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MR相位对比电影成像评价内镜导水管成形术治疗梗阻性脑积水的疗效

Cine phase-contrast magnetic resonance imaging in evaluating the effect of endoscopic aqueductoplasty for the treatment of obstructive hydrocephalus caused by aqueductal stenosis

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中文摘要:

目的 利用MR相位对比电影成像评价内镜导水管成形术治疗导水管狭窄所致梗阻性脑积水的疗效。方法 对12例原发性单纯导水管狭窄患儿内镜导水管成形术前及术后行常规头颅MR扫描及MR相位对比电影成像,利用流动分析软件对导水管脑脊液流动进行定性评估及定量测量。结果 12例患儿术前均可见导水管狭窄,2例术前导水管可见少量脑脊液通过,10例术前导水管无脑脊液通过。11例术后导水管可见脑脊液搏动性流动,其峰值流速及峰值流量较术前明显增大,1例术后导水管狭窄未解除,导水管仍无脑脊液通过。结论 MR相位对比电影成像显示内镜导水管成形术是治疗导水管狭窄尤其是膜性或短节段狭窄所致梗阻性脑积水的有效方法。

英文摘要:

Objective To evaluate the effect of endoscopic aqueductoplasty in the treatment of obstructive hydrocephalus caused by aqueductal stenosis with cine phase-contrast MR imaging. **Methods** Twelve patients with obstructive hydrocephalus caused by aqueductal stenosis underwent brain routine MR and cine phase-contrast MR imaging pre- and post-operation with a Philips Gyroscan 1.5T MR scanner. Qualitative evaluation and quantitative measurement of cerebrospinal fluid (CSF) flow through the aqueduct was performed with analytic software for flow. The maximal velocity and maximal flow of CSF flow through the aqueduct pre- and post-operation were measured. **Results** Brain routine MR showed aqueductal stenosis in all patients. Cine phase-contrast MR imaging showed faint flow through the aqueduct in 2 patients, and no flow in other 10 patients. In 11 patients, the form of aqueduct became normal and pulsatile CSF flow through the aqueduct was visible post operation, the maximal velocity and maximal flow of CSF flow through the aqueduct increased obviously compared with those preoperative, while in the other patient, the aqueduct kept stenotic post operation, and no CSF flow through the aqueduct. **Conclusion** Cine phase-contrast MR imaging shows that endoscopic aqueductoplasty is an effective and successful treatment for aqueductal stenosis especially membranous and short-segment stenosis.

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