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ADC、FA值诊断急性期、慢性早期脑梗死

ADC and FA values in diagnosis of cerebral infarction at acute and earlier chronic stage

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中文摘要:

目的 探讨ADC、FA值在脑梗死病程中的变化规律及ADC、FA值的变化同脑梗死患者预后的关系。方法 收集脑梗死患者16例并分为康复较好组和康复较差组,分别测定梗死区及对照区(对侧位置对称、面积相同的部位)的ADC、FA值,分析比较ADC、FA值在脑梗死急性期及慢性早期的差异。结果 ①梗死区急性期ADC值较对照区低($P<0.05$),慢性早期ADC值同对照区之间差异无统计学意义($P>0.05$);且梗死区慢性早期ADC值较急性期升高($P<0.05$)。②急性期、慢性早期梗死区FA值均较对照区低($P<0.05$),且梗死区慢性早期FA值较急性期降低($P<0.05$)。③康复较好组、康复较差组的ADC及FA值在急性期、慢性早期差异均无统计学意义($P>0.05$)。结论 脑梗死后,急性期、慢性早期ADC及FA值的变化有一定规律。

英文摘要:

Objective To investigate the variation law of apparent diffusion coefficient (ADC) and fractional anisotropy (FA) values in patients with cerebral infarction, and to explore the relationship between the changes and the prognosis of cerebral infarct patients. **Methods** Sixteen patients with cerebral infarction were recruited and divided into 2 groups: good recovery and poor rehabilitation. ADC and FA values were calculated in infarct areas and control areas which were the regions with symmetrical position and the same area as infarct areas. The difference of ADC and FA values in patients at acute and earlier chronic stage between the two areas were analyzed. **Results** ①At acute stage, ADC values in infarct areas were lower than those in control areas ($P<0.05$). At early chronic stage, there was no significant difference of ADC values between infarct areas and control areas ($P>0.05$), moreover ADC values were higher than that at acute phase ($P<0.05$). ②FA values in infarct areas were lower than those in control areas at both acute and early chronic stage ($P<0.05$). At early chronic stage, FA values were lower than those at acute stage ($P<0.05$). ③There was no significant difference of ADC and FA values at both acute and early chronic stage between good recovery group compared with poor rehabilitation group ($P>0.05$). **Conclusion** There are certainly rules in changes of ADC and FA values in patients with cerebral infarction at acute and earlier chronic stage.

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