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• 病例报道 •

Ultrasonic diagnosis of acral lentiginous melanoma with subcutaneous metastasis: a case report

超声诊断肢端雀斑样黑色素瘤并皮下转移 1 例

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[中图分类号]R445.1

[文献标识码]B

患者女, 75 岁, 因发现左大腿内侧肿块 6 个月余入院。体格检查: 左大腿中段内侧见一皮下肿块, 触压痛明显, 活动性欠佳, 与周围组织粘连明显; 左足第五趾远端跖侧皮肤发黑, 脚趾末端见一灰黑、灰白色肿块, 质韧, 边界不清晰, 触痛明显, 无活动度(图 1A)。超声检查: 左大腿内侧脂肪层内见一大约 5.4 cm×5.3 cm×3.5 cm 团状低回声肿块(图 1B), 呈分叶状; CDFI 于其内探及丰富血流信号, 阻力指数(RI)为 0.83(图 1C)。左足第五趾远端软组织内见一大约 1.5 cm×1.2 cm×1.0 cm 不均质低回声肿块, 形态不规则, 边界不清晰, 向关节深部浸润, 内可见点状

钙化灶; CDFI 于其内探及丰富长条状血流信号(图 1D), RI 为 0.61。左侧腹股沟区探及数个增大淋巴结, 较大者约 1.4 cm×0.6 cm。超声提示: 左足第五趾远端及左大腿内侧软组织内占位, 左侧腹股沟区多发异常增大淋巴结, 结合临床考虑恶性黑色素瘤。行左足第五趾截肢术+左大腿病损扩大切除术+腹股沟淋巴结清扫术。术后病理结果: ①左足第五趾肿块为恶性黑色素瘤(图 1E), 免疫组化检查: CarKV 级, BRreslow 厚度 110 mm, 核分裂象>6 个/10 HPF, 淋巴细胞浸润(+), 卫星灶(+); ②左大腿肿块为恶性黑色素瘤(图 1F), 考虑转移所致, 免疫组化检查:

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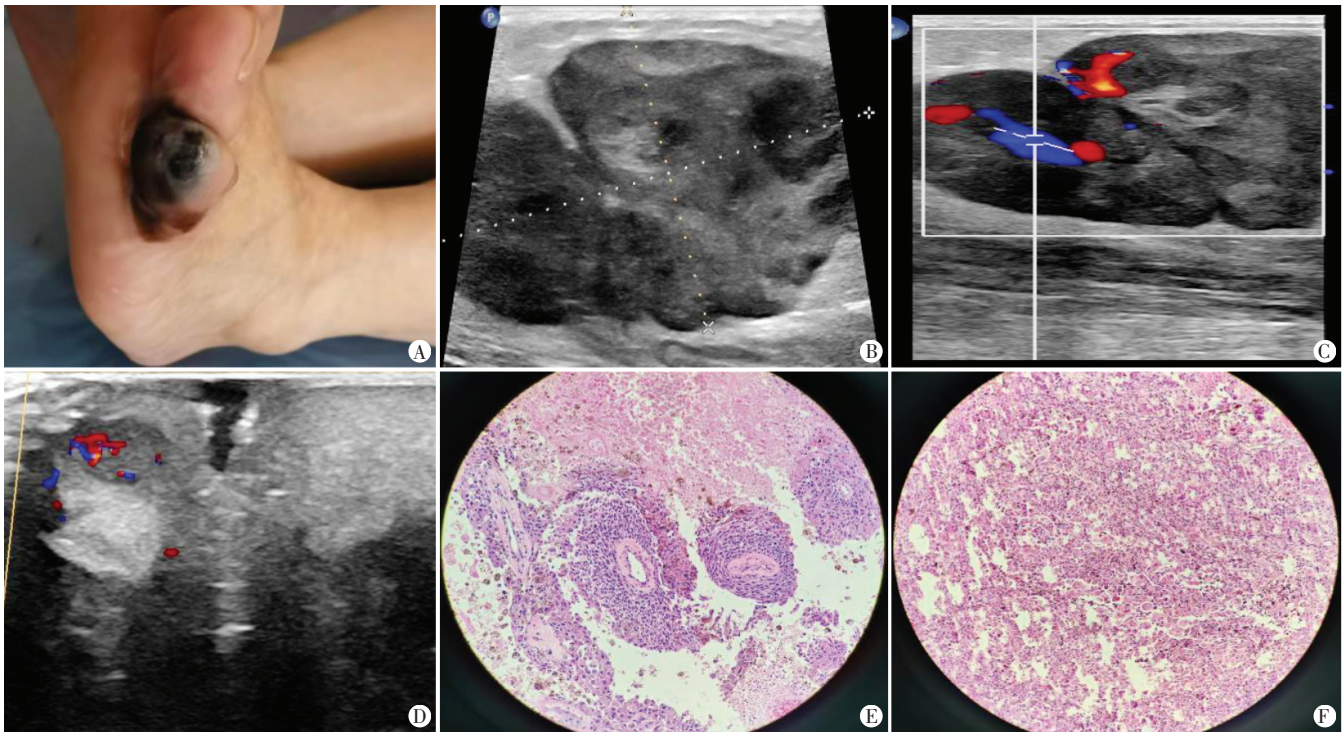


图 1 ALM 大体图、超声图和病理图
A:左足第五趾末端肿块表面破溃渗出,周边广泛不规则色素沉着和黑斑;B:二维超声示左大腿内侧脂肪层内肿块;C:CDFI 于左大腿肿块内探及丰富血流信号;D:CDFI 于左足第五趾肿块内探及丰富长条状血流信号;E:左足第五趾肿块病理图(HE 染色,×100);F:左大腿肿块免疫组化图(×100)

图 1 ALM 大体图、超声图和病理图

Ki67(增殖指数 60%), CD34(部分+), SMA(部分+), Vimentin(+), CD99(+), S100(+), MelanA(部分+), CKP(局灶弱+), HMB45(+), Desmin(+), CD31(血管+);③左侧腹股沟增大淋巴结 20 枚,转移率 15%(3/20),免疫组化检查:S100(-), HMB45(-)。病理诊断:肢端雀斑样恶性黑色素瘤(acral lentiginous melanoma, ALM)。

讨论:ALM 是皮肤黑色素瘤的一种特殊类型,多见于无毛发被覆的肢端区域,常表现为足底掌、跖及足拇指下的色素斑疹或丘疹,伴有不规则色素沉着,甲下和甲周也易受累^[1],多由慢性损伤、足底压力或外伤后各种刺激恶变引起。本病多发于女性,且女性生存率高于男性^[2]。早期 ALM 为不规则色素斑,随病变进展演变为局部隆起性病变,患处皮肤显著增生形成外生结节及溃疡。本例患者为老年女性,原发病灶位于左足第五趾,创口经久不愈并伴有肿胀、疼痛,患处皮肤发黑,甲周和甲下均见广泛不规则色素沉着和黑斑,皮肤表面溃破渗出,周围组织增生;超声检查示肿块向深部浸润,呈分叶状,内部血流信号较丰富,临床表现及超声征象均符合 ALM,后经病理确诊。ALM 早期症状不明显,易误诊为创伤性损伤、疣、真菌感染等,研究^[2]显示 25%~33% 的足部黑色素瘤在初诊时被误诊。本病需与表浅扩散性黑色素瘤、结节性黑色素瘤等鉴别,表浅扩散性

黑色素瘤和结节性黑色素瘤常见于普通部位皮肤,如躯干、小腿及头颈部,临床表现为膨胀性生长的结节、丘疹或斑块,偶出现带蒂息肉样病变^[3];而 ALM 常无结节状或膨胀性生长方式。ALM 可发生区域淋巴结转移或血道转移,研究^[4]表明伴区域淋巴结转移的 ALM 患者存活率仅 11%~15%,故及早诊断对患者预后十分重要。总之,超声可清晰显示病灶大小、形态、内部血流等,并观察病灶深部有无浸润及区域淋巴结转移,可为后期临床诊疗提供重要参考。

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