侧, CT 显示双侧梗塞灶占 14.29%, 系梗塞灶 20% 属于静止性病变即位于大脑功能静区或小梗塞未影响脑的功能或影响甚微而未引起注意之故[13]。本组有症状而 CT 阴性占 16%, 11 例复查 6 例出现病灶, 说明随病程延长 CT 阳性率可提高, 但仍有阴性病例。Lindyren 也认为 25%~ 30% 的病人有症状, 初次检查, 甚至随访也不能显示病灶, 可能系皮质或脑干小病灶, CT 难以显示[13], 对这部分病人 MRI 优于 CT。

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外 刊 摘 要

颈静脉球假肿块

杨敏洁 摘译 王承缘 校

颈静脉孔由颞骨和枕骨构成, 是位于岩椎内、下表面的一个窝。颈静脉孔由一个较小的前、内侧部分(神经部)和一个较大的后、外侧部分(血管部)构成, 两者之间由一完全或不完全的骨性间隔——颈静脉棘分开。神经部有舌咽神经(Ⅸ)和走行于海绵窦和颈静脉球之间的岩下窦; 血管部有颈静脉球、迷走神经(Ⅹ)和副神经(Ⅺ)。这些颅神经位于颈静脉的内侧[1]。

颈静脉孔和颈静脉球的大小变化极大, 但平均长 1.5cm, 宽 1.0cm。2/3 的人的右侧颈静脉孔较左侧大, 偶有颈静脉孔和颈静脉球相当大者, 这是一种解剖变异, 在 MRI 上可能类似一个团块影。这是因为颈静脉球的静脉血流缓慢和湍流之故, 产生平扫时血流相关强化(flow-related enhancement)和注入造影剂后的强化[2]。

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