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颅骨多发骨髓瘤的MRI一例

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病例资料 患者,女,61岁,1个月前出现头部及胸腰部疼痛,初期为间歇性疼痛,检查MRI时已变为持续性疼痛,服用止痛药物效果不佳。查体:发育正常,消瘦,贫血貌。头部可见多个大小不等的突起,触之较软。化验检查:血红蛋白7 g/dl,球白比例倒置。

MRI检查:平扫示颅骨板障多发大小不等的圆形及椭圆形软组织块影,信号均匀,边缘光滑清晰,部分较大者凸向颅骨内外,脑组织内未见异常(图1);静脉注射Gd-DTPA对比剂后,增强扫描示软组织块影呈明显均匀强化,脑组织未见异常强化(图2)。MRI诊断:颅骨多发占位,考虑骨髓瘤。

加照X线胸片示双侧锁骨显示破坏(图3)。颅部穿刺活检,病理诊断为骨髓瘤。

讨论 骨髓瘤常累及成人含红骨髓的骨骼部位,以颅骨、脊柱、肋骨及骨盆为好发部位,临床常以疼痛为主,尿Bence-Jone氏蛋白阳性,颅骨骨髓瘤常以传统的X线颅骨正侧位为检查方法。平片常显示为颅骨多发穿凿样骨损,边缘光滑锐利,目前尚未见资料报道颅骨骨髓瘤MRI表现,将X线表现与MRI表现联系起来,X线的骨缺损区应为MRI所见的软组织块所占据。本病应与转移瘤的影像学区别:转移瘤常有原发病灶,且转移瘤不仅可以转移到骨骼上,还常见于转移到脑、肺、肝等软组织部位,转移至骨骼上的转移瘤骨质破坏常为不规则形,而骨髓瘤仅发生在骨骼,且骨质破坏较规则。本

· 病例报道 ·

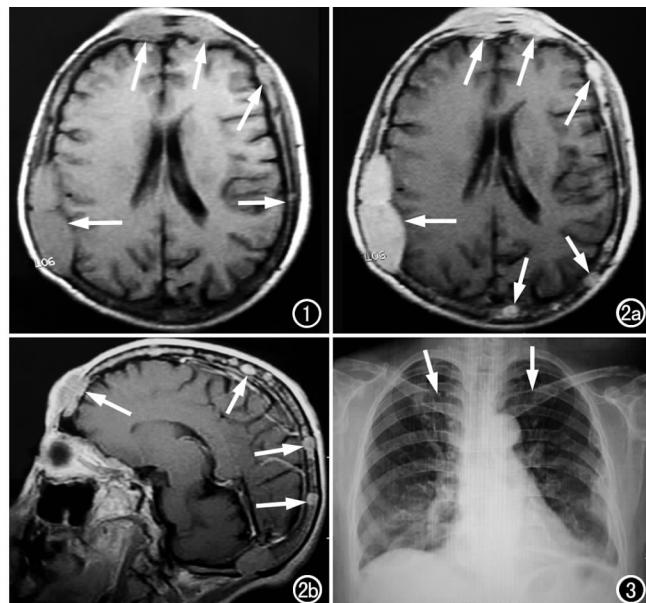


图1 横轴面T₁WI平扫示颅骨多发大小不等的软组织块影(箭)。图2 MRI增强示颅骨肿块各结节明显均匀强化。a)横断面T₁WI; b)矢状面T₁WI。图3 双侧锁骨显示轻度骨破坏(箭)。

病与黄色瘤病的鉴别:黄色瘤病发病年龄较小,临床常有突眼及尿崩症,影像学检查下丘脑区常见占位。

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