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## 前列腺增生症并血肿一例

## · 病例报道 ·

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**病例资料** 患者,男,74岁。因排尿不畅3天,伴血尿12h入院。3天前患者无明显诱因出现排尿不畅,每次排尿量少且尿线变细,无尿痛。体检:直肠指诊前列腺约6cm×5cm,质中,中央沟消失,指套无带血。尿常规:RBC(卅),WBC(+)。血常规:无异常。

**临床诊断:**前列腺肥大,急性尿潴留。入院后,插尿管,排出血性尿液,含大量血块,给予膀胱冲洗,止血、抗炎治疗。

**CT检查:**前列腺明显增大,约6.6cm×8.3cm×6.0cm大小,向上突入膀胱。平扫病灶呈等密度,CT值34HU;CT增强扫描,前列腺偏左侧见约4.4cm×4.8cm大小的囊样无强化区,密度均匀,边界清楚,欠规则。尿道前列腺部(尿管留置)向右前方压迫移位(图1)。前列腺包膜光滑完整,周围间隙清楚。

**手术:**行前列腺汽化电切术,术中见

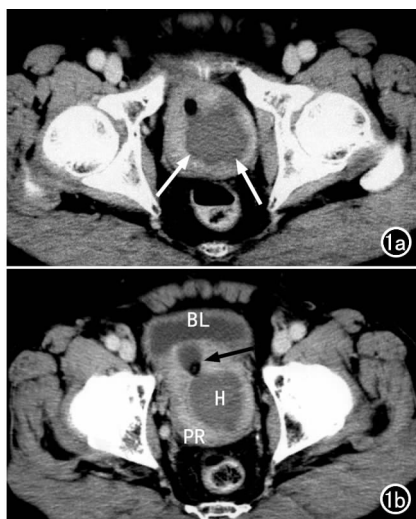


图1 增强扫描,前列腺(PR)增大,向上突入膀胱(BL)。a)前列腺偏左侧见囊样无强化区(箭),密度均匀,边界清楚、欠规则,CT值34HU; b)尿道前列腺部(尿管留置,箭)向右前方压迫移位。前列腺包膜光滑完整,周围间隙清楚。

前列腺中叶及两侧叶增生,尤其左侧叶增生明显,有陈旧性血块流出,结节状,无肿块。病理诊断:前列腺增生症。

**讨论** 前列腺增生主要发生于老年人,病变起源于中央区及移行区,尤其是后尿道旁区的腺体组织、结缔组织及平滑肌组织。由于膀胱颈部受腺体压迫发生梗阻,且增生的腺体又包围着尿道,引起腺体内血管充血扩张,破裂,发生出血。前列腺内血肿压迫尿道,加重尿道梗阻。

本病主要与前列腺囊肿、前列腺脓肿及前列腺癌鉴别。前列腺囊肿由苗勒氏导管的残存部分形成,故也称苗勒氏导管囊肿。囊肿呈水样密度,边界清楚,临床上无血尿症状,不同于血肿。脓肿形成时,增强扫描病变周边呈环形对比强化,精囊腺亦可有肿大、对比增强等表现。前列腺癌大多起源于外周区,病灶密度不均匀,边缘不整,常侵犯包膜,外缘分叶、结节状突出,盆腔淋巴结转移。