

论著

免疫学抗体检测结合影像学检查诊断脑囊尾蚴病的研究

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收稿日期 修回日期 网络版发布日期 接受日期

摘要

目的提出脑囊尾蚴病免疫学抗体检测阳性新的诊断标准,以减少漏诊、误诊。方法对资料完整的1160例脑囊尾蚴病住院病例血清抗体检测结果,结合其CT(1160例)、磁共振(MRI)(538例)影像学表现综合分析。按囊尾蚴寄生部位将其分为脑实质型(1087例占93.7%)、脑室型(42例占3.6%)、脑膜型(22例占1.9%)、混合型(9例占0.8%)等4型。脑实质型根据CT或MRI显示囊尾蚴数又分为轻(1~2个)、中(3~9个)、重度感染(10个以上)等3个亚型。轻度脑实质型(552例,占50.8%)中表现为脑脓肿型441例(40.6%),中度脑实质型433例(39.8%),重度脑实质型102例(9.4%)。所有病例均进行血清抗体检测(IHA,ELISA)。结果IHA检测血清抗体最高凝集效价1:8及以上635例(54.7%),1:8以下525例。ELISA检测阳性700例(60.3%),弱阳性460例(39.7%)。CT或MRI显示轻度脑实质型的552例中,IHA效价1:8以下523例(94.7%),1:8及以上29例(5.3%)。ELISA检测,阳性94例(17%),弱阳性458例(83%)。中度脑实质型433例及重度脑实质型102例,IHA效价均在1:8以上,ELISA检测均为阳性或强阳性。结论血清免疫学检测囊尾蚴抗体效价高低与影像学显示囊尾蚴数量多少呈正相关关系。根据目前使用标准,上述轻度脑实质型的523例(IHA效价1:8以下,占94.7%)以及ELISA检测弱

关键词 [脑囊尾蚴病](#) [抗体检测](#) [诊断标准](#) [影像学](#)

分类号

Study on Diagnosis of Cerebral Cysticercosis by Antibody Detection and Imaging Techniques

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Abstract

Objective To establish new criteria of antibody detection for the diagnosis of cerebral cysticercosis in combining with imaging examinations for reducing the missed and neglected diagnosis of the disease. Methods 1160 cases with adequate clinical data were collected for the study, among them all cases received antibody detection and computerized tomography CT, 538 cases were examined by magnetic resonance imaging(MRI). Following the locations that cysticerci parasitized, the cases were grouped in four types of cerebral cysticercosis: 1 087 cases in brain parenchyma (93. 7%), 42 cases in brain ventricles (3. 6%), 22 cases in brain meninges (1. 9%), and 9 mixed cases (0. 8%). According to the number of cysticerci showed by imaging analysis, cases involving parenchyma were further divided as subgroups of slight, moderate, and heavy infection with 1-2, 3-9 and over 10 parasites, with 552 cases(50. 8%), 443 cases (39. 8%) and 102 cases (9. 4%) respectively. IHA and ELISA were used for detecting antibodies in the sera. Results 635 cases showed an IHA titer of 1: 8 and above (54. 7%), 700 cases (60. 3%) showed positive ELISA and 460 cases (39. 7%) showed weak positive. In the group of light infection (552 cases), 94. 7% showed an IHA titer of less than 1: 8, only 29 cases (5. 3%) with a titer of 1: 8 and above; 94 cases (17%) showed positive ELISA and 458 cases (83%) were weak positive. In the groups of moderate and heavy infections, all cases showed IHA titer of 1: 8 and over, and positive or weak positive ELISA. Conclusion Antibody titers are positively relevant to the intensity of Cysticercus infection. Most cases with light infection showed a low IHA titer (less than 1: 8) and a weak positive ELISA, a fact that these cases would have been missed by the immunological tests. Therefore, an integrated analysis of the results with immunological test and clinical imaging technique is important in diagnosing cerebral cysticercosis.

Key words [cerebral cysticercosis](#) [diagnostic criterion](#) [antibody](#) [imaging](#)

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