與大師對談

王俐人教授

2020-10

報告人: R2 陳永介

- 依照臨床時序,請大師模擬一線放射科醫師;於未知診斷,或者有限度臨床線索之情形下,進行閱片及解讀。
- 鑑別診斷為主要,確定診斷為次要。
- 目的在於學習大師之影像判讀邏輯思考。
- 請大師給予本院影像品質建議: Protocols, techniques, etc.

CASE 1 67 Y/O MAN

Brief history

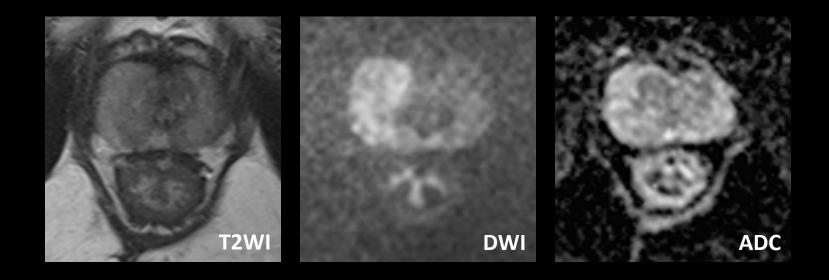
Past history None

 Chief complain elevated PSA (iPSA=21)

Imaging studies

Prostate MRI (no C) (2020.10.06)

Prostate MRI



- ✓ High DWI signal at right lobe of prostate gland (~1.9cm)
- ✓ No corresponding T2 hypointensity or low ADC value.
- ✓ Bulging appearance

→ PI-RADS: T3a lesion

Differential Diagnoses

- Prostate cancer
- Post-biopsy hemorrhage
- Chronic prostatitis

→ Pathology report

Prostate cancer

(Gleason score 3+3)

Prostate cancer

- Primarily disease of elderly men
- 95% prostatic adenocarcinoma
- Gleason score for pathological diagnosis
- Location of occurance:
 - 70% Peripheral zone (PZ)
 - 20-25% Transitional zone (TZ)
 - 5-10% Central zone (CZ)
- Role of imaging:
 - assist in a successful biopsy
 - MR for local staging
 - whole-body staging

PI-RADS

PI-RADS

- PI-RADS 1 = Very low (clinically significant cancer highly unlikely)
- PI-RADS 2 = Low (clinically significant cancer unlikely)
- PI-RADS 3 = Intermediate (clinically significant cancer equivocal)
- PI-RADS 4 = High (clinically significant cancer likely)
- PI-RADS 5 = Very high (clinically significant cancer highly likely)

