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## 头颈部炎性肌纤维母细胞瘤CT和MRI表现

### CT and MRI features of head and neck inflammatory myofibroblastic tumors

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英文关键词: [Inflammatory myofibroblastic tumor](#) [Tomography, X-ray computed](#) [Magnetic resonance imaging](#)

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中文摘要:

目的 探讨头颈部炎性肌纤维母细胞瘤(IMT)的CT和MRI表现。方法 回顾性分析12例经手术病理证实的头颈部IMT患者的临床及影像学资料,9例接受CT平扫,其中7例接受增强CT扫描;4例接受MR平扫及增强扫描。结果 12例IMT均为单发,发生于上颌骨、颌面部软组织、上颌窦及颈部软组织各2例,下颌骨、眼眶、颧骨及腮腺各1例,肿瘤体积1.0 cm×1.0 cm×1.0 cm~5.0 cm×3.8 cm×4.8 cm。CT平扫7例密度均匀,2例密度不均匀,CT值30~85 HU,增强扫描6例轻至中度强化,1例明显强化;6例可见骨质被吸收破坏,呈压迫性或膨胀性溶骨改变,周围无硬化边和骨膜反应。MRI示软组织肿块,边界不清,T1WI呈等略低信号,T2WI呈等略高信号;增强后3例明显均匀强化,1例不均匀强化。结论 CT和MRI可清晰显示IMT部位、大小及周围改变,但无特异性,确诊需依赖病理检查。

英文摘要:

**Objective** To investigate CT and MRI manifestations of inflammatory myofibroblastic tumor (IMT) located in head and neck. **Methods** Imaging and clinical data of 12 patients with IMT proved by pathology were retrospectively analyzed. Among 12 patients, 9 underwent plain CT scanning, 7 of them underwent enhanced CT scanning, while 4 patients underwent both plain and enhanced MR scanning. **Results** IMT in all the 12 cases present as single lesion, located in maxilla, soft tissue of maxillofacial region, maxillary sinus and neck (each  $n=2$ ), and in mandible, orbit, zygomatic bone and parotid gland (each  $n=1$ ). The volume of the lesions ranged from 1.0 cm×1.0 cm×1.0 cm to 5.0 cm×3.8 cm×4.8 cm. Plain CT showed 7 lesions with homogeneous density and 2 with heterogeneous density, with CT value ranged from 30 HU to 85 HU. Enhanced CT showed slight or moderate enhancement in 6 cases and significant enhancement in 1 case. Bone absorption and destruction with oppressive or expansive osteolysis changes were observed in 6 cases, while no bone sclerosis nor periosteal reaction was found. In MRI, the lesions were shown as soft tissue masses with unclear border, manifested as iso-hypointensity on T1WI and slightly iso-hyperintensity on T2WI. After administration of contrast, the lesions obviously and homogeneously enhanced in 3 cases, while inhomogeneously enhanced in 1 case. **Conclusion** CT and MRI can clearly demonstrate the location and dimension of IMT and the changes of surrounding tissues without specificity. The final diagnosis relies on pathology.

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