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64层螺旋CT延迟扫描对心肌存活性的诊断价值:与^{18}F-FDG PET显像对比研究

Delayed-enhancement in assessment of myocardial viability with 64-slice computed tomography: compared with ^{18}F-FDG PET imaging

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中文关键词: 心肌活力 体层摄影术,发射型计算机 体层摄影术,X线计算机

英文关键词:Myocardial viability Tomography, emission computed Tomography, X-ray computed

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中文摘要:

目的 以^{18}F-FDG PET心肌代谢显像为标准,评价64层螺旋CT心脏延迟增强扫描对心肌存活性的诊断价值。方法 20例急性心肌梗死患者,初次心肌梗死发作2周内接受64层螺旋CT及PET检查。按照美国心脏学会推荐的方法将左心室心肌分为17节段。逐个节段进行对比并用配对McNemar检验及诊断试验一致性检验进行统计分析,了解两种方法的一致性。结果 左心室心肌的17个节段中,5段心肌两种方法检测结果完全一致。10段心肌一致性好(Kappa值＞0.75),2段检测结果显示两种方法一致性较好(0.40≤Kappa值≤0.75)。结论 64层螺旋CT心脏延迟增强扫描与PET评估心肌存活性具有很好的一致性,是一种有临床应用前景的评估存活心肌的新方法。

英文摘要:

Objective To assess the diagnostic value of myocardial viability by delayed-enhancement 64-slice CT compared with ^{18}F-FDG PET imaging in patients with acute myocardial infarction. **Methods** Twenty patients with first acute myocardial infarction outbreak underwent delayed enhancement multi-slice computed tomography (DE-MSCT) and ^{18}F-FDG PET image within two weeks. The 17 segments of the left ventricle depicted by the American Heart Association were graded: no, subendocardial, or transmural hyperenhancement on DE-MSCT. No or subendocardial hyperenhancement were expected to reflect viability. In order to determine the agreement of two methods, data of 17 myocardial segments were analyzed respectively by McNemar test and Kappa test. **Results** All patients were in sinus rhythm. Myocardial infarction was anterior (n=8), anteroseptal (n=3), inferior (n=9). Analysis of assessment of myocardial viability revealed best agreement among 5 myocardial segments (Kappa＝1), better agreement among 10 myocardial segments (Kappa＞0.75) and good agreement between 2 myocardial segments (0.40≤Kappa≤0.75). **Conclusion** There is high agreement between DE-MSCT and ^{18}F-FDG PET imaging in the diagnosis of acute myocardial infarction. DE-MSCT is a promising method for assessment of myocardial viability.

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