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Can we tell? MRI parameters to predict occult lymph node metastasis in oral cavity malignancies

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Oral cavity malignancies are very highly prevalent in the Indian subcontinent and in recent times T1 and T2 disease have become the common presentation. Upfront surgery with neck node clearance is the management of choice, however, we aim to prevent the morbidity of nodal clearance if we can prove the absence of nodal disease in the neck preoperatively. We studied 30 patients with oral malignancies who underwent surgery as primary treatment. A total of 127 lymph nodes were identified on MRI and correlated with histopathology for the presence of metastasis. Our analysis of these nodes showed that using RECIST criteria of short axis >10 mm, has a sensitivity and specificity was 35% and 89% respectively. Thus we studied other imaging parameters that when used in combination would have a better predictive value. STIR proved to be very highly sensitive in detecting the presence of a lymph node while extracapsular invasion, rim enhancement, and T2 heterogeneity are highly specific for metastatic involvement. Thus a combination of STIR and any one of the specific findings provides a high sensitivity and negative predictive value with a reasonable specificity which could preclude a neck dissection in c N0 patients. Diffusion studies revealed lower mean ADC in malignant nodes, however, it was not statistically significant to identify metastatic disease in subcentimeter nodes in the neck.

Biography

Romina Geraldine D'Souza, she had completed my MD Radiology from Father Muller Medical college Mangalore, India, Diplomate of the National Board in Radiology and currently doing a fellowship in Crossectional radiology in Christian Medical College, Vellore India and FRCR 2°

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