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非霍奇金淋巴瘤颅脑侵犯的MRI表现

MRI features of non-Hodgkins lymphoma with craniocerebral invasion

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作者	单位	E-mail
廖江	福建省肿瘤医院放射诊断科, 福建 福州 350014	
胡春森	福建省肿瘤医院放射诊断科, 福建 福州 350014	
钟婧	福建省肿瘤医院放射诊断科, 福建 福州 350014	
陈加优	福建省肿瘤医院放射诊断科, 福建 福州 350014	
陈韵彬	福建省肿瘤医院放射诊断科, 福建 福州 350014	yunbinchen@126.com

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中文摘要:

目的 探讨非霍奇金淋巴瘤(NHL)颅脑侵犯的MRI特征。**方法** 回顾性分析18例经病理确诊的NHL颅脑侵犯患者的MRI资料,分为脑实质、颅骨、颅神经及头皮4型,分别评价磁共振平扫、增强扫描、扩散加权成像(DWI)及灌注加权成像(PWI)对NHL颅脑侵犯的诊断价值。**结果** 18例NHL颅脑侵犯中13例多发,5例单发;侵犯脑实质者10例,侵犯颅骨者3例,侵犯头皮者1例,同时侵犯脑实质与颅骨者2例,同时侵犯头皮与颅骨者1例,同时侵犯脑实质、颅神经和颅骨者1例。脑实质型T1WI呈中等或较低信号,T2WI呈中等或略高信号,增强后强化形式多样,DWI呈高信号或稍高信号,PWI呈低灌注。颅骨型表现为颅骨破坏伴颅骨一侧或双侧软组织肿块。颅神经受累以颅神经增粗为特征。头皮型表现为头皮下单发或多发结节。**结论** NHL颅脑侵犯可累及多个部位,各种磁共振成像序列相结合可提高NHL颅脑侵犯的诊断准确率。

英文摘要:

Objective To observe MRI features of systemic non-Hodgkin's lymphoma (NHL) lesions with craniocerebral invasion. **Methods** MRI of 18 NHL patients with craniocerebral invasion confirmed pathologically were analyzed retrospectively, and were divided into four types: Intracerebral, skull, intracranial nerve and scalp type. The diagnostic value of non-enhanced MRI, contrast enhanced MRI, diffusion weighted imaging (DWI) and perfusion weighted imaging (PWI) were evaluated, respectively. **Results** Among the 18 patients, there were 5 patients with single lesion and 13 patients with multiple lesions. Ten patients were classified as intracerebral type, 3 patients as the skull type, 1 patient as the scalp type. Intracerebral and skull invasion coexisted in 2 patients, skull and scalp invasion coexisted in 1, intracerebral, skull and intracranial nerve invasion coexisted in 1 patient. The lesions of the intracerebral type manifested as iso- or hypointense on T1WI, iso- or hyperintense on T2WI and hyperintense or slightly higher signal on DWI. The pattern of enhancement was complicated. Low perfusion was found on PWI. The skull bone destruction accompanied with unilateral or bilateral soft mass were showed in the skull type. The thickened intracranial nerve was the feature of intracranial nerve type. Scalp type showed one or more nodes in the scalp. **Conclusion** NHL may invade multiple sites in craniocerebrum. Combination with different MR sequences could improve the diagnostic accuracy of NHL in craniocerebrum.

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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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