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· 病例报道 ·

Ultrasonic manifestations of rice body bursitis of ankle joint: a case report

踝关节米粒体滑膜炎超声表现 1 例

李瑞霞 马苏美

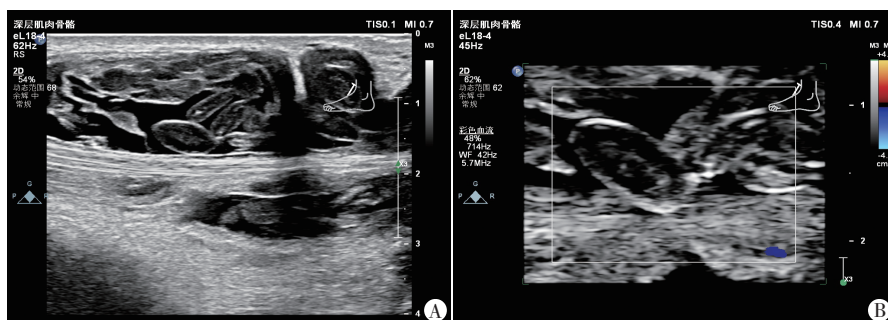
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患者男, 51 岁, 因发现“左侧踝关节肿物 10 年余, 近期左踝部疼痛”入院, 既往史及个人史无特殊。体格检查: 左侧踝关节可触及一大约 5 cm×5 cm 的肿物, 质地软, 伴有压痛, 局部皮温略增高。实验室检查: 载脂蛋白 0.76 g/L、同型半胱氨酸 23.9 μmol/L; 丙肝病毒抗体(+); 平均血红蛋白含量 32.8 pg、淋巴细胞绝对值 1.26×10⁹/L, 余实验室检查未见异常。超声检查: 左侧踝关节处可探及大小约 4.6 cm×2.9 cm 的无回声区, 边界尚清, 形态不规则, 其内可见数个椭圆形等回声团, 其中最大者约 0.6 cm×0.5 cm, 分布于囊液中, 其内未探及明显血流信号。见图 1。超声提示: 踝关节囊性包块。MRI 检查: 左足踇长伸肌腱鞘增厚, 滑囊扩张, 其内可见液性信号填充, 并见多发颗粒状长 T1 短 T2 信号影。见图 2。MRI 诊断: 左足背皮下踇长伸肌腱滑囊区扩张、积液, 并多发低信号结节, 考虑米粒体性滑膜炎。后行踝关节肿物切除术, 术中所见: 于踇长伸肌腱处见一大约 5 cm×5 cm×2 cm 肿物, 包膜完整, 与周围组织界限清楚。分离过程中肿物包膜破裂, 见淡血性样液体。术后病理诊断: 纤维组织增生, 部分

区域血管增生, 伴大量肉芽肿性结节形成, 间质大量慢性炎性细胞浸润, 另见片状凝固性坏死及纤维蛋白样物, 考虑慢性肉芽肿性炎, 不排除结核病。见图 3。

讨论: 米粒体滑膜炎临床罕见, 多继发于关节炎、滑膜炎及滑囊炎等, 患者多因关节疼痛及肿块就诊。好发于膝关节及肩关节^[1], 而本例患者位于踝关节, 较少见。米粒体滑膜炎的基本病理改变是滑膜增生、米粒体形成。目前对于米粒体形成的病理过程存在争议, 多数认为是脱落滑膜的微梗死灶被滑液中的纤维蛋白包裹而成^[2]。研究^[3]显示, 其病理组织常表现为慢



A: 踝关节处无回声区内多发纺锤形中低回声结节, 分布于囊液中; B: 结节周边回声较高, 中间回声偏低, 其内未探及血流信号

图 1 踝关节米粒体滑膜炎声像图

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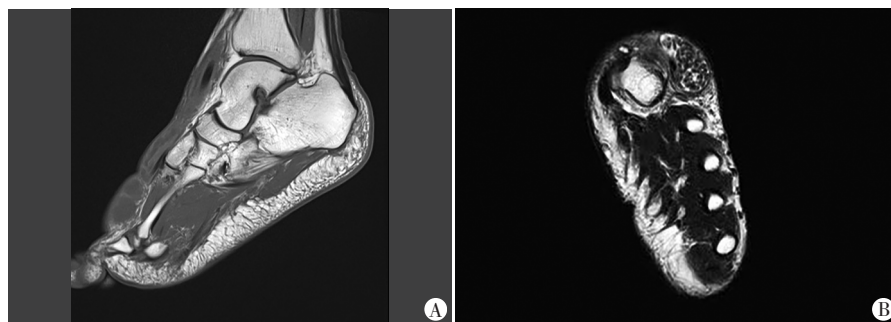
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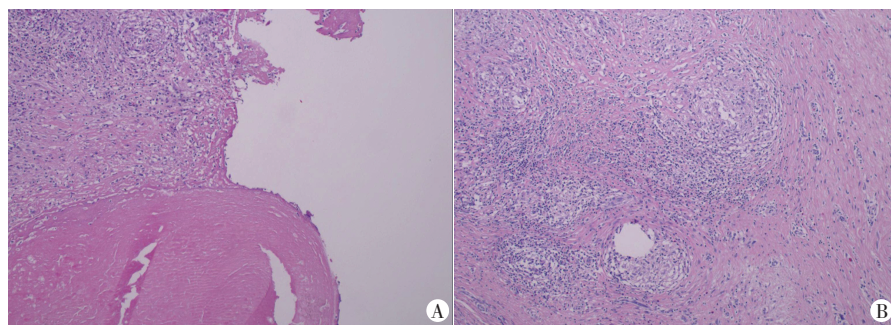
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A: T1WI 矢状位左足踝长伸肌腱滑囊内弥漫分布颗粒状 T1 信号影; B: T2WI 轴位左足踝长伸肌腱滑囊内弥漫分布“黑芝麻”样等低信号影

图2 踝关节米粒体滑膜炎 MRI 图



A: 片状凝固性坏死及纤维蛋白样物; B: 肉芽肿性结节形成

图3 踝关节米粒体滑膜炎病理图(HE 染色, ×200)

性、非特异性炎症, 无肉芽肿的形成。本病例镜下可见纤维组织增生, 部分区域血管增生, 伴大量肉芽肿性结节形成, 与以往文献^[2]报道不同, 可能与其形成病因有关。米粒体滑膜炎的影

像学诊断主要依赖于 MRI, 其 MRI 表现为颗粒状 T1WI 信号, 短 T2WI 信号, 在高信号积液背景下呈典型的“米粒样”改变, 增强后无强化^[2]。米粒体滑膜炎具有其独特的超声表现, 在关节积液中可见多发的纺锤形中低回声结节, 大小多为 0.2~0.7 cm, 结节周边回声较高, 内部回声较低, 其内无明显血流信号。本病例超声表现典型, 但因对本病认识不足, 超声未给予明确提示。超声医师应提高对本病的认识。最终确诊仍需依赖病理诊断。

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