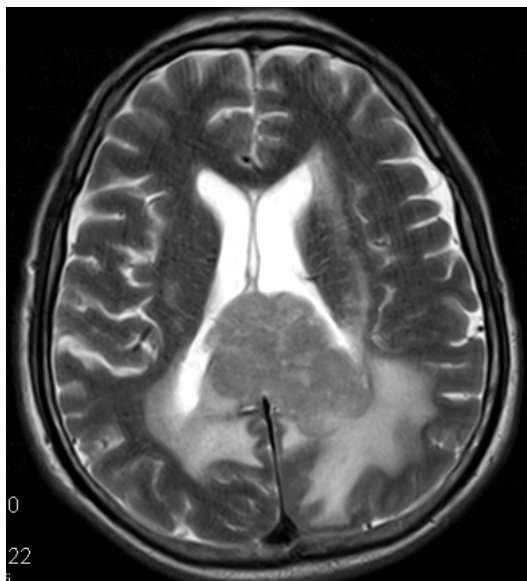


脑淋巴瘤的诊断与鉴别诊断

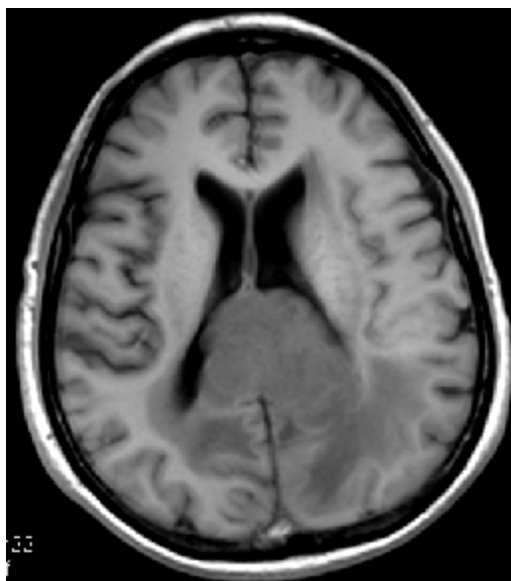
福建医科大学附属第一医院影像科

邢 振

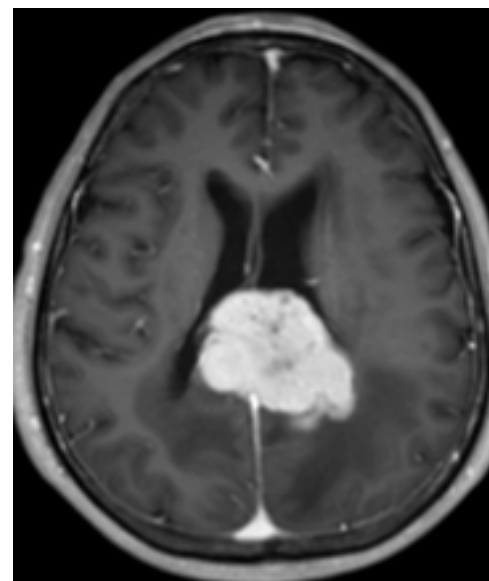
- PCNL以B细胞型为主，T细胞型罕见
- 好发于邻近蛛网膜下腔脑表面、中线两旁的深部脑实质及脑室周围。
- 非免疫缺陷性PCNL信号较均一，强化均匀，囊变较小，钙化、出血少见。



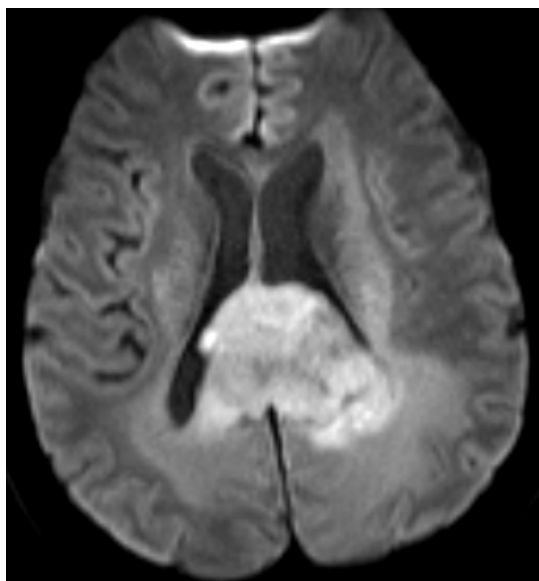
T2WI



T1WI



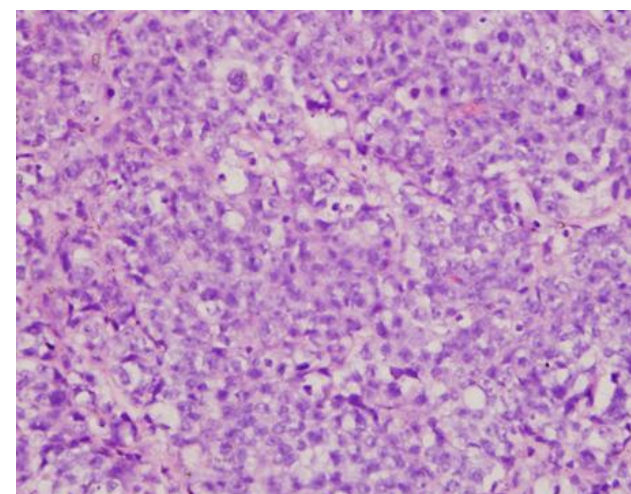
T1WI+C



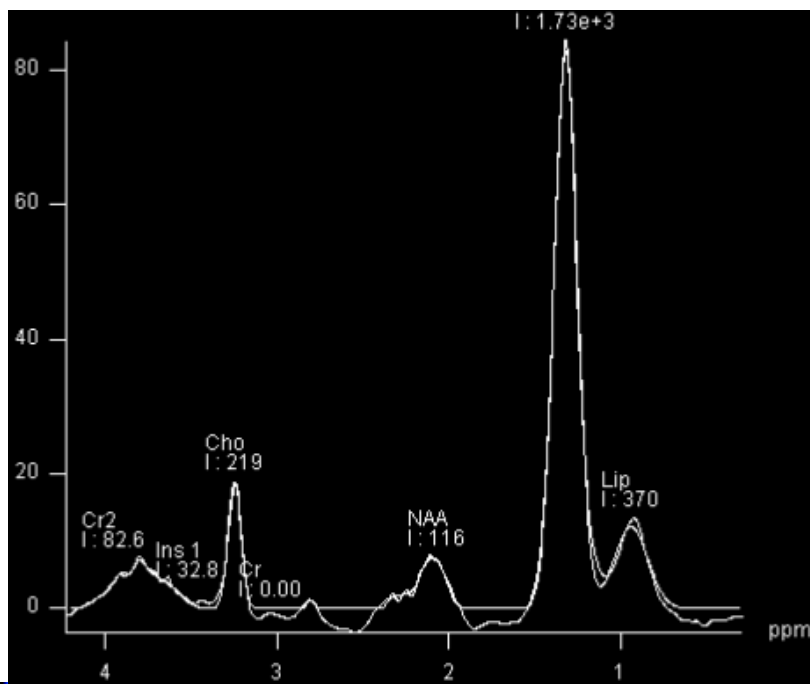
DWI



ADC图

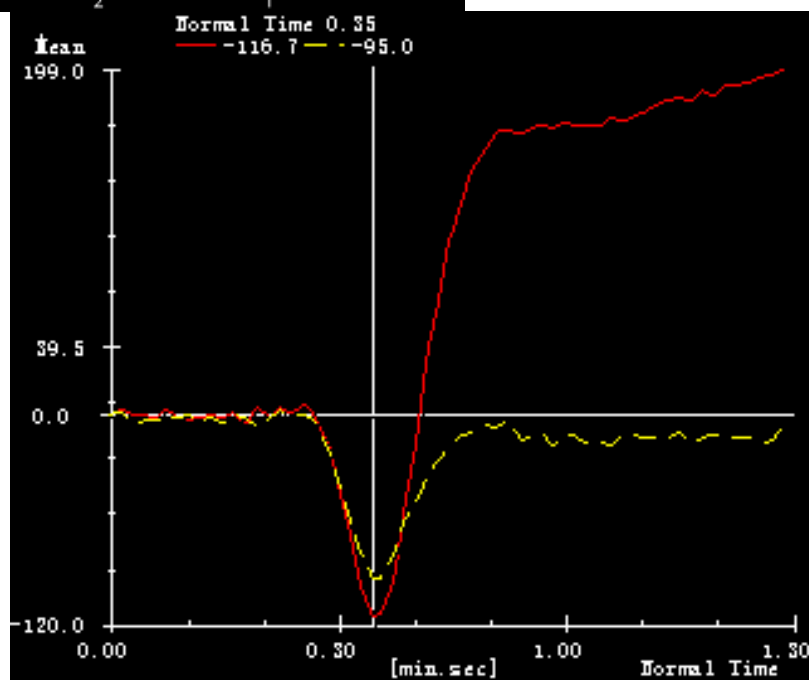
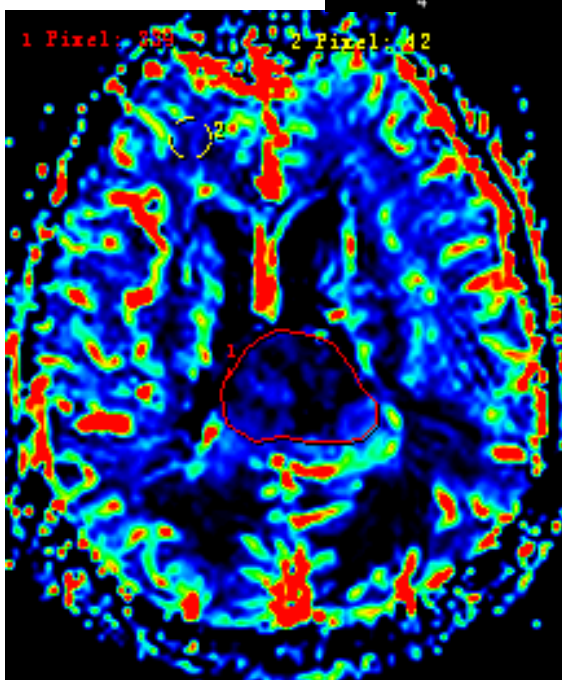


M, 63 Y
2009.10



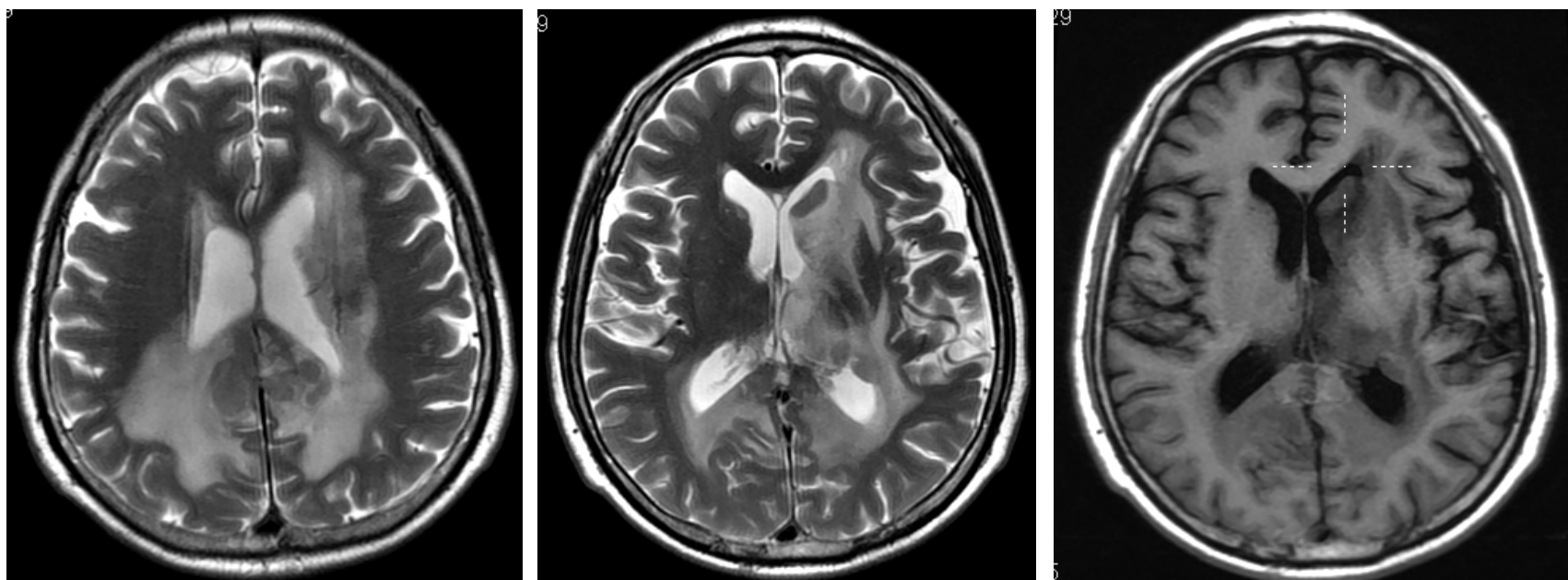
MRS

TE=30ms

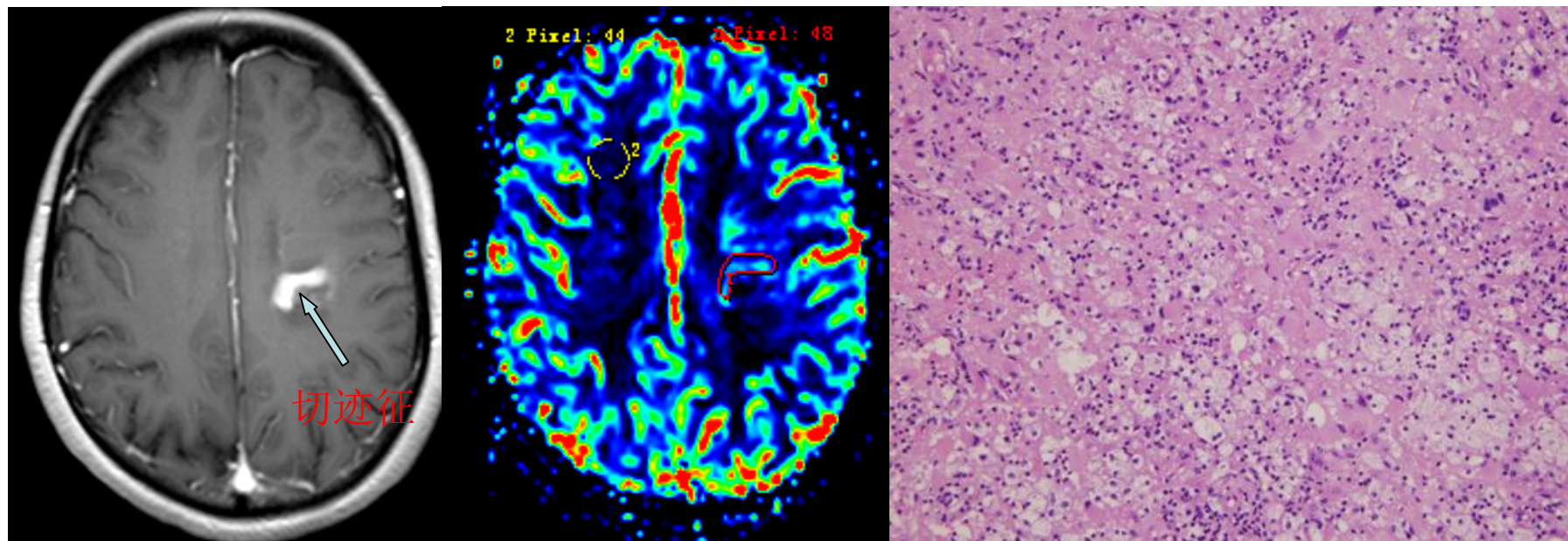


信号强度-时间
曲线图

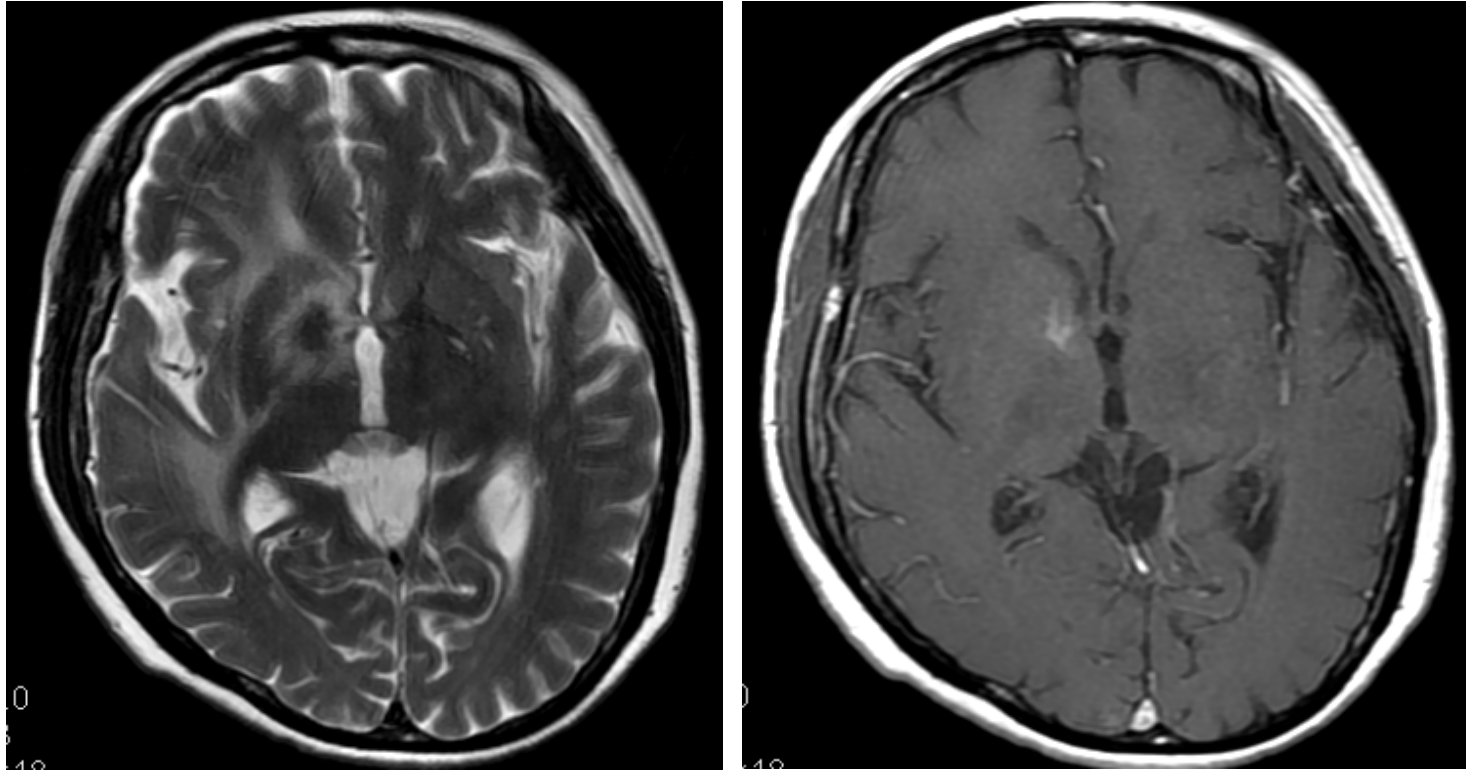
CBV
图



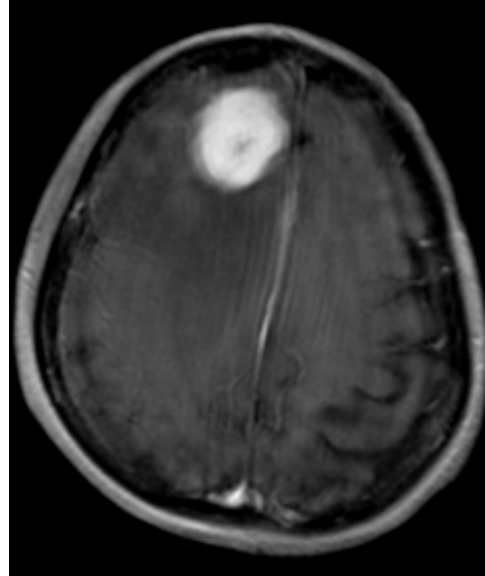
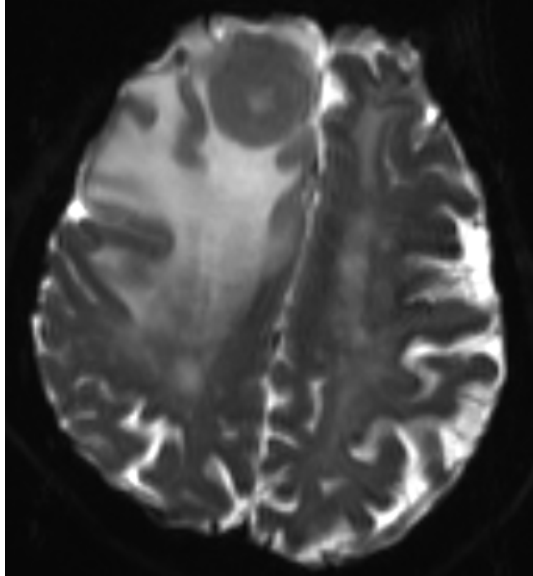
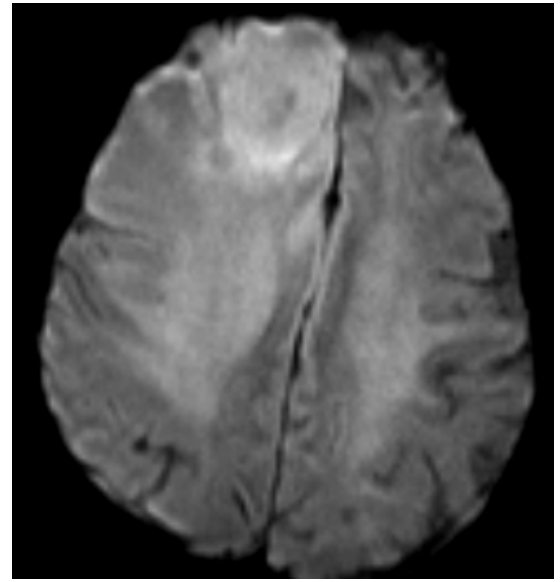
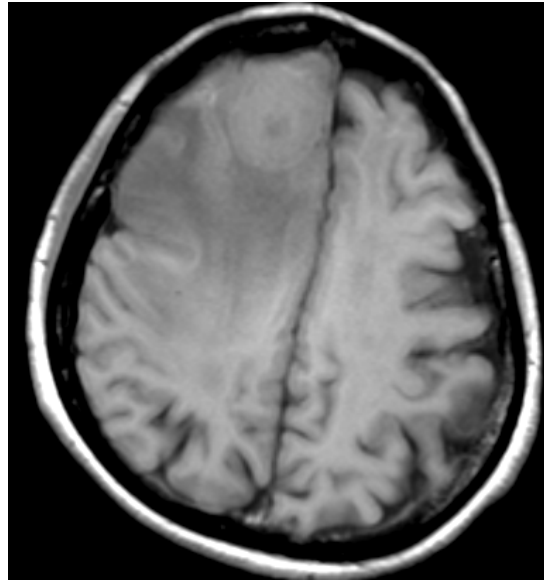
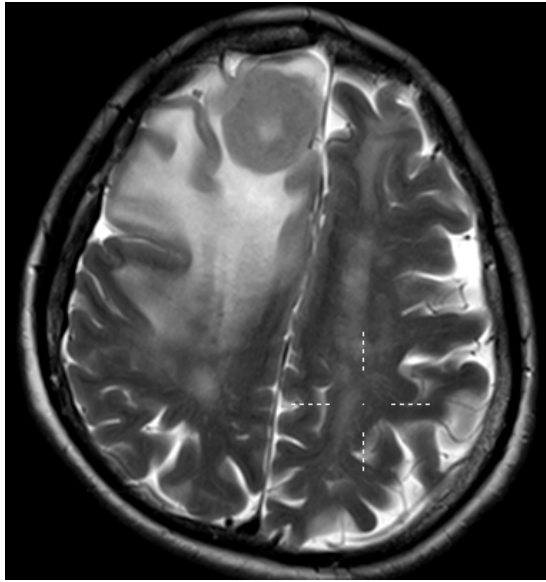
2010.3, 复发



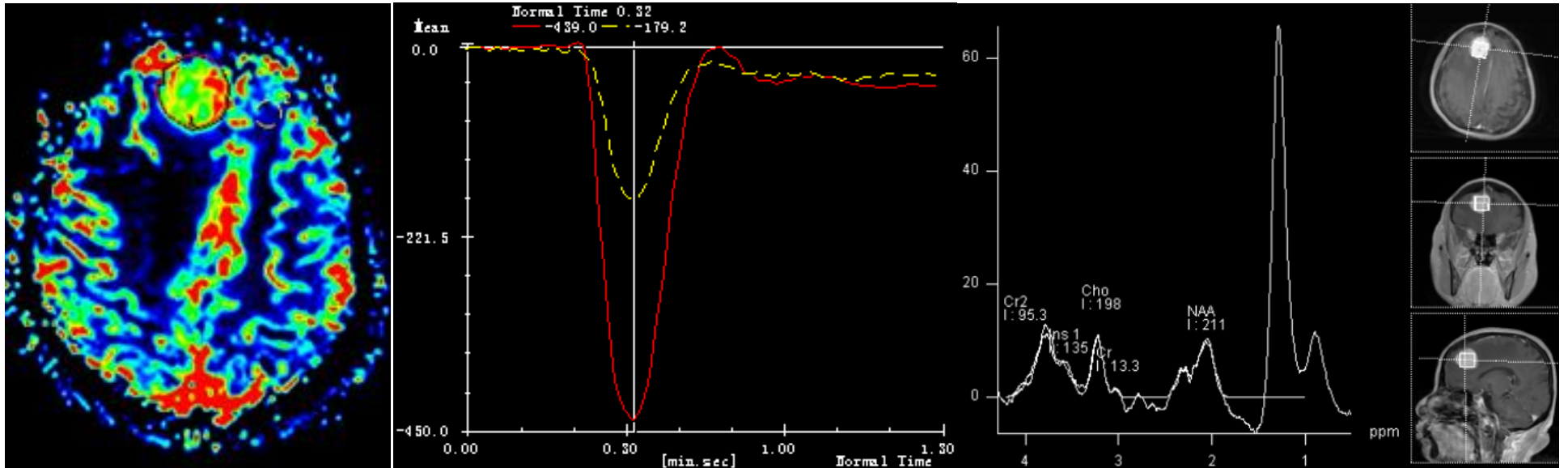
强化方式？



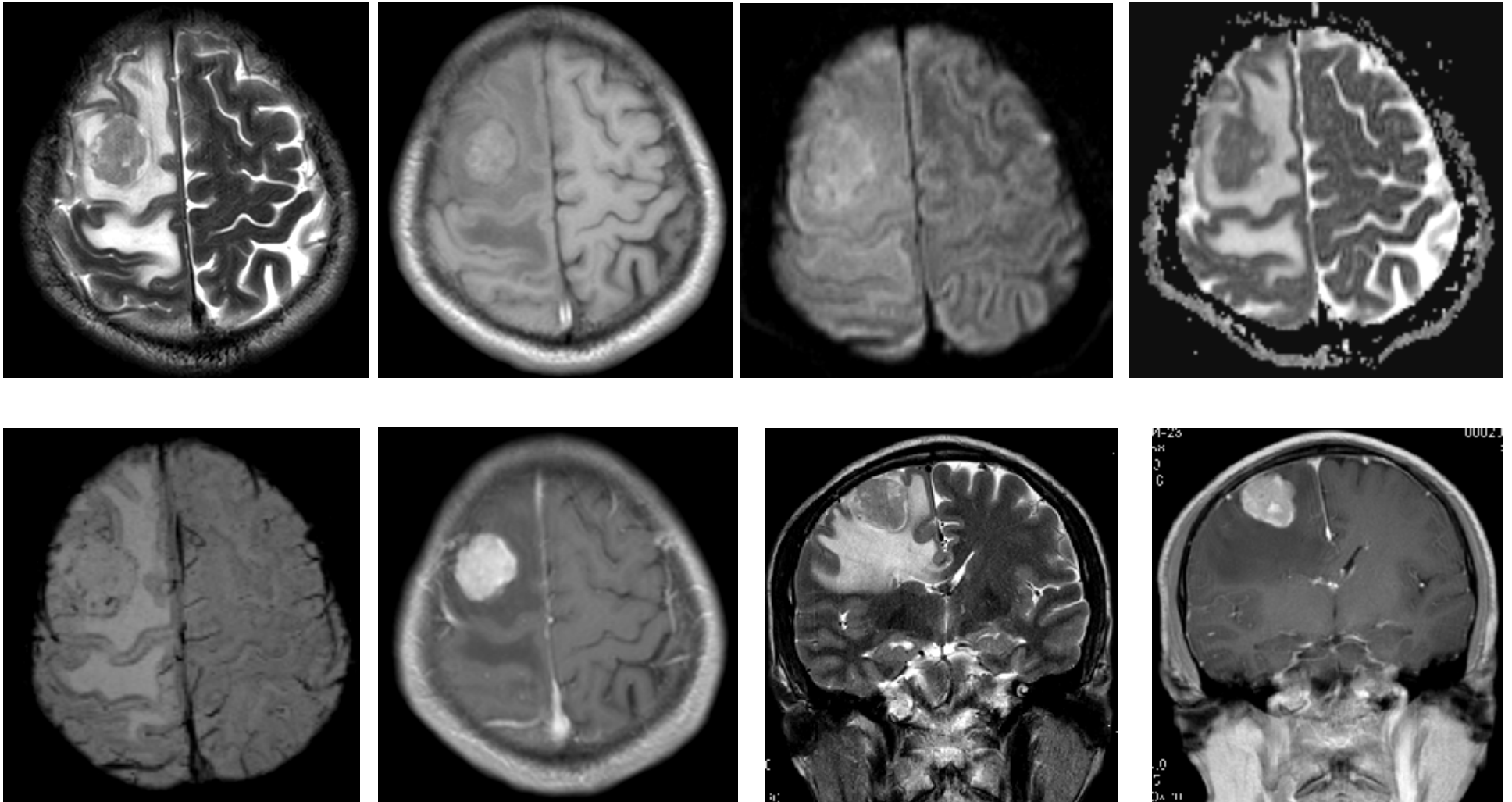
2006.8, F, 56 Y



2010.1, F, 60 Y

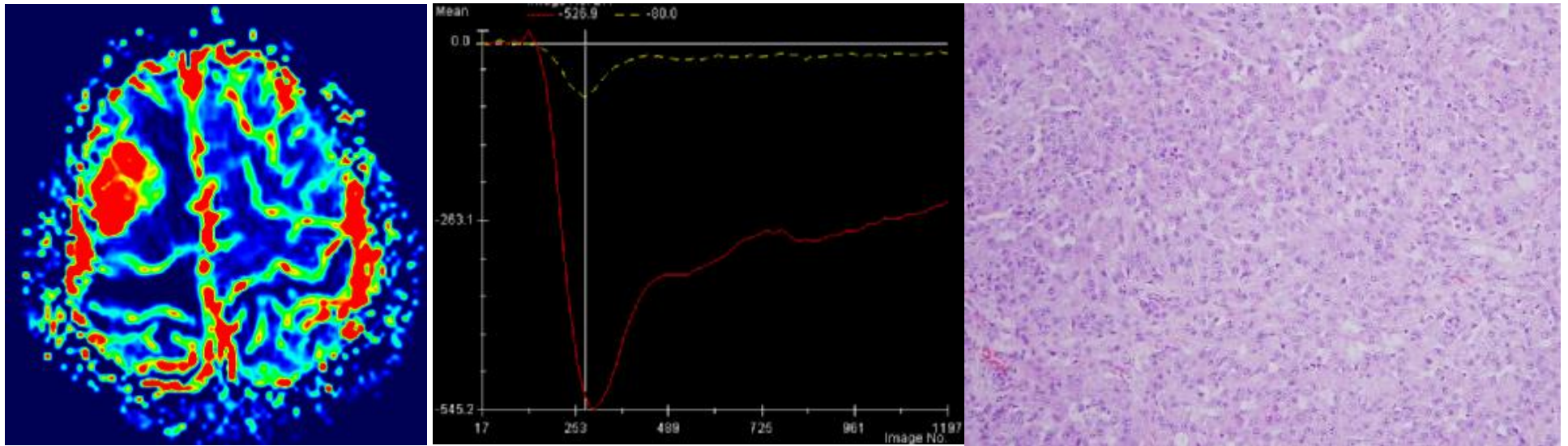


rCBV value was 3.33

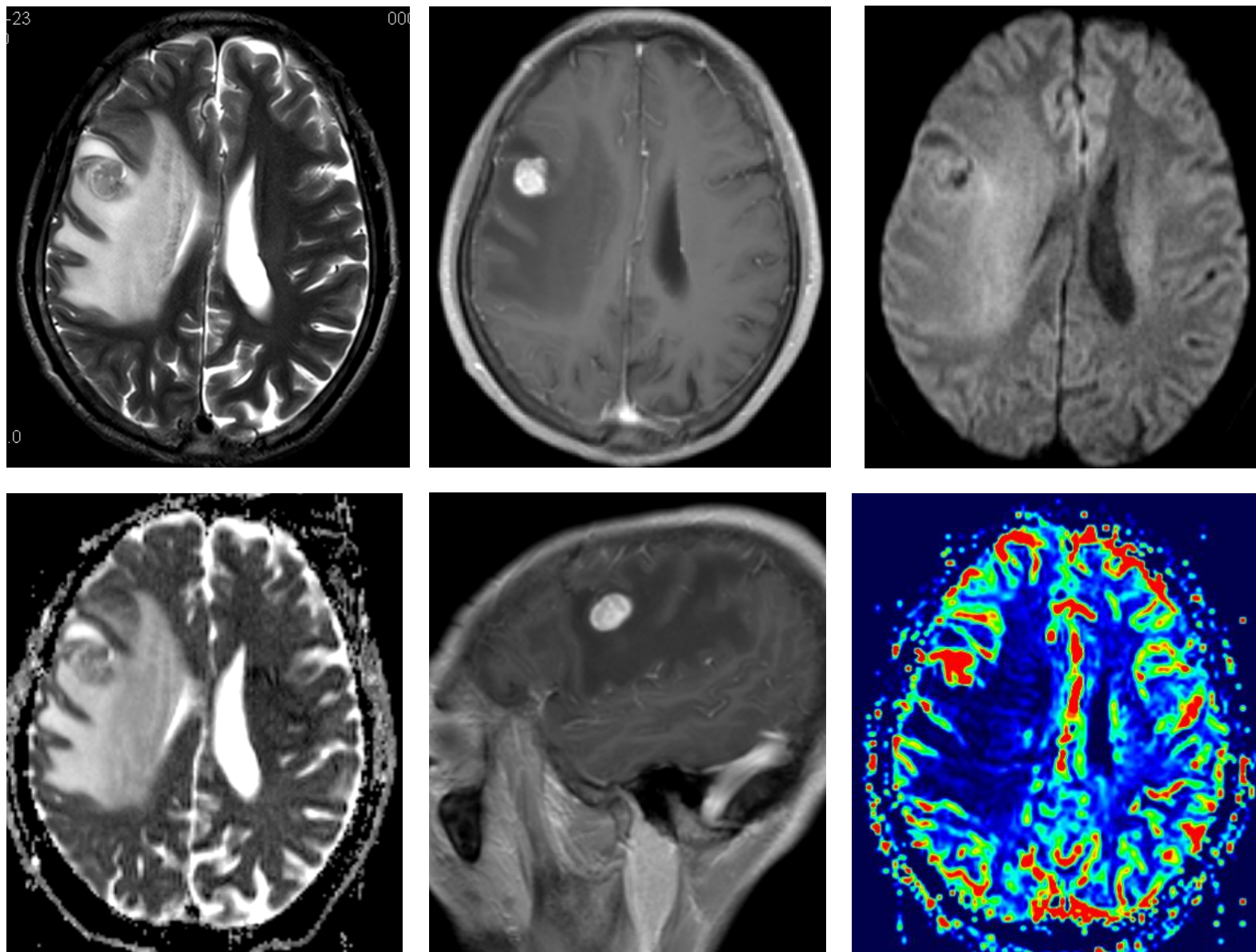


2012.4, M, 51Y

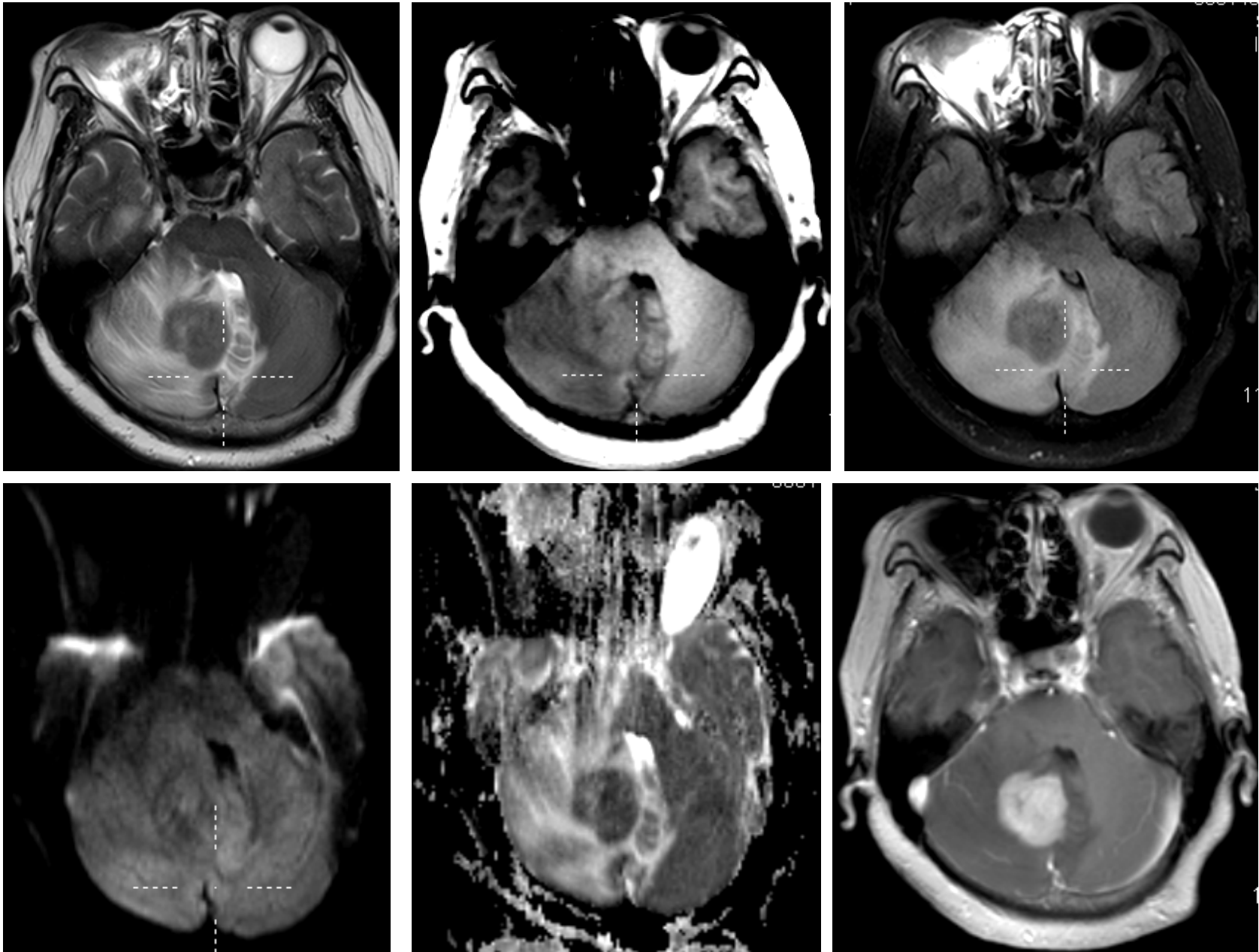
诊断?



(右额叶) 恶性上皮性肿瘤，结合免疫组化染色结果，考虑转移性肺腺癌。IHC: Napsin-A、CK7: (+) ; TTF-1灶区弱 (+) ; CK20、CDX-2、AFP、Hepar-1: (-) ; Ki-67LI15%。

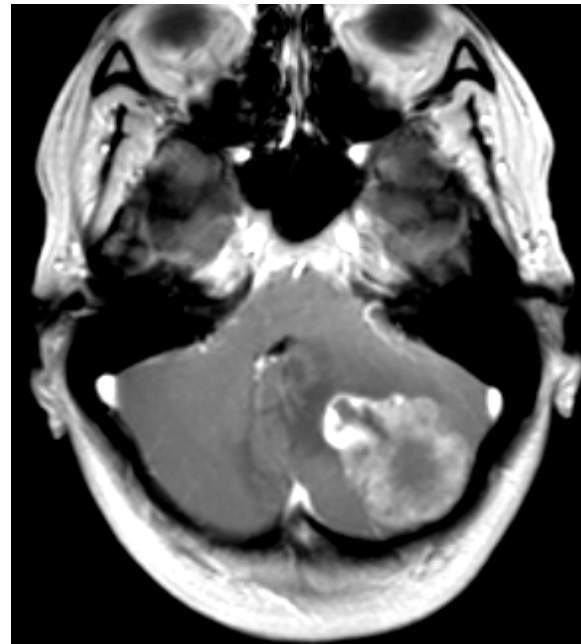
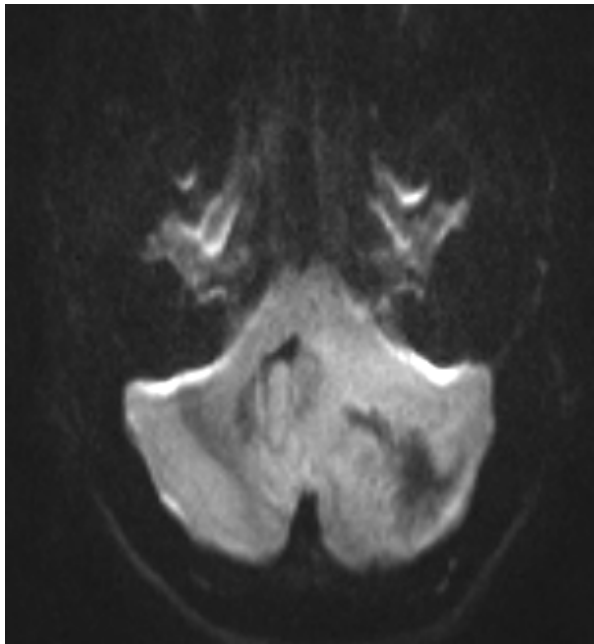
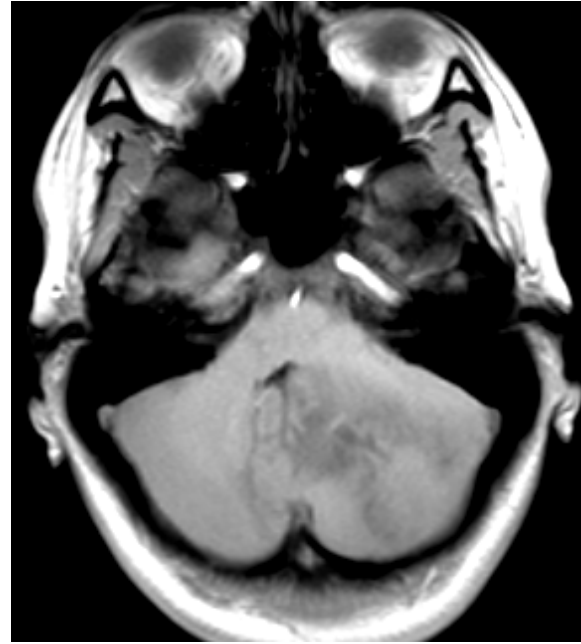
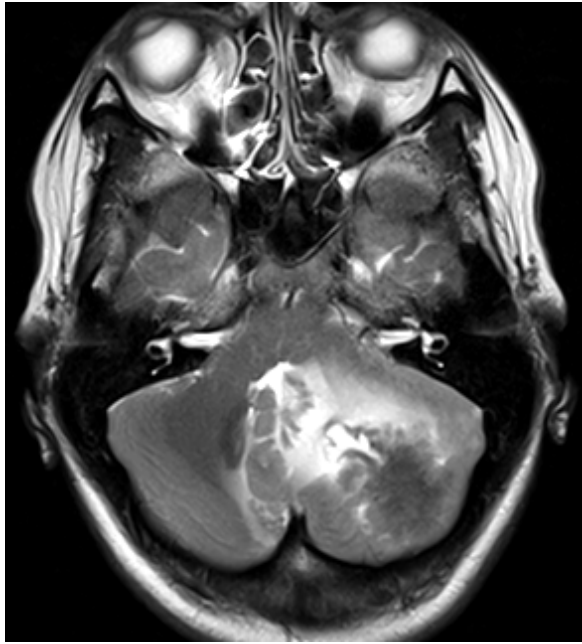


2012.4, M, 53Y, 肺癌脑转移, 小病灶大水肿

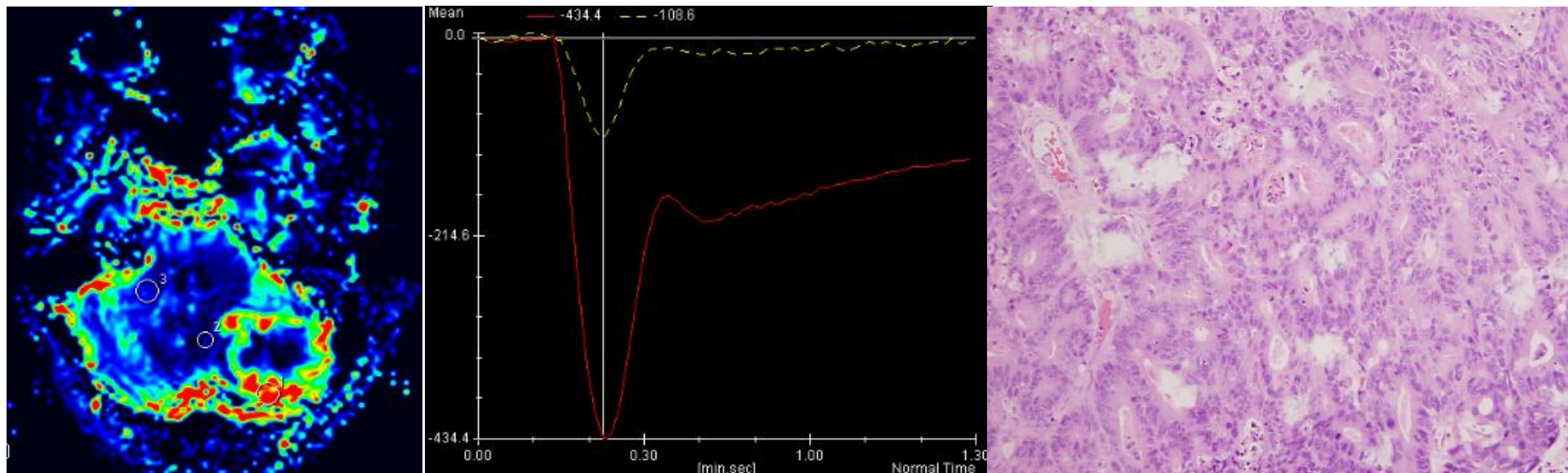


2010.12, 头晕4天, F, 71 Y

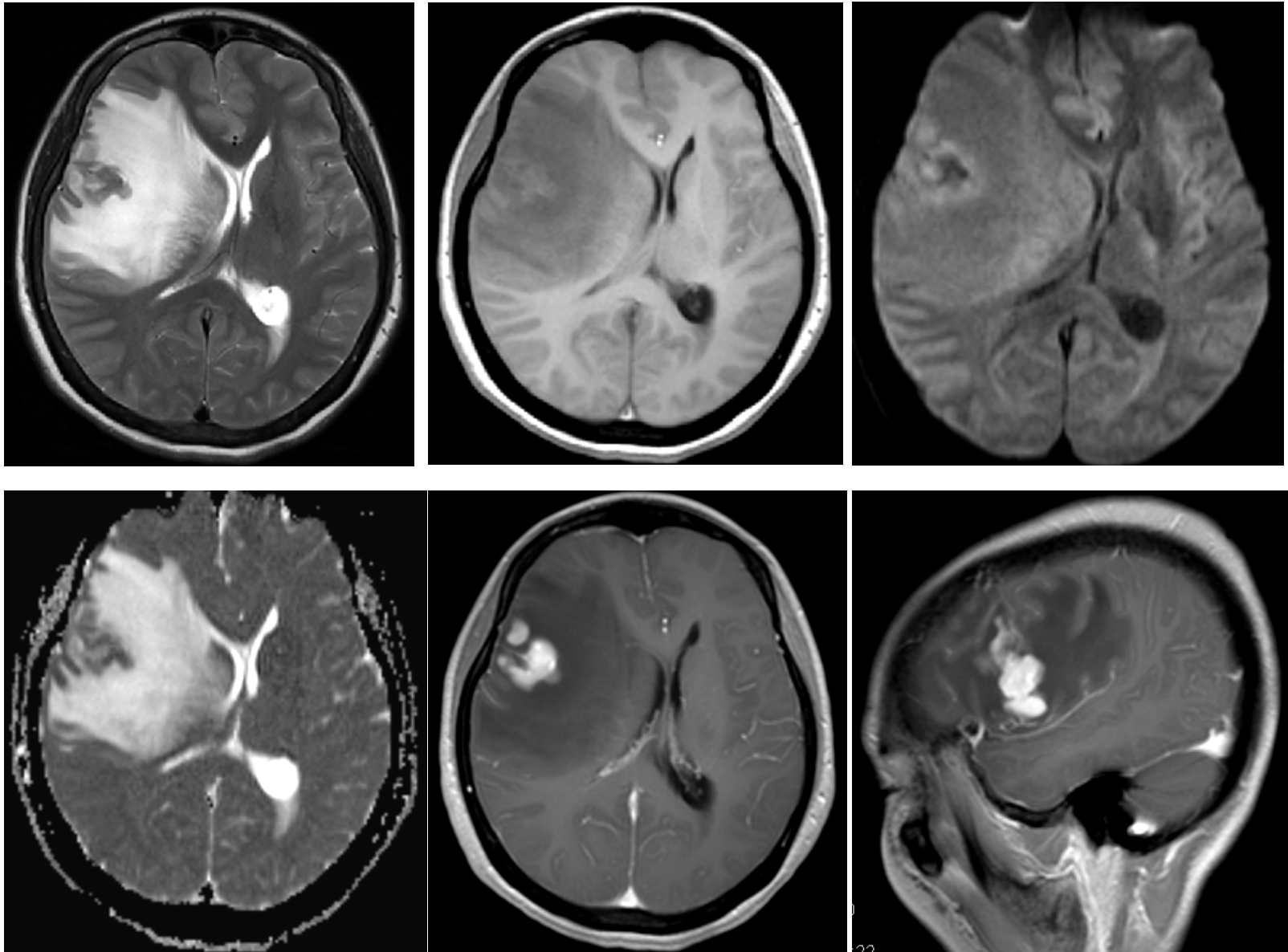
诊断?



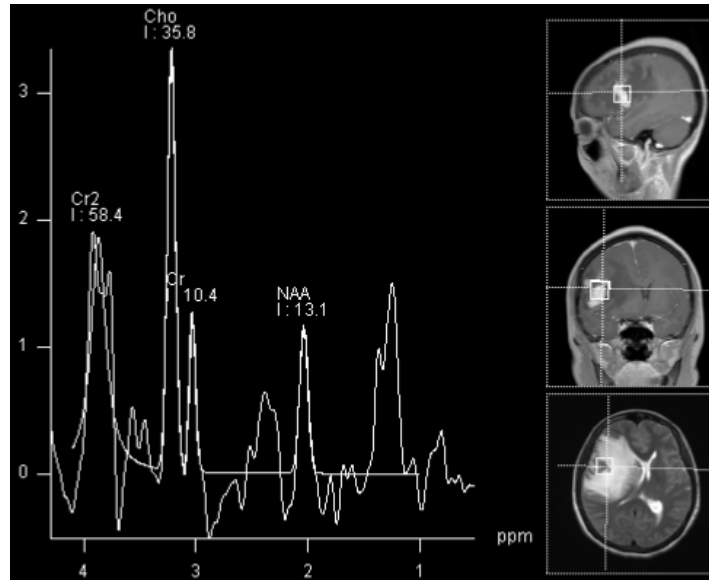
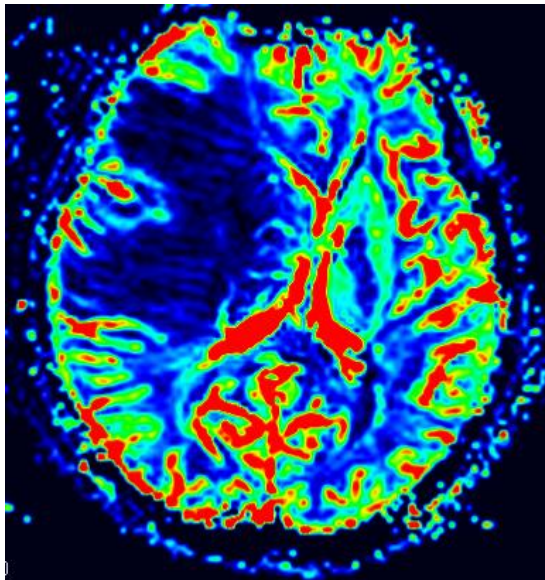
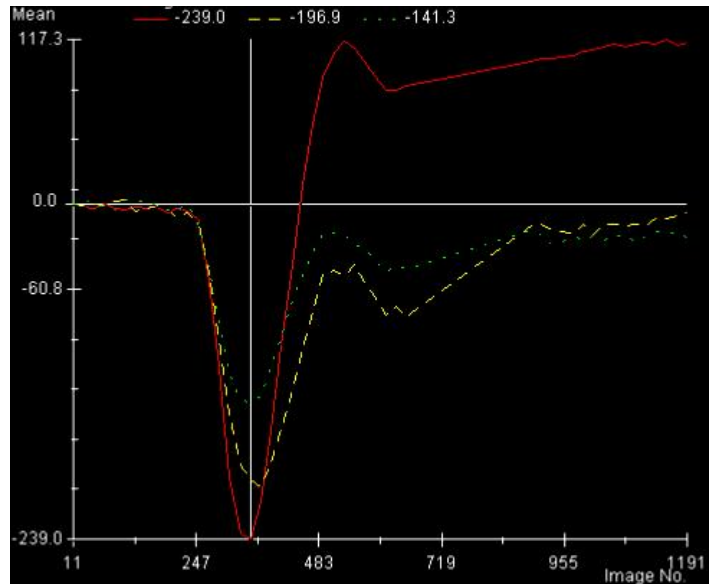
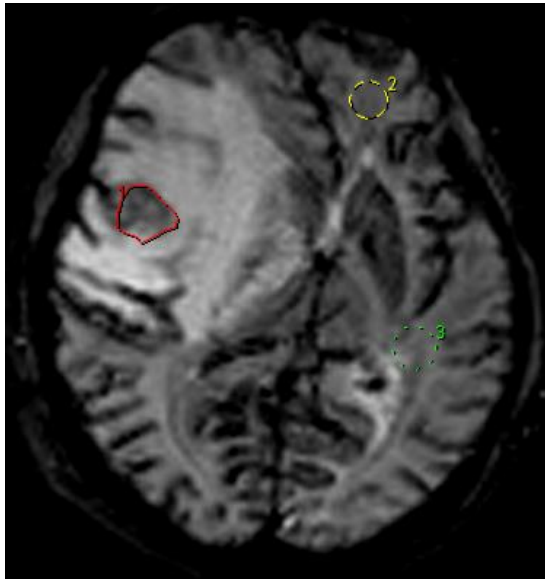
2012.3, F, 42Y



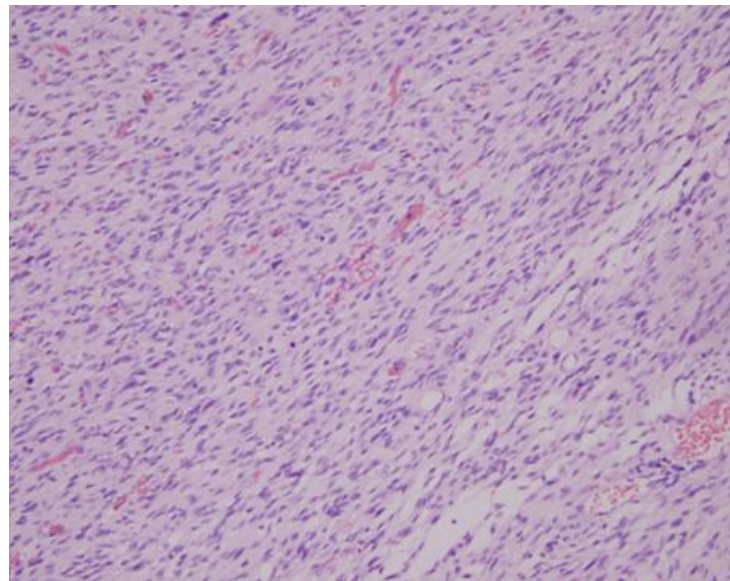
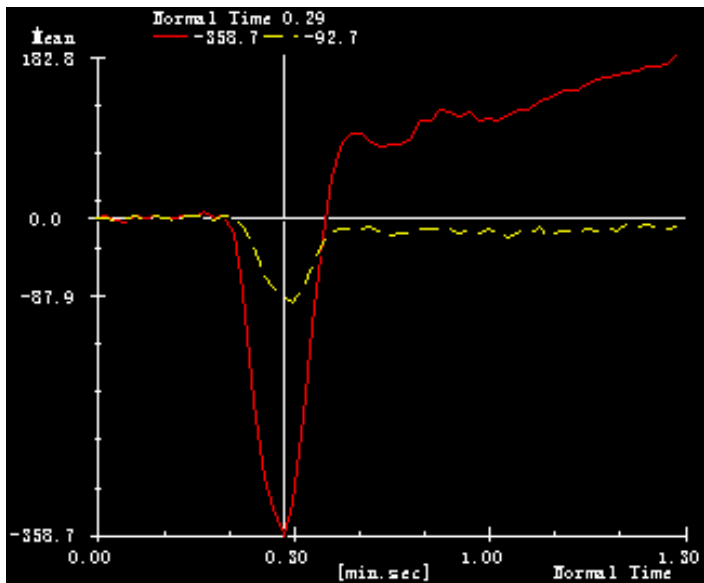
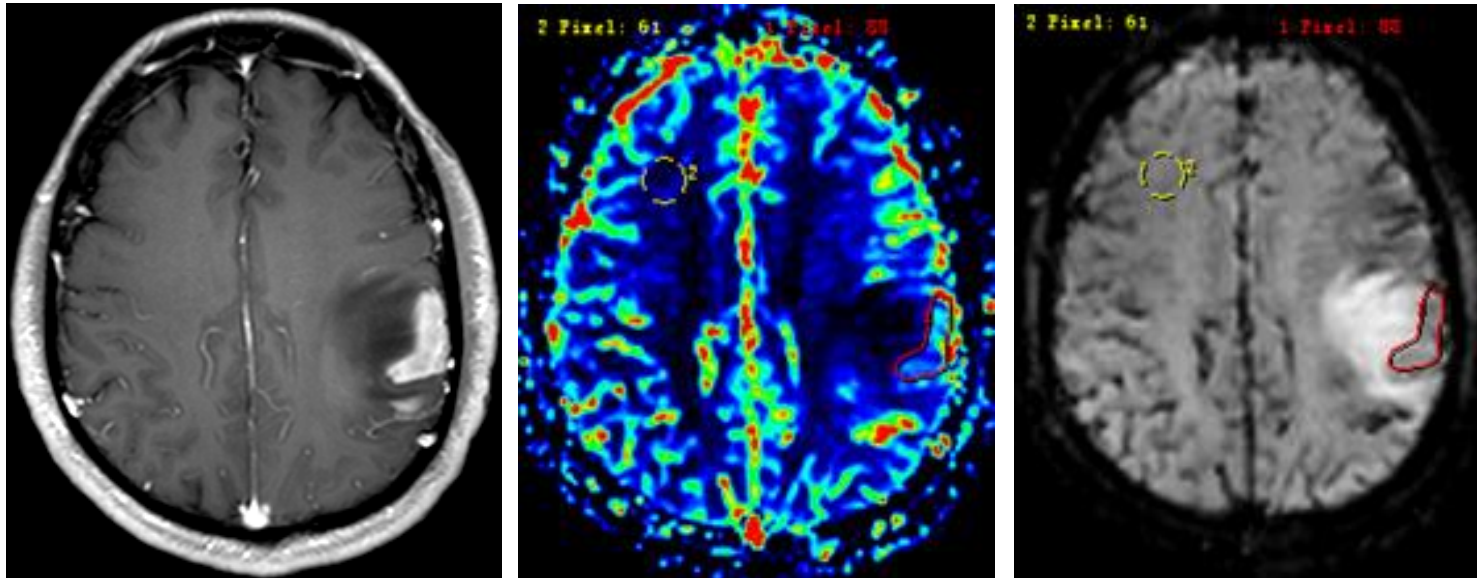
(左小脑) 转移性腺癌, 考虑原发灶来源于肠道。
免疫组化染色结果:
P53、CK20、CDX-2: 阳性;
CK7、GFAP: 阴性; |
Ki-67 LI 30%。



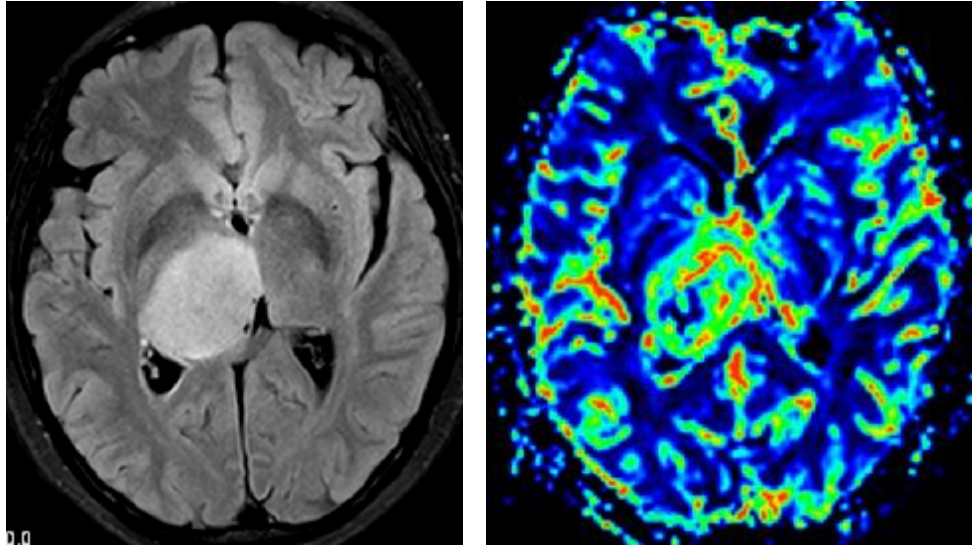
2011.10, 头痛、头晕1周余, F, 37 Y



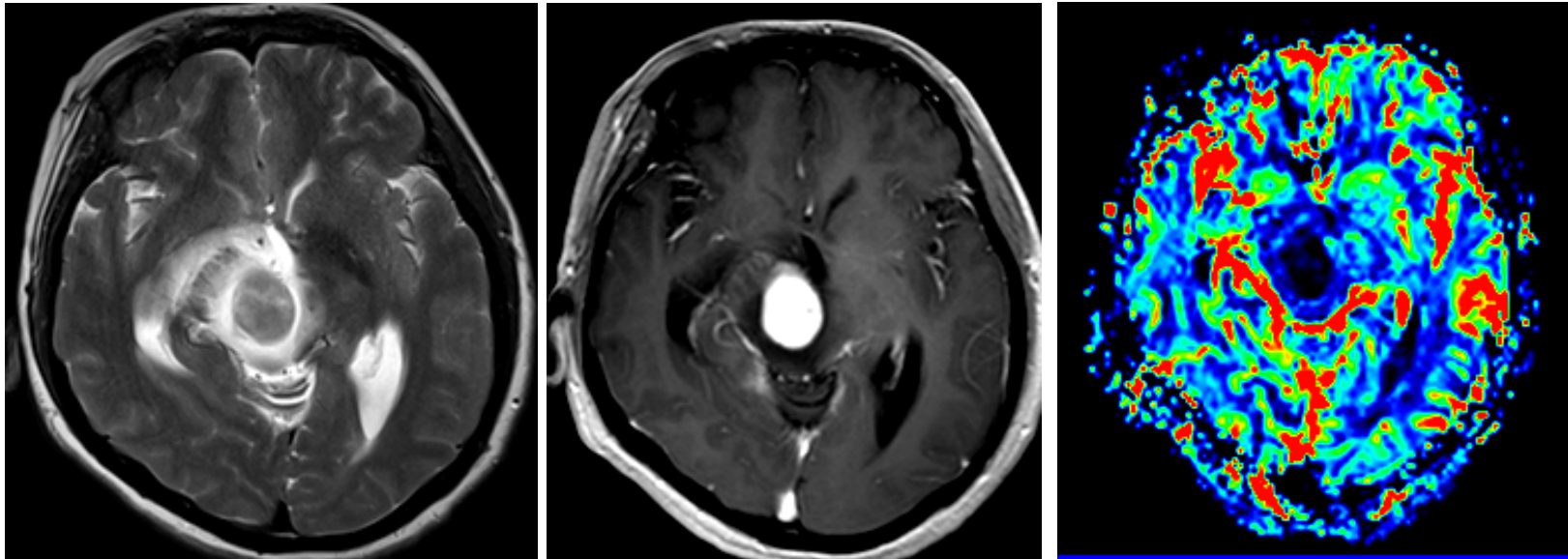
右额叶
淋巴瘤



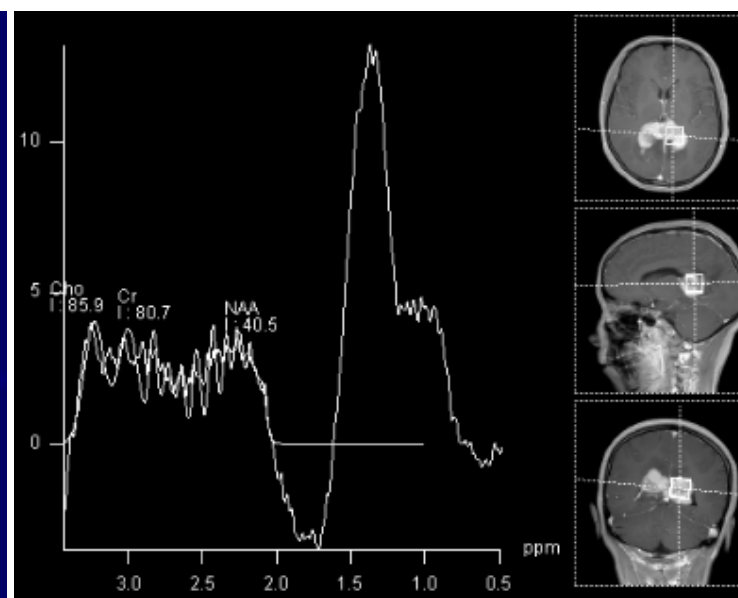
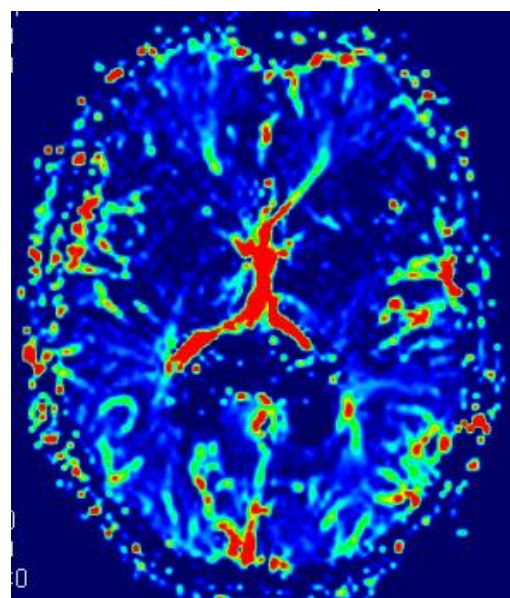
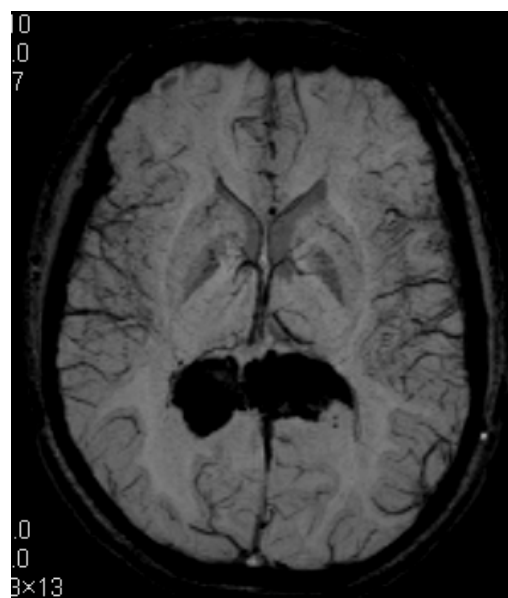
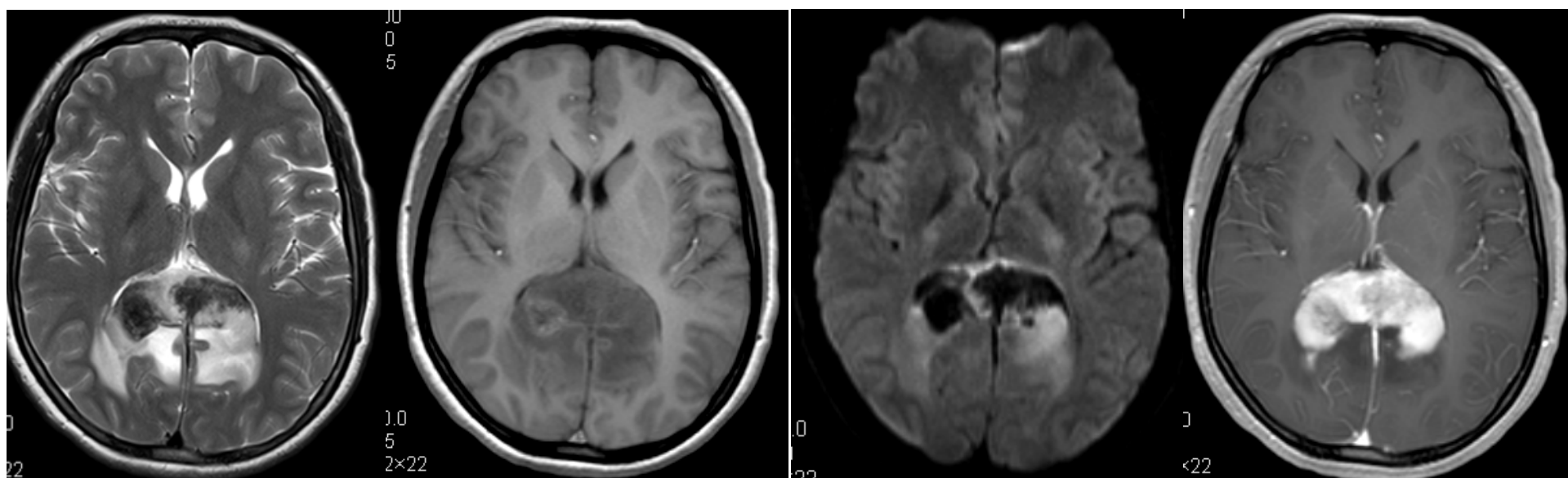
anaplastic astrocytoma (WHOIII)



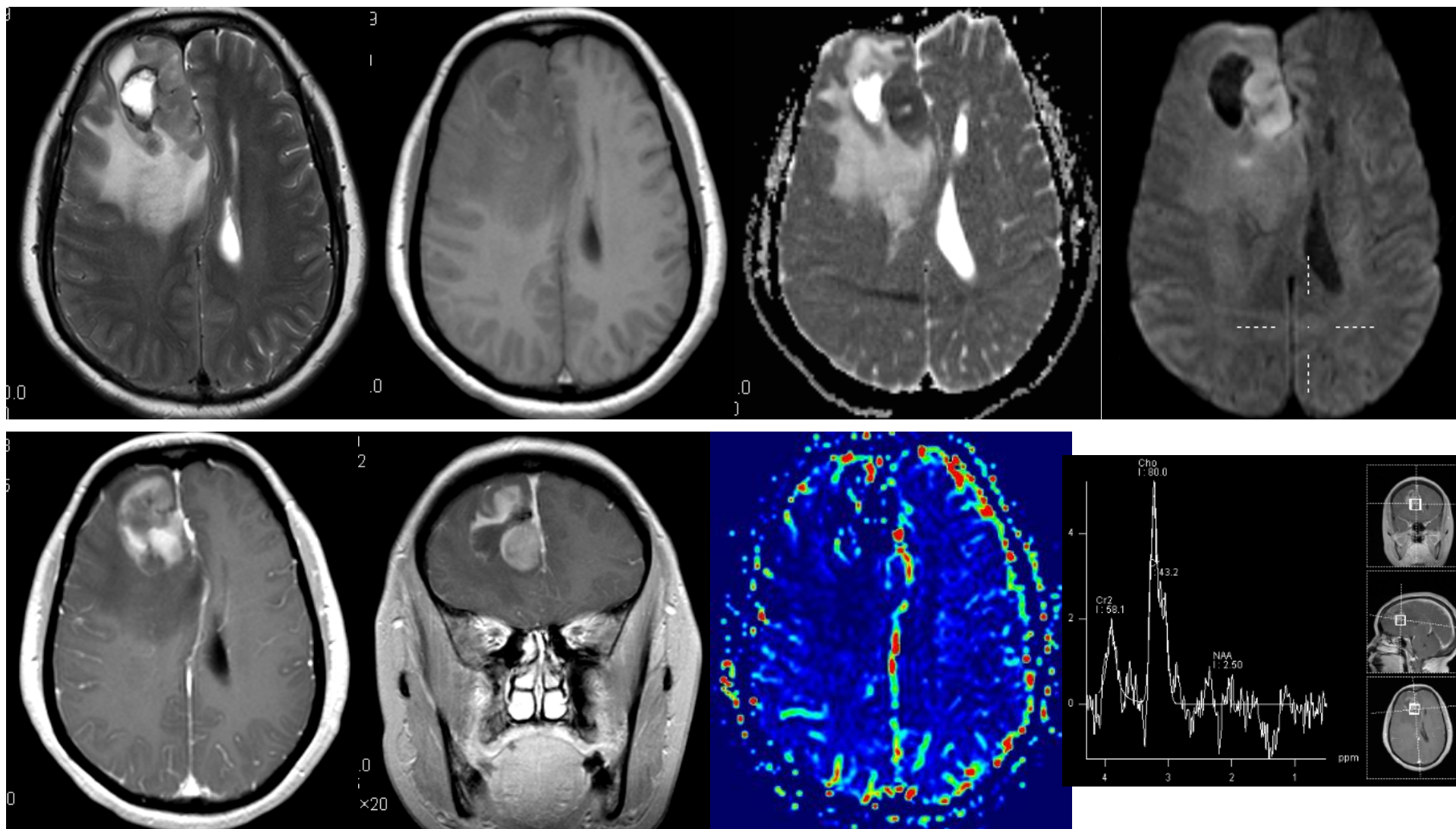
胶质母细胞瘤（IV级）



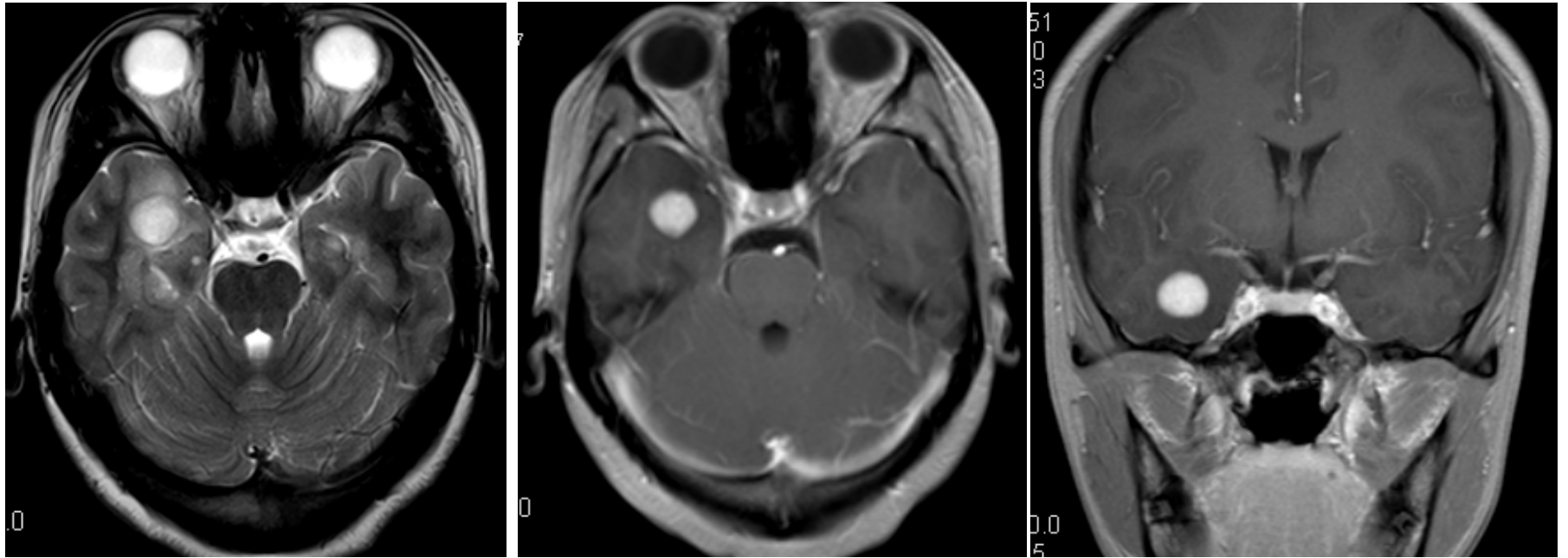
淋巴瘤



2011.4, 头晕、头痛2周余。F, 33 Y, 中药治疗后并出血



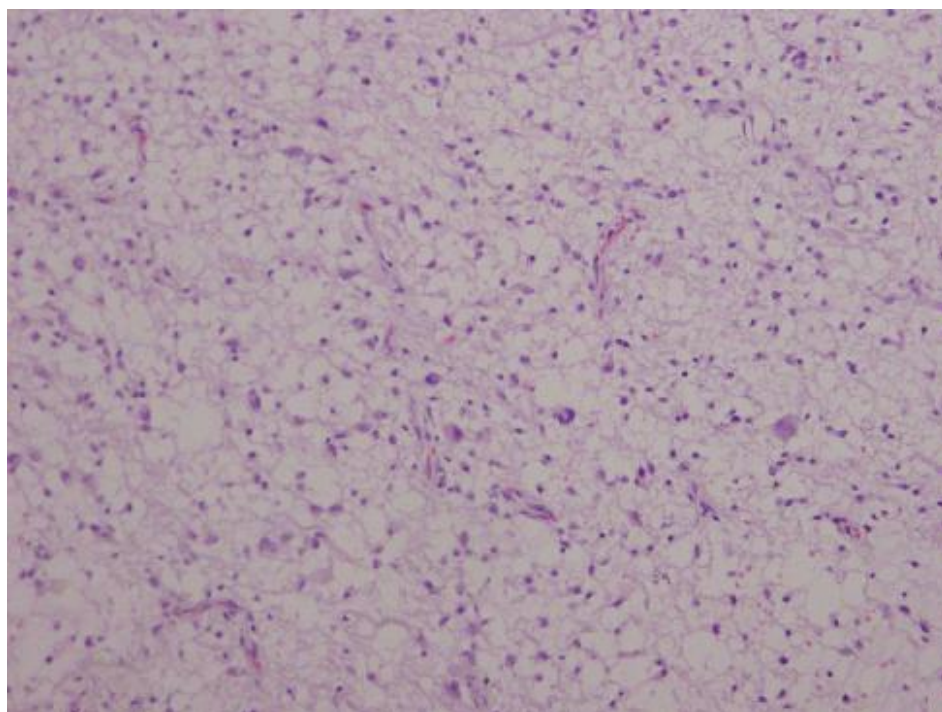
2014.2, 反复头痛半年, 加重伴呕吐半月, F, 48 Y



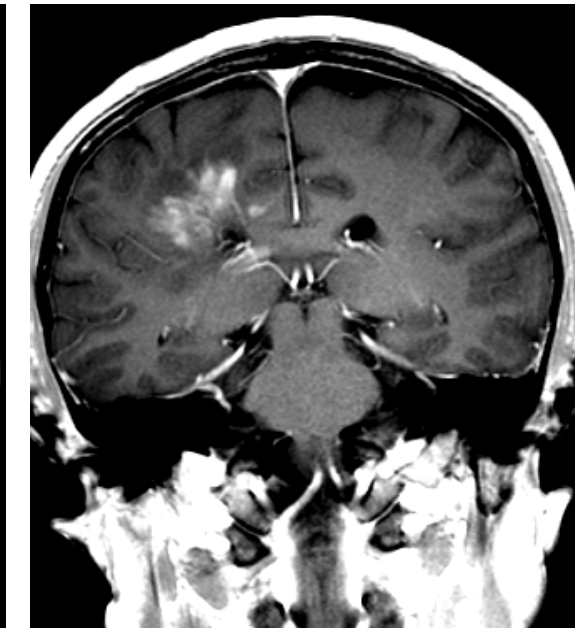
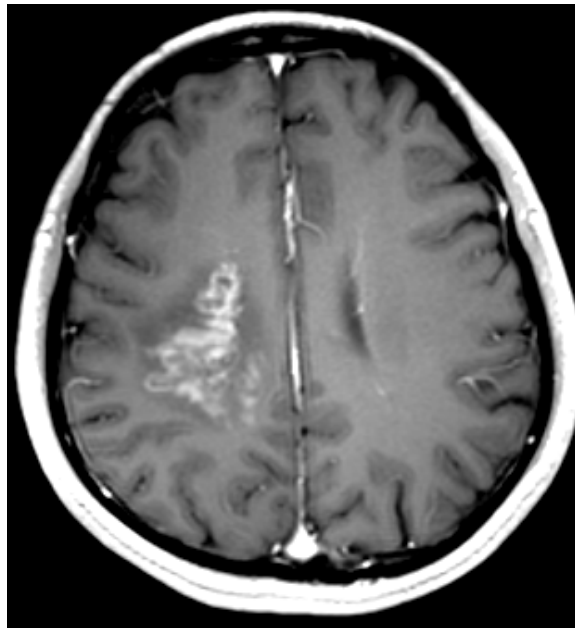
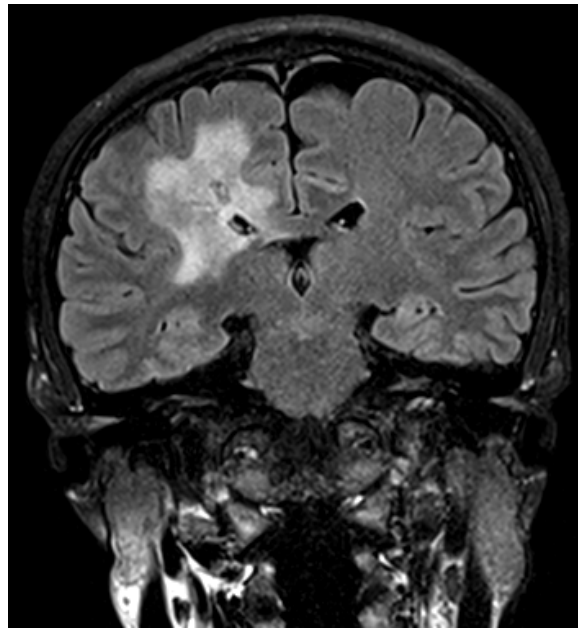
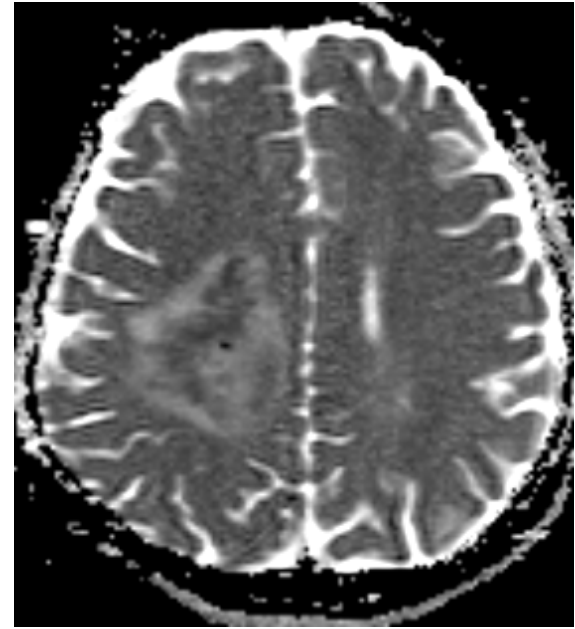
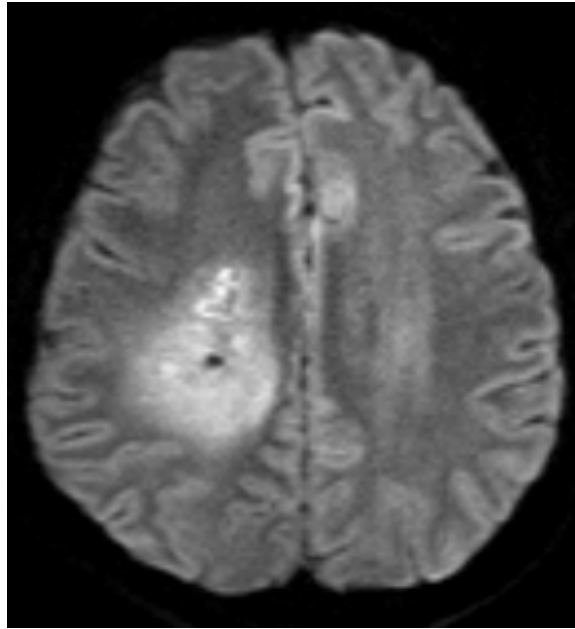
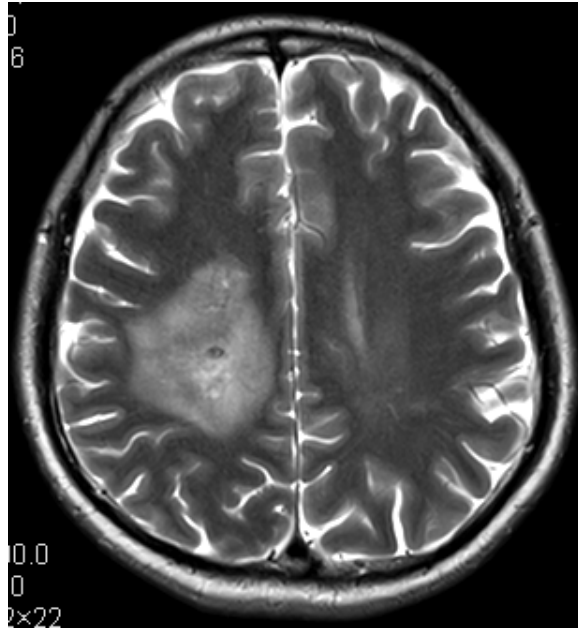
低灌注

2012.11, 反复四肢抽搐7个月, F, 19 Y

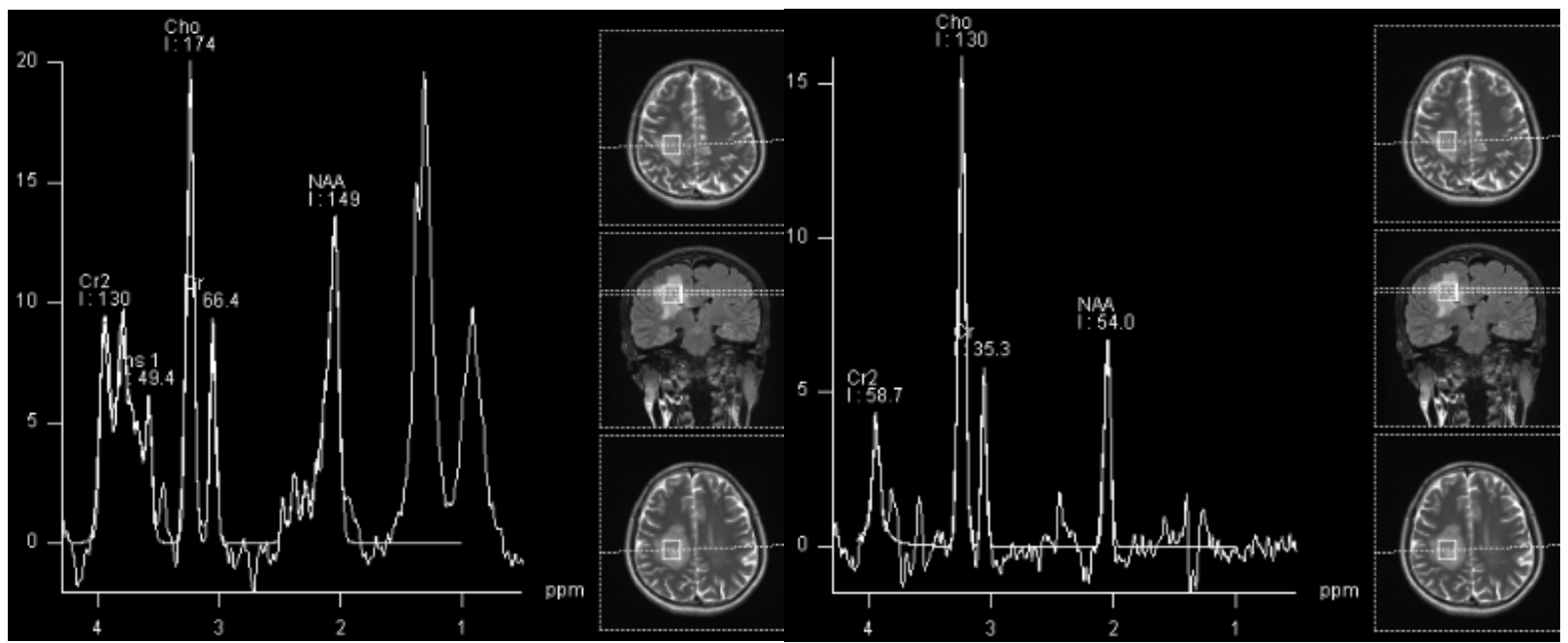
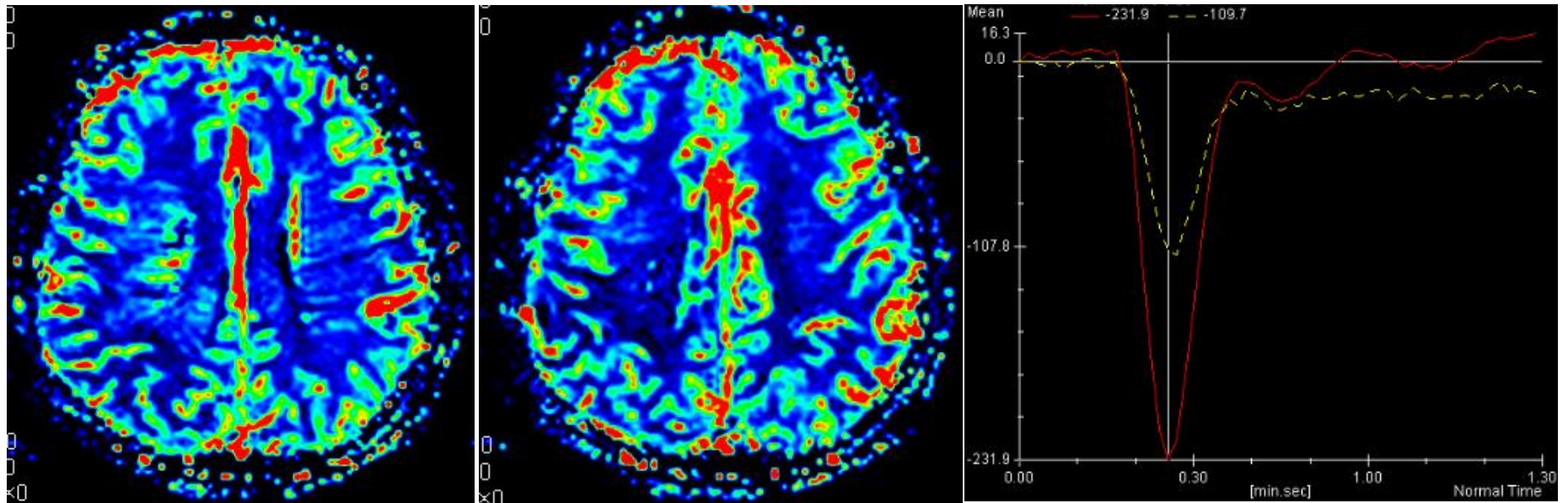
诊断?



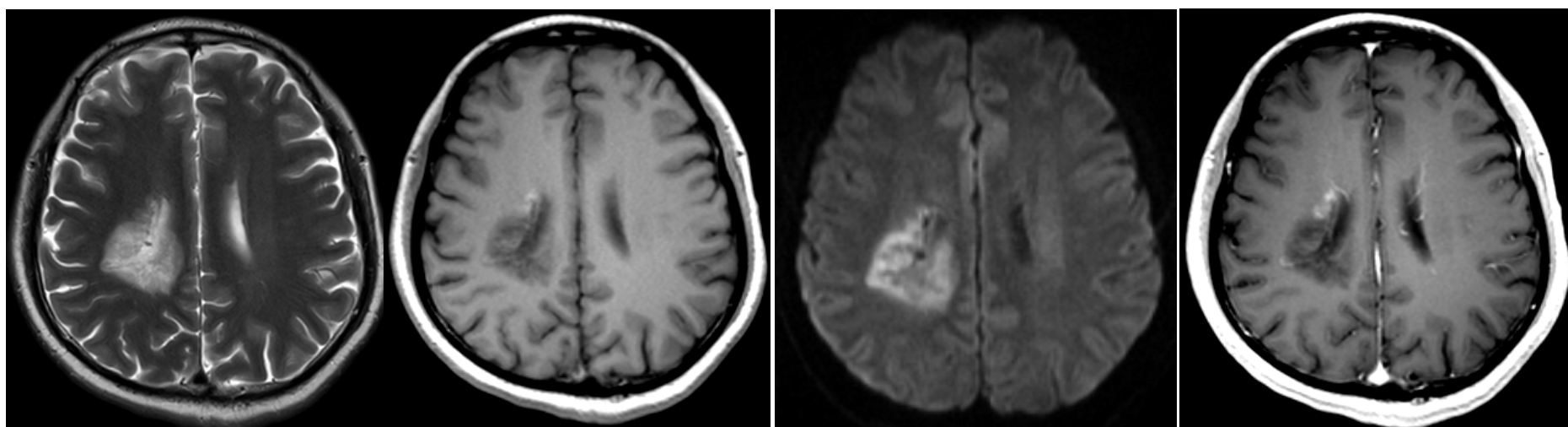
(右颞叶)节细胞胶质瘤 (WHO I 级), 伴局灶皮质发育不良 (ILAE, FCD III b 型)。
IHC: NeuN、Syn、CR: (神经元+);
NF: (神经纤维+), GFAP、Olig-2、S-100: (+);
CyclinD1: (散在+); CgA、EMA、IDH1: (-);
P53: (+, 40%), Ki-67 (+, <1%)。|



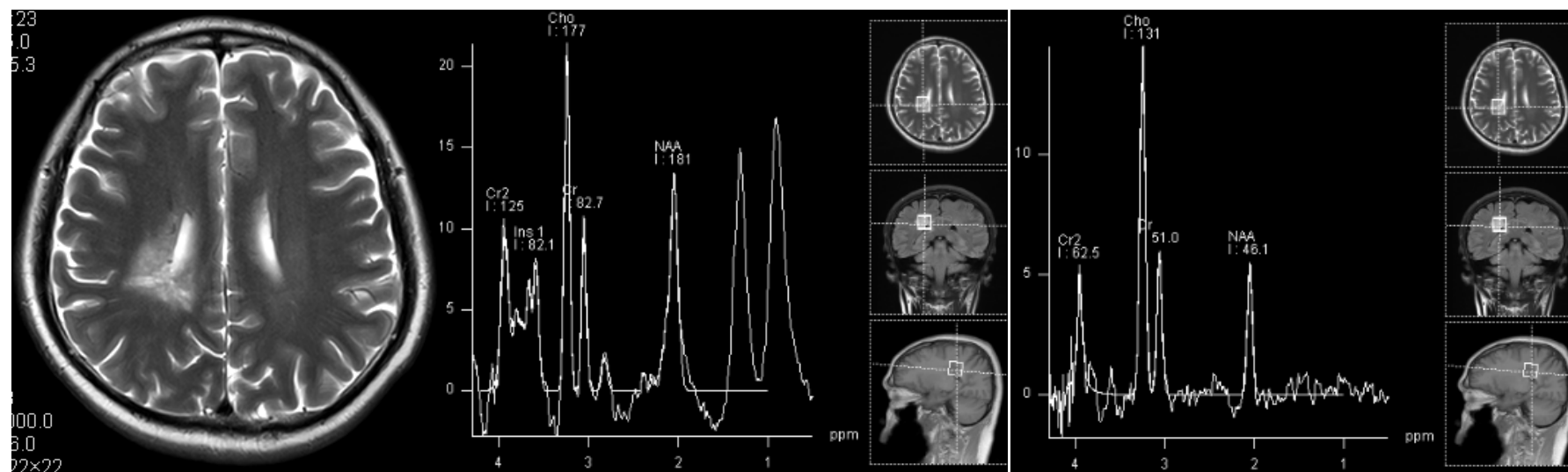
2012.5.4, M, 41Y



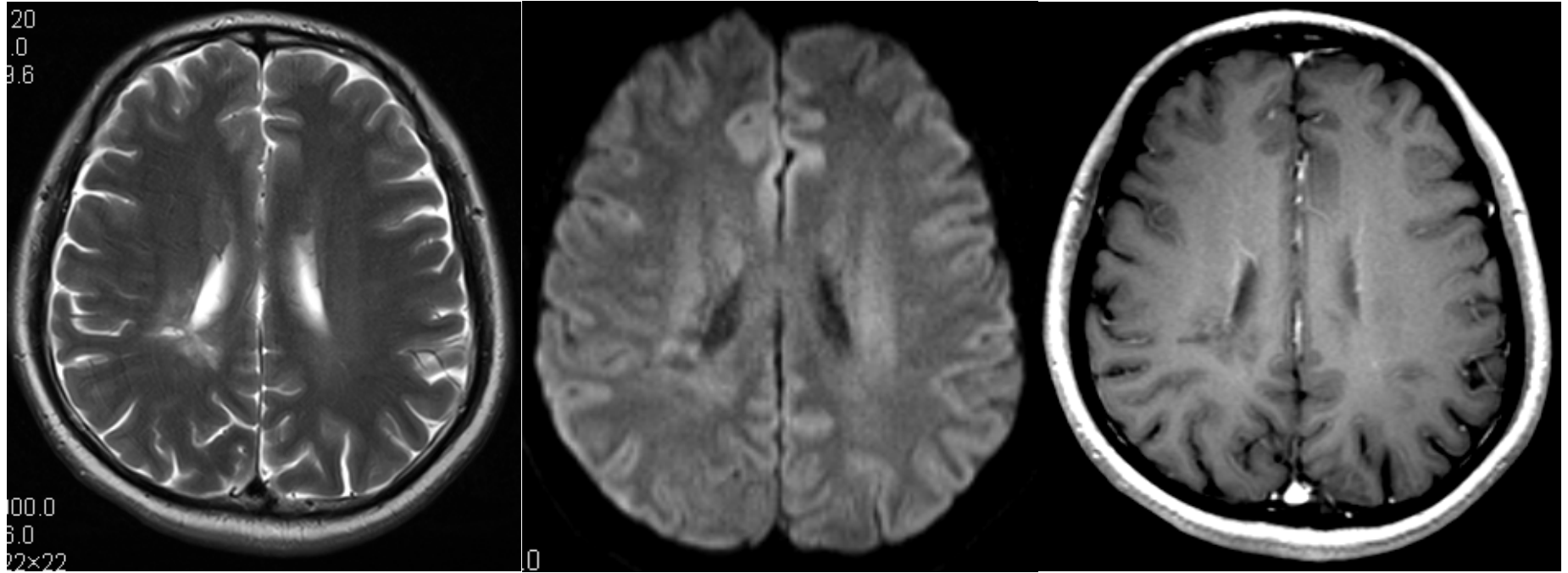
2012.5.4



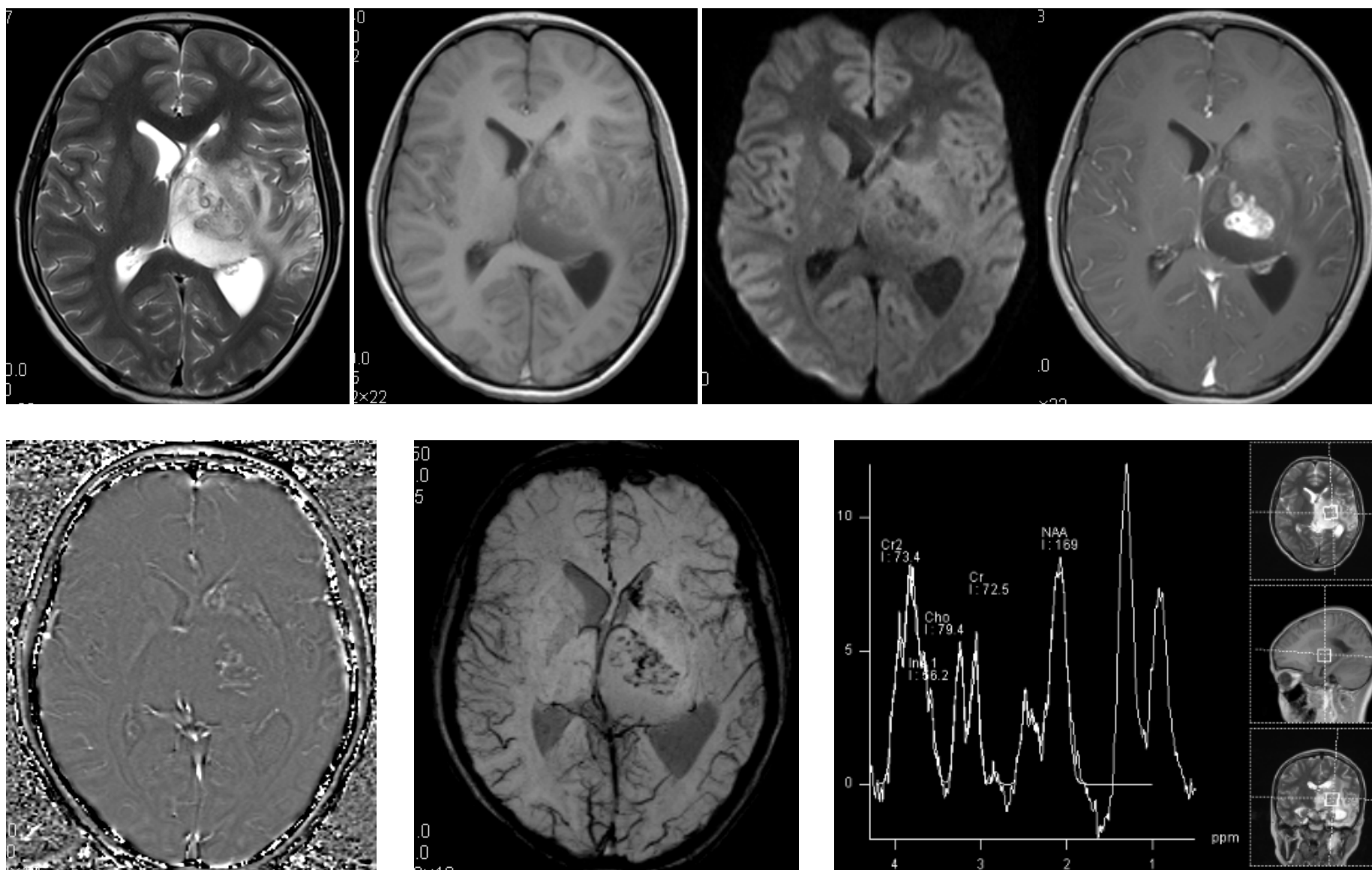
2012.5.25



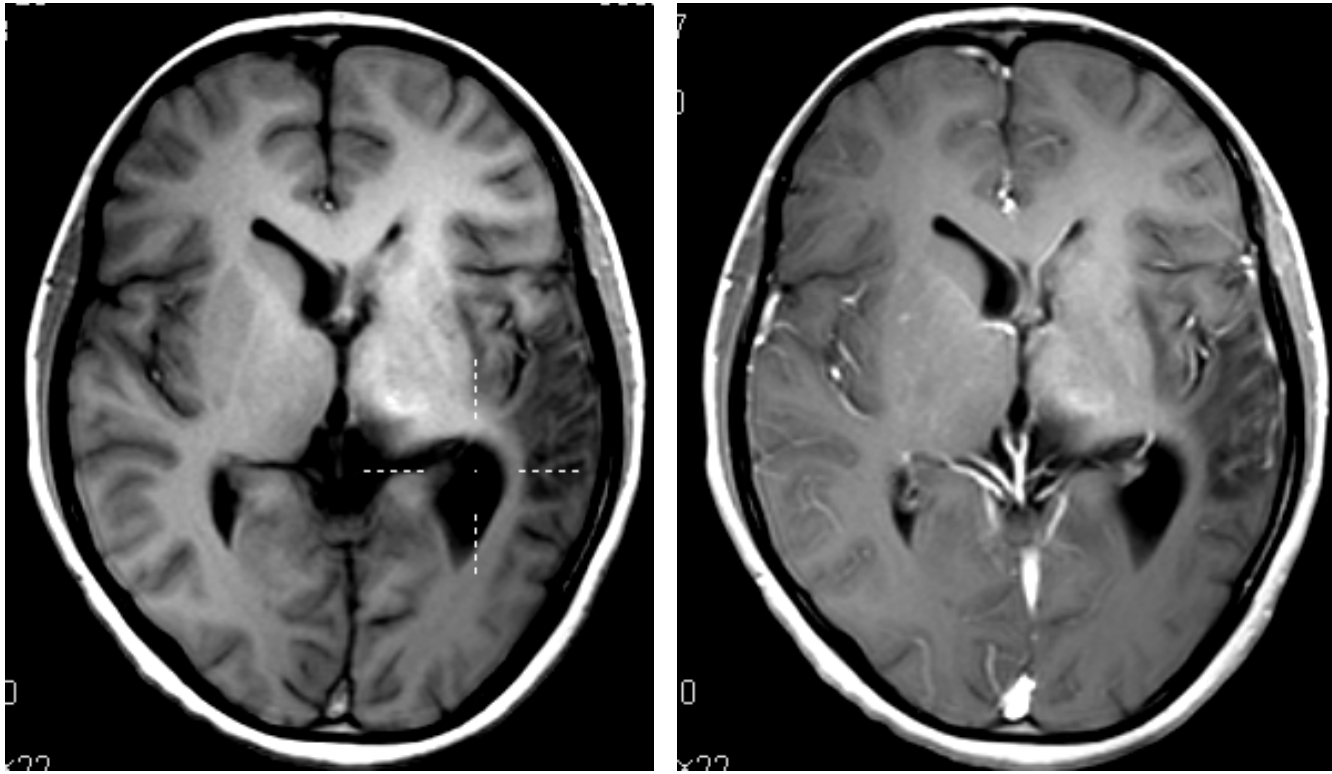
2012.6.28



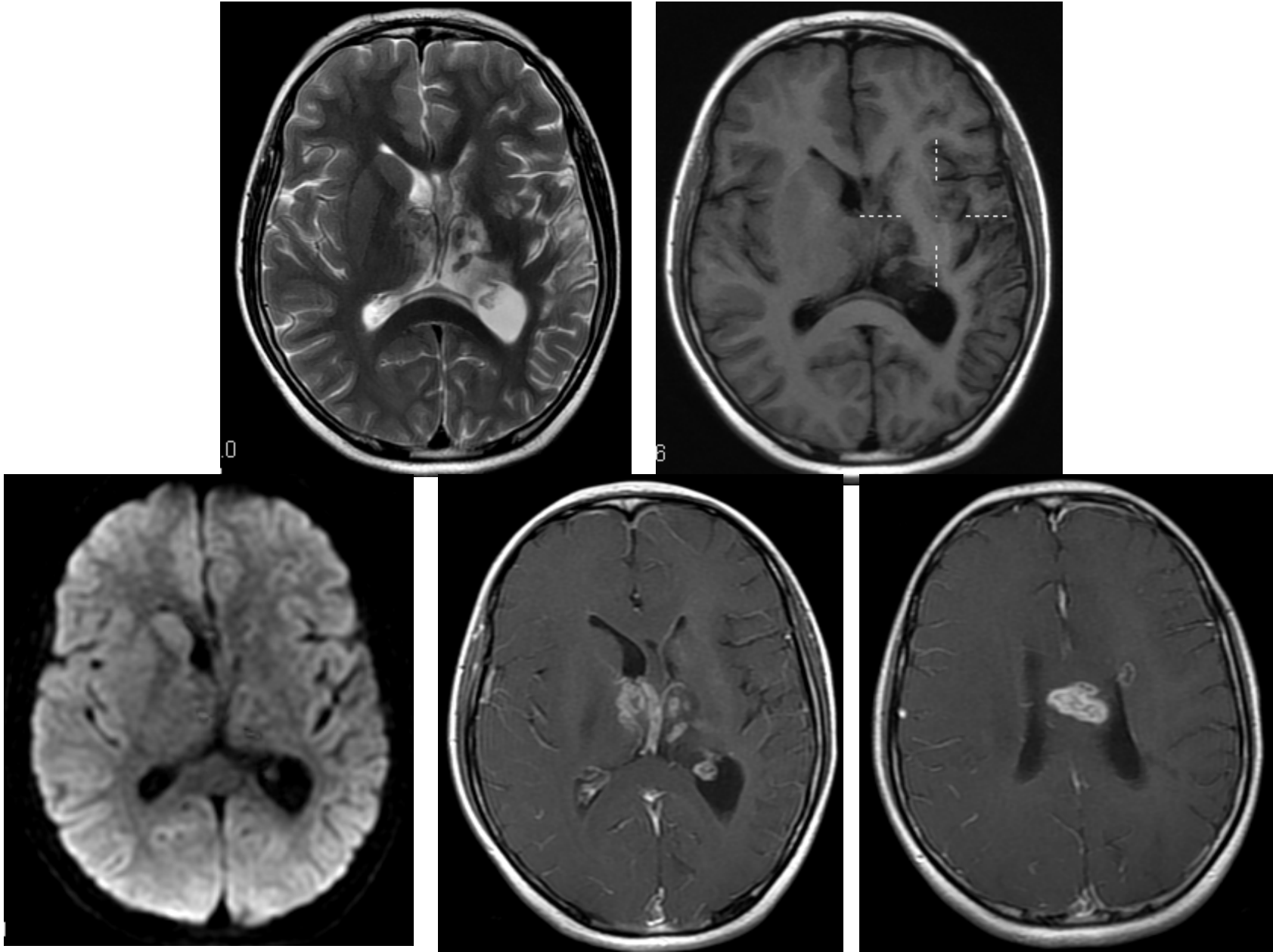
2012.9.26



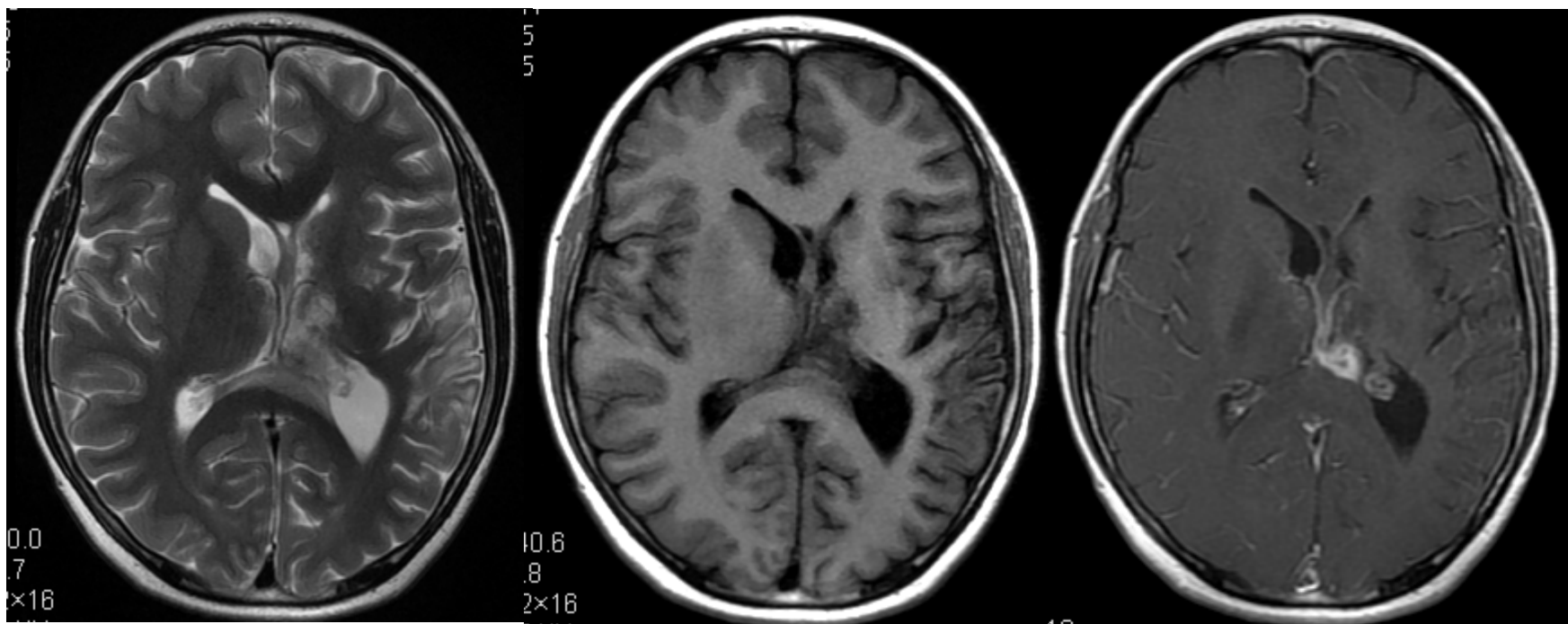
2013.6.10, M, 11Y 广州管圆线虫病



2013.6.28

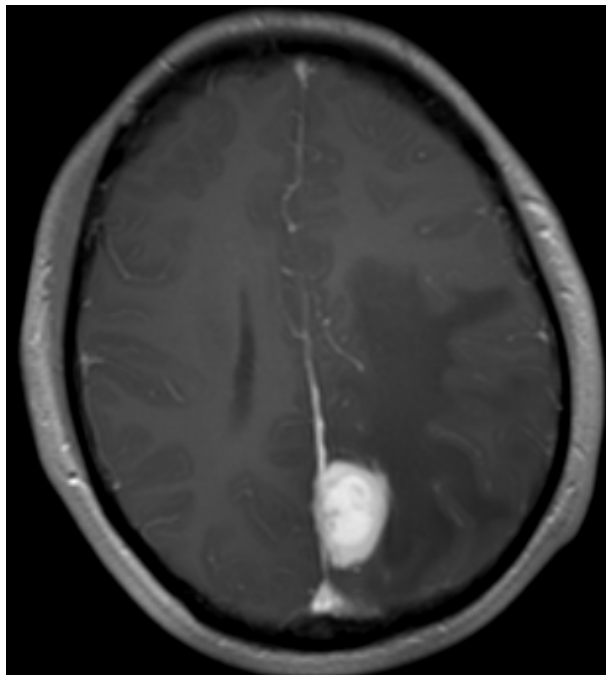
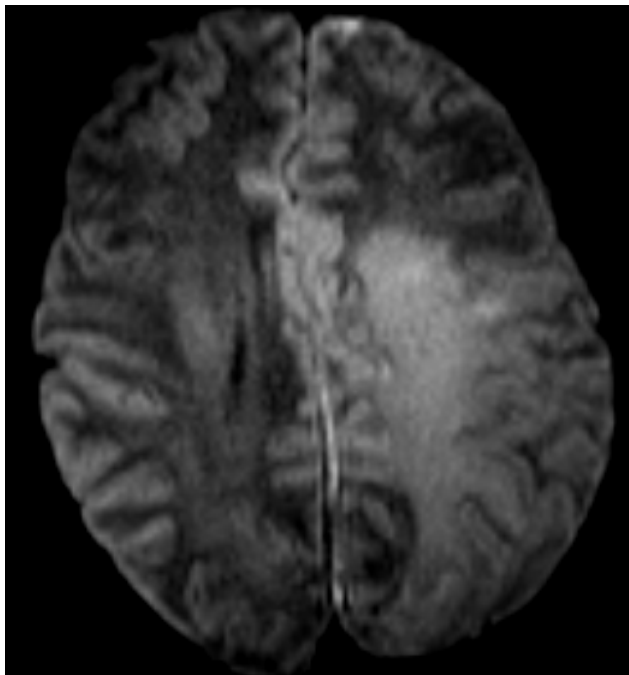
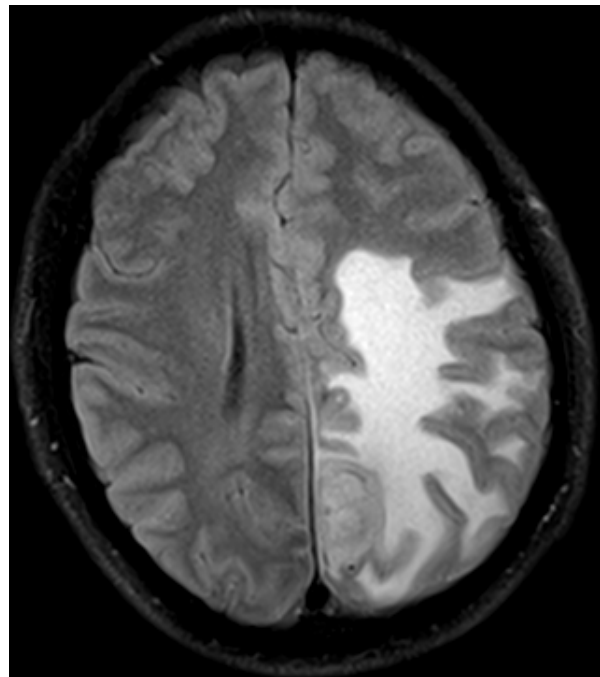
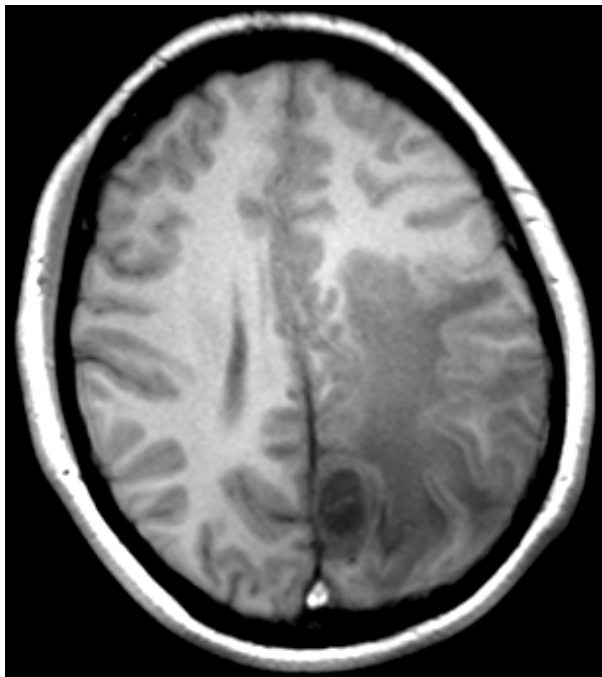
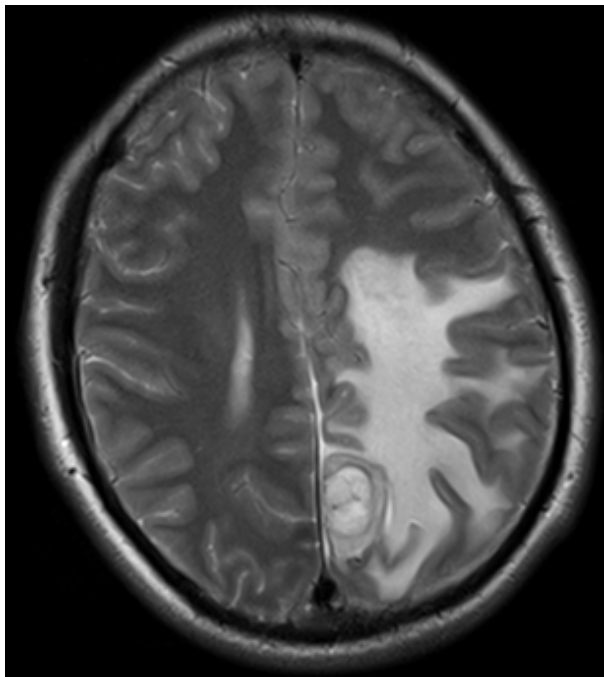


2013.10.16



2014.1.20, 病灶缩小

血液及脑脊液抗体阳性，10.25阿苯达唑驱虫治疗后2小时发热，变态反应，11.6腰穿脑脊液，广州管圆线虫病抗体阴性。



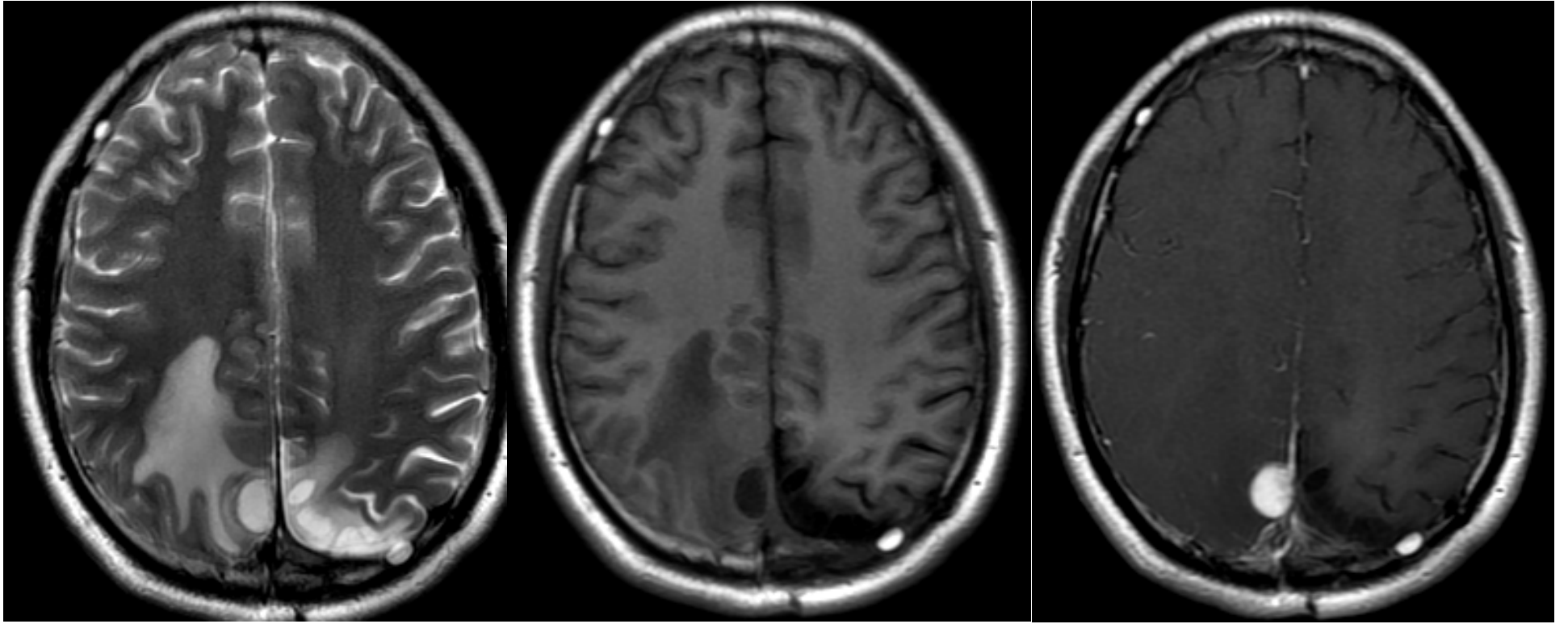
低灌注

2011.12, M, 32Y

诊断?

脑膜间叶组织来源的肿瘤，考虑为炎性肌纤维母细胞瘤。

淋巴浆细胞丰富型脑膜瘤？



2012.11, 复发

- T1WI明显**均匀**强化，**切迹征**
- ADW呈高信号，ADC图呈**低信号**
- 肿瘤呈**低灌注**，信号恢复率高
- **Lip峰**及**Cho峰**明显升高
- 肿瘤复发多发生于**不同**位置

谢谢！