RK INT 202

### RöKo meets ICIS/ESOI - Management of incidental lesions in cancer patients II

Refresherkurs International Donnerstag, 29.05.2014 von 15:30 bis 17:00 Uhr im Raum: Rieder

<table>
<thead>
<tr>
<th>RK INT 202.1</th>
<th>Liver</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:30 Uhr</td>
<td>Referent(en): Rummeny E</td>
</tr>
</tbody>
</table>

**Kurzfassung:** With the widespread use of cross-sectional imaging (US, CT, MRI) the detection of unsuspected liver lesions, asymptomatic prior to their discovery, has become common. These lesions may become a source of anxiety and often require further investigation to reassure the patient of their usually benign nature. However, in some cases unsuspected lesions could be malignant like small primary hepatocellular carcinoma or metastases from previously undiagnosed primary cancer. Furthermore it is well known that benign and malignant lesions may coexist. Thus the appropriate way to address these lesions correctly is a growing clinical problem. Of course it is important to recognize that the range of diagnostic findings encountered will be related to the population under study. While patients with benign diseases appendicitis, cholecystitis ect. are likely to have benign liver lesions, patients with known primary cancer will have a greater likelihood of findings consistent with malignant hepatic lesions. Proper use of modern hepato-biliary imaging modalities, such as dynamic CE-CT, CE-US, and MRI, in combination with simple laboratory tests often allow a definite diagnosis to be made without resorting to exhaustive investigation or inappropriate biopsy or surgery. The optimal approach to evaluate incidental hepatic lesions may be the combination of the appropriate imaging technique, i.e. high-quality MRI, and an experienced radiologist. During this lecture we will discuss the problem of incidentally detected liver lesions and develop a framework of further imaging studies to use for the diagnosis of these lesions. Typically clinical situations will be demonstrated and the value of the different imaging modalities, especially high quality MRI will be shown.

**Lernziele:**
1. Spectrum of liver lesions that may be detected incidentally
2. Presentation of the use of different hepato-biliary imaging modalities
3. Develop strategies for correct diagnosis of incidentally detected liver lesions

<table>
<thead>
<tr>
<th>RK INT 202.2</th>
<th>Incidental adnexal masses: the role of imaging in the management of the patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:50 Uhr</td>
<td>Referent(en): Rockall A</td>
</tr>
</tbody>
</table>

© 2014 www.drg.de
**Kurzfassung:** Adnexal masses are a relatively common finding and are usually benign. When an adnexal mass is detected incidentally on cross-sectional imaging, it is important to ensure that the patient follows the most appropriate pathway and ultrasound will be the most appropriate initial imaging in most cases. Ultrasound can triage patients into three categories: 1. appropriately reassured that there are benign characteristics; 2. followed up for reassurance in likely benign cases; 3. Referred for further tests if there is a suspicion of possible malignancy. There are two helpful guidelines can be used when an adnexal mass is detected at ultrasound, either the IOTA simple rules or the Society of Radiologists in Ultrasound statement on managing asymptomatic ovarian cysts. In cases that are highly likely to be cancer, the next step includes referral to a cancer centre and staging with CT. In cases of a sonographically indeterminate adnexal mass, characterisation with MRI can further differentiate likely benign masses from malignant masses with a high specificity.

**Lernziele:**
1. Awareness of the spectrum of skeletal incidental findings.
2. Knowledge of strategies for radiological diagnosis.
3. Familiarity with management of more or less frequently encountered lesions.

**RK INT 202.4 Lung**

16:30 Uhr
Referent(en): Herold C

**Kurzfassung:** Skeletal incidental findings are not infrequently encountered on staging examinations in cancer patients, including CT, MR imaging, skeletal scintigraphy, and PET. Focal abnormalities might be caused by normal variants of bony elements or bone marrow, benign bone neoplasms (osteoma, enchondroma, osteochondroma, intraosseous lipoma), tumor-like lesions (bone cysts, fibro-osseous lesions, notochordal remnants), disease- or therapy-related changes (bone infarction, osteonecrosis, insufficiency fracture, osteomalacia, hypertrophic osteoarthropathy), or, rarely, other conditions, such as Paget’s disease. The majority of these lesions represent radiological diagnoses and thus, the radiologists’s role is typically more demanding than the further management of these findings with respect to the patient’s general prognosis. In doubtful cases, expert consultation for second opinion should be considered in order to avoid superfluous or misguided imaging, unnecessary biopsies, and inadequate psychological stress to the patient. This course reviews the imaging features of normal variants and skeletal lesions that might be incidentally detected in cancer patients together with recommendations for differential diagnosis and management.

**Lernziele:**
1. Awareness of the spectrum of skeletal incidental findings.
2. Knowledge of strategies for radiological diagnosis.
3. Familiarity with management of more or less frequently encountered lesions.