



## Possibilities of Magnetic Resonance and Multispiral Tomography in Urooncology (Literature Review)

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**Abstract:** So in nggi years, there is no increase in the number of urology oncological diseases. With malignant tumors, the number of patients with the addition of new thoracic increased by 27.2%. In particular, colon cancer accounts for about 3% of malignant tumors in adults. The disease is usually diagnosed at the age of 40-70 years. Men get sick 2 times more often than women. Among the tumors of good quality of purchase, angiomyolipoma, adenoma and oncocytoma prevail and make up 6-8%. In general, the threshold for identifying purchases at the last time, according to some data, increased by more than 2 times. This, attention, ultrasound, is also a link with the widespread use of CT in recent years, providing the possibility of transporting the asymptomatic process in 25-30% of cases.

Relatively rare malignant tumors of the genitals and urinary tract appear which account for only 4% of malignant tumors of the urinary tract. Among all of the urotel, 75% are squash plants, 7-10% are sled height, and 2.5% -5% are urinary tract tumors. Multicenter growth is observed in 11-13% of patients with upper areas (Yusy) tumors and in 2-4 foyizas of patients with political bladder tumors. There are 30 to 75% of cases of bladder height and tumors of the political tract with bladder damage.

**Keywords:** magnetic resonances, prostate gland, men, urine-tanosil.

### Introduction.

Pathology of the prostate gland is the third most common among all diseases detected in men. In this regard, at present, the great recognition of researchers of middle-aged and elderly men is the most common past prostate cancer (PBS) and the finished prostate gland to focus on safe hyperplasia (PBXG). This is also a garden with an increase in the total number of pensioners, an increase in mortality from prostate cancer. With age, the incidence of prostate cancer rises much faster than other types of safety tumors and differs from them, not having a frequency. The prevalence of prostate cancer in men under 40 years of age is 1 in 10,000, 40-59 years of age - 1 in 103, and 60-79 years of age - 1 in 8. Safe growth among the causes of male death-prostate cancer currently ranks 2nd after transitional cancer. The mortality rate in the first year of life after the introduction of thrush is about 30%, which indicates that the disease is detected at a very elapsed level in the first clicks. Analyze the incidence of prostate cancer in Russia, 70 percent of patients say that this pathology was the first data detected in the 3-4 stage.

PBXG is the most common disease of the Politico-venereal system in men and displays its name at the age of 40-50 years. If at the autopsy, pbxg was found in about 20% of cases at the age of 41-50 years, at the age of 51-60 years - already 50%, and at the age of 80 years and older - in 90%. Adenoma with infrared obstruction is more rare, but its frequency also increases with age: at 55-25%, at 75-50%.

In the case of a garden with high statistics and epidemiological data from various researchers, the issues of analysis of these pathologies are, at the same time, relevant in the initial prints of the process. Advances in imaging technology provide the ability to reliably detect lesions measuring 1 cm or less. As tumor analysis service increases, the importance of developing imaging methods and an algorithm for their use in clinical decision making increases.

Ensuring the growth of parenchyma of great and high political paths MRT and MSKT. Currently, the range of diagnostic methods used for the diagnosis and differential diagnosis of the upper and lower urinary tract is very large. In addition to traditional imaging methods (RKT, MSKT) and magnetic resonance imaging, data from radionuclide methods, ultrasound, cystoscopy) include computed tomography (rkt, MSKT) and magnetic resonance tomography, which are more accessible according to the diagnostic algorithm.

Each of these instrumental methods takes up a specific place in diagnostics, has the content of data on the type, sometimes complement each other, has pure technical characteristics and has its own pros and cons in terms of safety for patients.

Both methods xam (MRI and MSKT) are currently well-known imaging methods (in sentence, uro-radiology), which, due to the fact that they are excursion and expensive, are available in comprehensive and retired research centers, in clinics and diagnostic centers of the balkim type. According to the literature, the MRI and the MSKT provide information about the methods of studying the Politico-body system.

Methods are constantly being developed and technically improved. In particular, today the use of MSKT provides the radiologist with the most important information in the process of examining the patient (8-64 images per second), in real-time mode (real-time spiral), as well as the possibility of obtaining an image of his organs inside the patient with high accuracy. Non-invasive species such as Mr. Angiography and venography, Mr. urography have been actively introduced in MRI, and manually, the impulse went-went continuously developed. Reference, the MRI method may initially be assisted by paramagnetic contrast media (PKV) based on high-set differentiation gadolinium. And if in the near future PKV was widely used only to identify pathologies and assess those whose information was learned from the anatomical picture of one organ, now their use has provided an opportunity to study the functions of organs that work together with the impulse sequence, including organs, including MRI.

Since we are familiar with the data of literature, the basis word of which was published in 5 years, we focused on finding answers to a number of questions: the basics and algorithm for analyzing buying and buying methods, tomography the importance of choice, excellent technique (in particular, for MRI), features of interpreting results, the role of contrast media.

For the first time, the chief's clinical trials were conducted in 1975 (Minnesota, United States), and the first report on the use of MRI for a purchased examination comes in 1981 [34]. The author's MRI was designed to examine 2 patients: 1 with a simple colon cyst and 2 with a colon carcinoma. Almost immediately after that, there was a fee for the purposes on the results of the use of MRI of those purchased in a patient who died with glomerulonephritis, as well as in 1 patient with any function of transplantation [42, 76]. Soon the volume of publications increased, and the possibilities of MRT in acquisition pathologies were initially somewhat biased for information. At least if a list of MRT studies acquired around the world is planned, the modern point of view looks like this. In 1983, a report was published to study 12 buyers with 6 healthy and different will pathologies [76]. In the same year, the results of the word 15 more patients were published [46]. Experience gained slowly. At the end of 1984, a publication appeared to perform 52 patients and 6 healthy visions with a variety of diseases (glomerulonephritis, red rung, terminal colon failure, hydronephrotic transformasia, colon artery stenosis, solitary colon cysts, polycystosis, tumors, etc. In this study, the number of people with information major pathology ranged from 1 to 7.

Most researchers pay attention to the advantages of MRI: the absence of receptive radiation for image acquisition, the ability to carry out a patient training and pre-preparation diagnostic process, image acquisition in three inter-perpendicular projections, which are occupied by the type of patient

movement, artifacts from water structures, the necessary information obtained for research purposes and in the same research process,

The Basic Rules are those that have passed for information on the pros and cons of MRI in the study of acquired pathology. The data obtained is based on X-ray assistance methods, the confidence that the data is superior. MRI scans do not show any artifacts other than respiratory movements. Buyers' MRI results are not a link to the type of physics, the presence of gases in the gastrointestinal tract, and very little is a link to the qualification of the operator. The time of MRI is short (from a few seconds to 8-10 minutes, applicable to various and techniques, depending on the strength of the magnetic field).

Currently, experts are actively using fast pulse sequences that reduce research time and give the opportunity to completely "neutralize" the elements of movement in the human body (breathing, heart contraction, and black aorta pulsation). Recently, signal control methods from oil sets are increasingly manual.

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