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CT和MRI诊断侵袭性血管黏液瘤

CT and MRI in diagnosis of aggressive angiomyxoma

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中文关键词: 黏液瘤 外阴 体层摄影术,X线计算机 磁共振成像

英文关键词: Myxoma Vulva Tomography, X-ray computed Magnetic resonance imaging

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中文摘要:

目的 探讨侵袭性血管黏液瘤(AAM)的CT和MRI表现。方法 回顾性分析11例接受盆腔CT或MR检查并经手术、病理证实的AAM患者,男1例,女10例,中位年龄36岁,分析AAM的临床特点及影像学表现。结果 7例会阴部或臀部皮下肿块穿越盆膈延伸至盆腔,2例位于外阴,1例位于会阴部向上延伸至左下腹皮下,1例位于腹膜后。7例接受CT平扫,与肌肉密度相比,其中5例呈等密度,1例呈等低混杂密度,1例囊实混合;5例接受增强CT扫描,2例呈缓慢强化,1例呈絮状及分隔样强化,1例不均匀强化合并未强化囊变区,1例未见强化,其中2例出现漩涡样或分层状强化。8例接受MR检查,与肌肉信号相比,病灶T2WI高信号5例,稍高信号3例(1例合并显著高信号囊变区),5例出现典型漩涡状或分层样改变;T1WI低信号2例,稍低信号4例,等信号2例,其中3例病灶内部信号不均匀,2例内见条形或斑片样T1WI稍高信号。4例接受增强MR扫描,呈不均匀强化,1例未见强化囊变区。结论 AAM表现为患者单侧会阴区逐渐增大的软组织肿块穿越盆膈进入盆腔,MR T2WI表现为高信号及漩涡样改变,MR及CT增强扫描缓慢强化为AAM的特点。

英文摘要:

Objective To explore CT and MRI features of aggressive angiomyxoma (AAM). **Methods** Eleven patients with AAM confirmed by pathology were collected. All patients underwent CT or MRI before surgery. Ten patients were female, one was male. The median age was 36 years old. Clinical features and characteristics of AAM were analyzed. **Results** Vulva or buttock subcutaneous masses extended to the pelvis through the pelvic diaphragm were detected in 7 patients, masses only in the perineum were observed in 2 patients, while mass in the vulva extending to the lower left abdominal subcutaneous was found in 1, and retroperitoneal mass was found in 1 patient. Among 7 patients underwent plain pelvic CT, compared with muscle density, 5 patients were isodensity, 1 was hypodensity, 1 was cystic-solid mixed. Enhanced CT scanning was performed in 5 patients, lesions in 2 patients showed slow enhancement, 1 showed flocculent and segregation enhancement, 1 showed heterogeneous enhancement with no enhancement of cystic areas, while 1 patient showed no enhancement, and swirling or layered enhancement were detected in 2 patients. Among 8 patients underwent MR examination, compared with the muscle signal, 5 patients showed high signal intensity, 3 showed slightly high signal intensity (1 with significantly high signal of cystic change), while typical swirling or layered appearances were noticed in 5 patients on T2WI. T1WI showed 2 patients with low signal intensity, 4 with slightly low signal intensity and 2 with isointensity, among them 3 were internal signal heterogeneity and 2 with strips or patches of slightly high signals. Four patients underwent enhanced MR scan, all lesions inhomogeneous enhanced, and 1 patient had unenhanced area of cystic change. **Conclusion** AAM has unusual growth patterns of translevator extension with growth around perineal structures. Both CT and MR imaging can show the transdiaphragmatic extent of AAM. High signal intensity, typical swirling or layered appearances on T2WI, as well as slow enhancement on CT and MRI may suggest AAM.

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