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• 病例报道 •

Ultrasonic manifestations of adrenal rest tumor of the liver complicated with hepatic hemangioma: a case report

肝肾上腺残余瘤合并肝血管瘤超声表现 1 例

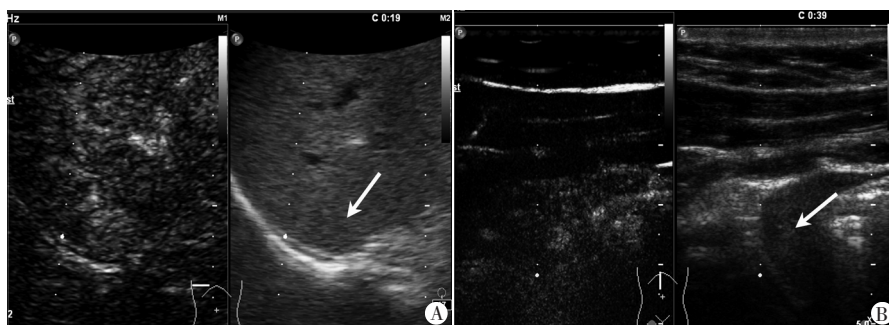
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患者男, 55 岁, 因“发现肝脏占位 4 个月”入院。既往无乙肝病史, 4 个月前曾于外院行结肠镜下结肠息肉切除术, 术后病理检查提示为良性。入院后肿瘤标志物及肝功能检查未见异常。超声检查: 右后叶上段见一大小约 2.0 cm×1.7 cm 稍强回声结节; 超声造影检查示其动脉相呈高增强, 门脉相早期开始廓清, 实质相呈低增强, 考虑转移瘤可能(图 1A)。左外叶下段见一直径约 0.5 cm 稍强回声结节; 超声造影检查示动脉相周边似结节样高增强, 门脉相及实质相呈等增强, 考虑血管瘤可能性大(图 1B)。CT 检查: 肝右叶后上段和肝左外叶下段稍低密度结节, 较大者直径约 1.5 cm, 结节呈环状强化, 考虑转移

瘤可能(图 2A)。MRI 检查: 肝右叶后上段和肝左叶外下段见稍长 T1、稍长 T2 信号结节影, 弥散受限, 增强扫描见轻度环状强



A: 肝右后叶上段结节超声造影动脉相呈高增强(箭头示); B: 肝左外叶下段结节超声造影动脉相周边似呈结节样高增强(箭头示)

图 1 肝右后叶上段和左外叶下段结节超声造影动脉相表现

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化,延时扫描均未见摄取造影剂,考虑肝转移瘤可能(图2B)。术前诊断:肝转移瘤可能。术后病理诊断:右肝结节为肝肾上腺残余瘤,左肝结节为海绵状血管瘤(图3)。

讨论:肾上腺残余瘤是由肾上腺皮质细胞组成的肿瘤,最常见于肾脏、腹膜后、精索、睾丸旁、阔韧带周围,起源于肝脏极为罕见^[1]。术前影像学检查难以精确诊断肝肾上腺残余瘤,文献^[2]报道其影像学特征性表现为一个富含脂肪组织及血管的肿块。这与本例中超声造影动脉相高增强,CT及MRI上环状强化表现相吻合。理论上本病确诊以类固醇激素的产生或排泄为依据(如血清或尿类固醇激素水平升高),但大多肿瘤在临床上并无此表现,故术后病理检查是确诊的重要依据。肝肾上腺残余瘤病理表现为一种边界清晰的黄色结节状病变,常发生在肝右叶的包膜下。由于肾上腺残余瘤与肝细胞腺瘤或肝细胞癌在形态学上的相似性,镜下较难鉴别,必要时可加做免疫组化检查^[3]。临床工作中若影像学提示富含脂肪和高度血管化肿块时,应警惕肾上腺残余瘤的可能性。

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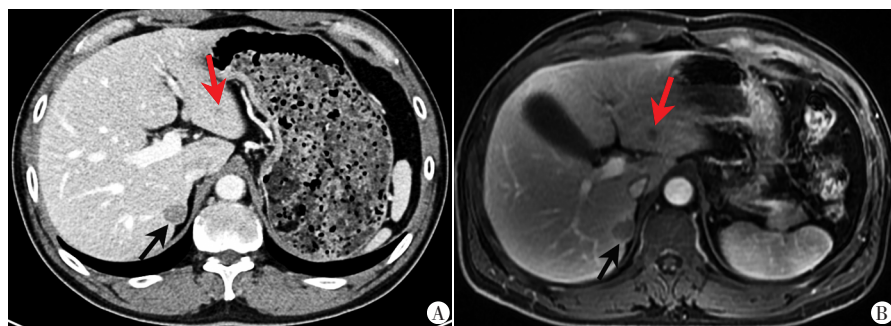
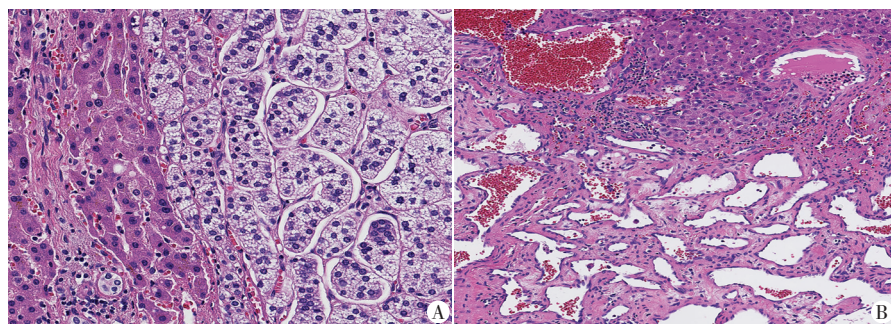


图2 肝右后叶上段和肝左外叶下段结节增强CT(A)及MRI(B)图(箭头示病变)



A:肝右后叶上段结节病理图,镜下可见胞质透亮的瘤细胞被纤维条索分隔成巢(HE染色,×200); B:肝左外叶下段结节病理图,镜下可见大小不等的扭曲血管(HE染色,×100)

图3 肝右后叶上段和左外叶下段结节病理图

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