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王永安,赵双全,王秀河,刘灶松,罗良平·异基因造血干细胞移植后侵袭性真菌肺部感染的CT表现[J].中国医学影像技术,2009,25(5):768~770

## 异基因造血干细胞移植后侵袭性真菌肺部感染的CT表现

### CT manifestation of invasive fungal pulmonary infections after allogeneic hematopoietic stem cell transplantation

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中文摘要:

目的 分析异基因造血干细胞移植后肺部侵袭性真菌感染的CT表现及治疗过程中的影像学变化特点。方法 回顾性分析36例各种血液病患者接受异基因造血干细胞移植治疗后罹患侵袭性真菌肺部感染且生存期超过3个月者中发现胸部异常的多次CT影像资料。结果 首诊胸部CT主要征象:晕征,小叶中心结节,斑片状实变,磨玻璃样阴影,胸膜下楔形实变,空洞,肿块以及支气管气像。CT表现类型:以肺叶或肺段炎性实变或胸膜下楔形实变为主8例,以结节、肿块伴或不伴小空洞21例,弥漫性小叶中心结节为主或并少量结节、肿块3例,双肺磨玻璃样阴影4例。抗真菌治疗过程中多次CT复查:小结节、段或叶实变性炎症在2周~3个月均不同程度吸收,大结节、肿块多数出现空洞,其中12例共27个结节或肿块变为空洞,7例14个空洞出现毛刺,空洞与肺气囊并存3例,5例缩小的楔形实变与胸膜增厚融合,支气管扩张与炎性实变并存2例,1例为多发肺气囊,2例纵隔气肿,2例液气胸,2例5个结节复查时结节中心钙化。结论 异基因造血干细胞移植后真菌性肺部病变CT表现以散在多发结节、肿块、胸膜下实变常见。治疗后动态CT检查结节或肿块吸收慢且病灶易出现空洞,胸膜下病变出现胸膜粘连、气胸、脓胸,预后不良。

英文摘要:

Objective To analyze the lung's CT findings and changes in process of patients treated with heterogenic haemopoietic stem cell transplantation. Methods Abnormalities on sequencely CT imageries of 36 patients received heterogenic haemopoietic stem cell transplantation were analyzed retrospectively. Results The main findings of chest CT included halo-sign, pulmonary centrilobular nodules, patchy consolidation, ground glass opacity alteration,wedge shape consolidation below pleura, cavity, mass and air bronchogram. The main CT appearances were inflammatory infiltration consolidation of lobes or segments of lung and wedge shape consolidation in 8 patients, nodules/masses accompanying or not accompanying small cavity in 21 patients, diffuse centrilobular nodules or accompanying little nodules/masses in 3 patients and pulmone ground glass opacity alteration in 4 patients. Repeated CT imaging in process of antifungus treatments included small nodules, segmental or lobal consolidated inflammations absorbed in different degree in 2 weeks to 3 months, majority of big nodules/masses with cavities, among them there were 27 lesions in 12 cases forming cavities, 14 cavities in 7 cases with barb, cavities and aerocyst concomitance in 3 cases, decreased wedge shape consolidation confluence with thickened pleura in 5 cases, present bronchodilation concomitance with inflammatory consolidation in 2 cases, with multiple lung aerocyst in 1 case, with mediastinal emphysema in 2 cases and centra-calcifications of 5 lesions in 2 cases. Conclusion Sporadic multipal nodules/masses and consolidations below pleura are the common CT appearances in fungal lung lesions after allogeneic hematopoietic stem cell transplantation. The nodules/masses that be absorbed slowly and easily appear cavities, the lesions below pleura with pleural adhesions, lung aerocyst, bronchodilation, calcifications and pneumothorax usually hint unfavourable prognosis.

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