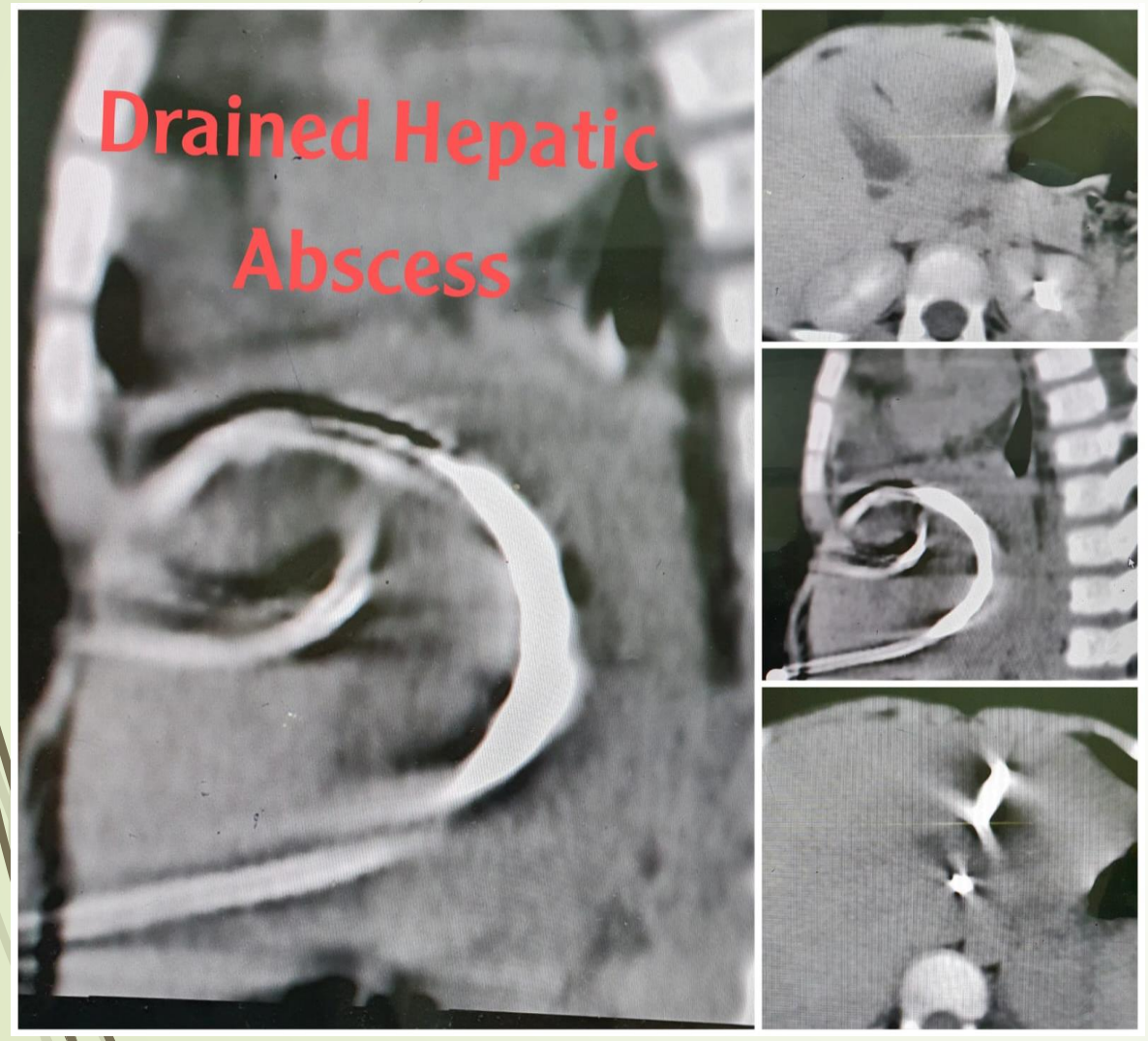
Fibrous Histocytoma

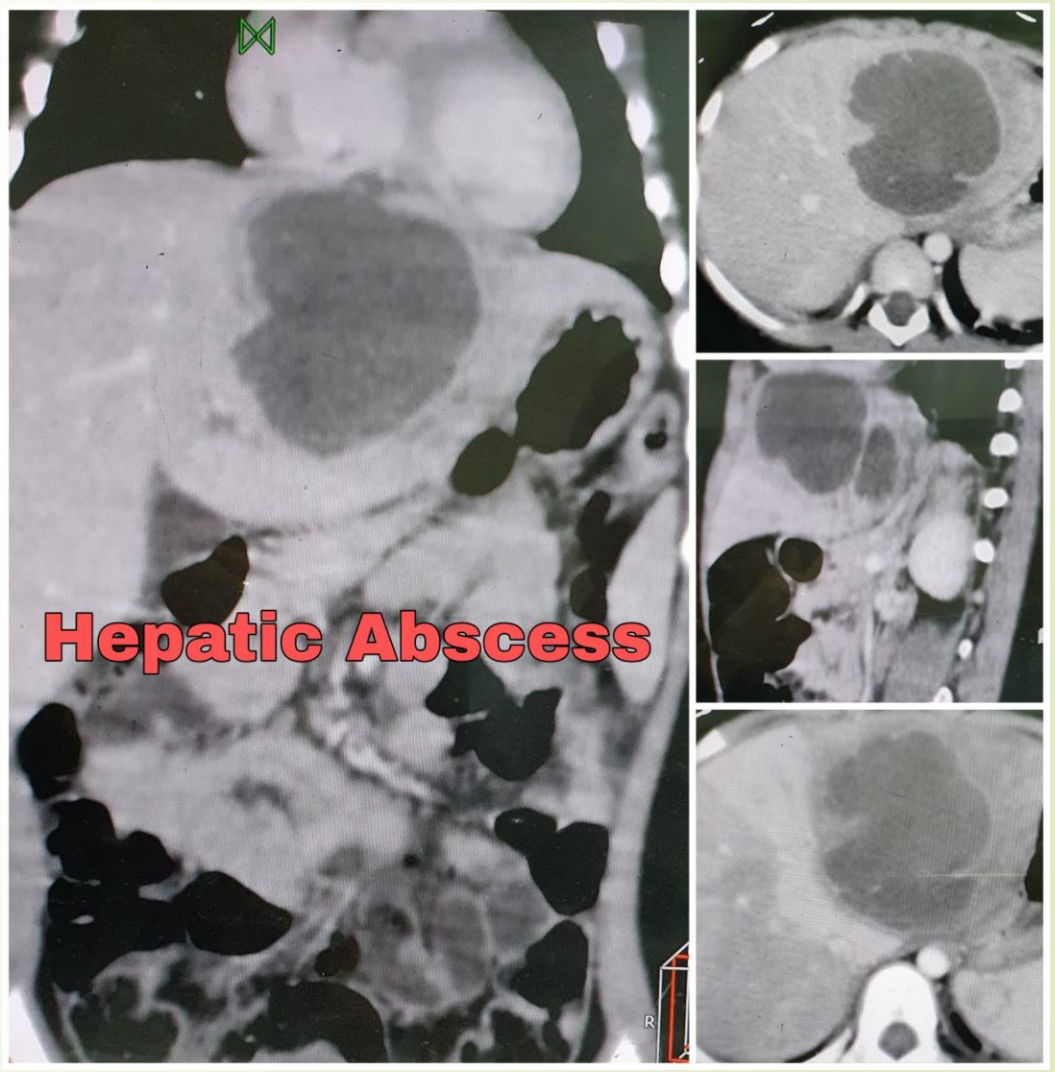
Gross Pathology:
Few grey brownish tissue cores, totally submitted.

Histology:
Sections examined revealed cores of tumor tissue formed of neoplastic spindle cell growth with increased cellularity made up of uniform spindle cells arranged in focal storiform pattern with ill-defined eosinophilic cytoplasm and bland, elongated or plump vesicular nuclei with no remarkable atypia. The neoplastic cells were admixed with scattered multinucleated giant cells and foam cells. Areas of hemorrhage were seen.

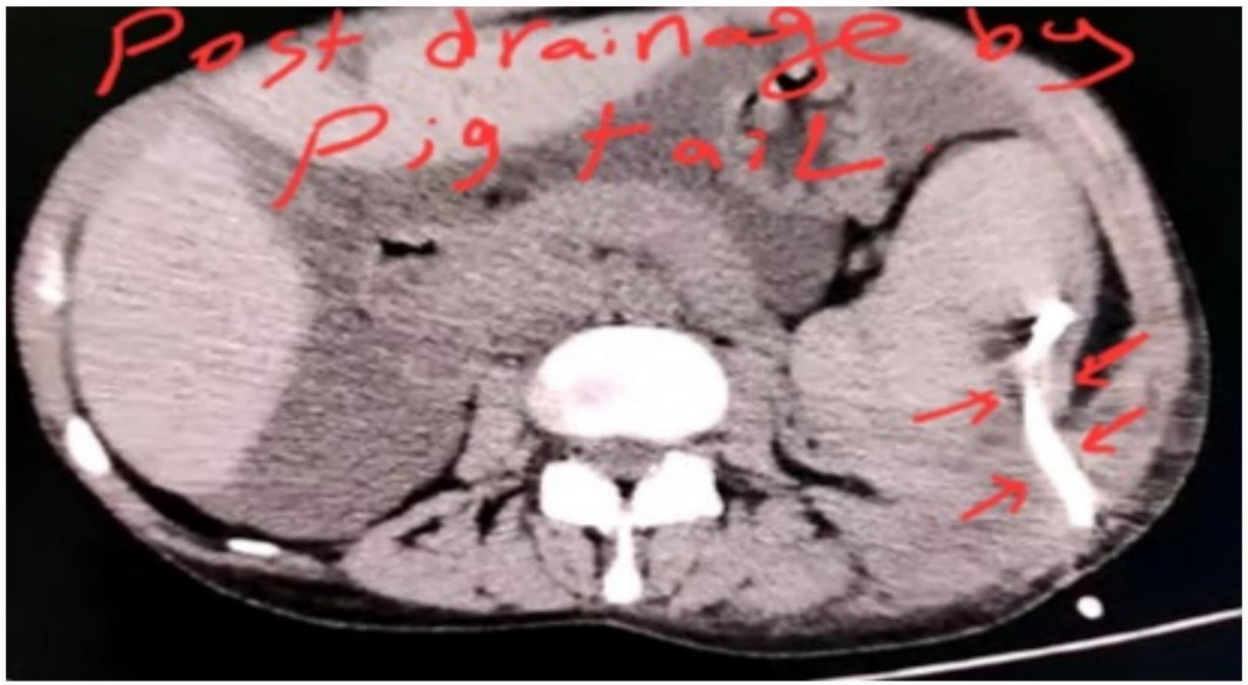
Diagnosis:
Right L4 Bony Lesion; CT Guided TCNB:
#Cellular Spindle Cell Growth With Giant Cells Compatible With Fibrous Histiocytoma Of Bone For Immunophenotyping Confirmation.
#For Tight Clinical And Radiological Correlation.

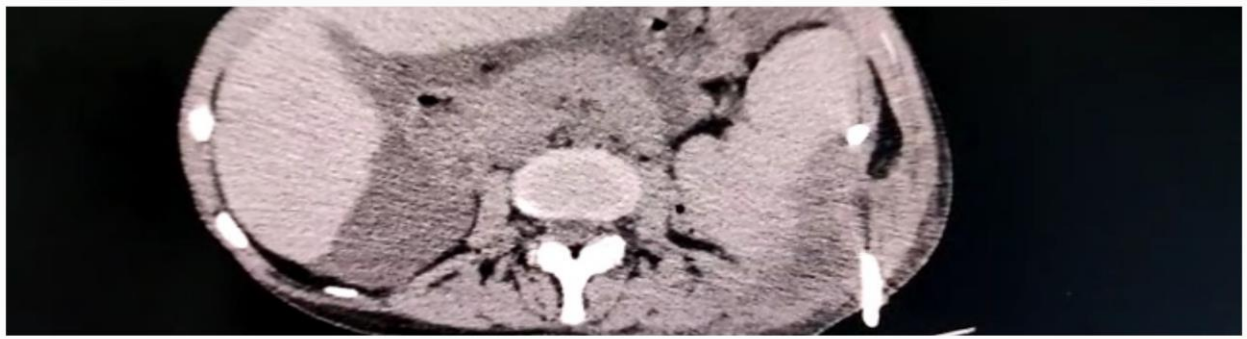
Case 7 Child 6 yrs with hepatic abscess by AbdElGhany

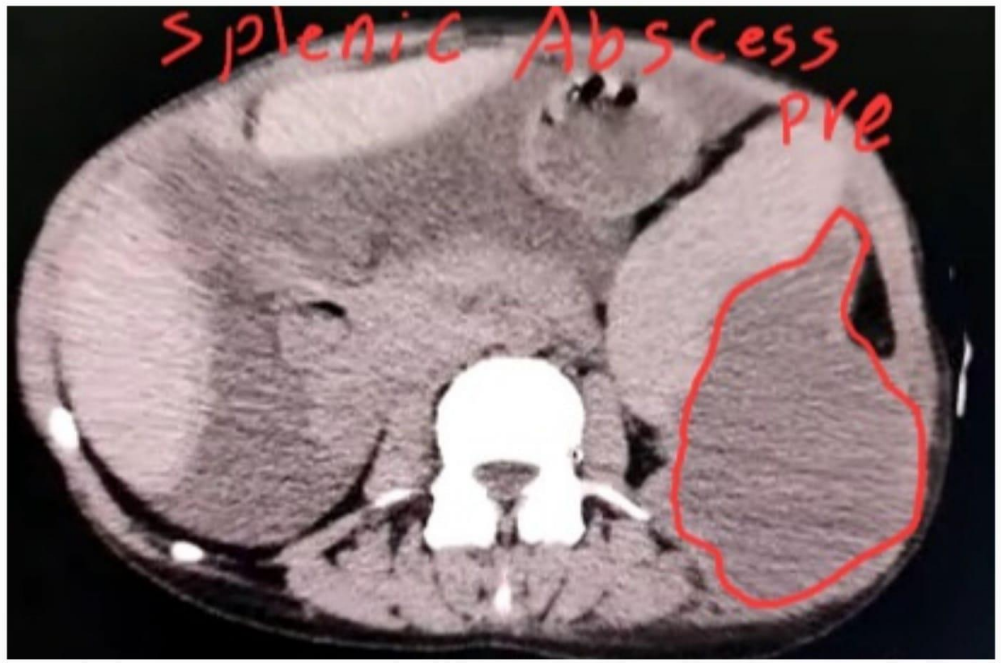


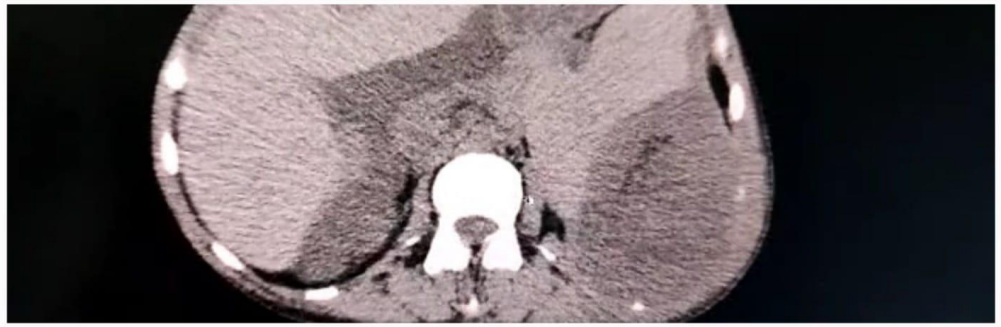


Case 8 female 45 yrs with splenic abscess by AbdElGhany

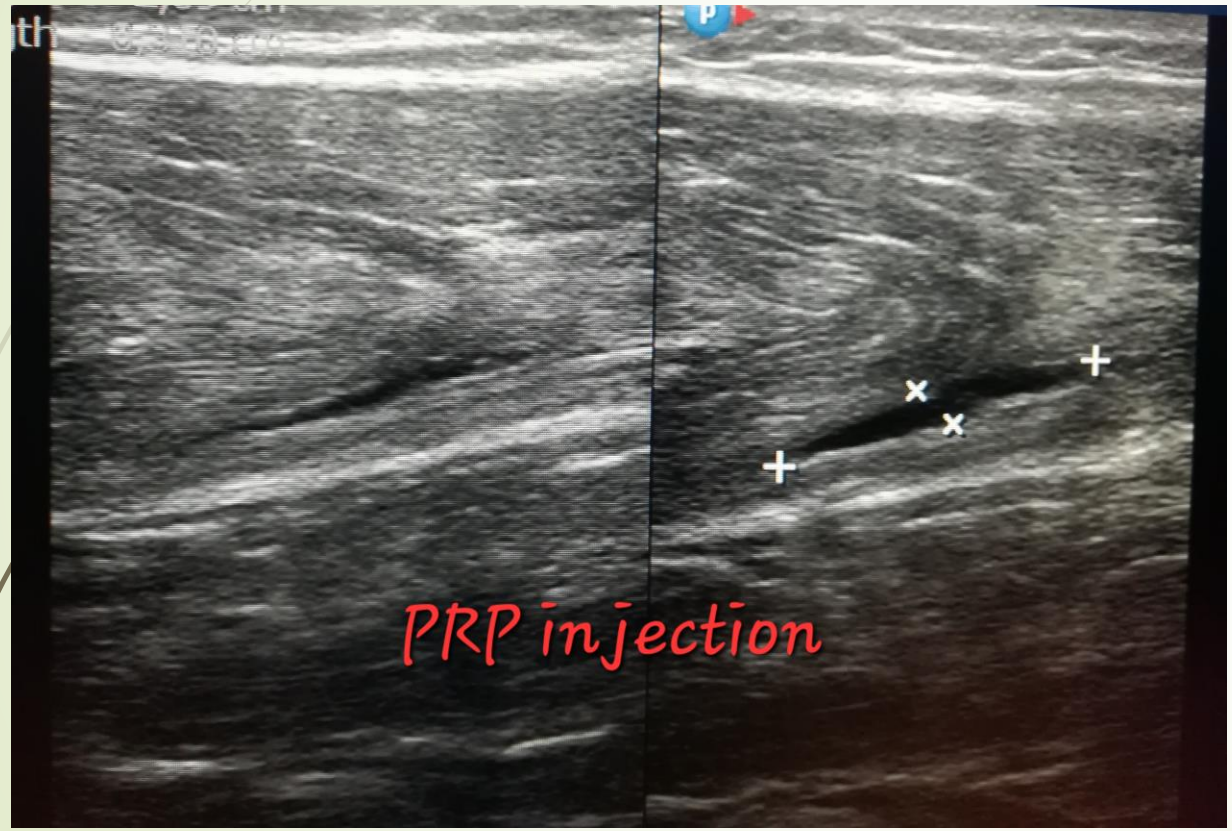


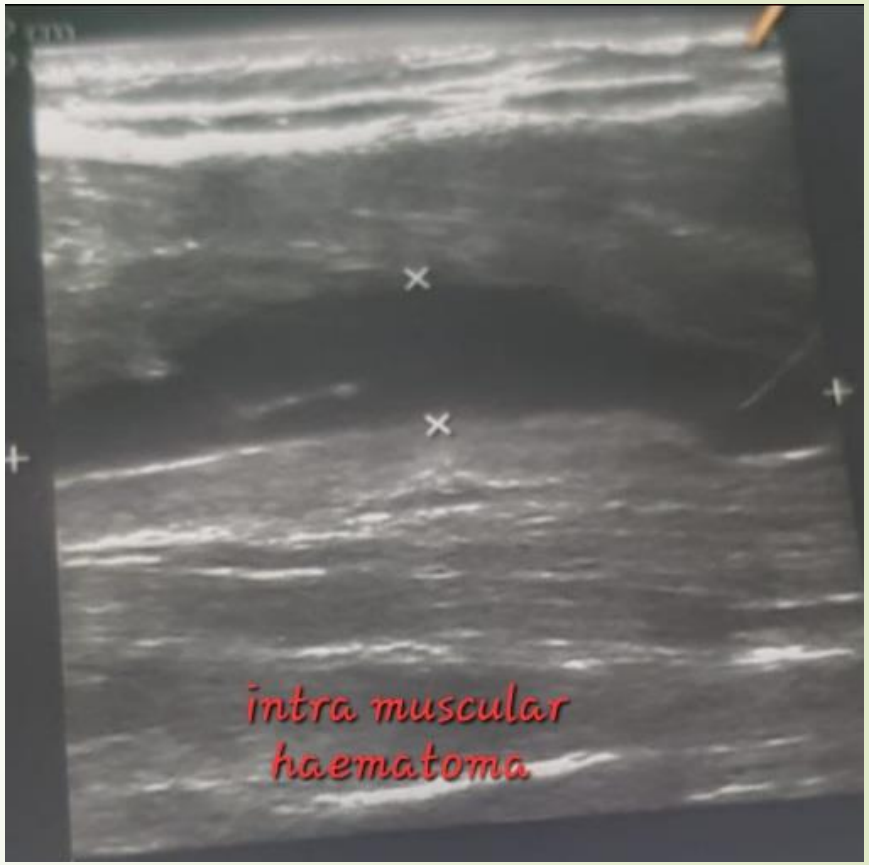




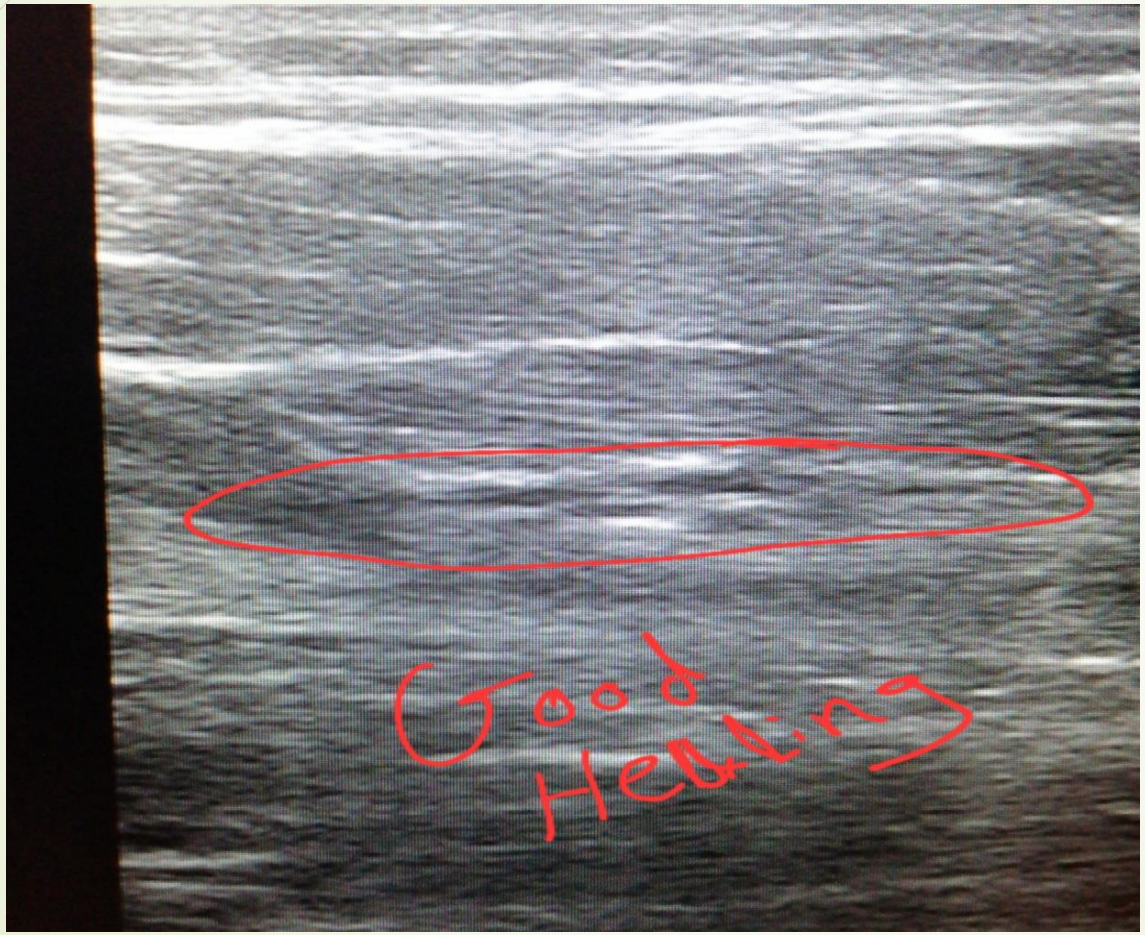


Case 9 football player with intra muscular haematoma was aspirated and PRP is injected by AbdElGhany

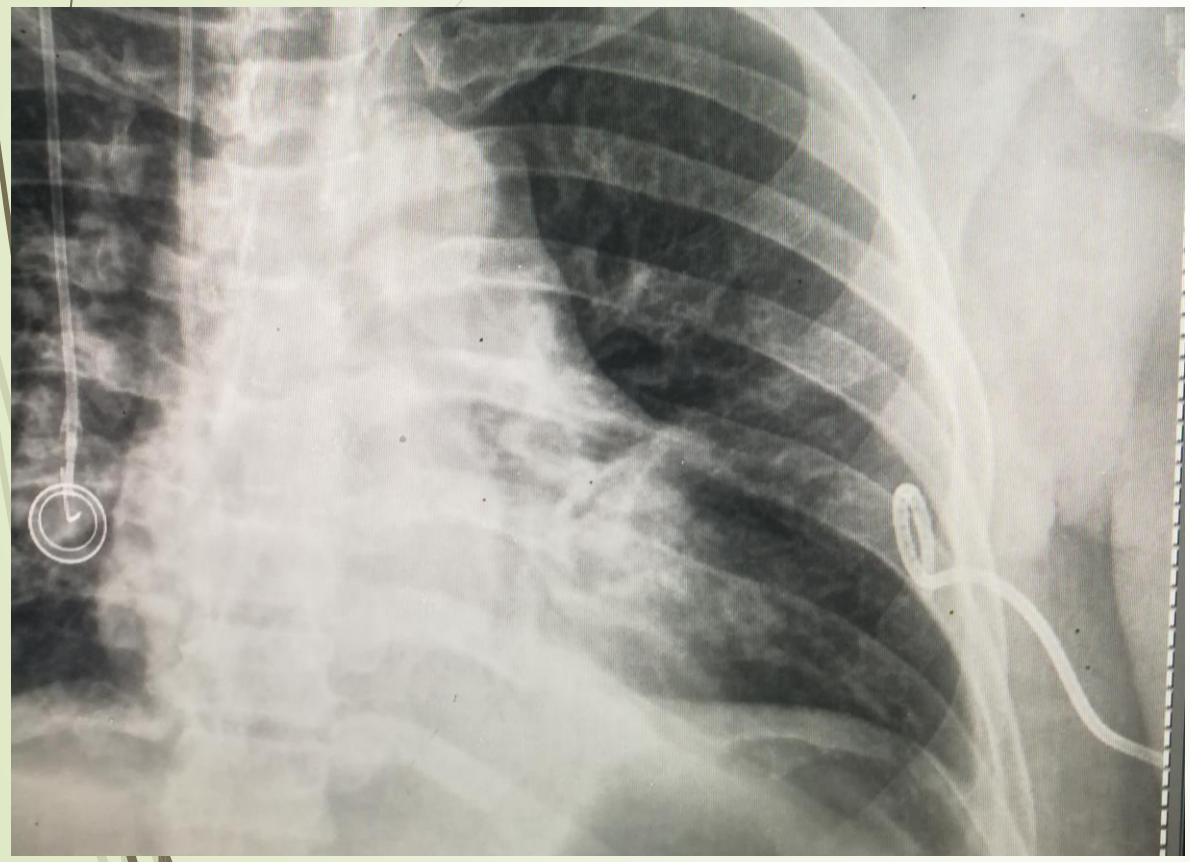


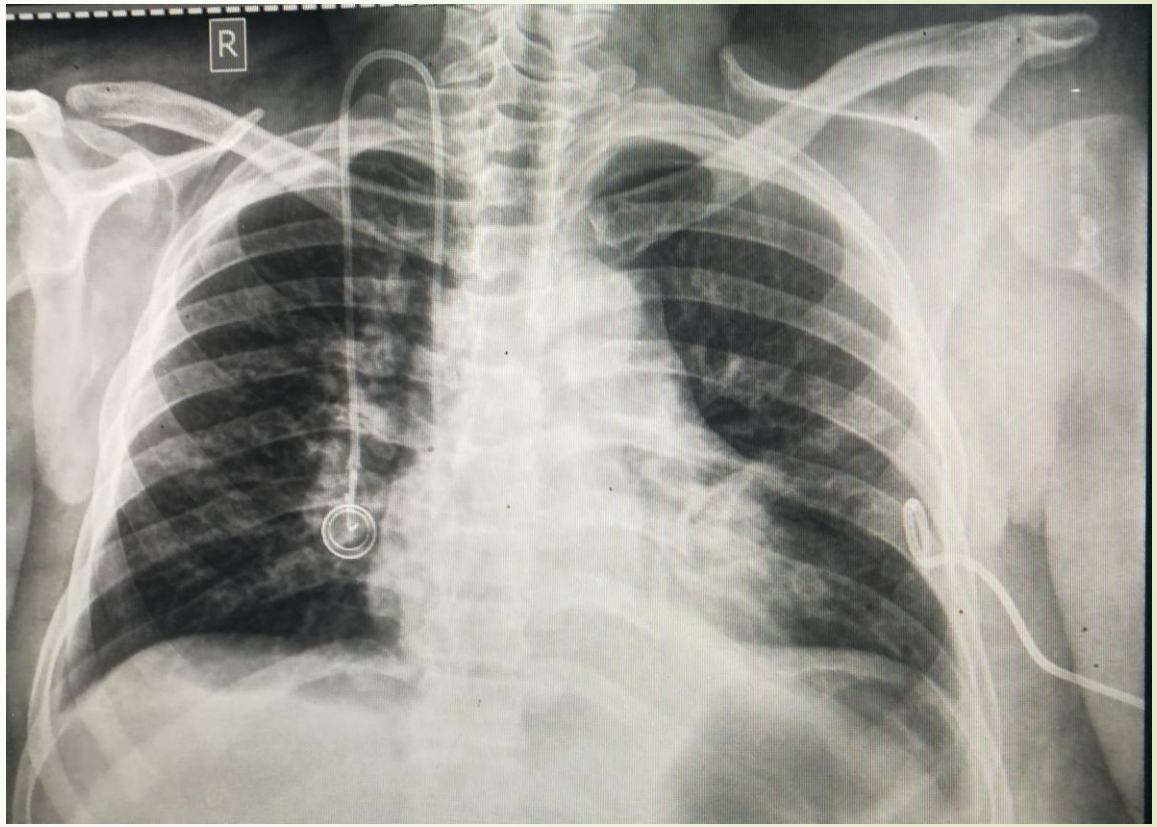


Good muscle healing and less fibrosis

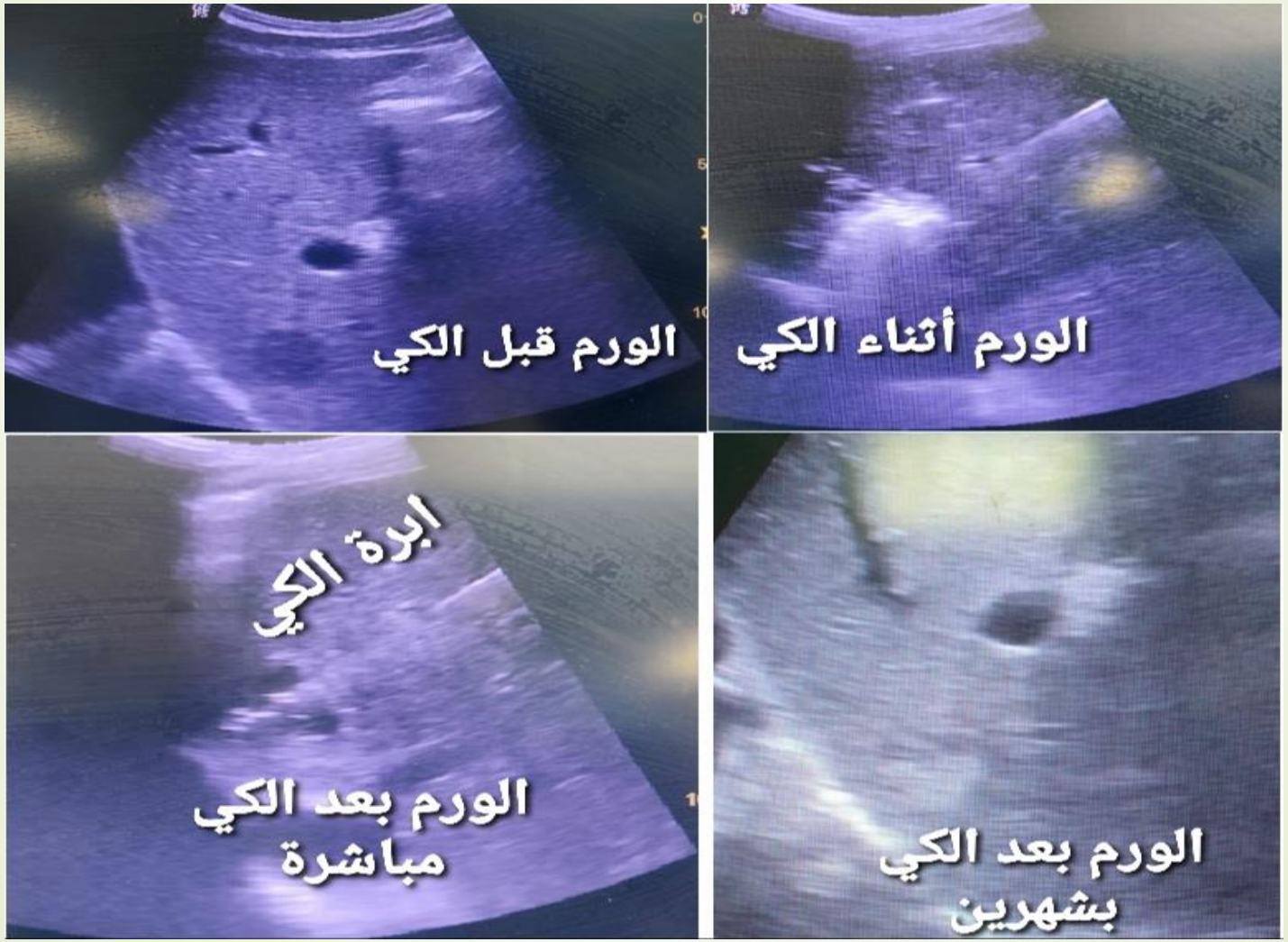


Case 10 female with breast cancer ,L pleural effusion port cath and pig tail wall inserted

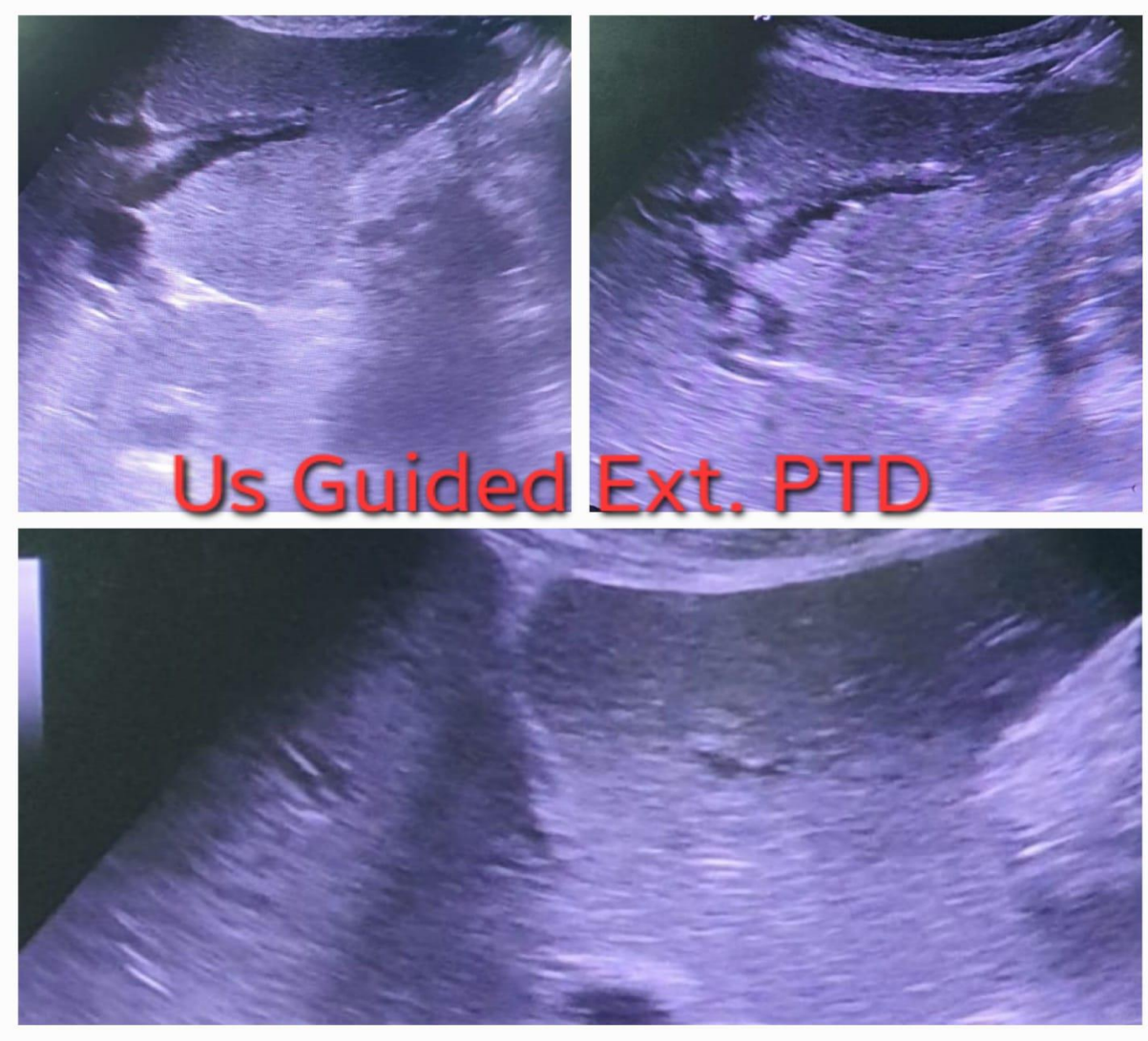


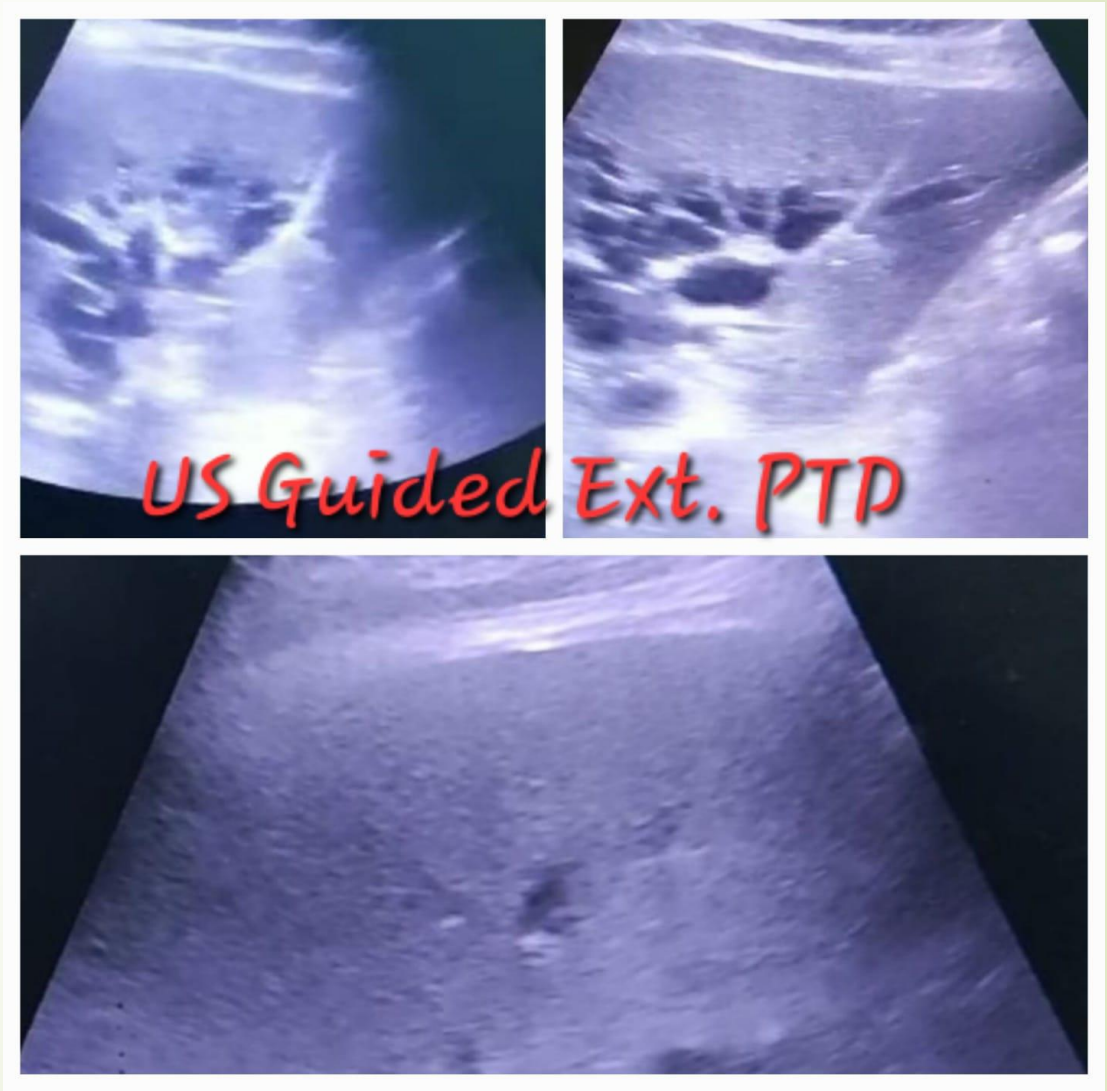


Case 11 RF ablation of hepatic focal lesion by Dr Hesham AbdElGhany

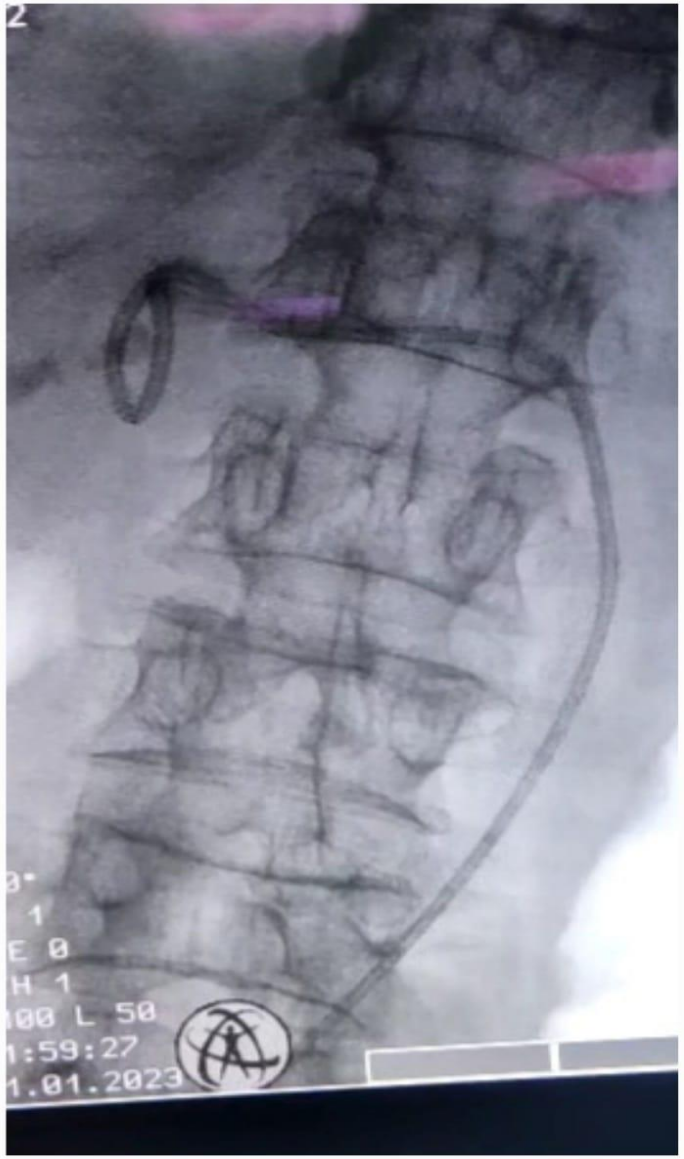


PTD cases by D Hesham and assisted by Makarem & Osama& AbdElghany





PTD cases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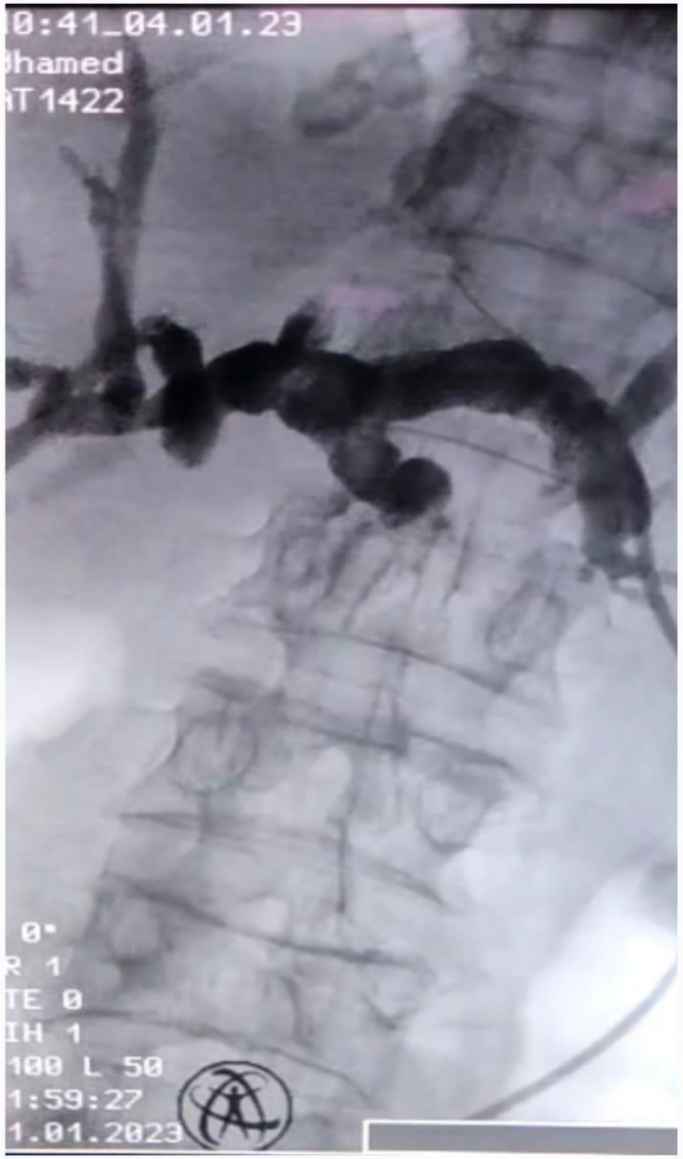
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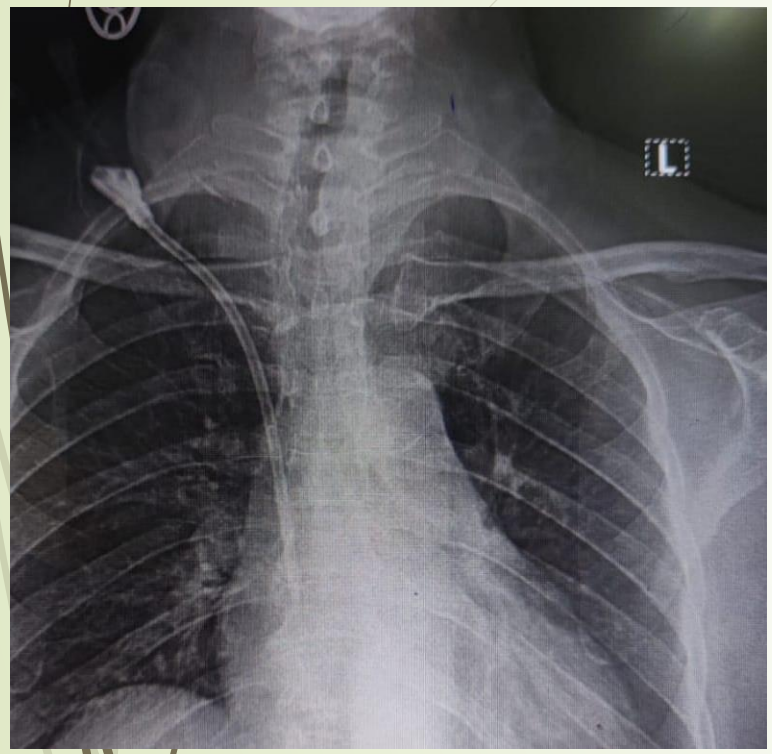
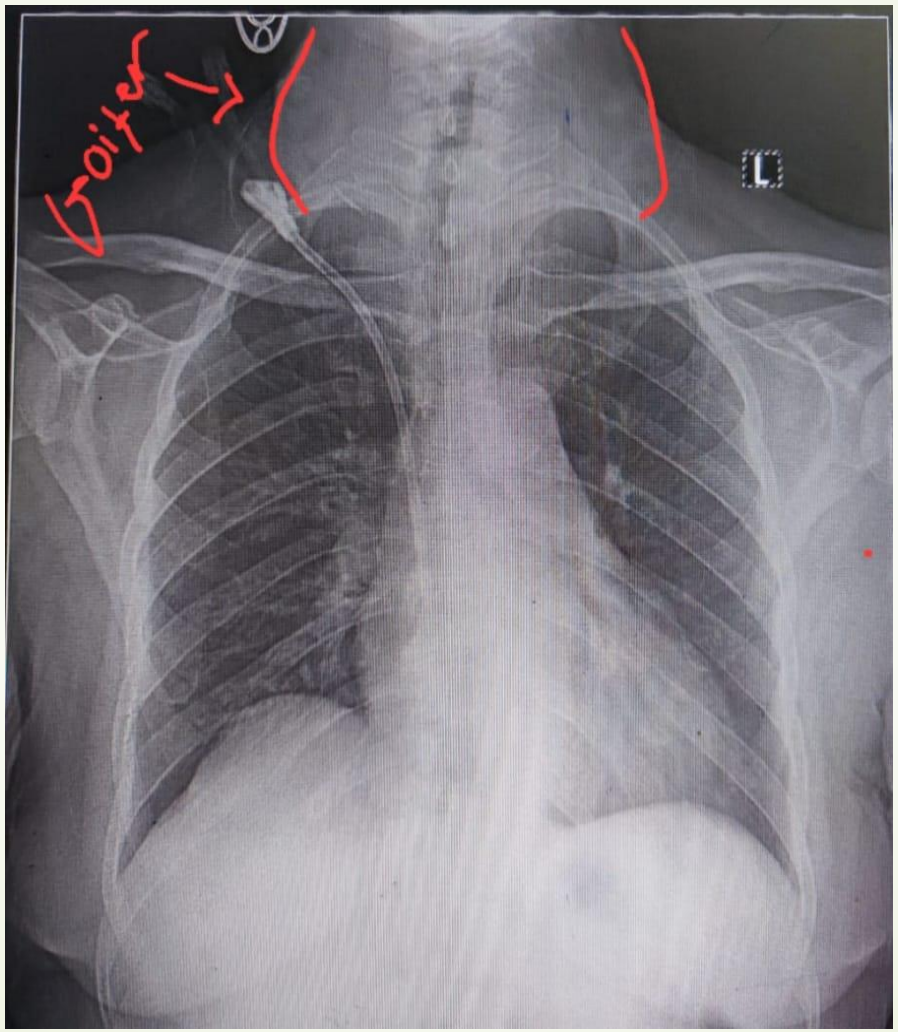
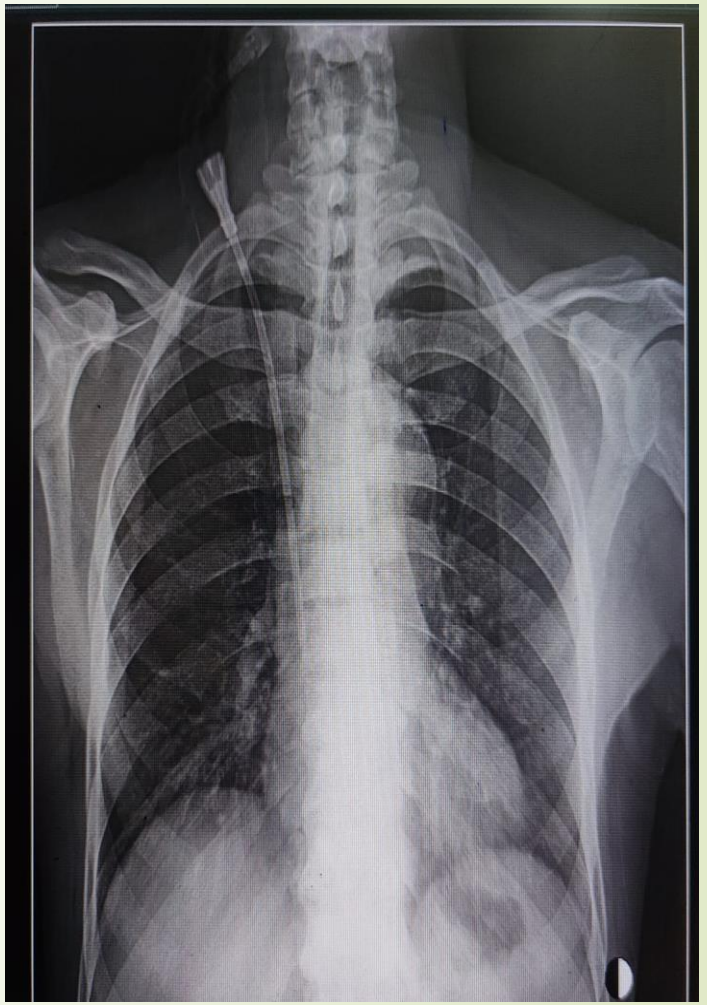
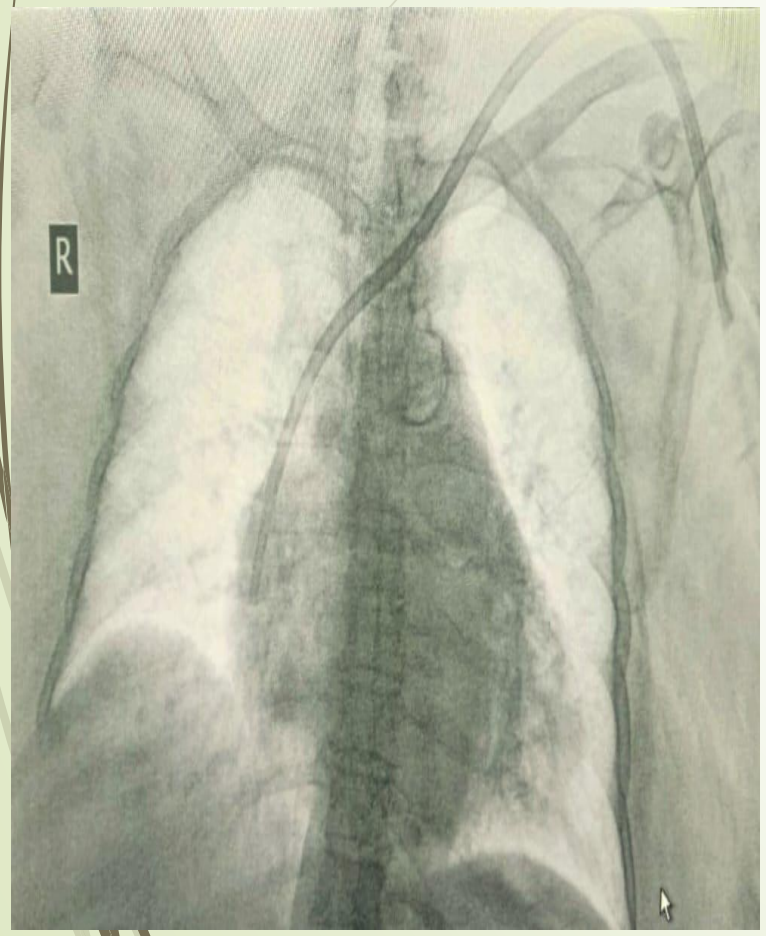
Multiple challenging cases of Double way insertion

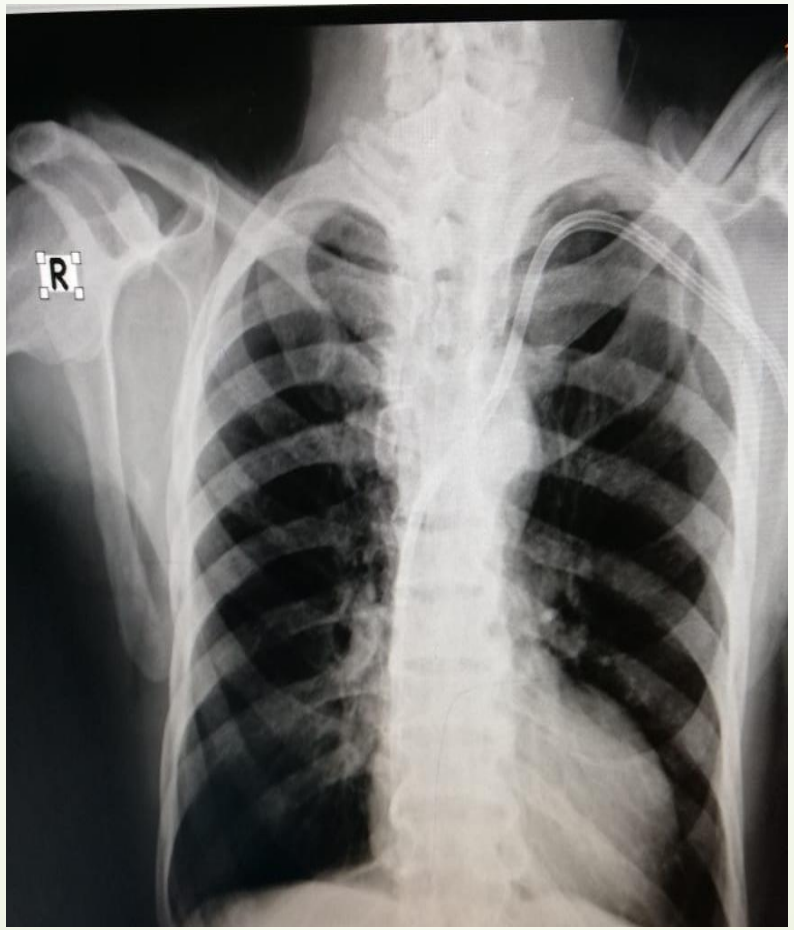


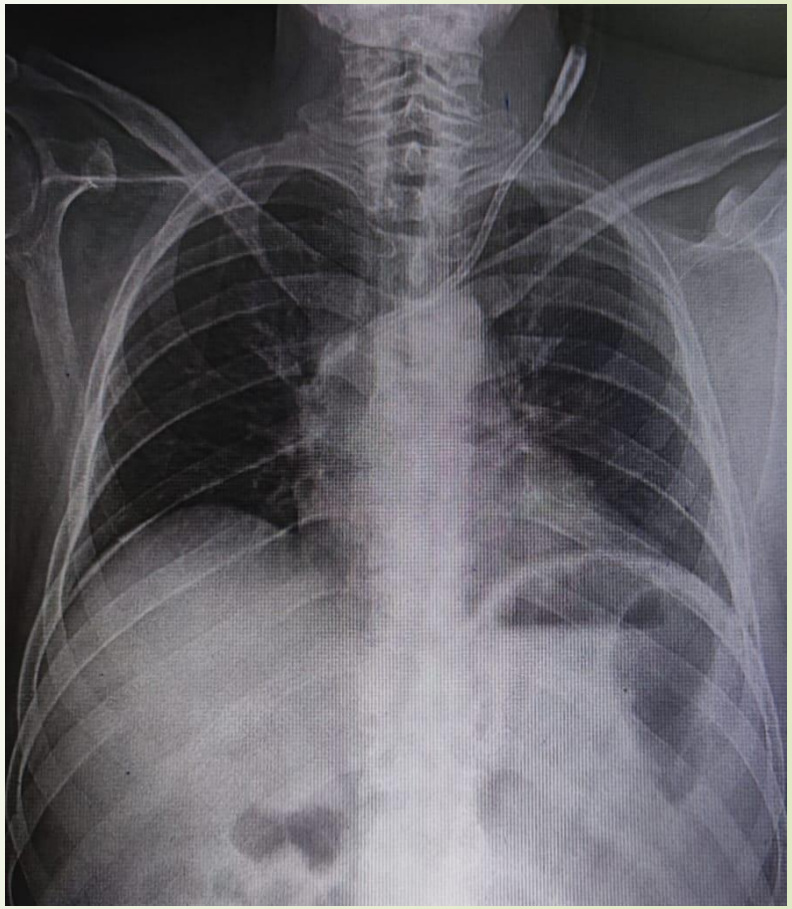




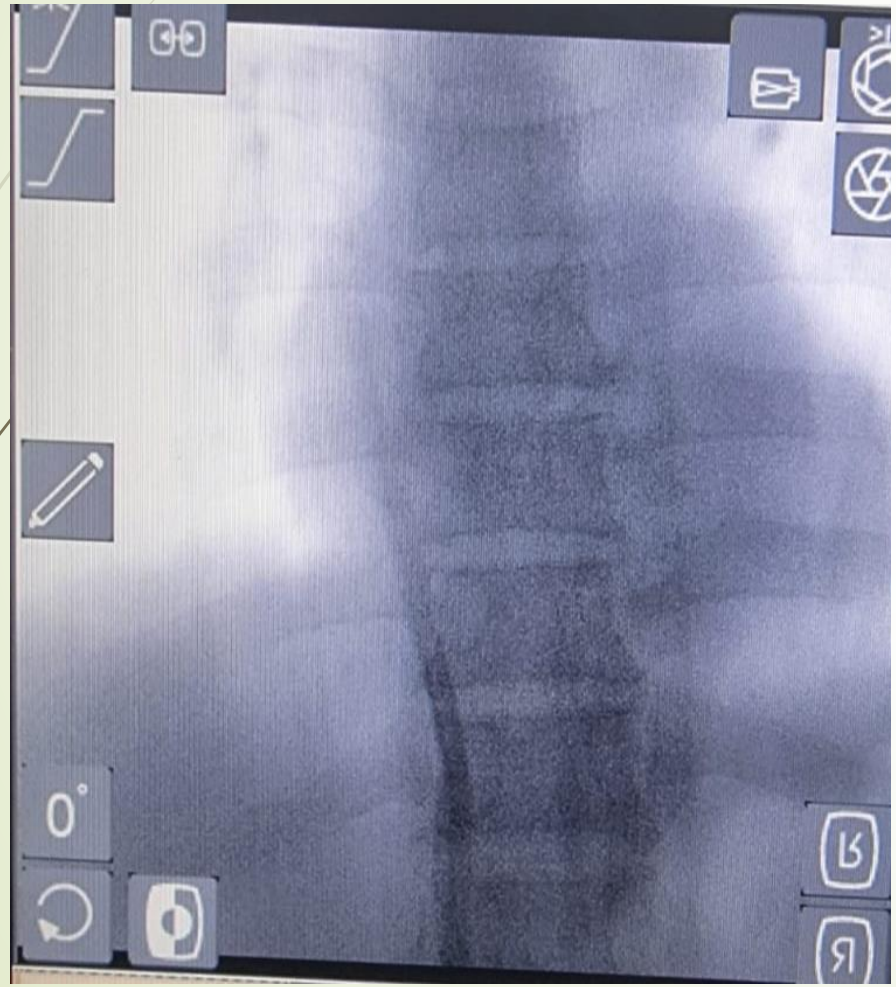
Multiple challenging cases of Double way and permicath insertion

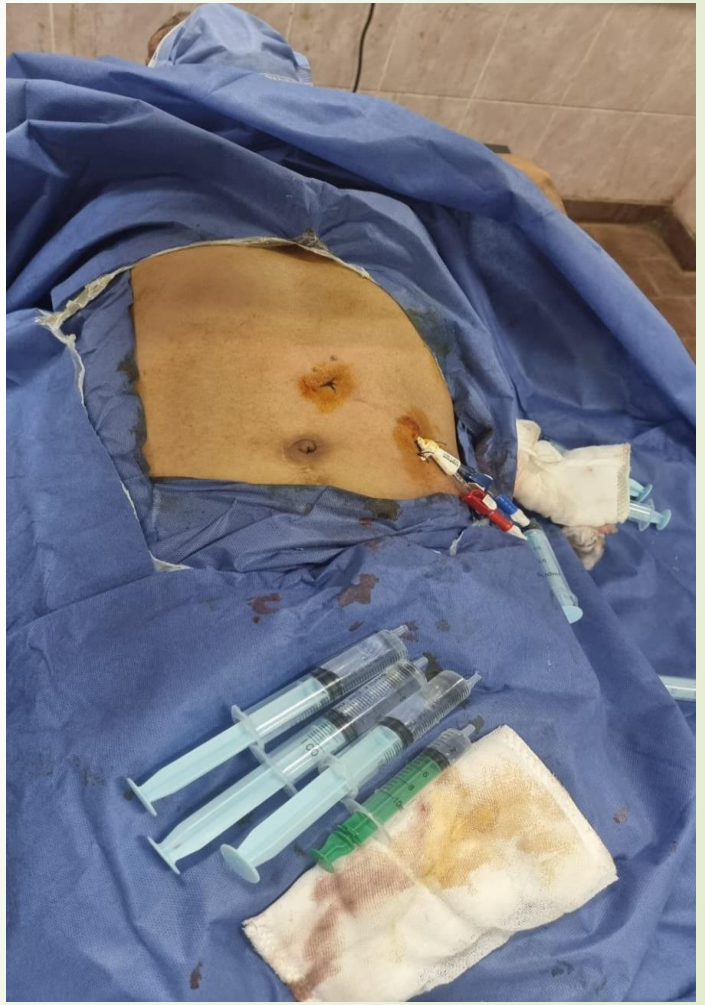




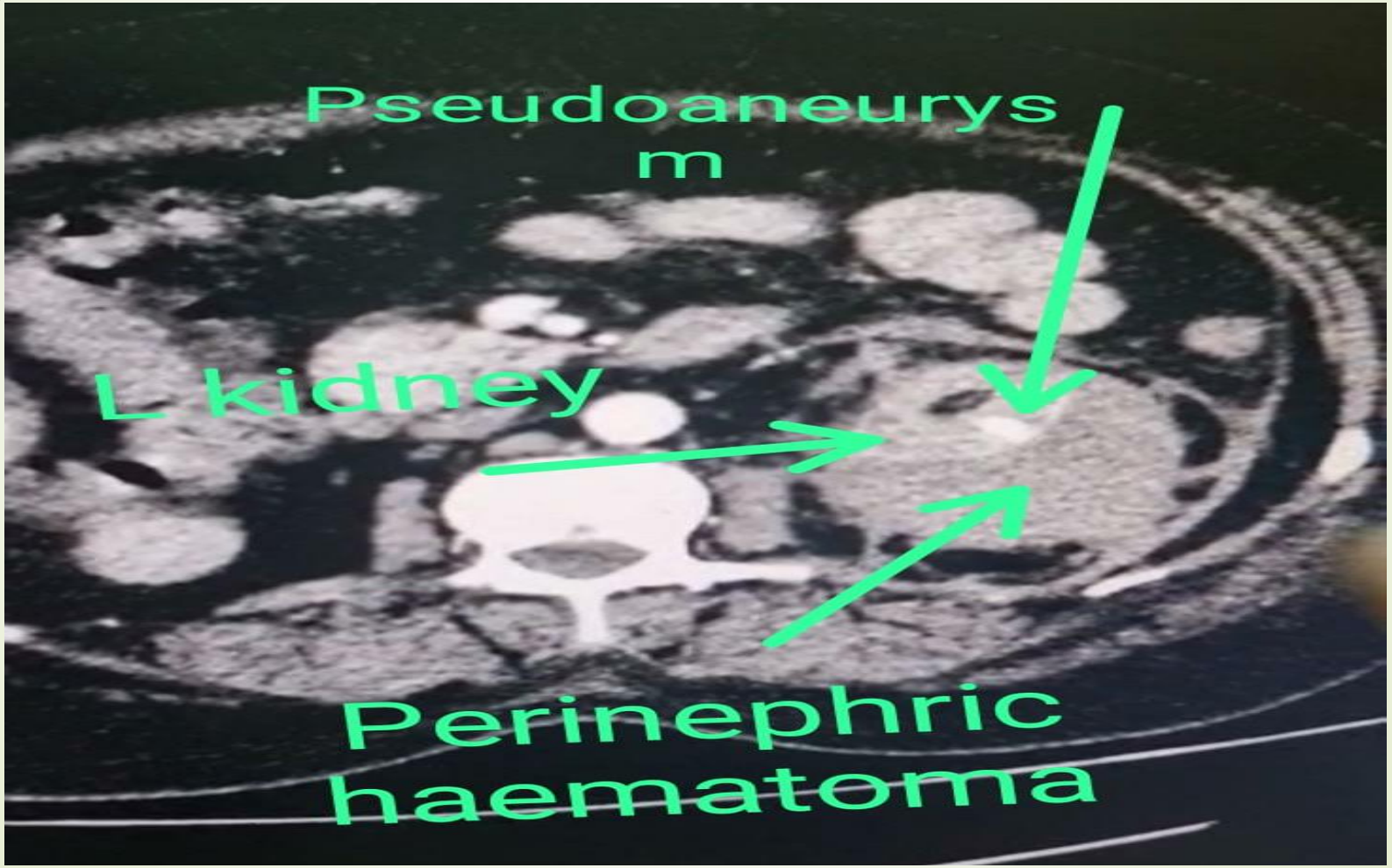


Trans hepatic permicath by D walled &Fouda

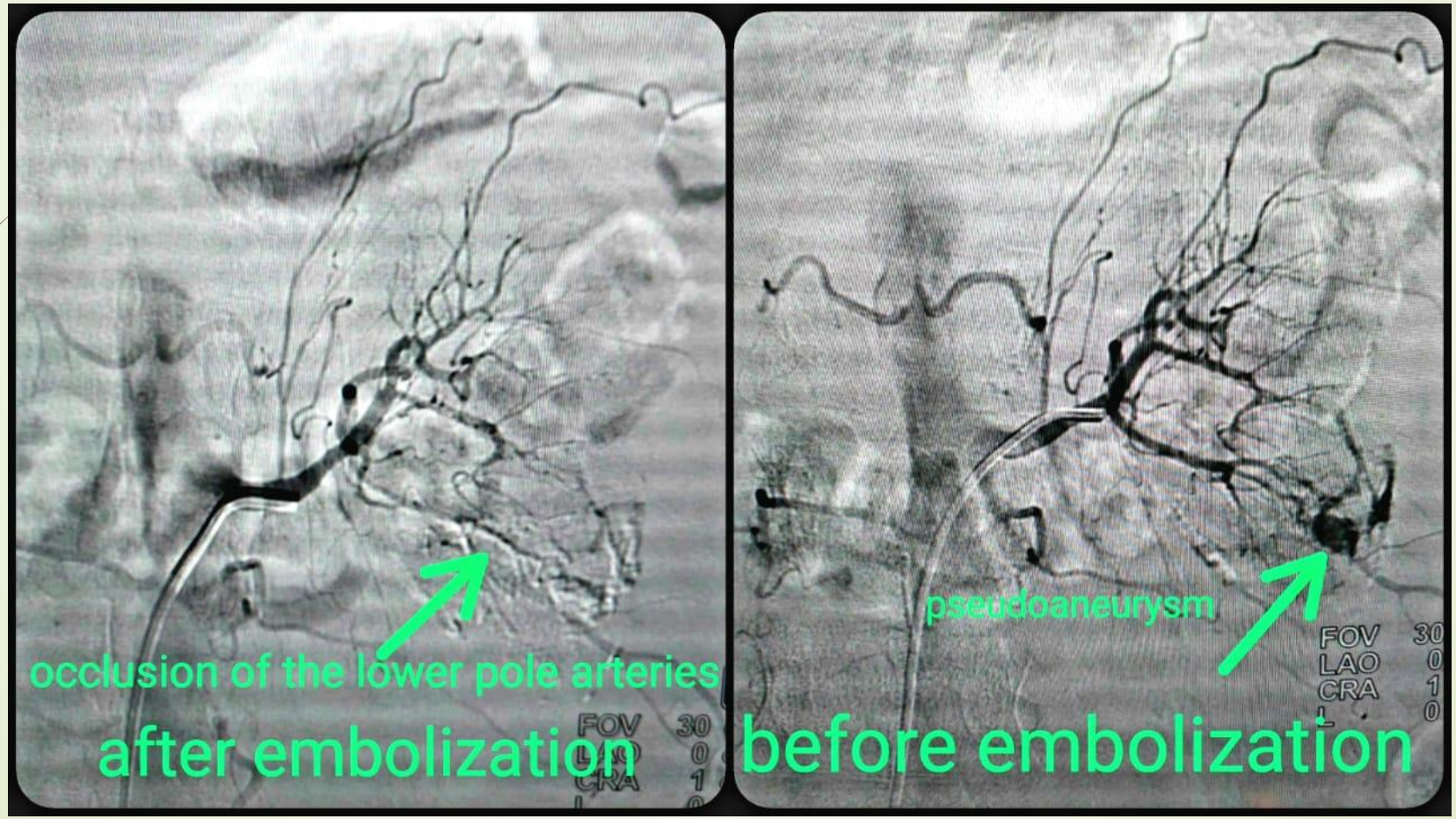




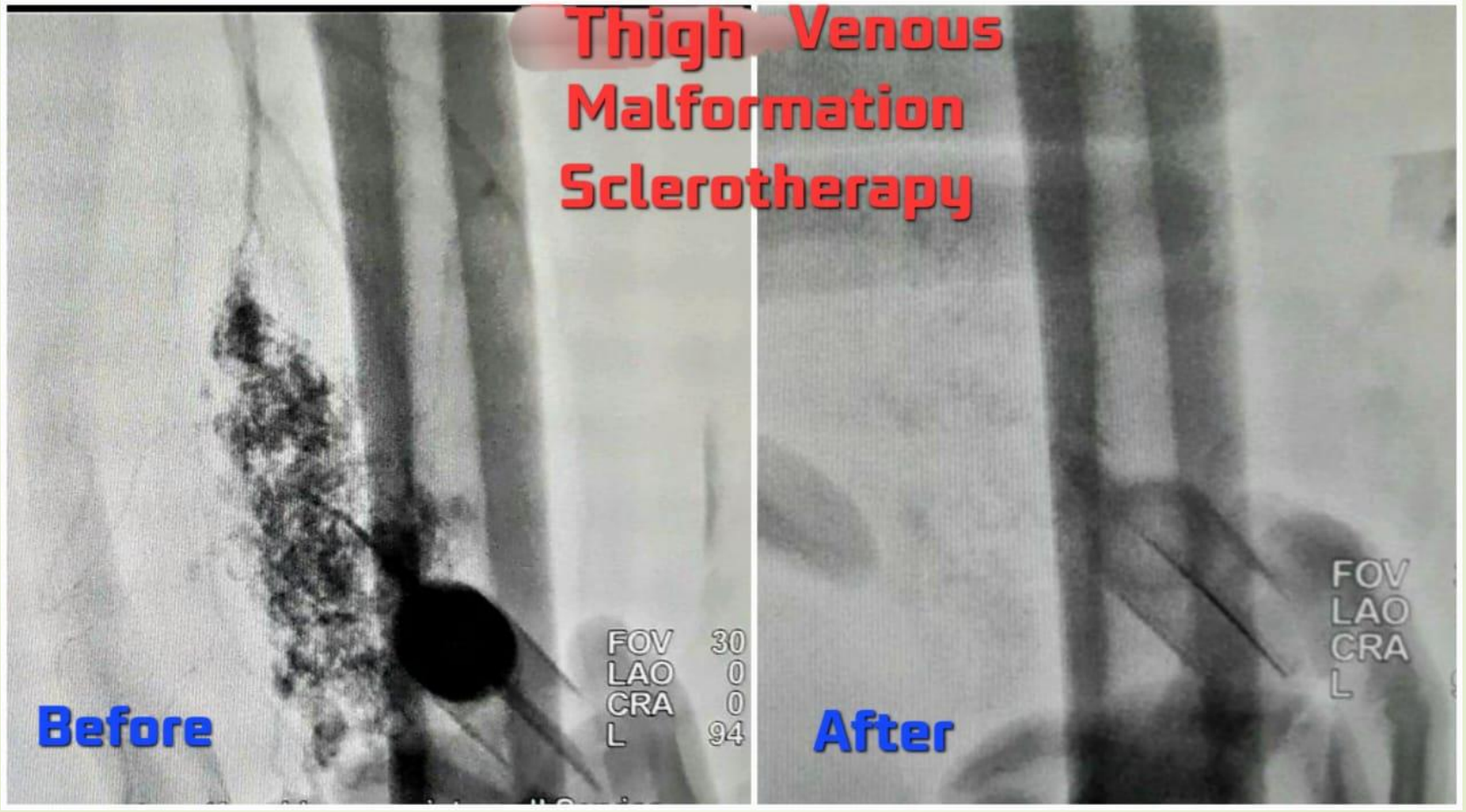
Case 12 embolization of post renal biopsy pseudo aneurysm done by D Momtaz D EZZ &edited by D Elsaman



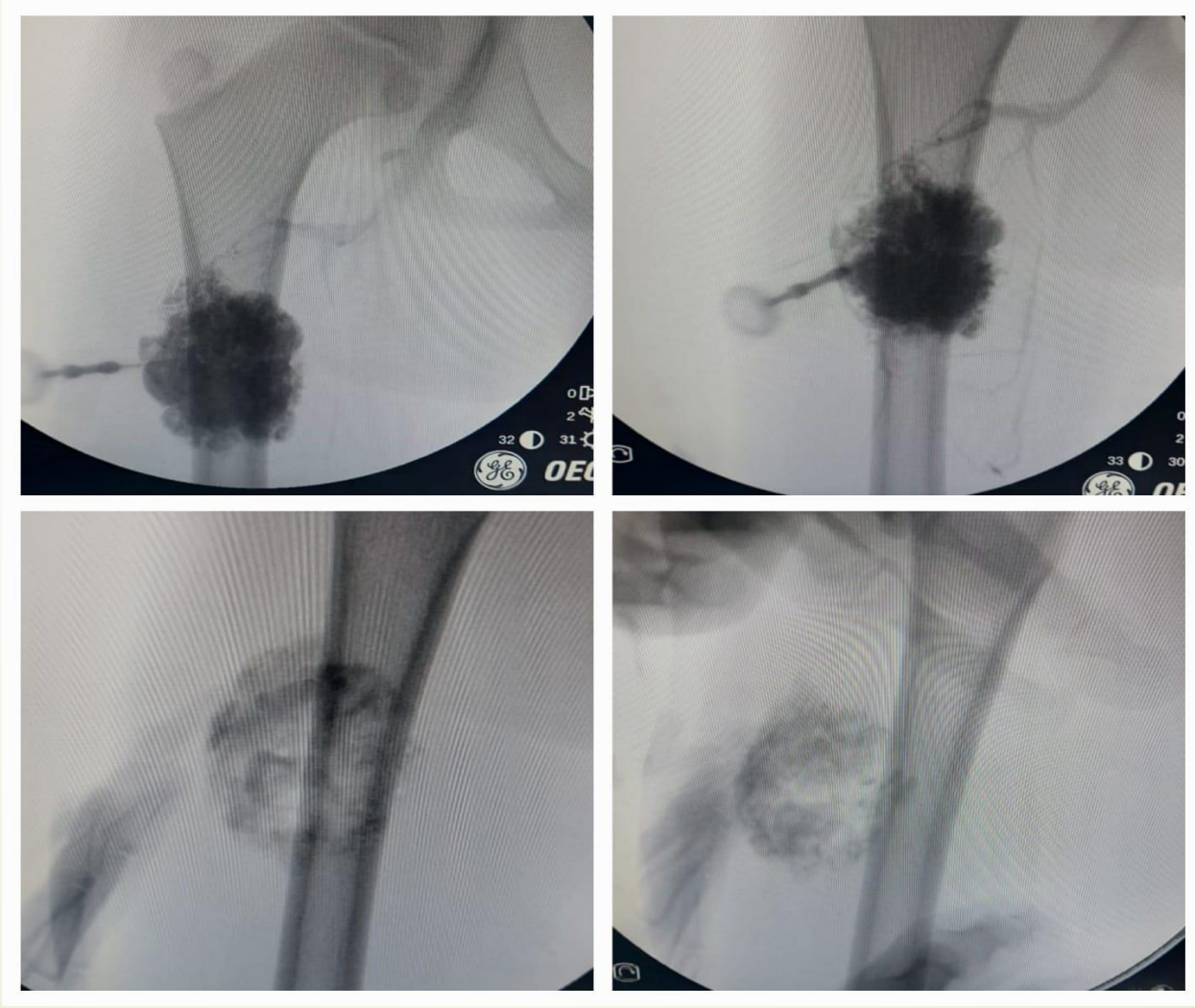
Case 12 embolization of post renal biopsy pseudo aneyrysm done by D Momtaz D EZZ &edited by D Elsaman



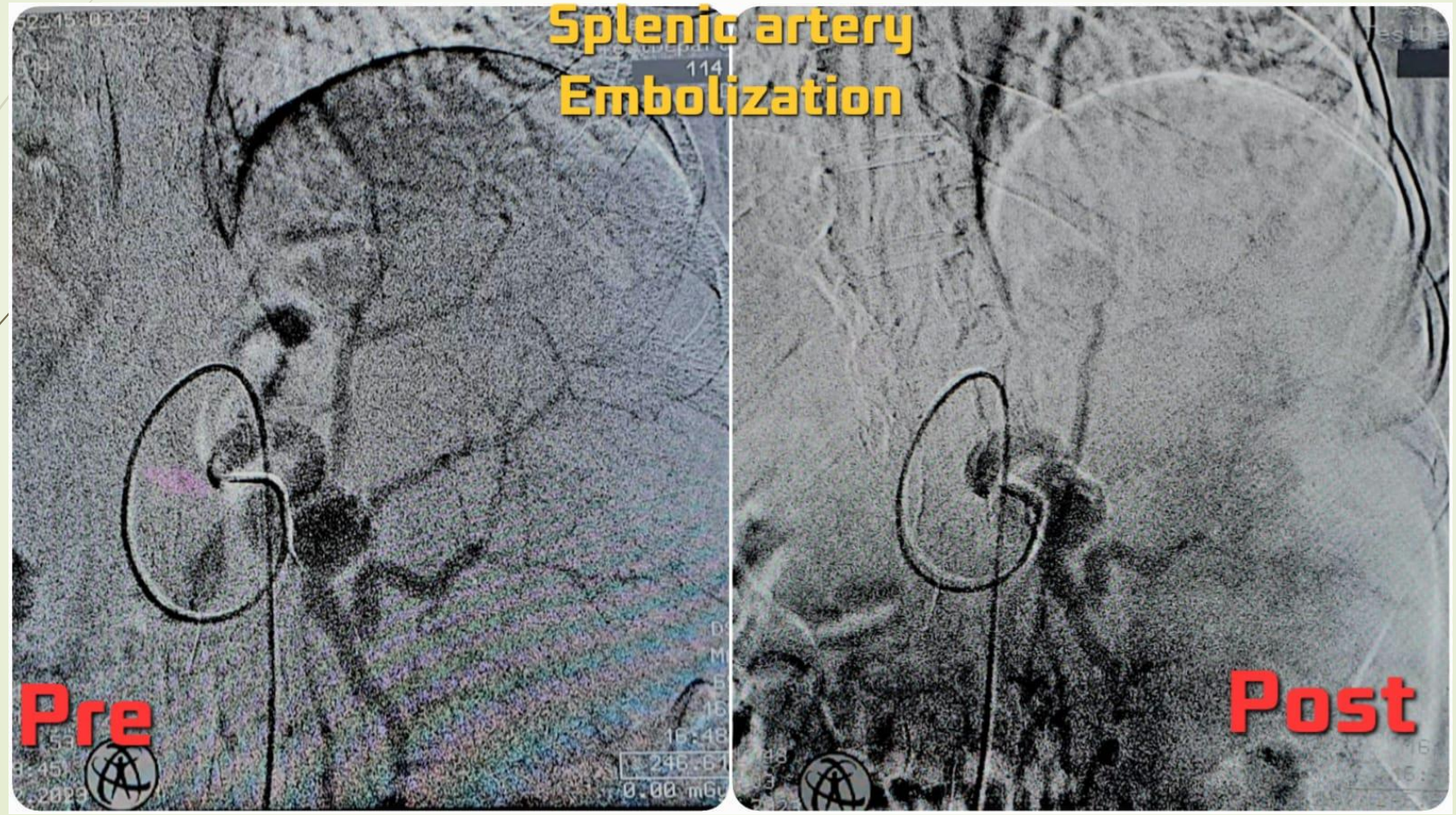
Case 13 thigh vascular malformation done by Dr EZZ



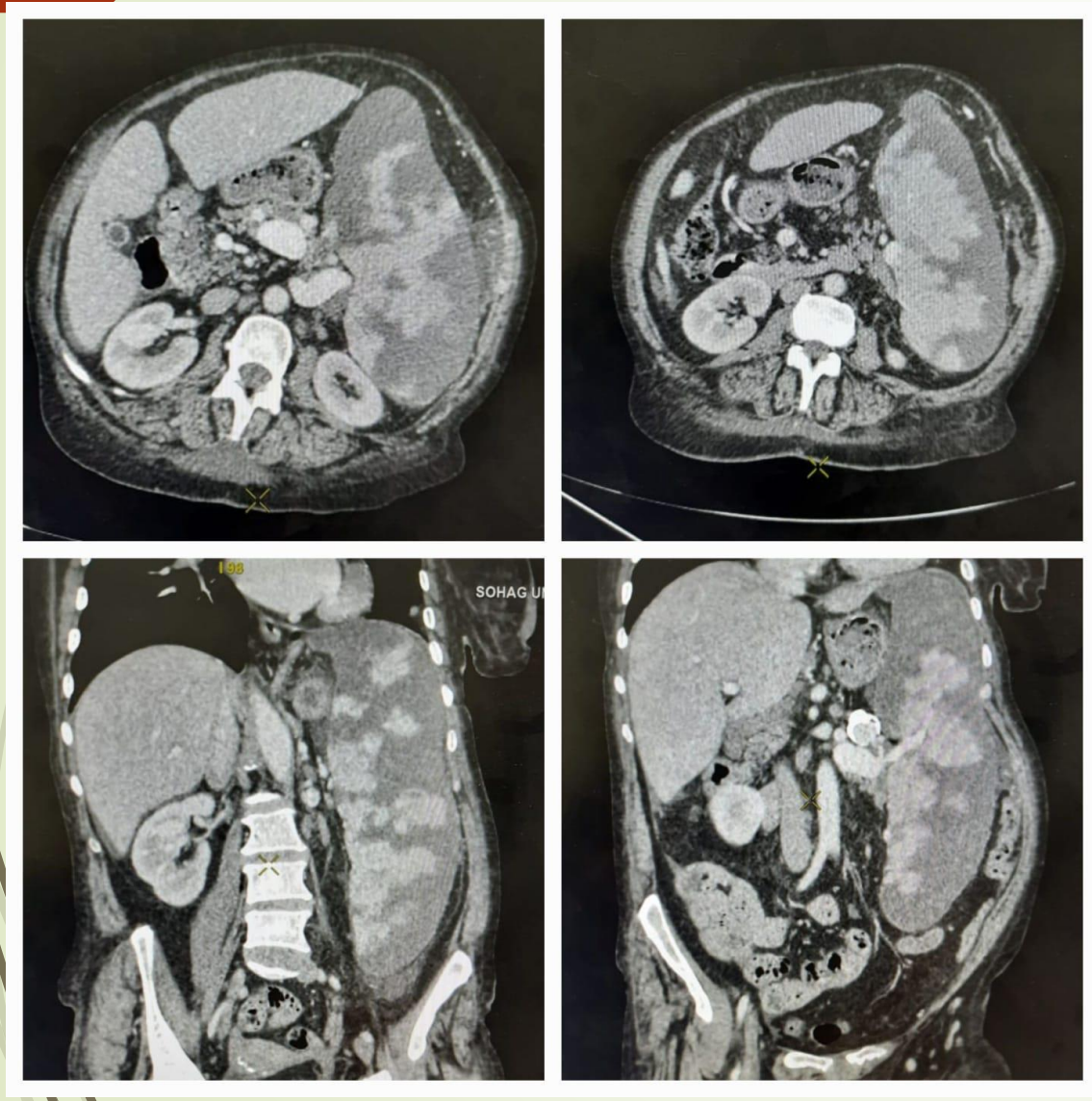
Case 14 Thigh vascular malformation

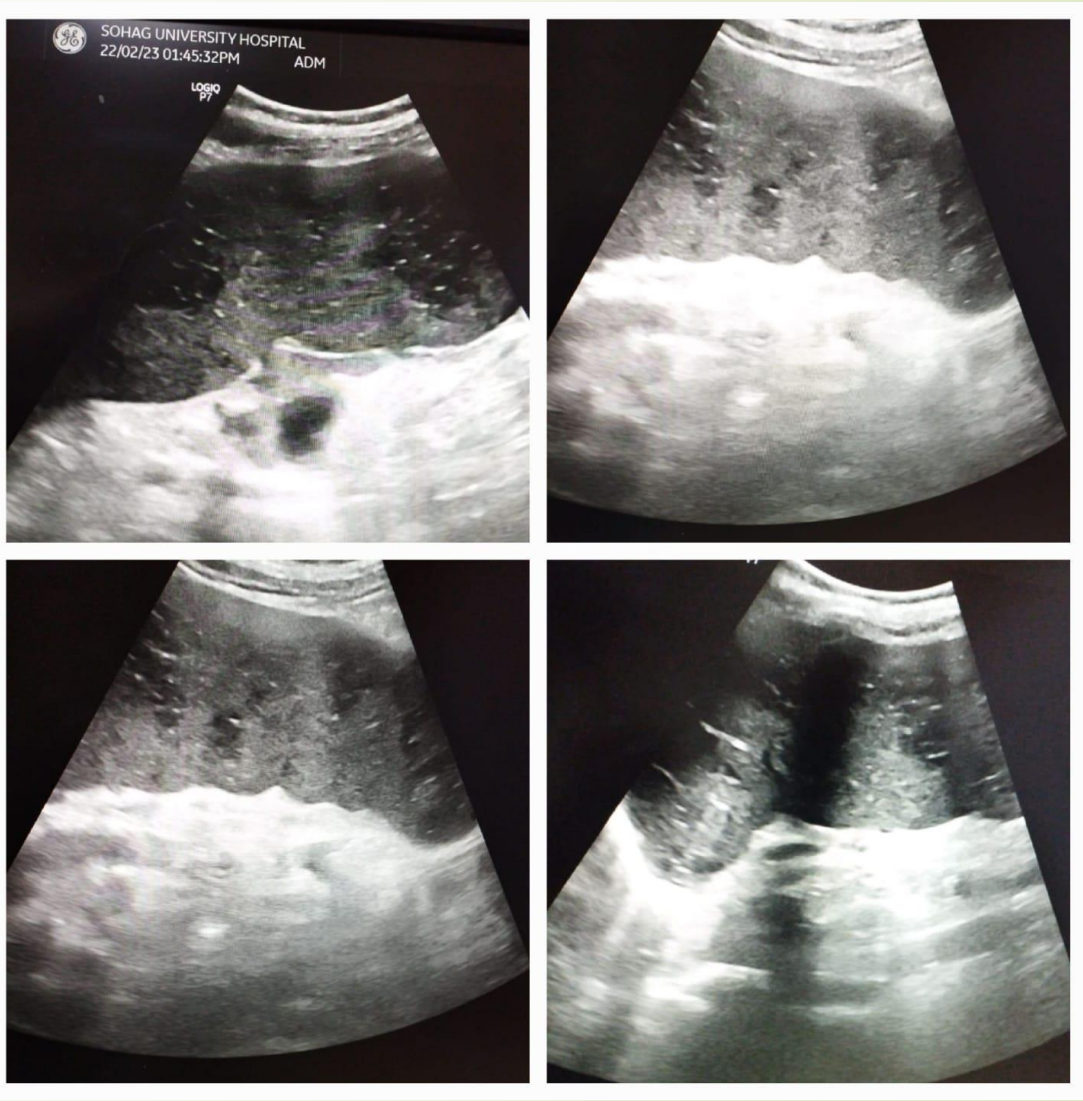


Case 15 Partial splenic art embolization by D EZZ & AbdElGhany



Post Embolization CT &US





Thanks to all IR team

Under super vision Prof Dr Mohamed Zaki head of department

& DR Hesham AbdElghany head of the unit

- Dr Hesham AbdElghany
- Dr Mohamed Ezz
- DR Walled Elmadany
- DR Hossam Salah
- Dr Ahmed Elsaman
- Dr Mohamed AbdElghany Elsherif
- Dr AbdElrhman Foda
- Dr Mostafa AboElmakarem
- Dr Mohamed Osama
- All staff members , assistant lecturer and resident sharing us this success

Take home massage

- Subspeciality is a must
- Trust is hard To build and Easy to break

THANK YOU