高峰，且测量的A-V间期非PR间期，仍需进一步的研究及辅助分析方法以精细化胎儿心律失常的诊断。另外，本研究为回顾性研究，部分病例由于胎儿体位因素及操作者手法影响未能获取标准的M型曲线，故纳入病例数较少，特别是部分少见类型心律失常病例。后续研究将通过规范的图像采集及产前、产后评估增加研究样本量，为胎儿心律失常的诊断及评估提供参考。

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·病例报道·

Ultrasonic manifestions of fetal occipital cystic hygroma with small occipital defect: a case report

胎儿枕部淋巴水囊瘤合并枕骨小缺损超声表现1例

高小平 孙丽娟 吴青青

[中图法分类号]R445.1；R714.5 [文献标识码]B

孕妇32岁，孕2产1，既往第一胎足月分娩，新生儿出生后2 d死亡，具体不详。自诉平素月经规律，本次妊娠无合并症及并发症，无创DNA产前检测结果提示低风险。孕22周来我院行常规产前超声检查：胎儿枕部向外膨出一大小约2.5 cm×2.1 cm囊实性包块，可见包膜包绕，其内见稍高回声；CDFI于包块内未探及血流信号，此处枕骨似可见一长约0.7 cm的小缺损(图1)，后经三维断层超声成像证实(图2)；胎儿头围小于相应孕周，提示脑膨出可能。颅脑MRI检查示胎儿枕部外突为囊性包块，颅骨完整，考虑淋巴水囊瘤(图3)。2周后复查超声提示胎儿颅脑外突包块大小及内部回声均未见明显改变，考虑淋巴水囊瘤，脑膨出不除外，孕妇及家属选择终止妊娠。胎儿尸检显示枕骨对称性缺损，缺损处皮下肿物伴水肿(图4)，镜下提示为先天性淋巴水囊瘤，水囊瘤内容物与脑组织不相连。

讨论：临床进行胎儿产前筛查时超声若发现胎儿颅脑外突较大包块，尤其合并明显的颅骨缺损时，较易做出脑膨出的诊断，部分明显的脑膨出甚至可以在妊娠早期明确诊断[1]。然而，当胎儿头部肿块较小时，脑膨出需与表皮囊肿、血管瘤、淋巴管瘤、脂肪瘤和畸胎瘤等鉴别诊断。目前，产前鉴别诊断颅脑表皮囊肿与较小脑膨出较为困难[2]，传统的鉴别要点关注于是否存在颅骨缺损。有文献[3]报道1例通过三维超声发现小的颅骨缺损，从而鉴别诊断胎儿较小脑膨出与表皮囊肿，但三维超声成像易受颅骨声影遮挡，遗漏小的颅骨缺损。本例胎儿颅脑外突包块合并相应部位的颅骨小缺损，尸检结果却显示包块并未与脑组织相连，镜下确诊为淋巴水囊瘤，实属罕见，这为胎儿颅脑外突包块的鉴别诊断提供了不同视角。

本病例提示临床医师应注意以下几点：①当发现胎儿颅脑外突包块时，除了仔细寻找相应部位的颅骨缺损，还需注意包块内容物是否与脑组织相连，这一点在产前确诊非常困难，需结合颅脑MRI进行鉴别诊断；②需注意颅脑结构是否存在异常，如胼胝体、小脑及小脑蚓部、小脑幕、颅后窝及脑实质等是否有异常改变；本例胎儿未发现颅脑结构异常，故诊断更倾向于淋巴水囊瘤；③产前超声应连续、动态扫查胎儿整个颅脑，避免遗漏颅顶外突的小包块。

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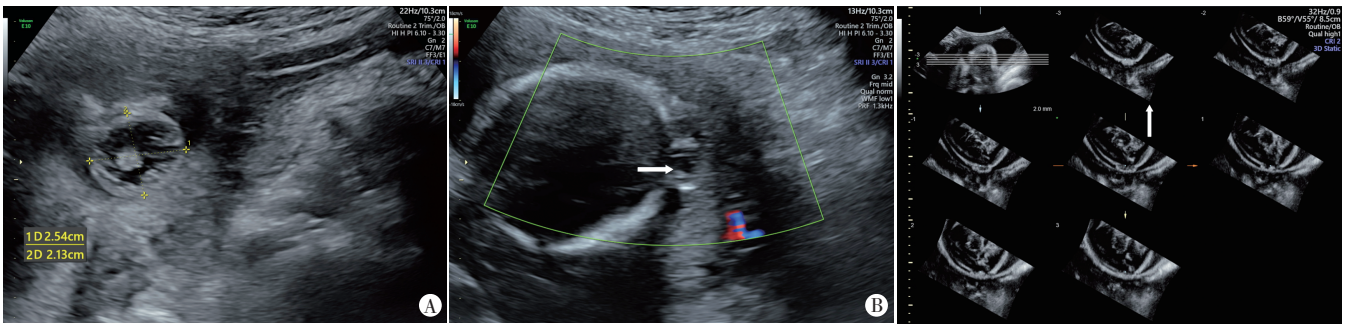


A:声像图示胎儿枕部向外膨出一囊实性包块,可见包膜包绕,其内见稍高回声;B:CDFI于其内未探及明显血流信号(箭头示枕骨似存在小缺失)

图1 胎儿枕部淋巴水囊瘤合并枕骨小缺损超声图

图2 胎儿枕骨小缺损(箭头示)三维断层超声成像图

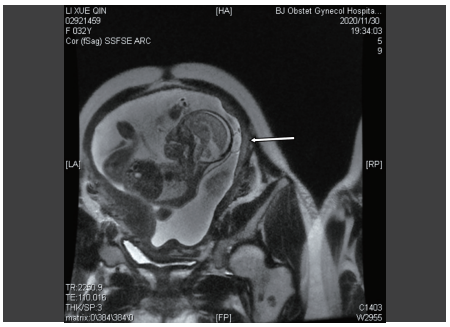
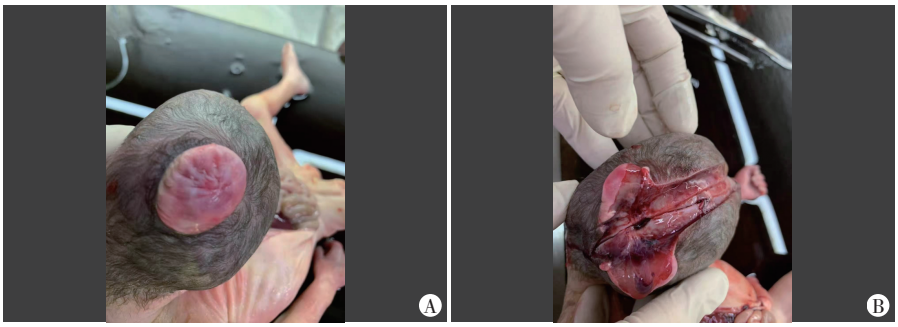


图3 颅脑MRI检查示胎儿颅骨完整,考虑颅骨外突囊性包块为淋巴水囊瘤(箭头示)



A:颅骨枕部外突包块为淋巴水囊瘤;B:颅骨局部小缺损,水囊瘤内容物与脑组织不相连

图4 引产后尸检图

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