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119例癫痫病CT分析

许持卫 王其源（第三军医大学西南医院 CT室）630038

提 要 本文对119例癫痫病CT片回顾分析，评估CT、EEG及常规X线检查的价值，探讨癫痫的病因。提出：癫痫诊断中，CT与EEG结合能明显提高阳性率，减少漏诊和误诊。尤其对临床疑有额、顶、颞叶病变更适于CT检查。早发与迟发性癫痫的区别有较重要的意义，前者以良性病变多见，预后好，但临床缺乏明显定位体征；后者以肿瘤和血管性疾病多见，预后差，多数有定位体征，应重视早期CT检查，以便及时处理。本文还发现，早发性癫痫以继发性多见。

关键词 癫痫； 断层摄影术，X线计算机

癫痫是临床常见综合症，由脑部兴奋性过高的神经元过量放电，引起的阵发性大脑功能紊乱。CT是目前查找其病因的主要方法之一。本文对119例癫痫脑CT片回顾分析，探讨可能的病因，评估各种诊断方法。

1 检查方法和一般资料

采用Somaton DR$_3$ CT机，以眦耳线为基线向上扫描，层厚8 mm，层距10mm。非外伤性病变进行了强化扫描，较小或后颅窝病变进行了薄层（4 mm）扫描。共119例行脑CT，其中92例同期行脑电图检查（EEG）。男70例，女49例，年龄4月～70岁，病程数天～30年。CT提示55例异常（46%）并能准确定位（表1）；EEG发现78例异常（84.8%）；CT和EEG共发现109例异常（91.6%），二者均异常42例(45%)，EEG正常14例中CT异常有4例(28%)。本资料中20例作了其它X线检查（16.8%），10例异常，其中8例经动脉造影诊断为肿瘤，2例平片提示颅压增高。早发性癫痫仅行CT和EEG检查。

表1 119例癫痫分类

Tab. 1 The type of epilepsy of 119 cases

	normal	anormal	total
early	18	21	39
delayed	46	34	80
total	64	55	119

一般认为[1]：20岁前出现癫痫为早发性，其后为迟发性。本资料中39例为早发性，CT阳性21例（51.3%），其中12例病灶分布在额、颞、顶叶（57.1%）。此39例中18例（46%）追问病史可找到与CT表现相关的病因，计产伤10例，外伤4例，脑炎或高热4例。该39例中29例作了EEG(74%)，24例（82.8%）异常，但临床缺乏定位体征。本资料中80例迟发性癫痫，34例（42.5%）CT阳，临床上存在明确定位体征，此34例中28例病灶分布在额、顶、额叶区域。该80例中63例作了EEG，56例（88.9%）异常（表2、表3）。

2 讨 论

癫痫在临床上较常见，CT属无创性检查，能为临床提供准确信息，它不仅能准确显示病灶、形态、毗邻关系，还可定性分析。据大宗病例报告[2-3]阳性率为34.4%～57.7%，与本资料相似（46%），CT阳性率上的差异与CT机性能有关。EEG曾是研究癫痫的主要手段，一般报告阳性率为80.2%～95.1%，也与本资料相近（84.8%），统计处理显示，EEG阳性率明显高于CT（$P<0.01$），Stalbery认为[4]：CT对一些细小疤痕或皮质病损，尤其发生在颞叶时，很难发现，故CT阳性率低。然而，EEG仅反映记录时短暂（数分钟～30min）脑功能状况，定位差仅23%（CT为100%）；但EEG可测量颅内细微神经生理变化，对某些病例可以从生理功能上寻找癫痫发电部位，这些细微变化常不易被CT发现。普通X线，空间和密度分辨差，阳性率低，血管造影有痛苦，较少用于癫痫检查。我们认为癫

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表2 119例癫痫病因分析

Tab.2 The analysis of cause of 119 cases of epilepsy

	early	delayed	total
tumor	2(9.5)	17(50)	19
cerebrovascular disorder	1(4.8)	5(14.7)	6
cerebral atrophy	6(28.6)	4(11.8)	10
calcification	5(23.8)	4(11.8)	9
calcification with softening	2(9.5)	1(2.9)	3
softening	1(4.8)	1(2.9)	2
agenesis	1(4.8)	2(5.9)	3
enlarged ventracile of the brain	2(9.5)	—	2
the lesion of the brain stem	1(4.8)	—	1
total	21	34	55

*Bracket is percentage

表3 CT与EEG比较

Tab.3 The comparsion between CT and EEG

	normal	anormal	total	P
CT	64	55	119	
EEG	14	78	92	0.008

癫痫病因检查中，CT和EEG应相互结合，EEG经济、方便、阳性率高可作为筛选，CT用于定位及定性。本资料中，多数CT阳性病例，病灶多在额、顶、颞叶，这可能与其它部位易受伪影干涉有关。因此，EEG异常且怀疑额、颞、顶叶病损时，更适于CT检查。

早发和迟发性癫痫的区分有重要临床意义。从本资料看，二者病因不同，有关早发癫痫CT病因分析的文献报道不多。CT应用前，一般认为原发性多见[1]。本资料提示早发性癫痫51.3%属继发性，且以良性为主如脑萎缩、钙化等，追问病史尚能发现相关病史如产伤、外伤等。早发性癫痫在25岁后可不发作，即使发作也较轻，预后较好。迟发性癫痫CT分析的文献较多，一般认为肿瘤多见[1][5]，其次为脑血管病、脑萎缩、钙化，本资料与此相似；也有作者认为[2][4]以脑萎缩多见，肿瘤次之，这种不同可能与目前尚缺乏脑萎缩客观CT标准有关。本组病人中，脑血管病为第二病因，这类病人年龄大，部位深，症状常在恢复期出现。由于钙化多与外伤有关，症状轻，预后好。因此，肿瘤和脑血管疾病成为继发性癫痫主要病因，临床常有定位体征提示，故应重视，须及时行CT检查，力争早期发现和及时处理。

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A Retrospective Analysis of CT Features of 119 Cases of Epilepsy

Xu Chiwei, Wang Qiyuan (Department of Diagnostic Radiology, Southwest Hospital, Third Military Medical College, Chongqing, 630083)

Abstract In order to assess the diagnostic value of CT, EEG and conventional radiography and to probe the etiology of epilepsy, the CT films and relative materials of 119 cases of epilepsy were analyzed retrospectively. It was found that the combined examination of CT and EEG could significantly increase the accuracy of diagnosis and minimize the chances of misdiagnosis. CT was especially useful to examine those cases clinically suspected to have lesions in the frontal, parietal or temporal lobe. CT was also important to distinguish the cases of early epilepsy from those of delayed one. Early epilepsy usually resulted from benign lesions with good prognosis but lacked localization signs clinically. Delayed epilepsy mostly is caused by neoplastic or vascular lesinos with poor prognosis. and localization signs were usually present. Prompt CT examination would be helpful in its management. It was also found that early epilepsy was mostly secondary in nature.

Key words epilepsy; computerized tomography (CT)

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A Preliminary Study of Hemorheological Parameters of Patients with Silent Myocardial Ischemia

He Zuoyun, Ding Qiuhua, Lu Yunmin, et al (Department of Cardiovascular Diseases, Xinqiao Hospital, Third Military Medical College, Chongqing, 630037)

Abstract Fifty-two patients with silient myocardial ishcemia (SMI) were categorized into Type I SMI group ($n=21$) and Type III SMI group ($n=31$). 22 normal subjects were also observed to serve as the control. It was found that the apparent viscosity of whole blood at different shear rate of 192.0 s^{-1}, 30.72s^{-1}, and 3.84 s^{-1}, the plasma viscosity, and the inter-viscosity of erythrocytes, and the duration of total myocardial ischemia on Holter monitoring electrocardiogram were higher and longer in Type III SMI patients than in Type I SMI ones and the normal controls ($P<0.05\sim0.01$). The findings imply that no attack of angina pectoris in the type I SMI cases results from mild alterations of the hemorheological parameters and short duration of total myocardial ischemia.

Key words silient myocardial ischemia; apparent viscosity of whole blood; plasma viscosity; inter-viscosity of erythrocytes

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