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· 病例报道 ·

Ultrasonic manifestations of fibrolamellar carcinoma of liver: a case report 纤维板层型肝癌超声表现 1 例

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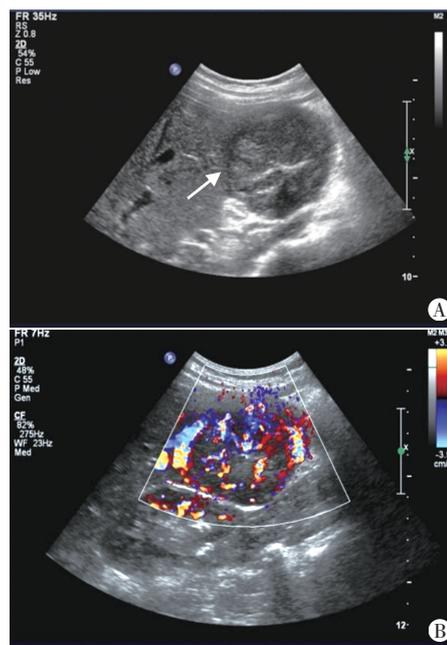
患者男, 21 岁, 因右上腹不适就诊。实验室检查: 甲胎蛋白、癌胚抗原指标均属正常范围。超声检查: 肝脏形态正常, 回声均匀; 于肝右叶见一大约 69 mm×59 mm 团块状低回声, 边界尚清晰, 形态规则, 内可见粗大钙化(图 1A); CDFI 于其内及周边可探及彩色血流信号, 呈轮辐状改变(图 1B)。超声提示: 肝脏局灶性结节增生(focal nodular hyperplasia, FNH)可能。患者于外院行手术切除, 术后病理诊断为纤维板层型肝癌(fibrolamellar carcinoma of liver, FLC)。术后 10 个月后于我院复查超声未见异常。

讨论: FLC 是一种罕见的原发性肝细胞性癌, 多见于中青年患者。患者最常见的症状是腹部不适或触及腹部肿块, 通常无肝炎、肝硬化病史, 实验室检查肝功能、甲胎蛋白等指标多无异常^[1]。本例患者术前检查结果与之一致。超声是其常规的影像学检查方法, 常表现为巨大、单发低回声肿块, 边界清晰, 内回声不均, 多伴有高回应的中央瘢痕及钙化灶, 血流信号丰富^[2]。分析本例误诊原因: 患者临床症状、实验室检查及超声表现均无特异性, 本例超声表现为特征性中央瘢痕及轮辐状血流信号, 类似 FNH, 且医师忽视了异常的钙化灶, 因此误诊。

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A: 二维超声图, 箭头示病灶; B: CDFI 图

图 1 本例 FLC 患者声像图

hepatocellular carcinoma with contrast-enhanced ultrasound [J]. Ultrascall Med, 2021, 42(3): 306-313.

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