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## 早期不典型脊椎结核和化脓性脊椎炎的MR鉴别诊断

### MR discrimination of early atypical tuberculous spondylitis from pyogenic spondylitis

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中文摘要:

目的 探讨早期不典型脊椎结核及化脓性脊椎炎的MRI表现及鉴别诊断。方法 表现不典型的早期脊椎结核患者6例及化脓性脊椎炎患者7例,均经临床及病理证实。分析其椎体、椎间盘、周围软组织及增强检查后MR特点。采用 $\chi^2$ 检验比较两组病例的MRI特征。结果 化脓性脊椎炎中早期椎间隙变窄(8/10,80.00%)、椎体上/下部条状异常信号(12/18,66.67%)、终板下线样高信号(13/18,72.22%)的发生率明显高于脊椎结核(均无以上征象)。脊椎结核中椎体前部局限异常信号(4/12,33.33%)、跨椎体脓肿(5/6,83.33%)发生率明显高于化脓性脊椎炎(均无以上征象)。两者差异均有统计学意义。结论 MR能鉴别早期表现不典型的脊椎结核及化脓性脊椎炎。

英文摘要:

Objective To detect the MRI manifestations and discrimination of tuberculous spondylitis and pyogenic spondylitis with atypical features in early stage. **Methods** Six patients with pathologically proved tuberculous spondylitis and 7 patients of pyogenic spondylitis with atypical clinical features and were included. MRI features of the vertebral bodies, intervertebral discs, paraspinal soft tissues and their enhancement patterns were analyzed. Chi-Square test was used to compare the MRI features of two diseases. **Results** Patients with pyogenic spondylitis had a significantly higher incidence of disk space narrowing (8 intervertebral bodies), abnormal signal in superior/inferior of vertebral body (12 intervertebral bodies) and endplate with high signal (13 intervertebral bodies), which were not seen in the patients with tuberculosis spondylitis ( $P<0.05$ ). Patients with tuberculous spondylitis had a significantly higher incidence of local abnormal signal in anterior of vertebral body (4 intervertebral bodies) and paraspinal abscess spanning vertebral body (5 intervertebral bodies), while none of them was found in patients with pyogenic spondylitis ( $P<0.05$ ). **Conclusion** MRI is accurate for the differentiation of tuberculous spondylitis and pyogenic spondylitis with atypical feature in early stage.

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