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淋巴瘤脾脏浸润的¹⁸F-FDG PET/CT表现

¹⁸F-FDG PET/CT manifestations of spleen infiltration of lymphoma

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中文关键词: [淋巴瘤](#) [脾脏](#) [肿瘤转移](#) [体层摄影术,发射型计算机](#) [体层摄影术,X线计算机](#) [18F 氟脱氧葡萄糖](#)

英文关键词: [Lymphoma](#) [Spleen](#) [Neoplasm metastasis](#) [Tomography, emission-computed](#) [Tomography, X-ray computed](#) [Fluorodeoxyglucose F18](#)

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中文摘要:

目的 探讨¹⁸F-FDG PET/CT在诊断淋巴瘤脾脏浸润中的应用价值。方法 回顾经¹⁸F-FDG PET/CT诊断为淋巴瘤脾脏浸润的42例患者,分析脾脏体积、病灶大小、病灶密度、病灶最准摄取值(SUV_{max})和正常肝脏SUV_{max}。结果 42例淋巴瘤脾脏浸润的¹⁸F-FDG PET/CT表现分为3型,其中Ⅰ型(单纯弥漫型浸润)24例、Ⅱ型(单纯结节型浸润)13例,Ⅲ型(混合型浸润)5例。淋巴瘤浸润脾脏病灶的SUV_{max}中,Ⅱ型、Ⅲ型>Ⅰ型(P 均<0.05),Ⅱ型与Ⅲ型差异无统计学意义。霍奇金病(HD)与非霍奇金淋巴瘤(NHL)、B细胞淋巴瘤与T细胞/NK细胞淋巴瘤、B细胞淋巴瘤与HD的脾脏浸润PET/CT分型差异均无统计学意义($P=0.07$ 、 0.18 、 0.17);T细胞/NK细胞淋巴瘤与HD的脾脏浸润PET/CT分型差异有统计学意义($P=0.02$)。结论 ¹⁸F-FDG PET/CT诊断淋巴瘤浸润有明显优势,其表现以Ⅰ型和Ⅱ型为主;淋巴瘤浸润脾脏结节样病灶的¹⁸F-FDG摄取显著高于弥漫性病灶;T细胞/NK细胞淋巴瘤累及脾脏较HD更多表现为Ⅰ型。

英文摘要:

Objective To observe the value of ¹⁸F-FDG PET/CT in patients with spleen infiltration of lymphoma. **Methods** Forty-two patients diagnosed as spleen infiltration of lymphoma with ¹⁸F-FDG PET/CT were retrospectively analyzed. The spleen volume, size, density, maximal standardized uptake value (SUV_{max}) of the lesions in the spleen and the liver were analyzed. **Results** Three types of spleen infiltration were displayed with ¹⁸F-FDG PET/CT, including 24 patients of type I (pure diffuse infiltration), 13 of type II (pure nodular infiltration) and 5 of type III (mixed infiltration). SUV of splenic lesions in type II and type III were higher than that of type I (both $P<0.05$), but there was no statistical difference between type II and type III. There was no statistical difference about PET/CT performances of spleen infiltration respectively between Hodgkin diseases (HD) and non-Hodgkin lymphoma (NHL), B-cell lymphoma and T-cell/NK-cell lymphoma, nor between B-cell lymphoma and HD ($P=0.07$, 0.18 , 0.17), while significant difference was found between T-cell/NK-cell lymphoma and HD ($P=0.02$). **Conclusion** ¹⁸F-FDG PET/CT has advantages in diagnosing spleen infiltration of lymphoma, which mainly display as type I and type II. ¹⁸F-FDG uptake of nodular-like lesions was significantly higher than that of diffuse lesions in spleens when involved by lymphoma. Compared with HD, T-cell/NK-cell lymphoma involving spleen mostly showed as type I.

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