

POSTER PRESENTATION

Open Access

Role of dual phase MDCT in renal cancer – beyond the renal mass

D Santosh*, D Fleming, M Robinson

From International Cancer Imaging Society (ICIS) 14th Annual Teaching Course
Heidelberg, Germany. 9-11 October 2014

Aim

To illustrate the anatomy of renal vasculature and its variants on cross-sectional imaging.

To highlight the benefits of obtaining images in both arterial and venous phase in staging and follow-up of renal cancer.

Content

It is common practice to perform dual phase computed tomography (CT) in preliminary staging and subsequent follow-up of renal cancer patients in some institutions across the United Kingdom. We provide the best examples from our institution (2010-2013) with illustrations and the clinical relevance for the conditions stated below.

Arterial phase

We discuss the normal anatomy and variants of the renal artery including early division of artery, accessory artery and double renal artery. In addition, usual and uncommon sites (e.g. muscle, small bowel, pancreas) of hypervascular metastasis in primary renal cancer patients will be illustrated.

Portal-venous phase

We will highlight the normal anatomy and variants of the renal vein (e.g. aberrant, accessory renal veins) and associated tumour infiltration in unexpected veins (e.g. portal vein, gonadal vein) and solid organ metastasis.

Conclusion

The renal vasculature is frequently visualised on imaging but often overlooked. This exhibit will provide radiology trainee's an insight into the anatomical variants and its relevance in management of primary renal cancer. It reminds them of the common and uncommon metastasise

and tumour infiltration seen in renal cancer, thus affecting the outcome.

Published: 9 October 2014

doi:10.1186/1470-7330-14-S1-P41

Cite this article as: Santosh et al.: Role of dual phase MDCT in renal cancer – beyond the renal mass. *Cancer Imaging* 2014 **14**(Suppl 1):P41.

Submit your next manuscript to BioMed Central
and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit



* Correspondence: divyasantosh@gmail.com
University Hospital Of Wales, Royal Gwent Hospital, Newport, UK