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戴皓洁, 王雪, 王峰, 王颖. ^{99m}Tc-奥曲肽SPECT/CT评价甲状腺相关性眼病活动期[J]. 中国医学影像技术, 2011, 27(3): 505-509

99mTc-奥曲肽SPECT/CT评价甲状腺相关性眼病活动期

Evaluation on activity of thyroid associated ophthalmopathy with $^{99\text{m}}\text{Tc-octreotide}$ orbital SPECT/CT

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中文摘要:

目的 探讨^{99m}Tc-奥曲肽眼眶显像对甲状腺相关性眼病(TAO)炎症活动度的评价效果。**方法** 对41例TAO患者(82只眼)行^{99m}Tc-奥曲肽眼眶SPEC T/CT融合显像,并以10例无眼部疾病的肺癌患者(20只眼)作为对照。以临床活动性评分(CAS)作为标准,计算出其眼眶^{99m}Tc-奥曲肽摄取比值(UR)。**结果** 按阅片结果将82只眼分为阳性组(n=44)和阴性组(n=38),阳性组平均CAS为3.60±0.99,阴性组平均CAS为0.97±1.19,阳性组平均CAS显著高于阴性组平均CAS(P<0.05),阅片结果与CAS的一致性为中等程度; TAO患者平均UR为1.54±0.50。按CAS将82只眼分为活动期组(CAS≥3)和非活动期组(CAS≥3)和非活动期组(CAS≥3),活动期组(n=42)平均UR为1.80±0.49,平均CAS为3.81±0.99,非活动期组(n=40)平均UR为1.23±0.32,平均CAS为0.74±0.89,非活动期组最著低于活动期组(P<0.05); UR与CAS是中度相关(n=0.61,n=0.05),ROC曲线下面积为0.803,区分活动期及非活动期TAO的UR阈值为1.38,其灵敏度为71.43%,特异度为80.00%。对照组平均UR为1.03±0.09,显著低于TAO组(n=0.05)。**结论** 99mTc-奥曲肽眼眶SPECT/CT显像可以对TAO是否处于炎症活动期进行评估,使放射性核素显像的解剖定位更加精确、提高诊断效能。

英文摘要:

Objective To investigate the clinical feasibility of orbital $^{99\text{m}}$ Tc-octreotide SPECT/CT in evaluating clinical activity of thyroid associated ophthalmopathy (TAO). **Methods** Forty-one patients (82 eyes) with TAO underwent orbital $^{99\text{m}}$ Tc-octreotide SPECT/CT. Ten patients (20 eyes) of lung cancer without eye involvement (control group) underwent the same examination. Taking the clinical activity score (CAS) as standard, the uptake ratio (UR) of $^{99\text{m}}$ Tc-octreotide was calculated. **Results** All 82 eyes were divided into positive group (n=44) and negative group (n=38) according to result of imaging. The mean CAS of positive group and negative group was 3.60 ± 0.99 and 0.97 ± 1.19 , respectively (P<0.05). The conformance between result of reading and CAS was medium. The mean UR of TAO patients was 1.54 ± 0.50 . The 82 eyes were divided into active stage group (CAS<3, n=42) and inactive stage group (CAS<3, n=40) according to CAS. The mean UR and mean CAS of active stage group was 1.80 ± 0.49 and 3.81 ± 0.99 , while of inactive stage group was 1.23 ± 0.32 and 0.74 ± 0.89 , respectively (all P<0.05). The correlation between UR and CAS was medium (r=0.61, P<0.05). The area under the curve of ROC was 0.803, threshold value of UR distinguished active stage and inactive stage was 1.38, the sensitivity and the specificity was 71.43% and 80.00%, respectively. The mean UR of the control group was 1.03 ± 0.09 , lower than that of TAO group (P<0.05). **Conclusion** UR may serve as a disease activity parameter. SPECT/CT can increase the diagnostic ability and anatomical location of P

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