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多层螺旋CT血管造影显示Adamkiewicz动脉

Display of Adamkiewicz artery with MSCT angiography

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中文关键词: [体层摄影术](#), [X线计算机](#) [血管造影术](#), [数字减影](#) [Adamkiewicz动脉](#) [脊髓前动脉](#)

英文关键词: [Tomography](#), [X-ray computed](#) [Angiography](#), [digital subtraction](#) [Adamkiewicz artery](#) [Anterior spinal artery](#)

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中文摘要:

目的 采用320层CTA显示和评价Adamkiewicz动脉(AKA),并探讨适宜的扫描方案。方法 将120例患者因临床疑诊主动脉病变而接受全主动脉CTA检查,将其随机分为A1、A2、B1、B2组,分别采用不同扫描方案:A1、A2组对比剂浓度为350 mgI/ml,B1、B2组为370 mgI/ml;降主动脉近端CT值达100 HU时,A1、B1组延迟15 s触发扫描,A2、B2组延迟18 s触发扫描。由两位放射科医师分别对每例患者的CT数据进行图像后处理,显示AKA,统计AKA起源水平及位置,计算各组AKA显示率,比较不同延迟触发时间及碘对比剂浓度对AKA显示率的影响;采用Cohen检验评估两位医师评价的一致性。结果 120例患者均成功完成检查。85例显示AKA,共计98支,起自T7~L1水平,82.65%(81/98)AKA起自T9~L1水平,75支(75/98,76.53%)起自左侧肋间动脉或腰动脉。4组患者AKA显示率分别为A1组63.33% (19/30),A2组66.67% (20/30),B1组70.00%(21/30);B2组83.33%(25/30)。不同延迟触发时间和对比剂浓度组间显示率的差异均无统计学意义($P>0.05$),但B2组AKA显示率达83.33%,高于其他3组。两名医师评价AKA的一致性较高($Kappa$ 值=0.94)。结论 采用适宜扫描方案,320层全主动脉CTA可在评价主动脉疾病的同时对AKA进行术前定位。

英文摘要:

Objective To display and evaluate Adamkiewicz artery (AKA) with 320-slice CTA, and to discuss the appropriate scan protocol of AKA. **Methods** A total of 120 patients with suspected aortic diseases were randomly divided into four groups (group A1, A2, B1, B2) with different scan protocols. Group A1 and A2 were injected by iodine contrast medium of 350 mgI/ml, and group B1 and B2 were injected by iodine contrast medium of 370 mgI/ml. Acquisition time of group A1 and B1 were delayed 15 s, group A2 and B2 were delayed 18 s. The imagings of AKA were evaluated by two radiologists. Display rates of AKA were compared among the groups. The agreement between the two doctors was tested with Cohen test. **Results** All 120 patients underwent the examination successfully. AKA could be identified in 85 of 120 patients, 98 branches could be depicted and located from T7 to L1. Eighty-one branches (82.65%, 81/98) located from T9 to L1, and 75 branches (75/98, 76.53%) originated from the left intercostal or lumbar arteries. The display rate of AKA was 63.33% (19/30) in group A1, 66.67% (20/30) in group A2, 70.00%(21/30) in group B1, 83.33%(25/30) in group B2, respectively. Though delay time and concentration of contrast medium had not significant impact on determination the display rate of AKA (all $P>0.05$), the display rate of AKA in group B2 was higher than that of the other groups. The correlation between two doctors was excellent ($Kappa$ value=0.94). **Conclusion** Using appropriate scan protocol,320-slice CTA can simultaneously show aortic diseases and depict AKA.

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