・短篇报道・

超声、CT误诊卵巢子宫内膜样腺癌1例

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【关键词】卵巢子宫内膜样腺癌,畸胎瘤,超声 【中图分类号】R737.31;R445.1;R711.75 【文献标识码】D DOI:10.3969/j.issn.1009-3257.2023.07.061

One Case of Misdiagnosis of Ovarian Endometrioid Adenocarcinoma by Ultrasound and CT

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Keywords: Ovarian Endometrioid Carcinoma; Teratoma; Ultrasound

1 病例资料

1.1 一般资料 患者女,34岁,月经量减少半年,扪及腹部包块1 月余入院。平素月经规律,无痛经等其他不适,既往因"阴道流 血过多"分别于2008年、2017年外院行诊刮治疗,术后病检无异 常。专科查体:外阴发育正常,阴道通畅,可观察到少量白色分泌 物,无明显异味;宫颈:正常大小、轻度糜烂、质地中等,无举摆 痛;盆腔内可扪及一巨大囊性肿块,上达脐上一指,边界清晰,活 动度可,无压痛。子宫双附件区因盆腔肿块巨大扪及欠清。其他检 验结果回报:AMH: 2.2ng/mL; HPV:阴性;TCT:中度炎症。肿 瘤标志物: CA-125:1426(U/mL); CA-199:1122.11(U/mL)。

1.2 影像资料 超声所见: 宫体大小正常,内膜厚约10mm, 双侧卵巢显示不清,子宫后方可见俩囊性为主囊实混合回声包 块,边界清,形态规则,囊壁不规则,可见分隔,其内可见 乳头状突起及强回声团,后方回声可见增强,包块大小分别约 136×113×88mm、74×57mm。CDFI:子宫后方囊实混合回 声包块内及周边未见明显血流信号,见图1。超声提示:子宫后 方多发囊实混合回声包块,考虑畸胎瘤可能性大,其他不排。

图腹部增强CT所见: 盆腔内子宫后方见不规则混杂密度影, 内见脂肪密度、实性密度,呈多方囊状,夹杂斑片状钙化,边界 清晰,大小约157mm×98mm×136mm,增强扫描病灶内实性 区不均匀强化,病灶与附件分界不清。子宫宫腔略微扩张,子宫 大小、形态正常,子宫内未见明确异常密度影及异常强化灶。见 图2、图3、图4、图5。 CT提示: 盆腔内混杂密度占位,考虑卵 巢来源畸胎瘤可能,恶变待删。术后病理: (左侧部分卵巢及肿 物、右附件)高分化子宫内膜样腺癌,见图6。

2 讨 论

卵巢子宫内膜样腺癌(ovarian endometrioid carcinoma, OEC)是卵巢癌中的少见类型,约占卵巢上皮样肿瘤的16-25%, 占卵巢全部肿瘤的2%¹¹。其与原发于子宫内膜的内膜样癌具有相 似的组织病理及免疫组织学特点,因故得名。其目前有两种理论 解释其组织学起源:一种认为是卵巢生发上皮朝着子宫内膜方向 分化发展;另一种认为它源于子宫内膜异位灶的恶变。

由于在OEC肿瘤组织中常观察到黏液腺癌、浆液腺癌、透明 细胞癌等成分的存在,有时包含性索间质成分,而从子宫内膜异 位灶恶变为癌的病例很少存在这些成分,所以目前多数学者支持

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图1 为卵巢子官内膜样腺癌超声CDFI。图2~图5 卵巢 子官内膜样腺癌CT平扫、动脉期、静脉期及冠状切面 图。图6 为卵巢子官内膜样腺癌病理图(HE×100)。

第一种学说^[2]。 OEC多见于50-60岁女性,可双侧发病,单侧发 病更为常见,其中约20%的病例伴有同侧卵巢或盆腔其他部位的 子宫内膜异位病变,约15%的病例与原发性子宫内膜样腺癌共存 ^[3]。多数患者临床表现无特殊,主要表现为盆腔包块、腹胀、腹 痛、绝经后阴道流血及月经紊乱等症状,肿瘤标志物如CA125及 CA199可明显增高。OEC的影像学表现主要有:(1)肿瘤常为单 侧,形态多样,可不规则或呈类圆形、分叶状;(2)易侵犯邻近脏 器及结构,与受侵脏器分界不清;(3)肿瘤大小不等,直径可达 10-20cm,大多数直径在10cm左右;(4)肿瘤多为囊实性,少见 完全实性,少数病变囊内分隔纤细均匀,伴乳头状突起⁽⁴⁾,大肿 块均见不同程度囊变坏死出血,病灶较小时肿块囊变不明显。(5) 肿瘤内部钙化、脂肪成分少见。(6)增强后肿瘤实性成分呈中等程 度强化;多囊状环形强化有一定的特征性。(7)易合并子宫内膜癌 或内膜增生^[5]。 此例患者超声、CT检查均误诊为畸胎瘤,误诊原因总结如 下,此例患者青年女性,超声检查发现以囊性为主的囊实混合回 声包块,边界清,形态规则,囊壁不规则,可见分隔,其内可见 多发乳头状凸起及强回声团,后方回声可见增强,其超声表现与 囊性畸胎瘤相似。成熟囊性畸胎瘤一般于20-40岁多见,该患者 34岁恰处于其高发年龄段内,典型的成熟囊性畸胎瘤的超声表现 可出现脂液分层征、面团征、类囊性等,本病例超声表现似成熟 囊性畸胎瘤的面团征,因此造成了超声诊断的偏差。CT检查见子 宫后方不规则混杂密度影,内见脂肪密度、实性密度区,且内夹 杂钙化,其CT表现与畸胎瘤类似,结合患者年龄考虑肿块来源畸 胎瘤可能,且卵巢子宫内膜样腺癌脂肪、钙化成分少见,影像表 现不典型,及对该病缺乏充分认知造成了此次检查的误诊。

OEC是临床罕见病,在以往的文献报道,此病与其他卵巢肿 瘤表现相比钙化、脂肪成分罕见,在本病例中超声表现有强回声 团,CT表现有钙化及脂肪密度,致使影像科医生误诊为卵巢畸 胎瘤,通过本病例提示,卵巢子宫内膜样腺癌可有钙化、脂肪成 分,超声上表现可为强回声团,望借此打开医务工作者的惯性思 维模式,增加此病的认知,以减少此病的误诊及漏诊。

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(收稿日期: 2022-02-25) (校对编辑:谢诗婷)

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(收稿日期: 2022-03-25) (校对编辑:谢诗婷)