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· 病例报道 ·

Ultrasonic manifestations of vascular tumor in the scrotum: a case report

阴囊脉管瘤超声表现 1 例

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[中图分类号]R445.1

[文献标识码]B

患者男, 50岁。4年前发现右侧阴囊肿大, 平卧后不消失, 呈慢性、无痛性逐渐增大, 未见其他异常症状, 未经系统治疗。体格检查: 站立位时可触及右侧阴囊睾丸旁一大约4 cm×2 cm包块, 呈椭圆形, 压痛(-), 透光实验(+), 双侧睾丸可触及; 平卧位时囊性包块不消失。超声检查: 右侧阴囊内睾丸旁探及一大约3.6 cm×2.1 cm囊性包块, 包膜完整, 与右侧睾丸间界限清晰, 形态尚规则, 有分隔, 内透声尚可, 后方回声增强(图1)。双侧睾丸及附睾大小、形态正常, 未见明显异常回声。超声提示: 右侧阴囊内囊性包块, 脉管瘤? 其他性质待定。于腰硬联合麻醉下行右侧阴囊包块切除术, 术后病理组织示脉管瘤由大小不等, 形状不规则的囊腔构成, 囊壁菲薄, 腔内壁被覆单层扁平细胞(图2); 病理诊断: 脉管瘤。

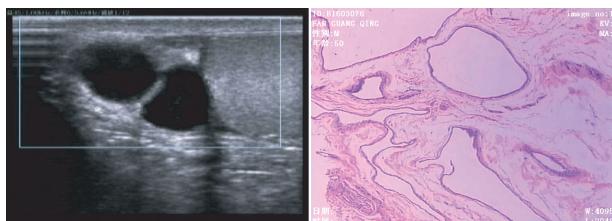


图1 声像图示囊性包块内有分隔, 未探及明显血流信号

图2 脉管瘤病理图(HE染色, ×40)

讨论: 脉管瘤是血管瘤和淋巴管瘤的合称, 亦称血管淋巴管瘤, 系微静脉和微淋巴管混合形成的良性畸形病变, 并非真性肿瘤^[1]。临床上以单纯血管瘤或单纯淋巴管多见, 而混合性脉管瘤较少见。本病可发生于小肠、脾脏、胰腺、十二指肠、膀胱等^[2], 发生于阴囊处报道甚少。脉管瘤超声表现多为多腔或有分隔的囊性肿块, 当存在内部出血或蛋白样内容物时, 内部回声不均, 也可表现为低回声^[3]。本例患者超声表现典型, 临床需注意与阴囊内附睾囊肿、精液囊肿等相鉴别。最终确诊仍需依靠组织病理学检查。

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