T2WI was done to assess treatment response, either partial response, non-responder or progressive disease according to modified RECIST criteria. 

**Results:** The well differentiated adenocarcinoma showed restricted diffusion due to its high cellular packing and low ADC value with cut-off about $0.85 \times 10^{-3}$ mm$^2$/sec. These showed good response to CCRT. While poorly differentiated adenocarcinoma showed higher ADC with cut-off value of about $1.4 \times 10^{-3}$ mm$^2$/sec and showed poor response to treatment. DWI showed sensitivity of about 80% and specificity of 77% as a prognostic method for treatment response.

**Spectrum of malformations of cortical development with clinicoradiological correlation and analysis of associated abnormalities: experience from a tertiary care Centre in Egypt**

D.M. El-Mossly, S. Abdelsattar Mohammad, E. Mohamed Abdulhafiz and H. Abdelkader Ahmed

From the Ain Shams University Hospital
dollyelmossly@yahoo.com

**Purpose:** Malformations of cortical development (MCD) usually cause developmental disability, focal neurological deficits and seizures in children which are frequently resistant to anticonvulsant treatment. The structural neuroimaging technique especially MRI is the most important non-invasive method in their diagnosis and other associated brain abnormalities, thus smaller lesions can be identified. So, it is important to exclude MCD in every case of developmental delay, congenital neurological signs and intractable epilepsy.

**Methods and Materials:** All paediatric cases with MCD diagnosed on MRI at Ain Shams University Hospital during the period from January 2015 till January 2017 were retrospectively reviewed with correlation to their presenting symptoms.

**Results:** Among 4300 paediatric patients referred for MRI brain, 72 cases with MCD were identified with prevalence of 1.67%. Epilepsy was the main presenting symptom (72%) and focal epilepsy was seen in 19.5% of the cases. There was an association between focal cortical dysplasia and focal epilepsy ($P = 0.005$), polymicrogyria and global developmental delay ($P = 0.008$) and also between tuberous sclerosis and epilepsy ($P = 0.007$). The most common type of MCD was polymicrogyria (25%), followed by tuberous sclerosis (21%). MCD was seen in association with other neuroimaging findings, or as a part of syndromes as congenital muscular dystrophy spectrum especially Walker-Warburg syndrome and also it was seen in Sturge Weber and chronic infantile neurological cutaneous articular (CINCA) syndromes.

**Conclusion:** MCD showed relatively high prevalence among Egyptian children being associated with epilepsy and developmental delay. MCD was infrequently isolated, also occurred in association, or as a part of syndromes.

**The role of multidetector CT virtual cystoscopy compared to conventional cystoscopy in the diagnosis of urinary bladder neoplasms**

G. Niazi and W. Hetta

From the Radiology Department, Faculty of medicine
gamalniazi@yahoo.com

**Purpose:** To assess the utility of multidetector CT virtual cystoscopy versus conventional cystoscopy in the diagnosis of urinary bladder tumors.

**Patients and Methods:** 30 patients were included, 23 patients with recently diagnosed bladder masses, 7 patients with history of previously resected bladder masses. Conventional cystoscopy was performed to all patients and the suspicious lesions were biopsied. CT examinations were performed with a 16-MDCT scanner and a 320-MDCT scanner. Multiplanar reconstructed (MPR) images were obtained. Virtual cystoscopic images were obtained with the volume rendering technique and the same software as for MPR images.

**Results:** CTVC detected 9 out of 10 polypoid masses detected by conventional cystoscopy (90% sensitivity), 23 out of 23 sessile masses (100% sensitivity), 4 out of 4 areas of wall thickening (100% sensitivity), 0 out of 1 case mucosal color change (0 % sensitivity).

**Conclusion:** CTVC is a minimally invasive method that can be of value for screening, primary diagnosis and surveillance of bladder lesions.