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· 病例报道 ·

Ultrasonic manifestations of fetal intracranial teratoma growing out of the mouth: a case report

胎儿颅内畸胎瘤生长至口腔外超声表现 1 例

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[中图分类号]R445.1;R714.53

[文献标识码]B

孕妇, 20岁, 孕1产0, 孕23周。因外院常规产检时发现胎儿颅内及口腔肿物, 为进一步检查来我院就诊。胎儿颈后透明层厚度值正常, 无创DNA、耳聋基因检测均未见异常。既往孕妇体健, 双方均无遗传病史, 否认近亲结婚, 否认家族遗传病史。常规超声检查: 胎儿双顶径 58 mm, 头围 219 mm, 腹围 167 mm, 股骨长 36 mm, 颅内小脑前方可探及一大小约 90 mm×35 mm 的囊实性回声, 实性为主, 并向下延续突向口腔及口腔外侧(图1), 周壁不规整, 内可见不规则强回声; CDFI 于其内未探及血流信号; 室间隔中上部回声中断约 2.1 mm, CDFI 可探及双向过隔血流信号。实时三维超声成像示肿物延伸至口腔外侧(图2)。超声提示: ①胎儿颅内及口腔内外囊实性肿物, 实性为主(畸胎瘤?); ②室间隔缺损(肌部)。后经药物引产, 死婴口腔外侧可见一大小约 40 mm×25 mm 肿物, 形状不规整, 呈灰白灰黄色, 质软(图3)。病理诊断: (死婴口腔内肿物)符合成熟性畸胎瘤(图4)。引产物行基因拷贝数变异(CNV)检测结果未见异常。

讨论: 胎儿颅内肿瘤临床罕见, 约占胎儿肿瘤的 10%^[1], 属生殖细胞源性肿瘤, 是中线肿瘤, 好发部位为幕上脑中线处, 以松果体、鞍上区域多见^[2], 常体积较大, 破坏正常的脑组织结构, 易合并其他部位畸形, 预后极差。本病例畸胎瘤发生部位为中线部位, 体积较大, 同时心脏合并肌部室间隔缺损。胎儿颅内畸胎瘤合并染色体异常的报道较少见, 仅有个案报道^[3]显示有染色体异常。本病例引产物行 CNV 检查亦未见异常。畸胎瘤是胎儿颅内肿瘤中最常见的类型, 约占 1/3~1/2, 多呈实性肿物, 目前病因及发病机制尚未阐明。2007 年世界卫生组织将胎儿颅内畸胎瘤分为成熟性(良性)、未成熟性(恶性)、具有恶性转化性(恶性)^[4]。畸胎瘤因含有皮肤、毛发、脂肪、神经组织、骨、软骨、肌肉、脂肪等多种成分, 故超声表现复杂。成熟性畸胎瘤超声多表现为囊实混合性肿物, 囊性为主, 钙化多见, 血流信号不丰富; 未成熟性畸胎瘤多表现为不均质实性肿物, 血流信号较丰富。本病例超声表现亦为囊实混合性肿物, 内可见不

(下转第 120 页)

本研究的局限性:①样本量小,尚需增加样本量,进行多中心研究;②因国内外对眼部组织超声弹性评估较少,所得研究数据参考值范围缺乏对比性;③年龄较小者配合度较低,尚需提高操作的熟练度及操作流程的便捷性。

综上所述,应用SWE可无创、可重复性地定量评估屈光近视患者眼球壁及眼周组织弹性,间接反映其眼球壁及眼周组织病变状态及内部结构改变,为临床监测屈光近视进展提供了新方法。

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(上接第 115 页)

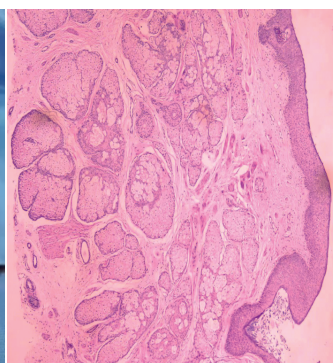
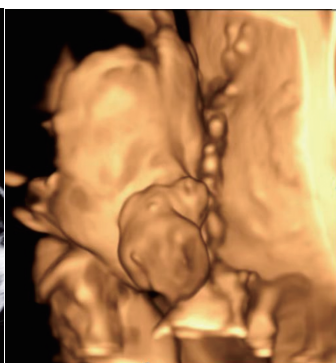


图1 常规超声于胎儿丘脑正中矢状切面示囊实性肿物自颅内延伸突向口腔及口腔外侧

图2 实时三维超声成像示胎儿肿物延伸至口腔外侧

图3 引产胎儿大体图

图4 引产后肿瘤组织病理图示成熟表皮及皮脂腺结构(HE染色,×40)

规则强回声,未探及血流信号;但其以实性为主,而非囊性。有文献^[5]报道 80% 畸胎瘤内可见钙化灶,本病例与之相符。提示当产前超声探查肿物内有强回声,可进一步提示畸胎瘤的可能。

总之,超声能清晰扫查肿瘤的发生部位、形态结构、体积大小、血流情况等,可作为产前筛查胎儿颅内肿瘤的首选方法。

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