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• 病例报道 •

气管粘液样瘤一例

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病例资料 患者,男,58岁。3个月前无明显诱因出现干咳,咳白色泡沫痰,有时痰中带血,自觉气短,咽喉部有异物感,无发热,消瘦,盗汗等症状。查体:双肺呼吸音稍粗,可闻及喘鸣音。

胸部X线:气管隆突上方约3.0 cm处显示一大小约1.8 cm×2.5 cm肿块影,密度较均匀,边缘不甚清晰。胸部CT平扫示肿块密度均匀,CT值33 HU,其上方可见一长约0.8 cm的蒂,同气管后壁相连,其底部较窄,邻近管壁无增厚,纵隔未见肿大淋巴结及积气等征象,双肺无异常改变(图1)。纤维支气管镜检查发现声门下5 cm处显示一新生物,表面较光滑,隆突上方3.0 cm处可见肿块下部。未取活组织检查。

手术所见:肿瘤体位于气管隆突上方约4.0 cm处,由大约直径2.0 cm和2.5 cm两个相连的球形软组织块影组成,呈哑铃状,表面光滑,质地较软,有一长约0.8 cm蒂附着于气管后壁软骨环与膜部交界

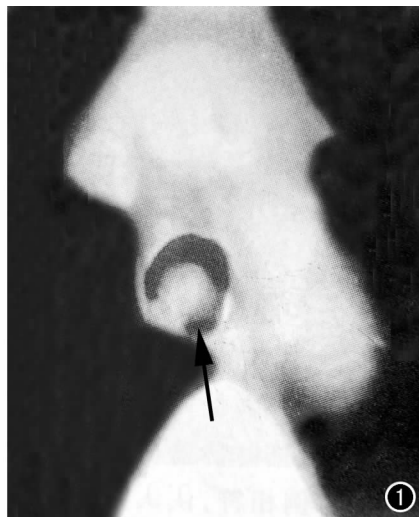


图1 CT平扫示气管隆突上方约3 cm处1.8 cm×2.5 cm肿块影,密度均匀,边缘尚光滑,与气管壁有长约0.8 cm的蒂相连(箭)。

界处。术后病理诊断:气管黏液样瘤。

讨论 气管肿瘤很少见,而良性气管肿瘤更为罕见。气管粘液样瘤更是一种极其罕见的气管良性肿瘤,发生于成年人,在气管中上1/3范围内,起源于气管膜部粘膜下,直径一般小于3.0 cm,有完整的包膜,并通常有蒂状物同气管壁相连。影像学表现:肿瘤轮廓光滑,其内密度均匀一致^[1]。与恶性肿瘤的主要鉴别点是肿瘤的范围是否超过了4.0 cm,肿瘤相邻的气管壁厚度是否超过了0.5 cm,管壁规则与否,邻近纵隔淋巴结是否肿大等^[2]。本例患者CT所见瘤体密度均匀一致,轮廓尚光整,有包膜包绕,带蒂,邻近气管壁未见增厚,纵隔未见肿大之淋巴结等,均符合气管良性肿瘤的表现。

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