



双源CT胸痛三联症联合腹部CT血管造影检查对主动脉夹层的诊断价值

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Dual-source Computed Tomographic Angiography Using “Triple-rule-out” Protocols in Combination with Abdominal Computed Tomographic Angiography for Evaluation of Aortic Dissection

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摘要

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摘要 目的 探讨双源CT胸痛三联症联合腹部CT血管造影(CTA)检查在主动脉夹层诊断中的临床价值。方法 对25例疑似主动脉夹层患者行双源CT胸痛三联症联合腹部CTA检查,所有患者原始数据应用多平面重建、容积再现、曲面重建、最大密度投影等方法进行主动脉成像,由2名有经验的放射科医师进行诊断。根据结果分为夹层组(12例)及非夹层组(13例),分别进行图像质量评价。夹层组各例分别测取第1破口周围及双肾动脉开口水平真、假腔主动脉平均强化值。结果 夹层组12例中按DeBakey分型, I型6例、II型2例、III型4例,图像质量优为83.3%、良为16.7%,均能满足诊断要求,非夹层组图像质量优为100%。夹层组第1破口周围真腔与双肾动脉水平真腔平均强化值比较,差异无统计学意义。结论 双源CT胸痛三联症联合腹部CTA检查方法 稳定可靠,在主动脉夹层诊断中具有较高的临床应用价值,是一种无创、准确、快速的检查方法。

关键词: 主动脉夹层 双源CT 图像质量

Abstract: Objective To explore the clinical value of “triple-rule-out” protocols using dual-source computed tomography for aortic dissection (AD) assessment. Methods Totally 25 patients suspecting of suffering from AD were examined on a dual-source computed tomography scanner. Two-dimensional and three-dimensional reconstruction was performed in all patients by means of multiplanar reconstruction, curved planar reformation, maximum intensity projection, and volume rendering. All images were read by two experienced radiologists in consensus. All patients were divided into AD group ($n=12$) and NO AD group ($n=13$). The average Hounsfield unit values of true and false lumen were compared between superior of the aortic around the first endoleak and inferior of the aortic around renal artery. Results In AD group, there were 6 patients with DeBakey type I, 2 patients with DeBakey type II, and 4 patients with DeBakey type III. The image quality was rated on a 3-point scale as “excellent” in 10 patients (83.3%) and “good” in 2 patients (16.7%). All cases was fully evaluable in NO AD group. The average Hounsfield unit values of true lumen between superior of the aortic around the first endoleak and inferior of the aortic around renal artery showed no significant difference between AD and NO AD group. Conclusion Dual-source computed tomography offers a non-invasive, accurate, and rapid way to evaluate AD.

Keywords: aortic dissection dual-source computed tomography image quality

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