

[1]李祥周,谢新立,王瑞芳,等.继发性与原发性甲状旁腺功能亢进患者⁹⁹Tcm-MIBI SPECT/CT显像钙化特点的对比分析[J].第三军医大学学报,2014,36(15):1626-1629.

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继发性与原发性甲状旁腺功能亢进患者⁹⁹Tc^m-MIBI 化特点的对比分析



分享到:

《第三军医大学学报》[ISSN:1000-5404/CN:51-1095/R] 卷: 36 期数: 2014年第15期 页码: 1626-1629 栏目: 论著 出版日期: 2014-08-15

Title: Comparative analysis of calcification features of primary and secondary hyperparathyroidism by ⁹⁹Tc^m-MIBI SPECT/CT imaging

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关键词: 甲状旁腺功能亢进; 原发性; 继发性; ⁹⁹Tc^m-甲氧基异丁基异腈; SPECT/CT; 双时相显像

Keywords: hyperparathyroidism; primary; secondary; ⁹⁹Tc^m-methoxyisobutylisonitrile; SPECT/CT; dual-phase imaging

分类号: R582.1; R814.42; R817.4

文献标志码: A

摘要: 目的 评价继发性甲状旁腺功能亢进症 (secondary hyperparathyroidism, SHPT) 与原发性甲状旁腺功能亢进症(primary hyperparathyroidism, PHPT)患者在⁹⁹Tc^m-MIBI SPECT/CT融合显像钙化特点及病理上的区别。 方法 回顾性分析2011年12月至2013年5月在我科行⁹⁹Tc^m-MIBI双时相显像与SPECT/CT融合显像的53例甲状旁腺功能亢进患者资料,均经术后病理证实,其中SHPT患者23例,PHPT患者30例。对SHPT与PHPT患者甲状旁腺内出现的钙化灶数目及病理结果进行对比分析。 结果 53例HPT患者中42例甲状旁腺双时相显像结果为阳性(阳性率为79.2%),双时相显像结果为阳性的患者在断层融合显像均为阳性。48例患者SPECT/CT融合显像可见甲状旁腺摄取显像剂,融合显像阴性的5例患者在CT显像甲状旁腺区域可见软组织密度结节影。23例SHPD患者中,10例(43.5%)患者甲状旁腺病理结果为甲状旁腺腺瘤,12例(52.2%)为甲状旁腺增生,1例(4.3%)病理结果既存在甲状旁腺腺瘤,又存在甲状旁腺增生;9例(39.1%)患者甲状旁腺存在钙化灶。30例PHPT患者中,29例(96.7%)病理结果为甲状旁腺腺瘤,1例(3.3%)为甲状旁腺增生,无1例甲状旁腺发生钙化。SHPT与PHPT患者甲状旁腺内存在钙化灶例数及病理结果为腺瘤的例数差别均有统计学意义(x值分别为11.50和15.13, P<0.05)。 结论 SHPT患者甲状旁腺易合并钙化灶;PHPT病理结果多为甲状旁腺腺瘤,SHPT患者病理结果多为甲状旁腺增生,其次

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更新日期/Last Update: 2014-07-25

为甲状旁腺腺瘤。

Abstract: **Objective** To investigate the differences in calcification and pathologic features of $^{99}\text{Tc}^{\text{m}}$ -MIBI SPECT/CT fusion imaging between secondary hyperparathyroidism (SHPT) and primary hyperparathyroidism (PHPT). **Methods** Clinical data of 53 patients with hyperparathyroidism (HPT), including 23 SHPT patients and 30 PHPT, who underwent dual-phase $^{99}\text{Tc}^{\text{m}}$ -MIBI scintigraphy and SPECT/CT fusion imaging in our department from December 2011 to May 2013 were collected and retrospectively analyzed. All of the 53 patients were confirmed by postoperative pathology. The number of calcifications within parathyroid and the pathological findings were analyzed and compared between PHPT patients and SHPT patients. **Results** The dual-phase parathyroid scintigraphy was positive (positive rate 79.2%) in 42 cases of 53 HPT patients. All of the patients with positive uptake in dual-phase images presented positive in the SPECT/CT fusion images. In SPECT/CT fusion images, 48 patients showed $^{99}\text{Tc}^{\text{m}}$ -MIBI uptake within parathyroid. CT scans detected soft tissue density nodules in the remaining 5 patients without $^{99}\text{Tc}^{\text{m}}$ -MIBI uptake in parathyroid area. Among the 23 SHPT patients, the pathological findings were parathyroid adenoma in 10 cases (43.5%), parathyroid hyperplasia in 12 cases (52.2%) and containing both parathyroid adenoma and parathyroid hyperplasia tissues in 1 case (4.3%). Of them, calcifications were found in the parathyroid of 9 (39.1%) patients. In 30 PHPT patients, 29 cases (96.7%) had parathyroid adenoma and 1 case (3.3%) had parathyroid hyperplasia. No parathyroid calcification was found in these PHPT patients. The number of calcifications in the adenoma and the occurrence of parathyroid adenoma between SHPT and PHPT patients had statistical significance ($Chi\text{-square}=11.50$ and 15.13 , both $P<0.05$). **Conclusion** Compared with PHPT patients, SHPT patients are more likely to be found having calcification. Most of pathological findings of PHPT are parathyroid adenoma. The pathological findings of SHPT are mostly parathyroid hyperplasia, followed by parathyroid adenoma.

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