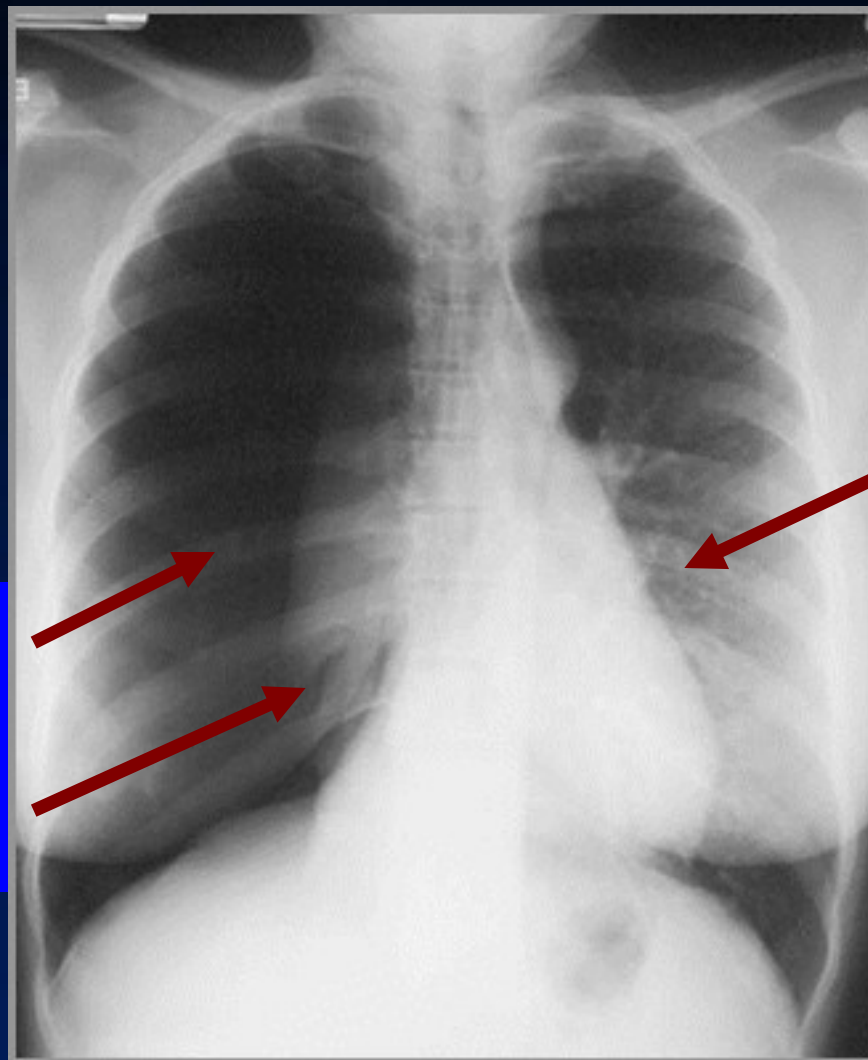


19个医生必看的影像学改变

张力性气胸

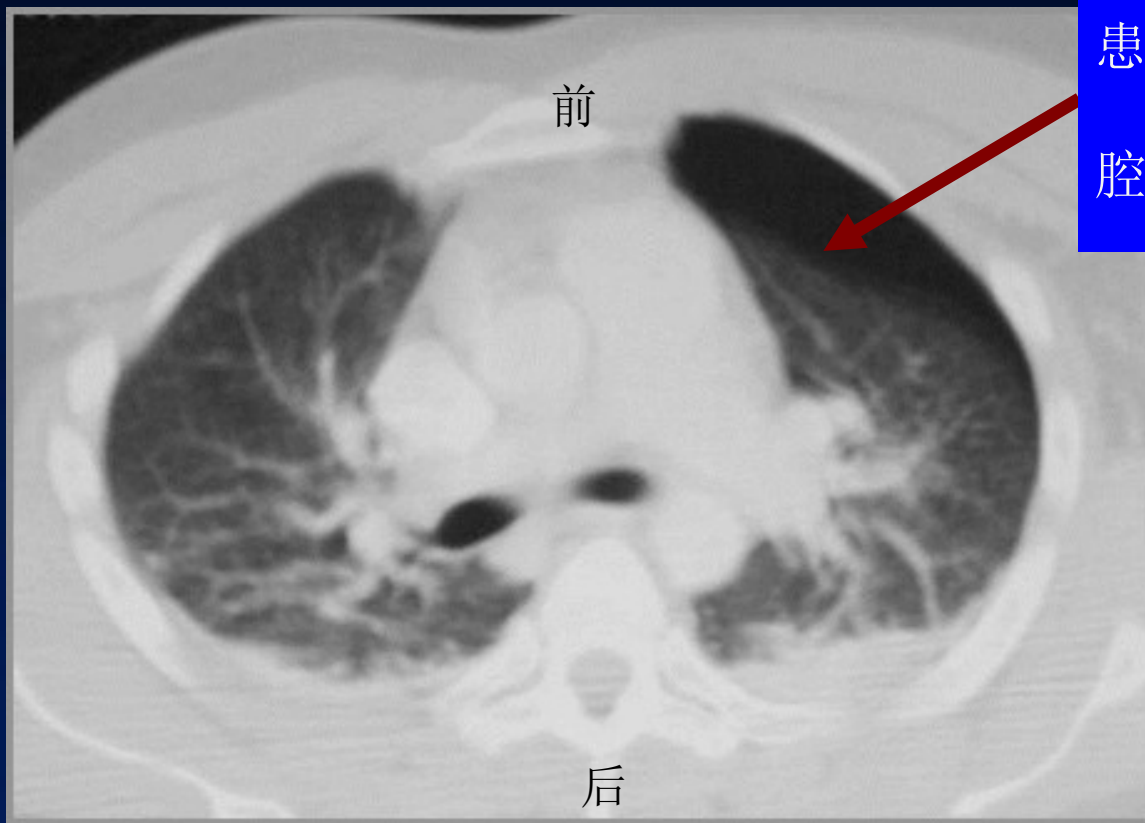


完全性右侧气胸

肺压缩至纵膈

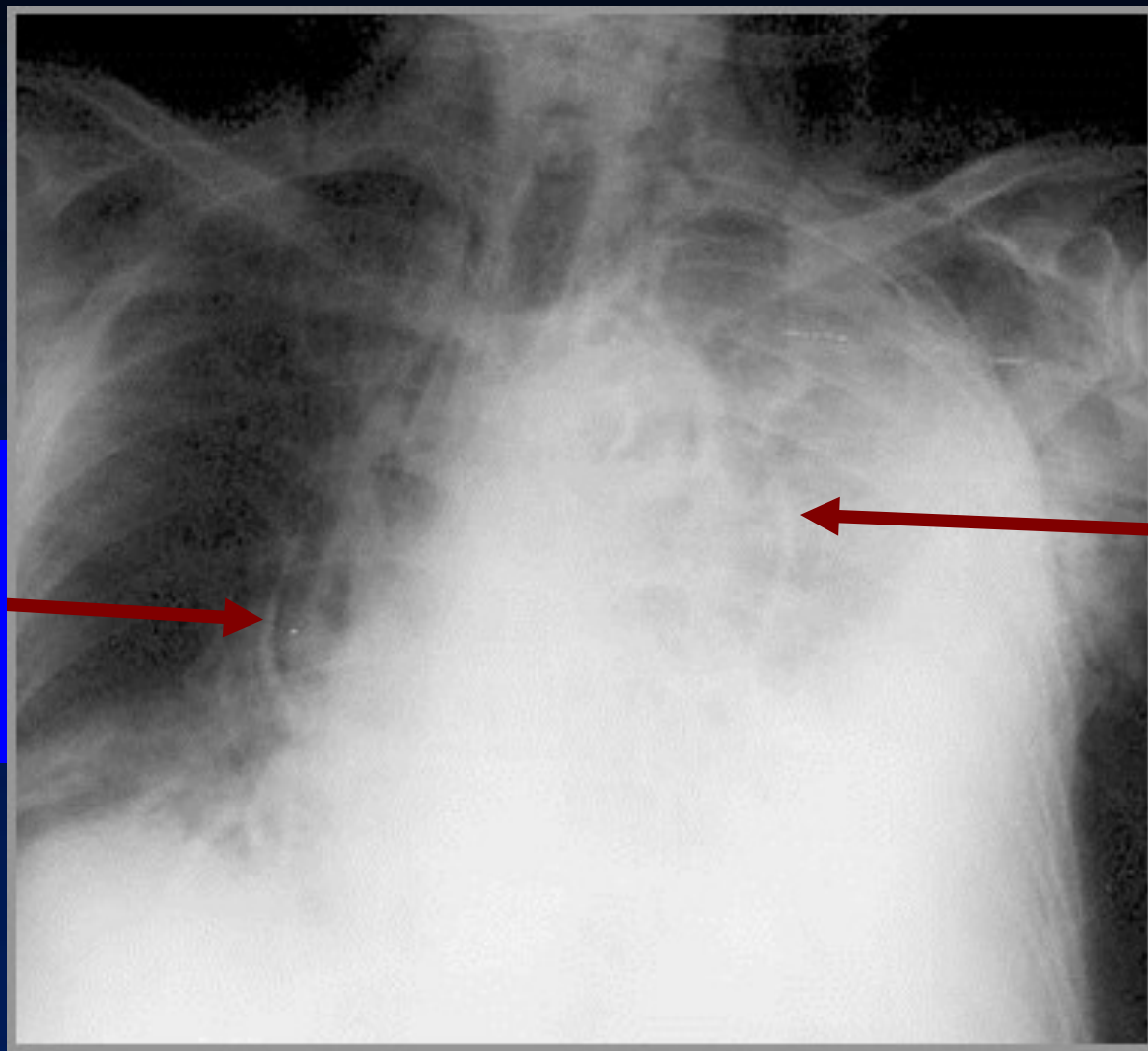
心脏和气管
向左偏移

张力性气胸



患者仰卧位，胸腔内气体上升

食管撕裂形成纵膈气肿



因纵膈气
肿造成线
性密度增
高影

因纵膈气
肿造成线
性密度增
高影

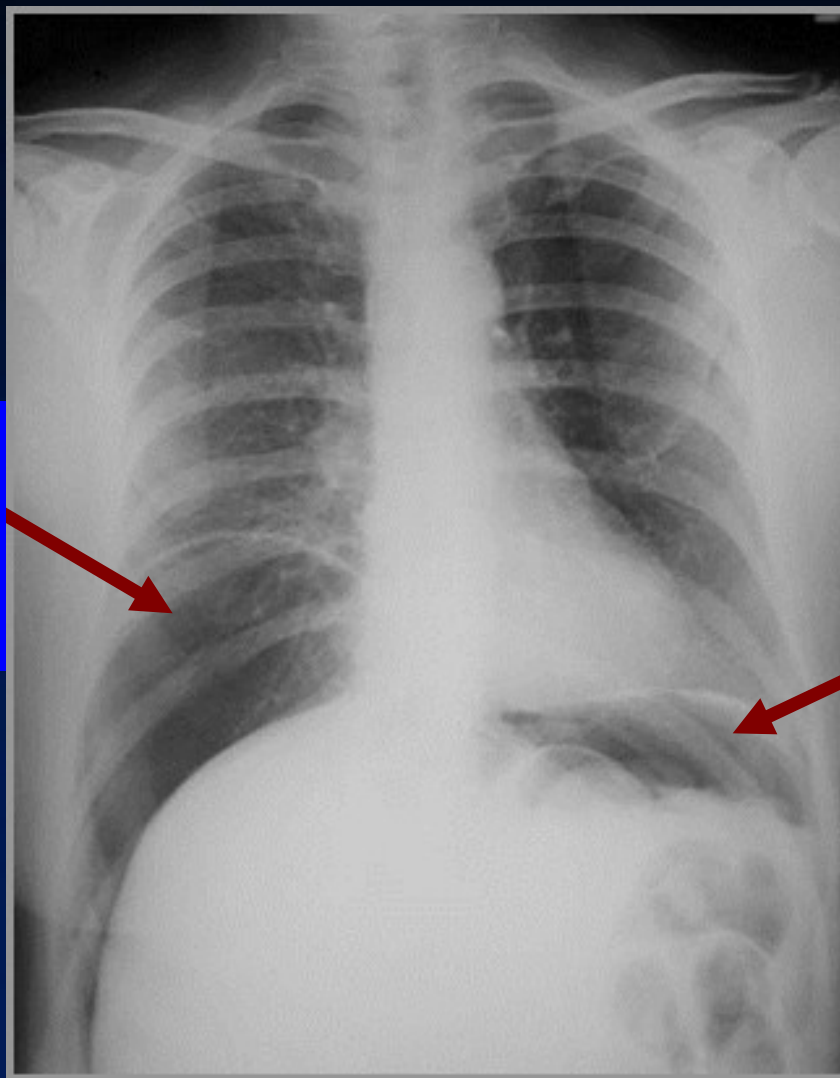
食管撕裂形成纵膈气肿



纵膈内围绕食管的气体

沿远端食管左侧壁分布的由食管穿孔处漏出的增强剂

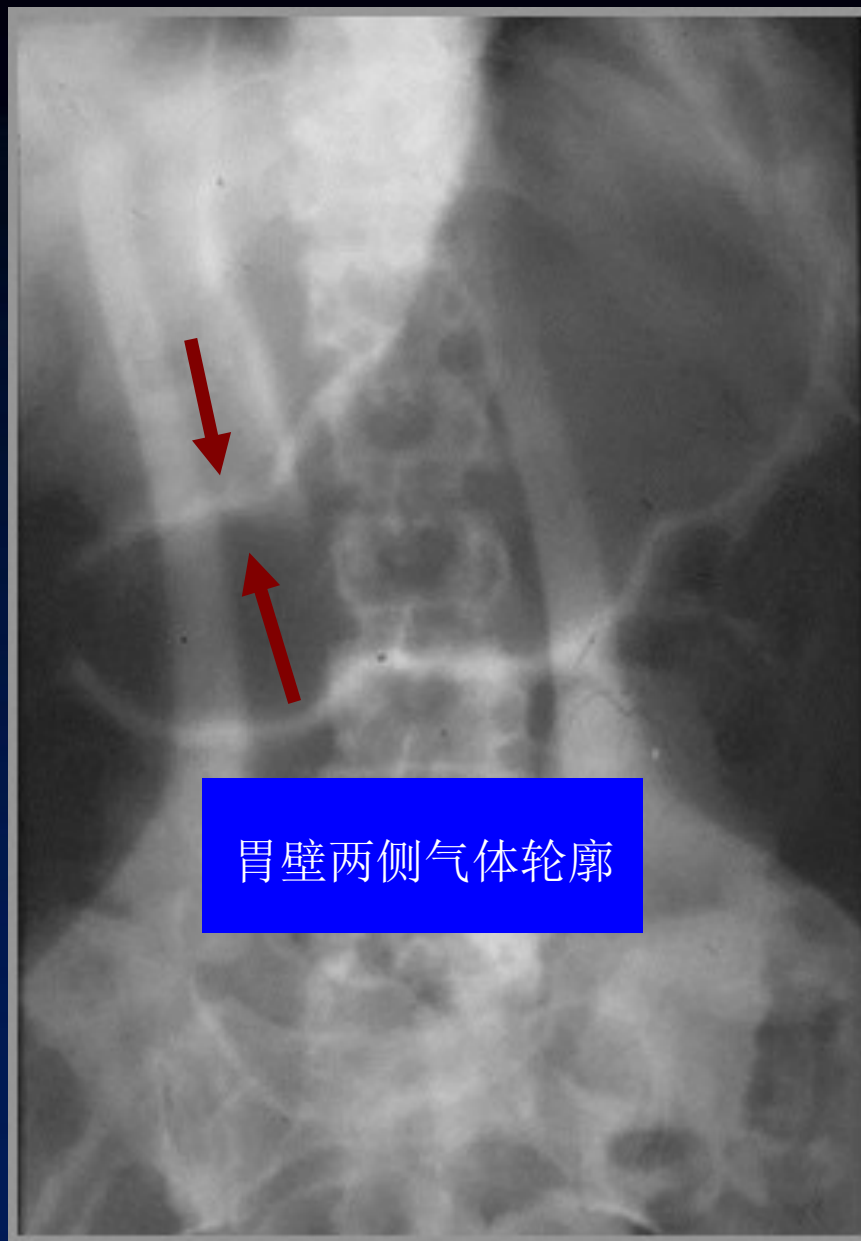
气腹



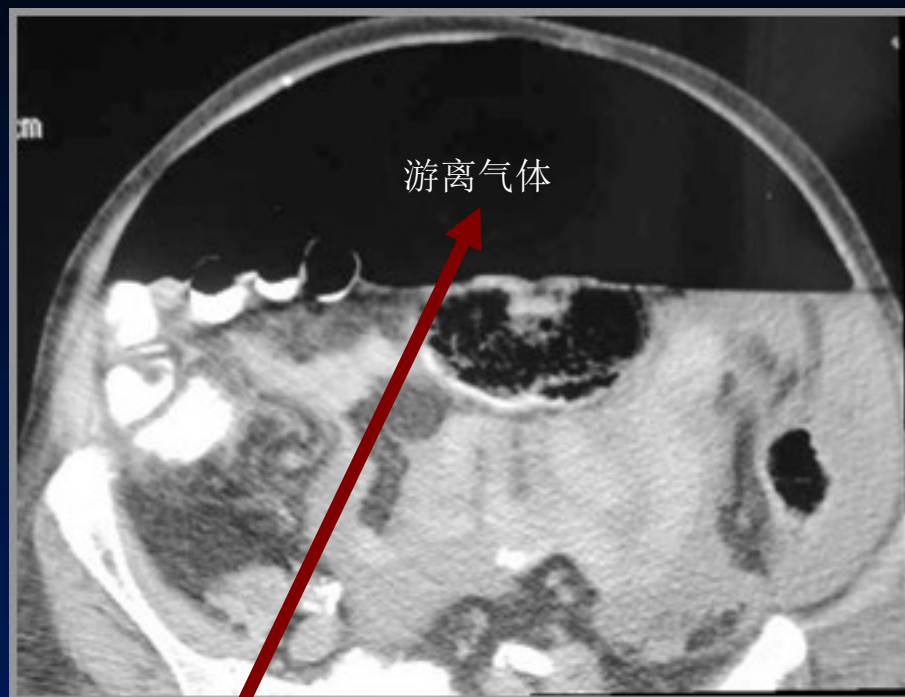
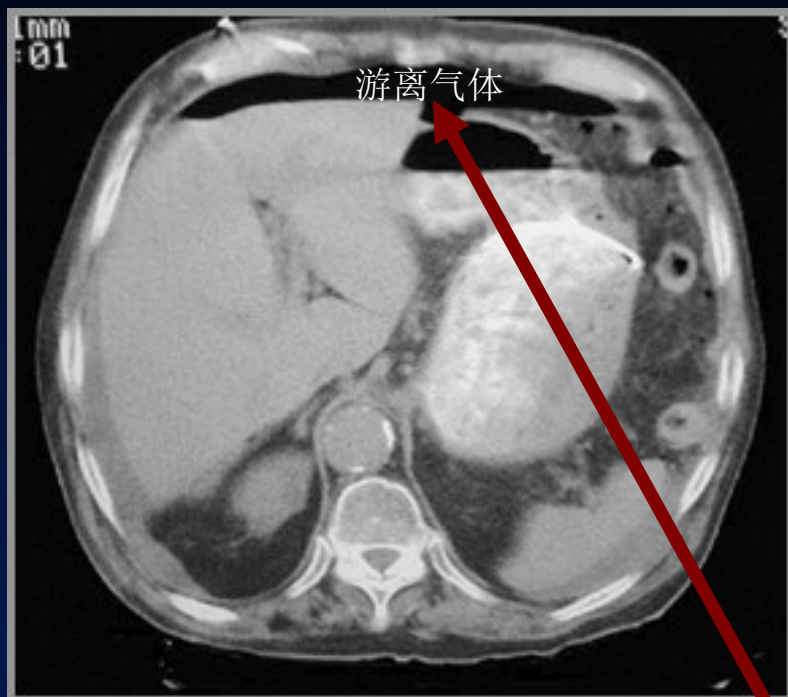
右半横膈
下的气体
轮廓

左半横膈
下的气体
轮廓

气腹

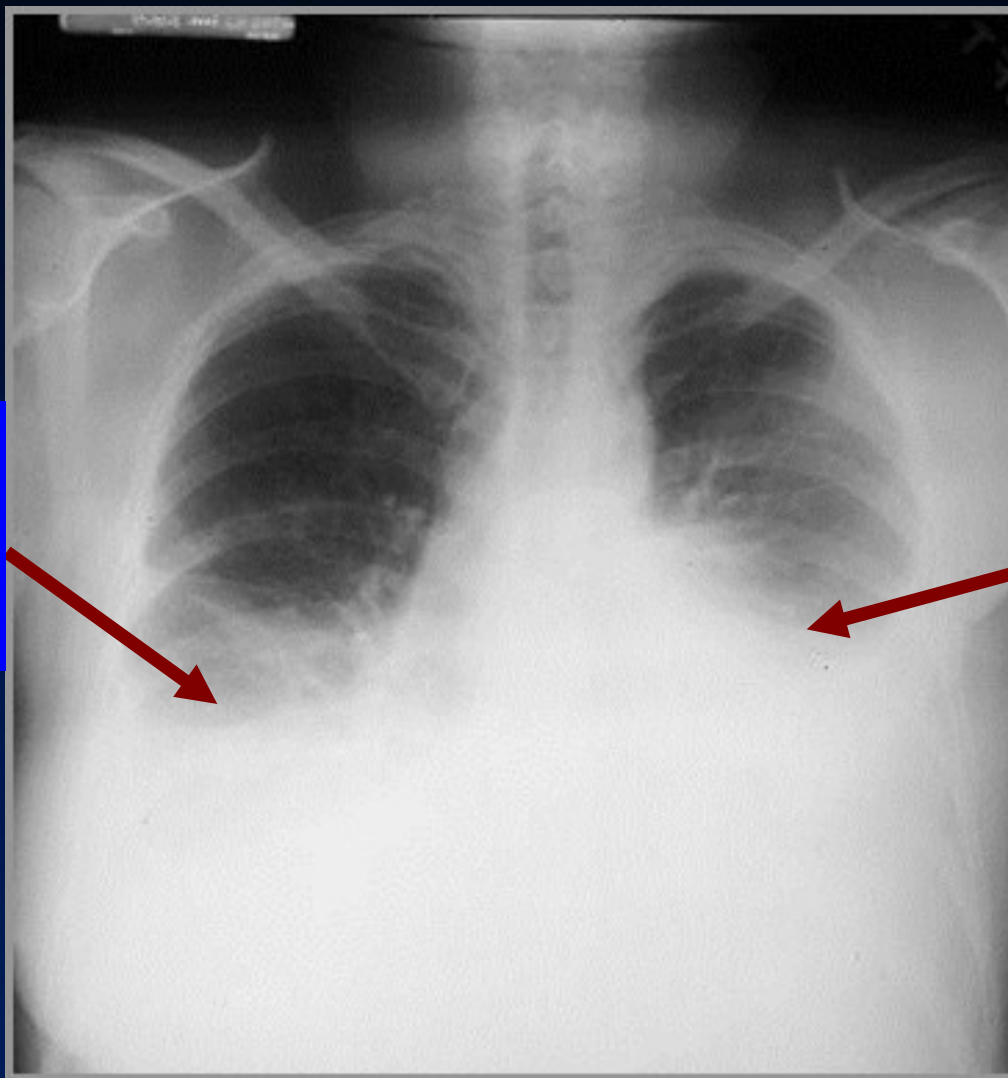


气腹



2例CT显示小量和大量腹腔游离气体
(仰卧位时气体上升)，非肠内气体

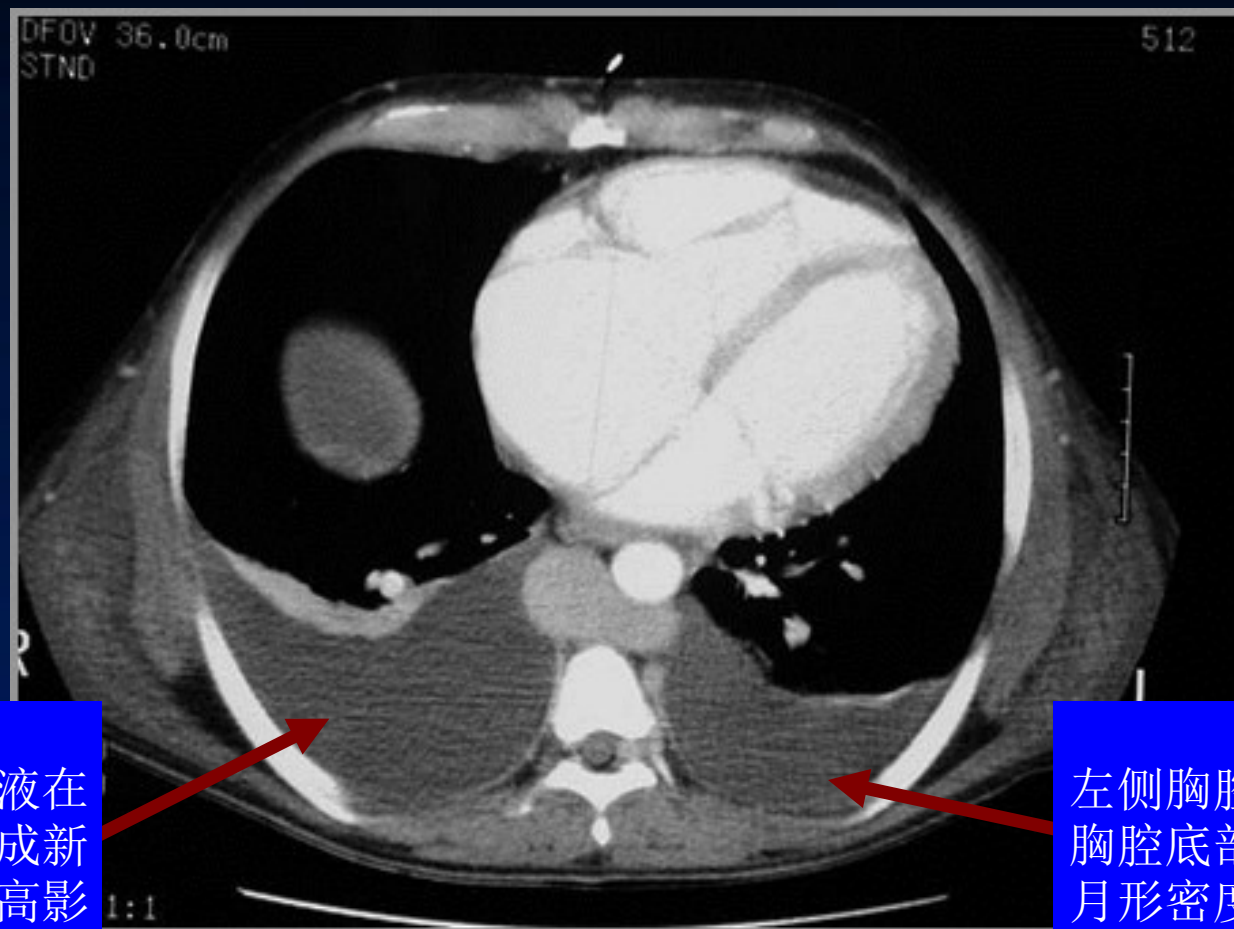
双侧胸腔积液



右侧胸腔积液在胸腔底部形成新月形密度增高影

左侧胸腔积液在胸腔底部形成新月形密度增高影

双侧胸腔积液

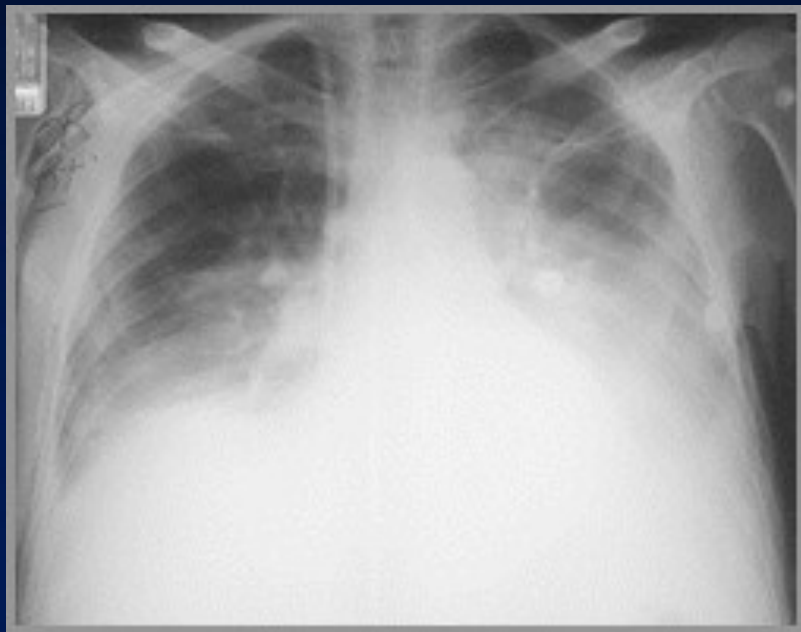


右侧胸腔积液在胸腔底部形成新月形密度增高影

左侧胸腔积液在胸腔底部形成新月形密度增高影

双侧胸腔积液—体位的影响

半卧位时因重力作用液体向背部分布，影像显得比较模糊，尤其是近肺底部；而立位因重力作用液体全部沉至肺底



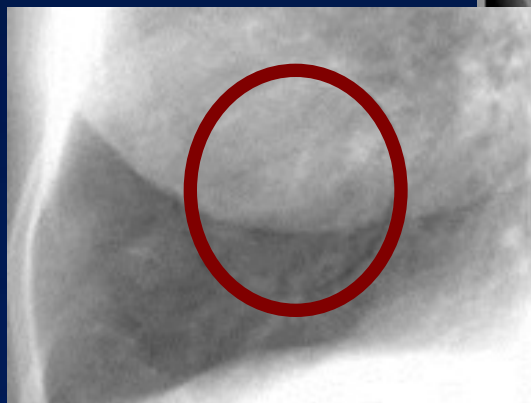
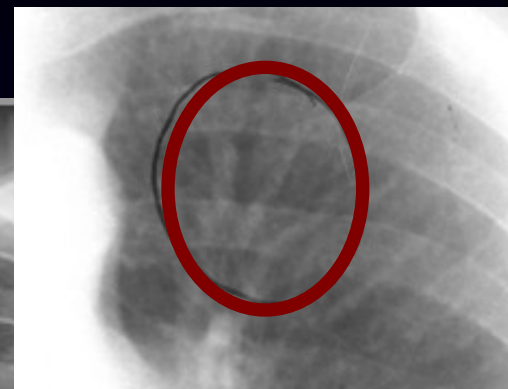
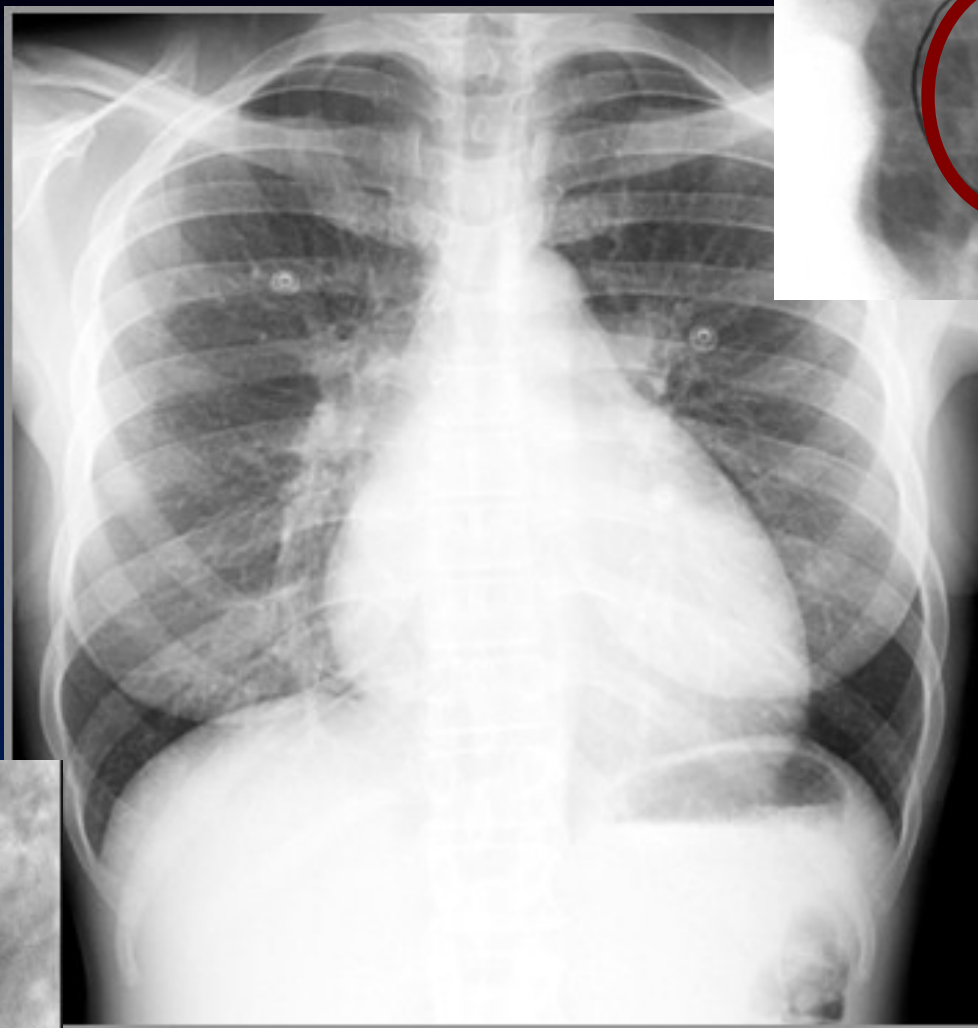
半卧位



立位

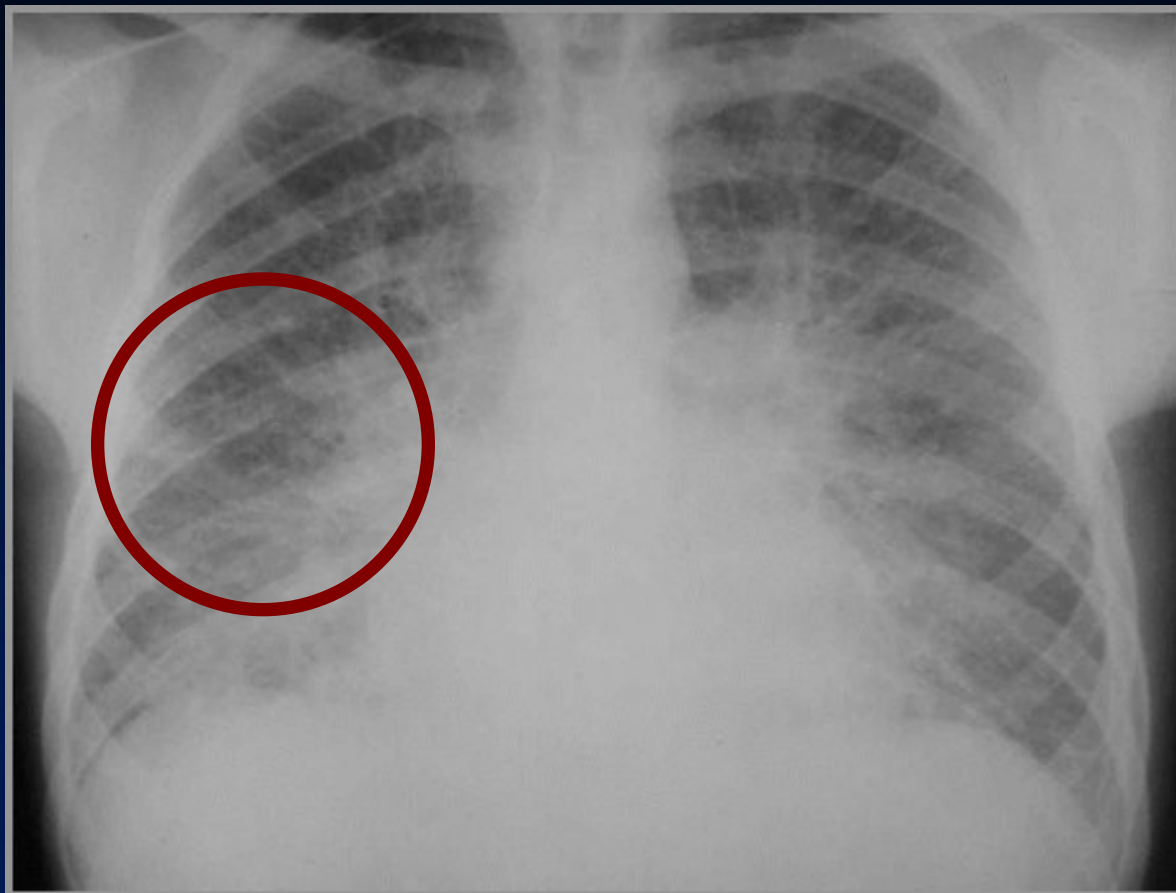
肺水肿

正常直立位时
肺底血管大小
超过肺顶血管，
该患肺顶血管
超过了肺底血
管



二尖瓣狭窄肺静脉高压

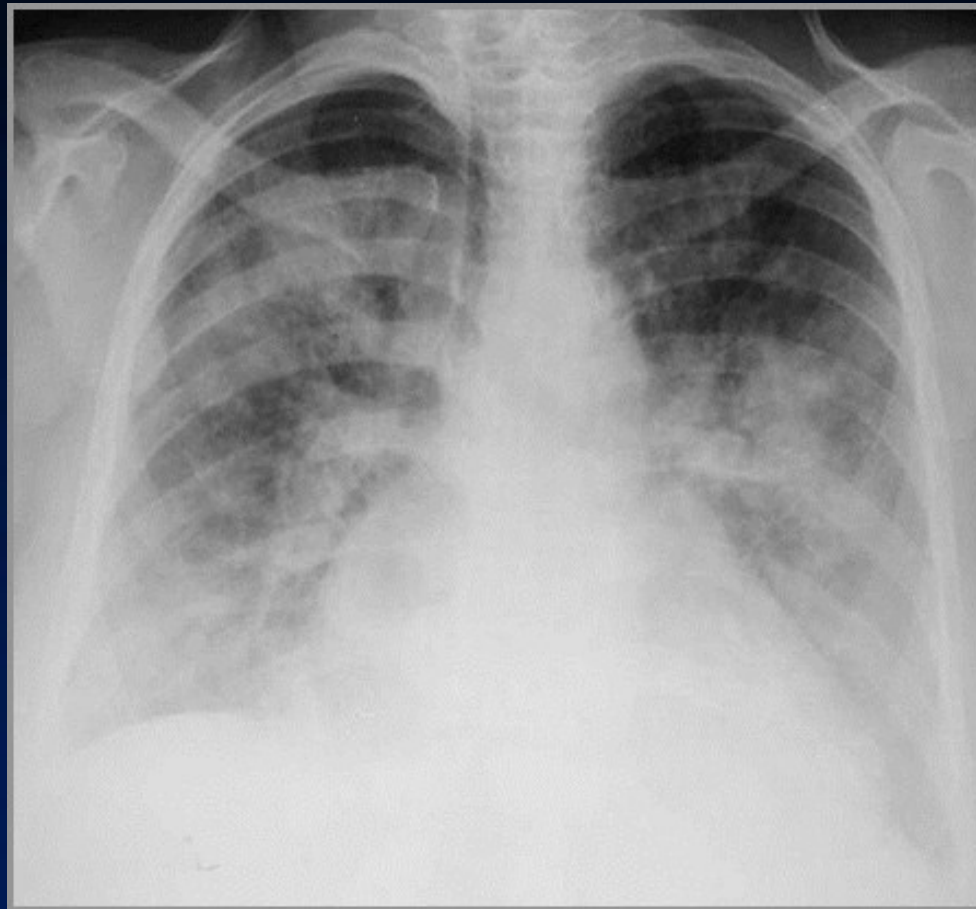
肺水肿



肺间质水肿

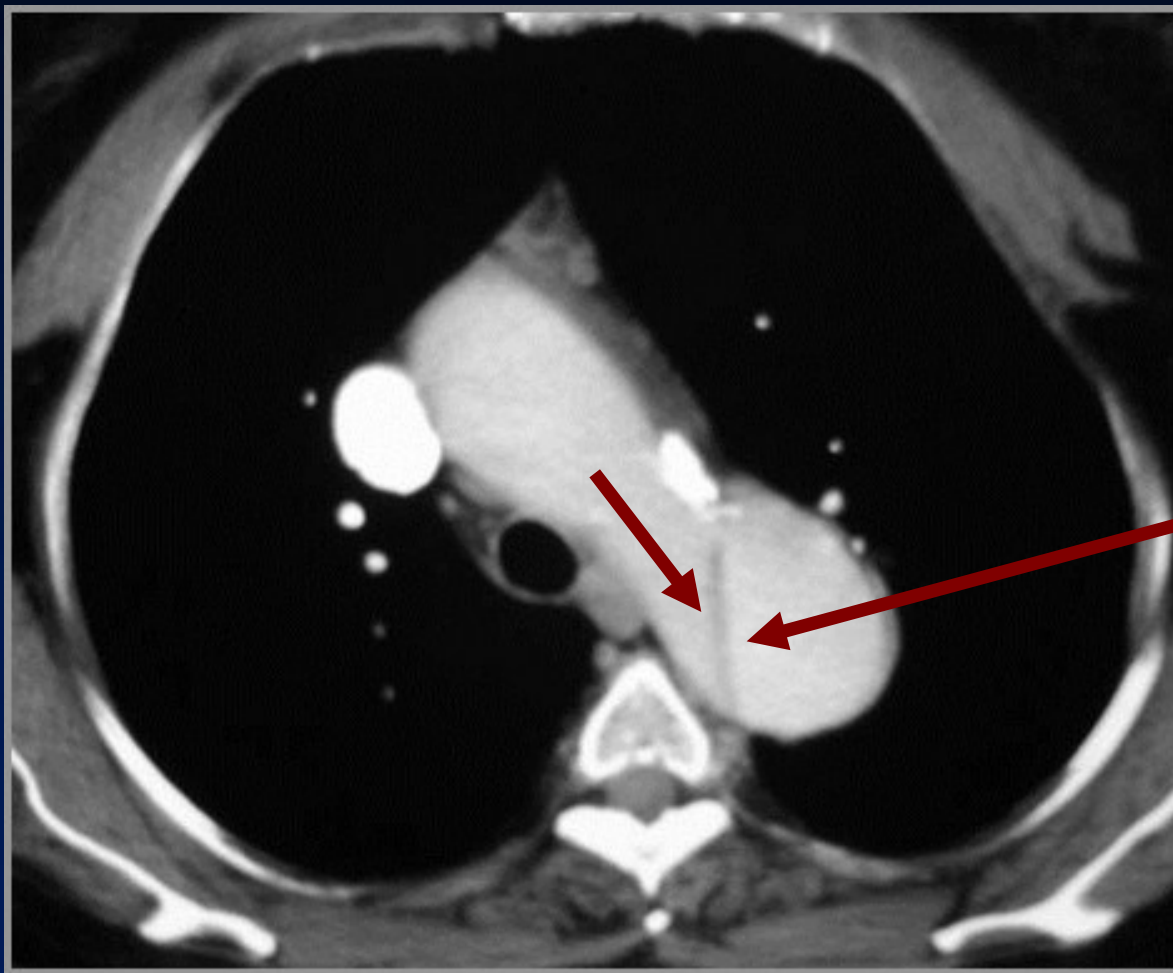
肺水肿

双肺弥漫改变，
靠近肺门处较肺
周围更明显



肺泡水肿

主动脉夹层



增强CT见降主动脉内线性透光区，是主动脉夹层的内膜片

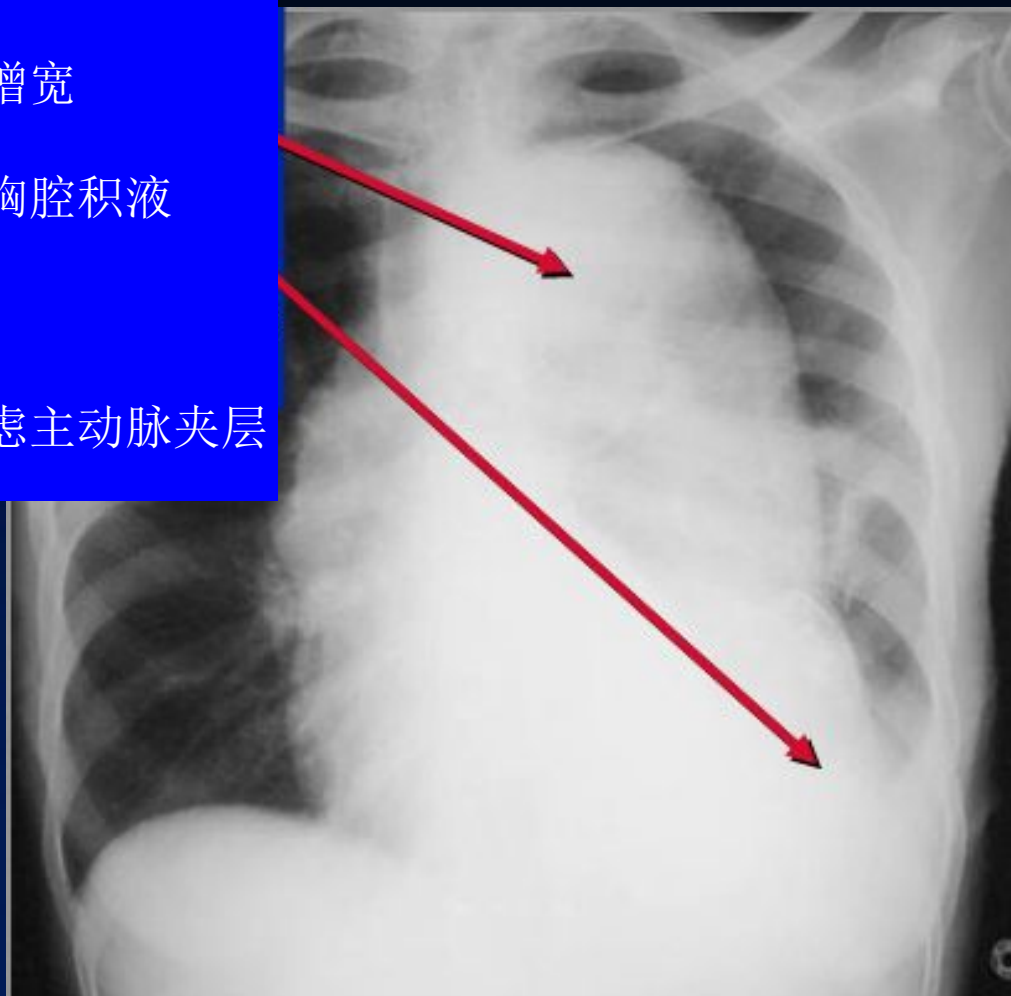
主动脉夹层

纵膈增宽

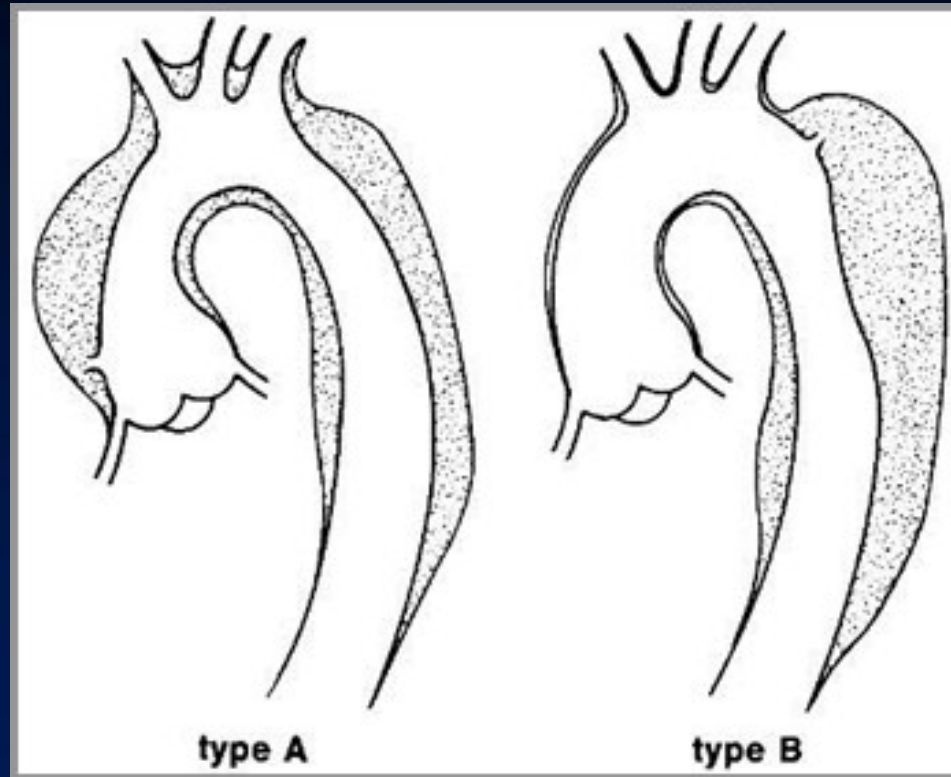
左侧胸腔积液

胸痛

要考虑主动脉夹层



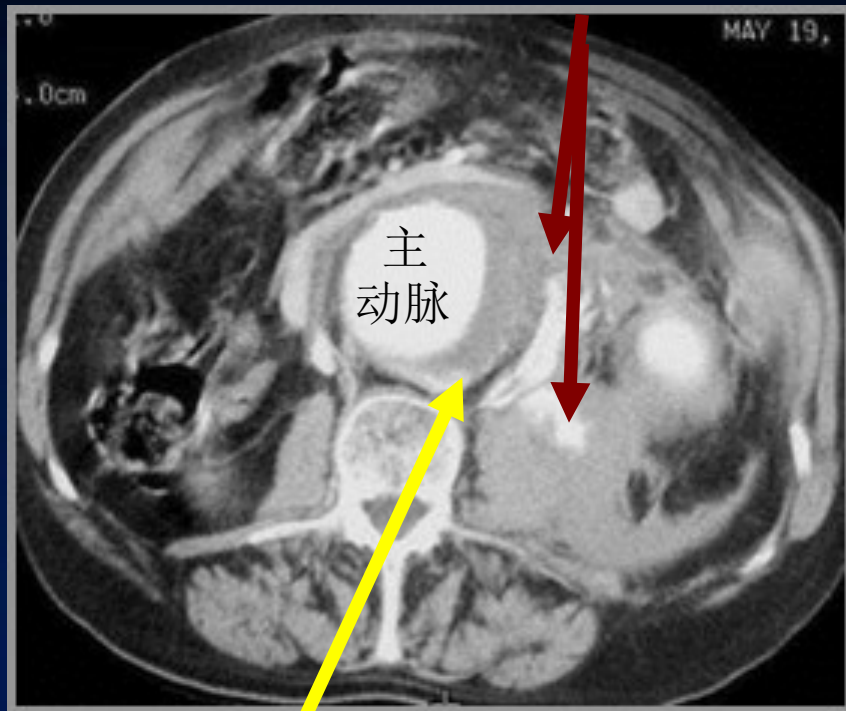
主动脉夹层



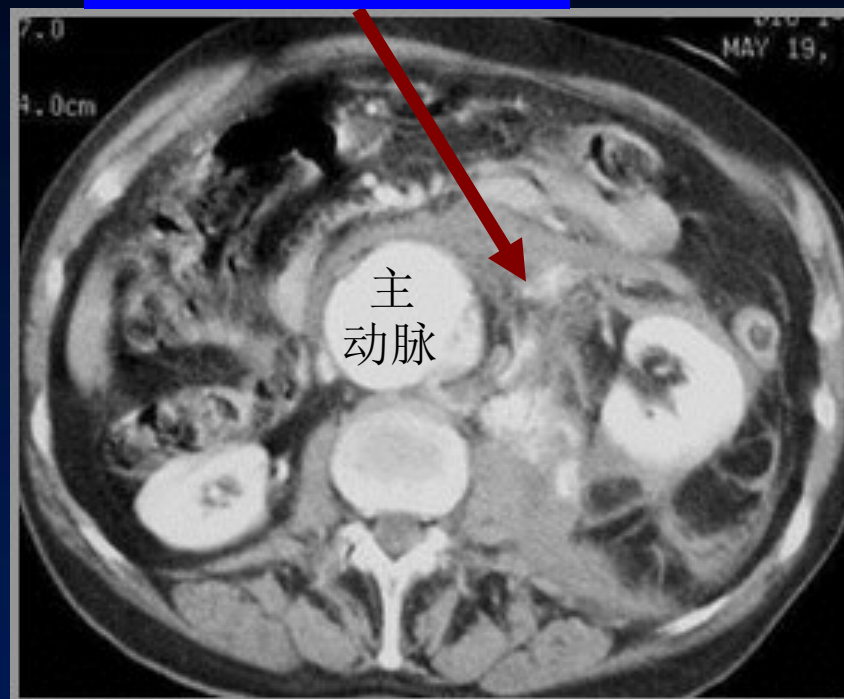
主动脉夹层斯坦福分类

主动脉瘤破裂

红色箭头指造影剂从主动脉漏出至后腹膜



黄色箭头为主动脉腔内血栓



主动脉瘤破裂

动脉粥样硬化是常见病因

腹主动脉增宽超过3厘米

位于肾和髂嵴间

20%-25%的动脉瘤发生破裂

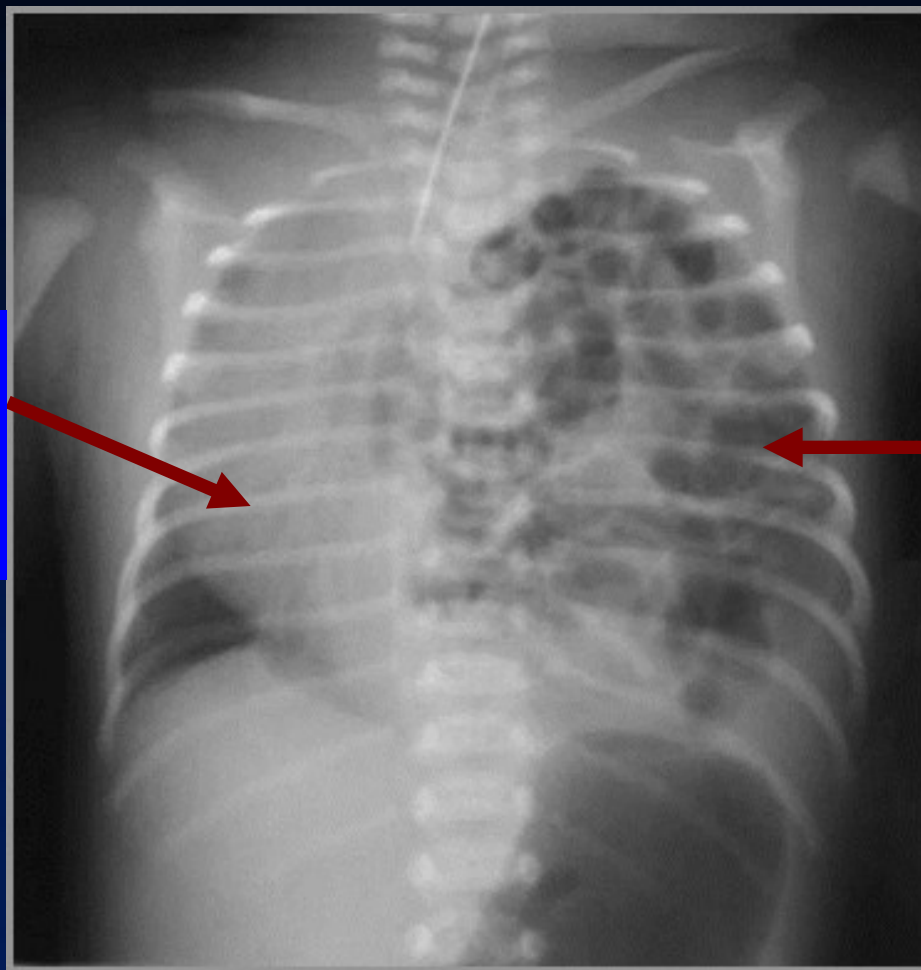
动脉瘤不足4厘米发生破裂~**10%**，超过**10厘米**发生破裂~**60%**

发生于左侧后腹膜多见

侵入消化道可以有**大出血**

侵入下腔静脉可有**急性心功不全**

先天性横膈缺乏



心脏和气管因
对侧胸腔内肠
道而偏移

左侧半胸被含
气肠道占据

先天性横膈缺乏

初起左/右半胸腔为不透明，因为肠腔内充满了液体

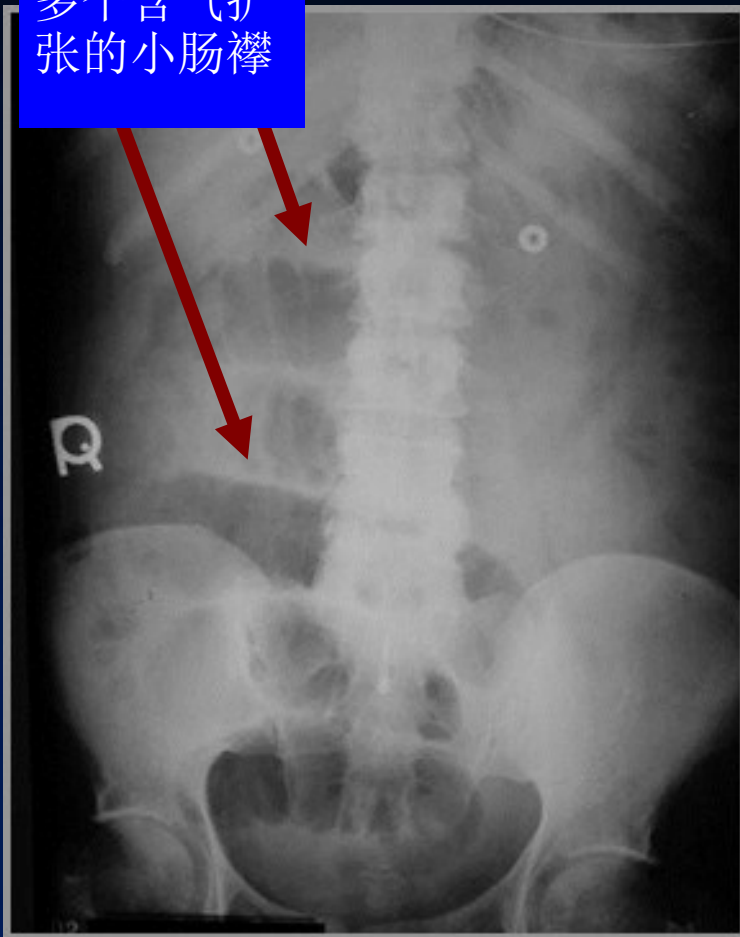
横膈下没有肠襻

吞咽后胸腔内可见含气的肠腔

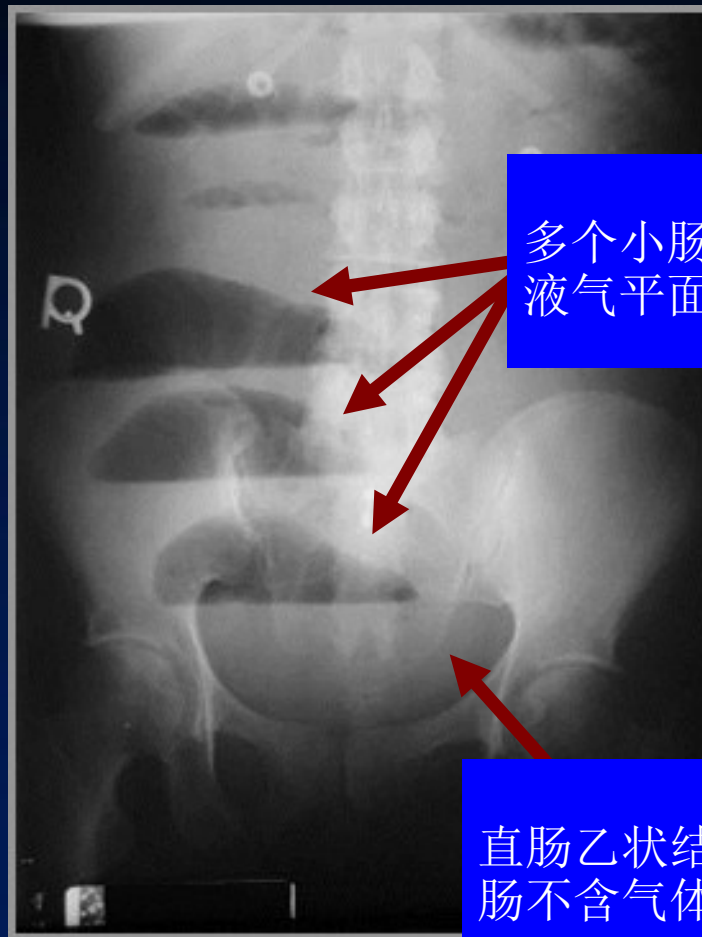
大量肠道占据胸腔增加呼吸衰竭可能

小肠梗阻

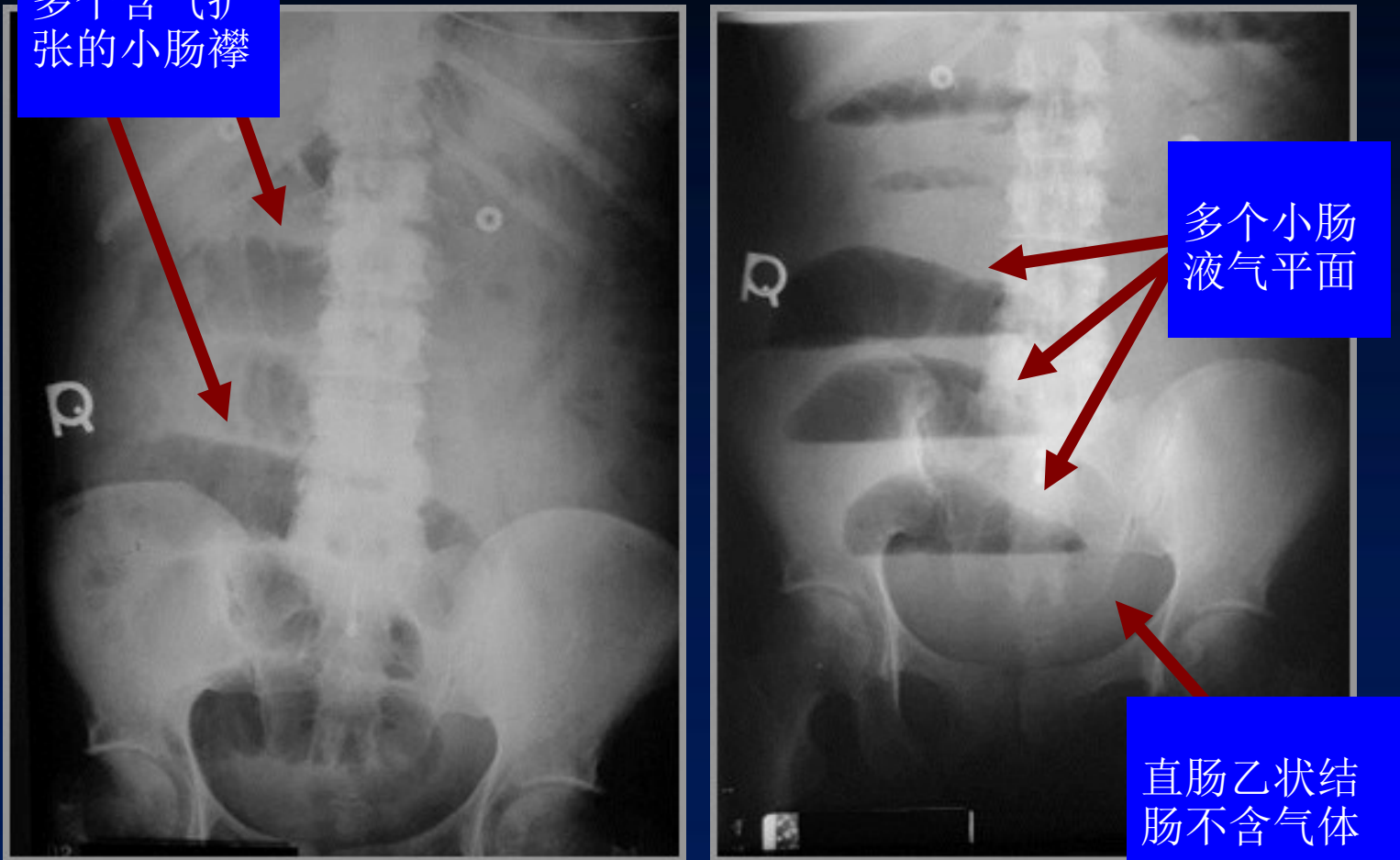
多个含气扩张的小肠襻



多个小肠液气平面



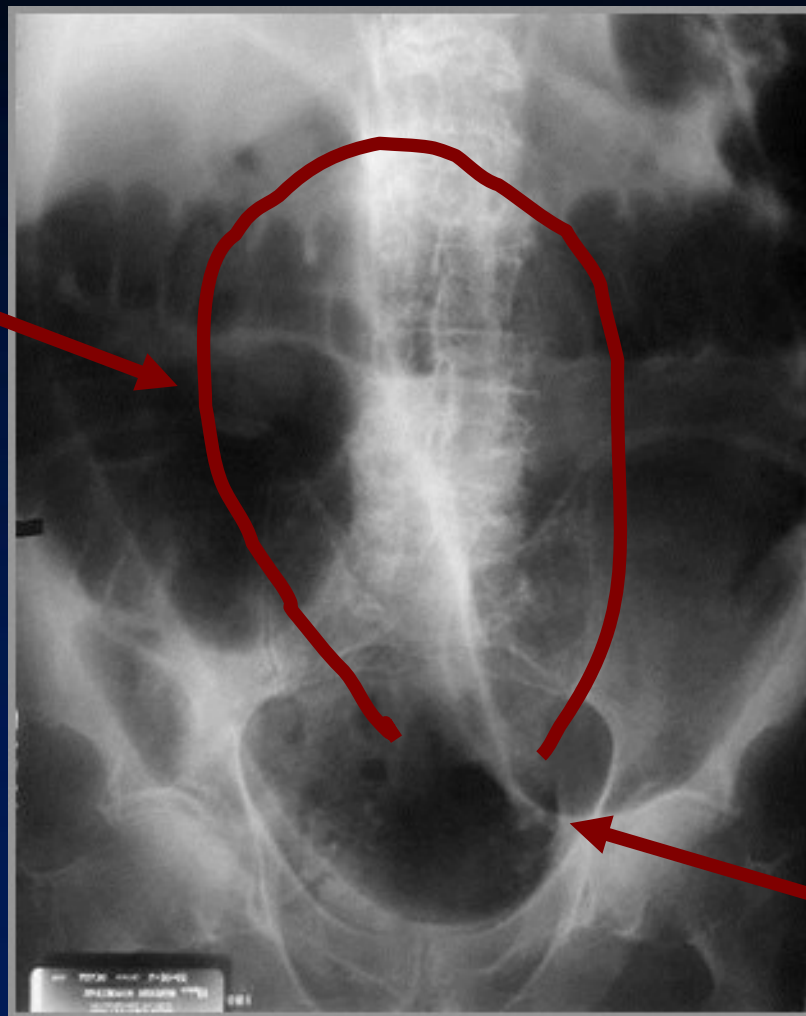
直肠乙状结肠不含气体



肠扭转

乙状结肠扭转

阻塞扩张的
乙状结肠

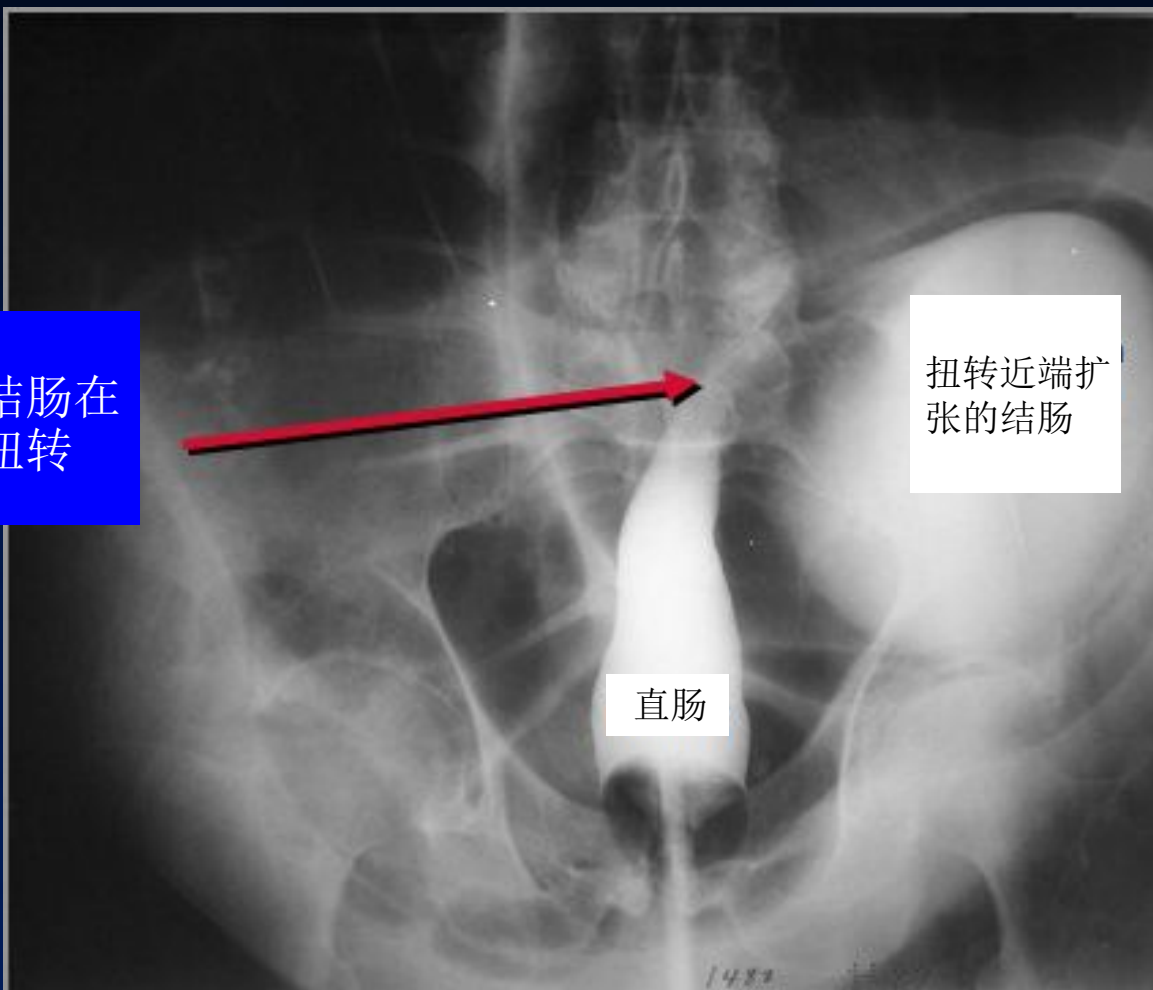


乙状结肠在
此点扭转

肠扭转

乙状结肠扭转

乙状结肠在此点扭转

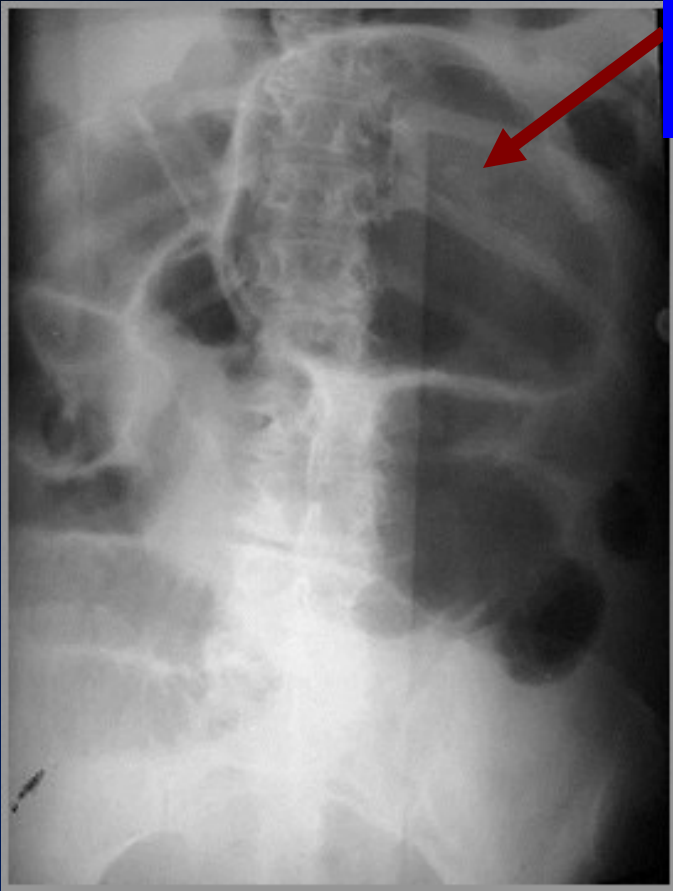


扭转近端扩张的结肠

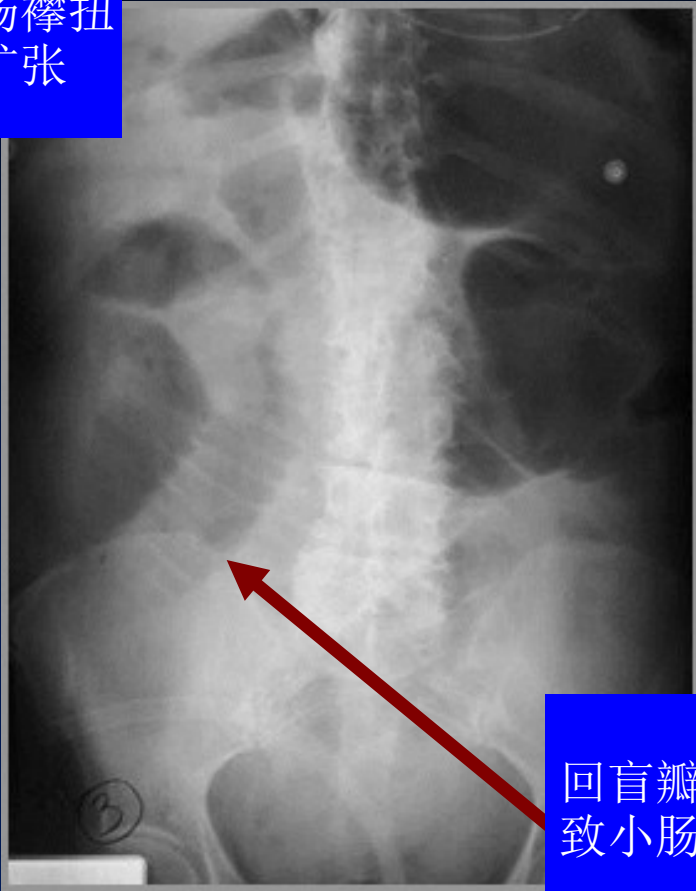
直肠

肠扭转

盲肠扭转

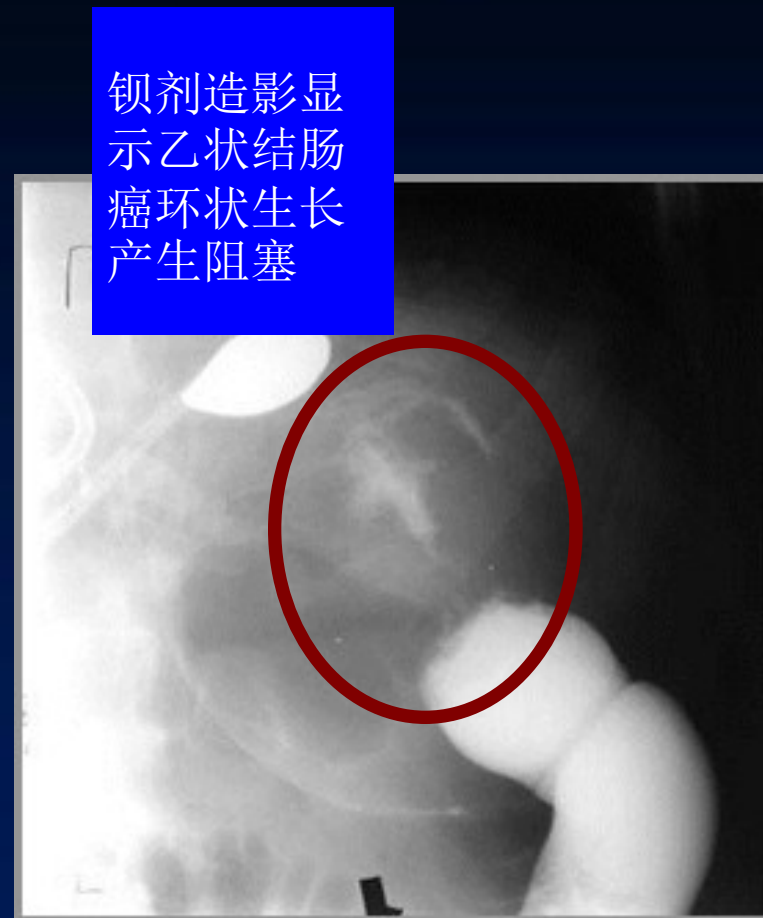
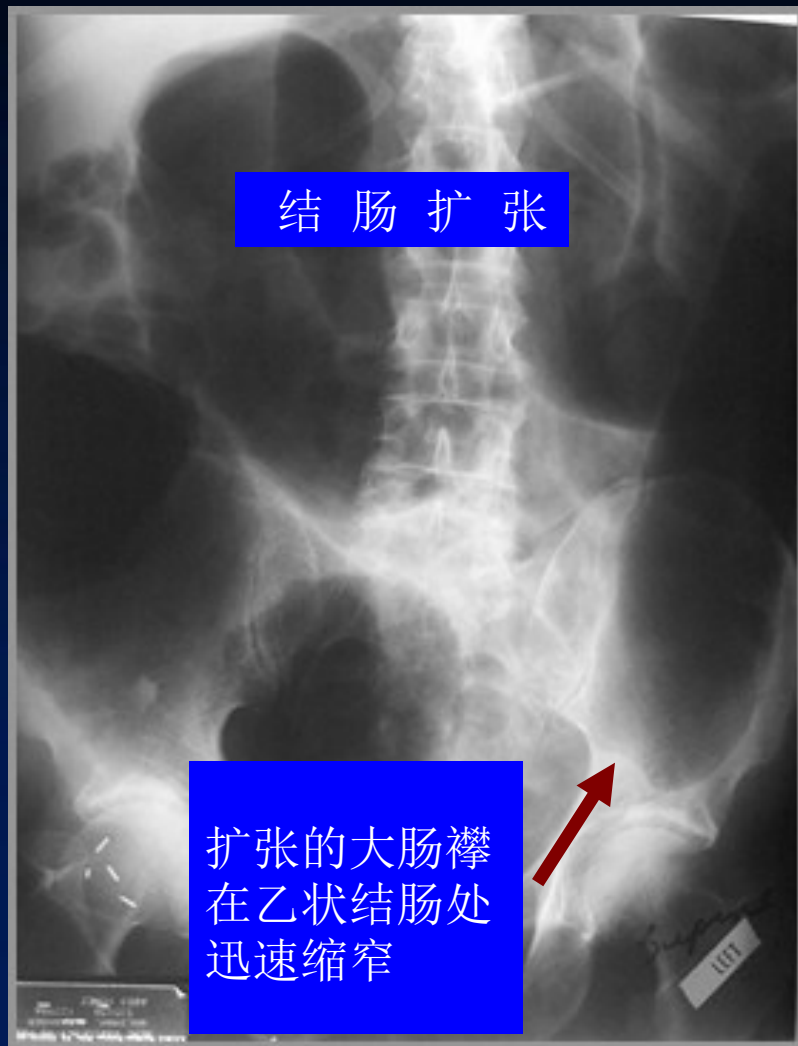


盲肠襻扭转扩张

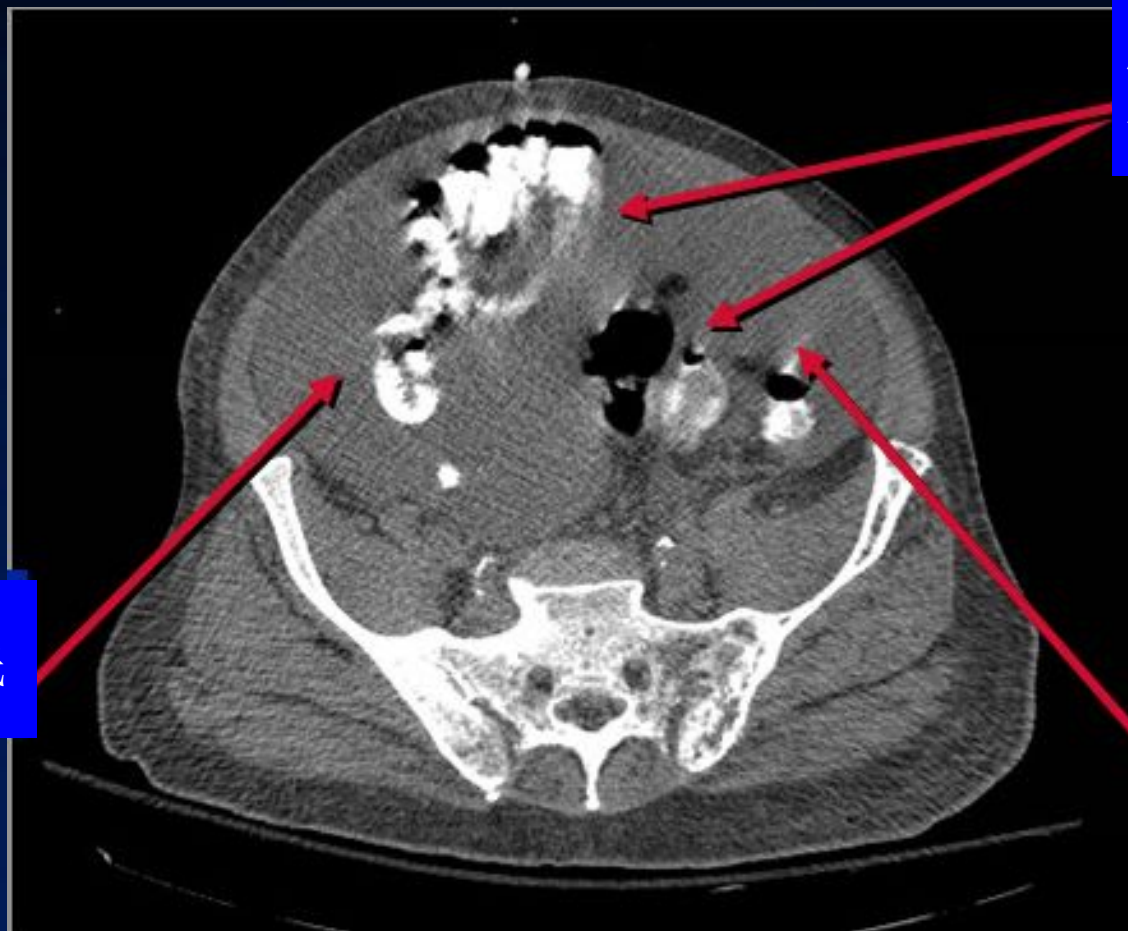


回盲瓣阻塞导致小肠襻扩张

结肠癌



腹水



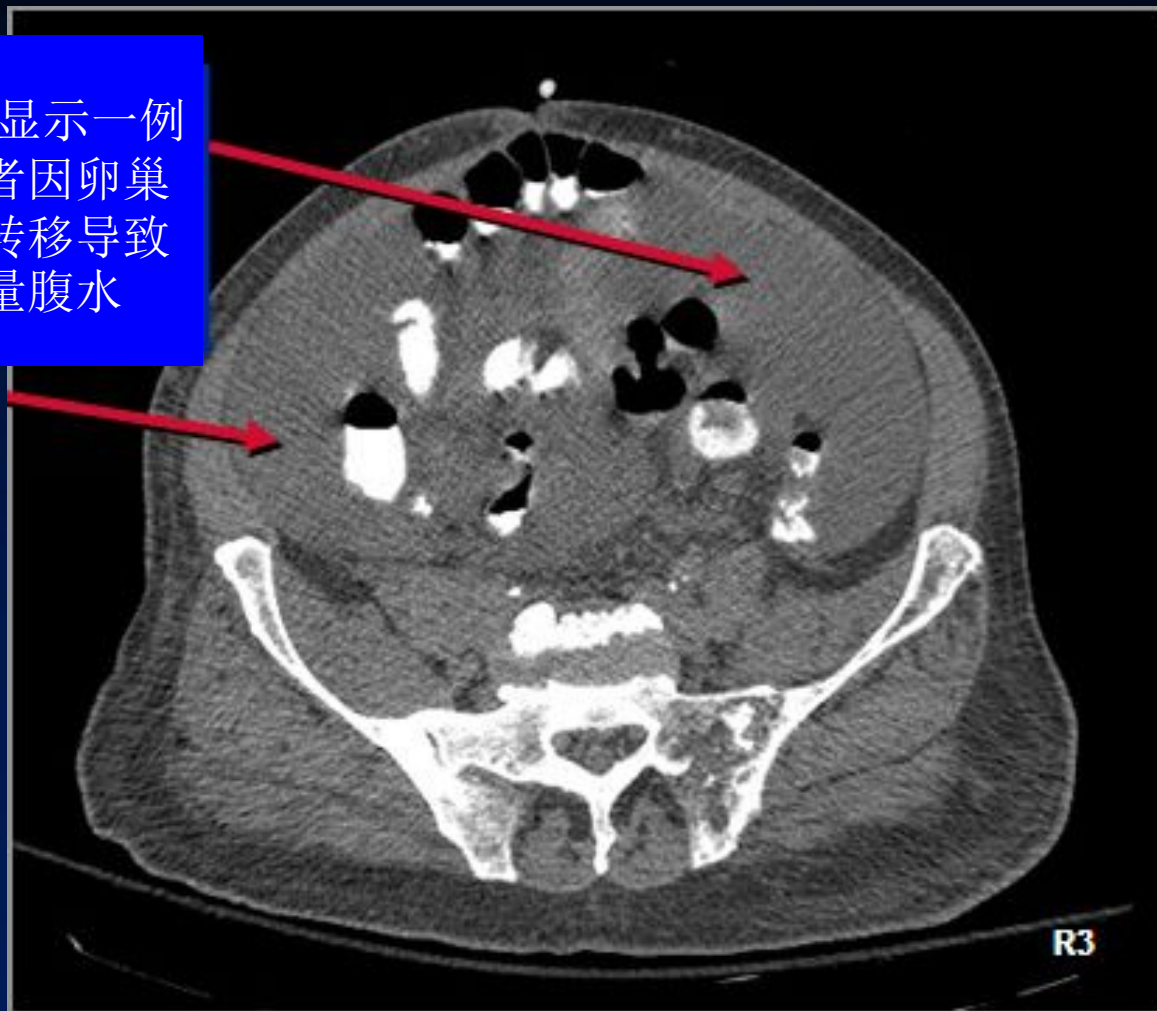
肠襻因腹水挤压向中心集中

腹水密度较低

腹水

腹水

CT显示一例
患者因卵巢
癌转移导致
大量腹水



腹水

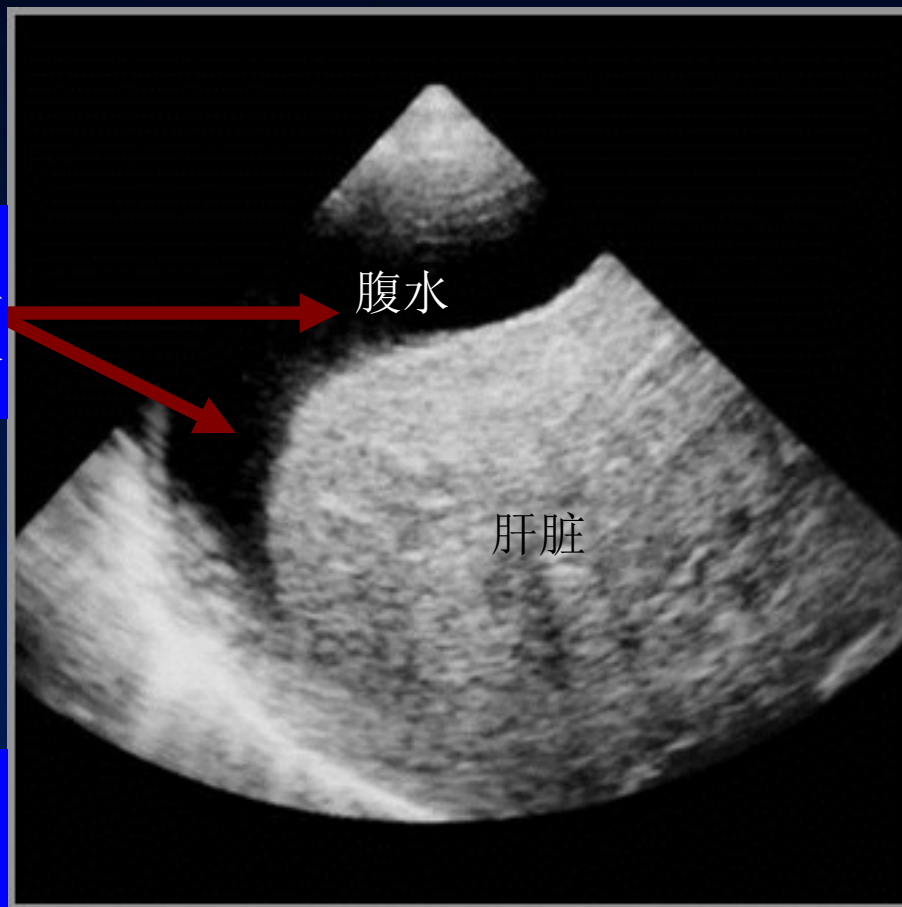
肝表面右半
横膈下腹水

腹水

肝脏

头端

足端



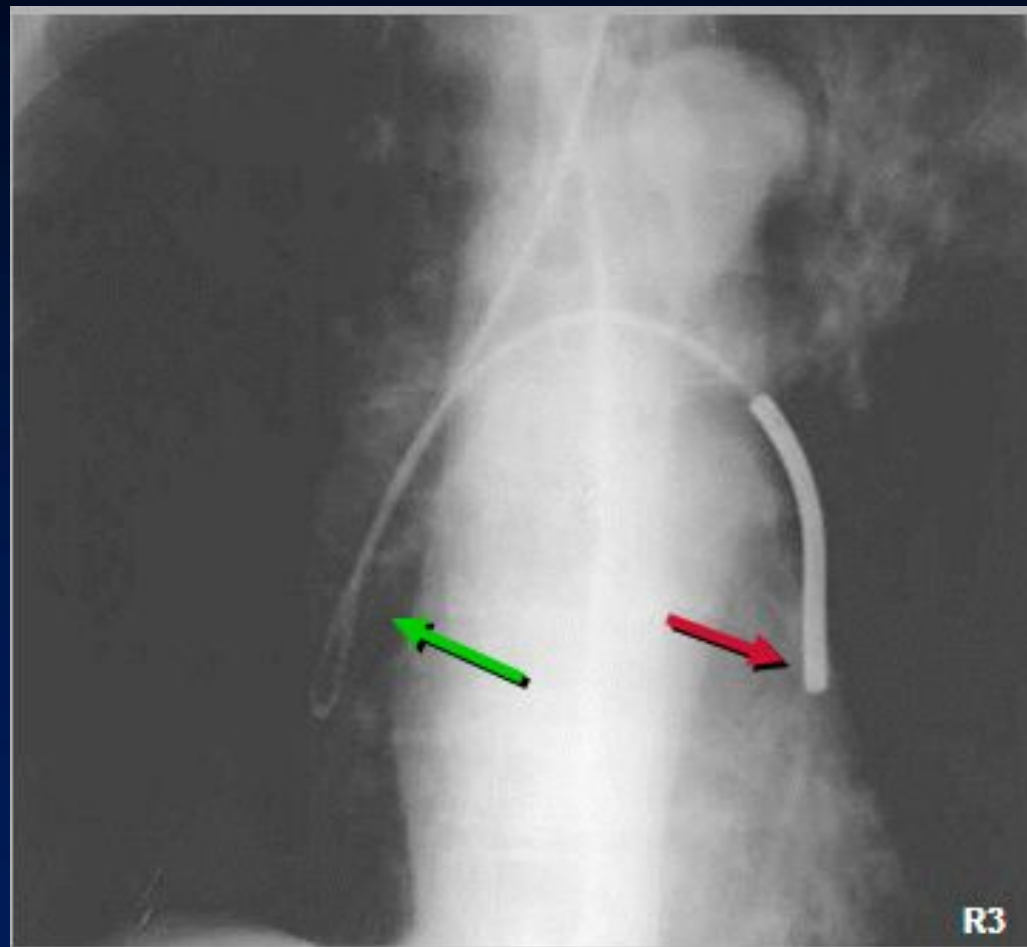
插管和导管异位



鼻胃管的前端（黄色箭头）至少应在食管胃结合部下**10厘米**

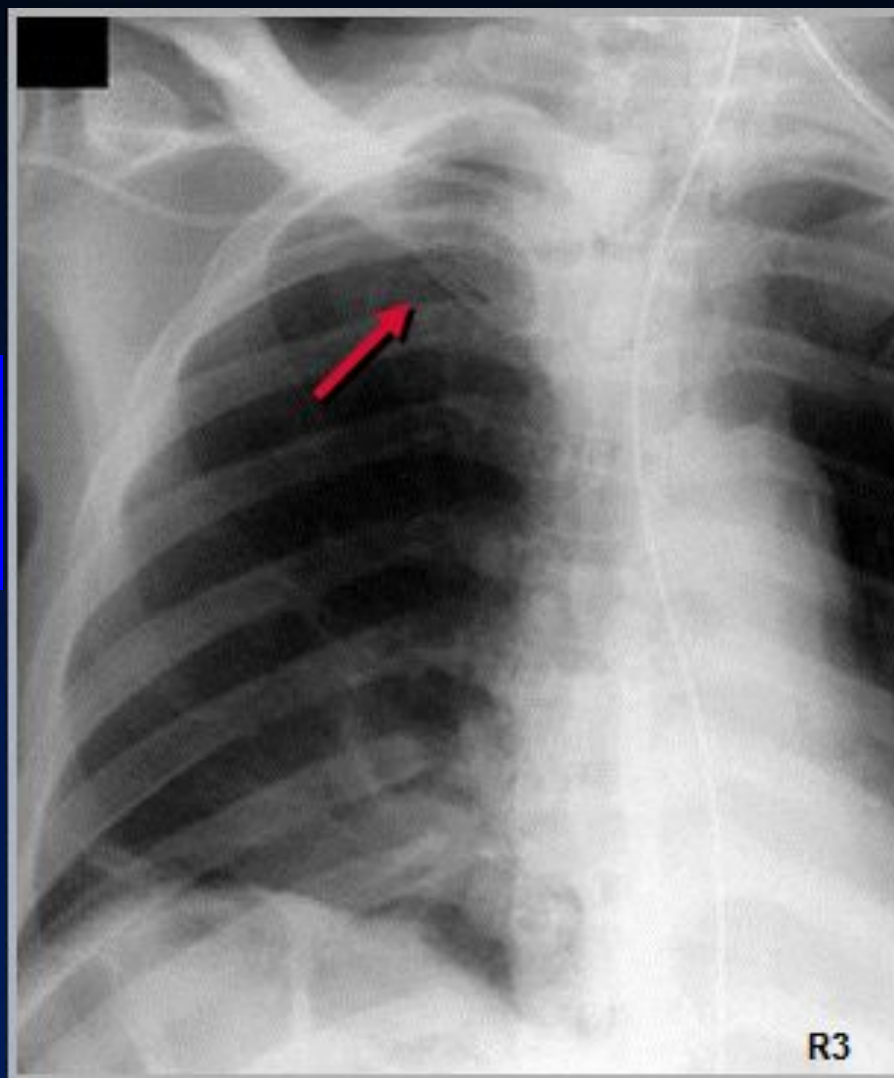
插管和导管异位

鼻饲管进入右下肺支气管（绿色箭头），
返折后横穿进入左下肺支气管（红色箭头）



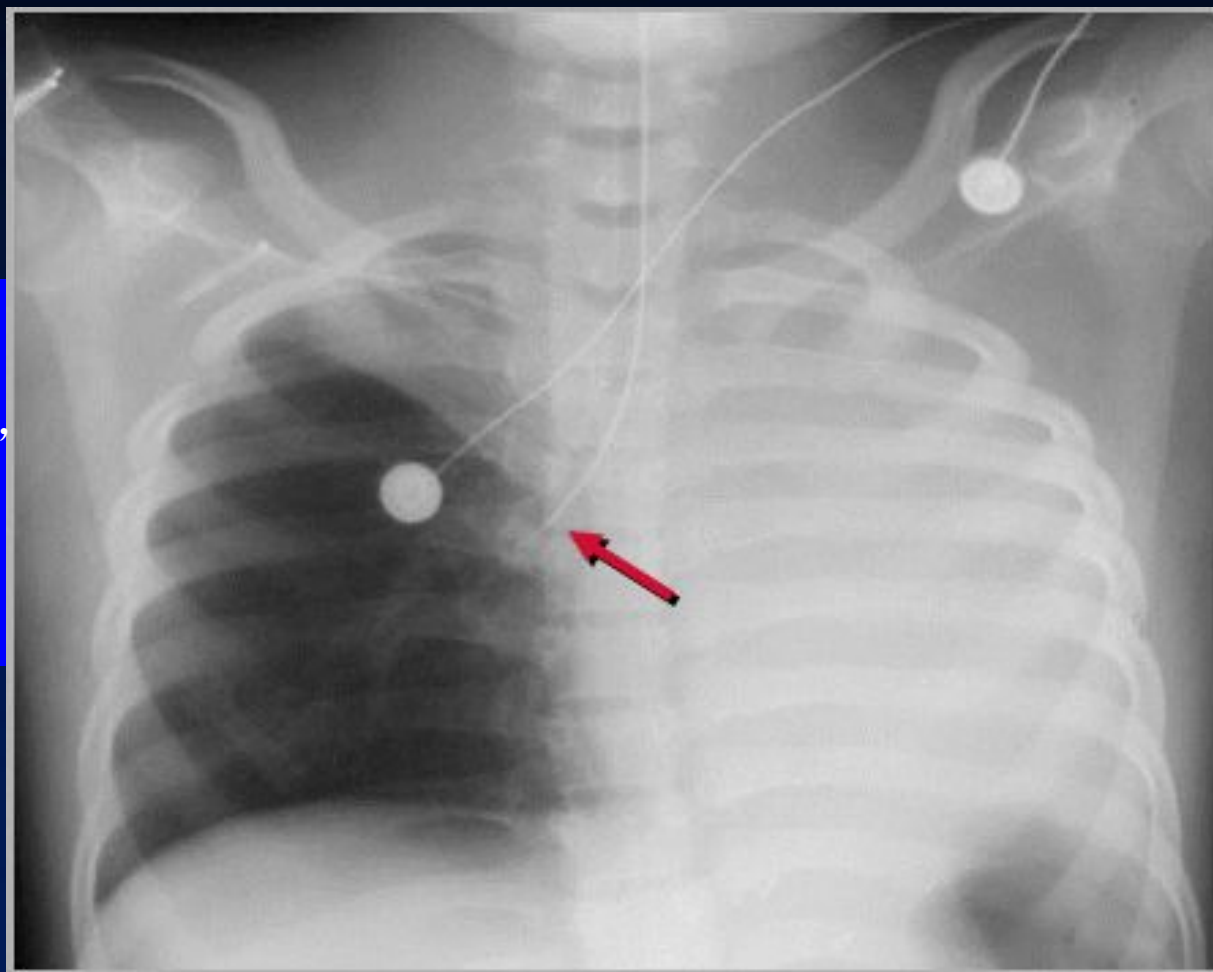
插管和导管异位

中心静脉导管导丝
前端在右侧头臂静
脉返折（红色箭头）



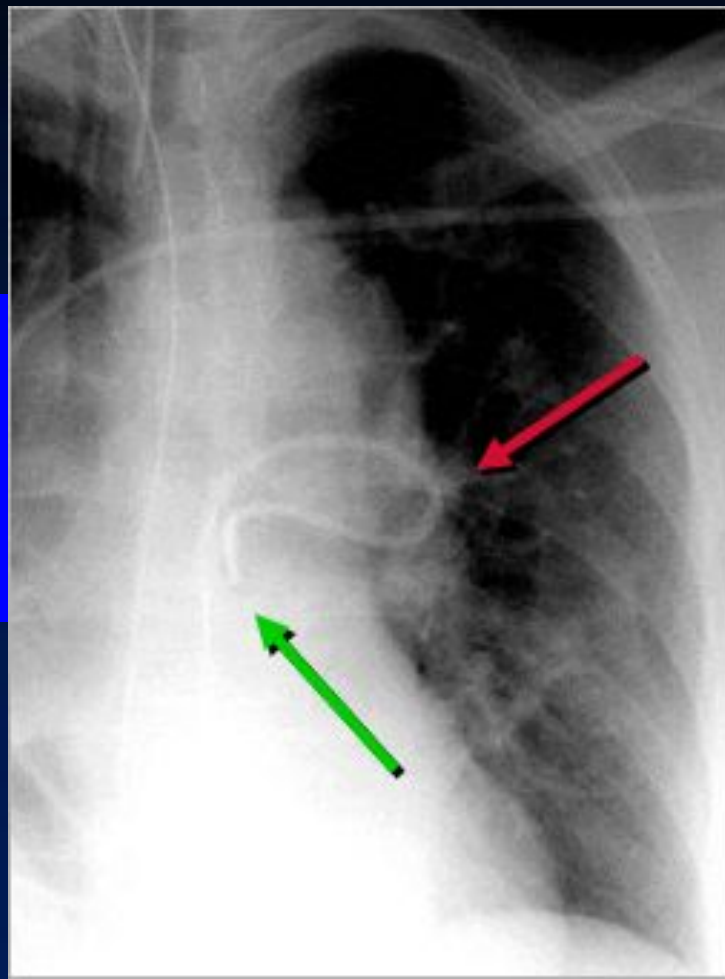
插管和导管异位

气管插管前端位于右主支气管内，导致右上肺和全部左肺肺萎缩（红色箭头）



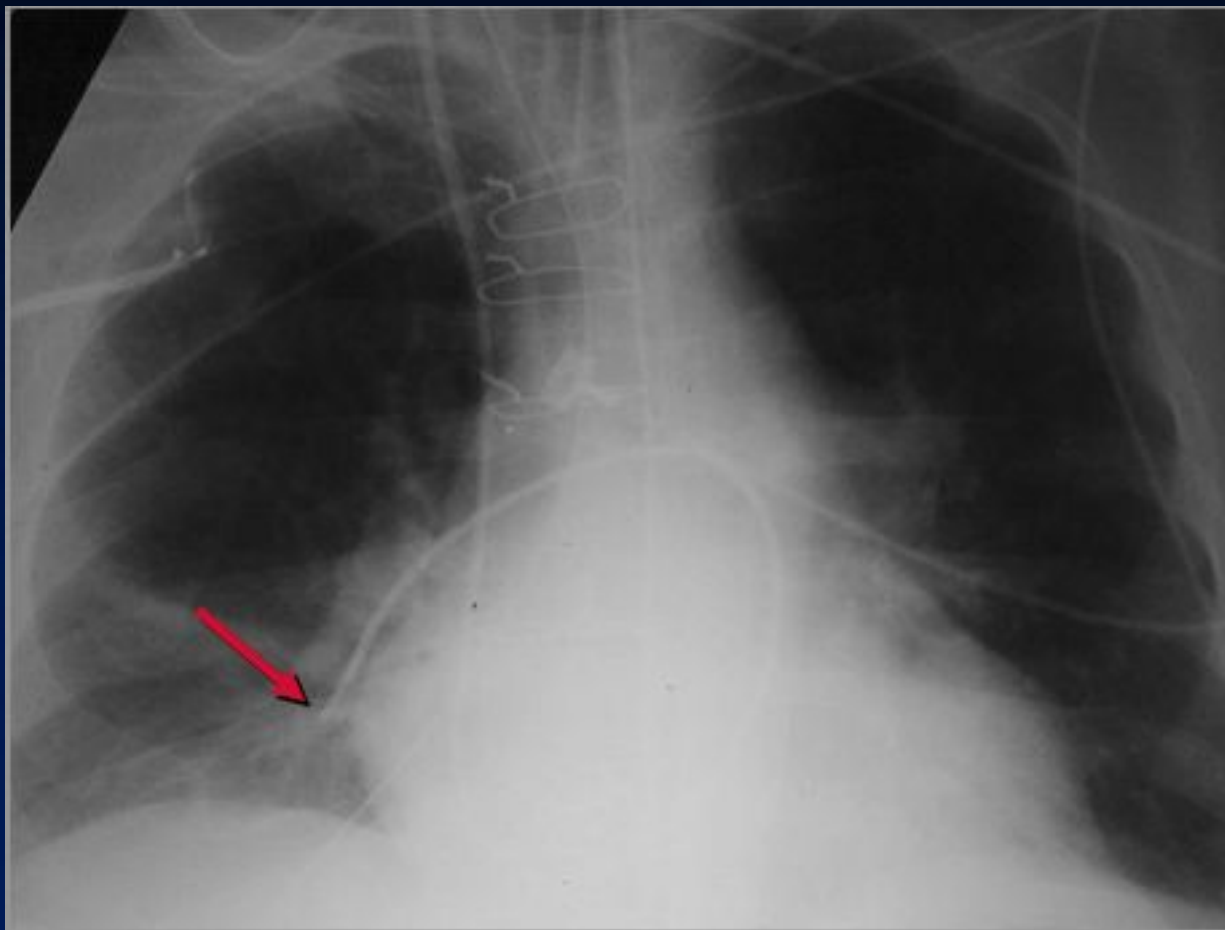
插管和导管异位

漂浮导管进入左肺动脉（红色箭头），返折后头端进入右室流出道（绿色箭头）

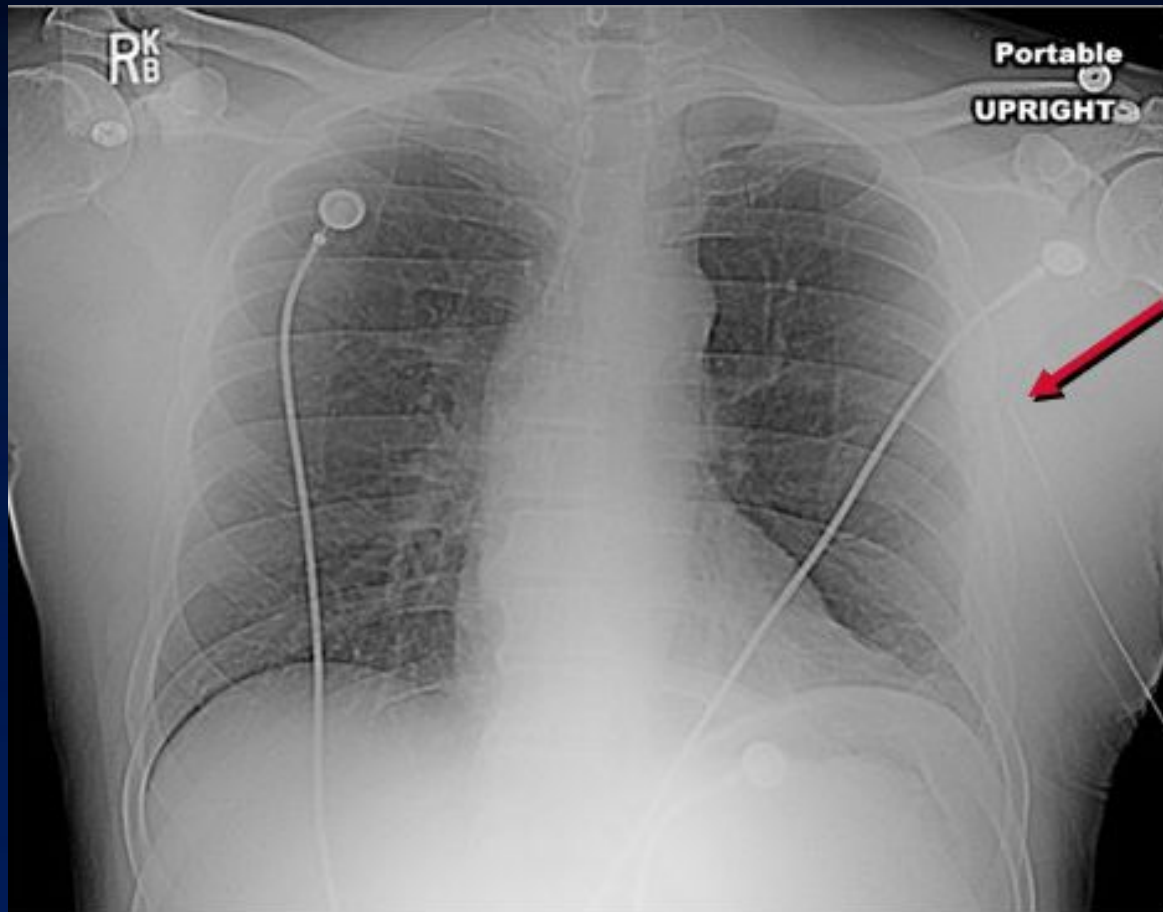


插管和导管异位

飘浮导管过度靠近右下肺动脉外周

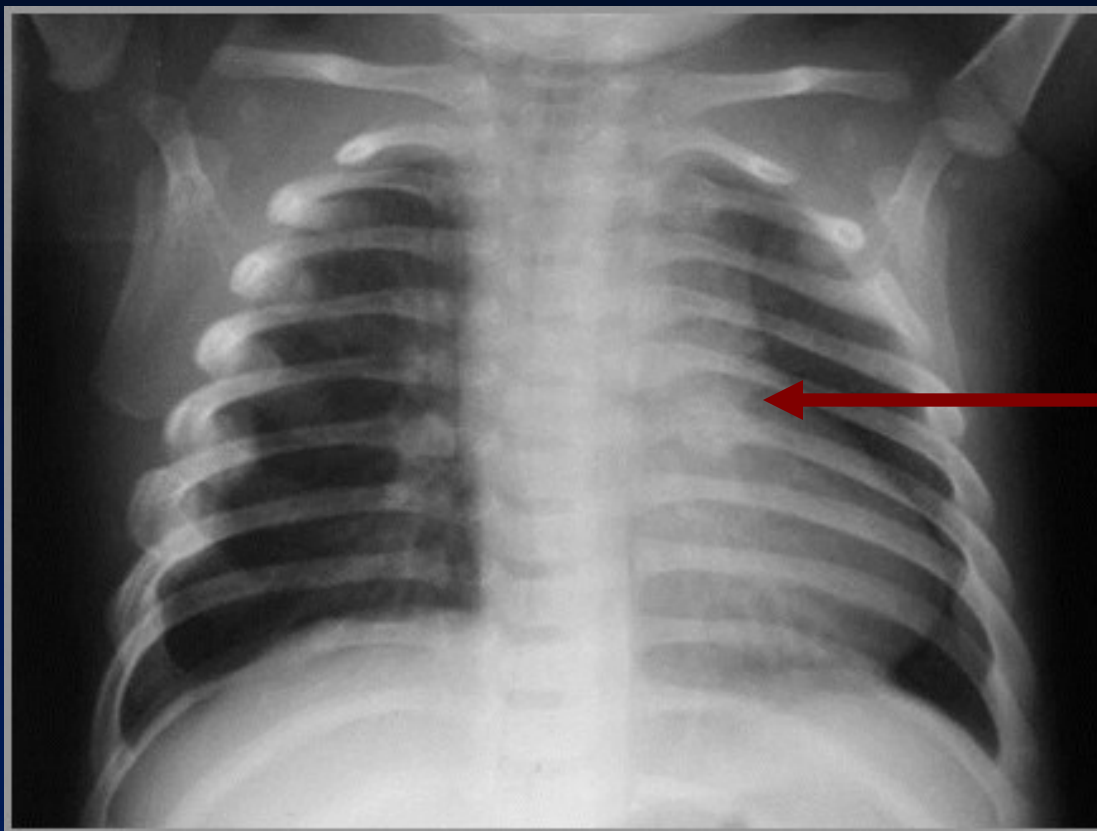


插管和导管异位



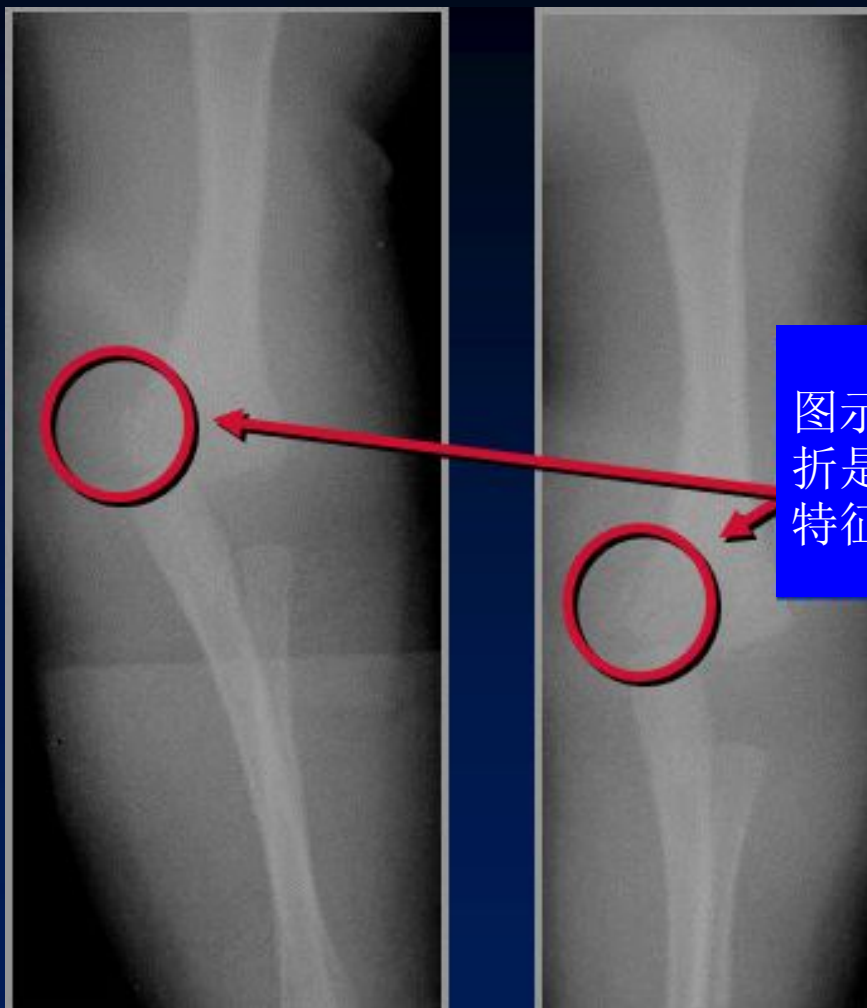
胸水引流管头端
完全脱出左半胸腔
(红色箭头)

虐待儿童



后肋已愈合的骨折（高度提示虐待儿童）

虐待儿童

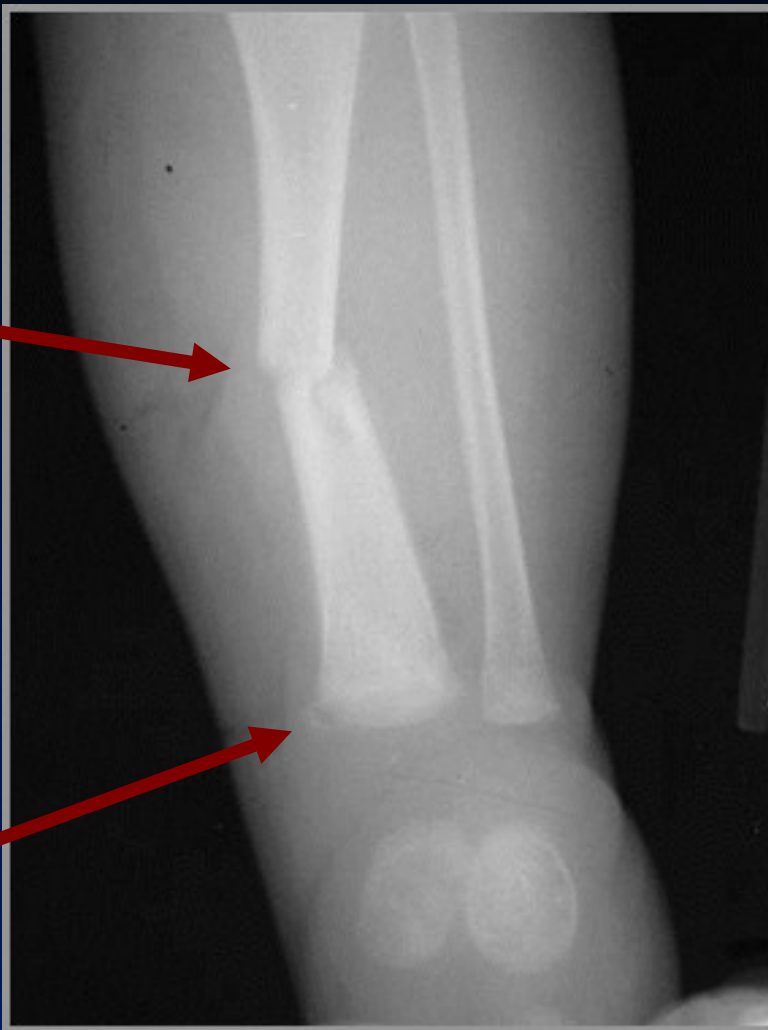


图示的干骺端骨折是虐待儿童的特征性改变

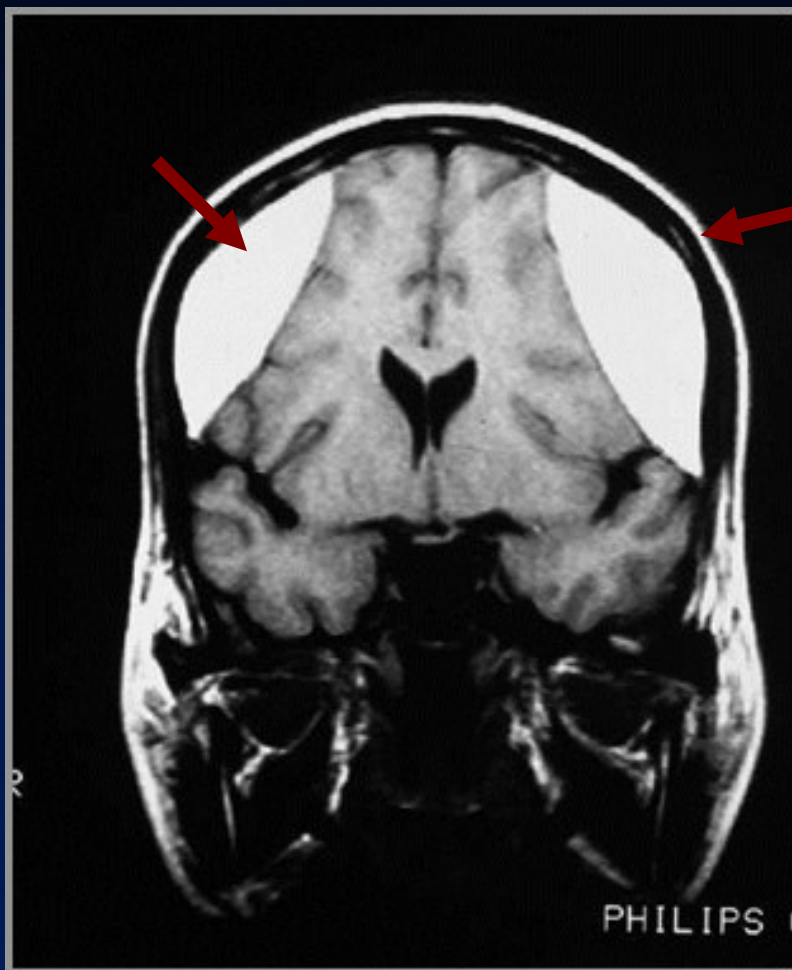
虐待儿童

胫骨骨折

干骺端骨折是虐待儿童的特征性改变



虐待儿童



MRI显示双侧硬膜下、硬膜外腔血肿，高度怀疑虐待儿童

脑出血

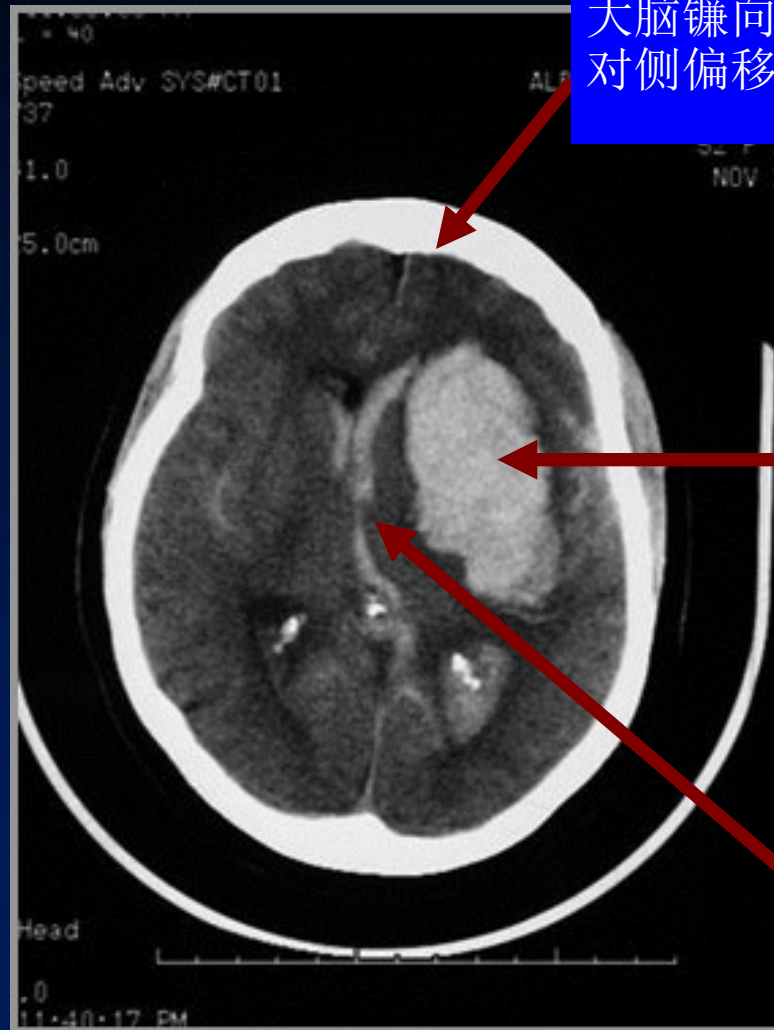
脑实质内出血



CT平扫显示
脑干出血

脑出血

脑实质内出血



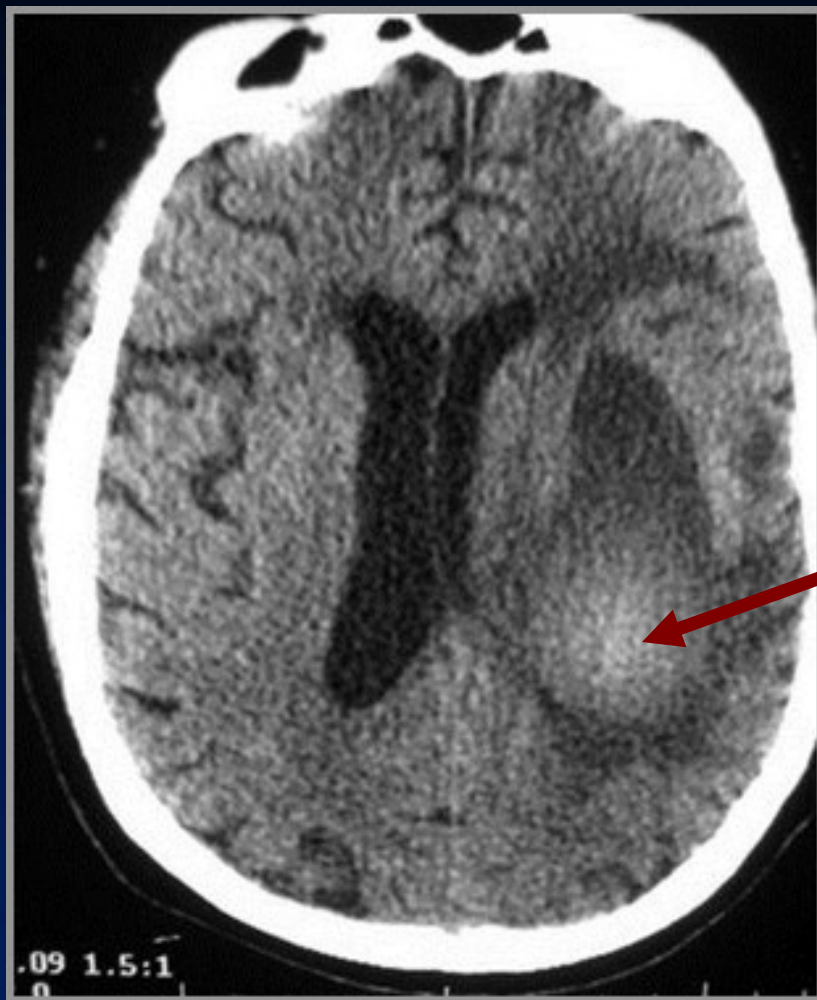
大脑镰向
对侧偏移

脑实质内
大量出血

因为出血和水肿
中性发生偏移

脑出血

脑实质内出血

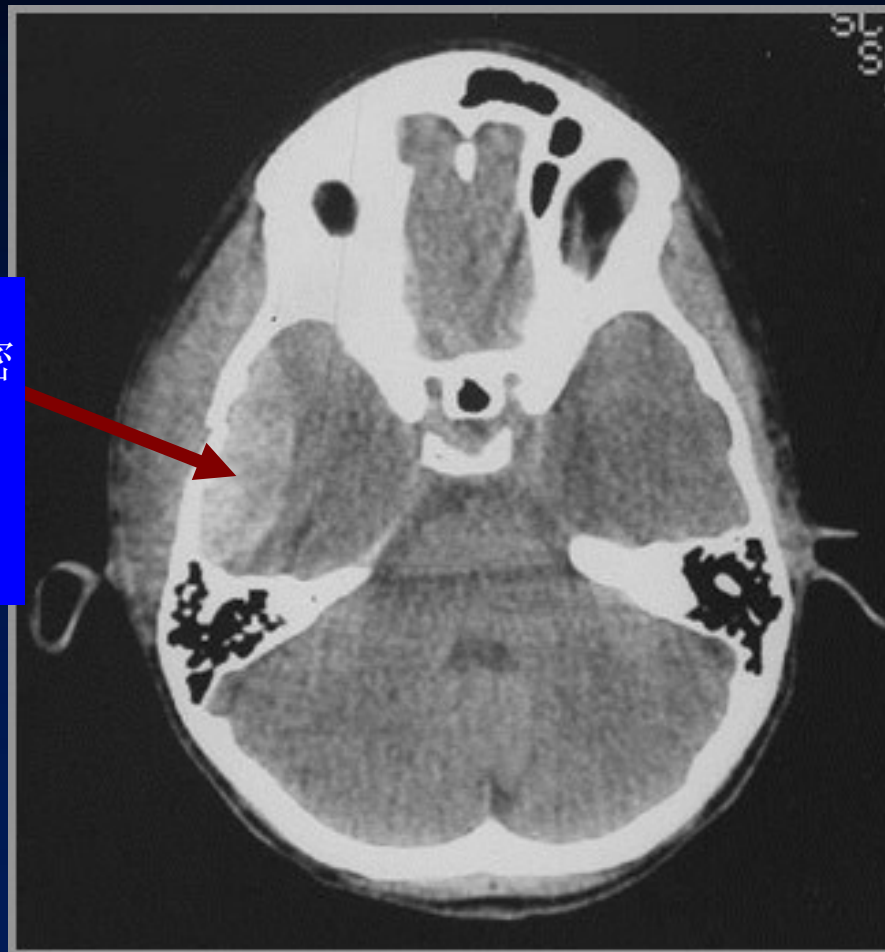


脑实质内出血

脑出血

硬脑膜外血肿

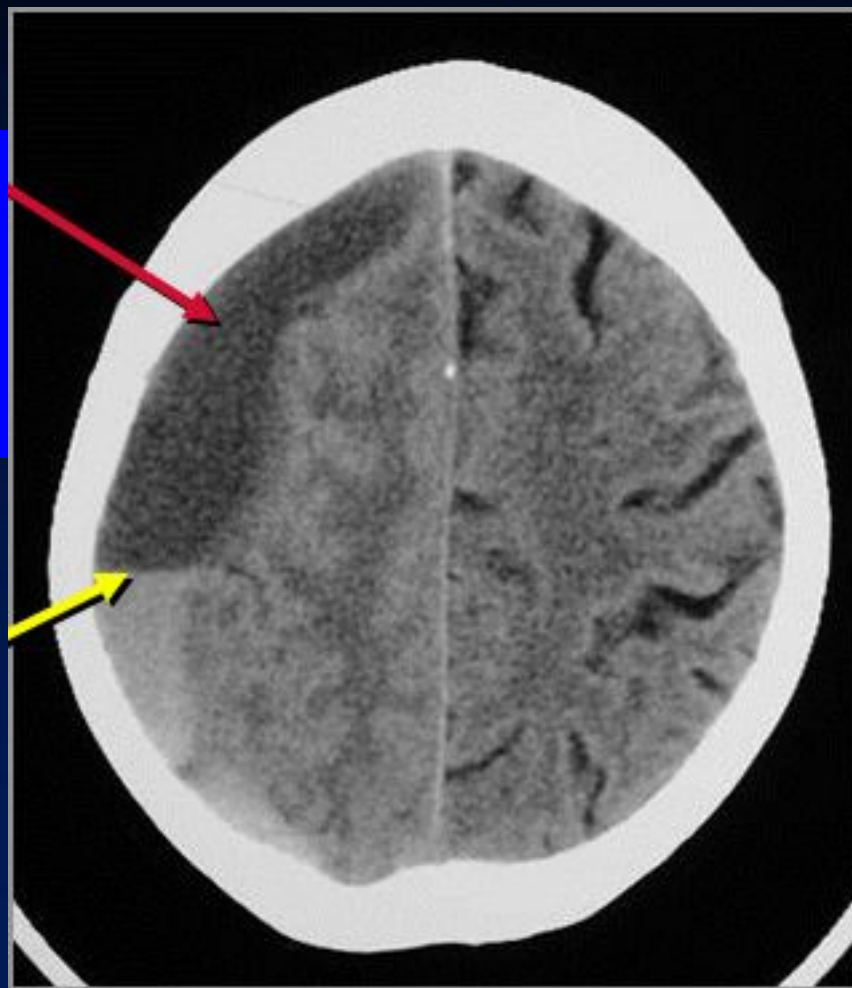
CT平扫见新月型密度增高区，凸面朝向脑内是硬脑膜外血肿的特点



脑出血

硬膜下血肿

脑周边新月型低密度损害，可见血液形成的液-液平（黄色箭头）

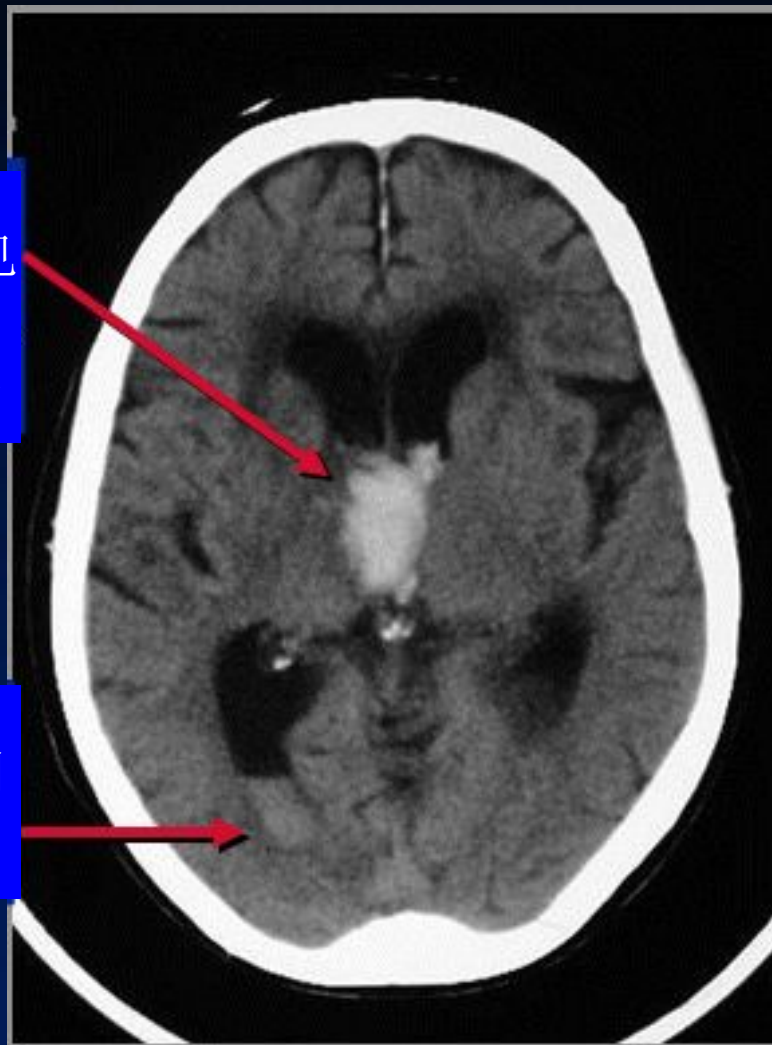


脑出血

侧脑室出血

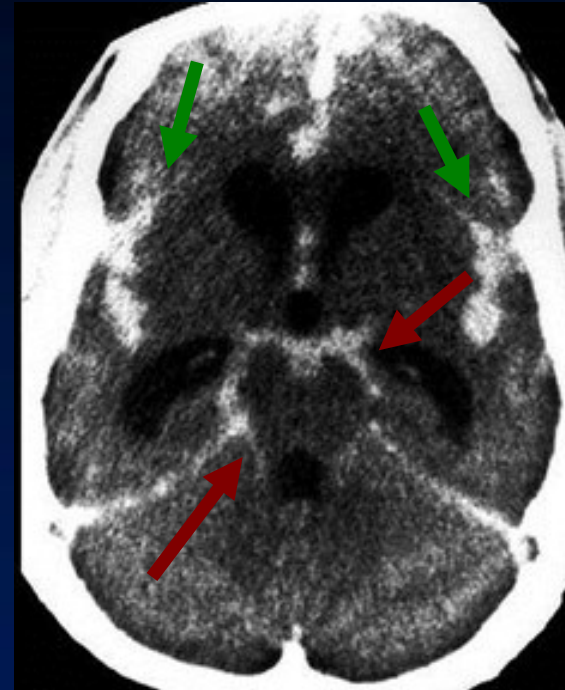
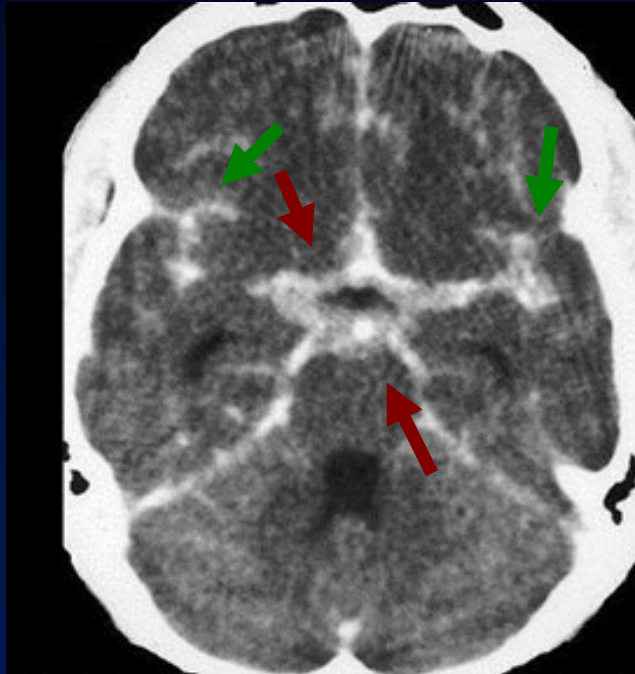
CT平扫见
急性出血

出血进入侧
脑室后角



脑出血

动脉瘤撕裂造成蛛网膜下出血



基底池急性出血（红色箭头），大脑外侧裂动脉瘤撕裂（绿色箭头）

脑水肿

第三脑室胶样囊肿造成阻塞性脑水肿

前角明显增大

胶样囊肿阻塞第三脑室

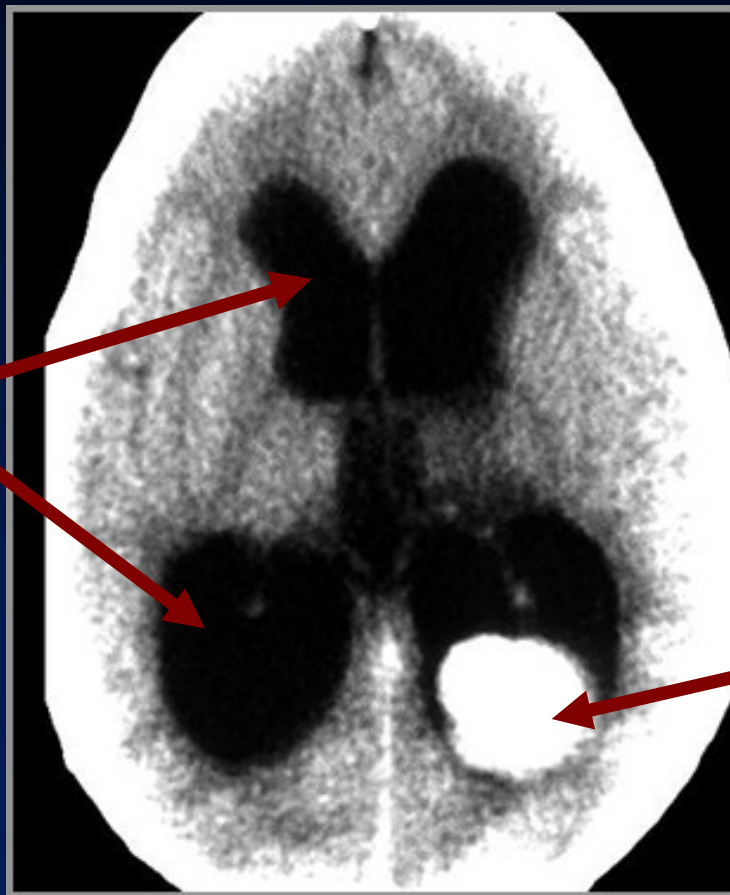
正常脉络丛



脑水肿

脉络丛乳头瘤导致脑水肿

侧脑室前后角

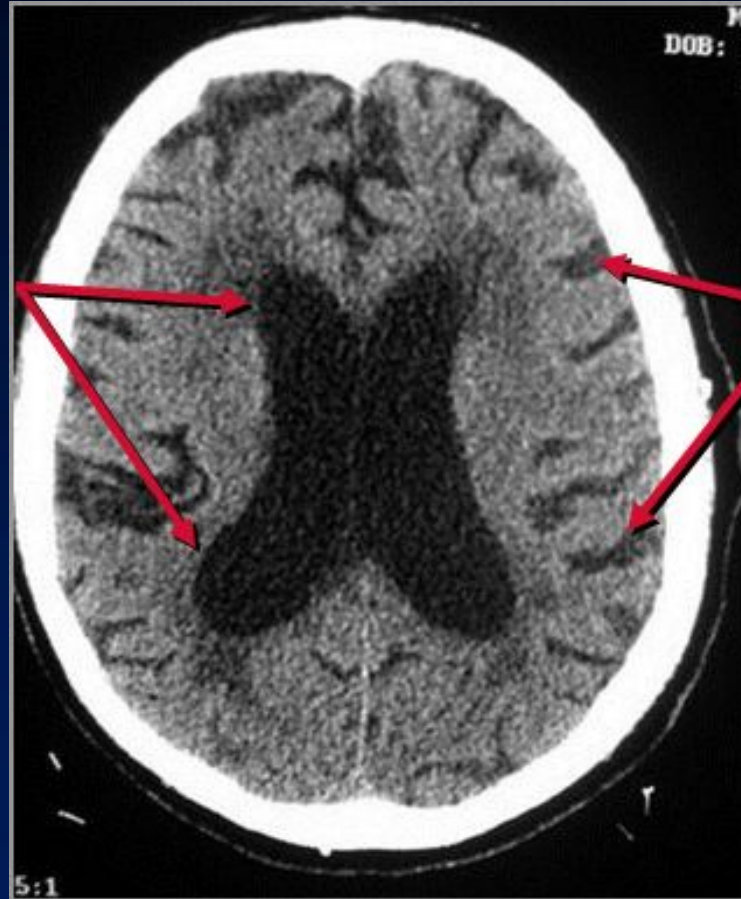


脉络丛乳头瘤

脑水肿

脑萎缩导致的脑水肿

扩大的侧脑室--前后角

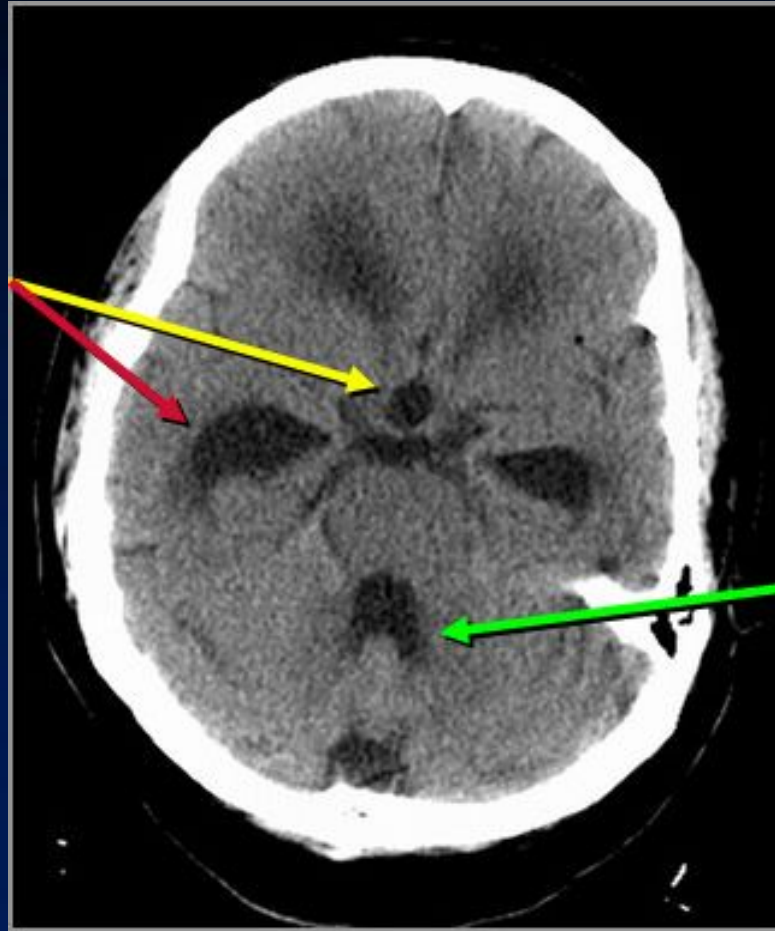


突出的沟

脑水肿

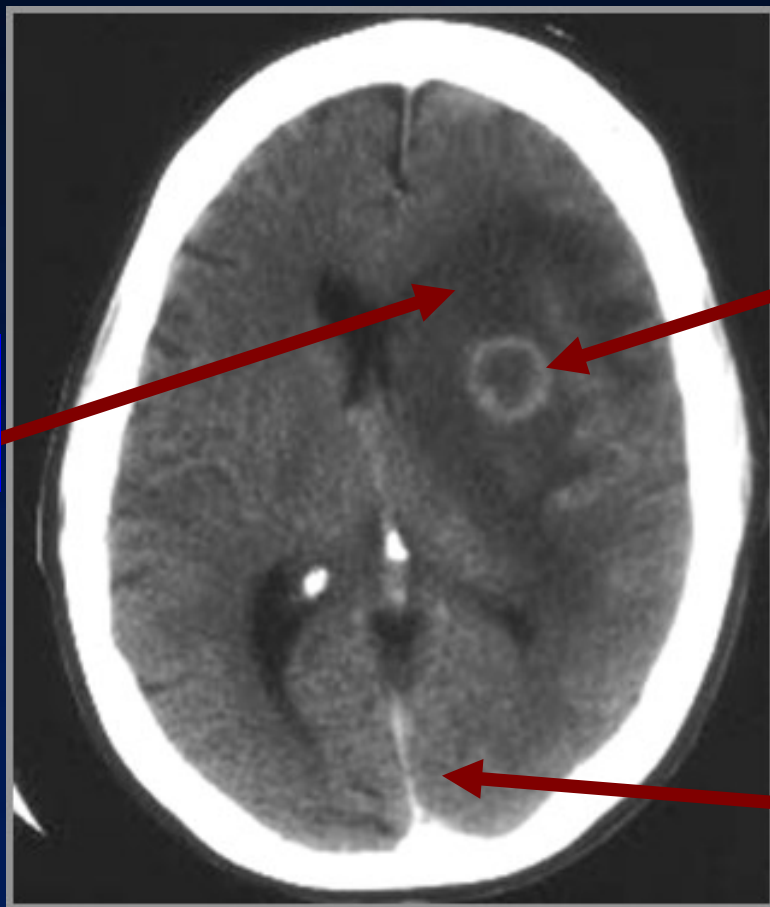
交通性脑积水

扩张的第三脑室（黄色箭头）
和颞角（红色箭头）



第四脑室扩张

脑转移癌



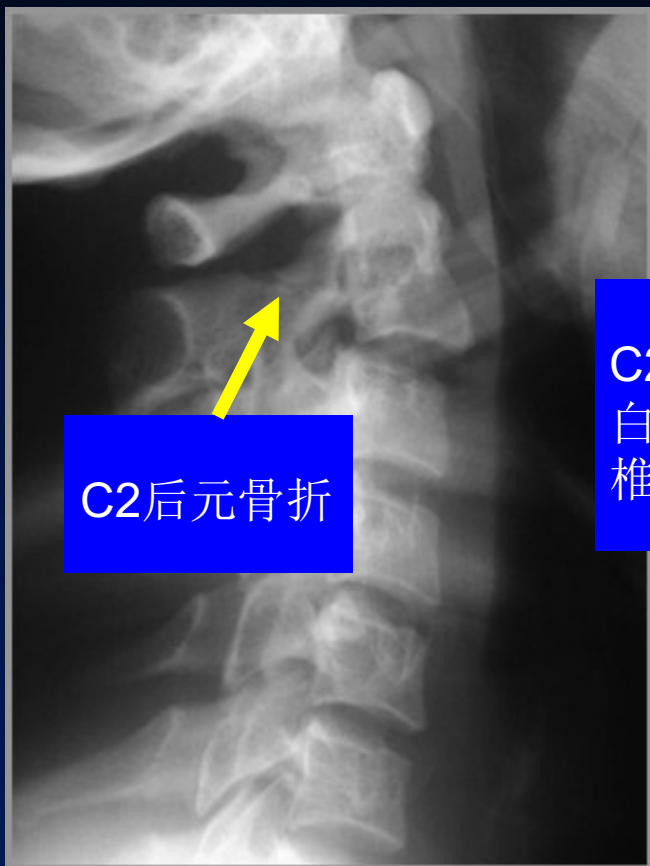
周围水肿区

环形强化损害伴
周围大量水肿

水肿压迫致
钩形突移位

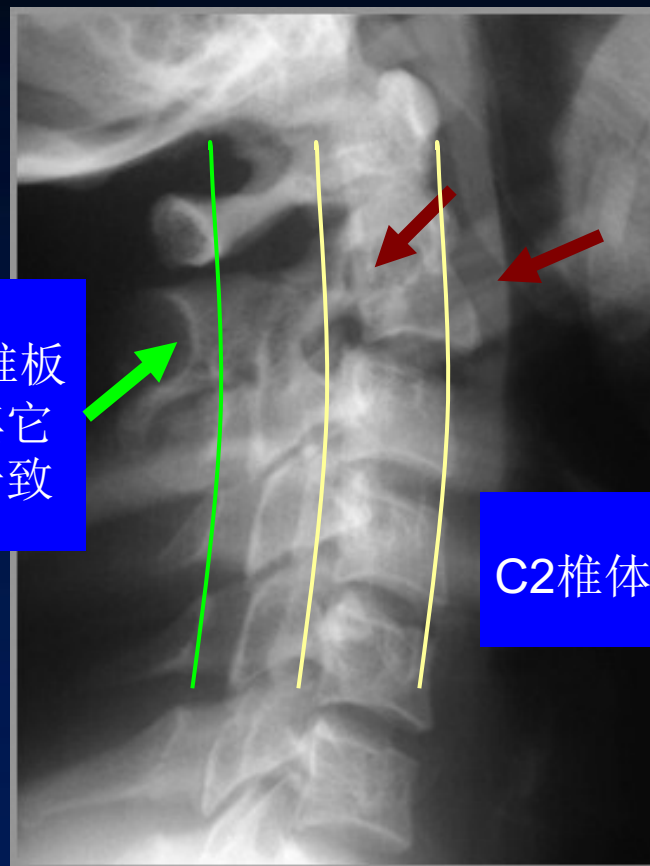
颈椎损伤

C2骨折-Hangman's 骨折



C2后元骨折

C2脊突椎板
白线与其它
椎体不一致



C2椎体前置

颈椎损伤

Hangman's 骨折

是C2最常见骨折，也是颈椎最常见骨折

压缩骨折

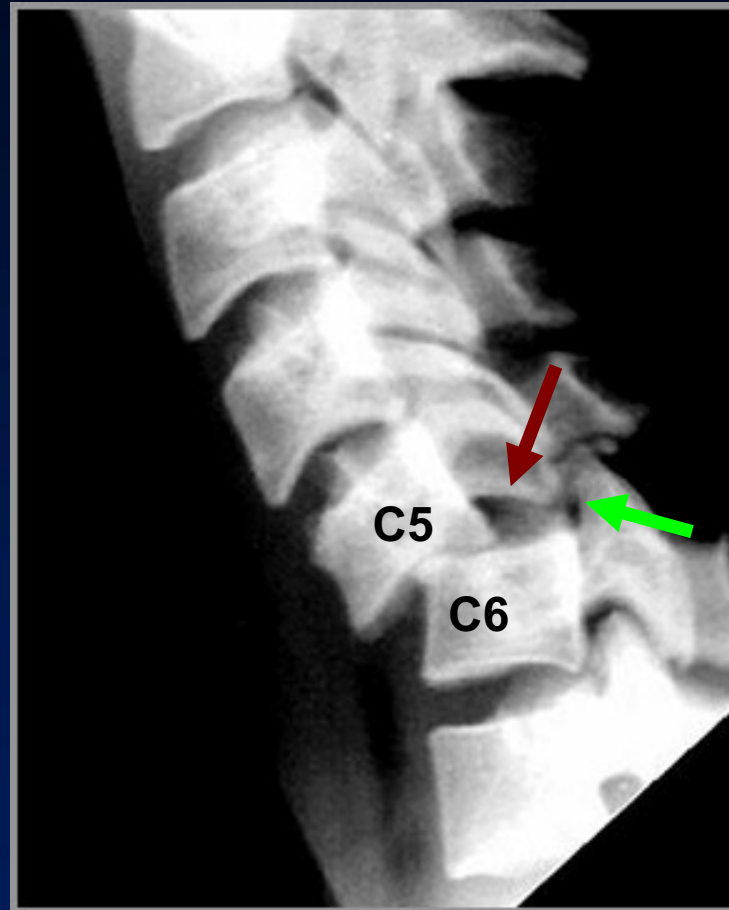
C2椎弓根骨折致C2前移

不会导致神经损伤

颈椎损伤

关节突交锁

C5下关节面向前移位到C6上关节面前面-关节突交锁



骨折



干骺端骨折（红色箭头），骨骺（绿色箭头）进入关节

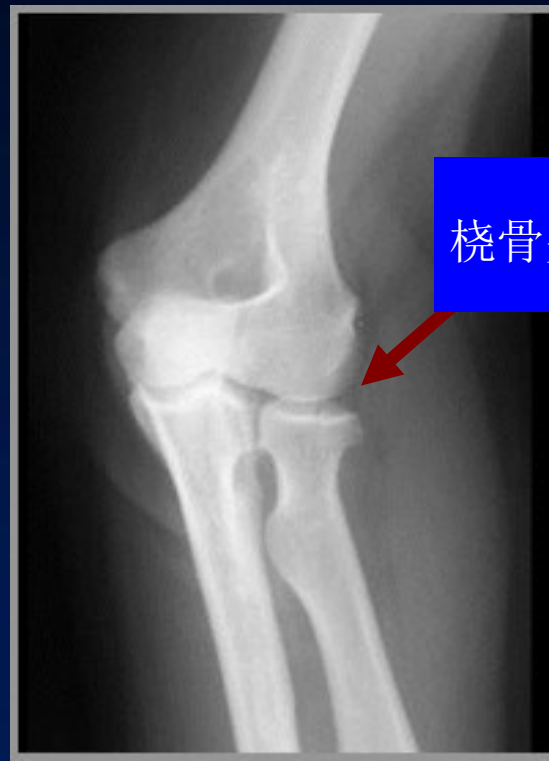


桡骨茎突（黄色箭头）骨折并进入腕关节

骨折



“脂肪垫”征表示
关节内有液体存在



桡骨头骨折