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脑内原发淋巴瘤致交叉性小脑神经机能联系不能的^{18}F-FDG PET/CT表现

Features of ^{18}F-FDG PET imaging in primary cerebrallymphoma with crossed cerebellum diaschisis

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中文关键词：交叉性小脑神经机能联系不能 淋巴瘤 磁共振成像 体层射影术,发射型计算机 18F脱氧葡萄糖

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中文摘要:

目的 观察大脑原发淋巴瘤所致交叉性小脑神经机能联系不能(CCD)的^{18}F-FDG PET/CT表现以及探讨不对称指数(AI)检测CCD的能力。方法 回顾性分析12例经手术与活检证实的免疫正常的大脑原发淋巴瘤患者^{18}F-FDG PET/CT与增强MRI表现。对所有病例双侧小脑FDG代谢显像进行视觉分析以及AI的半定量分析。AI值大于0.10认定CCD阳性。结果 所有原发病灶均显示为结节样、团块样异常FDG浓聚和MRI显著强化。2例为颅内多发病灶,10例为单发病灶。6例单发病灶淋巴瘤患者CCD阳性,视觉分析与AI均为阳性表现,所有病变对侧小脑FDG代谢均显著低于同侧小脑;其余6例CCD阴性。CCD阳性与阴性患者间的AI值差异有统计学意义(AI平均值分别为0.19±0.04和0.05±0.02,t=-5.650,P<0.05)。结论 ^{18}F-FDG PET/CT能够检测出原发淋巴瘤导致的CCD;AI是有效的半定量检测指标。

英文摘要:

Objective To explore the value of ^{18}F-FDG PET/CT and asymmetry index (AI) in detecting crossed cerebellar diaschisis (CCD) in primary cerebral lymphoma (PCL). **Methods** Images of 18F-FDG PET/CT and contrast-enhanced MRI of 12 immunocompetent patients with PCL confirmed by surgery or biopsy were retrospectively reviewed. Both visual analysis and AI semi-quantitative analysis were performed between the ipsilateral cerebellar hemispheres of lesions and the contralateral sides in all patients. Patients with AI more than 0.1 and those with AI equal to 0.10 or less than 0.10 were classified as CCD-positive and CCD-negative, respectively. **Results** All lesions were nodular or massive with strongly hyper metabolism on FDG PET and remarkable enhancement on contrast-enhanced MRI. Solitary lesions were found in 10 cases, and multiple lesions in 2 cases. In these patients, six cases (all were solitary lesions) were CCD-positive and others were CCD-negative on both visual analysis and AI in the FDG PET/CT study. Between CCD-positive and CCD-negative patients, mean AI values were significantly different (0.19±0.04, 0.05±0.02, t=-5.650, P<0.05). **Conclusion** CCD in PCL can be detected with ^{18}F-FDG PET/CT, and AI is an available semi-quantitative parameter in detecting and assessing CCD.

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