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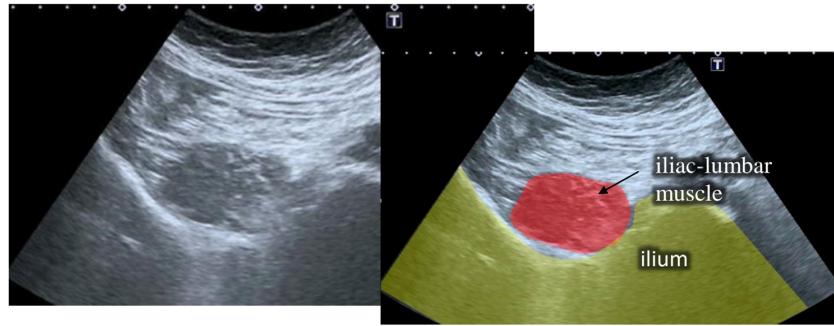
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Background. Reduce the number of the most common errors in identifying pathological formations of the abdominal cavity.

Materials and methods. 1.45 million abdominal US-examinations were performed in CCH No.68 in 2010-2018. In 53 cases, pathological lesions of the abdominal cavity of inflammatory and tumor genesis, diagnosed at doctor's office call and weren't confirmed during further examination at clinic.

Pathological mass in the iliac region?



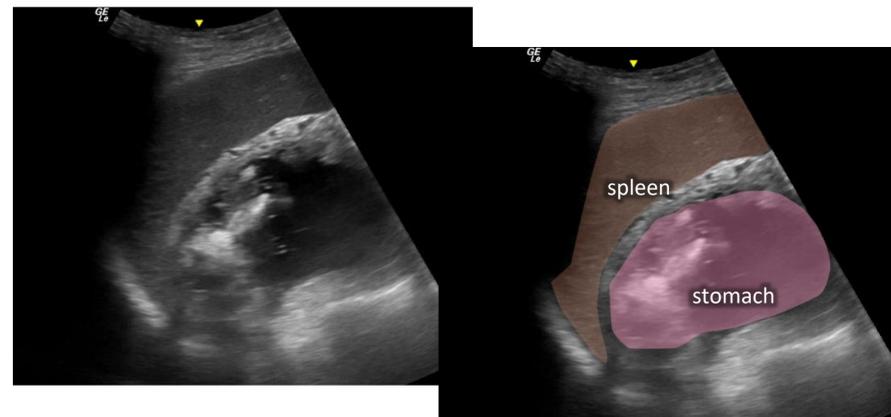
The iliac-lumbar muscle was mistaken interpreted as neoplasm in the iliac region, in 7 cases. When the transducer turns over the muscle, it acquires a fusiform shape with a specific longitudinal striation.

The neoplasm of hypogastria?



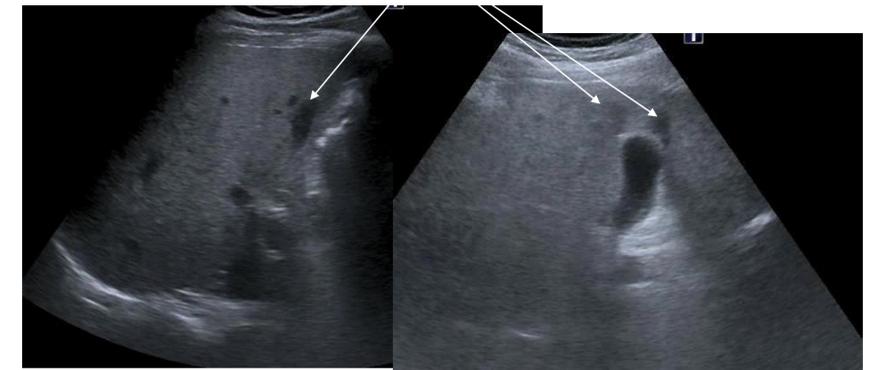
The neoplasm of hypogastria turned out to be the spine in 6 cases. The transducer's turn over a transverse section of the spine allows you to see its characteristic structure, expressed uniform length, not characteristic of pathological lesions. The presence of a "clean" shadow from its upper contour, which is characteristic of dense structures, is another argument against lesion.

The lesion in the left hypochondrium?



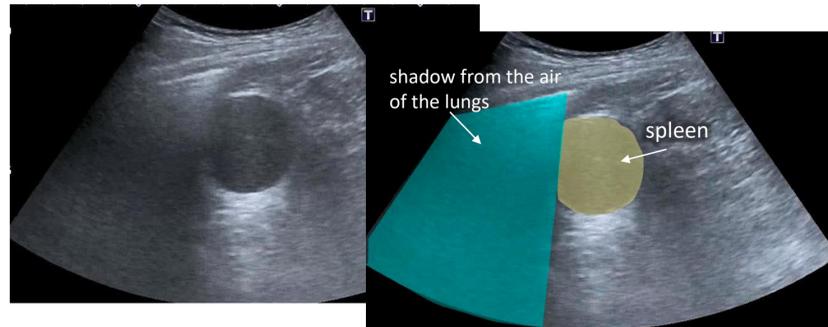
The lesion in the left hypochondrium turned out to be a stomach with heterogeneous contents, identified as pathological fluid accumulation in 15 cases. Oral fluid intake helps to clearly identify the stomach.

Liver neoplasms?



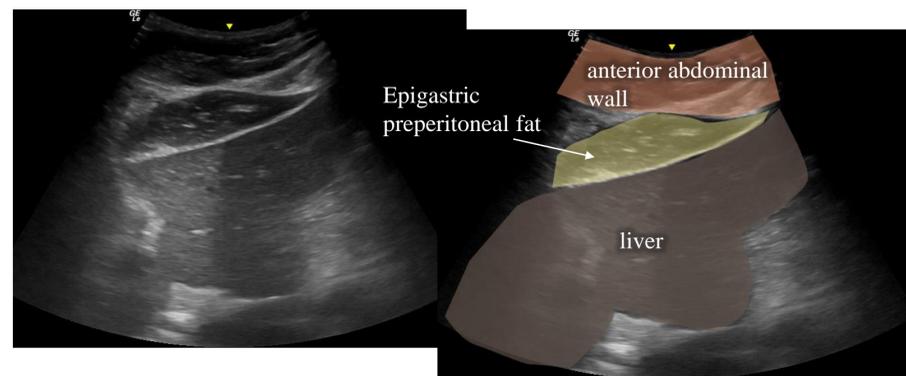
Hyperdiagnosis of liver neoplasms due to incorrect interpretation of hepatosis zones, as well as the imposition of acoustic shadows from the ribs, was in 7 cases. The specific form of hepatosis sites, the most frequent location in VI-V segments, and polypositional study help to conduct the differential diagnosis.

Pathological mass in the left hypochondrium?



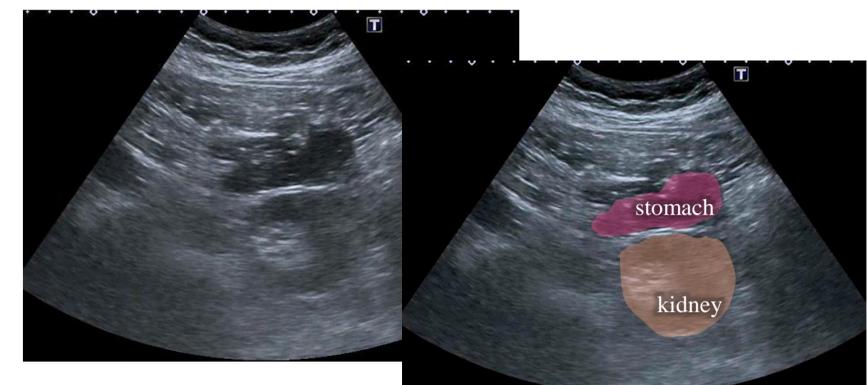
Hypertrophied additional spleen lobule after splenectomy simulated neoplasm in the left hypochondrium in 5 cases. A splenectomy in the anamnesis and the presence of solid lesion in the left hypochondrium with a homogeneous structure resembling a parenchymal organ make you think about the variant of the norm.

Liver left lobe abscess?



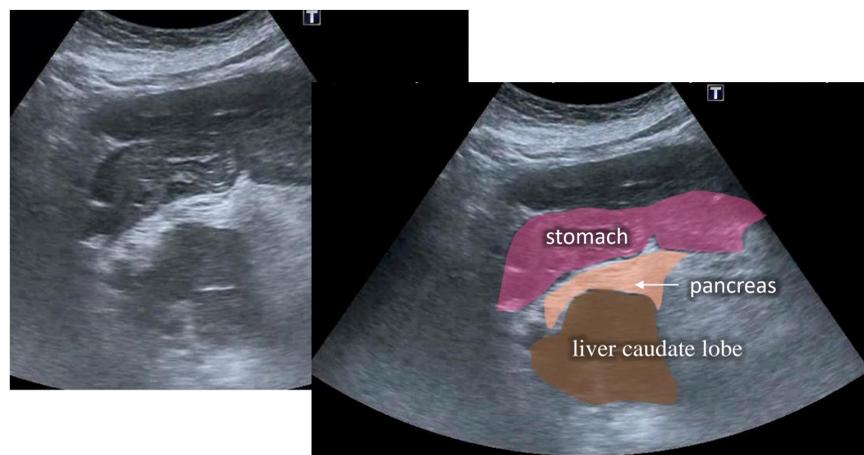
Epigastric preperitoneal fat is described as liver left lobe abscess in 5 cases. Differentiation of the abdominal cavity organs from the anterior abdominal wall during deep breathing, as well as knowledge of the structural features of the anterior abdominal wall, make it possible to exclude this diagnosis.

Abdomen neoplasm?



In 3 cases, small intestine loops without contents, peristalsis and differentiation of the boundaries between them were diagnosed as neoplasm. The location in the left lateral region of the abdomen, the specific form and the presence of hyperechoic chaotic striation, as well as repeated review after a few hours will help to verify the absence of pathology

Pancreatic head tumor?



The liver left lobe was identified as a pancreatic head tumor in 3 cases. A polypositional study will help identify the liver caudate lobe.

Conclusion. The analysis of errors, the causes of its occurrence was made, recommendations that reduce the likelihood of error are formulated.