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体感诱发电位分级和颈椎磁共振成像测量对脊髓型颈椎病疗效的预测价值 [点此下载全文](#)

[杨 梅](#) [陈惠德](#) [朱 莉](#) [陈和木](#)

安徽医科大学第一附属医院康复运动医学科, 合肥, 230022

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摘要:

摘要目的: 探讨体感诱发电位(SEP)分级和颈椎磁共振成像(MRI)测量颈脊髓体积及颈椎管容积比值在脊髓型颈椎病(CSM)患者疗效中的早期预测价值。方法: 对82例CSM患者进行SEP检测和颈椎MRI测量, 在治疗前、治疗第1个月、3个月、6个月时应用日本骨科学会评分系统(JOA评分)对患者颈脊髓功能进行评估。计算第6个月JOA评分的改善率, 以对SEP分级及颈椎MRI测量脊髓体积/颈椎管容积早期的预测价值进行评价。结果: SEPI级和II级、颈脊髓体积/颈椎管容积低比值组患者JOA评分在治疗前与SEPIII级和IV级、颈脊髓体积/颈椎管容积高比值组患者, 差异无显著性意义($P>0.05$), 在治疗第1个月、3个月、6个月时JOA评分均明显高于SEPIII级和IV级、颈脊髓体积/颈椎管容积高比值组患者, 差异具有显著性意义($P<0.05$)。SEP分级、颈椎MRI测量脊髓体积/椎管容积分别与第6个月的JOA改善率的比较, 结果均有显著性意义($P<0.01$); SEP分级及颈椎MRI测量预测患者非手术治疗预后不良(JOA改善率 $\leq 25\%$)的敏感性分别为74.2%、83.9%, 特异性分别为86.3%、88.2%, 准确性分别为81.7%、86.6%。结论: SEP分级和颈椎MRI测量均能早期对CSM患者疗效进行预测, 临床上将两者结合使用, 有利于早期选择治疗方案, 促进患者康复。

关键词: [脊髓型颈椎病](#) [体感诱发电位](#) [磁共振成像](#) [测量](#) [预后](#)

The predictive value of somatosensory evoked potential classification and magnetic resonance imaging measurement of cervical spinal in prognosing the effect of patients with cervical spondylotic myelopathy [Download Fulltext](#)

Dept. of Rehabilitation, The First Affiliated Hospital of Anhui Medical University, 230022

Fund Project:

Abstract:

Abstract Objective: To explore the predictive value of somatosensory evoked potential (SEP) classification as well as the ratio of cervical spinal cord volume and cervical spinal canal volume measured on magnetic resonance imaging (MRI) in prognosing the function of patients with cervical spondylotic myelopathy(CSM). Method: Eighty-two patients with CSM were measured with SEP and MRI of cervical spine, and the score of Japanese Orthopedic Association (JOA) was used to evaluate the cervical spine function pre-treatment and post-treatment month1, 3 and 6 from hospital admission. Based on JOA score improvement rate at the 6th month, the predictive value of SEP classification as well as the ratio of cervical spinal cord volume and cervical spinal canal volume measured on MRI were evaluated. Result: There was no significant difference of JOA scores between patients with SEP grade-I and II, lower-ratio group on MRI and those with SEP grade-III and IV、higher-ratio group on MRI pre-treatment, but these were much significantly higher in the former group than those in the later group post-treatment month 1, 3 and 6 ($P<0.05$). Compared SEP classification and MRI measure of cervical spine respectively with the 6th months improvement rate of JOA score, there were statistically significances ($P<0.01$); the predictive sensitivities for a poor prognosis (JOA score improvement rate $\leq 25\%$) of SEP and the MRI in patients with CSM were 74.2% and 83.9% respectively, while the specificities were 86.3% and 88.2% respectively, and the accordance rates were 81.7% and 86.6% respectively. Conclusion: SEP classification and MRI of cervical spine may provide useful information for predicting function of patients with CSM. The combination of SEP with MRI will be beneficial for early formulating rehabilitation programme and promoting the function recovery.

Keywords: [cervical spondylotic myelopathy](#) [somatosensory evoked potential](#) [magnetic resonance imaging](#) [measurement](#) [prognosis](#)

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地址: 北京市和平街北口中日友好医院 邮政编码: 100029 电话: 010-64218095 传真: 010-64218095

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