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弥漫性腱鞘巨细胞瘤的影像学诊断

Imaging diagnosis of diffuse-type tenosynovial giant cell tumor

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中文摘要：

目的 分析弥漫性腱鞘巨细胞瘤(D-TGCT)的影像学表现。 方法 搜集经病理证实的42例D-TGCT患者的影像学检查资料,包括X线平片17例、多层螺旋CT检查13例和MR检查35例。 结果 病变位于膝关节26例,髋关节9例,踝关节4例,肘关节、手部和足部各1例。6例X线平片仅见弥漫性软组织肿胀,11例X线平片检查和13例CT检查可见关节边缘骨质破坏,周围见薄层硬化边,破坏区周围见多发软组织肿块影;3例CT检查可见关节囊内积液;2例CT增强扫描病灶呈不均匀轻到中度强化。35例MRI表现分为三个类型:Ⅰ型病变以实性成分为主,未见或仅见少量积液或囊变;Ⅱ型病变实性成分与囊性成分并存,两者比例差别不大;Ⅲ型病变以囊性成分为主,滑膜弥漫性轻度增厚或局部结节状增厚。30例病灶显示特征性的含铁血黄素低信号。12例MR增强扫描显示病变实性部分均呈中度或重度强化。MR增强扫描尤其是压脂序列显示病变范围优于平扫。 结论 MRI对于发现特异性含铁血黄素信号和确定病变范围具有独特优势。认识不同类型MRI表现有助于提高诊断准确率。

英文摘要：

Objective To observe imaging characteristics of diffuse-type tenosynovial giant cell tumor (D-TGCT). **Methods** Forty-two patients with D-TGCT confirmed by pathology were collected, and imaging data, including X-ray films of 17 cases, multi-slice spiral CT of 13 and MRI of 35 cases were retrospectively reviewed. **Results** Lesions located on knee (*n*=26), hip (*n*=9), ankle (*n*=4), elbow (*n*=1), hand (*n*=1) and foot (*n*=1). Nodular masses without bony erosion of 6 cases were found in X-ray films. Marginal bony erosion with thin sclerosis and nodular masses with different sizes were showed in 11 patients on X-ray film and 13 patients on CT. Joint effusion was found on CT films of 3 patients. Post-contrast CT of 2 lesions displayed mild to moderate enhancement. MR findings of 35 lesions were classified into three types. Type Ⅰ composed mainly by parenchyma, with or without a little joint effusion or cyst. Type Ⅱ was composed of parenchyma almost as much as and joint effusion or cyst, whereas type Ⅲ mainly by cyst without or with a little parenchyma. Post-contrast CT of 12 cases displayed moderate to heavy enhancement.Specific hemosiderin deposition was found in 30 cases. Post-contrast MR images were superior to per-contrast images in determining the scope of lesions, especially with fat-saturation. **Conclusion** Most of D-TGCT can be diagnosed by X-ray plain films and CT. MRI is useful in determining hemosiderin deposition and the scope of lesions.

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