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经颈静脉肝内门体分流术术前穿刺点的动态增强MRA定位

Location of vascular puncture points with dynamic contrast-enhanced MRA before transjugular intrahepatic portosystemic shunt

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中文摘要:

目的 探讨动态增强MRA(DCE-MRA)在经颈静脉肝内门体分流术(TIPS)术前定位中的作用。方法 收集46例肝硬化门脉高压患者的MRA图像,测量并根据测量结果进行穿刺。结果 肝静脉穿刺点到门静脉穿刺点平面上下垂直距离(AA')为(22.63±10.21)mm;肝静脉穿刺点到门静脉穿刺点平面前后垂直距离(A' A'')为(13.93±1.07)mm;前后穿刺角度为(31.64±9.23)°;肝静脉、门静脉穿刺点距椎体右缘距离分别为(23.51±2.12)mm、(38.51±5.36)mm;左右穿刺角度为向右偏(33.57±8.93)°。45例穿刺成功,且穿刺次数较少。结论 门静脉穿刺点位置变化较大,定位需个体化。DCE-MRA是一种有价值且无损伤的定位方法,对TIPS术前定位有重要意义。

英文摘要:

Objective To explore the role in the localization of vascular puncture points with dynamic contrast-enhanced magnetic resonance angiography (DCE-MRA) before transjugular intrahepatic portosystemic shunt (TIPS). **Methods** MRA images of 46 patients with portal hypertension were measured. The patients were then punctured according to the measurement. **Results** The supero-inferior distant from the puncture point of hepatic vein to plane of right branch of portal vein (AA') was (22.63±10.21)mm, the anteroposterior distant from the puncture point of hepatic vein to plane of right branch of portal (A' A'') was (13.93±1.07)mm, the angle of sag was (31.64±9.23)°. The distant from puncture point of hepatic vein (AS) and right branch (BS) were (23.51±2.12)mm and (38.51±5.36)mm. The angle of cor was (33.57±8.93)°. Forty-five patients were successful punctured, and the time of puncture decreased. **Conclusion** The location of portal vein puncture point during TIPS are changeable, therefore individualized location of positioning is needed. DCE-MRA is a valuable non-invasive method of localization, playing an important role in localization of vascular puncture points of TIPS.

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