

34(2): 127-133.

[4] Cappelli C, Castellano M, Pirola I, et al. Thyroid nodule shape suggests malignancy[J]. Eur J Endocrinol, 2006, 155(1): 27-31.

[5] Samir AE, Vij A, Seale MK, et al. Ultrasound-guided percutaneous thyroid nodule core biopsy: clinical utility in patients with prior nondiagnostic fine-needle aspirate[J]. Thyroid, 2012, 22(5): 461-467.

[6] Das DK, Sheikh ZA, George SS, et al. Papillary thyroid carcinoma: evidence for intracytoplasmic formation of precursor substance for calcification and its release from wellpreserved neoplastic cells[J]. Diagn Cytopathol, 2008, 36(11): 809-812.

[7] Kim BK, Choi YS, Kwon HJ, et al. Relationship between patterns of calcification in thyroid nodules and histopathologic findings[J]. Endocr J, 2013, 60(2): 155-160.

[8] 黄雅元, 包凌云, 韩志江, 等. CT 和超声的联合应用在良性甲状腺环状钙化诊断中的价值[J]. 中国临床医学影像杂志, 2014, 25(6): 385-389.

[9] Pvo JS, Kang G, Kim DH, et al. The prognostic relevance of psammoma bodies and ultrasonographic intratumoral calcifications in papillary thyroid carcinoma[J]. World J Surg, 2013, 37(10): 2330-2335.

[10] Park YJ, Kim JA, Son EJ, et al. Thyroid nodules with macrocalcification sonographic findings predictive of malignancy[J]. Yonsei Med J, 2014, 55(2): 339-344.

[11] Moon WJ, Jung SL, Lee JH, et al. Benign and malignant thyroid nodules: US differentiation—multicenter retrospective study[J]. Radiology, 2008, 247(3): 762-770.

[12] 刘春蕊, 黄鹏飞, 谢迎东, 等. 超声造影定性分析鉴别诊断甲状腺良恶性结节的价值[J]. 中华医学超声杂志(电子版), 2017, 14(3): 220-225.

[13] Jiang J, Shang X, Zhang H, et al. Correlation between maximum intensity and microvessel density for differentiation of malignant from benign thyroid nodules on contrast-enhanced sonography[J]. J Ultrasound Med, 2014, 33(7): 1257-1263.

[14] 黄丽丽, 孔德华, 周琦, 等. 甲状腺良恶性结节实时超声造影误诊分析[J]. 中华内分泌外科杂志, 2017, 11(4): 307-310.

(收稿日期: 2018-08-09)

• 病例报道 •

## Ultrasonic manifestations of complicated hepatic cyst: a case report 复杂肝囊肿超声表现 1 例

邓 龙 马苏美

[中图法分类号] R445.1; R735.7

[文献标识码] B

患者男, 53 岁。因外院 CT 及 MRI 提示肝脏腺瘤来我院就诊。常规超声及肝脏超声造影检查: 于肝右叶可见一大小约 34 mm×23 mm 的无回声区, 边界清, 形态欠规则, 内可见带状高回声分隔及少量点状低回声漂浮, 后方伴增强效应; CDFI 示其内

未探及明显血流信号(图 1)。超声造影表现为瘤体动脉相、门脉相及延迟相均呈无增强(图 2), 提示: 复杂肝囊肿。实验室检查: CA199 9.3 U/ml, CA125 7.0 U/ml, AFP 3.0 U/ml, CEA 2.2 ng/ml, 均在正常范围内。后经手术及病理证实(图 3, 4)。

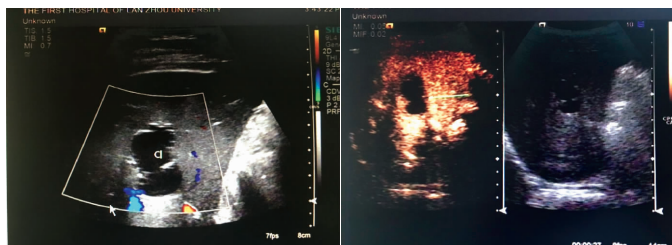


图 1 复杂肝囊肿 CDFI 图

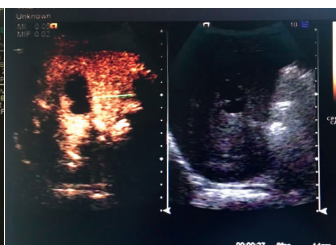


图 2 复杂肝囊肿超声造影图



图 3 复杂肝囊肿大体图

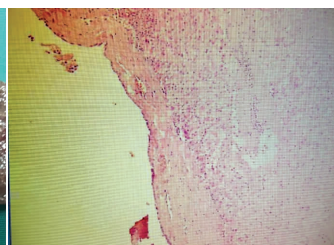


图 4 复杂肝囊肿病理图(HE 染色, ×40)

讨论: 肝囊肿为肝脏常见的良性占位性病变, 其二维超声常表现为大小不等的无回声区, 边界清晰, 形态规则, 后方伴增强效应; CDFI 示病灶内未探及血流信号。但复杂肝囊肿较单纯性肝囊肿明显少见, 且其二维超声表现常不典型, 病灶内可出现分隔或碎屑样回声。临床常误诊为肝脏腺瘤或囊腺癌。而超声造影则能显示整个血管期病灶均呈无增强, 有助于复杂肝囊肿的诊断。本例患者囊性病变内壁不光整, 囊内有带状高回声分隔及点状低回声漂浮, 导致 CT 或 MRI 检查时由于扫描时相及

层厚等原因, 使囊内形成部分容积效应, 导致门脉期似可见强化, 引起误诊; 而超声造影通过对病变部位及其周围组织的血流灌注进行实时动态观察, 可明确病变内是否存在血供及其血供分布情况, 较 CT 及 MRI 增强扫描更具优势。本病临床应注意与肝腺瘤、肝囊腺癌的鉴别诊断。

综上所述, 超声检查可对肝脏占位进行初步诊断及鉴别诊断, 为临床治疗方式的选择提供更多信息。

(收稿日期: 2017-12-29)