中南大学学报(医学版) 2013, 38(11) 1160-1166 DOI: 10.3969/j.issn.1672-7347.2013.11.013 ISSN: 1672-7347 CN: 43-1427/R

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论著

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肺部3T MRI对肺泡蛋白沉积症的初步评价并与CT比较

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摘要: 目的: 探讨在高场3T MRI上沉积于肺泡内的含有磷脂蛋白样物质的沉积物有无信号特点及其在肺泡蛋白沉积症诊断中的应用价值。方法: 11例肺泡蛋白沉积症患者经纤维支气管镜肺活检病理确诊,先行肺部64层CT检查影像作为标准,再行3T MRI检查并与CT对照。结果: 沉积在肺泡的含有蛋白样物质的沉积物呈稍长或等T1、和长T2信号,无特殊信号特点,无强化。T2WI显示病变的分布、形态、数目、大小与CT一致。动态增强病灶内可见与肺动脉、肺静脉强化一致的增粗肺小动脉、肺小静脉,以肺小静脉增粗明显。结论: 3T MRI T2WI容易发现沉积于肺泡内的含有蛋白样物质的沉积物,与CT一样能反映肺泡蛋白沉积症的形态学特征,但不能显示含有蛋白样物质的沉积物的信号特征,高场3T MRI可作为肺部疾病的补充检查方法。

关键词: 肺泡蛋白沉积症 肺 磁共振成像 CT

Lung MRI at 3T: comparison of CT and MRI in initial evaluation of pulmonary alveolar proteinosis

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Abstract: Objective: To explore whether the phospholipidoproteinaceous material deposit with alveoli by a high-field 3T MRI has signal characters and its application for diagnosing pulmonary proteinosis. Methods: A total of 11 patients with pulmonary alveolar proteinosis previously diag fiberoptic bronchoscope lung biopsy underwent 64-slice helical CT scans and 3T MRI scans, and scans and the MRI scans were compared. Results: The phospholipidoproteinaceous material dep within the alveoli presented longer or equal T1 relaxation time and longer T2 relaxation time, with characters of fatty or deposits of protein-like substance signals and enhancement. The distribution number and size of the lesions at T2WI were almost the same as those at CT, the lesions were i in morphology, and there was a clear boundary between the lesions and the adjacent normal lur tissues. Dynamic contrast-enhanced MRI showed thickened pulmonary arteriolae and venulae in lesions with more obviously thickened pulmonary venulae, which were in conformity with the pul artery and venule enhancement. CT scan in 1 out of the 11 cases showed lesions in both lungs r consisted of stripe-shaped and reticular structures, and no obvious sign of pulmonary alveolar proteinosis residue was found. MRI scan detected alveolar proteinosis that failed to be shown by scan. Conclusion: 3T MRI T2WI can easily detect the lesions of long T2 signals formed by the lipoproteinaceous material deposit within the alveoli. In the lesions, geographic appearance was presented, and the crazy paving pattern was dimly visualized. MRI can reflect the morphological characters of PAP like CT and it is slightly better compared with CT in such aspects as evaluating theraputic effect of lung lavage. As supplement to CT, high-field 3T MRI can serve as an importa examination for lung diseases.

Keywords: pulmonary alveolar proteinosis lung magnetic resonance imaging computed tomography

收稿日期 2013-05-28 修回日期 网络版发布日期

DOI: 10.3969/j.issn.1672-7347.2013.11.013

基金项目:

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参考文献:

1. Rosen SH, Castleman B, Liebow AA. Pulmonar y alveolarp roteinosis [J] . N Engl J Med, 1958, 258 (23): 1123-1142.

2. Murch CR, Carr DH. Computed tomography appearances ofp ulmonary alveolar proteinosis [J]. Clin Radiol, 1989, 40(3): 240-243.

3. Frazier AA, Franks TJ, Cooke EO, et al. From the archives of the AFIP:p ulmonary alveolar proteinosis [J] . Radiographics, 2008, 28(3): 883-899.

4. Ishii H, Trapnell BC, Tazawa R, et al. Comparative study of highresolutionC T findings between autoimmune and secondaryp ulmonary alveolar proteinosis [J]. Chest, 2009, 136(5): 1348-1355.
5. Choi HK, Park CM, Goo JM, et al. Pulmonary alveolar proteinosisv ersus exogenous lipoid pneumonia

showing crazy-paving pattern:C omparison of their clinical features and high-resolution CTf indings [J] . Acta Radiol, 2010, 51(4): 407-412.

6. Brenner DJ, Hall EJ. Computed tomography-an increasing source of radiation exposure [J]. N Engl J Med, 2007, 357(22): 2277-2284.

7. Einstein AJ, Henzlova MJ, Rajagopalan S. Estimating risk of cancera ssociated with radiation exposure from 64-slice computed tomographyc oronary angiography [J]. JAMA, 2007, 298(3): 317-323.

8. Serra G, Milito C, Mitrevski M, et al. Lung MRI as a possible alternativet o CT scan for patients with primary immunedeficiencies and increasedr adiosensitivity [J]. Chest, 2011, 140(6): 1581-1589.

9. Eibel R, Herzog P, Dietrich O, et al. Pulmonary abnormalities ini mmunocompromised patients: comparative detection with parallela cquisition MR imaging and thin-section helical CT [J]. Radiology,2006, 241(3): 880-891.

10. Eichinger M, Heussel CP, Kauczor HU, et al. Computed tomographya nd magnetic resonance imaging in cystic fibrosis lung disease [J]. JM agn Reson Imaging, 2010, 32(6): 1370-1378.

11. Biederer J, Hintze C, Fabel M, et al. Magnetic resonance imaging andc omputed tomography of respiratory mechanics [J]. J Magn ResonI maging, 2010, 32(6): 1388-1397.

12. Henzler T, Dietrich O, Krissak R, et al. Half-fourier-acquisition singleshott urbo spin-echo (HASTE) MRI of the lung at 3 Tesla usingp arallel imaging with 32-receiver channel technology [J]. J Magn Resonl maging, 2009, 30(3): 541-546.

13. Frericks BB, Meyer BC, Martus P, et al. MRI of the thorax duringw hole-body MRI: evaluation of different MR sequences and comparison to thoracic multidetector computed tomography (MDCT) [J] . J Magn Reson Imaging, 2008, 27(3): 538-545.

14. Gaeta M, Blandino A, Scribano E, et al. Chronic infiltrative lungd iseases: value of gadolinium-enhanced MRI in the evaluation ofd isease activity-early report [J]. Chest, 2000, 117(4): 1173-1178.
15. Bergin CJ, Noll DC, Pauly JM, et al. MR imaging of lung parenchyma: as olution to susceptibility [J]. Radiology, 1992, 183(3): 673-676.

16. Lutterbey G, Gieseke J, Falkenhausen MV, et al. Lung MRI at 30 T: ac omparison of helical CT and high-field MRI in the detection of diffusel ung disease [J]. Eur Radiol, 2005, 15(2): 324-328.

17. Biederer J, Hintze C, Fabel M. MRI of pulmonary nodules: techniquea nd diagnostic value [J]. Cancer Imaging, 2008, 19(8): 125-130.

18. Lutterbey G, Grohe C, Gieseke J, et al. Initial experience with lung-M RI at 30T: comparison with CT and clinical data in the evaluation of interstitial lung disease activity [J]. Eur J Radiol, 2007, 61(2): 256-261.

Montella S, Maglione M, Bruzzese D, et al. Magnetic resonance imagingi s an accurate and reliable method to evaluate non-cystic fibrosisp aediatric lung disease [J]. Respirology, 2012, 17(1): 87-91.
 Johkoh T, Itoh H, Müller NL, et al. Crazy-paving appearance at thinsectionC T: spectrum of disease

and pathologic findings [J]. Radiology, 1999, 211(1): 155-160.

21. Rossi SE, Erasmus JJ, Volpacchio M, et al. "Crazy-paving" patterna t thin-section CT of the lungs: radiologic-pathologic overview [J]. R adiographics, 2003, 23(6): 1509-1519.

22. Lee CH. The crazy-paving sign [J] . Radiology, 2007, 243(3): 905-906.

23. Meng ZL, Liu HR, Liang ZY, et al. Pathologic features and diagnosis ofp ulmonary alveolar proteinosis [J]. Chin J Pathol, 2005, 34(9): 575-578.

24. Nael K, Fenchel M, Krishnam M, et al. 3.0 Tesla high spatial resolutionc ontrast-enhanced magnetic resonance angiography (CE-MRA) of thep ulmonary circulation: initial experience with a 32-channel phaseda rray coil using a high relaxivity contrast agent [J]. Invest Radiol, 2007,42(6): 392-398. 25. Moore EH, Webb WR, Muller N, et al. MRI of pulmonary airspaced isease: experimental model and

preliminary clinical results [J]. AJRA m J Roentgenol, 1986, 146(6): 1123-1128.

26. Biederer J, Mirsadraee S, Beer M, et al. MRI of the lung-currenta pplications and future perspectives [J] . Insights Imaging, 2012, 3(4):373-386.

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1. 王渊1, 张明1, 刘海2, 章士正2, 鱼博浪1.不同强度电刺激诱发丘脑激活的功能磁共振成像[J]. 中南大学学报(医学版), 2008,33(01): 26-30

2. 刘进康1, 王小宜1, 熊曾1, 周晖1, 周建华2, 傅春燕2, 李波2.非小细胞肺癌微血管构筑二维表型构建方法初探 [J]. 中南大学学报(医学版), 2008,33(08): 712-717 3. 赵田秀; 蔡颖; 陈平; .原发性肺透明细胞癌1例报告[J].中南大学学报(医学版), 2001,26(5): 433-4. 彭再梅; 郑东元; 陈平; 周淮英; .纤维支气管镜肺活检对周围及弥漫性肺病的诊断价值[J] 中南大学学报 (医学版), 2001,26(5): 440-5. 谭长连; 李德泰; 沈树斌; 彭德红; 刘军; 螺旋CT血管造影在颅内血管疾病的临床应用[J] 中南大学学报 (医学版), 2001,26(5): 460-6. 童石铭; 刘辉; 肖立志; 黄庭; 周锐; 螺旋CT扫描支气管成像的临床应用[J]. 中南大学学报(医学版), 2001,26(5): 489-7. 李建明; 周新民; .心脏穿透伤后亚低温综合措施脑复苏1例[J]. 中南大学学报(医学版), 2001,26(5): 492-8. 杨红忠; 胡成平; 苏晓丽; 唐发清; 非小细胞肺癌端粒酶活性的相对定量检测[J]. 中南大学学报(医学版), 2001,26(6): 549-9. 黄灿成; 陈平; . 左股静脉深部血栓形成及双侧肺动脉栓塞并呼吸衰竭1例[J]. 中南大学学报(医学版), 2002,27(1): 22-10. 杨扬; 陈胜喜; 张卫星; 缺血预处理对人在体肺组织细胞凋亡及调控基因蛋白bcl-2表达的影响[J]. 中南大 学学报(医学版), 2002,27(1): 43-11. 詹瑞森: 张朝跃: 臧小芳: 三维CT重建在骨关节损伤及椎管狭窄诊断与治疗中的应用[J]. 中南大学学报 (医学版), 2002,27(1): 55-12. 郑智远; 罗百灵; 陈琼; 潘频华; 贺铁生; 慢性肺心病下呼吸道细菌感染菌种变迁及药敏分析[J]. 中南 大学学报(医学版), 2002,27(1): 61-13. 管茶香; 周伏文; 罗自强; 秦晓群; 张长青; 孙秀泓; .血管活性肠肽对肺组织CTP:磷酸胆碱二胞苷酰 转移酶活性的影响[J]. 中南大学学报(医学版), 2002,27(2): 99-14. 吴忠仕; Susan M.HALL; Sheila G.HAWORTH; 胡冬煦; 新生乳猪缺氧性肺动脉高压的肺血管重构[J]. 中南大学学报(医学版), 2002,27(2): 114-15. 陈胜喜; 王为; 黄凌瑾; 蒋海河; 张位星; 卡托普利对风湿性心脏病换瓣手术病人肺缺血-再灌损伤的延 迟期保护作用[J]. 中南大学学报(医学版), 2002, 27(5): 451-

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