·短篇报道·

甲状腺非霍奇金淋巴瘤一例

田绮玉　飞　勇*
1.云南省肿瘤医院昆明医科大学第三附属医院放射科 (云南 昆明 650000)
2.云南省肿瘤医院昆明医科大学第三附属医院放射科 (云南 昆明 650118)

【摘要】甲状腺非霍奇金淋巴瘤是一种罕见的恶性肿瘤，在我国最常见的非霍奇金淋巴瘤类型为弥漫大B细胞淋巴瘤。探讨了弥漫性大B细胞淋巴瘤的好发部位位于鼻旁窦、下颌骨、上颌骨和 Waldeyer 环。不同的影像检查手段对于甲状腺非霍奇金淋巴瘤的诊断有不同的优点，诊断该病时需联合各项检查作出诊断。

【关键词】甲状腺恶性肿瘤；非霍奇金淋巴瘤；弥漫大Ｂ细胞淋巴瘤
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Case of Non-Hodgkin's Thyroid Lymphoma

TIAN Qi-yu, FEI Yong*.
1. Department of Radiology, the Third Affiliated Hospital of Kunming Medical University, Kunming 650000, Yunnan Province, China
2. Department of Radiology, the Third Affiliated Hospital of Kunming Medical University, Kunming 650118, Yunnan Province, China

Abstract: Thyroid non-Hodgkin lymphoma is a rare malignant tumor, and the most common type of non-Hodgkin lymphoma in China is diffuse large B cell lymphoma.The good onset site of diffuse large B cell lymphoma were explored in the paranasal sinus, mandible, maxilla and Waldeyer ring. Different imaging methods have different advantages for the diagnosis of thyroid non-Hodgkin's lymphoma, and the diagnosis requires the diagnosis of the disease.

Keywords: Thyroid Malignancy; Non-Hodgkin Lymphoma; Diffuse of Large B-cell Lymphoma

患者，女，78岁，患者于2020年12月触及左颈肿物，伴声音嘶哑,未诉有肿块疼痛、发热心悸烦躁、多汗及食欲增加,无厌食呼吸及吞咽困难等症状。临床专科检查：左颈部触及一肿物，大小约2cm，质中，与周围组织分界不清,无触压痛。左侧甲状腺可及5cm×4.5cm的不规则肿块,质硬，无压痛，边界欠清，随吞咽活动上下移动。Ts细胞比率、T细胞比率、CIK均升高；Th/Ts比值降低。血小板细胞分析24项：嗜酸性粒细胞比率、单核细胞比率、均升高；淋巴细胞绝对值、大型血小板比率、白细胞均降低。肝肾功18项＋电解质10项：肌酐升高；球蛋白、间接胆红素、总蛋白均降低。

影像检查：门诊超声显示甲状腺左侧叶中下部实质性、占位病变，性质待查，TI-RADS:5类,考虑甲状腺左侧叶中上部偏腹侧异常回声结节,性质待查,TI RADS:4C类,不除外甲状腺Ca可能。左侧颈部至左侧锁骨上异常实质回声，性质待查，考虑转移性淋巴结肿大。颈部CT扫描显示甲状腺形态失常，其内见多发稍低密度肿块，大者位于稍偏左份，大小约6.4cm×6.7cm×5.8cm，局部向下突向纵隔内生长，气管被推压向右后方移位，增强明显不均匀强化(见图1);病灶粘连邻近纵隔肿大淋巴结、气管、食管、邻近肌肉、头臂干及左侧头臂静脉(见图2);病灶局部包绕左侧颈总动脉。增强颈部多发肿大淋巴结，大者位于左颈Ⅳ区，大小约1.8cm×1.7cm,增强后欠均匀强化。颈部MRI扫描：失状位显示肿大的甲状腺与邻近肌肉、组织分界不清(见图3)；右颈部Ⅱ、Ⅲ、Ⅳ、Ⅴ区见多发肿大淋巴结，部分相互融合并液化坏死，周围筋膜增厚、与邻近肌肉、血管及右侧颌下腺粘连，最大者约3.0cm×2.0cm,增强后边缘明显不均匀强化(见图4)；甲状腺体积增大并信号不均匀，左叶近峡部见长T_1、T_2信号肿块，大小约2.1cm×1.8cm,增强后轻度不均匀强化(见图5)。

超声引导下甲状腺肿物及颈部淋巴结穿刺活检示:<左甲针吸涂片>:检出意义不明确的非典型病变细胞; <右甲针吸涂片>:检出少许意义不明确的非典型病变细胞[11]。

病理：甲状腺左侧叶中下部肿块呈灰白色。显微镜下示：纤维及挤压变形蓝染的细胞(见图6)，结合HE及免疫组织化学结果符合B细胞非霍奇金淋巴瘤，倾向弥漫大B细胞淋巴瘤。右侧颈部淋巴结呈灰白、灰黄色，活检考虑急慢性炎伴坏死。显微镜下未见明确恶性成分淋巴结结构[12]。

1 讨　论

本例讨论的是甲状腺非霍奇金淋巴瘤 (NHL)，它是一种罕见的恶性肿瘤[3]，其中弥漫性大 B 细胞淋巴瘤是一种罕见的结外淋巴瘤[10]。非霍奇金淋巴瘤 (NHL) 是一种淋巴系统癌症[1]。近90%的淋巴瘤为非霍奇金淋巴瘤。非霍奇金淋巴瘤种类较多，可能来源于淋巴系统中的B细胞或T细胞。非霍奇金淋巴瘤可发生于任何年龄段，成年人比青少年更常见[8]。在我国最常见的非霍奇金淋巴瘤类型为弥漫大B细胞淋巴瘤。弥漫性大 B 细胞淋巴瘤好发部位位于鼻旁窦、下颌骨、上颌骨和 Waldeyer 环[2,7]。

MR成像是评估淋巴瘤向不同筋膜间隙(咽旁、咀嚼肌、颞下窝、舌和鼻咽)的扩展和颅内扩展的首选。病灶在 T_1 加权图像上的信号强度较低，在T_2加权图像上的信号强度从低到高，增强扫描可以有不同程度的强化。病灶易侵犯邻近肌肉及软组织。CT上肿块与肌肉等密度，边界清楚，偶尔显示结外扩展，边界不清，肿瘤基质内有坏死区域。本病另可见舌骨下缘颈前软组织内的转移灶，纵隔及颈部多发转移性肿大淋巴结，均提示该病倾向恶性，容易转移。当肿块体积较大，可能会推挤气管以及食管，造成压迫症状。当影像特征不典型时，细针穿刺活检和免疫组织化学可确诊甲状腺 NHL[3]。该病在2019年-2021年随访过程中，肿块呈较快速生长，具有异质性的特征。但有的惰性类型可表现为缓慢增长的肿块，随后也可能会转变为快速生长的模式。有研究提出，桥本甲状腺炎是甲状腺淋巴瘤的一个公认的危险因素，这可以解释与其他类型的淋巴瘤相比，该病女性占优势和发病年龄较晚的原因[4,5,9]。所以该病早期可能以桥本甲状腺炎为首发表现，注意警惕，并定期随访及观察[6]。

【第一作者】田绮玉，女，住院医师，主要研究方向：腹部影像学。E-mail：920787690@qq.com
【通讯作者】飞　勇，男，住院医师，主要研究方向：腹部影像学。E-mail：fei77940@sina.com

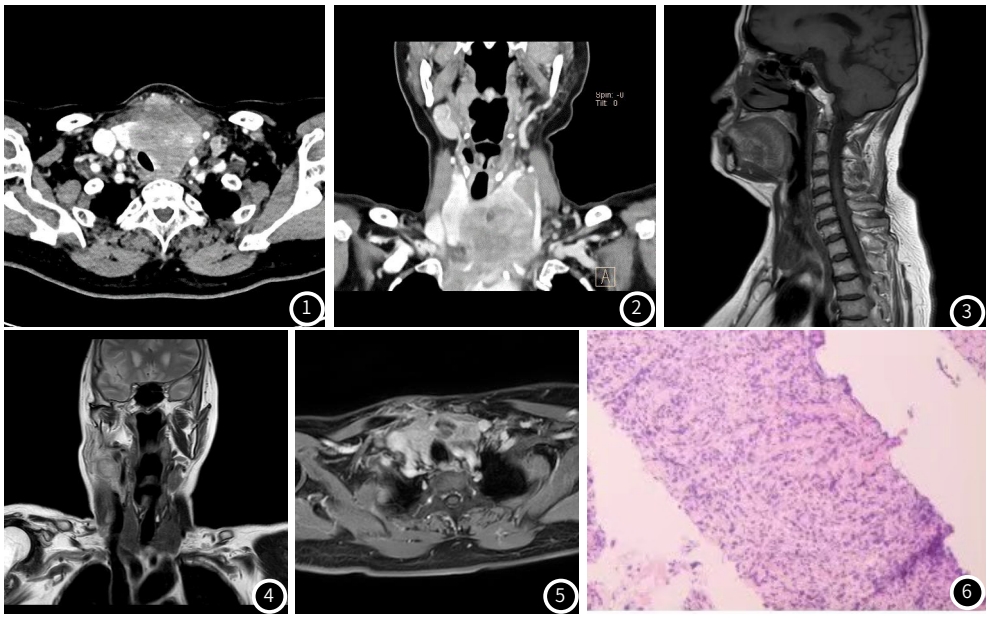

图1 CT增强扫描，横断面显示甲状腺形态失常，其内见多发稍低密度肿块，增强后不均匀强化，邻近组织受压改变。**图2** CT增强扫描，冠状面显示病灶局部包绕左侧颈总动脉，向下突向纵隔内生长，气管被推压向右后方移位。**图3** MRT1WI失状面显示甲状腺肿块呈等信号，类似于邻近肌肉的信号。**图4** MR冠状面显示病灶呈不均匀混杂信号；颈部右侧见稍高信号的肿大淋巴结。**图5** MR增强横断面显示病灶明显不均匀强化，内部见坏死区域。**图6** 显微镜下可见纤维及挤压变形蓝染的细胞

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