value of 90.2% for intra-operative detection of diaphragmatic disease

Conclusion* Whilst it is accepted that CT is a poor predictor of diaphragmatic disease, we suggest our figures may be additionally compounded by a local radiological focus on identification of surgical stopping-points in the context of a unit with a well-established ultra-radical service and experience of diaphragmatic surgery. Gynaecological-oncologists should, however, remain mindful of the limitations of CT and hence approach all relevant cases with the anticipation of encountering diaphragmatic disease.

Abstract 543 Figure 1

Abstract 543 Figure 2