

巨大子宫肌瘤囊性变1例并文献复习

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摘 要

目的: 探讨子宫肌瘤的变性、临床表现及诊治要点。方法: 对1例巨大子宫肌瘤囊性变的老年患者进行回顾性分析并文献复习。结果: 本例患者为68岁绝经后老年女性, 因其他疾病于外院检查发现盆腔肿物, 我院超声及增强CT检查不能除外卵巢来源肿瘤可能, MRI可能有助于其诊断, 但确诊仍然需要依靠手术探查及术后病理, 最终被诊断为子宫肌瘤囊性变。结论: 在以囊性为主的卵巢肿物鉴别诊断中, 应考虑浆膜下巨大子宫肌瘤囊性变可能。

关键词

子宫肌瘤, 囊性变, 治疗

A Case of Cystic Degeneration of Giant Uterine Fibroids and Literature Review

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Abstract

Objective: To discuss the degeneration, clinical manifestations, diagnosis and treatment of uterine fibroids. **Methods:** A retrospective analysis of an elderly patient with cystic degenera-

tion of giant uterine fibroids and literature review were performed. Results: This patient is a 68-year-old postmenopausal elderly woman. A pelvic mass was found in an external hospital due to other diseases. Ultrasound and enhanced pelvic CT in our hospital cannot exclude the possibility of ovarian tumors. MRI may be helpful for the diagnosis, but the diagnosis still requires surgical exploration and postoperative pathology. It was finally diagnosed as cystic degeneration of uterine fibroids. Conclusion: In the differential diagnosis of cystic ovarian masses, the possibility of cystic degeneration of giant subserous uterine fibroids should be considered.

Keywords

Uterine Fibroids, Cystic Degeneration, Treatment

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1. 前言

子宫平滑肌瘤是妇科良性实体肿瘤中最常见的一种类型[1], 典型的肌瘤容易通过影像学诊断。子宫肌瘤变性可能会导致结构改变, 为诊断带来困难[2]。囊性变是子宫肌瘤变性中较为少见的一种类型, 会导致肌瘤中心区域液化, 从而表现为一囊性结构, 不容易与附件肿块鉴别[3], 从而导致误诊。本文报道了一例少见的发生于老年女性的巨大子宫肌瘤囊性变, 并回顾既往文献, 以期对临床产生指导意义。本文患者已知情并同意报道。

2. 病例概况

患者, 女, 68岁, 因发现“盆腔肿物”20余天入院。患者20天前因左侧腰部剧烈疼痛, 于外院就诊, 考虑“肾结石”并发现盆腔囊性肿块, 经治疗后腰痛缓解。10余天前就诊于我院, 行B超提示: 右侧宫旁见 $12.1 \times 12.8 \times 9.8$ cm囊实性包块, 与子宫肌层关系密切, 界清, 囊性为主, 囊内见多发分隔, 较大囊腔约 9.4×7.6 cm, 透声可, 考虑为右侧宫旁囊实性包块, 子宫肌瘤囊性变可能, 不排除附件来源。肿瘤标志物CA125、CA199、CEA、AFP、HE4均无异常。患者无腹痛、腹胀, 无食欲减退, 无排便困难、尿频, 无腰骶部酸痛, 无阴道流血及异常排液, 无低热及盗汗。

妇科查体: 盆腔腹腔内可扪及约16 cm大小, 囊性为主, 活动可, 无压痛。

入院后行盆腔增强CT示: 盆腔内示团块状混杂密度影, 最大截面约 $122.5 \text{ mm} \times 140.1 \text{ mm}$, 以囊性成分为主, 并可见结节状钙化影, 增强后三期扫描边缘似有强化, 与双侧附件区、子宫前壁分界不清。盆腔内示少量液性密度影, 未见明显肿大的淋巴结影。提示盆腔内团块状混杂密度影, 考虑肿瘤性病变; 盆腔少量积液(图1)。为求进一步诊断, 行盆腔MR示: 子宫前方类圆形等T1混杂长短T2信号影, 大小约 $12 \text{ cm} \times 11 \text{ cm} \times 11 \text{ cm}$, 边缘光滑, 与子宫前壁分界不清。双侧附件显示不清。盆腔内未见肿大淋巴结。提示子宫前壁浆膜下肌瘤可能性大(图2)。

患者各项检查结果不能完全排除卵巢来源病变, 入院后行腹腔镜下全子宫 + 双侧附件切除术, 术中见子宫体萎缩, 左侧宫角偏后壁可见直径约14 cm囊实性肌瘤样物, 囊内可见透明液体, 双侧输卵管卵巢外观无明显异常。术后病理提示子宫肌瘤(图3)。

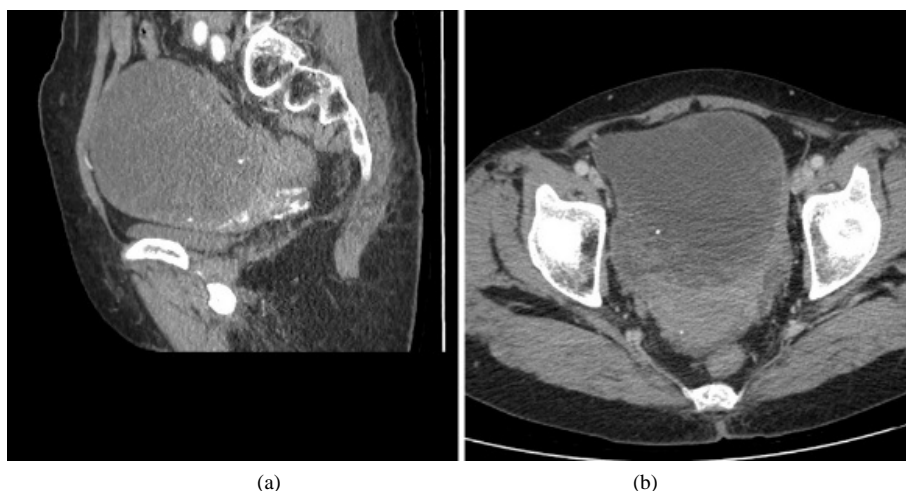


Figure 1. Enhanced pelvic CT: sagittal (a), coronal (b) pelvic cavity showed mass-like mixed density shadows, the largest cross-section is about 122.5 mm × 140.1 mm, mainly cystic components, and nodular calcification shadows can be seen

图 1. 盆腔增强 CT: 矢状位(a)、冠状位(b)盆腔内示团块状混杂密度影, 最大截面约 122.5 mm × 140.1 mm, 以囊性成分为主, 并可见结节状钙化影

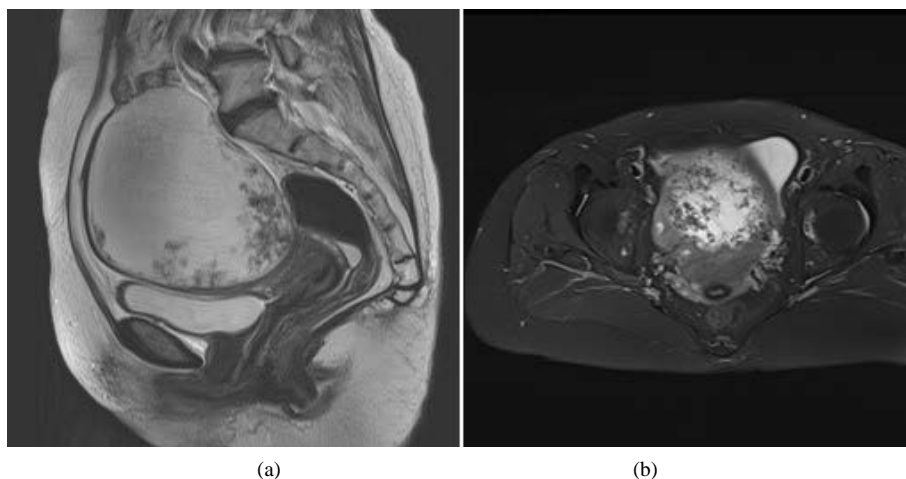


Figure 2. Pelvic MRI: sagittal (a), coronal (b) anterior uterus, such as round-like T1 mixed long and short T2 signal shadows, about 12 cm × 11 cm × 11 cm, smooth edges, and unclear borders with the anterior wall of the uterus. The accessories on both sides are not displayed clearly

图 2. 盆腔 MRI: 矢状位(a)、冠状位(b) 子宫前方类圆形等 T1 混杂长短 T2 信号影, 大小约 12 cm × 11 cm × 11 cm, 边缘光滑, 与子宫前壁分界不清。双侧附件显示不清

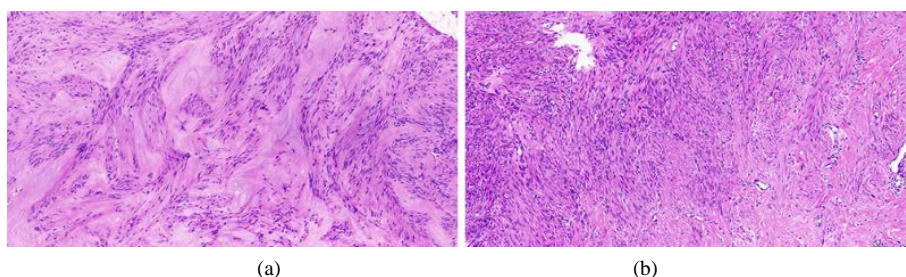


Figure 3. Pathology: (a), (b) Uterine leiomyoma

图 3. 病理: (a)、(b)子宫平滑肌瘤

3. 讨论

子宫肌瘤是子宫的良性病变，由平滑肌细胞和成纤维细胞共同组成，富含大量细胞外基质[4]。其生长依赖于雌、孕激素，子宫肌瘤多见于青春期，生育期发病率增加，绝经后体积逐渐减小[5]。

子宫肌瘤按照不同部位可分为：浆膜下、肌壁间和粘膜下，而有蒂的浆膜下子宫肌瘤可模仿卵巢肿瘤[6]。最常见的临床症状是异常子宫出血，其他症状包括尿频和尿急、尿潴留、腰痛、便秘和性交困难等[7] [8]，可与不孕和其他产科不良结局相关[1]。子宫肌瘤可无临床表现，在常规妇科检查或在影像学检查中偶然发现[9]，这多见于浆膜下肌瘤。超声是肌瘤首选的诊断方法，其准确性好，成本效益高，经阴道超声对子宫肌瘤的检出率约为 90%~99% [10]，但存在漏诊、误诊可能性。子宫肌瘤的典型超声表现为与周围子宫肌层声学特性不同的球形肿块，通常为低回声[11]。CT 诊断肌瘤的敏感性不高，除非平滑肌瘤钙化或坏死，否则无法与正常子宫肌层区分[12]。MRI 可明确子宫和卵巢的解剖结构，子宫肌瘤在 MRI 上典型的表现为 T1 和 T2 加权的中、低信号，但高昂的价格限制了它的应用[13]。

子宫肌瘤可能会发生变性，如玻璃样变、红色变性和囊变性，这取决于其位置或大小[14]，平滑肌瘤血供少于正常子宫肌层，大的平滑肌瘤可能由于血液供应不足而发生变性，变性大多是有症状的，也可有无症状的退化[15]。玻璃样变是最常见的类型，约占所有变性的 60%。红色变性多见于妊娠期，钙化多见于绝经后妇女[16]。约有 4% 的子宫肌瘤发生囊性变，有报道认为这是肌瘤水肿的后期表现[17]，而 Kamat 等人[18]认为，玻璃样变的晚期可能会发生液化，从而导致囊性变。巨大子宫肌瘤囊性变其囊内通常含有液体，在 MRI 的 T1 和 T2 加权图像上分别出现低信号和高信号[14]，当其向盆腹腔内生长时，很难通过影像学方法将他们与卵巢肿瘤区分。Funaki 等人[13]报道了一例位于腹膜后间隙的巨大的囊性子官平滑肌瘤，其临床表现类似于卵巢肿瘤，最终经手术病理确诊。

根据子宫肌瘤的大小、数量、位置及有无生育要求、临床表现可以选择不同的治疗方式。对于大多数无症状的子宫肌瘤，循证指南不支持治疗干预，但需定期随访[19]。子宫肌瘤的药物治疗包括 NSAIDs、口服避孕药、左炔诺孕酮宫内节育器、GnRHa 等[20]。目前手术治疗仍然是治疗子宫肌瘤的主要方式，主要包括子宫肌瘤剔除术及子宫切除术。子宫切除术是已经完成生育要求妇女的主要治疗方式，这也是防止肌瘤复发的唯一途径[21]。

本例患者为绝经后老年女性，无明显的临床症状，通过其他检查意外发现盆腔肿物，肿瘤的大小达 10 cm 以上，肿瘤标志物在正常范围之内，超声及增强 CT 提示肿物可能是卵巢来源，MRI 虽提示子宫前壁浆膜下肌瘤可能性大，但不能确诊，最终我们决定行腹腔镜下全子宫 + 双侧附件切除术，术中探查发现为子宫肌瘤囊性变，术后病理证实为子宫肌瘤。病理未发现玻璃样变性，该患者可能不是玻璃样变导致的囊性变，可能与浆膜下子宫肌瘤过大，血液供应相对不足，从而发生退化水肿有关。

4. 结论

综上所述，子宫肌瘤囊性变是子宫肌瘤变性的一种少见形式，虽然超声诊断子宫肌瘤的准确率很高，但在诊断巨大子宫肌瘤囊性变时可能会将其与卵巢来源的囊性肿物相混淆。在以囊性为主的卵巢肿物鉴别诊断中，应考虑浆膜下巨大子宫肌瘤囊性变可能，MRI 可能有助于诊断，确诊依赖于手术及术后病理。

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