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and had tried all the other treatments with no good response. No complication was seen in our treatments. 15 to 20 minutes time is needed for each examination or treatment.

Conclusion: Despite known MS cases and relative drug therapies for patients it is not possible to treat trigeminal paint except using interventional therapy and CT-guidance is exactive and easy. There was no complication except irritation in the middle ear because of Eustachian tube compression by injected volume of drugs.

• 1033

CT of the Stomach

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CT of the stomach could be performed with different CT modalities and also four-detector CT scan. Stomach CT should be used adjunct to barium studies and endoscopy. Stomach CT would be used for different porposes; primary pathologic conditions, extention of the disease and staging. Pathologies studied by CT include lymphom, leiomyoma, Menetrier's disease, Helicobacter pylori Gastritis and esosinophlic Ulrices varices. The stomach is involved by a spectrum of patholgic processes ranging from inflammation, infection, benign and malignant diseases. CT is aquired to better demonstrate a pathologic process seen or to follow a known lesion. Differential diagnosis is given and various criteria are discussed. Distention of the stomach by water or 3 percent of contrast as used in abdominal and pelvic CT scan is the technique of gastric CT. The amount of the contrast would be 1000 cc of the contrast given in 15-30 min. The last 250 cc is given immediately before the patient is placed in the gantry. You can also use an effervescent given as 4-5 gm in 3-4 ml of water immediately before scanning. pitfalls. If the stomach is not distended well, the gastric wall appears thickened. So a second dose of oral contrast should be given. The normal thickness of the wall of the stomach is 7-10 mm. The IV contrast 100-110 cc 2-3 mil/sec.

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Data Mining for Knowledge Discovery from Imaging Reports

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As medical practice has become increasingly dependent upon imaging for clinical diagnosis, surveillance, and treatment; the storing and retrieving imaging cases are an important activity for education and clinical research. There is an urgent need for development of a new generation of computational tools to assist the radiologist in the extraction of useful data from the rapidly expanding volumes of digital data in medicine (which is textual, numerical and graphical). The development of this database technology will expand our ability to record, track and analyze reported data, along with the potential to create data-driven and automated decision support technologies at the point of care. For the radiologist community, this could improve the report content through an objective and thorough understanding of uncertainty, identifying its causative factors, and providing data-driven analysis for enhanced diagnosis and clinical outcomes. The concept of identifying useful patterns within large datasets has been referred to as data mining, which has been largely restricted to statistical analysis. Data mining tools for imaging reports will improve the productivity of academic radiologists in clinical, educational, research and administrative tasks. For example, data mining used to analyze report uncertainty can also be applied to analyze other components within the imaging report including pathologic findings, descriptive data (such as size, morphology and focality), follow-up recommendations, temporal change and differential diagnosis. In this research, our goals were to describe a tool to allow radiologists to directly and efficiently mine data from years of imaging reports while protecting patient privacy and to explore how such a tool may be used in an academic radiology department.

Keywords: Data Mining, Knowledge Discovery, Imaging Reports

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Determination of the Cerebellar Tonsilar Position