

- [5] Bedewi MA, Nissman D, Aldossary NM, et al. Shear wave elastography of the brachial plexus roots at the interscalene groove[J].Neurol Res, 2018, 40(9):805-810.
- [6] Aslan A, Aktan A, Aslan M, et al. Shear wave and strain elastographic features of the brachial plexus in healthy adults: reliability of the findings—a pilot study[J].J Ultrasound Med, 2018, 37(10):2353-2362.
- [7] Saner RJ, Washabaugh EP, Krishnan C. Reliable sagittal plane kinematic gait assessments are feasible using low-cost webcam technology[J].Gait Posture, 2017, 56(1):19-23.
- [8] van Geffen GJ, Moayeri N, Bruhn J, et al. Correlation between ultrasound imaging, cross-sectional anatomy, and histology of the brachial plexus: a review[J].Reg Anesth Pain Med, 2009, 34(5):490-497.
- [9] Matsuoka N, Kohriyama T, Ochi K, et al. Detection of cervical nerve root hypertrophy by ultrasonography in chronic inflammatory demyelinating polyradiculoneuropathy[J].J Neurol Sci, 2004, 219(1-2):15-21.
- [10] Ghajarzadeh M, Dadgostar M, Sarraf P, et al. Application of ultrasound elastography for determining carpal tunnel syndrome severity[J].Jpn J Radiol, 2015, 33(5):273-278.
- [11] 高良, 冯桦, 陈定章, 等. 成年人臂丛神经根的声像图特征及正常测量值[J].中华医学超声杂志(电子版), 2013, 10(9):36-38.

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· 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

王俊力 吴 猛

[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6 d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2 cm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2.1 cm×1.4 cm×1.1 cm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%^[1]。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。

参考文献

- [1] Erguvan-Dogan B, Dempsey PJ, Ayyar G, et al. Primary desmoid tumor (extraabdominal fibromatosis) of the breast[J]. Am J Roentgenol, 2005, 185(2):488-489.

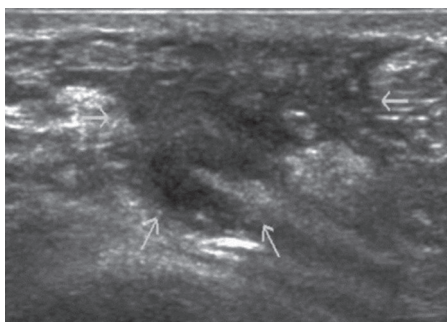


图1 声像图示右乳低回声结节, 轮廓不清晰(箭头示)

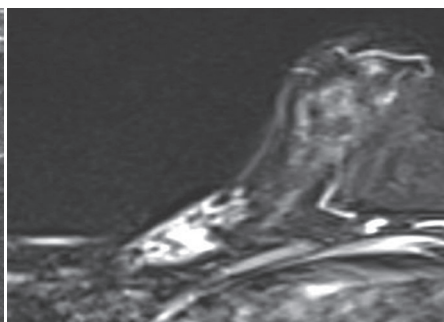


图2 MRI示T2抑脂序列上呈高信号影

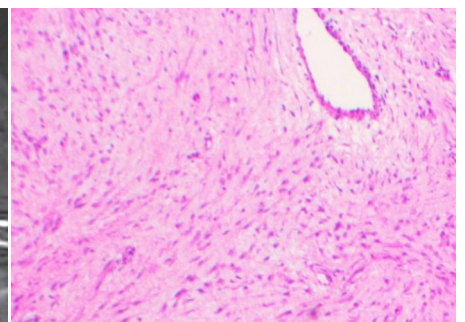


图3 乳腺侵袭性纤维瘤病理图(HE染色, ×100)

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