

超声及钼靶X线对乳腺导管内癌与乳腺浸润性导管癌的诊断价值

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Title: Value of ultrasonography and mammography in diagnosis of breast ductal carcinoma in situ and breast invasive ductal carcinoma

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摘要: 目的: 探讨乳腺导管内癌 (ductal carcinoma in situ, DCIS) 与乳腺浸润性导管癌 (invasive ductal carcinoma, IDC) 的超声及钼靶X线影像特征差异。方法: 回顾性分析160例患者 (包括62例DCIS患者及98例IDC患者) 的超声及钼靶X线资料。结果: 161个乳腺病灶中, 有62个DCIS病灶 (DCIS组) 及99个IDC病灶 (IDC组)。超声对IDC组病灶的检出率明显高于DCIS组, 两组间的检出率有统计学意义 ($P < 0.05$); 两组间病灶超声表现中形状、边界、边缘特征及血流信号差异有统计学意义 ($P < 0.05$)。钼靶X线在两组病灶检出率差异有统计学意义 ($P < 0.05$); 两组间病灶钼靶X线表现形状及边缘特征的例数差异有统计学意义 ($P < 0.05$)。对于DCIS组, 超声及钼靶X线病灶的检出率差异有统计学意义 ($P < 0.05$); 在病灶边缘及乳腺腺体内钙化检出率这些方面, 两种方法有统计学意义 ($P < 0.05$)。结论: 乳腺钼靶X线对DCIS腺体内钙化灶诊断率较高, 乳腺超声对DCIS病灶检出、病灶边缘特征显示具有诊断优势。

Abstract: Objective: To explore the differences of ultrasonic data and mammography data between DCIS and IDC. Methods: The ultrasound data and mammography data of 160 patients (included 62 DCIS and 98 IDC) were retrospectively analyzed and compared. Results: There were 62 lesions of DCIS (DCIS group), 99 lesions of IDC (IDC group). The detection rate of ultrasound in IDC group lesions was significantly higher than it in DCIS group ($P < 0.05$). On ultrasonography, there were significant differences of tumor shape, border, margin and Adler flow grade between the DCIS and IDC group ($P < 0.05$). The detection rate of mammography in IDC group lesions was significantly higher than it in DCIS group ($P < 0.05$). On mammography, there were significant differences of tumor shape and margin between the DCIS and IDC group ($P < 0.05$). In DCIS group, the detection rate of ultrasound was significantly higher than mammography ($P < 0.05$). There were significant differences of tumor margin and calcification between the two methods ($P < 0.05$). Conclusion: Mammography is superior to ultrasound in detection of calcifications. However, ultrasound can improve the accuracy of identification and characterization of the lesion in DCIS.

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