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## 胆管细胞癌的超声表现及与CECT、MRI、MRCP诊断价值的对比研究

### Ultrasonic characteristics of cholangiocellular carcinoma and the comparison with CECT, MRI and MRCP

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中文摘要:

**目的** 探讨胆管细胞癌(CCC)的二维超声、彩色多普勒及CEUS表现,比较超声、增强CT(CECT)、MRI、磁共振胰胆管成像(MRCP)对胆管细胞癌的诊断价值。**方法** 归纳57例CCC的二维超声和彩色多普勒血流的具体表现,并且对行CEUS检查的4例病灶造影剂灌注情况进行分析。比较普通超声、CECT、MRI、MRCP以及联合CEUS后超声对CCC的诊断价值。**结果** 57例病灶以肝门型居多,部分伴发肝内胆管扩张,少数可见肝门部或腹膜后淋巴结肿大。病灶多表现为血流不丰富的低回声,尤以肝门部和肝左叶者明显。肝门部病灶多伴发胆囊结石,肝右叶者多伴发肝内胆管结石,肝左叶者伴发胆囊和肝内胆管结石的比例各半。4例CEUS表现为动脉期高增强或等增强继而快速减退呈低增强并持续整个门脉期和延迟期。普通超声、CEUS、CECT、MRI及MRCP的诊断价值无统计学差异( $P>0.05$ )。**结论** CCC的二维及彩色多普勒超声表现有一定规律可循,普通超声联合CEUS可降低漏、误诊率。

英文摘要:

**Objective** To investigate the characteristics of ultrasonography and CDFI in cholangiocellular carcinoma (CCC), as well as CEUS, then calculate the diagnostic value of US, CEUS, CECT, MRI and magnetic resonance cholangiopancreatography (MRCP). **Methods** The characteristics of ultrasonography of 57 CCC was summed up, and also the features of CEUS of 4 CCC. The diagnostic value of these imaging methods (US, CEUS, CECT, MRI, MRCP and the combination of US and CEUS) was compared. **Results** Most of the lesions were located in porta hepatitis, some of them in dilated intrahepatic bile ducts; hilar or retroperitoneal lymphadenectasis in a few cases were showed. Ultrasonic manifestations of lesion were mostly low echo induced by not rich blood flow, especially in hepatic portal and left lobe. Cholecystolithiasis was found in most patients with focus in hepatic portal, calculus of intrahepatic duct was found in most patients with in right lobe, and the ratio of either cholecystolithiasis or intrahepatic bile duct stone in patients with focus in left lobe was in half. On CEUS the masses appeared hyperechoic or equiechoic enhancement in the arterial phase and then hypoechoic enhancement in the portal phase and delay phase. No difference of diagnostic value was found among US, CEUS, MRI and MRCP ( $P>0.05$ ). **Conclusion** Some appearances on ultrasonography and CDFI of CCC are typical, and a combination of US and CEUS can reduce the ratio of misdiagnosis and missed diagnosis.

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