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100例原发性肺腺癌的CT表现

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提 要 分析了100例肺腺癌的CT表现,并对照病理大切片解释其征象。旨在提高对肺腺癌的认识。均经手术和纤维支气管镜或锁骨上淋巴结或经皮穿刺活检证实。行常规CT扫描,待发现病灶结节后加局部病灶薄扫。采用Heizman法处理及观察标本,进行一对一的对比观察。资料表明,原发性肺腺癌在男性的发病率有所增加,本文男70例,女30例。临床症状主要与转移有关,故强调结合临床症状,寻找可能的CT征象。本文对肿瘤的分叶征、空气支气管征、瘤肺交界面的CT表现及病灶周围的常见病变,如各种不同表现的毛刺、病灶周围的肺间质改变的CT表现及病理基础进行了分析与探讨。强调了这些征象在肺腺癌CT扫描中的特异性表现。

关键词 CT;肺腺癌;CT-病理对照

中图法分类号 R734.204

原发性肺腺癌的发病率在肺癌中仅次于鳞癌,其X线表现已有很多论述,但对其CT表现及其形态的病理基础的认识尚待深入。本文分析了100例腺癌的CT表现,并对照病理大切片解释其征象,旨在提高对肺腺癌的认识。

1 材料与方法

连续采集100例肺腺癌,均经手术(44例)、纤维支气管镜活检(28例)、胸膜活检(13例)、锁骨上淋巴结活检(6例)、经皮穿刺活检(2例)证实。其中4例又分别经痰液检查、心包穿刺、皮肤结节及骨活检证实,有3例为脑肿瘤,手术切除病理证实为肺腺癌转移,其中1例又行经皮穿刺肺病灶活检,证实为肺腺癌。所有病人均行常规CT扫描,待发现小结节后加局部病灶薄扫。采用Heizman法处理及观察经肺充气固定大切片病理标本,进行一对一的对比观察。

1.1 一般临床资料

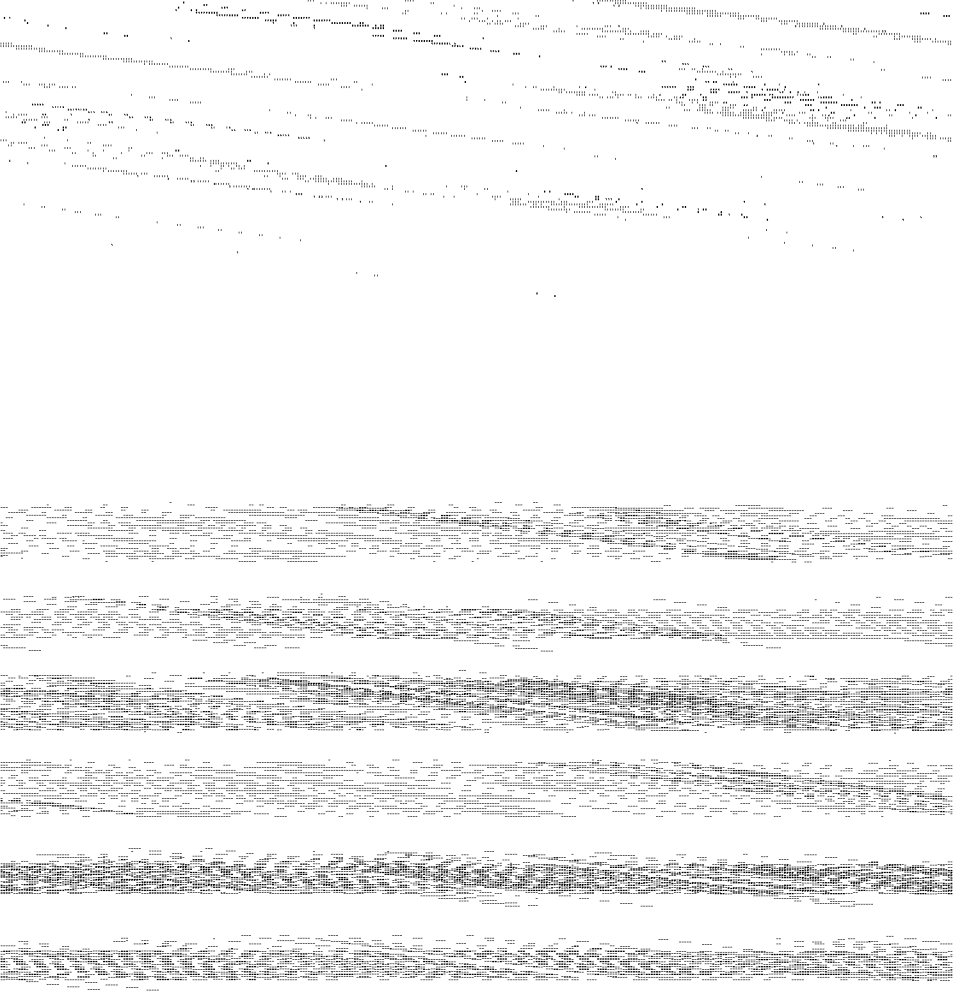
男70例,女30例。年龄31～59岁33例,51～70岁62例,70岁以上5例。主述:除咳嗽、咳痰外,胸和/或背痛38例,咯血25例,胸闷8例,低热4例,盗汗3例,锁骨上淋巴结肿大8例,颅内症状就诊者3例,另有呼吸困难、心慌、气紧等,9例无自觉症状。其中右肺共59例,上叶25、中叶13、下叶21。左肺37例,其中上叶16、舌叶6、下叶15,两肺共计96例,因有4例不能明确原发灶,1例为双肺多发性小斑片影,纤支镜见双侧主支气管口狭窄,在此活检为腺癌,3例为大量胸水,未见到肺内病灶,经胸膜活检为腺癌。100例中有中央性7例,CT见到叶支气管阻塞。病灶大于3 cm者53例,小于3 cm者38例,其中14例小于2 cm。9例弥漫性表现较特殊,不能测量其大小。病灶形态及其密度、瘤-肺交界面、病灶周围的改变及主要CT征象与肿瘤大小的关系分别见表1～3。

表1 病灶大小与形态、分叶、密度的关系

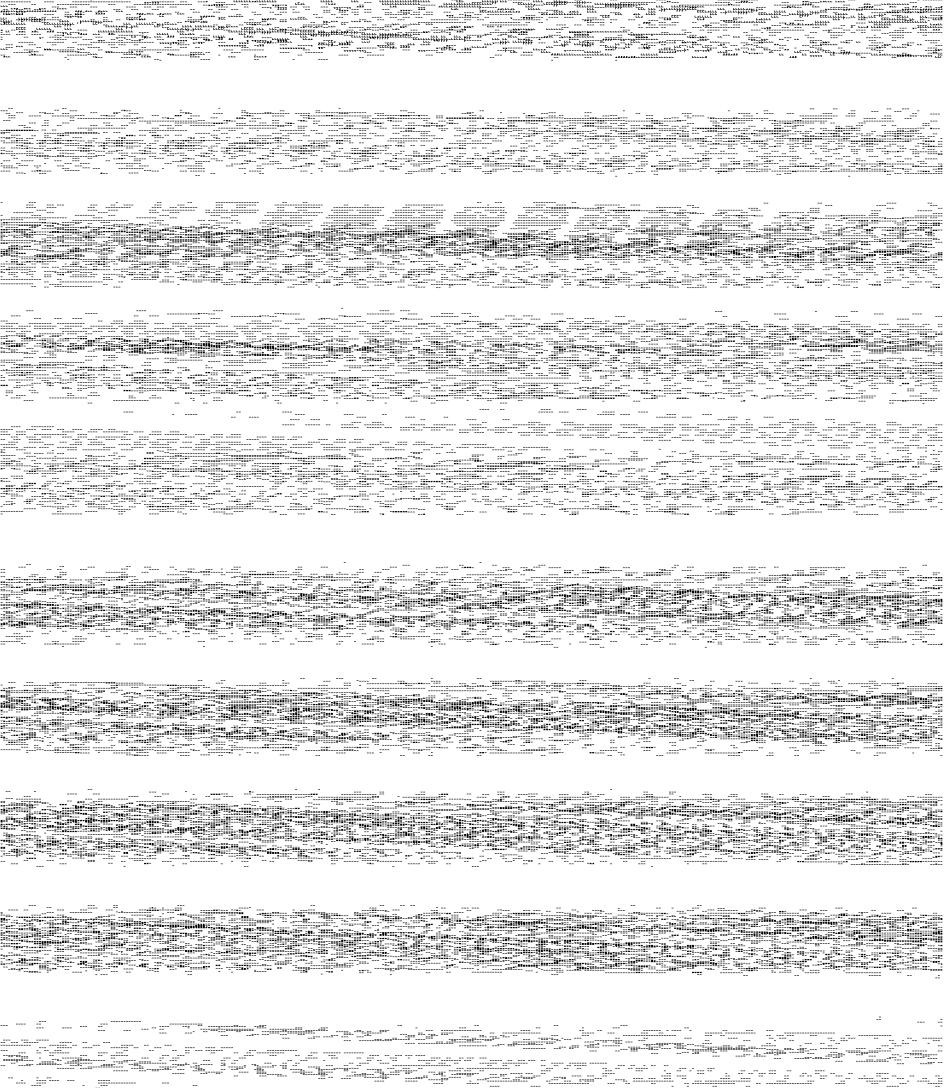
Tab 1 The relationship between the size of lesion and shape, lobulation, density of lesion

Size (cm)	n	Shape			Lobulation			Density			
		Round	Elliptoid	Irregular	Deep	Shallow	Mixture	Vacuole	Cavity	Necrosis	Calcficationi
<2	14	7	5	2	2	—	—	6	0	0	0
2.1～	24	13	5	6	4	2	1	8	0	0	1
3.1～	14	6	6	2	4	1	1	0	1	0	0
4.1～	23	4	7	12	12	2	1	0	1	1	0
>5	16	6	4	6	9	2	2	0	1	2	1

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腺癌转移：以淋巴结转移多见，广泛淋巴结转移也好发于腺癌，本组胸内淋巴结转移35例，锁骨上淋巴转移10例，无一例直接侵犯胸壁。胸水常提示胸膜转移，有时大量胸水查不到肺内病灶而误诊为结核性胸膜炎，本组中有3例。因此不明原因胸水，CT扫描寻找胸膜结节、被压缩肺内肿块影及胸膜不规则增厚很有必要。本组23例合并胸水，其中有包裹性积液者5例，胸水合并气胸者3例，合并心包积液及心包膜明显不规则增厚者3例，此3例均有隆突下淋巴结明显肿大，估计可能是经纵隔淋巴结侵犯心包所致，8例有多个胸膜结节，回顾其中3例被误诊为结核性胸膜炎者，压缩肺内可见肿瘤结节。另3例在压缩肺内无含气的支气管影，均经纤支镜活检证实为中心性肺癌。

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CT features of 100 cases of primary pulmonary adenocarcinoma

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Abstract The CT features of 100 cases of primary pulmonary adenocarcinoma were reviewed correlatively with their pathological findings in order to have a better understanding of pulmonary adenocarcinoma. All the cases were pathologically confirmed with surgical specimens, biopsy of the supraclavicular lymph nodes or tissue specimens obtained through fiberoptic bronchoscopy or percutaneous needle biopsy. Routine CT was performed. When a lesion was found, additional localized thin scanning of the lesion was done. The pathological specimens were processed with HEITZMAN technique and studied correlatively with the corresponding CT features. It was found that the incidence of primary pulmonary adenocarcinoma was increased in male subjects. The 100 cases consisted of 70 male and 30 female, The clinical manifestations were dependent on whether there was metastasis or not. So it was emphasizd that suspected CT features should be looked for on the basis of symptoms and signs found. The CT features of lobulation sign. Pneumobronchus and the inter face between cancenous and normal pulmonary tissues of adenocarcinoma were described and discussed. The common pathological changes in the periphery of a malignant lesion such as hairy spurs and interstitial abnormalities were also described. The specific features of these signs in pulmonary adenocarcinoma were notified.

Key words computerized tomography (CT); pulmonary adenocarcinoma; CT-pathological correlative analysis

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4 讨论

脚踩法具有悠久的历史，古代称之为踩跷法[1]。据《素问·异法方宜论》记载："中央者，其地平以湿，天地所以生万物也众，其民食杂而不劳，故其病多痿厥寒热，其治宜导引按跷……。"由此可见，用脚踩法治病源远流长。

脚踩法主要适用于慢性疾病及功能性疾病的治疗。如痹症、肩周炎、腰痛、腰椎间盘突出和痛经等病证。

脚踩法的特点是压力强度高、着力面积大、刺激作用强、牵张充分、力量均匀而持久。尤其对治疗四肢、腰背等肌肉丰厚部位的深层软组织损伤等疗效更好。腰椎间盘突出部位有多裂肌、横突间肌、骶棘肌、腰背筋膜等结构覆盖，位置深而隐蔽。选用脚踩治疗腰椎间盘突出，恰好发挥了该法的优势，故疗效显著。而手法推拿力量轻、刺激作用小。所以疗效比脚踩法稍差。总之，治疗以缓解或消除肌肉的紧张与痉挛，松解粘连，消除椎管内外的致病因素，阻断疼痛的传导，使疾病逐渐得以康复。

脚踩法以往应用较少，主要原因是：需要特制的踩床及其他器具，踩法不易掌握，操作不慎可发生骨折，劳动强度大等，因此未能广泛推广。希望踩法在医疗实践中不断完善、普及，为防治疾病发挥更大的作用。

关键词 腰椎间盘突出；踩法；手法推拿

中图法分类号 R681.505

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