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· 病例报道 ·

# Ultrasonic manifestations of metastatic malignant melanoma of the breast: a case report 乳腺转移性恶性黑色素瘤超声表现 1 例

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[中图法分类号]R445.1;R737.9

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患者女,43岁,因“右乳扪及包块半年”就诊。2年前于外院行“左足底取痣”术,未进行病理检查。超声检查:于右侧乳腺2点钟距乳头1cm处可见大小约35mm×20mm×33mm的低回声区,边缘模糊并可见高回声晕,形态不规则,内部回声不均匀,后方回声增强(图1),与乳腺后间隙分界欠清晰;CDFI于其内可探及点状血流信号。于左侧乳腺1点钟腺体层边缘可见大小约13mm×9mm×9mm的低回声区(图2),边缘成角,形态不规则,后方回声增强,其内未探及明显血流信号。于左侧胸壁皮肤及皮下层可见大小约15mm×8mm×12mm的低回声区(图3),边缘模糊并可见高回声晕,形态不规则,后方回声增强,其内可探及点状血流信号。于右侧腋窝可见数个淋巴结,较大者约15mm×13mm;于左侧腋窝可见大小约7mm×7mm的淋巴结,皮髓质分界不清晰,部分呈类圆形且形态不规则,内部及周边可探及点线状血流信号(图4)。超声提示:右侧乳腺实性占位(BI-RADS 4C类),癌?;左侧乳腺实性结节(BI-RADS 4B类),性质待定;左侧胸壁皮肤及皮下层实性结节;双侧腋窝淋巴结

长大,结构异常(转移可能?)。1d后于双侧乳腺包块及腋窝淋巴结行超声引导下粗针穿刺活检,所取组织条肉眼观呈黑色(图5)。免疫组化检查:HMB-45(+)、SOX10(+)、S100(+)、MART-1(+)、MiTF(部分+)、PRAME(+)、CK(pan,-)、CATA3(-)、E-cadherin(-)。病理诊断:右侧乳腺2点钟及左侧乳腺1点钟处结节符合恶性黑色素瘤(malignant melanoma,MM);双侧腋窝淋巴结可见MM转移(图6)。

讨论:MM是一种高度侵袭性的非典型黑色素细胞肿瘤,以广泛转移为特征<sup>[1]</sup>。MM的远处转移通常位于肺、中枢神经系统、肝脏和骨骼;转移至乳腺者临床罕见,双侧乳腺同时转移者更为罕见,且也是疾病广泛播散的征兆<sup>[1]</sup>。外上象限是MM乳腺转移最常见的部位,本病例MM转移至双侧乳腺的外上象限,可能与该区域血液供应良好,腺体组织致密有关。MM超声常表现为低回声或极低回声区,其内回声多呈不均匀。但乳腺转移性MM无特异性影像学表现,既可表现为恶性结节声像图,即单发或多发实性结节,内部呈不均匀低回声或极低回声,

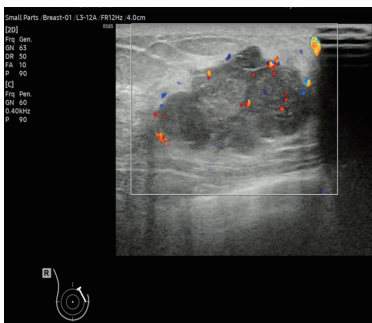


图1 右侧乳腺2点钟方向声像图

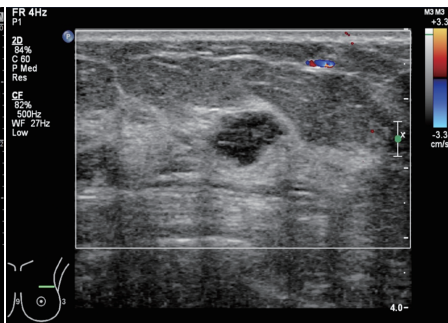


图2 左侧乳腺1点钟方向声像图

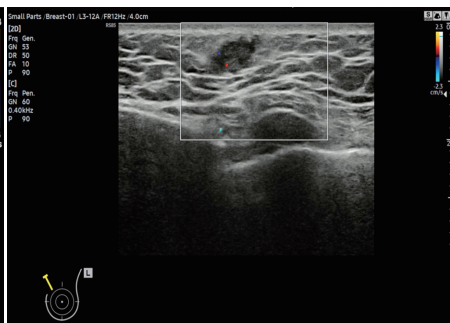


图3 左侧胸壁皮肤及皮下层声像图

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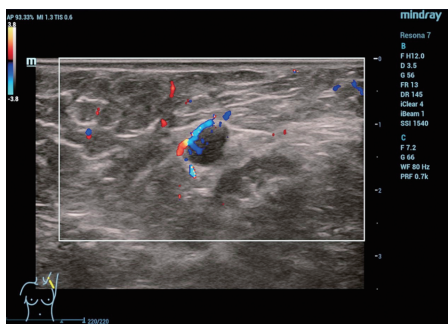


图4 左侧腋窝声像图

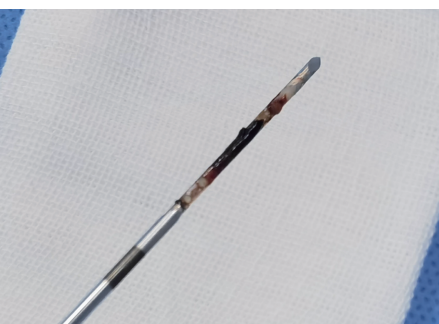


图5 超声引导下粗针活检穿刺组织大体图

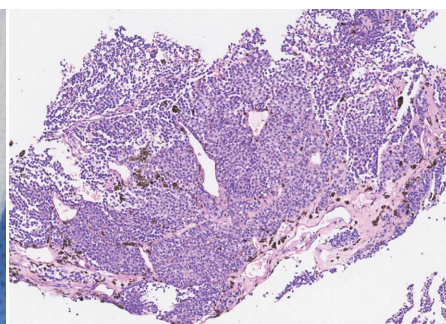


图6 右侧乳腺结节病理图示其内可见黑色素瘤细胞(HE染色,×100)

边缘模糊,形态不规则<sup>[2]</sup>,部分结节周围可见高回声晕<sup>[3]</sup>,又可表现为良性结节声像图,即边缘清晰、形态规则、后方回声增强、无钙化的低回声区<sup>[4]</sup>。因此仅根据声像图特征不易与原发乳腺癌相鉴别,需结合患者病史进一步鉴别诊断。本病例乳腺转移性MM肿瘤超声表现为低回声多发结节,边缘模糊并见高回声晕,形态不规则,与原发乳腺癌超声表现相似。另外,MM淋巴结转移超声表现多无特异性,与乳腺癌转移相似<sup>[4]</sup>,如形态为圆形或椭圆形,偏心性皮质增厚,淋巴门结构完全或部分消失,部分周边可见高回声晕等,内可见紊乱血流信号。本病例双侧腋窝淋巴结异常肿大,其淋巴门结构消失,内部及周边可探及点线状血流信号。少数MM淋巴结转移超声可表现为淋巴结的一极或两极可见细线状低回声带,推测系淋巴管中充满黑色素瘤细胞所致<sup>[5]</sup>。乳腺转移性MM超声表现无特异性,活检穿刺病理学检查是其诊断金标准。同时MM病史具有重要的诊断参考价值。对于有MM病史的患者,在乳腺组织中发现肿块时除考虑乳腺本身的病变外,还应考虑转移的可能性。

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