



## 卵巢纤维瘤的CT表现

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## CT Findings of Ovarian Fibroma in 9 Patients

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摘要

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**摘要** 目的 探讨多层螺旋CT对卵巢纤维瘤的诊断价值。方法 回顾性分析2004年至2010年经病理证实的9例卵巢纤维瘤的CT征象, 其中3例有增强检查。两名放射科大夫对图像进行诊断。结果 9例患者均表现为一侧附件区的肿块, 边界清晰。按其CT表现分为3型: 单纯型、变性型和合并腹水型。单纯型4例, 表现为密度均匀的实性肿块, 无强化, 2例影像诊断为子宫肌瘤, 2例诊断为卵巢来源的良性肿瘤; 变性型3例, 肿块边界清晰, 内有圆形或不规则形低密度影, 无强化, 影像诊断为恶性1例、盆腔占位2例; 合并腹水型2例, 肿块密度均匀, 无强化, 1例伴有腹盆腔积液, 1例伴有右侧胸腔积液、腹盆腔积液, 影像诊断均为恶性肿瘤, 卵巢来源可能性大。结论 卵巢纤维瘤的CT表现多样化, 多表现为一侧附件区边界清楚的实性肿块, 无明显强化, 若伴有胸腔积液和腹腔积液, 则可诊断为Meigs综合征。

**关键词:** 卵巢肿瘤 纤维瘤 体层摄影 X线计算机 Meigs综合征

**Abstract:** Objective To study the value of multislice spiral computed tomography (CT) in the diagnosis of ovarian fibroma. Method The CT findings of 9 cases with pathologically confirmed ovarian fibroma were retrospectively analyzed by two radiologists. Results All of the 9 cases showed unilateral adnexal mass with demarcated boundary. There were three different types of ovarian fibroma according to the CT appearance: simple type ( $n=4$ ), degeneration type ( $n=3$ ) and the ovarian fibroma with ascites ( $n=2$ ). The simple type showed homogeneous-density solid tumor with no enhancement; two of them diagnosed as uterine leiomyomas and the other two as benign tumor originated from the ovary. The degeneration type showed irregular or round hypodensity inside the tumor with no enhancement; one of them was diagnosed as malignant tumor and the other two as intrapelvic mass. The ovarian fibroma with ascites showed homogeneous density with no enhancement; one with ascites and pelvic effusion and the other one with pleural effusion, ascites and pelvic effusion, both of whom were diagnosed as malignant tumor that possibly originated from the ovary. Conclusions The ovarian fibroma has diverse CT findings. They often appear as a unilateral adnexal solid tumor without obvious enhancement. A diagnosis of Meigs's syndrome may be made when it is accompanied with ascites and pleural effusion.

**Keywords:** ovary tumor fibroma tomography, X-ray computed Meigs syndrome

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