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· 病例报道 ·

### Diagnosis of highly differentiated squamous cell carcinoma of penile by ultrasound: a case report

## 超声诊断阴茎皮肤高分化鳞状细胞癌 1 例

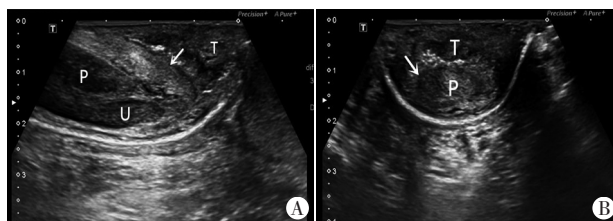
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患者男,38岁,因发现阴茎头部灰白色菜花样肿物伴瘙痒4个月,肿物逐渐增大就诊。体格检查:于阴茎头部见一大小约2 cm×2 cm肿物,呈粉色菜花状,质韧,伴刺痛,无溃疡、脓肿,尿道外口无红肿及分泌物渗出,无尿频、尿急、排尿困难。超声检查:阴茎头、包皮内可见大小2.48 cm×1.32 cm×2.13 cm实质不均质低回声肿物,形态不规则(图1A);CDFI示肿物实质内血流信号极丰富。肿物与龟头、包皮内板及周围结缔组织界限不清,未达冠状沟;阴茎白膜、阴茎海绵体未见明显受累(图1B)。双侧腹股沟区未见明显异常肿大淋巴结。超声提示:阴茎头包皮内实质不均质低回声肿物,考虑阴茎癌可能性大。遂行阴茎肿物切除、包皮环切术,术中见包皮内板与龟头广泛粘连,冠状沟消失,阴茎肿物源于包皮,遍及整个包皮内板,整个包皮质地坚硬。术后病理检查:肉眼见皮肤上灰白色菜花样隆起,表面分叶状,切面灰白实质,局部呈疣状鳞状细胞癌改变;侵及上皮纤维结缔组织。脉管及神经未见癌累及;切缘及基底未见癌。结合免疫组化:EGFR(弱+)、Ki67(10%+)、CK56(+),P16(-),P40(+).病理诊断:皮肤高分化鳞状细胞癌。根据术后病理结果,进一步行阴茎部分切除术,术后患者接受预防性放疗,随访1年未见复发。

讨论:阴茎癌是一种罕见的泌尿系统肿瘤,发生率为十万分之0.6<sup>[1]</sup>,并随着年龄的增加而升高,发病高峰年龄约60岁<sup>[2]</sup>。鳞状细胞癌是阴茎癌中最常见的类型,除一些特殊的亚型,总体预后良好,晚期患者的预后不理想,故对于阴茎癌患者早期诊断,以及确定是否有淋巴结转移非常重要。阴茎癌超声表现为实性低回声或低回声为主的肿物,边缘多不清晰,形态多不



A:龟头纵切面声像图示癌体位于包皮内,包绕龟头(箭头示),形态不规则,回声不均匀;B:龟头横切面声像图示癌体未突破白膜(箭头示),与阴茎海绵体分界尚清。T:癌体;P:阴茎海绵体;U:尿道海绵体

图1 阴茎皮肤高分化鳞状细胞癌声像图

规则,CDFI示肿物内可探及血流信号。超声可以观察肿瘤侵犯深度、范围,是否侵犯阴茎海绵体、尿道海绵体和尿道,是否存在淋巴结转移等,CDFI可以探查阴茎血管的形态及流速是否变化,是否供应肿瘤,对治疗方案的制定具有很好的参考价值,加之超声具有操作简便、安全、价廉的优点,可成为阴茎癌初筛的首选检查方式。

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