



^Remarks: Use angiography for subsequent treatment after the non-invasive diagnosis and mapping

REMARKS

1 Plain radiograph

- 1.1 Regional radiograph should be the initial imaging examination in evaluating soft tissue tumour, especially deep and nonpalpable one.
- 1.2 Radiograph helps to identify any underlying skeletal deformity (e.g. callus), exostosis (which simulates a soft tissue mass), coexisting osseous involvement (remodeling, periosteal reaction or overt destruction) and soft tissue calcification (e.g. phlebolith in haemangioma).
- 1.3 Low kV technique is preferred to enhance radiographic density of differences between soft tissue such as fat and muscle.

2 US

- 2.1 US is useful for superficial mass.
- 2.2 It can differentiate a localized mass from diffuse edema and solid from cystic lesion.
- 2.3 The role of US is to confirm the presence of a suspected lesion, identify its size, determine its internal characteristics, and guide percutaneous biopsy.

3 CT

- 3.1 CT is complementary to MRI in detecting soft tissue calcification or ossification and subtle bony abnormality.
- 3.2 Zonal pattern of mineralization of early myositis ossificans can be seen on CT allowing early diagnosis.

4 MRI

- 4.1 MRI is the examination of choice in imaging soft tissue lesion.
- 4.2 It is also useful in post-treatment follow-up.
- 4.3 It can be difficult to differentiate benignancy from malignancy with imaging alone.

5 PET

- 5.1 PET is useful for staging and monitoring treatment response of the tumour.
- 5.2 It identifies nodal and osseous metastatic disease.
- 5.3 It may direct biopsy of those metabolically active areas in the tumour.

REFERENCES

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