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## 对比进展期胃癌与原发性胃淋巴瘤中上腹淋巴结转移的CT表现

### MSCT findings of upper middle abdominal lymph nodes metastases: Comparison on advanced gastric carcinoma and primary gastric lymphoma

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中文关键词: [胃肿瘤](#) [淋巴瘤](#) [淋巴结](#) [肿瘤转移](#) [体层摄影术](#) [X线计算机](#)

英文关键词: [Stomach neoplasms](#) [Lymphoma](#) [Lymph nodes](#) [Neoplasm metastasis](#) [Tomography, X-ray computed](#)

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#### 中文摘要:

目的 探讨进展期胃癌(AGC)与原发性胃淋巴瘤(PGL)中上腹淋巴结转移的CT表现差异。方法 回顾性分析经病理证实且有中上腹淋巴结转移的61例AGC和17例PGL患者的中上腹CT表现,对比分析转移淋巴结的部位、大小、数目、形态、密度及强化方式。结果 AGC中上腹淋巴结转移以肝胃韧带(44/61,72.13%)、贲门周围(28/61,45.90%)、腹腔干周围(27/61,44.26%)、胃结肠韧带(18/61,29.51%)和肝十二指肠韧带及胰头周围(18/61,29.51%)发生率较高,PGL则以肝胃韧带(15/17,88.24%)、肝十二指肠韧带及胰头周围(9/17,52.94%)、胃结肠韧带(8/17,47.06%)、腹腔干周围(8/17,47.06%)和腹主动脉周围下部(8/17,47.06%)发生率较高;PGL腹主动脉周围下部淋巴结转移率较高( $\chi^2=4.606, P=0.032$ ),转移淋巴结最大短轴径(MSAD)≥2.5 cm的比例高于AGC,强化较均匀,坏死少见( $P<0.001$ )。结论 与AGC相比,PGL更易引起腹主动脉周围下部淋巴结肿大,MSAD≥2.5 cm的淋巴结比例较高,强化较均匀而坏死较少。

#### 英文摘要:

**Objective** To observe MSCT manifestations of upper middle abdominal lymph nodes in advanced gastric carcinoma (AGC) and primary gastric lymphoma (PGL). **Methods** MSCT findings of upper middle abdominal lymph nodes were reviewed in 61 patients of AGC and 17 patients of PGL confirmed histopathologically. The location, size, number, shape, density and patterns of metastatic lymphnodes were observed. **Results** The predominant site of metastatic lymphnodes in AGC was hepatogastric ligament (44/61, 72.13%), followed by cardiac orifice (28/61, 45.90%), celiac trunk (27/61, 44.26%), gastrocolic ligament (18/61, 29.51%) and hepatoduodenal ligament and head of pancreas (18/61, 29.51%), while metastatic lymphnodes of PGL were common seen in hepatogastric ligament (15/17, 88.24%), hepatoduodenal ligament and head of pancreas (9/17, 52.94%), gastrocolic ligament (8/17, 47.06%) and lower paraaortic area (8/17, 47.06%). The transfer probability to lower abdominal aorta of PGL was larger than that of AGC ( $\chi^2=4.606, P=0.032$ ). The proportion of metastatic lymphnodes with maximum short axis diameter (MSAD)  $\geq 2.5$  cm in PGL was larger than that in AGC. Compared with AGC, metastatic lymphnodes in PGL enhanced more homogeneously and had less necrosis (all  $P<0.001$ ). **Conclusion** The transfer probability to lower abdominal aorta of PGL is stronger than that of AGC. Compared with AGC, PGL causes more metastatic lymphnodes with MSAD  $\geq 2.5$  cm, which enhancing more homogeneously and having less necrosis.

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