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CT与SPECT在常染色体显性多囊肾治疗中的应用

Application of CT and SPECT in the treatment of autosomal dominant polycystic kidney disease

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英文关键词: [Polycystic kidney, autosomal dominant](#) [Tomography, X-ray computed](#) [Tomography, emission-computed, single-photon](#)

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中文摘要:

目的 探讨CT与SPECT在常染色体显性多囊肾(ADPKD)治疗中的作用。方法 回顾性分析89例ADPKD患者的病历资料,观察各期患者术前CT表现特点及术前、术后SPECT肾动态显像的变化。结果 患者术前CT显示双肾体积增大,肾实质内多发大小不等的囊性低密度影,增强扫描后肾盂与囊肿对比明显。SPECT肾动态显像结果显示I、II、III期患者术前肾小球滤过率(GFR)分别为(49.47±9.93)ml/min、(30.59±8.16)ml/min、(14.84±6.22)ml/min,术后分别为(52.14±8.67)ml/min、(43.77±9.33)ml/min、(14.65±5.61)ml/min。II期患者术后GFR显著高于术前($P<0.05$)。I、III期患者术后GFR与术前相比,差异无统计学意义($P>0.05$)。结论 联合应用CT及SPECT有利于掌握肾脏形态及功能的综合信息,选择最佳手术时机及合理治疗方案。

英文摘要:

Objective To explore the value of CT and SPECT renal dynamic imaging in the treatment of autosomal dominant polycystic kidney disease (ADPKD). **Methods** Clinical data of 89 patients with ADPKD were analyzed retrospectively. CT features and changes of SPECT renal dynamic imaging pre-operation and post-operation in different stages of ADPKD were investigated. **Results** The enlarged volume of kidneys and multiple cystic low-density lesions of different sizes within renal parenchyma were displayed on plain CT images. On enhanced CT images, renal pelvis was enhanced but cysts were still hypodense. The preoperative GFR of stage I, II, III was (49.47±9.93)ml/min, (30.59±8.16)ml/min and (14.84±6.22)ml/min, respectively, whereas postoperative GFR of stage I, II, III was (52.14±8.67)ml/min, (43.77±9.33) ml/min and (14.65±5.61) ml/min, respectively. In stage II patients, postoperative GFR was significantly higher than preoperative GFR ($P<0.05$). However, there was no statistical difference between pre-operation and post-operation GRF in patients with stage I and III ($P>0.05$). **Conclusion** CT combined with SPCT renal dynamic imaging is helpful to provide valuable information of renal morphology and function for urologists to choose optimal operation timing and therapeutic schemes.

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