

参考文献:

- [1] Shiina S, Tagawa K, Niwa Y, et al. Percutaneous ethanol injection therapy for hepatocellular carcinoma: results in 146 patients[J]. AJR, 1993, 160(5): 1023-1028.
- [2] Livraghi T, Bolondi L, Lazzaroni S, et al. Percutaneous ethanol injection in the treatment of hepatocellular carcinoma in cirrhosis: a study on 207 patients[J]. Cancer, 1992, 69(4): 925-929.
- [3] Tanikawa K, Majima Y. Percutaneous ethanol injection therapy for recurrent hepatocellular carcinoma[J]. Hepatogastroenterology, 1993, 40(4): 324-327.
- [4] Livraghi T, Giorgio A, Marin G, et al. Hepatocellular carcinoma and cirrhosis in 746 patients: longterm results of percutaneous ethanol injection[J]. Radiology, 1995, 197(1): 101-108.
- [5] Ohnishi K, Ohya N, Ito S, et al. Small hepatocellular carcinoma: treatment with US-guided intratumoral injection of acetic acid[J]. Radiology, 1994, 193(3): 747-752.
- [6] Ohnishi K, Nomura F, Ito S, et al. Prognosis of small hepatocellular carcinoma (less than 3 cm) after percutaneous acetic acid injection: a study of 91 cases[J]. Hepatology, 1996, 23(5): 994-1002.
- [7] Liang HL, Yang CF, Lai KH, et al. Small hepatocellular carcinoma: safety and efficacy of single high-dose percutaneous acetic acid injection for treatment[J]. Radiology, 2000, 214(3): 769-774.
- [8] Sheu JC, Sung JL, Huang GT, et al. Intratumor injection of absolute ethanol under ultrasound guidance for the treatment of small hepatocellular carcinoma[J]. Hepatogastroenterology, 1987, 34(6): 255-261.
- [9] Ebara M, Ohto M, Sugiura N, et al. Percutaneous ethanol injection for the treatment of small hepatocellular carcinoma: a study of 95 patients[J]. J Gastroenterol Hepatol, 1990, 5(6): 616-626.
- [10] Ohnishi K, Yoshioka H, Ito S, et al. Prospective randomized controlled trial comparing percutaneous acetic acid injection and percutaneous ethanol injection for small hepatocellular carcinoma[J]. Hepatology, 1998, 27(1): 67-72.
- [11] Ishii H, Okada S, Okusaka T, et al. Needle track implantation of hepatocellular carcinoma after ethanol injection[J]. Cancer, 1998, 82(9): 1638-1642.
- [12] Zerbey A, Mueller PR, Dawson S, et al. Pleural seeding from hepatocellular carcinoma: a complication of percutaneous alcohol ablation[J]. Radiology, 1994, 193(1): 81-82.
- [13] Van Hoof M, Joris JP, Horsmans Y, et al. Acute renal failure requiring hameodialysis after high dose percutaneous acetic acid injection for hepatocellular carcinoma[J]. Acta Gastroenterol Belg, 1999, 62(1): 49-51.

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腹膜后巨大脂肪肉瘤一例

• 病例报道 •

潘志华

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病例资料 患者,女,66岁。3年前无明显诱因出现消瘦、纳差,无皮肤、巩膜黄染及其它不适。1年前消瘦、纳差加重且出现腹胀。查体:腹部膨隆,表面未见静脉曲张、蜘蛛痣及胃肠型,全腹无压痛,腹部可扪及约25cm×20cm包块,界限不清,表面光滑、质硬,肠鸣音正常,无移动性浊音。

B超:剑突至脐下约3cm可见一巨大不规则团块,内部不均质,边界模糊,与周围组织无明确分界,团块形态不规则,以强回声为主,内可见3.5~5.0cm的弱回声团块,肝脾双肾受压推移。诊断:中上腹巨大实质性占位性病变。

CT扫描:从右膈下至耻骨联合上层面见一境界清晰、形态不规则的巨大肿块影,最大层面见该肿块几乎占据整个腹腔,其内密度不均,以低密度为主,CT值约-80~43HU;在低密度区内可见不规则云絮状影及粗细不一、走行不规则线条状影(图1);在低密度内右肾前方可见约6.7cm×7.0cm×4.5cm软组织密度肿块影,境界清晰,密度不均,肿块中心可见低密度区(图2)。增强扫描示巨大肿块不均匀性强化;其内右肾前方肿块影明显强化,中心无强化。肝、小肠、胰腺及右侧髂血管等被

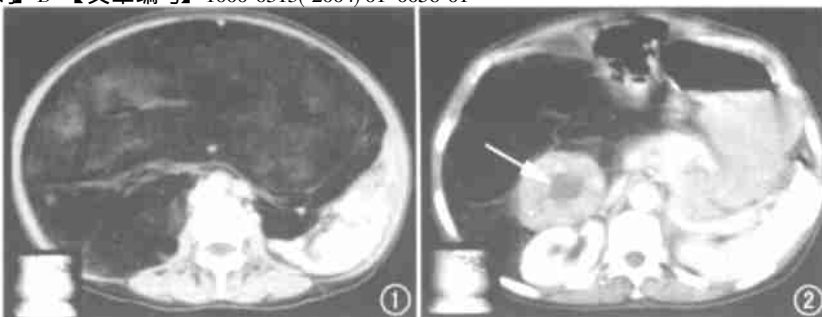


图1 腹部低密度肿块几乎占据整个腹腔,其内可见不规则云絮状影。

图2 右肾前方软组织密度肿块影,中心低密度区无强化(箭)。

推移。诊断:腹膜后巨大脂肪肉瘤或脂肪瘤可能性大。

手术所见:巨大肿瘤位于腹膜后,约50cm×45cm×30cm,呈多个分叶状。其位于右肾前至盆腔之部分肿瘤质硬,髂血管推向左侧并穿越肿瘤。肿瘤部分包膜完整,部分无完整包膜,切除肿瘤重约10kg。病理诊断:脂肪瘤样型脂肪肉瘤。

讨论 发生于腹膜后间隙的脂肪肉瘤起病隐匿,发现时往往已经很大,可占据大部分腹腔、盆腔,以沿各间隙侵袭性生长为特点,易包绕大血管及腹腔脏器。腹膜后脂肪肉瘤多为原发,很少由脂肪瘤恶变而来。本例为老年女性,瘤体巨大,较罕见。该肿块内脂肪含量比例较高,在CT影像上表现为低密度肿块,有一定的特点;适当的窗位、窗宽有助观察肿块内的细微结构。同时,详尽了解肿块与周围组织关系,有助于术前评估,确定合理的手术方案。

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