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编辑 井晓梅

· 经验交流 · 文章编号 1000-2790(2004)21-2016-01

脊柱结核的 MRI 诊断

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【关键词】脊柱结核 磁共振成像

【中图分类号】R445.2 【文献标识码】B

1 临床资料 回顾性观察2003-05/2004-05术前MRI检查诊断为脊柱结核患者18(男11,女7)例,年龄21~80(平均48)岁。临床表现主要为胸背、腰背、腰骶部痛及活动受限,伴有低热、盗汗者12例。病程1mo至4a不等。经活检及手术病理证实16例符合(16/18)2例误诊(2/18),其中1例为骨髓瘤,1例为转移瘤。MRI特征18例患者45个椎体受累,病变以胸腰部两个椎体受累最常见(8/18)。44个受累椎体在T1WI上呈均匀低信号20个,混杂低信号21个,等信号3个。T2WI及T2/SPIR呈均匀高信号19个,混杂高信号23个,等信号2个。增强扫描受累椎体呈不均匀强化。椎间盘破坏、椎间隙消失19个,椎间隙狭窄11个,椎间隙无改变5个。受累椎间盘呈T1WI低信号,T2WI及T2/SPIR呈不均匀高信号,其中8个呈均匀高信号。4例患者发现椎体破坏但椎间盘无

收稿日期 2004-09-11; 修回日期 2004-10-18

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异常改变。增强扫描椎间盘异常强化者1例。15例患者见寒性脓肿,其中13例表现为椎体前缘或周围脓肿,5例见腰大肌脓肿,4例见椎管内脓肿。脓肿T1WI呈稍低信号,T2WI及T2/SPIR呈明显高信号,增强扫描呈环形强化。因椎体不同程度后凸或椎管内脓肿致11例脊髓及硬膜囊受压。

2 讨论 脊柱结核发病较缓慢,初期多伴有全身中毒症状,如低热、盗汗、消瘦、倦怠等。局部出现腰背钝痛、姿势异常等症状,其中“腰背僵”是最早、最基本的阳性体征。MRI是目前唯一能在病变早期发现病灶,确定病变范围的方法^[1-3]。典型椎体结核的椎体破坏,椎间盘狭窄、消失,椎旁及髓内硬膜外寒性脓肿的MRI信号特征通常为T1WI低信号、T2WI及T2/SPIR高信号。非典型性脊柱结核指椎间盘型结核、单椎体中心型结核、非连续性结核等。MRI表现缺乏特征性,极易误诊,因此需密切结合临床,必要时应早期穿刺活检。老年人脊柱结核的临床表现多不典型,MRI表现多为边缘型,椎体骨质破坏以椎体中后部破坏多见,椎旁脓肿无或较小。脊柱结核主要应与化脓性脊柱炎、转移瘤及脊柱原发肿瘤等鉴别。

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编辑 杨湘华