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Title: Clinical features of salivary gland pleomorphic adenoma and clinical value of multi-slice spiral computed tomography for its diagnosis

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关键词: [涎腺多形性腺瘤](#); [临床特点](#); [体层摄影术](#); [X线计算机](#)

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摘要: 目的 探讨涎腺多形性腺瘤的MSCT表现特征对提高其术前诊断准确率的价值。
方法 回顾性分析本院2011年1月至2012年8月经手术病理证实的47例涎腺多形性腺瘤患者的临床表现、手术情况及MSCT影像特征。 结果 47例多形性腺瘤患者中, 89.4% (42/47) 为单发, 10.6% (5/47) 为单侧多发; 59.6% (28/47) 位于腮腺, 17.0% (8/47) 位于颌下腺, 14.9% (7/47) 位于腭部小涎腺, 8.5% (4/47) 位于颊部小涎腺; 术中见27.7% (13/47) 病灶与周围结构有粘连, 10.6% (5/47) 包膜不完整, 19.1% (9/47) 表面扪及结节。MSCT上涎腺混合瘤多表现为边界清楚、密度均匀的圆形或类圆形肿块或结节, 14.9% (7/47) 病例发生囊变, 其中6例位于腮腺, 以术后复发及多发者最常见, 颌下腺及腭部病灶均未见囊变者, 增强后95.7% (45/47) 表现为延迟强化 (延迟180 s)。其中4例发生于硬腭者, 由于其解剖结构的特殊, 利用三维重组技术行MPR及VR图像后处理, 不仅可提高病灶的检出, 还可清晰显示病灶的部位、形态、大小及邻近骨质的改变。 结论 涎腺多形性腺瘤的MSCT表现具有特征性, 发生于硬腭者病灶多较小, 应常规应用三维重组技术显示病灶及邻近骨质的改变, 提高术前诊断率。

Abstract: Objective To investigate the clinical features of salivary gland pleomorphic adenoma and its manifestation of multi-slice spiral computed tomography (MSCT) to promote its diagnostic accuracy for surgery. Methods Clinical data and MSCT images of 47 cases with pathology-confirmed salivary gland pleomorphic adenoma undergoing surgery in our hospital from January 2011 to August 2012

导航/NAVIGATE
本期目录/Table of Contents
下一篇/Next Article
上一篇/Previous Article
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Results In these 47 cases, 89.4% (42/47) were solitary lesion, and 10% (5/47) were multiple lesions in one side; 59.6% (28/47) were located in the parotid gland, 17.0% (8/47) in the submandibular gland, 14.9% (7/47) in the pars palatalis and 8.5% (4/47) in the bucca. During the surgery, 27.7% (13/47) lesions were found to be adhered to the peripheral structure, 10.6% (5/47) lesions had incomplete envelope, and 19.1% (9/47) lesions had nodules on the surfaces. On MSCT images, most gland pleomorphic adenomas were well-defined and iso-density masses, in a round or round-like shape. There were 14.9% (7/47) cases with cystic degeneration, commonly in the postoperative recurrent or multiple cases, and 6 from them was located in the parotid gland. No cystic degeneration was found in the parotid gland and submandibular gland. There were 95.7% (45/47) cases showing delayed reinforcement (delayed 180 s). For the 4 cases in the hard palate, because of its unique anatomical structure, three-dimensional reconstruction techniques, volume render (VR) and multiplanar reconstruction (MPR), were used to not only enhance the detection rate but also manifest the location, shape, size and change of the adjacent regions clearly.

Conclusion MSCT manifestation of salivary gland pleomorphic adenoma is of specificity. For the lesion located in the hard palate, it is usually very small. Three-dimensional reconstruction techniques should be carried out routinely combined with clinical data to improve preoperative diagnostic ratio.

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