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MSCT与多平面重组诊断不同分期宫颈癌

MSCT and MPR in diagnosis of cervical carcinoma in different stages

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中文关键词: [宫颈肿瘤](#) [体层摄影术](#) [X线计算机](#) [多平面重建](#) [诊断](#) [肿瘤分期](#)

英文关键词: [Uterine cervical neoplasms](#) [Tomography, X-ray computed](#) [Multiplanar reconstruction](#) [Diagnosis](#) [Neoplasm staging](#)

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中文摘要:

目的 探讨MSCT及MPR在宫颈癌诊断中的价值。方法 回顾性分析125例宫颈癌患者的CT、临床、病理资料。全部患者均接受轴位平扫及增强扫描,并行冠状位及矢状位MPR。以O及病理分期为对照比较CT轴位及MPR对宫颈癌术前分期的准确率。结果 手术病理分期结果:原位癌3例, I a期41例, I b期36例, II a期34例, II b期6例, III a期2例, III b期1例, IV期2例。CT扫描分期结果:原位癌及 I a期0例, I b期9例, II a期12例, II b期4例, III期3例, IV期2例。MPR对7例CT轴位未明确分期的 I a期~ II a期患者进行了准确分期。MPR图像与轴位扫描对 I a~ II a期诊断准确率差异有统计学意义。结论 CT轴位扫描对早期宫颈癌的诊断准确率较低。MPR图像可以明显提高 I a~ II a期的诊断准确率,对判断 II b期~ IV期宫颈癌宫旁浸润、阴道受侵及远移有一定价值。

英文摘要:

Objective To observe the value of MSCT and multiplanar reconstruction (MPR) in diagnosis and staging of cervical carcinoma. **Methods** Totally 125 patients of cervical carcinoma with clinical, pathological and CT data were retrospectively analyzed. All patients underwent plain and enhanced axis scans. The images were postprocessed with coronal and sagittal MPR. The accuracy of MSCT MPR staging based on FIGO and pathology staging were compared. **Results** Pathology staging showed that carcinoma in situ in 3 cases, I a in 41, I b in 36 cases, II a in 34, II b in 6, III a in 2, III b in 1 and 2 in IV. CT staged no cases in situ nor I a period, 9 in I b, 12 in II a, 4 in II b, 3 in III and 2 in IV. MPR discovered 7 cases of I a—II a which were not found on axis CT. The diagnosis sensitivity accuracy of I a—II a period cervical carcinoma were statistically different between MSCT and MPR. **Conclusion** The clinical value of axis MSCT for cervical cancer is limited. MPR can increase the diagnostic accuracy of CT for I a—II a cervical cancer. MPR images can improve the detection rate of II b—IV period of cervical cancer, and is valuable for judging parametrial invasion, lymphnode metastasis and distant metastasis.

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