临床和影像特征联合评分在细支气管肺泡癌诊断中的作用评估

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Combined Score Assessment of Clinical and Imaging Features in Diagnosis of Bronchioloalveolar Carcinoma

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摘要

目的
找出能够有效评估细支气管肺泡癌(BAC)的方法来帮助临床及时诊断、减少误诊。方法 收集经病理证实的132例BAC与30例肺炎对照，统计各种临床和CT影像特征的病例在两组检出的差异，找出两组存在显著性差异的特征作为指标来评估BAC。结果 无呼吸系统症状、无呼吸系统体征、干咳、咳白色黏液痰，磨玻璃密度增高影(GGO)中既有实性成分又含气密度、边缘不规则的实性结节或肿块，伴有支气管含气征的肺实变、肺实变与肺结节混合存在等特征在BAC组的检出率较肺炎组明显增高，两组差异有统计学意义，选择这些特征作为提示BAC的指标，而发热、咳黄痰、肺听诊闻及湿罗音、全血白细胞数升高、密度均匀的GGO、边缘规则的实性结节或肿块、无支气管含气征的肺实变等特征在肺炎组的检出率较BAC组明显增高，两组差异有统计学意义($P<0.05$)，选择这些特征作为提示肺炎的指标，每个指标赋值为1或−1分，计算两组分数的总和作为评分来评估BAC，该评估方法的ROC曲线下面积为0.980（$P=0.000$)，即使用该方法评估BAC差异有统计学意义。如果选择0.5分作为诊断BAC和肺炎的界值，其灵敏度为90.9%，特异度为93.3%。结论 BAC具有一些与肺炎不同的临床和影像特征。使用联合评分评估BAC不需要另外的检查设备和花费，是一种简便、易行而且有效的评估方法。

关键词： 细支气管肺泡癌   临床表现 磨玻璃密度增高影(GGO)   肺实变   ROC曲线

Abstract：

Objective
The purpose of this study is to find out the effective way to define bronchioloalveolar carcinoma and decrease the incorrect diagnosis.MethodsThe clinical and radiological features were analyzed retrospectively in 132 cases of the proven BAC and 30 cases with pneumonia.The different clinical and radiologic features between BAC and pneumonia were evaluated through the score forms.ResultsThe following features were significant in BAC group，including no symptom or physical sign in respiratory system，dry cough，cough with white mucous sputum，ground-glass opacity(GGO) with partly solid and radiolucencies，solid nodules or masses with irregular margin，consolidation with air-filled bronchi，the consolidation with nodules.The following features were significant in pneumonia group，including fever，cough with purulent sputum，bubble rales in the lung auscultation，increased WBC，pure GGO，nodule or mass with regular margin，and consolidation without air-filled bronchi ($P<0.05$).If these features were selected as the index to direct BAC or the pneumonia，and 1 or -1 as the score of every feature，and computed the total score to diagnose BAC.It was a significantly effective method and the area of ROC curve was 0.980（$P=0.000$)，asymptotic 95% confidence interval was 0.959 and 1.001.

The sensitivity and specificity for diagnosing BAC were 90.9% and 93.3% respectively.ConclusionThere were some different clinical and radiological features between BAC and pneumonia，and it was an easy and effective method to diagnose BAC by combining these features.

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