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• 病例报道 •

Ultrasonic manifestations of hepatic neuroendocrine carcinoma: a case report

肝脏神经内分泌癌超声表现 1 例

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患者女, 68 岁。3 个月前无明显诱因出现上腹部饱胀不适, 食欲食量渐差。体格检查: 胸腹壁可见曲张静脉, 上腹部可触及一大小约 15 cm×12 cm 包块, 无触痛, 活动性尚可。外院上腹部 CT 平扫提示为肝囊肿。我院超声检查示: 肝内可见多个无回声包块, 较大者约 15 cm×11 cm, 边界清晰, 形态规则, 内壁上均可见乳头状突起(图 1), 无明显血流信号。超声诊断: 肝囊肿瘤可能(建议进一步检查排除癌)。腹部增强 CT+CTA 示: 肝左叶可见巨大囊性肿块, 壁内可见多发结节影, 增强扫描轻度强化。肝右叶可见多发囊实性肿块, 增强扫描呈不均匀强化, 部分病灶内可见液平。术后病理: 上皮样恶性肿瘤; 结合免疫染色结果提示为小细胞神经内分泌癌。

讨论: 肝脏神经内分泌癌多见于转移性, 原发者极为罕见, 缺乏典型临床症状, 常规实验室及肿瘤标志物检查无特异性指标, 确诊需依靠术后病理及免疫组化, 术前很难做出正确诊断。该病需与原发肝癌、肝内转移瘤及肝腺瘤等鉴别: ①原发性肝癌多为单发, 甲胎蛋白升高, 多有不同程度肝硬化, 病灶较大时多伴有门静脉瘤栓或血管侵犯; ②肝转移瘤多为多发, 有其他部位原发肿瘤存在, 内部为低回声或无回声, 周边可见声晕, 典型病灶呈“牛眼征”表现; ③肝腺瘤较少合并肝硬化, 病灶可单发或



图 1 声像图显示肝内多个无回声包块, 壁上可见乳头状突起

多发, 且大小不等, 有稍高回声纤维包膜, 可有出血坏死, 且患者多有口服避孕药史。肝脏原发性神经内分泌癌属于低度恶性肿瘤, 发病时间长, 症状不明显, 多发者表现为主灶周围多发子灶围绕, 较大病灶可有液化坏死, 对周围血管及胆管有压迫推移表现但不伴门静脉瘤栓。综上所述, 在超声检查中, 对肝脏较大囊实性病灶、不伴门静脉瘤栓及血管侵犯、无慢性肝病、甲胎蛋白阴性的患者, 应考虑该病的可能, 必要时可行超声引导下穿刺活检。

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