HCC肝切除患者的生物学行为、临床预处理及预后评估提供依据,有助于临床医师更好地诊断肿瘤类型,并做出最佳治疗决策,具有较好的临床应用价值。

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·病例报道·

Prenatal ultrasound diagnosis of fetal bladder extrophy:a case report

产前超声诊断胎儿膀胱外翻1例

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[中图法分类号]R445.1;R714.5 [文献标识码]B

孕妇,31岁,孕1产0,孕30周,孕30周前未行任何超声检查。现产前系统超声检查:胎儿臀位,于胎儿正中矢状切面、腹盆腔横切面及冠状面见胎儿下腹壁正常弧形连续性消失,脐带腹壁插入位置较低,其下方见一大小为1.82 cm×1.58 cm的等回声突起,双侧脐动脉之间无膀胱显示(图1,2),胎儿外生殖器声像图特征不典型,余胎儿脏器及附属物均正常,胎儿生长参数与孕周符合。超声提示:胎儿膀胱外翻。后引产一女死婴,大体标本示胎儿下腹壁缺损,脐带低置,膀胱外翻,耻骨联合分离,阴蒂分离,大阴唇增厚,小阴唇缺失(图3)。

讨论:胎儿膀胱外翻是一种罕见且严重的先天性畸形,属下腹部露脏畸形的范畴,其可以是泄殖腔外翻综合征的一部分,亦或与肢体-体壁综合征相关。该畸形发病原因尚不清楚,可能与环境和遗传变异等因素相关[1]。膀胱外翻的胚胎发病机制:在妊娠第4周,腹部外胚层和泄殖腔间的间充质细胞异常迁移,导致前腹壁及膀胱前壁缺损所致[2]。膀胱外翻的产前超声表现:①从妊娠第15周开始,持续性膀胱未显示,当双肾和羊水量正常时,应高度怀疑膀胱外翻;②脐带腹壁插入较低,且脐下腹壁缺损,其下方常伴有肿块膨出;③膀胱外翻常伴骨盆肌肉和骨骼发育异常,常以髂骨翼增宽,耻骨分离为主;④男性常合并小阴茎、尿道上裂等畸形,女性常合并大阴

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唇增厚、小阴唇缺失等畸形。膀胱外翻应与脐膨出、腹裂和泄殖腔外翻鉴别诊断,前两者骨盆内均可显示正常的膀胱,当同时出现肠道、肛门闭锁、脊柱脊髓异常、外生殖器异常时应怀疑泄殖腔外翻。

总之,膀胱持续未显示和脐带低置是超声诊断膀胱外翻的关键征象,产前系统超声检查能及早发现并准确诊断膀胱外翻,有利于早期优生咨询和预后评估,对提高新生儿的生存质量极为重要。

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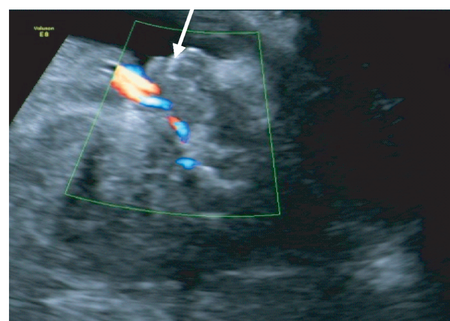

图1 声像图示下腹壁形态失常,脐带低置,其下方见等回声突起物(箭头示)

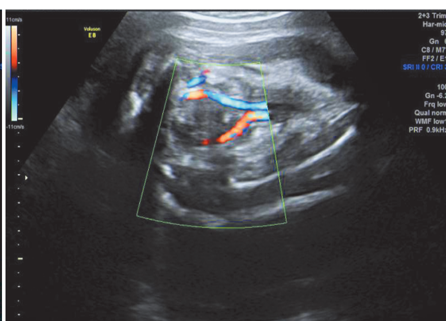

图2 声像图示双侧脐动脉血流间未见膀胱无回声区

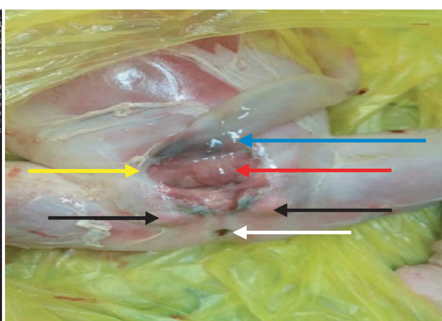

图3 大体标本示胎儿下腹壁缺损(黄色箭头示),脐带插入低置(蓝色箭头示),脐带下方外翻膨出的膀胱(红色箭头示),大阴唇增厚(黑色箭头示),肛门正常(白色箭头示)

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