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(收稿日期:2019-09-24)

## · 病例报道 ·

## Ultrasonic manifestations of mammary invasive fibroma: a case report

### 乳腺侵袭性纤维瘤病超声表现 1 例

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[中图分类号]R445.1;R737.9

[文献标识码]B

患者女,28岁,发现右乳肿物半年,因6d前自觉疼痛就诊。3年前曾行剖宫产术。体格检查:无发热,乳腺区皮肤无红肿,无乳头溢液;右侧乳腺外下象限可触及一直径约2cm的肿块,触痛明显,质韧,右侧腋窝未触及肿大淋巴结。超声检查:右乳外下象限可见一大小约2.1cm×1.4cm×1.1cm的不规则片状低至无回声区,与周边组织分界不清(图1);CDFI可探及少量血流信号,呈动脉频谱,阻力指数0.64。超声提示:右乳外下象限实质性病灶(BI-RADS 4b类;炎性改变不排除)。MRI检查:T2抑脂序列右乳外下象限见一不规则高信号肿块影(图2),呈明显不均匀强化,时间-信号曲线呈流出型。MRI提示:右侧乳腺外下象限不规则肿块,建议活检。钼靶检查:右乳外下象限乳后间隙及胸肌表面见不规则形稍高密度团块影(BI-RADS 4b类)。患者行右乳肿物切除术+筋膜组织瓣形成术。病理结果:梭形细胞肿瘤(图3),结合形态及免疫组化检查考虑乳腺侵袭性纤维瘤病。

讨论:乳腺侵袭性纤维瘤是一种乳腺间叶源性肿瘤,在乳

腺疾病中的发病率约为0.2%<sup>[1]</sup>。其病因尚不明确,多与遗传倾向、手术或雌激素等相关;常见于育龄期女性,临床表现无特征性。病理学构成为增生的成纤维细胞、肌成纤维细胞和胶原纤维构成;免疫组化检查主要表现为瘤细胞Vimentin和SAM呈阳性。超声表现为形态不规则、与周边组织分界不清的低回声包块,可呈“毛刺状”或“鹿角状”;肿块常沿长轴分布走行,可累及后方胸壁肌层;内部血流信号较少。目前本病的治疗多以手术为主,患者术后需长期随访,若出现复发,则根据病情需要再次手术或辅以化疗、激素治疗等。本病需与梭形细胞癌、瘢痕组织等鉴别。

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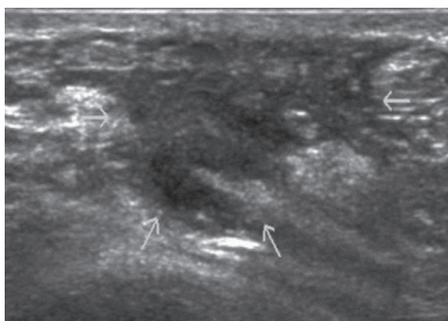


图1 声像图示右乳低回声结节,轮廓不清晰(箭头示)

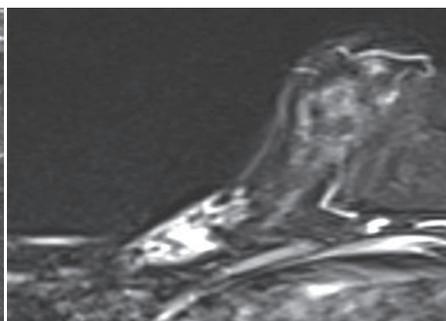


图2 MRI示T2抑脂序列上呈高信号影

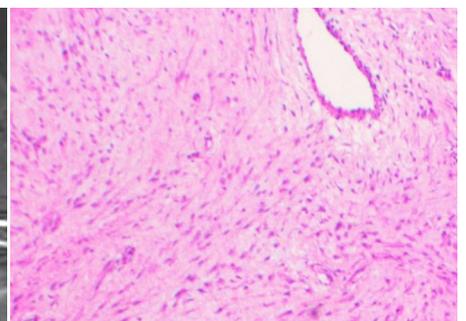


图3 乳腺侵袭性纤维瘤病理图(HE染色,×100)

(收稿日期:2019-11-13)