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声触诊组织量化技术鉴别诊断肝脏局灶性病变

Virtual touch tissue quantification in differential diagnosis of focal liver lesions

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中文摘要:

目的 探讨声触诊组织量化(VTQ)技术在肝脏局灶性病变鉴别诊断中的临床应用价值。方法 采用VTQ技术对93例肝脏局灶性病变患者96个病灶及15名正常志愿者进行检测,获取病灶实质的剪切波速度(SWV)值。结果 病变组与正常对照组的SWV值的组内相关系数(ICC)均>0.71。恶性病变组SWV值最大,良性组次之,正常对照组最低($P<0.05$),以SWV=1.96 m/s作为良、病变的诊断阈值,诊断恶性病变的准确率、敏感度、特异度、阳性和阴性预测值分别91.68%、98.41%、80.02%、89.62%和96.57%;血管瘤与肝硬化结节及局灶性结节增生(FNH)、肝细胞癌(HCC)与肝转移癌的SWV差异无统计学意义($P>0.05$)。局灶性恶性病变组周围肝实质SWV值大于良性组及正常组($P<0.05$),良性组略大于正常组($P>0.05$);血管瘤、FNH病种间和肝转移癌、HCC硬化结节及胆管细胞癌(CCC)病种间的周围肝实质的SWV差异无统计学意义($P>0.05$)。结论 VTQ可定量反映不同类型肝脏局灶性病变的硬度,有助于鉴别诊断。

英文摘要:

Objective To explore the clinical application value of virtual touch tissue quantification (VTQ) in the differential diagnosis of focal liver lesions. **Methods** VTQ technique was performed on 93 patients with 96 focal liver lesions and 15 healthy volunteers to obtain shear wave velocity (SWV) values of lesions and liver parenchyma. **Results** Intraclass correlation coefficients (ICC) of SWV values of focal liver lesions, normal liver parenchyma and peripheral liver parenchyma of the focal lesions by two operators were all over 0.71. The average SWV value of malignant group was the highest, followed by benign group and then normal group ($P<0.05$). Taking SWV of 1.96 m/s as diagnostic reference value for differential diagnosis between malignant and benign lesions, the accuracy, sensitivity, specificity and negative predictive value was 91.68%, 98.41%, 80.02%, 89.62% and 96.57%, respectively. There was no statistical difference of SWV values between hemangioma and cirrhotic nodules of liver, neither among FNH, hepatocellular carcinoma (HCC) and liver metastatic carcinoma ($P>0.05$). The average SWV value of the liver parenchyma in malignant group was higher than that in benign and normal group ($P<0.05$). The average SWV value of the liver parenchyma in benign group was higher than that in normal group ($P>0.05$). There was no statistical difference of SWV values of the liver parenchyma between hemangioma and FNH, neither among liver metastatic carcinoma, HCC, cirrhotic nodules and cholangiocellular carcinoma ($P>0.05$). **Conclusion** VTQ technique provides quantitative information which can reflect the hardness of focal liver lesions, therefore being helpful to the differential diagnosis of focal liver lesions.

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