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(收稿日期:2016-10-18)

· 病例报道 ·

Diagnosis of renal hamartoma complicated with tumor thrombi in the inferior vena cava: a case report

超声诊断肾错构瘤合并下腔静脉瘤栓 1 例

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[中图分类号] R322.6; R445.1

[文献标识码] B

患者女, 44 岁, 因右侧腰背部疼痛 5 d 来我院就诊, 既往双肾多发错构瘤十余年。超声检查: 右肾增大, 内见一大约 12.2 cm × 5.3 cm 实性团状强回声(图 1)。右肾静脉内见一大约 1.2 cm × 0.8 cm 强回声, 蒂粗 0.26 cm, 与团状强回声下极相连, 远端突向下腔静脉(图 2), 并见栓子出血呈斑点状自发性显影, 流向右房。结合病史超声提示: 右肾错构瘤并肾静脉瘤栓形成, 突向下腔静脉。手术所见: 右肾巨大错构瘤完全贯穿右肾, 突向肾外侧约 5 cm, 下腔静脉及肾静脉内见瘤栓回声, 瘤栓为脂肪成分, 从肾静脉突向下腔静脉, 右肾静脉多个属支内均见瘤栓, 难以完全切除, 遂行右肾切除术。术后病理诊断: ①右肾肾血管平滑肌脂



图 2 声像图示瘤栓与右肾错构瘤下极相连, 远端突向下腔静脉

肪瘤; ②下腔静脉内瘤栓, 符合上皮样血管平滑肌脂肪瘤。

讨论: 肾脏血管平滑肌脂肪瘤又称错构瘤, 为临床常见的肾脏良性肿瘤, 主要组织成分为血管、平滑肌及脂肪, 多发生于一侧肾皮质, 并向肾周围脂肪组织膨胀生长, 少数可发生于肾门邻近的肾实质, 压迫肾盂, 恶变率极低。肿瘤向肾外生长时, 可使肾周局部淋巴结受累。本例患者同时合并肾静脉和下腔静脉瘤栓, 瘤栓为错构瘤中脂肪成分突向静脉腔内所致, 极为少见。由于瘤栓位于肾静脉, 受较大瘤体遮挡, 难以发现, 超声诊断该病较 CT 更有优势, 通过实时动态观察可发现栓子突向下腔静脉, 图像具有特异性。

(收稿日期:2016-08-22)



图 1 声像图示右肾内见实性团状强回声