

の強い増強効果と高い造影剤排出率 ($\geq 30\%$) を示した。しかし早期相で弱い増強効果と低い造影剤排出率 ($< 30\%$) を示す部分があり、同部はSTIR像で低信号、T1強調画像では高信号を呈していた。病理組織所見では炎症性細胞などが浸潤する小嚢胞が集簇していた。ワルチン腫瘍のSTIR像における最低信号強度 (0.29 ± 0.22 [SD]) およびT2強調画像の最低信号強度 (0.28 ± 0.09) は、悪性腫瘍 (0.53 ± 0.19 , 0.48 ± 0.19) と比較し有意に低値 (各々 $0 < 0.01$, 0.05) であった。

ワルチン腫瘍の造影剤排出率は ($44.0 \pm 20.4\%$) であり、悪性腫瘍のもの ($11.9 \pm 11.6\%$) より高値であった。ワルチン腫瘍の拡散係数は ($0.96 \pm 0.13 \times 10^{-3} \text{mm}^2/\text{sec}$) であり悪性腫瘍 ($1.19 \pm 0.19 \times 10^{-3} \text{mm}^2/\text{sec}$) と比較し有意 ($P < 0.01$) に低値であった。

【結語】 T2強調・STIR画像での低信号領域の存在や拡散係数低値およびダイナミック造影での高い造影剤排出率という所見はワルチン腫瘍であることを強く示唆した。

4. Laryngeal deviation: mimics of submucosal tumor

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Laryngeal deviation can be accompanied by protrusion of a unilateral false vocal cord that usually occurs on the left side. The condition can mimic submucosal tumor in some cases. Although there is little literature regarding this condition in the field of radiology, the recent widespread use of imaging modalities such as CT has increased the opportunity for radiologists to examine these patients. We report a case of laryngeal deviation mimicking submucosal tumor.

5. Pulmonary Sequestration associated with Lower Accessory Pulmonary Artery: Spectrum of Multisection Helical CT Findings with Emphasis of Computerized Reformations

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The term pulmonary sequestration (PS) was coined to describe a disconnected bronchopulmonary mass or cyst with anomalous systemic artery. Since this original description, terminology has become confusing as investigators have recognized many variants of PS not strictly meeting the original definition. Now

spectrum of PS includes all congenital lung anomalies in which there is abnormal connection of one or more of the four major components of lung tissue (tracheobronchial airway, lung parenchyma, arterial supply and venous drainage). We present a comprehensive spectrum of characteristic imaging findings in patients with PS with anomalous systemic artery. The series includes patients with intralobar PS, two types of systemic arterial supply to otherwise normal lung, hypogenetic lung syndrome, and acquired systemic collaterals to inflammatory mass. Our experience suggests multisection helical CT may serve as a useful technique for the evaluation and preoperative planning of lower accessory pulmonary artery as well as of associated tracheobronchial abnormalities in patients with PS.

6. Evaluation of Skull base invasion of sinonasal tumor by using Multiplanar Localization Method

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Purpose:

A combination of computed tomography (CT) and magnetic resonance imaging (MRI) is now established as the optimum assessment of sinonasal malignant tumor. Especially, CT and MRI are of particular value of assessing the skull base invasion. MRI offers better differentiation of tumor from surrounding tissue, and coronal CT is required for the demonstration of bone erosion of skull base. But in some case it is difficult to evaluate the tumor extension only one sectional images. We use Multiplanar Localization method (PathSpeed, GE Yokogawa Medical Systems), which can point out the exact position of tumor in different section (i. e. axial image and coronal image) by using dual monitor system.

Material and method:

Both CT and MRI were performed in 21 patients with malignant sinonasal tumor. CT was performed with using multi-detector spiral CT and multiplanar reconstruction images were made out. T1-and T2-weighted MR images were obtained, and contrast enhanced MR imaging at 1.5 T also performed with axial, coronal and sagittal section. These data were sent to PathSpeed, and three radiologists evaluated the tumor extension and skull base invasion of tumor by using dual monitor system. All patients were performed tumor resection and histological confirmation