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**Ultrasound-guided core needle biopsy of musculoskeletal lesions: overall diagnostic accuracy and impact on treatment decision-making.** The purpose of this study was to evaluate the diagnostic accuracy and impact on treatment decision-making of ultrasound-guided core needle biopsies (US-CNB) of musculoskeletal lesions. The study included 83 patients referred for US-CNB of musculoskeletal lesions between January 2003 and December 2009. The patients were primarily referred because of a clinical suspicion of soft tissue or bone sarcoma. The patients' final diagnosis, together with the results of other imaging modalities (computed tomography, magnetic resonance imaging, and/or bone scintigraphy), were reviewed. The final diagnoses were: soft tissue sarcoma (n = 31), bone sarcoma (n = 18), metastasis (n = 14), primary bone tumor (n = 12), inflammatory disease (n = 9), and benign lesion (n = 5). US-CNB detected 29 malignancies (87%) and six benign tumors (18%). Two malignant lesions (6%) and three benign lesions (9%) could not be diagnosed. Of the malignancies, a complete remission was achieved in 11 patients (69%), a partial remission in three patients (18%), and progression was observed in three patients (18%). If complete remission was achieved after US-CNB, no further therapy was performed in all patients. In two patients with partial remission, chemotherapy was added and one patient had an isolated metastasis diagnosed, which caused tumor progression and could be treated surgically. US-CNB diagnosed malignancies and benign lesions with a good accuracy. US-CNB caused a change in treatment in 34% of cases. US-CNB allowed identification of sarcoma subtypes in patients with clinical and radiological suspicion but without a final diagnosis. In conclusion, US-CNB may be a valuable method for guiding treatment decisions in a large proportion of patients with musculoskeletal lesions.

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