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· 病例报道 ·

Conventional ultrasound combined with automated volume scanning in the diagnosis of thigh dedifferentiated liposarcoma : a case report

常规超声联合自动全容积成像诊断大腿去分化脂肪肉瘤 1 例

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患者女,71岁,发现右大腿肿物3个月余。体格检查:右侧大腿近端扪及一大小15 cm×15 cm×13 cm肿块,质韧,活动度差,边界较清晰,与周围组织无粘连,皮肤无红肿破溃,皮温正常。超声检查:右大腿中上段距皮肤7 mm见一椭圆形混合团状回声,边界尚清晰,内部回声不均匀,可见多发不规则液性无回声区,混合回声内侧邻近股浅动脉中下段,后方可探及条状血流信号;CDFI于上述混合回声周边探及条状血流信号,内部可探及点状血流信号,其内一条动脉测得峰值流速5 cm/s,阻力指数0.56(图1)。使用自动乳腺全容积成像(automated breast

volume scanning, ABVS)技术对病灶进行逐层扫查:肿块表面皮肤稍增厚,前方脂肪组织回声增强;连续观察冠状面大部分切面显示肿块与周围组织分界清晰,仅少数切面显示肿块局部与右侧股外侧肌分界欠清,提示肿瘤浸润股外侧肌可能;肿块内部回声不均匀,可见多发液性无回声区,部分圆形无回声区经ABVS旋转功能后处理显示为连续管状或串珠状无回声,考虑局部扩张血管(图2,3)。超声结合ABVS提示:右大腿上段囊实性肿物,间叶组织来源恶性肿瘤可能性大。病理结果:去分化脂肪肉瘤。

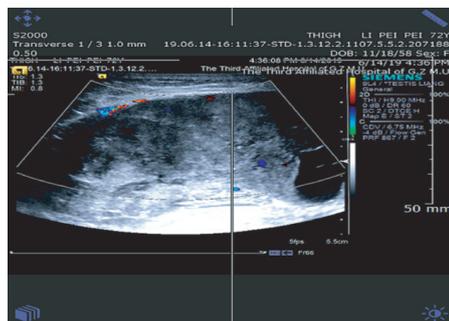


图1 超声检查示肿块周边可探及条状血流信号,内可探及点状血流信号

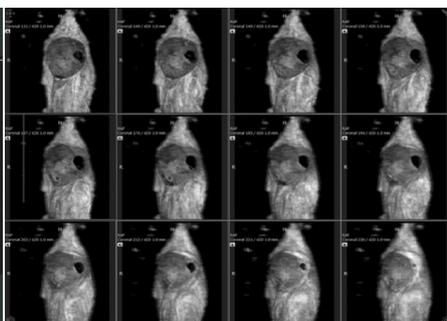


图2 ABVS冠状面逐层扫查可充分显示肿瘤与周围组织关系,部分切面观察病灶与骨外侧肌分界欠清,且局部血管走行迂曲

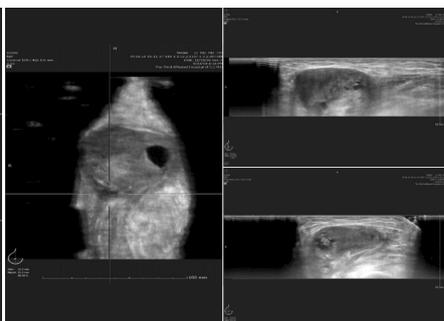


图3 多切面扫查显示肿块三维立体结构

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能是AR左室功能失代偿期,为了代偿增加的室壁应力,左室壁向心性肥厚,心肌收缩功能受损同时伴随舒张期松弛能力和顺应性减低,左室心肌的旋转及解旋能力均减低,收缩期心肌纤维无法产生足够的动力来充分缩短左室心肌,致旋转达峰时间提前。

综上所述,3D-STI能准确评价慢性重度AR患者主动脉瓣置换术前后左室扭转和旋转指标的改变,有助于评估手术对左室旋转和扭转功能的影响。但本研究样本量较小,且未对患者进行术后长期随访,今后应进一步扩大样本量深入研究。

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讨论:脂肪肉瘤是由异型性及分化程度各异的脂肪细胞组成的恶性肿瘤,好发于中老年人群,发病率无明显性别差异,好发于腹膜后、四肢,也可发生于精索、腮腺等部位^[1]。该病起病隐蔽,常表现为无痛性进行性增大的肿块,临床症状不典型,故诊断较困难,治疗较为滞后。去分化脂肪肉瘤为脂肪肉瘤较为少见的一种亚型,病理形态多样,分化和去分化成分可同时并存^[2],病理可见脂肪瘤样高分化脂肪肉瘤形态及非脂肪源性肉瘤样形态的去分化成分及两者移行成分并存,不同肿块各成分组成比例也不相同^[3],故超声常表现为混合回声,内回声不均,合并缺血坏死,可出现囊性变。

ABVS是一种全新的乳腺检查成像模式,实现了冠状面、矢状面、横断面多层同步显示,不仅可用于乳腺疾病诊断,理论上还可用于任何平整部位浅表组织病变的诊断,如软组织肿瘤、浅表血管等。ABVS可自皮肤向深部组织逐层显影,充分显示病变范围、生长方式、血管走行等;超高频探头成像可提高病灶细节的分辨率;通过三维重建显示病变各角度的影像信息,

尤其是冠状面成像,清晰显示了病灶与周围组织的关系。本例应用ABVS冠状面成像观察发现肿块局部与周围肌肉组织分界欠清,考虑为肿瘤浸润邻近肌肉;连续多角度旋转显示迂曲走行的血管,其内似可见细小团状低回声,认为是肿瘤压迫或浸润周围血管、血管内癌栓形成的证据,上述改变均经病理证实。但ABVS不能提供局部细微血流信号,临床常联合彩色多普勒超声进行诊断,为临床医师诊断该类病变提供可靠依据。

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