

abnormal enhancement of the common bile duct, intrahepatic biliary ductal dilatation, and extrapancreatic findings in the kidneys, bile ducts, and peri-pancreatic tissues that will help in diagnosis and imaging findings on MDCT, including parenchymal changes in pancreas.

Conclusion: Characteristic pancreatic and extrapancreatic imaging features on CT will help the radiologist in the diagnosis of autoimmune pancreatitis, and it is important to know imaging features on cross-sectional imaging after steroid treatment that will help to assess appropriate response to therapy. For the diffuse form, it is imperative to consider lymphoma, plasmacytoma, pancreatic metastases, and diffuse infiltrative ductal adenocarcinoma in the differential diagnosis.

P-104 Radiological features of pathology in the appendix and right hemicolon: A pictorial review

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Aim: To exhibit the imaging of a range of common and rare, but vital, appendix and right sided colonic diseases with unique examples from our clinical practice. Appropriate imaging will avoid unnecessary intervention and can help to plan treatment.

Content: This presentation will display radiological signs of various conditions such as infection (acute appendicitis, epiploic appendagitis, caecal diverticulitis, intestinal tuberculosis), inflammation (crohn's and ulcerative colitis), tumours (carcinoid of appendix, carcinoma of appendix, mucocele of appendix, caecal lymphoma, adenocarcinoma of colon) and miscellaneous diseases (endometriosis involving the appendix, caecal volvulus, caecal bascule, typhlitis and post-transplant lymphoproliferative disease).

Relevance: Pathologies of the right hemicolon and appendix are common acute surgical or medical emergencies. A meticulous history and detailed clinical examination is essential in planning appropriate investigation. However, radiological input is immense in identifying the cause and guiding the clinician's response. In addition, we will reveal tip and tricks and some of the challenges in making a radiological diagnosis.

Outcomes: This will enable the radiologists and clinicians to more accurately recognise various pathologies of appendix and right hemicolon. It will improve understanding of the pathological processes involved and direct appropriate management strategies.

Discussion: There is a spectrum of appendix or right hemicolon related diseases ranging from those which are common to rare entities. Few of these conditions may represent as serious life threatening or malignant conditions. It is imperative that a radiologist be able to confidently distinguish between these conditions and play an important and effective role in the clinical management.

Clinical: Paediatrics

P-105 In the neck of time

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Objectives: To review both the common and more unusual neck lumps referred for imaging including discussion of pathologies and imaging modalities.

Background: Neck lumps in Paediatric patients are a common cause for referral to Radiology. The most common finding on imaging of these lumps are lymph nodes, enlarged or otherwise. A confident diagnosis and the exclusion of other, more sinister or unusual pathology is welcomed by clinicians and parents alike. Whilst most neck lumps are imaged by means of Ultrasound, the appropriate use of other modalities can be of further benefit.

Content: Discussion of various head and neck lump pathologies along with their imaging findings and examples. This will include cases of parotitis and its chronic appearance, ranulae, thyroglossal cysts and bony lesions. The use of appropriate modalities for different lesions will be covered together with the types of lesion to consider as differentials in varying age groups. The imaging appearance of normal versus abnormal cervical lymph nodes will also be reviewed.

Outcomes: Paediatric neck lumps are a common cause for referral to the imaging department. A clear understanding of anatomy, appearance and modality of choice are vital for a reliable diagnosis.

P-106 Imaging the submandibular gland and space in children - normal appearances and pathology

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Aim: To provide an understanding of normal imaging appearances, anatomy and specific pathological appearances of lesions in the paediatric submandibular gland and space.

Content: A quick review of the embryological, anatomical and imaging features that define the submandibular space (SMS) along with a systemic approach in localising and characterising paediatric SMS lesions using various imaging modalities, specifically ultrasound.

Relevance: There are a wide variety of lesions that may arise from the submandibular gland or from adjacent structures. Early encapsulation of the submandibular gland (SMG) makes it relatively impervious to pathology from surrounding structures. Determining whether a lesion is intra or extraglandular using specific landmarks and then categorising the lesions based on appearances (namely cystic, solid, complex or vascular with further subcategories).

Outcomes: SMS lesions can be localized by checking for displacement of the anterior facial vein (AFV) which serves as a useful landmark in determining whether the lesion is extra or intraglandular. Further categorisation into subgroups of congenital, infectious/inflammatory, vascular, post traumatic and tumours based on history, location and imaging appearances enable better diagnosis therefore enabling appropriate and timely management with avoidance of further unnecessary investigations.

Discussion: There is a wide spectrum of submandibular space pathology that can affect the paediatric patient. Differentiating between intra or extraglandular lesions, knowledge of the most common differentials and appearances of different pathologies using current imaging aid in the correct diagnosis of these lesions.

Clinical: Multisystem disorders

P-107 Extra-medullary haematopoiesis: A pictorial review of its typical and atypical locations in our practice

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Introduction: Extramedullary hematopoiesis (EMH) is the formation of mature red blood cells outside of the skeletal system as a compensatory mechanism in patients with myelofibrosis and in hemoglobinopathies (especially thalassemia and sickle cell disease). As a result various extramedullary sites take on the role of blood formation.

Presentation/imaging findings: Extramedullary hemopoiesis favors certain sites such as the liver, the spleen, and the paraspinal regions of the thorax. However, in addition to these common sites of extramedullary hemopoiesis, the process can involve virtually any organ or tissue (usual locations eg. liver, spleen, lymph nodes, paravertebral regions and unusual locations such as intra-spinal canal, pre-sacral region, nasopharynx and paranasal sinuses). It can often manifest as a mass mimicking a neoplasm and then it can be symptomatic and may cause significant symptoms to the patients. The various imaging appearances of EMH will be presented and discussed to help guide the interpreting radiologist.

Educational and teaching points: In addition to common manifestations of EMH, unusual examples such as focal liver and splenic lesions, renal parapelvic soft-tissue masses, musculoskeletal masses, testicular lump etc are identified. EMH in unusual locations need to be monitored with follow-up imaging. Imaging characteristics included the presence of gross fat. Follow-up imaging studies demonstrated the evolution of soft-tissue masses into fatty masses.

Conclusion: Familiarity with the possible manifestations of EH will aid radiologists in the interpretation of imaging studies in patients with chronic anemia. In some cases, unnecessary additional tests or interventions may be avoided.

P-108 Manifestations of extra pulmonary lymphoma: A pictorial review

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