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【摘要】 目的 方法 2015 4 ~2016 7 173
结果 173 90 (52.0%)
(95.6%) (88.0%)
(89.7% 71.4%) (χ^2=4.279 P 0.05) 47.8% 41.0% 0
结论

【关键词】
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Pseudocapsule based extracapsular resection of pituitary adenoma ZHANG Ming-fu, LIU Ning, LI Ying, et al. Department of Neurosurgery, the First Affiliated Hospital, Harbin Medical University, Harbin 150001, China

【**Abstract**】 **Objective** To investigate the clinical significance of pseudocapsule based extracapsular resection of pituitary adenomas. **Methods** Totals of 173 patients who underwent tumor resection from April 2015 to July 2016 were selected. All patients were divided into two groups according to pseudocapsule based extracapsular or intracapsular resection. Total removal rate biology cure rate and complications were evaluated. **Results** In the 173 patients pseudocapsule was found in 90 patients (52.0%) and mostly was found in non-functional and growth hormone secreting pituitary adenoma. No significant differences were found in total removal rate between extracapsular resection group (95.6%) and intracapsular resection group (88.0%). In patients with functional pituitary adenoma biology cure rate of patients in extracapsular resection group was significantly higher than those in intracapsular resection group (89.7% vs 71.4% χ^2=4.279 P 0.05). The incidence of cerebrospinal fluid leak during surgery was 47.8% and 41.0% in extracapsular resection group and intracapsular resection group respectively. No cerebrospinal fluid leak was found after surgery. Postoperative pathology confirmed that pseudocapsules had tumor cell infiltration. **Conclusions** Pseudocapsule based extracapsular resection is effective and safey for pituitary adenoma. It could increase total removal rate and increase biology cure rate in patients with functional pituitary adenoma without increasing postoperative complications.

【**Key words**】 Pituitary adenoma Pseudocapsule Extracapsular resection

[1] 1936

[2]

[3-8]

2015 4 ~2016 7
231 173

1 对象与方法

1.1 2015 4 ~2016 7
231
58 Hardy (n=8)
(n=19) (n=2) (n=29)
173 79 94 49.1
2~17 (NF) 92
(PRL) 51 (GH)
25 (ACTH)
5

1.2

1.2.1

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(1) 3 6
1

MRI (2)
1 7 3 6
(FF)
(T3) (T4) (TSH)
-1(IGF-1)

PRL
GH GH 1 ng/ml IGF-1 [9]

1.2.2

1.3 SPSS 21.0
χ^2 P 0.05

2 结果

2.1 1
90
83 NF
GH
(P 0.05)

表1 各类型垂体腺瘤假包膜发现率比较(例, %)

肿瘤类型	例数	发现假包膜	未发现假包膜
NF	92	51(55.4)	41(44.6)
PRL	51	23(45.1)	28(54.9)
ACTH	5	2(40.0)	3(60.0)
GH	25	14(56.0)	11(44.0)
总计	173	90(52.0)	83(48.0)

注: $\chi^2=1.857$, P=0.603

2.2
1( ) 2 86
(95.6%) 17
100%
73 (88.0%)

2.3 3
81 65
(P 0.05)

表2 各类型垂体腺瘤不同切除方式下全切率比较

肿瘤类型	囊外切除 例数	囊外切除 全切(例, %)	分块切除 例数	分块切除 全切(例, %)	χ^2值	P值
NF	51	47(92.2)	41	36(87.8)	0.199	0.730
PRL	23	23(100.0)	28	26(92.9)	1.710	0.495
GH	14	14(100.0)	11	9(81.8)	2.767	0.183
ACTH	2	2(100.0)	3	2(66.7)	0.833	1.000
总计	90	86(95.6)	83	73(88.0)	3.357	0.067

表3 各类功能型垂体腺瘤生物学治愈率比较

肿瘤类型	囊外切除 例数	囊外切除 治愈(例, %)	分块切除 例数	分块切除 治愈(例, %)	χ^2值	P值
PRL	23	21(91.3)	28	21(75.0)	1.324	0.250
GH	14	12(85.7)	11	7(63.6)	1.646	0.350
ACTH	2	2(100.0)	3	2(66.7)	0.833	1.000
总计	39	35(89.7)	42	30(71.4)	4.279	0.039

2.4 77

90 43
(47.8%) 83
34 (41.0%) ($\chi^2=0.812$
P=0.368)

2.5 2( )

3 讨论

1936 Costello [2]
“ ”
(Pseudocapsule)
2006 Oldfield Vortmeyer [1]
2 mm
2~3 mm

5-6 10-14

Lee [10] 55.7%
52.0%
Lee
(1) (2) (3)
(4) (5)

[10] Kim [14]

[5]

Kawamata [5] Chamoun [15]

Xie [16] GH

Lee [10] PRL

NF

GH 55.4%

56.0% PRL

45.1% Teramoto [17]

PRL

Kim [14] 1 000

(P=0.004)

17 100%

GH

[5 16 18] ACTH [6-7]

[10-11]

[10]

[19]

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CTP - CTA

【摘要】 目的 CT (CTP) CT (CTA)
方法 50
CTP 结果 50 48 CTP
96%
(CBF) (CBV) (MTT (TTP) 50
42 3D-CTA 结论 CTP- CTA
CTP CTA
CTP CTA

【关键词】
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Diagnosis value of one stop whole brain dynamic volume CTP-CTA imaging in cerebral vasospasm after traumatic brain injury

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【**Abstract**】 **Objective** To explore the application and clinical significance of one stop whole brain dynamic volume CTP-CTA imaging in cerebral vasospasm after traumatic brain injury. **Methods** Totals of 50 patients with suspected symptomatic cerebral vasospasm were treated with one stop whole brain dynamic volume imaging. The results of CTP were compared with that of the contralateral mirror area. **Results** In 50 patients 48 showed low perfusion areas outside the scope of brain injury which was consistent with clinical symptoms. The accuracy rate was 96%. There were significant differences in cerebral blood flow (CBF) cerebral blood volume (CBV) time-to-peak (TTP) and mean transit time (MTT) compared to the contralateral mirror area. In 50 traumatic brain injury patients 42 showed intracranial vasospasm of great vessels in 3D-CTA. **Conclusions** One-stop whole brain dynamic volume CTP-CTA imaging could be applied in evaluating cerebral vasospasm after traumatic brain injury. Microcirculation vasospasm in brain parenchyma could be detected by low perfusion cerebral area in CTP. Vasospasm of great vessels outside brain parenchyma could be detected by CTA. Therefore CTP combined with CTA has significant clinical value in early diagnosis selection of treatment options and evaluation of efficacy for cerebral vasospasm after traumatic brain injury.

【**Key words**】 Craniocerebral trauma Cerebral vasospasm Perfusion Vascular imaging

1-2

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(Cerebrovascular Spasm CVS)

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