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· 病例报道 ·

Ultrasonic diagnosis of ectopic pregnancy in the liver: a case report 超声诊断肝脏异位妊娠 1 例

杨斌 程靖丹 王少春 王聪

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患者女,30岁,孕1产1,4年前于外院行剖宫产术,现停经63 d,阴道少量出血10 d,自测尿人绒毛膜促性腺激素(HCG)阳性,外院超声检查未见明显异常,血HCG持续升高。我院体格检查:腹软,全腹无压痛,未触及包块,临床疑为异位妊娠,为防止包块破裂未行专科检查。实验室检查:血HCG 17 193.00 mU/ml。经阴道超声检查:子宫大小、形态均正常,肌层回声均匀,宫腔线不清晰,内膜厚约1.3 cm,回声欠均,内未见典型孕囊回声;双侧卵巢显示清晰,双侧附件区均未见异常包块;盆腔见少量积液回声。扩大扫查范围,于肝右叶见一大小3.0 cm×1.9 cm×2.5 cm厚壁囊性回声,界清,内透声欠佳,可探及血流信号(图1)。超声提示:脂肪肝、肝脏异位妊娠可能。CT检查:肝右后叶下段富血供囊实性占位病变。行腹腔镜手术,于肝脏第IV段见一直径约2.5 cm妊娠囊,边界清,术中见:子宫附件无明显异常,盆腔未见明显积血征象。病理检查:镜下见绒毛组织和胚芽组织(图2)。术后患者HCG明显下降。

讨论:肝脏妊娠临床罕见,其发病原因和机制目前尚未明确。肝脏妊娠大多位于肝脏右叶下段,原因可能是该段为仰卧位时腹腔最低的位置,易于附着。肝脏妊娠分为原发性和继发

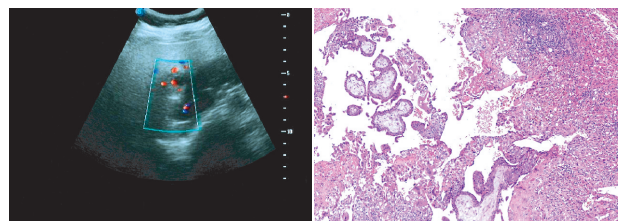


图1 超声检查示肝右叶厚壁囊性团块回声内可探及血流信号 图2 病理图示肝组织及血凝块性团块回声内可探及血流信号 中见绒毛组织(HE染色,×40)

性,后者多见,多为早期输卵管妊娠破裂腹腔种植所致。本例患者仅见阴道出血,未出现急性临床表现,推测与胚胎较小有关;另外,阴道出血为异位妊娠的子宫蜕膜反应,进一步明确了诊断。本例超声于肝脏右叶发现了较为典型的厚壁囊性回声,团块内及周边可探及滋养血流,CT也提供了相关依据;术中子宫附件未见明显异常,盆腔亦未见明显积血征象,故考虑原发性肝脏异位妊娠。本病超声表现应与肝血管瘤鉴别诊断,当临床高度怀疑异位妊娠却未在子宫及附件区扫查到可疑妊娠包块时,应考虑腹腔妊娠的可能,必要时可结合CT、MRI等检查,避免漏误诊。

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