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钟心、张仲文、王宏、董悦、穆学涛、董玉茹·MRI随访观察膝关节基质诱导的自体软骨细胞移植术后2年[J].中国医学影像技术、2012、28(6):1199~1203

MRI随访观察膝关节基质诱导的自体软骨细胞移植术后2年

Two-year MRI following up after matrix-induced autologous chondrocyte implantation of the knee

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英文关键词:Knee joint Cartilage injury Matrix-induced autologous chondrocyte implantation Magnetic resonance imaging

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作者	单位	E-mail
<u>钟心</u>	武警总医院磁共振科,北京 100039	
张仲文	武警总医院骨四科北京 100039	
<u>王宏</u>	武警总医院磁共振科,北京 100039	wanghongmri@sina.com
<u>董悦</u>	武警总医院磁共振科,北京 100039	
穆学涛	武警总医院磁共振科,北京 100039	
董玉茹	武警总医院磁共振科,北京 100039	

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中文摘要:

目的 探讨MR对膝关节软骨损伤修复的诊断价值。方法 15例膝关节软骨损伤患者(20膝)接受自体软骨细胞移植术(MACI),术后3、6、12和24个月行MR动态随访检查,术后15和24个2例患者进行关节镜和组织学检查。采用单因素方差分析比较9项观察指标(软骨缺损的填充和修复程度、与周边软骨的整合程度、修复组织的表面情况、修复组织的结构是否均匀、修织的信号强度、软骨下薄层致密骨是否完整、软骨下骨是否完整、有无粘连及有无滑膜炎)。结果 软骨缺损的填充和修复、与周边软骨的整合、修复组织的表面、修复组织的结构、个组织的信号强度、软骨下薄层致密骨是不完整、软骨下骨是不完整及有无滑膜炎在MACI术后3、6、12和24个月的差异有统计学意义(P均<0.05),有无粘连的差异无统计学意义(P>0.05)后15和24个月组织学检查显示新形成的组织是透明软骨和纤维软骨的混合体,以透明软骨为主。结论 MACI术后采用膝关节软骨序列进行MR追踪随访是评估膝关节软骨修复的最佳影方法。

英文摘要:

Objective To evaluate the efficacy of matrix-induced autologous chondrocyte implantation (MACI) on patients with cartilage injury in knee by MRI. Methods MR scan following-up was perfor 3, 6, 12 and 24 months postoperation in 15 patients (20 knees) with knee cartilage injury. Arthroscopic biopsy and histological examination were performed after the implantation in 2 patients 15 and months after MACI, respectively. One-way ANOVA was used to compared 9 observation targets (the degree of defect repair and filling of the defect, integration to border zone, surface of the repair whether structure of the repair tissue homogeneous or not, signal intensity of the repair tissue, whether subchondral lamina intact, subchondral bone intact, adhesions, synovitis or not). Results Statis differences were found in the degrees of defect repair, filling of the defect, integration to border zone, surface of the repair tissue, structure of the repair tissue, signal intensity of the repair tissue, subchondral lamina, subchondral bone and synovitis (all P < 0.05). There was no statistical difference of adhesions (P > 0.05). Fifteen and 24 months after MACI, histological examination exhibited the predominance of hyaline-like regeneration within the mixture of hyaline cartilage and fibro cartilage. Conclusion Optimal knee cartilage imaging is necessary for MRI following-up evaluation of repara cartilage after MACI.

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