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MRI 鉴别诊断椎管内结核瘤、转移性肿瘤及神经纤维瘤病

MRI in diagnosis and differential diagnosis of intraspinal tuberculoma, metastasis and neurofibromatosis

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英文关键词: [Intraspinal](#) [Tuberculoma](#) [Neoplasm metastasis](#) [Neurofibromatosis](#) [Magnetic resonance imaging](#)

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| 作者 | 单位 | E-mail |
|---------------------|--|--|
| 彭娟 | 重庆医科大学附属第一医院放射科, 重庆 400016 | |
| 罗天友 | 重庆医科大学附属第一医院放射科, 重庆 400016 | ltychy@sina.com |
| 吕发金 | 重庆医科大学附属第一医院放射科, 重庆 400016 | |
| 方维东 | 重庆医科大学附属第一医院放射科, 重庆 400016 | |
| 欧阳羽 | 重庆医科大学附属第一医院放射科, 重庆 400016 | |
| 吴景全 | 重庆医科大学附属第一医院放射科, 重庆 400016 | |

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中文摘要:

目的 分析椎管内结核瘤、转移瘤以及神经纤维瘤病的MRI表现及鉴别诊断要点。**方法** 回顾性分析8例椎管内结核瘤、10例椎管内转移性肿瘤、3例椎管内神经纤维瘤病患者的临床和MRI资料。所有病例经临床随访证实,均接受MR平扫,20例同时接受增强扫描。**结果** 椎管内结核瘤和转移瘤位于颈、胸、腰段多个节段,脊髓内外均有,主要位于髓外硬脊膜下;椎管内神经纤维瘤病主要位于腰段马尾神经周围,颈、胸段脊髓表面见少许结节病灶。3种病变均为多发结节,呈等T1或稍长T2信号,有明显强化。部分椎管内结核瘤病灶分界欠清,与硬脊膜紧密相连、融合,邻近硬脊膜明显增厚强化、脊髓均见程度不等的片状异常信号,其中5例马尾神经可见增粗、强化。椎管内转移瘤病灶之间分界清楚,未见明显融合,8例邻近硬脊膜者可见轻-中度强化,10例脊髓可见程度不等的片状异常信号,2例可见马尾神经增粗、强化;椎管内神经纤维瘤病病灶分界清楚,邻近硬脊膜、马尾神经未见增厚和强化,脊髓未见异常信号。**结论** MRI结合临床综合分析有助于诊断及鉴别诊断椎管内结核瘤与转移瘤和神经纤维瘤病。

英文摘要:

Objective To explore the MRI features and their value in diagnosis and differential diagnosis of intraspinal tuberculoma, metastasis and neurofibromatosis. **Methods** MRI and clinical data of 21 patients with clinically proved intraspinal lesions were analyzed retrospectively, including intraspinal tuberculoma ($n=8$), metastasis ($n=10$) and neurofibromatosis ($n=3$). MR plane scan was performed in all patients, while enhanced scan was performed in 20 patients. **Results** The intraspinal tuberculomas and metastases involved both intra- and extra-medullary, locating in cervical, thoracic, and lumbar segments, mainly in the subdural space. The intraspinal neurofibromatoses mainly located in lumbar segments around the cauda equina, while few lesions were seen on the surface of cervical and thoracic cord. All the patients presented as multiple nodules, carrying isointensity on T1WI and iso- or slightly hyper-intensity on T2WI with marked enhancement on contrast-enhanced imaging. Some intraspinal tuberculomas revealed unclear borders, closely connected with spinal dura mater which obviously thickened and intensified, variable lamellar abnormal signals were detected within spinal cord, and thickened and intensified cauda equine was found in 5 patients. The intraspinal metastases were well circumscribed with no evidence of fusion when spinal dura slightly and moderately enhancement were noticed in 8 patients and variable lamellar abnormal signals were seen in 10 patients, while thickened and intensified cauda equina was found in 2 patients. The intraspinal neurofibromatoses were well defined, without spinal dura mater or cauda equina thickened or enhanced, and no abnormal signal in spinal cord was showed. **Conclusion** Combined with clinical data, MRI is quite effective in differentiating intraspinal tuberculoma from metastasis and neurofibromatosis.

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地址:北京市海淀区北四环西路21号大猷楼502室 邮政编码:100190 电话:010-82547901/2/3 传真:010-82547903

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