

成功使用覆膜支架治療壞死性胰臟炎並發之肝動脈假性動脈瘤：病例報告
 Successful Treatment of Proper Hepatic Artery Pseudoaneurysm Complicating
 Necrotizing Pancreatitis Using Covered Stents: a case report

DN001-IR

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We report a case of the successful treatment of proper hepatic artery (PHA) pseudoaneurysm complicating necrotizing pancreatitis by covered stents placement. A 44-year old male underwent duodenorrhaphy for duodenal ulcer perforation. Follow-up computed tomography (CT) revealed a pseudoaneurysm in the PHA complicating necrotizing pancreatitis. Two covered stents (6 mm X 50 mm and 7 mm X 50 mm Viabahn, Gore) were placed to prevent rupture of the pseudoaneurysm. Angiography subsequently revealed that right hepatic arterial flow was maintained, and there was no residual pseudoaneurysm. Subsequently CT showed a patent stent graft and good hepatic arterial flow one month after placement of the stents. Endovascular covered stent-graft placement is technically feasible for PHA pseudoaneurysm treatment and the preservation of hepatic arterial blood flow.

擴散張量神經束成像在正常人和中風患者皮質脊髓束的再現性
 The Reproducibility of Corticospinal Diffusion Tensor Tractography in Normal
 Subjects and Hemiparetic Stroke Patients

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PURPOSE: We want to establish the reproducibility of corticospinal diffusion tensor tractography (DTT) in healthy subjects and hemiparetic stroke patients. The results may be applied in the longitudinal follow-up of the therapy effects on stroke patients.

MATERIAL AND METHODS: 10 normal subjects and 15 patients with chronic stroke (six months-two years after the onset of stroke) were prospectively enrolled in this study. Two DTT scans of the 10 healthy subjects were obtained in one session on the same day and the third scan was obtained one week later on a 3 T GE MR scanner. Three scans of the 15 patients were obtained on three separate days within one month. All raw data were transferred to a workstation with nICE software (Nordic ICE v2.3.8, Nordic Neuro Lab, Norway) for analysis.

RESULT: The mean intra-session and inter-session coefficients of variations (CV) of FA and ADC are small (1.16~2.09% for FA and 1.09~1.64% for ADC). The mean inter-session CVs in the stroke side of patients (22.4%) are higher than normal sides (18.0%) and normal subjects (14.7%). The inter-subject CVs in normal subjects are about 1.9~2.7 times of intra-session CVs. The inter-subject CVs of fiber number in stroke side of patient show highest CVs (62.9%).

CONCLUSION: Fiber number of corticospinal diffusion tractography has the highest inter-session CV among all DTT derived indices and should be carefully interpreted in the longitudinal DTT study of stroke patients.