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## 甲状腺微小乳头状癌的MSCT表现

### MSCT features of papillary thyroid microcarcinoma

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作者	单位	E-mail
<a href="#">涂灿</a>	<a href="#">宁波大学医学院附属医院放射科, 浙江 宁波 315020</a>	
<a href="#">邓生德*</a>	<a href="#">宁波大学医学院附属医院放射科, 浙江 宁波 315020</a>	dengsd116@163.com
<a href="#">于志海</a>	<a href="#">宁波大学医学院附属医院放射科, 浙江 宁波 315020</a>	
<a href="#">张喜久</a>	<a href="#">宁波大学医学院附属医院放射科, 浙江 宁波 315020</a>	
<a href="#">于亮</a>	<a href="#">宁波大学医学院附属医院放射科, 浙江 宁波 315020</a>	

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中文摘要:

目的 分析甲状腺微小乳头状癌 (PTMC) 的MSCT表现。方法 回顾性分析经手术病理证实的40例PTMC的MSCT表现与病理结果。结果 30例单发, 10例多发, 共50枚瘤灶, CT显示47枚。42枚呈类圆形或类椭圆形, 33枚位于腺叶表浅部位, 45枚平扫呈均匀低密度, 6枚突破包膜, 19枚瘤灶发生钙化, 其中细颗粒钙化9枚; 增强后瘤灶强化幅度均未超过同层面甲状腺组织强化程度, 40枚呈渐进性填充式强化, 延迟期呈等或稍低密度, 瘤灶变小。19例淋巴结转移, VI区均出现淋巴结。结论 当甲状腺腺叶表浅部位出现单发、均匀、低密度伴内部细颗粒钙化及渐进性填充强化时, 应当高度警惕PTMC; 若合并突破包膜或出现VI区淋巴结, 则可诊断PTMC。延迟期扫描可以更好地反映瘤灶的强化特征。

英文摘要:

**Objective** To analyze MSCT features of papillary thyroid microcarcinoma (PTMC). **Methods** MSCT findings and pathologic results of 40 PTMC patients confirmed by histology were retrospectively reviewed. **Results** Single lesion was detected in 30 patients, while multiple lesions in 10 patients. There were 50 PTMC lesions, and CT found 47 lesions. Forty-two lesions were round or oval, 33 located in the superficial lobe, 45 showed homogeneous low density, 6 showed discontinuous edge of the thyroids. Calcifications were observed in 19 lesions, while granular calcifications were found in 9 cases. The enhancement rate of lesions did not exceed the same level of thyroids, and 40 lesions showed progressive filling. Lesions showed equal or slightly low density, and became small on the delayed phase. Nineteen patients had lymph node metastasis, all showing central lymph node. **Conclusion** Thyroid nodules with single, superficial part, low density, internal granular calcification and progressive filling should be highly suspected of PTMC. When the edge of thyroid is discontinuous or there is central lymph node, diagnosis of PTMC can be made. Delayed phase scanning can better reflect the enhancement features of PTMC.

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主管单位: 中国科学院 主办单位: 中国科学院声学研究所

地址: 北京市海淀区北四环西路21号大猷楼502室 邮政编码: 100190 电话: 010-82547901/2/3 传真: 010-82547903

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