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## 超声造影观察肝移植术后缺血性胆管病变的肝脏血流灌注

### Observation of liver blood perfusion of ischemia-type biliary lesions after transplantation with contrast enhanced ultrasonography

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英文关键词: [Ultrasoundography](#) [Contrast media](#) [Bile duct diseases](#) [Ischemia](#) [Liver transplantation](#)

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中文摘要:

**目的** 用超声造影(CEUS)技术观察肝移植术后缺血性胆管病变(ITBL)的肝脏血流灌注特征。**方法** 收集肝移植术后临床确诊为ITBL的患者39例,根据二维超声检查是否有肝内胆管扩张分为无胆管扩张缺血组(22例)和胆管扩张缺血组(17例),对照组为恢复正常的肝移植患者。分别对ITBL患者及对照组患者行CEUS检查,比较各组之间造影参数的差异,分析ITBL患者的肝脏血流灌注特征。**结果** 胆管扩张缺血组与对照组肝实质峰值增强强度差异无统计学意义( $P>0.05$ ),峰值斜率差异有统计学意义( $P<0.01$ ),无胆管扩张缺血组与对照组肝实质峰值增强强度和峰值斜率差异均有统计学意义( $P<0.05$ )。**结论** 肝移植术后发生ITBL的患者较肝移植后正常的患者肝实质血流灌注有所减低,CEUS可较常规超声更为敏感地检测到这种改变,CEUS是一种早期诊断ITBL的有前景的新技术。

英文摘要:

**Objective** To assess the blood perfusion characters of liver with ischemia-type biliary lesions (ITBL) after transplantation with contrast-enhanced ultrasonography (CEUS). **Methods** Thirty-nine patients diagnosed as ITBL were enrolled and divided into 2 groups: ITBL with cholangiectasis (ITBL1,  $n=17$ ) and without cholangiectasis (ITBL2,  $n=22$ ) according to whether bile dilatation in liver was showed on two-dimensional ultrasonography or not. Patients with normal liver after transplantation were selected as control group. All the patients underwent CEUS and parameters of CEUS of every group were compared. Then the blood perfusion characters of liver with ITBL after transplantation were analyzed. **Results** No statistical difference of peak enhanced intensity was found between group ITBL1 and control group ( $P>0.05$ ), but the difference of peak slope between group ITBL1 and control group was statistical ( $P<0.01$ ). Statistical difference of peak enhanced intensity and peak slope was found between group ITBL2 and control group (both  $P<0.05$ ). **Conclusion** The blood perfusion of liver decreases apparently in patients with ITBL after liver transplantation compared with recovered patients after transplantation. This change can be detected with CEUS more sensitively than with conventional ultrasonography. CEUS may be a promising new technique for early diagnosis of ITBL.

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