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• 病例报道 •

脾脏真性囊肿一例

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脾脏真性囊肿较为罕见, 现报道一例如下。

病例资料 患者, 女, 72 岁。因左上腹不适就诊。体检: 心肺未见异常, 腹平软, 肝未触及, 左上腹肋弓下可触及一囊性感肿物, 上界不清, 下缘达左肋下 1.5 cm, 轻压痛。血、尿常规均无异常。

B 超: 左肾上极与脾之间探及 5.0 cm × 4.5 cm 囊性回声区, 壁薄, 与脾、胃关系密切, 与肾脏界限清晰。CT 平扫: 脾脏内可见一 4.6 cm × 4.1 cm 低密度囊性肿块, 轮廓清晰, 壁薄光整, 其内密度均匀, CT 值 17 HU(图 1), 胃大弯轻度受压, 与肾上极分界清晰。CT 诊断: 脾囊肿。

手术见脾包膜下多发囊肿, 与周围组

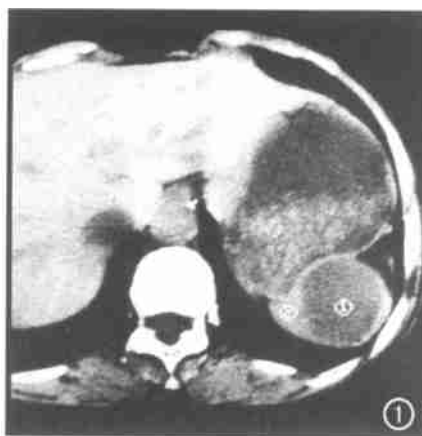


图 1 CT 示脾脏内圆形低密度囊性肿块, 轮廓清晰, 壁薄光整, 其内密度均匀, 呈水样密度; 胃后壁轻度受压。

织轻度粘连。病理见囊壁覆盖上皮细胞, 病理诊断: 脾脏真性上皮囊肿。

讨论 脾囊肿分寄生虫性和非寄生虫性两大类, 后者又分为真性和假性。真性囊肿囊壁内含上皮细胞层, 而假性囊肿大多与外伤、感染、栓塞有关。真性囊肿为先天性, 较少见。小的囊肿在临床上无特殊症状, 大的囊肿可挤压周围脏器产生压迫症状。绝大多数脾脏囊肿经 B 超和 CT 检查能正确诊断, 两者的敏感性和特异性均很高, 无需作其它检查。个别不典型病例可与囊性肿瘤、脓肿或结核相混淆, 超声或 CT 引导下穿刺活检或增强扫描对鉴别诊断有帮助。

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