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## 微乳头型肺腺癌为主的MSCT特征初探

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## Features of multislice spiral computed tomography in micropapillary-predominant lung adenocarcinomas

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摘要

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## 摘要

目的: 探讨微乳头型肺腺癌为主的多层螺旋CT (multislice spiral computed tomography, MSCT) 特征, 以提高对该病的认识。方法: 回顾性分析天津医科大学肿瘤医院2011年6月至2014年8月经手术病理证实的18例微乳头型肺腺癌(微乳头成分>50%)为主的MSCT特征。结果: 本组18例中1例为弥漫型肺癌, 3例为中央型肺癌, 14例为周围型肺癌。14例周围型肺癌直径为1.3~8.5 cm, 平均直径为3.56 cm, 其中8例直径≥3 cm; 13例呈分叶状, 9例边缘可见长短毛刺, 7例可见胸膜凹陷征, 5例紧贴胸膜及与胸膜粘连, 1例内侧可见支气管截断征, 4例周围伴阻塞性炎症, 1例伴钙化, 2例病变较大密度不均, 4例肿物内可见含气支气管征, 2例呈实性与磨玻璃混杂密度。18例中16例病变增强CT值(ΔCT)为13~80 HU, 平均47.5 HU, 其中ΔCT≥15 HU者15例, ΔCT≥20 HU者15例。2例胸膜增厚伴右侧胸腔积液, 病理证实1例胸膜转移; 1例右侧胸腔积液, 病理证实同侧胸膜转移; 1例合并双侧胸腔及心包少量积液, 双肺多发磨玻璃密度结节影。8例可见纵隔或肺门淋巴结肿大, 强化密度不均, 6例均经手术病理证实存在淋巴结转移; 4例经手术病理证实存在淋巴结转移, 但CT检查中未见明显肿大淋巴结。结论: 微乳头型为主肺腺癌在女性非吸烟的老年患者中多见, 以周围型肺癌多见, 且基本具备周围型肺癌分叶征、毛刺征及胸膜凹陷征的典型表现, 实性为主, 强化较明显, 淋巴结转移发生率高。

关键词: 肺肿瘤, 腺癌, 微乳头, MSCT

## Abstract:

Objective: To examine the features of multislice spiral computed tomography (MSCT) in micropapillary-predominant lung adenocarcinomas to improve the understanding of this type of lung cancer. Methods: The MSCT features of 18 cases with micro-papillary-predominant lung adenocarcinoma (micropapillary component >50%) confirmed by histopathology were analyzed retrospectively. Results: Among the 18 cases of lung cancer, 1 was diffuse, 3 were central, and 14 were peripheral lung cancer (PLC). The size of the adenocarcinomas in the 14 PLC cases ranged from 1.3 cm to 8.5 cm, with an average of 3.56 cm, including the size of 8 cases greater than or equal to 3 cm. Among the 18 cases, 13 were lobulated, 9 showed spicule signs, 7 showed pleural indentation signs, 5 had pleural adhesions, 1 had bronchial truncation (i.e., cut-off sign), and 4 were surrounded by obstructive inflammation. In addition, calcification was observed in one case, uneven density in two large lesions, air bronchus sign in four, and solid and ground-glass mixed density in two. Among the total number of cases, a variety of the measurable enhanced CT values (ΔCT) of lesions were found in 16, ranging from 13HU to 80HU, with an average of 47.5 HU, of which 15 were cases of ΔCT ≥ 15HU and 15 were cases of ΔCT ≥ 20HU. Pleural thickening was observed in two cases with pleural effusion, and pleural metastasis in one case was confirmed by histopathology. One case with pleural effusion suffering pleural metastasis was confirmed. Ground-glass density nodules in both lungs were observed in one case, with a few bilateral pleural and pericardial effusions. Eight cases had mediastinal or hilar enlarged lymph nodes with uneven density enhancement, and lymph node metastasis was pathologically confirmed in six cases. Lymph node metastasis was found in four cases, but no apparent enlargement of lymph nodes in MSCT was observed. Conclusion: Micropapillary-predominant lung adenocarcinomas were common in non-smoking elderly female patients, whose lung cancer cases were mostly PLC. The typical features of PLC include lobulation, spicule, and pleural indentation signs. Solid density ranked first in the PLC cases, with evident enhancement and high rate of lymph node metastasis.

Key words: lung cancer adenocarcinoma micropapillary MSCT

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