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数字减影血管造影术对椎动脉发育不全的诊断价值

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Title: Diagnostic value of digital subtraction angiography for vertebral artery hypoplasia

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摘要: 目的 探讨数字减影血管造影术(digital subtraction angiography, DSA)对椎动脉发育不全(vertebral artery hypoplasia, VAH)的诊断价值。方法 根据患者DSA影像学表现将VAH分为5型,按照分型回顾性分析在我科行DSA检查的500例脑梗死患者,分为前循环脑梗死组(362例)及后循环脑梗死组(138例),统计2组患者常见脑梗死危险因素。分析前后循环脑梗死组患者VAH比例、各型VAH的比例及VAH患者后交通动脉(posterior communicating artery, PCA)开放情况。结果 362例前循环脑梗死患者中诊断VAH 61例(16.85%),后循环脑梗死组138例,诊断VAH 47例(34.06%),2组患者抽烟、高血压病、糖尿病、高脂血症等危险因素差异没有统计学意义($P>0.05$)。后循环脑梗死组VAH明显多于前循环脑梗死组,差异有统计学意义($P<0.05$)。500例脑梗死患者共有108例诊断VAH,VAH以右侧VAH最常见(61.11%),左侧占27.78%,双侧最少见(11.11%)。5型VAH以I型最常见(41.67%),III型次之(22.22%),IV型、V型各占15.74%及11.11%,II型最少见(9.26%)。VAH患者后交通动脉开放较非VAH患者明显增多,差异有统计学意义($P<0.05$)。结论 VAH可能是后循环脑梗死的危险因素之一。DSA能明确诊断各型VAH,并能明确后交通动脉开放情况,对VAH的诊断有重要的临床意义。

Abstract: Objective To determine the diagnostic value of digital subtraction angiography (DSA) for vertebral artery hypoplasia (VAH). Methods

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Retrospective analysis was carried out in 500 cases of ischemic stroke patients undergoing DSA examination in our department from 2011 to 2012. VAH was divided into 5 types according to the results of DSA. Based on manifestation according to the above classification, the 500 patients were divided into anterior circulation territory infarction group ($n=362$) and posterior circulation territory infarction group ($n=138$). The presence or absence of other concomitant risk factors were assessed for all patients. The percentages of VAH among patients with anterior/posterior circulation territory infarction and those with different VAH types, and the developing proportion of the posterior communicating artery (PCA) were analyzed.

Results Among the 362 patients with anterior circulation territory infarction, there were 61 cases (16.85%) having VAH, while for the 138 patients with posterior circulation territory infarction, 47 ones (34.06%) had VAH, with the later significantly larger than the former ($P<0.05$). There was no significant difference between the groups in smoking, hypertension, diabetes and hyperlipidemia ($P>0.05$). Among the 108 VAH patients out of 500, VAH was most common on the right side (61.11%) and then left side (27.78%), and the bilateral VAH was rare (11.11%). VAH type I was predominant (41.67%), type III the second (22.22%), and type IV and V accounted for 15.74% and 11.11% respectively, while, type II was only 9.26%. VAH patients were significantly more common with developing PCA than non-VAH patients ($P<0.05$).

Conclusion VAH may be one of risk factors for posterior circulation territory infarction. DSA can diagnose all the type of VAH and the opening situation of PCA clearly, and has important significance in the diagnosis of VAH.

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