

: 1 1
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 50%
 CT
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 (2).
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 6), CT
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 4 가
 가 5 × 4.5cm
 가
 (Fig. 1D).
 35 가
 3-4
 (1).
 (85%), (76%), (62%), (51%), (2)
 (7).
 (Fig. 1A). CT (6),
 (Classic Poly-
 arteritis Nodosa)
 (Microscopic Poly-an-
 gitis) 가
 가 가
 가
 (Fig. 1B, 1C).
 (8).

1
 2

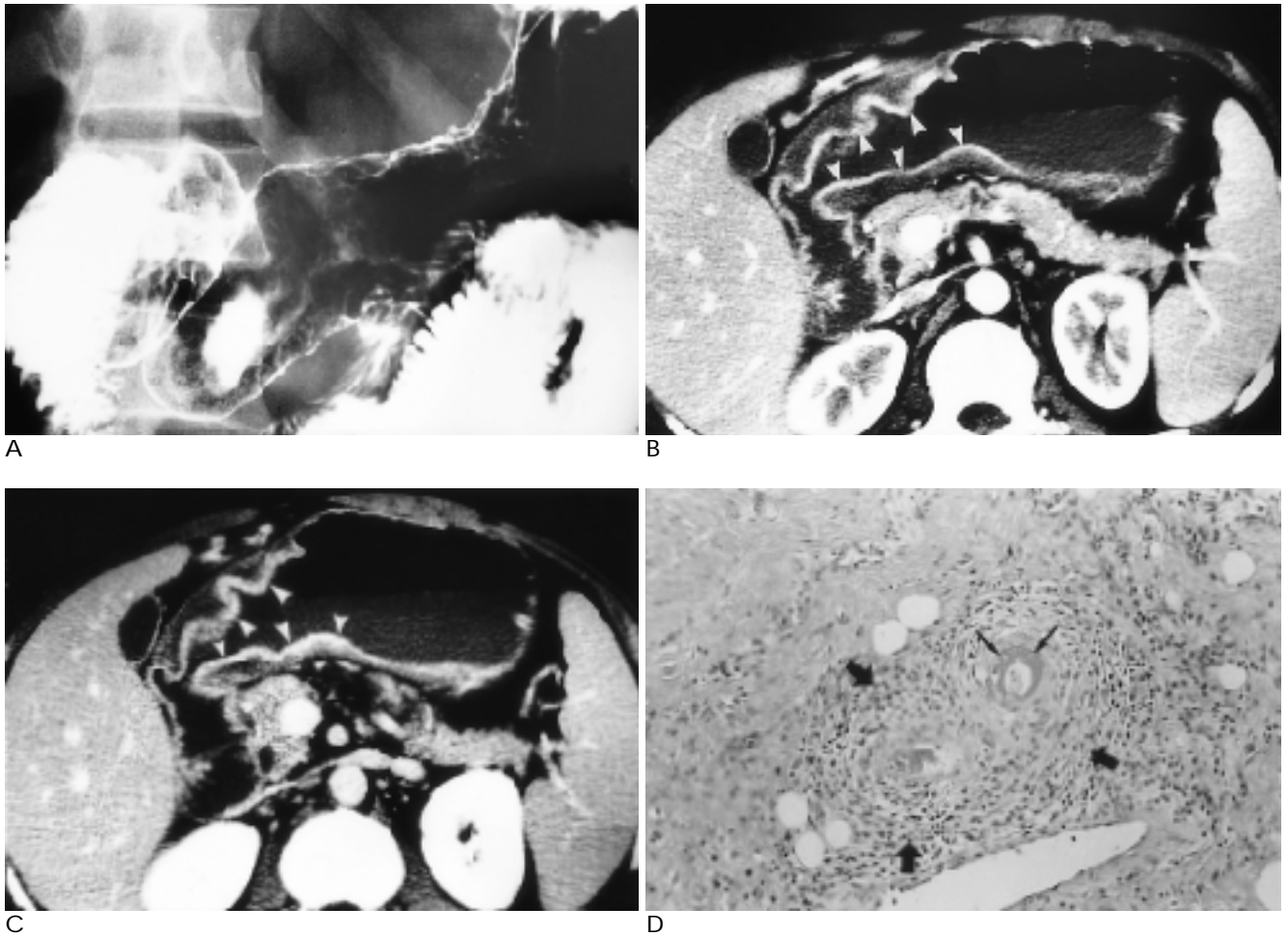


Fig. 1. Polyarteritis nodosa involving the stomach in a 35-year-old man.

A. Upper GI series shows diffuse, mild luminal narrowing of the gastric antrum and lower body with multiple superficial ulcers in the lesser curvature.

B. Arterial-phase CT scan shows diffuse thickening of the gastric antrum with submucosal low density suggesting submucosal edema. Note uniform high enhancement of the thickened mucosal layer (arrowheads).

C. Delayed-phase CT scan shows a slightly increased thickening of mucosal enhancement (arrowheads) but persistent submucosal edema of low density is still noted.

D. Photomicrograph shows fibrinoid degeneration (small arrows) of the intimal side of the small arteries associated with inflammatory cell infiltration in the thickened vascular wall (large arrows) and adjacent soft tissue (H-E stain, × 100).

75% MPO-ANCA (Anti-myeloperoxidase perinuclear anti-neutrophil cytoplasmic antibody) (8).

(fibrinoid necrosis)가

가 (5).

가 (9).

가 , MPO-ANCA

가

, CT

(cyclophos-

phamide)
Matolo (4)
4
10 6
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,
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Polyarteritis Nodosa in the Stomach : A Case Report¹

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Polyarteritis nodosa is a systemic inflammatory disease resulting from necrotizing angitis of small to medium sized arteries. It involves various organs, including the gastrointestinal tract, which is involved in about 50 % of all cases. Numerous complications-including abdominal pain, vomiting, and hematemesis-have been reported, but the CT findings have not been described. We report the CT findings in a case of gastric polyarteritis nodosa, and correlate these with the histopathologic findings.

Index words : Stomach, CT
Arteritis

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