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MDCT增强扫描加多平面重建技术诊断腹膜癌的影像学研究*

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Role of Contrast-Enhanced Multi-Detector Row Computed Tomography and Multiplanar Re-construction in Diagnosing Peritoneal Carcinomatosis

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摘要

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摘要 目的: 研究多层螺旋CT (Multi-detector row computed tomography, MDCT) 增强扫描加多平面重建 (Multiplanar reconstruction, MPR) 技术对腹膜转移癌 (Peritoneal carcinomatosis, PC) 的诊断效能, 分析PC的典型CT征象。方法: 对54例PC患者术前进行MDCT多期增强扫描, 分析MDCT横断位图像及MPR图像, 与术中探查结果进行比较。结果: 54例PC患者MDCT增强扫描检出356个病灶, 在1~13分区中每例患者检测出病灶平均数为 (6.5 ± 3.4) 个。常见转移部位是大网膜、左半膈、脾包膜、盆腔、右半膈、胃周韧带等。转移病灶密度以实性为主, 病灶直径为0.5~13cm。总体敏感度为78.1% (356/456), 特异度为 92.3% (277/300); 病灶≥0.5 cm时, 敏感度为90.0% (307/341), 病灶<0.5 cm时, 敏感度为42.6% (49/115)。CT- 腹膜癌指数 (Peritoneal carcinomatosis index, PCI) 与术中PCI 的吻合度为0.384 ~ 0.640 (P<0.05)。结论: MDCT增强扫描加MPR技术可较准确评估CT-PCI, 与术中PCI 有较高的吻合度, 可为临床制定治疗计划提供依据。

关键词: 腹膜转移癌 多层螺旋CT增强扫描 多平面重建 腹膜癌指数

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Abstract: Objective: This study aims to determine the clinical value of a multi-detector row computed tomography (MDCT) combined with multiplanar reconstruction (MPR) for the diagnosis of peritoneal carcinomatosis (PC), as well as to analyze the typical computed tomography (CT) features of PC. Methods: Fifty-four PC patients underwent MDCT and MPR before surgery. The results of the CT scan were analyzed by radiologists and oncologists by comparing the sensitivity and specificity with the intraoperative findings. Results: A total of 356 PC lesions were found in all 54 patients after enhanced CT scanning, ranging from 1 to 13 (average 6.5 ± 3.4) for each patient. The most frequently observed PC sites were the greater omentum, left hemidiaphragm, splenic capsule, pelvis, right hemidiaphragm, and gastric ligaments. The PC lesions were mainly solid, with a diameter range of 0.5 cm to 13 cm. The overall sensitivity was 78.1% (356/456), and the overall specificity was 92.3% (277/300). The sensitivity was 90% (307/341) for the lesions ≥0.5 cm, was reduced to 42.6% (49/115) for the lesions <0.5 cm. The degree of fitness between the CT-peritoneal carcinomatosis index (CT-PCI) and the intraoperative PCI was 0.384 to 0.640 (P<0.05). Conclusion: MDCT and MPR can help determine a good degree of fitness of the CT-PCI value with the intraoperative findings and can significantly inform decision-making on treatment options for peritoneal carcinomatosis.

Key words: [Peritoneal carcinomatosis](#) [Contrast-enhanced multi-detector row computed tomography](#) [Multiplanar reconstruction](#)
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