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## $^{18}\text{F}$ -FDG PET/CT在肾脏肿瘤诊疗中的应用

### Application of $^{18}\text{F}$ -FDG PET/CT in diagnosis and management of renal tumors

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中文关键词: 肾脏瘤  $^{18}\text{F}$  氟脱氧葡萄糖 正电子发射型体层摄影术 体层摄影术, X线计算机

英文关键词: Kidney neoplasms Fluorodeoxyglucose F18 Positron-emission tomography Tomography, X-ray computed

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中文摘要:

目的 评价 $^{18}\text{F}$ -FDG PET/CT在肾脏肿瘤诊断和治疗中的价值。方法 对30例CT或MRI确诊或怀疑肾脏肿瘤的患者行 $^{18}\text{F}$ -FDG PET/CT显像,22例患者行延迟显像。所有肾脏肿瘤均经或穿刺活检后病理确诊。评价 $^{18}\text{F}$ -FDG PET/CT对患者治疗方案的影响。结果 30例中,肾细胞癌(RCC)24例,肾神经内分泌肿瘤1例,淋巴瘤3例,肺癌肾转移1例,肾脏炎性病变1例。PET/CT肾脏肿瘤的灵敏度为89.66%(26/29),特异度为100%(1/1),准确率为90.00%(27/30),阳性预测值为100%(26/26),阴性预测值为25.00%(1/4)。PET/CT检出肾癌伴肾门淋巴结转移2例,远处转移5例(RCC 4例、肾淋巴瘤3例及肾转移癌1例)接受PET/CT后治疗方案发生改变。显像阳性肾癌患者Fuhrman分级高于阴性患者( $P<0.05$ ),显像阳性肾癌平均直径大于阴性者( $P<0.05$ )。22例早期最大标准摄取( $\text{SUV}_{\text{max}}$ )值与延迟显像 $\text{SUV}_{\text{max}}$ 值差异无统计学意义( $P>0.05$ )。结论  $^{18}\text{F}$ -FDG PET/CT可准确显示肾肿瘤患者局部病变及远处转移。对可疑肾淋巴瘤及肾转移癌患者 $^{18}\text{F}$ -FDG PET/CT显像,以明确分期并寻找原发灶。

英文摘要:

**Objective** To observe the value of  $^{18}\text{F}$ -FDG PET/CT in diagnosis and management of renal tumors. **Methods** Thirty patients with suspected renal tumors by CT or MRI underwent  $^{18}\text{F}$ -FDG PET imaging, 22 of them underwent dual-time imaging. All patients underwent surgical resection or biopsy of the renal tumor, and the final diagnoses were based on pathology. The impact of  $^{18}\text{F}$ -FDG PET on disease management was also assessed. **Results** Twenty-four patients had renal cell carcinoma (RCC), while 1 with neuroendocrine tumor, 3 with renal lymphomas, 1 with secondary renal tumor and 1 with renal inflammatory disease. PET showed a sensitivity of 89.66% (26/29), specificity of 100% (1/1), accuracy of 90.00% (27/30), positive predictive value of 100% (26/26) and negative predictive value of 25.00% (1/4) for renal tumors.  $^{18}\text{F}$ -PET/CT detected 2 patients with local metastatic lymph node and 5 with distant metastatic lesions. The treatment of 8 patients (4 with RCC, 3 with renal lymphoma and 1 with renal metastasis) was altered according to PET/CT. The Fuhrman grade of the patients with FDG positive malignant lesions was higher than that of the patients with FDG negative lesions ( $P<0.05$ ). The median size of FDG positive tumors was greater than that of FDG negative tumors ( $P<0.05$ ). In RCC, the different of maximal standard uptake value ( $\text{SUV}_{\text{max}}$ ) between early and delayed imaging had no statistical difference ( $P>0.05$ ). **Conclusion** PET/CT can accurately detect local and metastatic lesions in patients with renal tumor. Patients with suspected renal lymphoma or secondary renal tumor should undergo PET/CT imaging for accurate staging or detecting the primary tumor.

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