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· 临床医学图像 ·

淀粉样脑血管病

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Cerebral amyloid angiopathy

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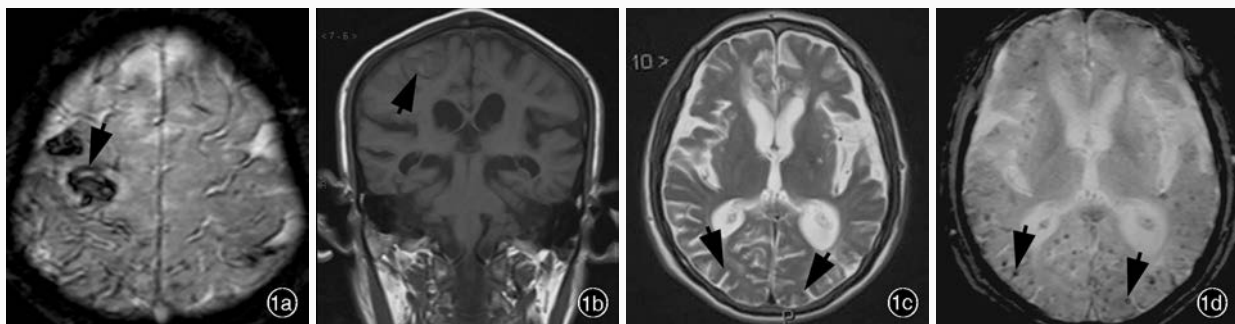


图 1 男性患者, 60 岁。主因右侧肢体麻木、乏力 3 d, 于 2013 年 8 月 10 日就诊。头部 MRI 检查显示, 右侧额叶皮质下急性血肿、双侧额顶叶蛛网膜下隙出血、顶枕叶弥漫性含铁血黄素沉积 1a 横断面 GRE 显示, 右侧额叶皮质急性期血肿(箭头所示), 双侧额顶叶脑沟内线样异常低信号 1b 冠状位 T₁WI 显示, 右侧额叶皮质混杂信号(箭头所示), 提示急性期血肿 1c 横断面 T₂WI 显示, 双侧枕叶皮质-皮质下多发点状低信号影(箭头所示), 提示含铁血黄素沉积 1d 横断面 GRE 显示, 双侧顶枕叶多发点状低信号影(箭头所示), 异常信号数目明显多于同层面之 T₂WI; 双侧基底节无异常低信号

Figure 1 A 60-year-old male patient had suffered from numbness and asthenia for 3 d and came to clinic. MRI showed right frontal intracerebral hematoma, bilateral frontal and parietal subarachnoid hemorrhage and hemosiderosis in bilateral parietal and occipital lobes. Axial GRE showed acute right frontal hematoma (arrow indicates) and abnormal hypointensity located in bilateral frontal and parietal cortical sulci (Panel 1a). Coronal T₁WI showed heterogeneous intensity signal located in right frontal cortex (arrow indicates), which was suggestive of acute hematoma (Panel 1b). Axial T₂WI appeared several cortical and subcortical punctiform hypointensities in bilateral occipital lobes (arrows indicate) which were identified as hemosiderosis (Panel 1c). Axial GRE revealed much more punctiform hypointensities located in bilateral parietal and occipital lobes (arrows indicate) than those in T₂WI of the same location. There was no abnormal low signal in bilateral basal ganglia (Panel 1d).

淀粉样脑血管病(CAA)是一种以大脑皮质、皮质下及软脑膜中、小血管壁内淀粉样物质(β-淀粉样蛋白)沉积为特征的颅内血管病变。多呈散发性,少数为常染色体显性遗传;平均发病年龄 69.50 岁,发病率随年龄的增长而逐渐升高。该病是血压正常老年人发生自发性脑叶出血的重要原因,常累及枕叶,额颞顶叶次之,深部白质、基底节和丘脑极少受累。影像学主要表现为皮质-皮质下大或微小出血灶,白质脱髓鞘改变和脑萎缩,可单独或同时出现。CT 是迅速确定急性颅内出血的首选影像学方法。MRI 可显示出不同时期的微小出血灶,T₂*序列[包括梯度回波序列(GRE)和磁敏感加权成像(SWI)]对急性(或)慢性微小缺血十分敏感,微小出血灶位于皮质-皮质下,深部白质、基底节和脑干极少受累;同时可合并蛛网膜下隙出血、硬膜下出血或更罕见的脑室内出血(图 1)。单发性淀粉样脑血管病出血主要与颅内动脉瘤、脑血管畸形、中枢神经系统肿瘤所致出血相鉴别;淀粉样脑血管病所致血肿边缘不规则;颅内动脉瘤出血以单发多见,主要发生于 Willis 环区域;颅内动-静脉畸形所致出血其病灶内可见畸形血管影。多灶性淀粉样脑血管病出血还须与高血压性脑出血、隐匿性血管畸形(毛细血管扩张症和海绵状血管瘤)相鉴别:(1)淀粉样脑血管病和高血压性脑出血均好发于老年人,前者出血灶位于脑叶浅表区域,呈多发;后者亦可多发,但以基底节、丘脑或脑干多见。(2)毛细血管扩张症和海绵状血管瘤患者发病年龄小于淀粉样脑血管病,毛细血管扩张症出血灶呈直径 < 2 cm 的低信号影,以脑桥和小脑好发;海绵状血管瘤可发生于脑内任何部位,单个病灶呈中心混杂高信号、周围低信号的“爆米花”样改变。淀粉样脑血管病所致白质脱髓鞘改变和脑萎缩均与淀粉样物质沉积引起的小血管缺血性改变相关。综上,急性和(或)慢性皮质-皮质下多发出血灶与脑白质病和脑萎缩,是明确诊断较为特异的影像学特征。

(天津市环湖医院神经放射科韩彤供稿)