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·病例报道·

Manifestations of simple right atrial rhabdomyoma by transesophageal echocardiography in adult: a case report

成人单纯性右心房横纹肌瘤经食管超声心动图表现1例

谢 超 张文君 贺 祎

[中图法分类号]R540.45；R732.1 [文献标识码]B

患者女，33岁。既往体健。妊娠37⁺周行产前常规体格检查，心电图提示：窦性心律，T波改变，右心房肥大（P波高尖）。经胸超声心动图检查：右心房稍大，余各腔室大小基本正常，心脏功能正常，右心房内见一大小约41 mm×35 mm×29 mm团状中等回声，形态不规则，基底部显示不清，似附着于房间隔，有一定活动度，舒张期突向三尖瓣口，三尖瓣开放如常；CDFI示上述肿块内未探及明显血流信号。经胸超声心动图提示：右心房实性占位，考虑黏液瘤可能性大。经食管超声心动图检查：右心房内见实性肿块，可见蒂结构附着于右心房前壁近房顶部（图1），肿块具有明显活动度，无明显形态变化，上下腔静脉内未见明显异常回声，上述肿块与房间隔无关。经食管超声心动图提示：右心房实性占位，考虑横纹肌瘤可能。于产后3个月行右心房肿瘤切除术，术中见右心房实性肿块，形态欠规则，质硬，可见蒂结构附着于右心房前壁近房顶部，与术前经食管超声心动图检查一致。病理检查：（右心房）横纹肌瘤（图2，3）。免疫组化结果：Actin(-/+)，Desmin(+)，SMA(+)，SOX10(-)，MyoD1(-)，Myosin(-)，S-100(-)，Ki-67(1%+)，Caldesmon(部分+)，Myogenin(-)，Myoglobin(+)，CD34(-)。特殊染色：PAS(-)，消化后PAS(-)。患者住院期间行颅脑CT检查正常，结合其他临床相关检查排除结节性硬化病的可能。

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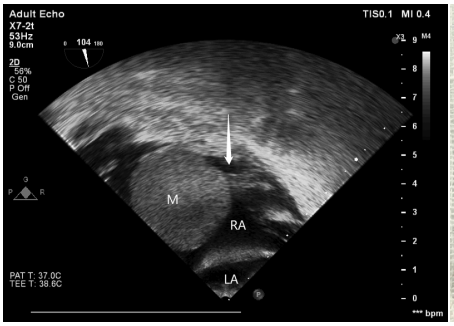

图1 经食管超声心动图显示右心房带蒂肿块(M: 肿块;箭头示肿块蒂结构;RA:右心房;LA:左心房)

图2 手术切除的肿瘤组织大体图

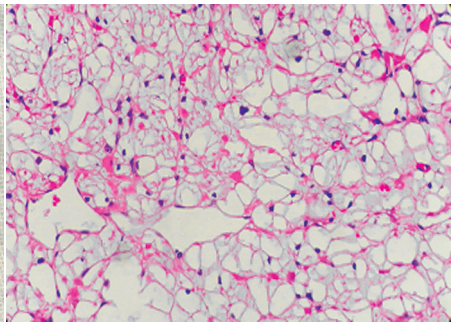

图3 (右心房)横纹肌瘤组织病理图(HE染色, ×400)

讨论:心脏横纹肌瘤是一种少见的伴有骨骼肌分化的心脏原发性肿瘤,在胎儿期、新生儿及婴幼儿期更为多见,多发生于心室及室间隔,常多发,多合并有结节性硬化[1-2]。本例患者为成人妊娠晚期发现的单纯性右心房横纹肌瘤,对血流动力学无明显影响,临床无相关结节性硬化特征,既往鲜有报道。本病例经胸超声心动图探查受胸部肺气等干扰影响,未能清晰显示肿瘤的形态、轮廓及与周围组织的关系,容易误诊。经食管超声心动图探头紧邻心房,避开了胸壁和肺气的遮挡,探查时能清楚地显示右心房中异常回声团块的大小、形态、轮廓,并能清晰显示肿瘤蒂结构附着于右心房前壁近右心房顶部,有明显活动度,但形态无明显变化,清晰显示房间隔及上、下腔静脉情况,为临床提供了更加详实的影像学信息。临床应注意与右心房黏液瘤、血管瘤、心内血管平滑肌瘤、纤维瘤、血管肉瘤等其他心脏肿瘤相鉴别,依据相关临床特征,结合不同的超声表现有助于更进一步诊断,最终确诊需病理检查。

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