


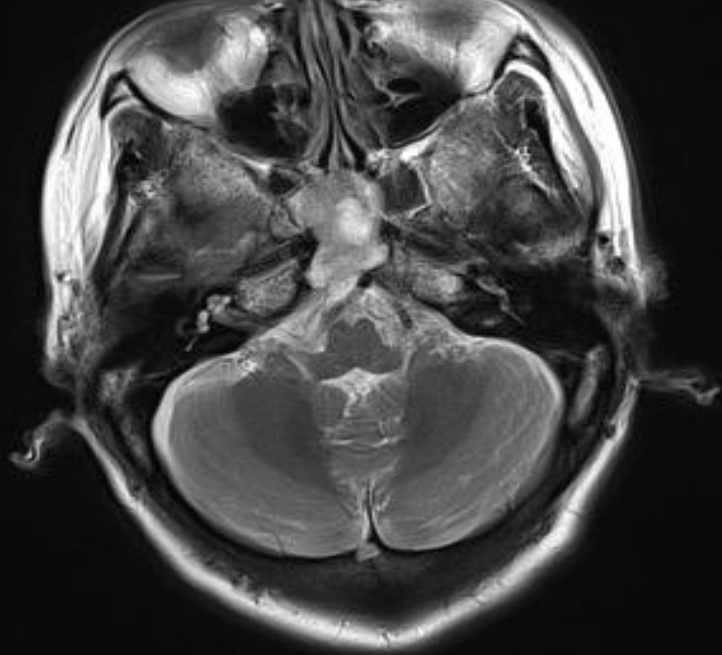
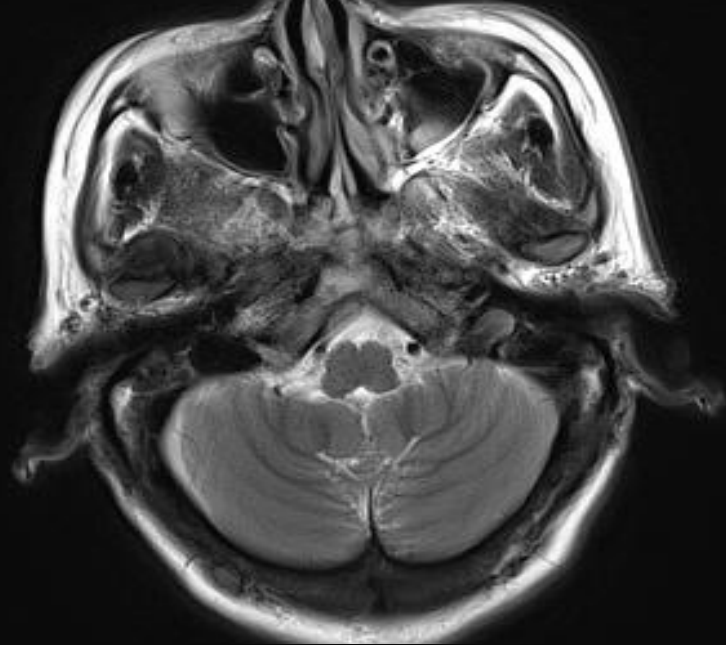
新乡市中心医院  
核磁共振室

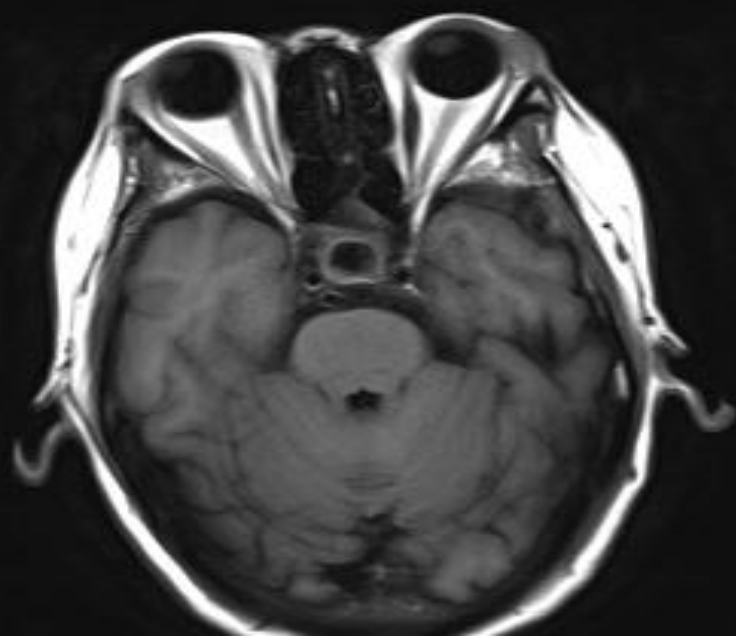
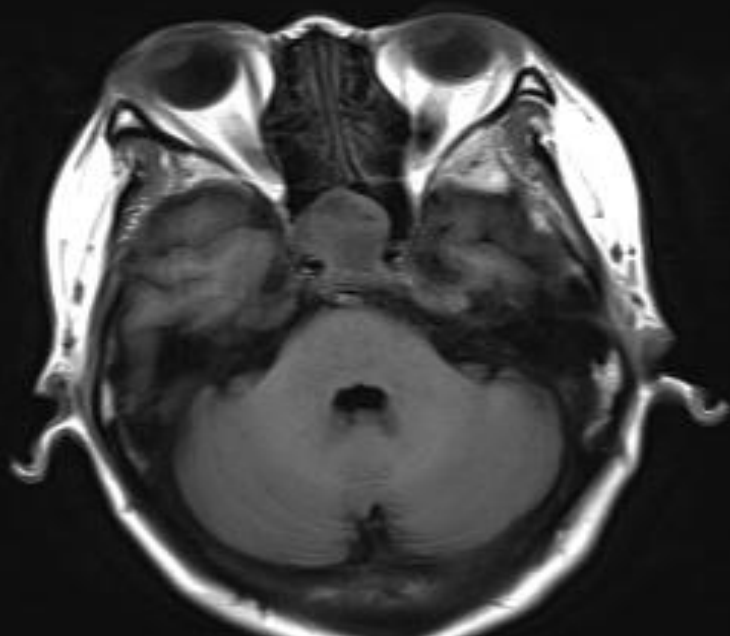
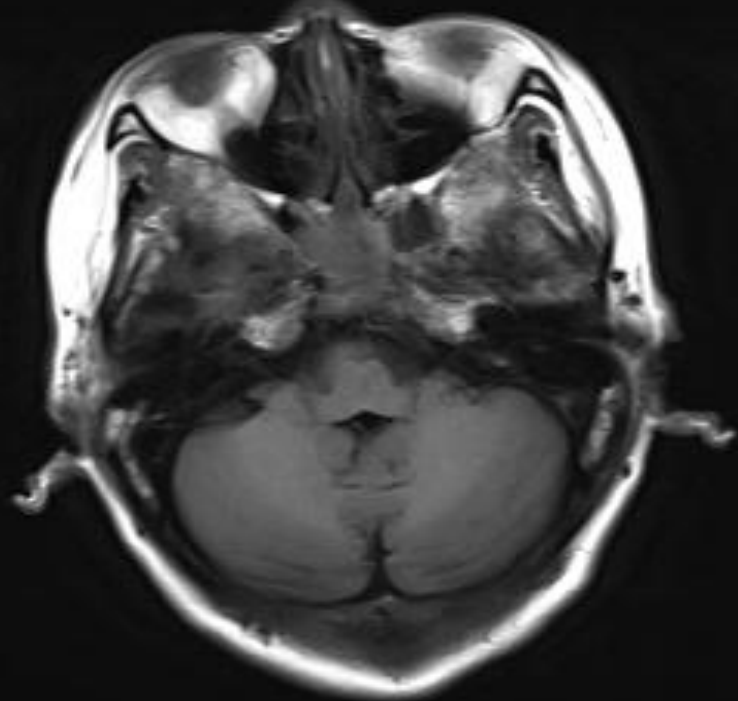
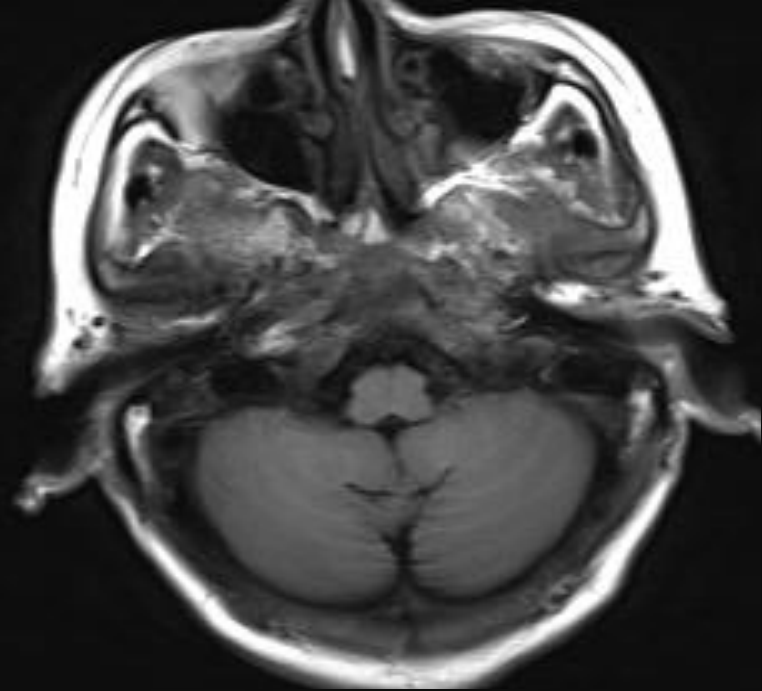


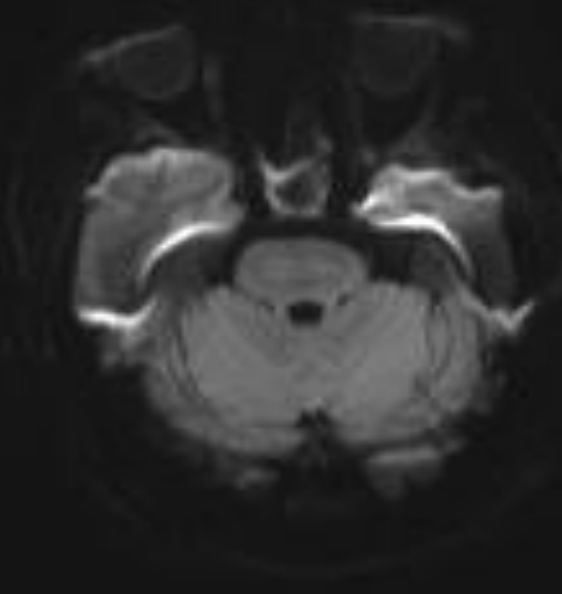
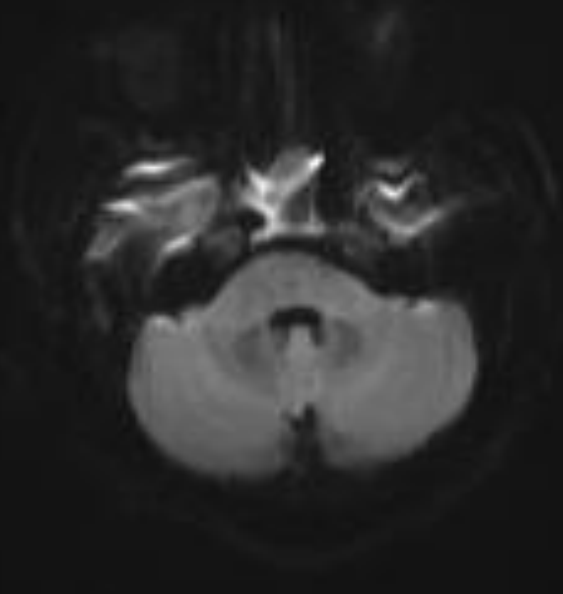
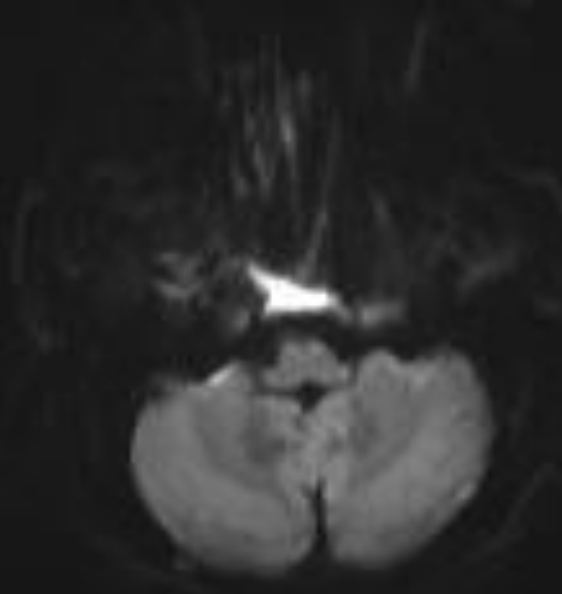
# 病例一

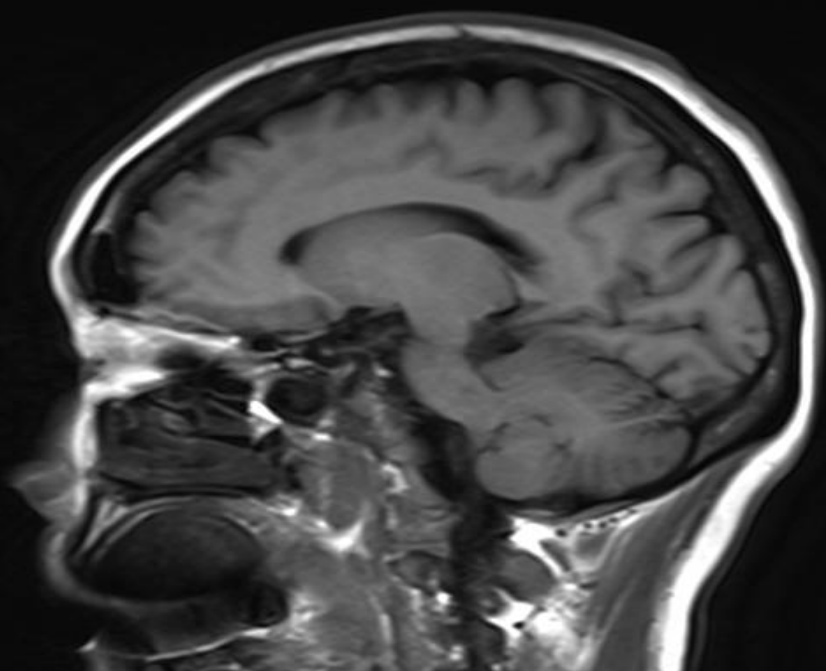
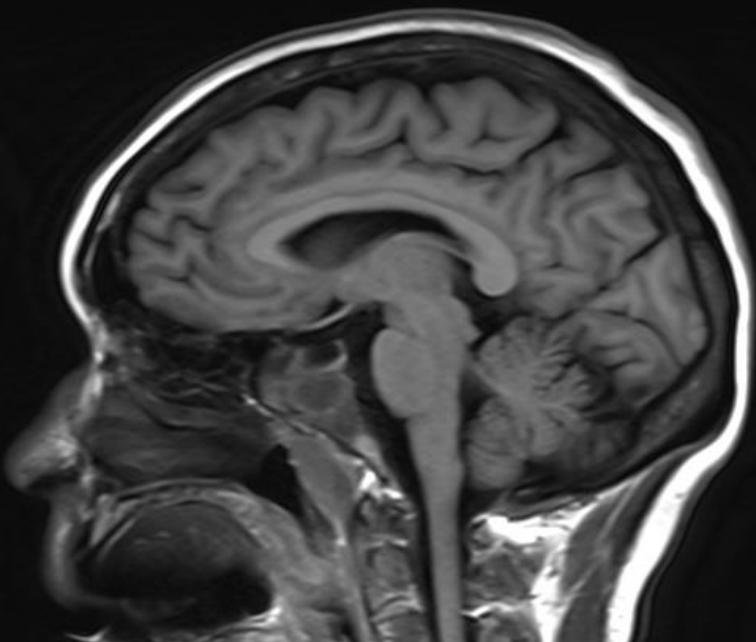
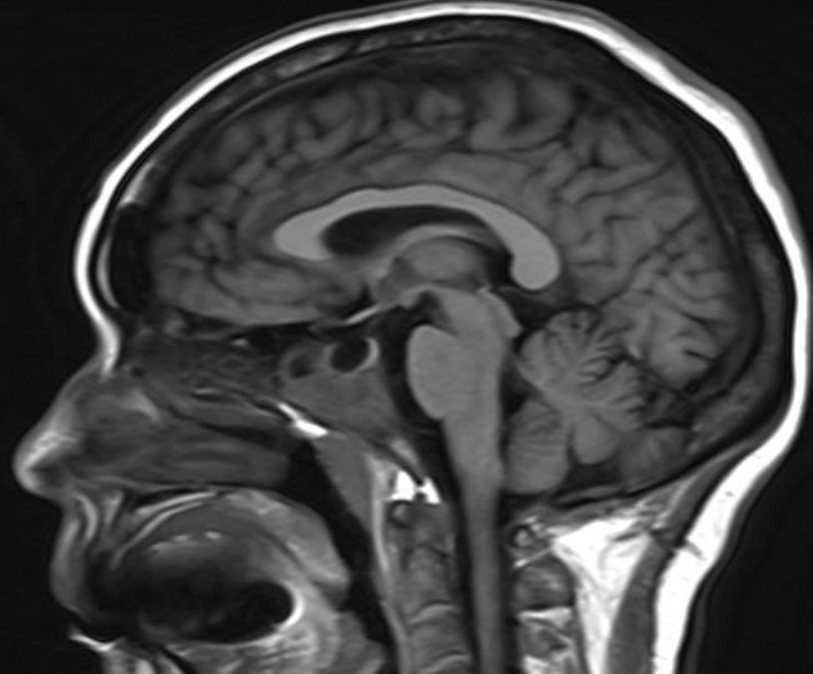
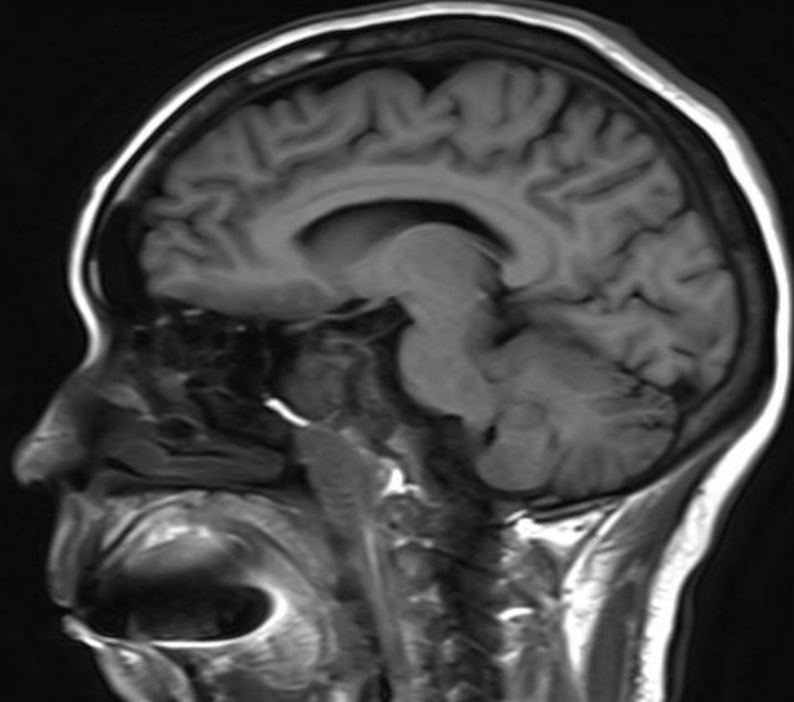


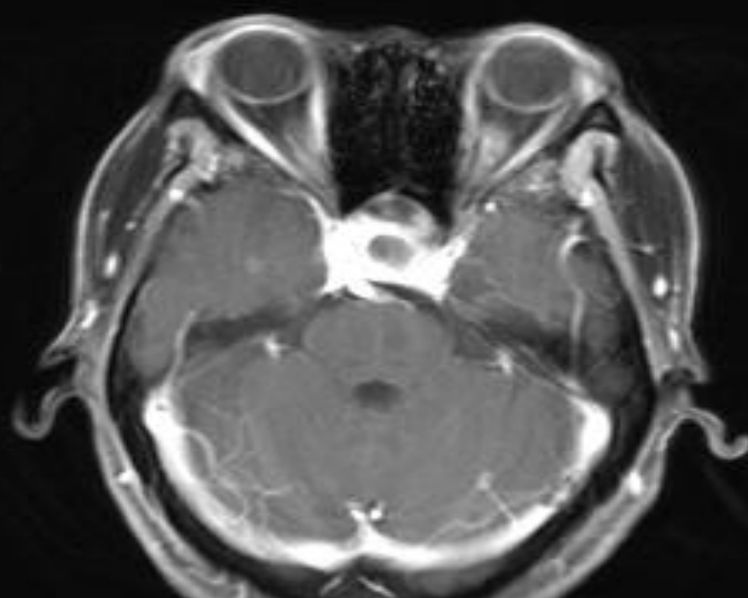
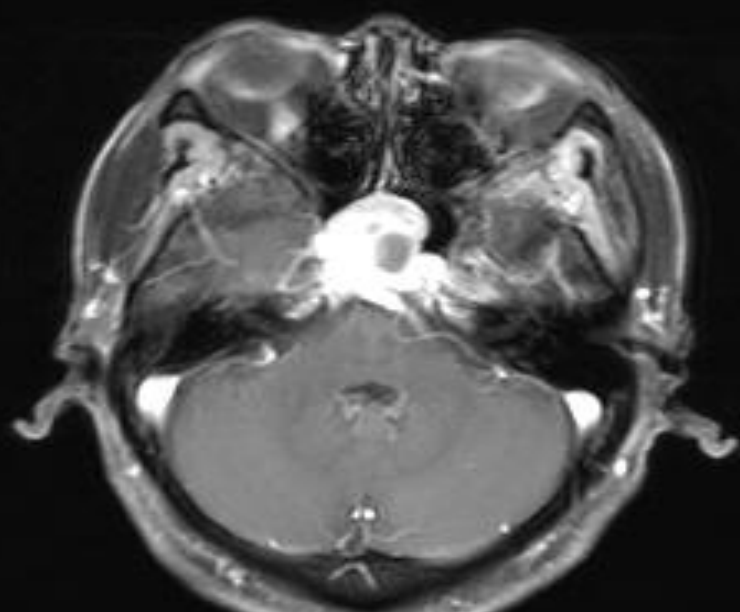
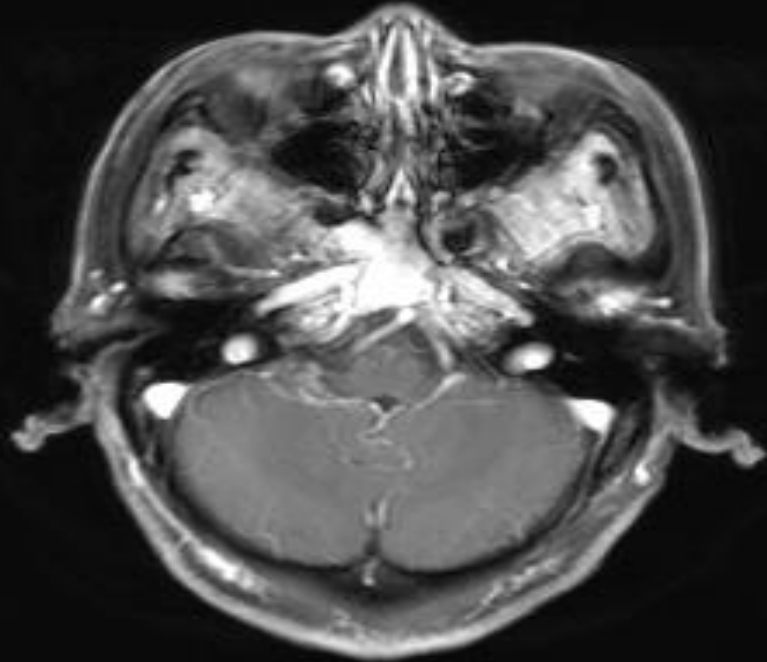
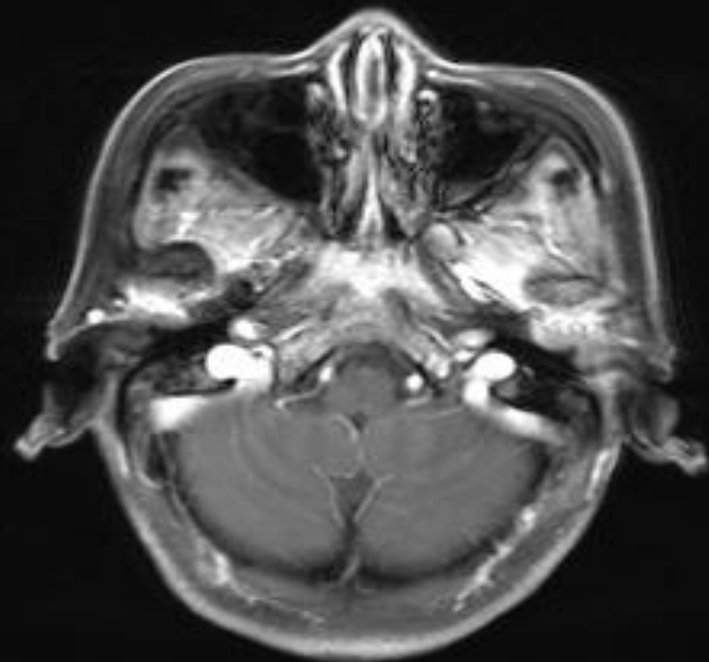
女性，55岁，20天前无明显诱因出现头晕、头昏。无明显头痛，无抽搐发作，无恶心呕吐，无视力下降，无尿量增多



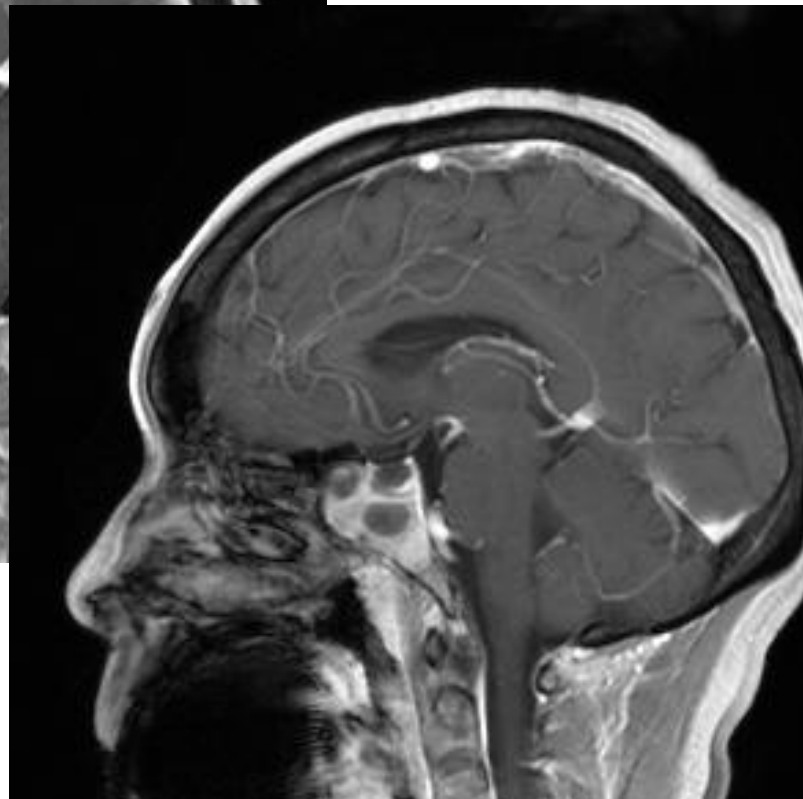
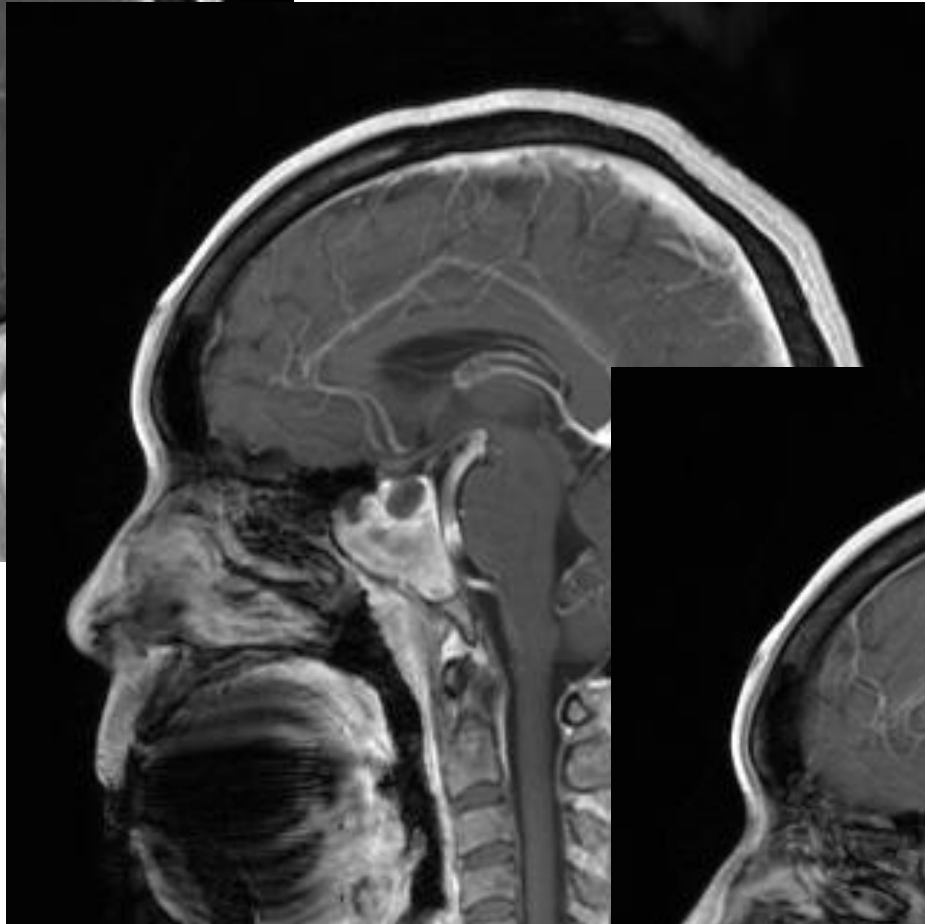
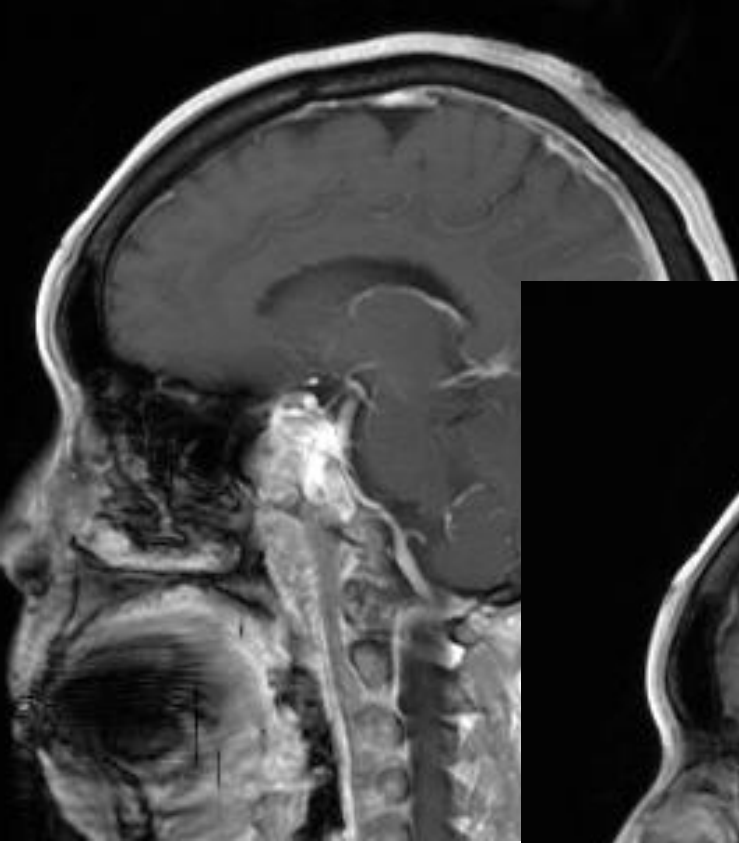


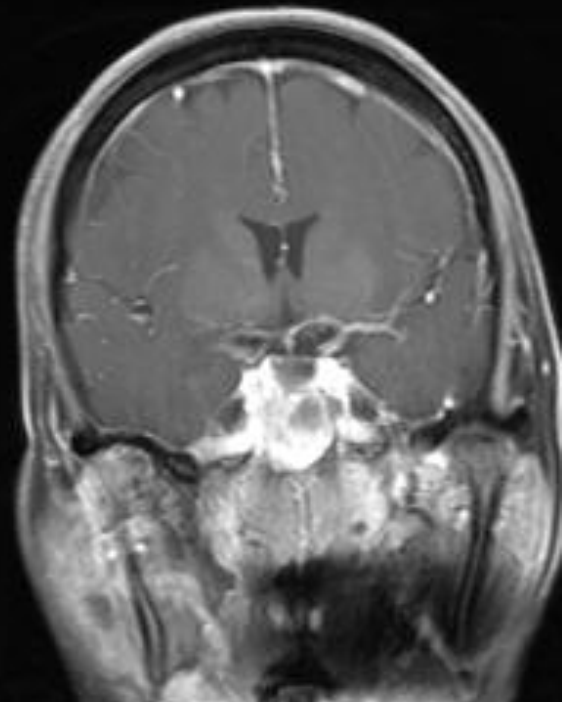
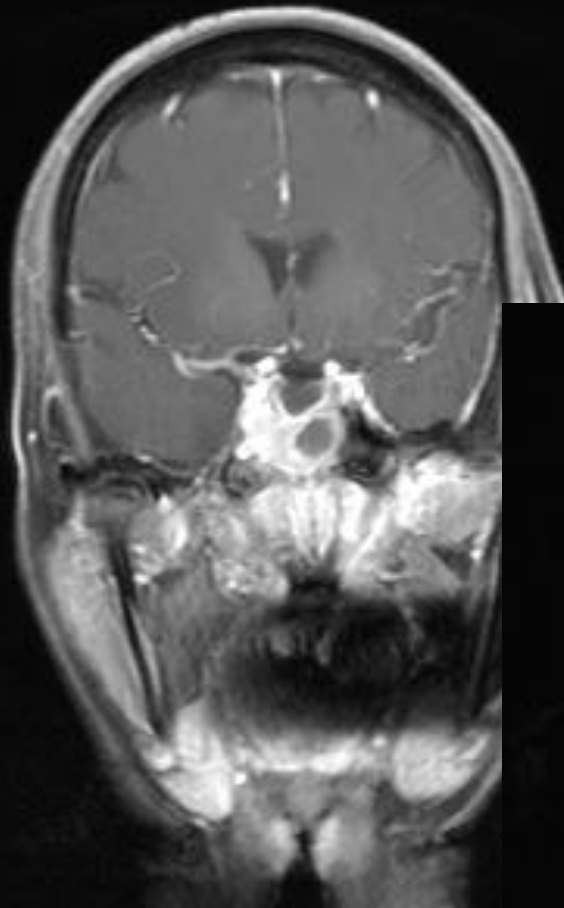
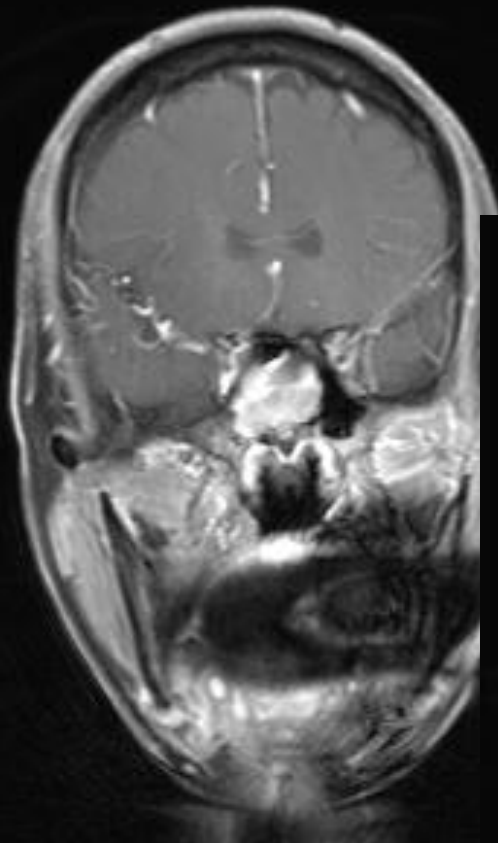












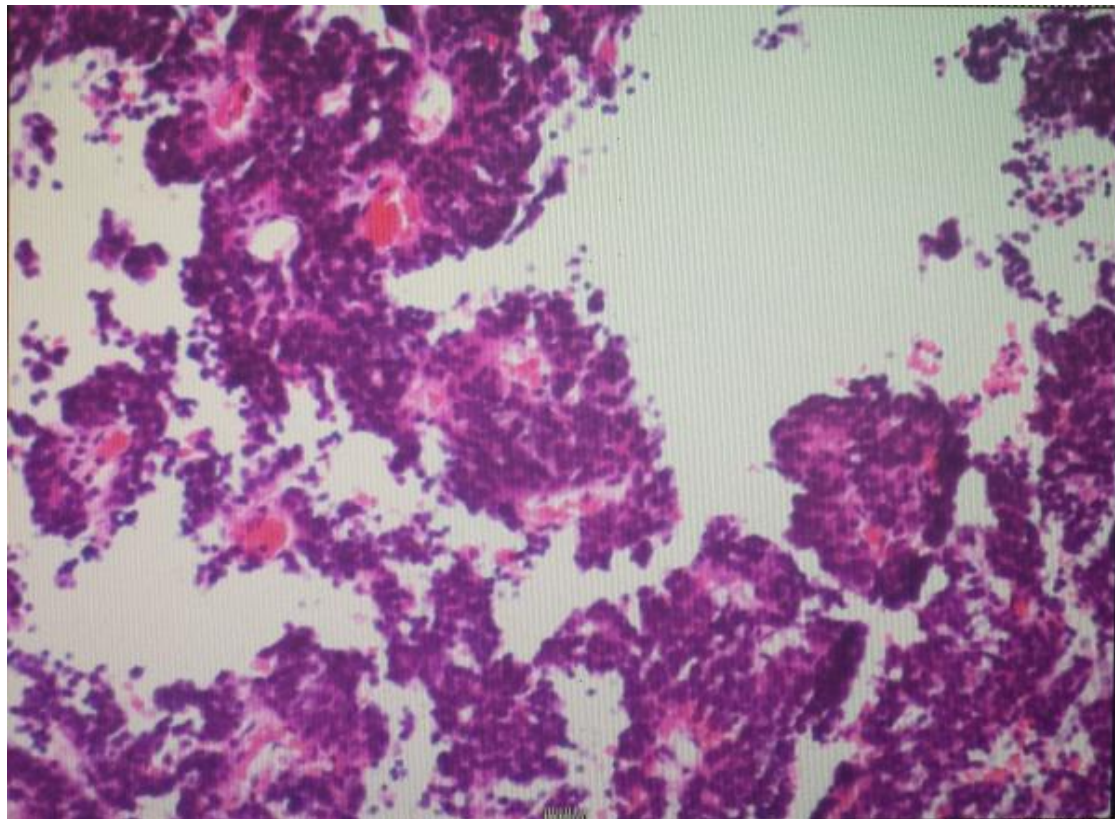


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患者于15:00-15:25在全麻下行经鼻蝶垂体瘤切除术，麻醉后，仰卧位，头后仰30度。头、面、鼻咽消毒铺巾。右鼻窥器扩开。自鼻中隔皮肤粘膜处切开。分离至中隔骨与软骨结合处。自处折断。分离双侧粘膜。咬除骨嵴。凿开蝶窦前壁。打开粘膜，见内有黄褐色肿物。给清除，见鞍底破坏，与垂体窝相能，有肿物长出。扩大骨窗。刮除各方位肿物。常规送检。止血。查无活动出血。清点器械无误。关闭创面。手术创面用明胶海绵填塞。粘膜回覆。双鼻碘仿纱条压迫止血。术中出血约 ml。未输血。术中诊断：垂体瘤。术毕患者未醒。带管回复苏室复苏。注意生命体征情况、瞳孔、创面渗血情况、尿量等情况。术中诊断，垂体瘤。术后给予神经营养药物，防治并发症等综合治疗。

# 术后诊断

- 垂体瘤



# 垂体大腺瘤

- 鞍内肿块，T1WI及T2WI与脑灰质相似或略低，可出现坏死囊变，出血。鞍上发展见“束腰征”。增强扫描实性部分明显强化。
- 向下可延伸突入到含气的蝶窦腔内，表现为中等信号。
- 向下生长进入斜坡髓腔时，T1WI表现为肿瘤组织替代高信号的正常骨髓；T2WI呈稍高信号，内可见小泡状更高信号

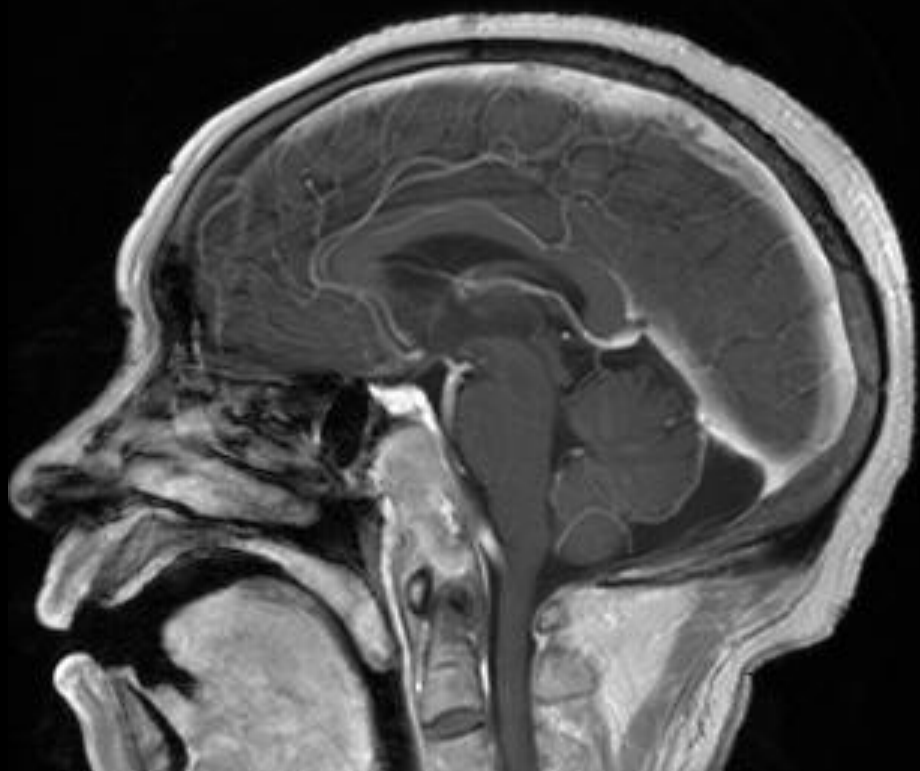
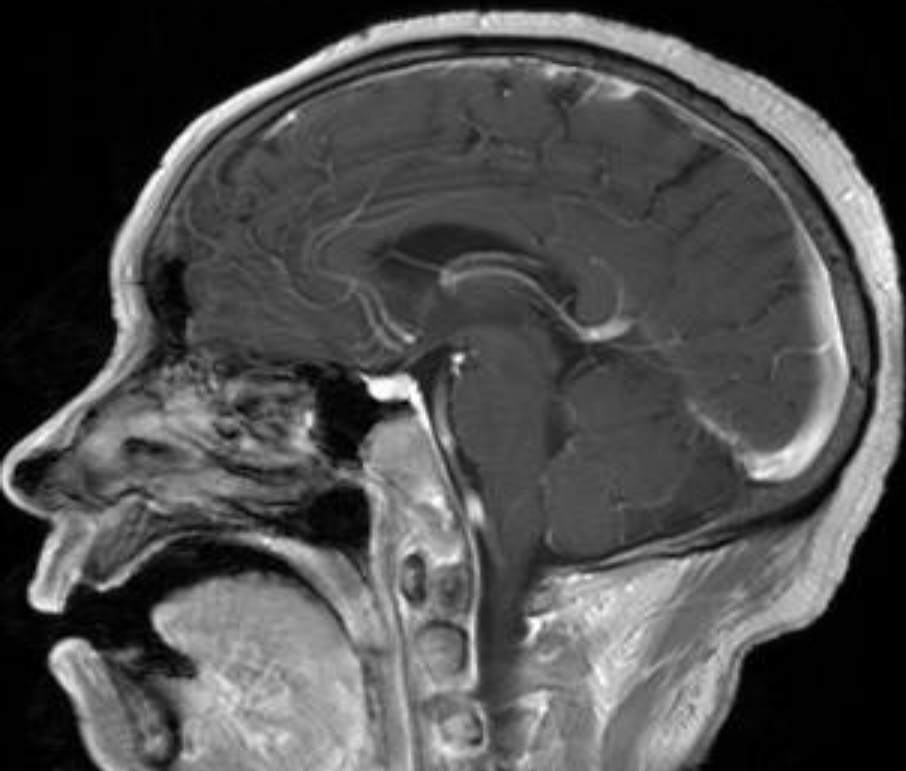
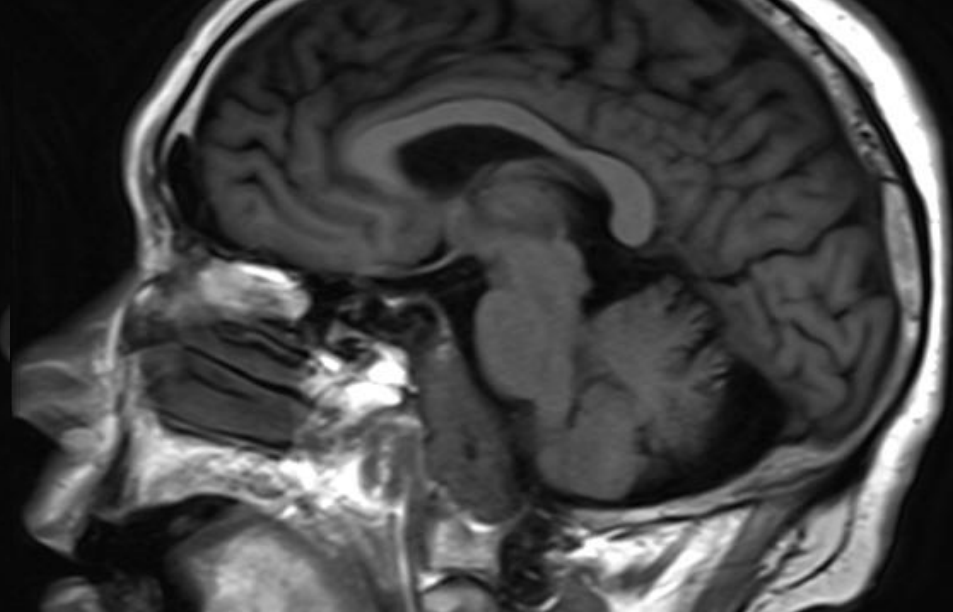
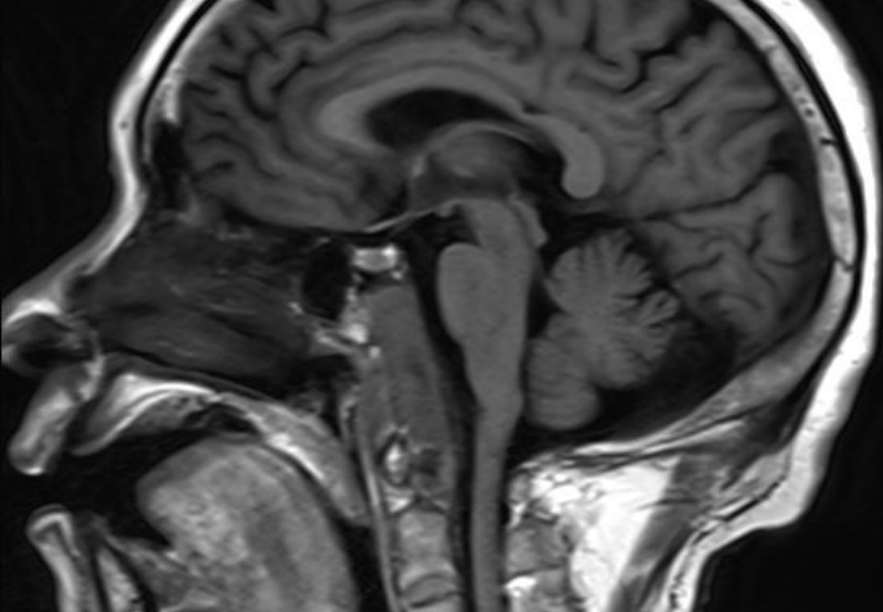
# 鉴别诊断

- 1.脊索瘤
- 2.转移瘤
- 3.脑膜瘤
- 4.鼻咽癌

# 脊索瘤

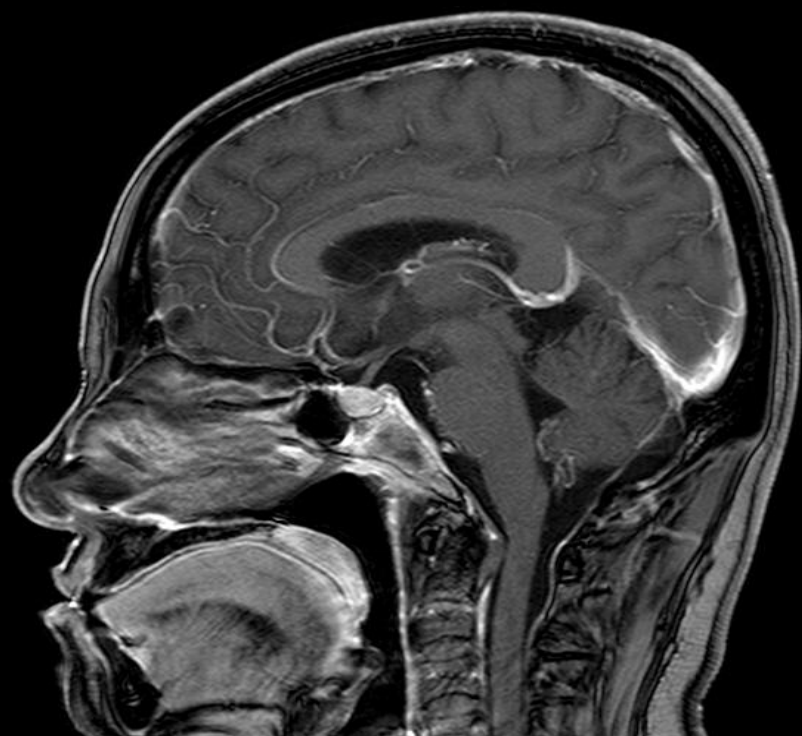
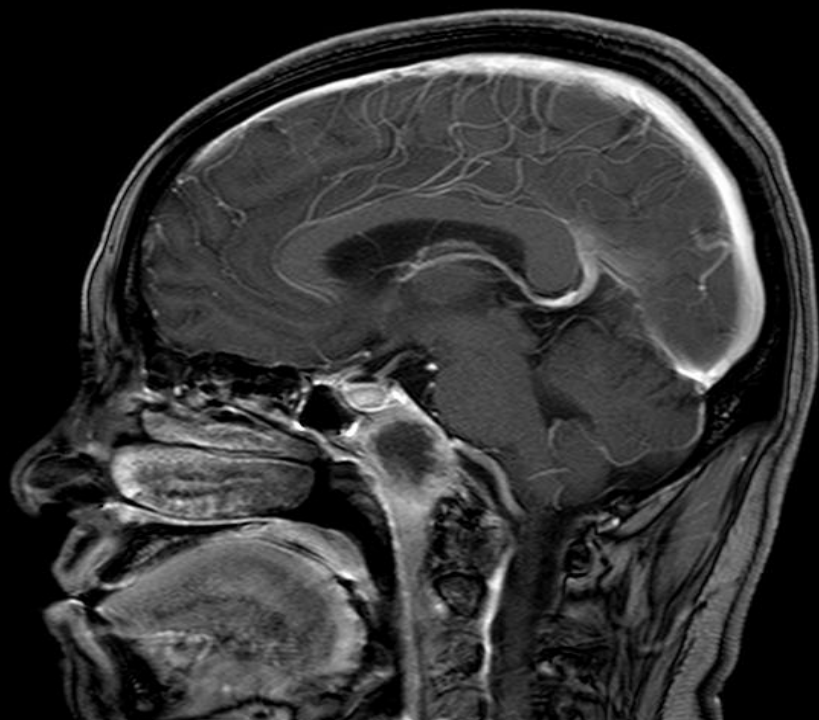
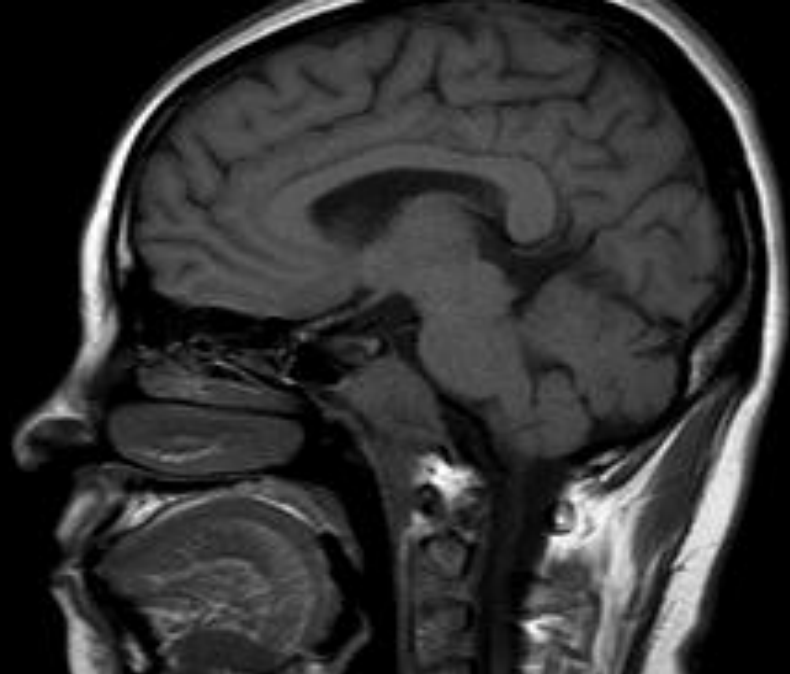
- 1. 男性多见，年龄40-60岁，临床有头疼、颅内压增高，进行性颅神经麻痹
- 2. 常见小钙化，浸润性骨质破坏
- 3. T2WI常呈很高信号，且不均质
- 4. 动态增强表现为信号缓慢升高，不断强化





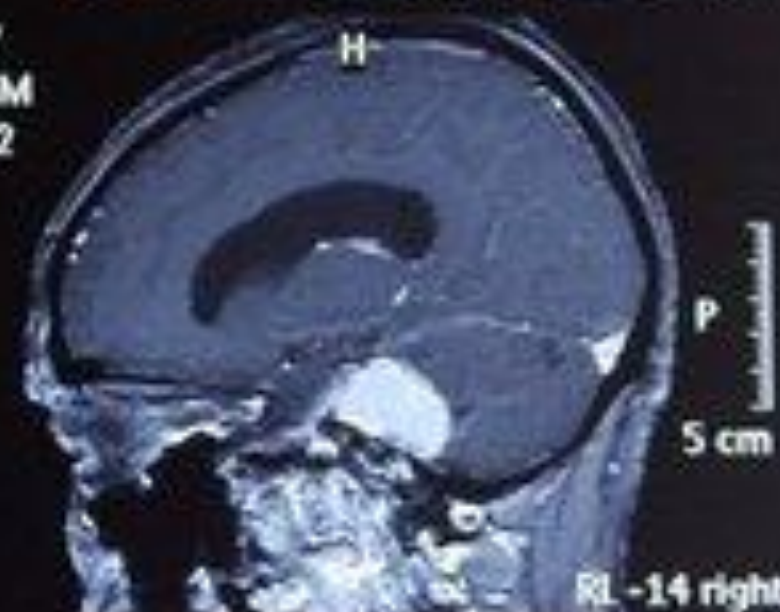
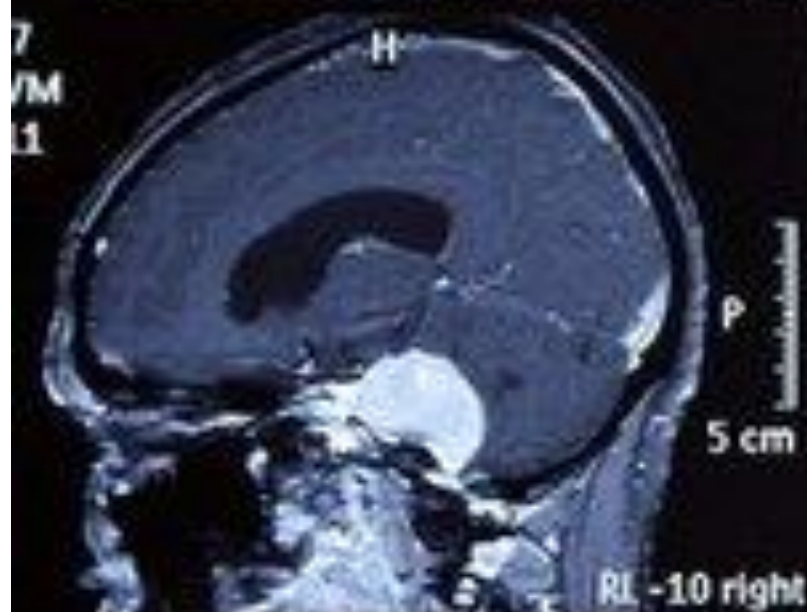
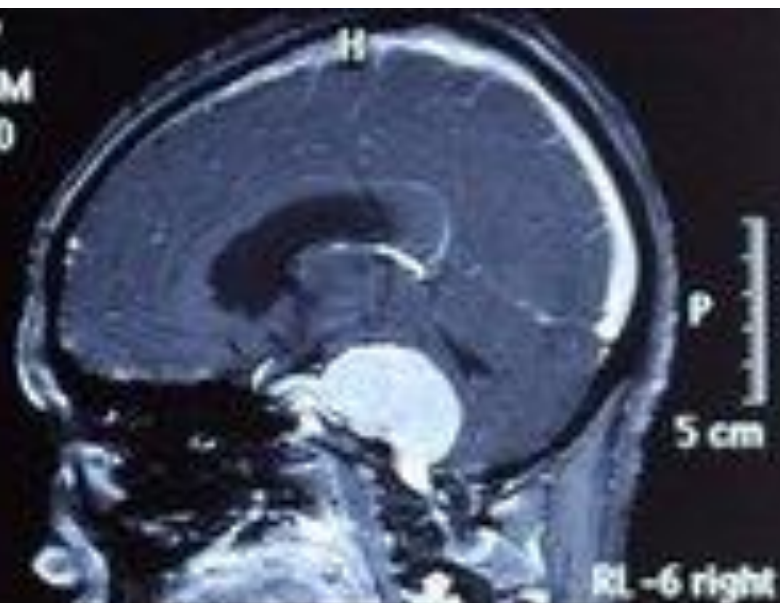
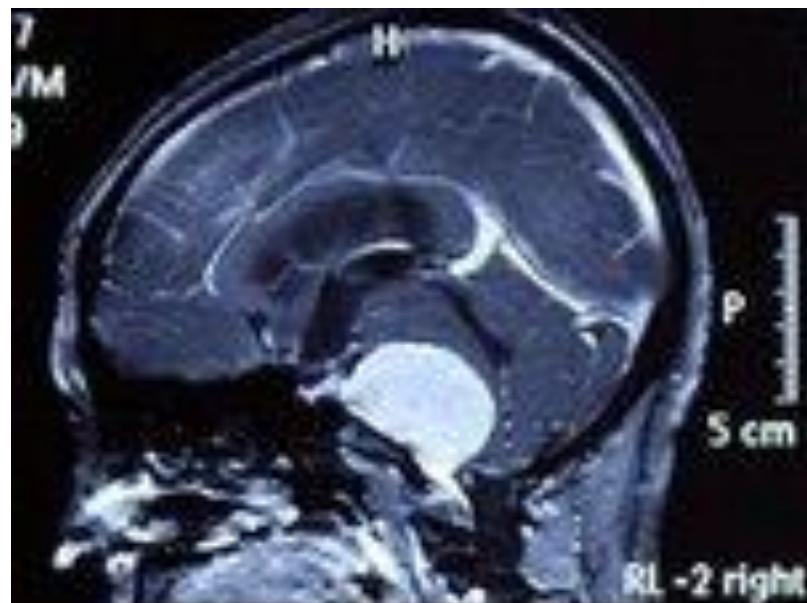
# 转移瘤

- T1WI低信号， T2WI等或略高信号， 有明显强化。
- 骨质破坏为主， 边缘毛糙， 局部软组织肿块相对较小。 病变范围表现为局限于斜坡、 斜坡和颅底受累， 合并脑转移、 颈椎转移等多种形式。
- 有原发病史， 多为肝癌和肺癌



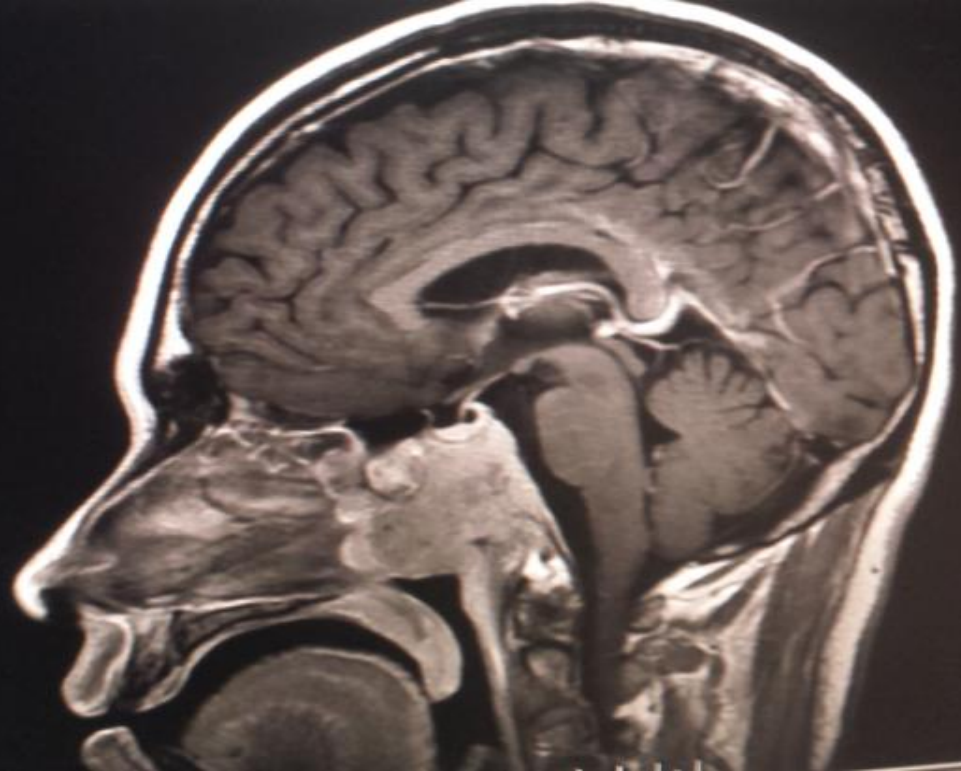
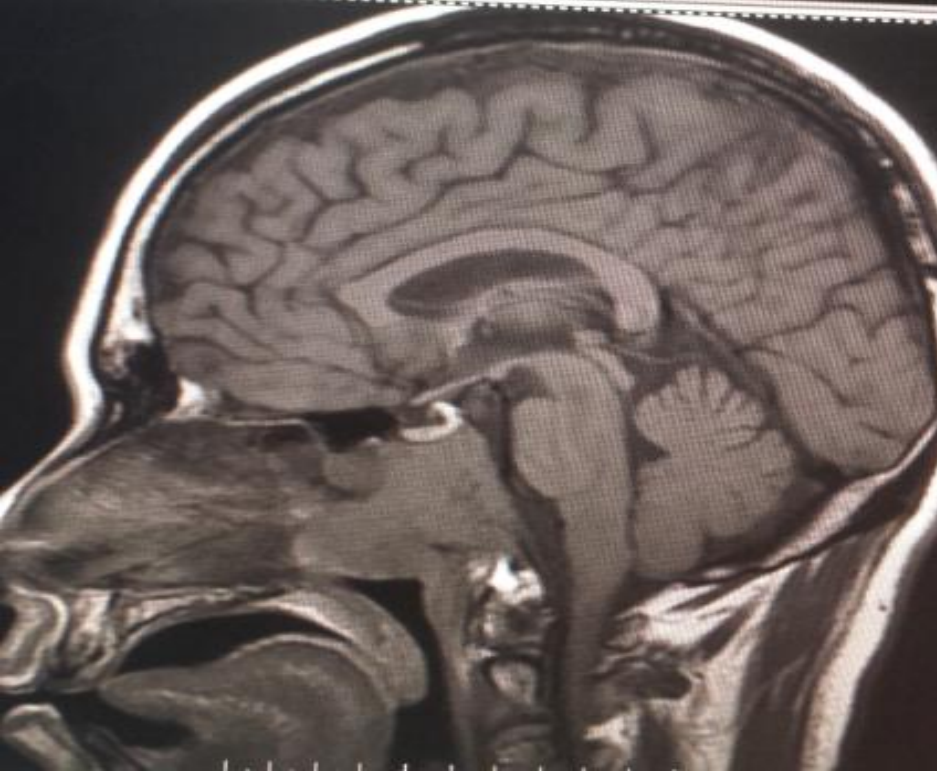
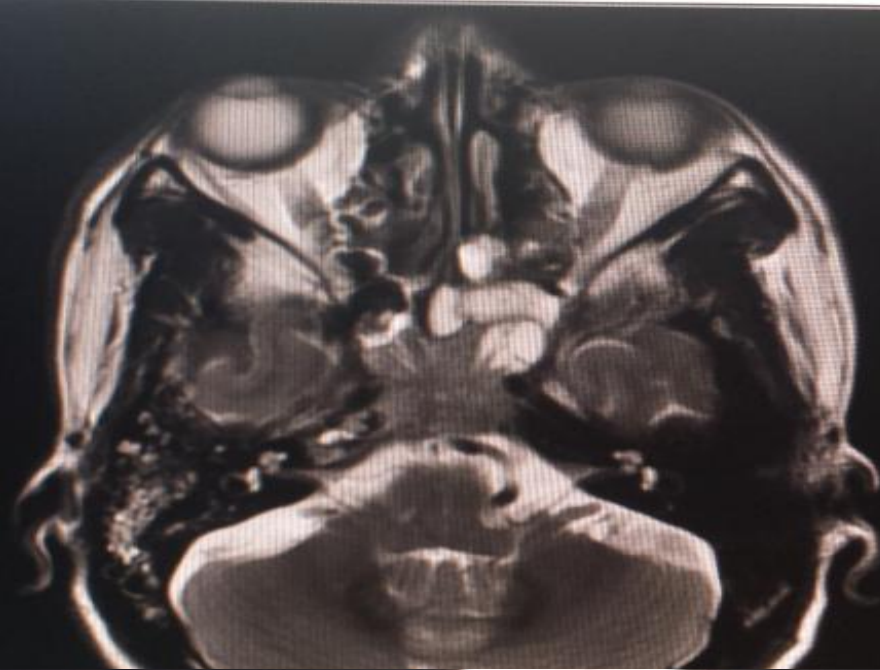
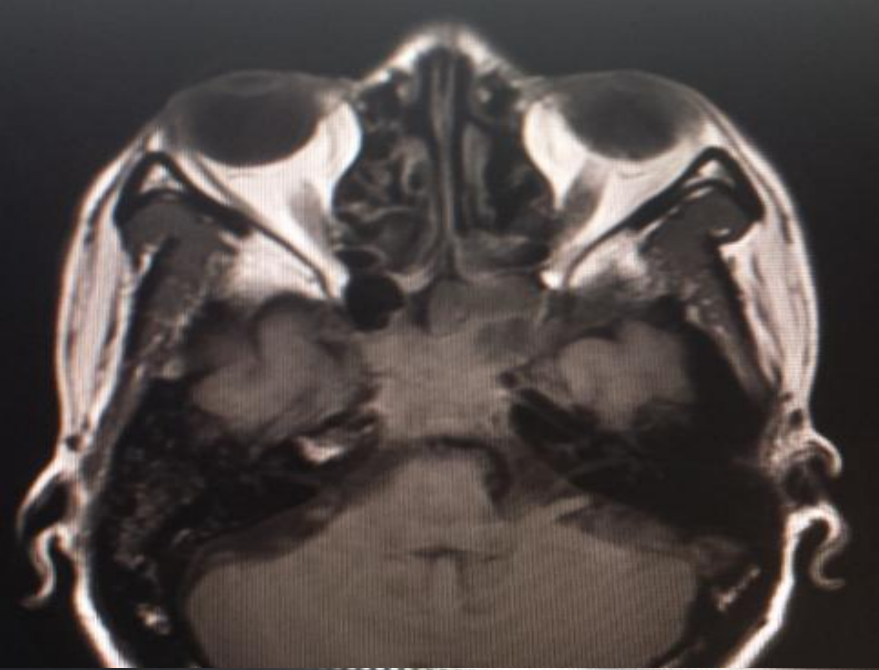
# 斜坡脑膜瘤

- 多位于后颅窝的上2/3，广基与颅底紧密相连，可见脑膜尾征及临近骨质吸收或增生



# 鼻咽癌

- 1. T1WI等信号， T2WI等或略高信号
- 2. 形态不规则， 边界不清
- 3. 中心通常位于一侧鼻咽侧壁
- 4. 无钙化， 常伴颈部淋巴结肿大
- 5. 快速强化， 快速消退



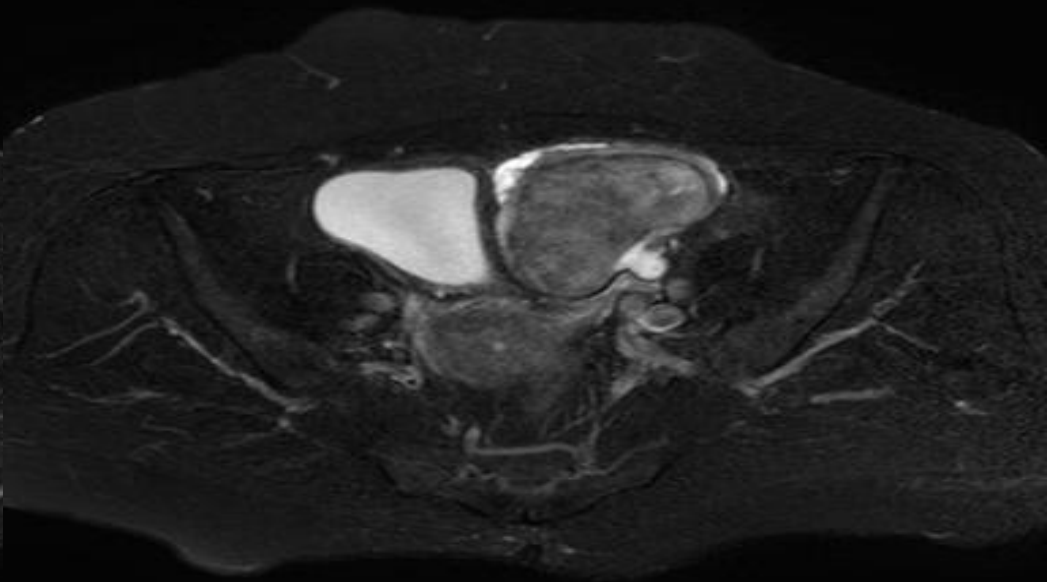
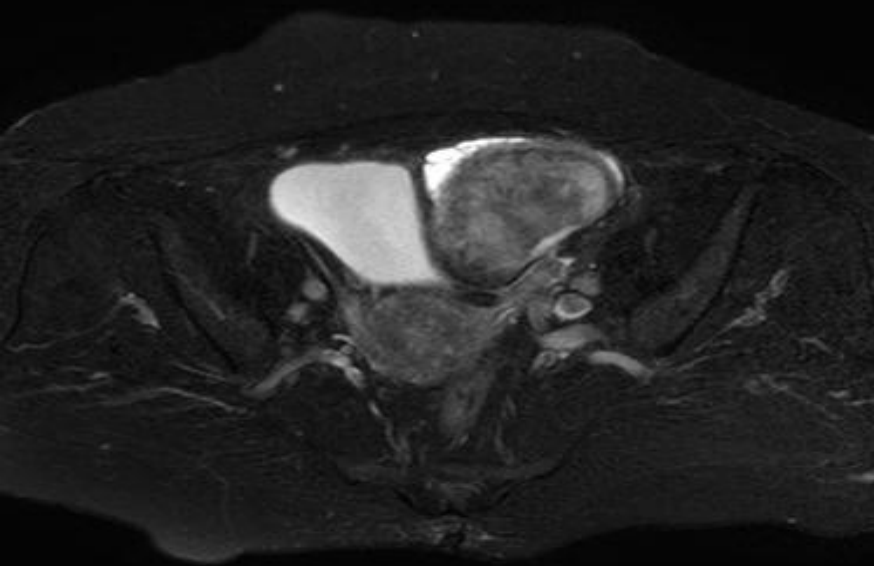
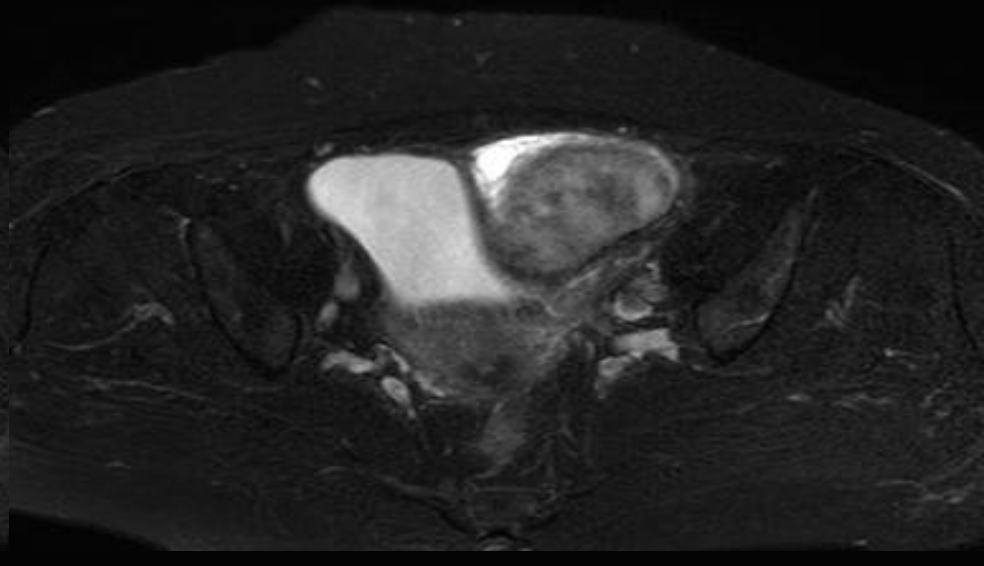
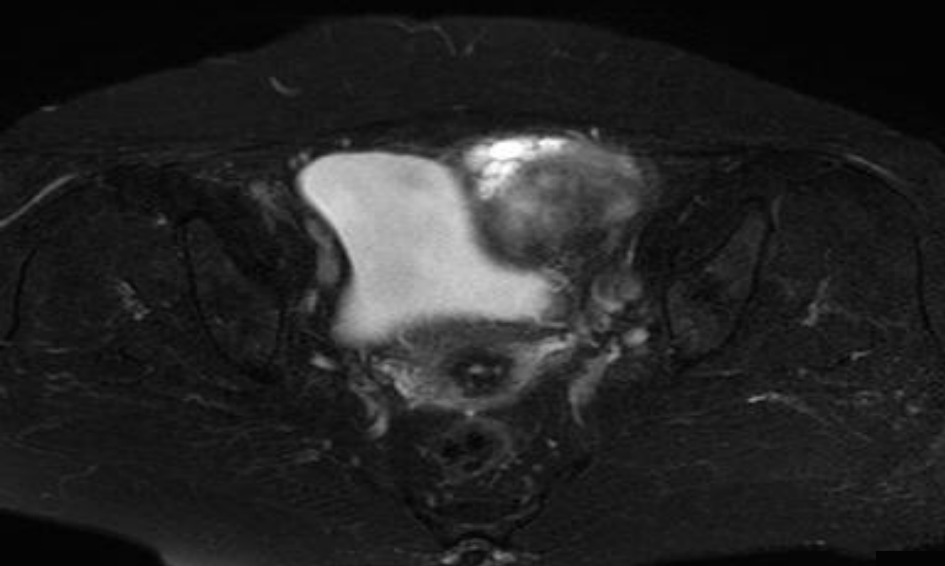


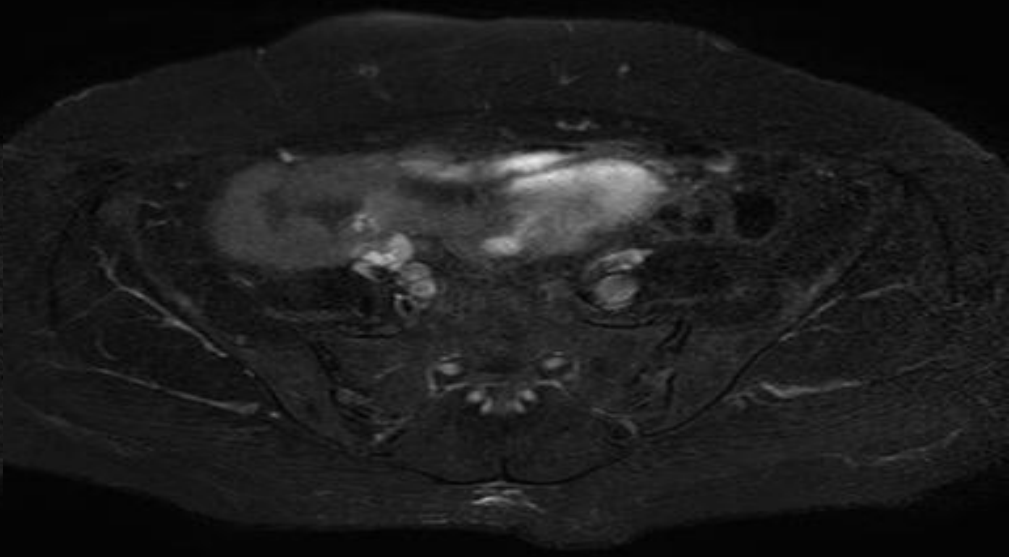
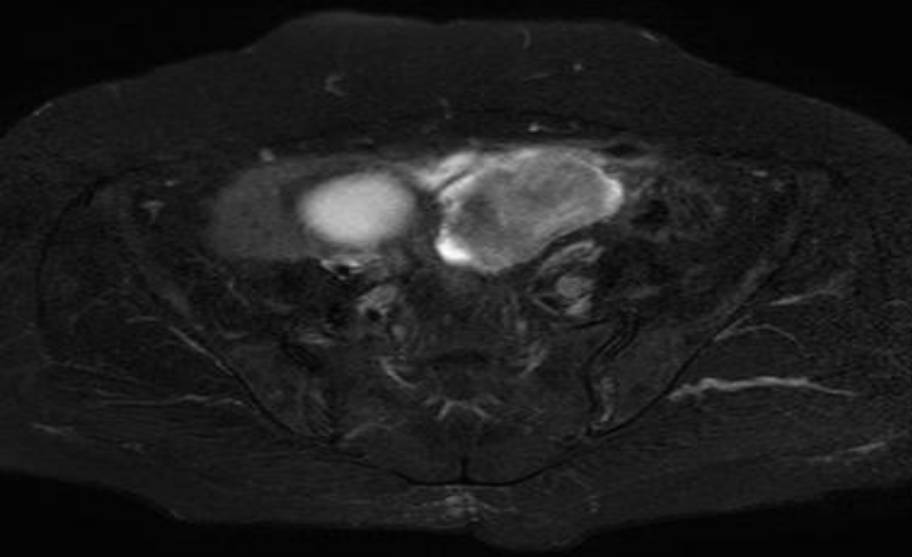
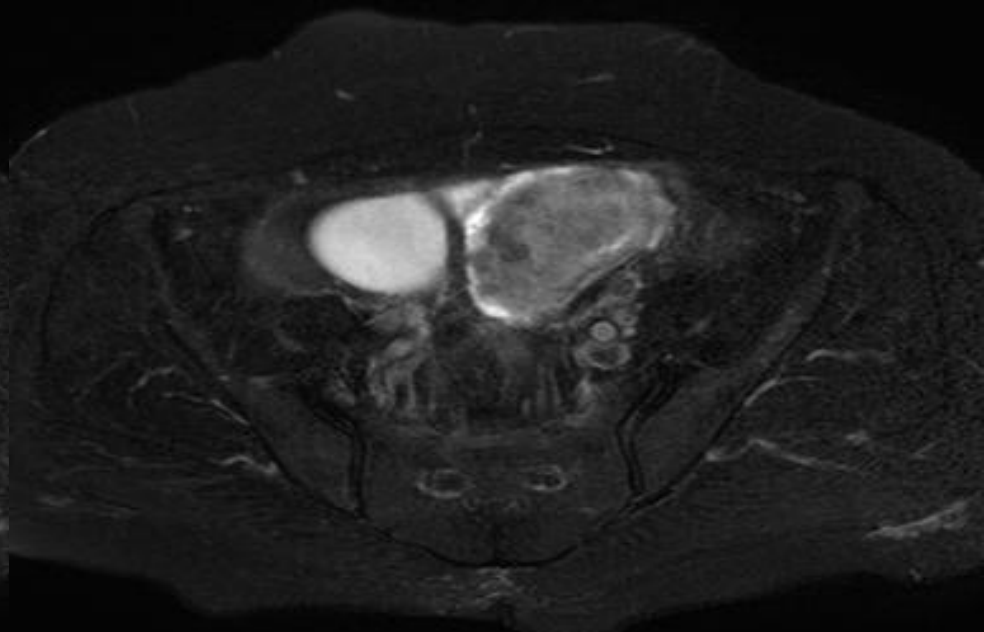
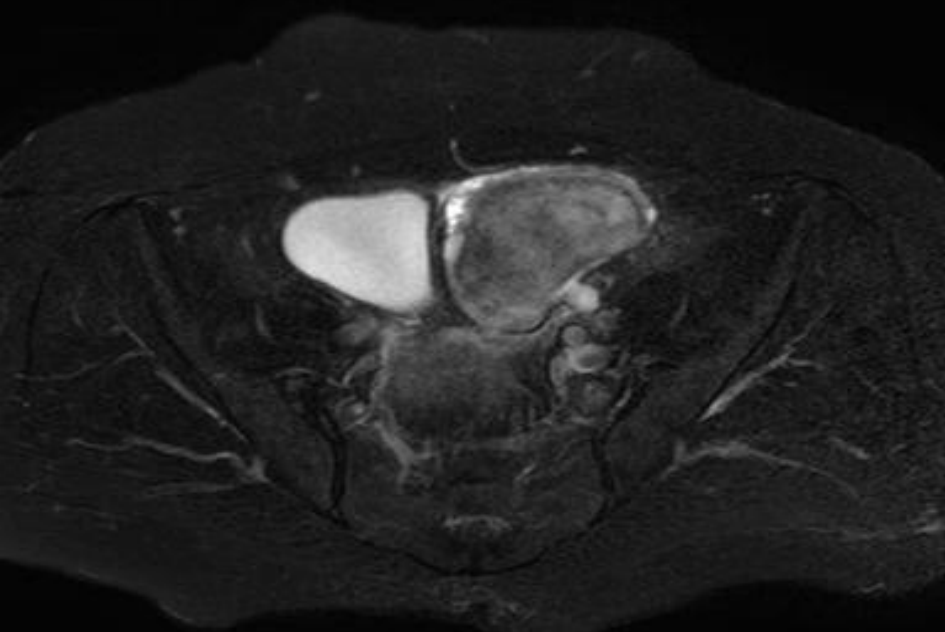
# 病例二

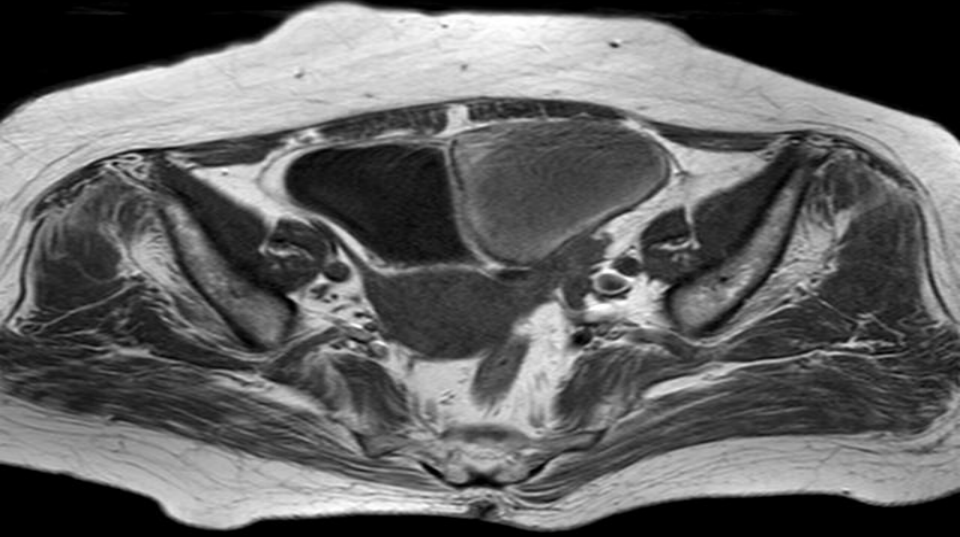
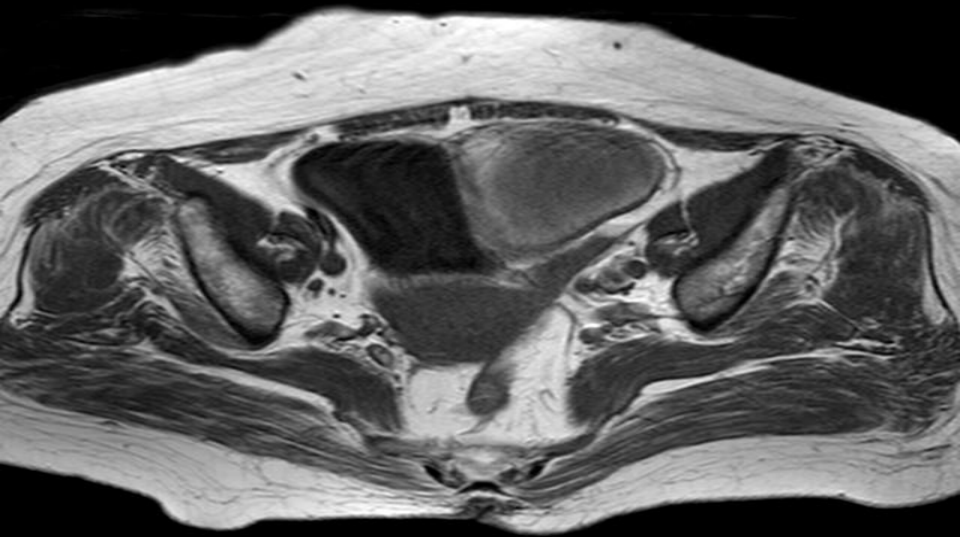
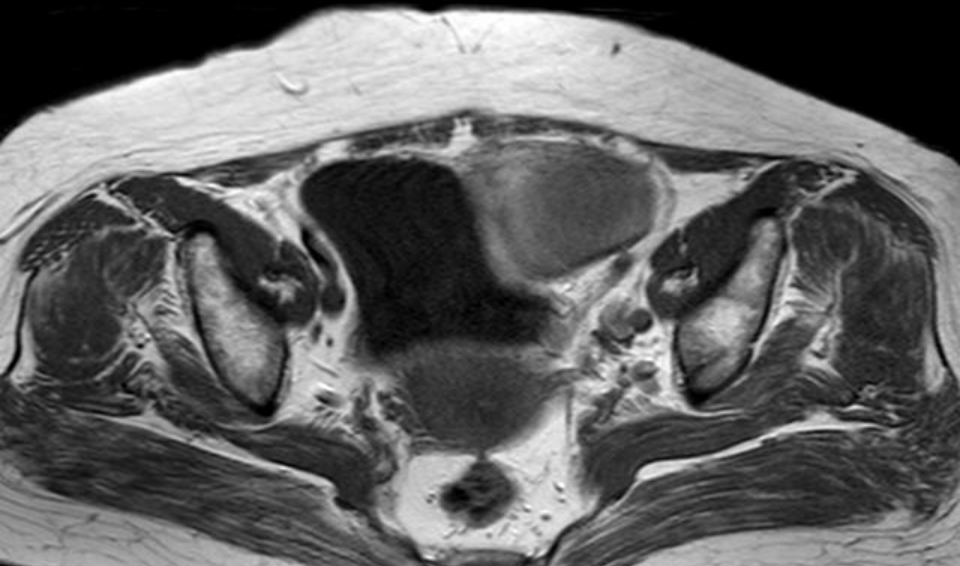
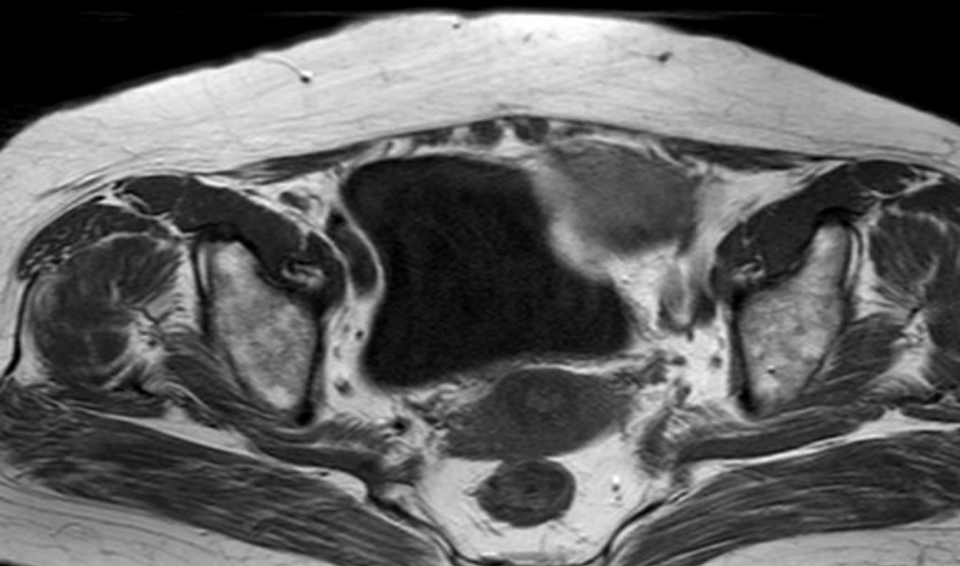


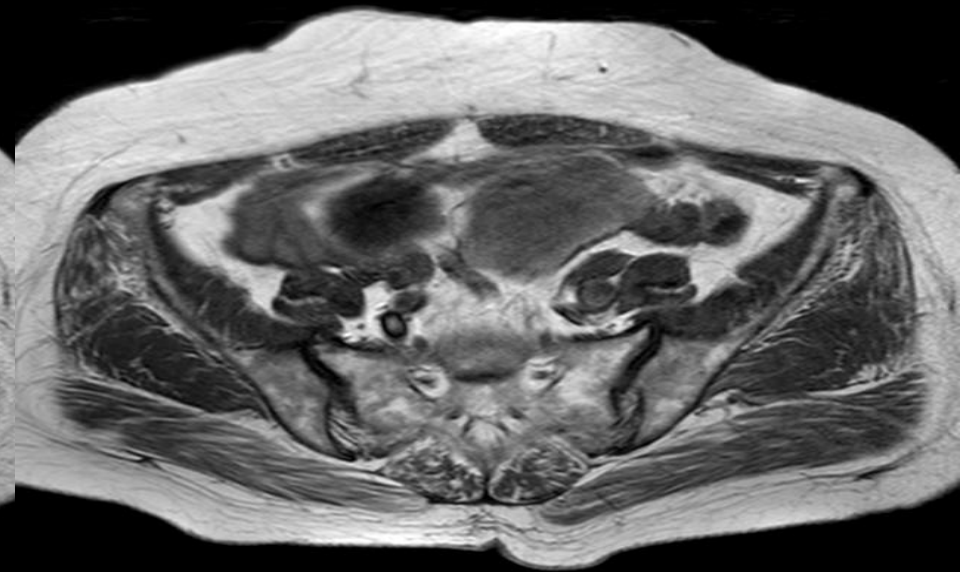
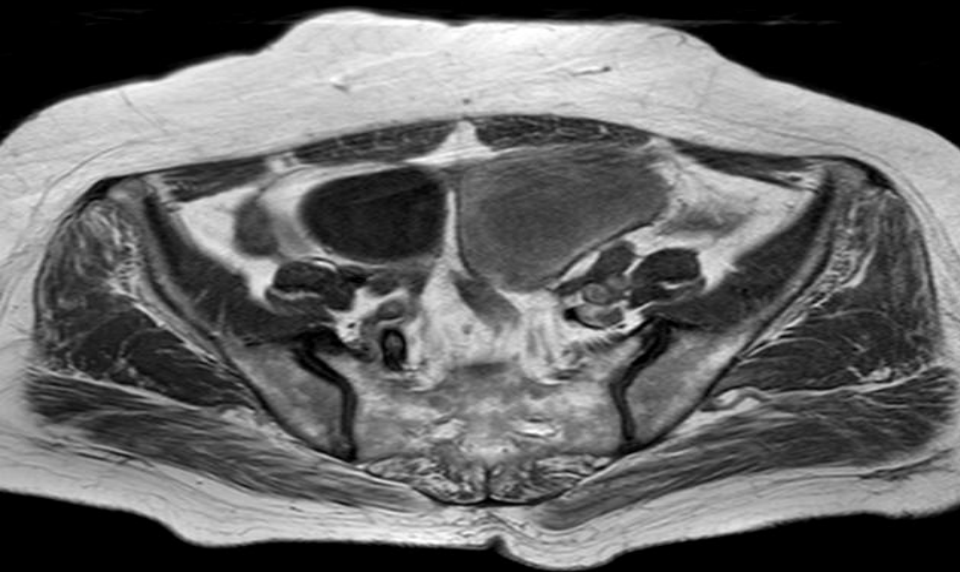
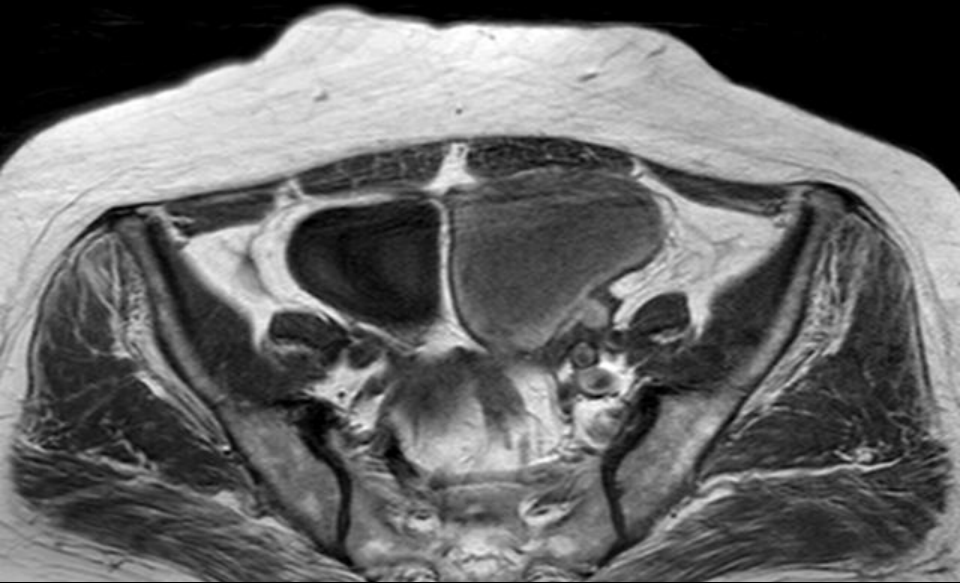
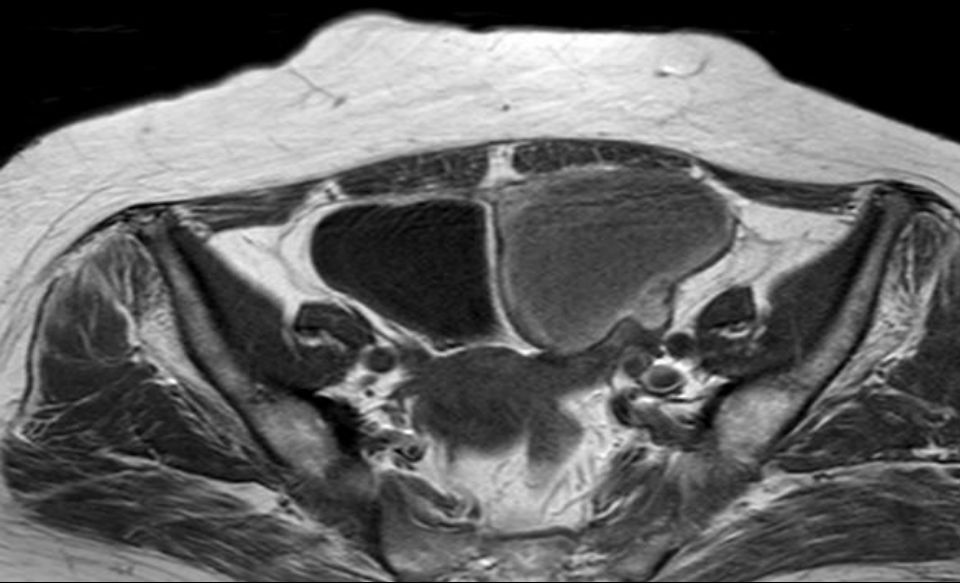
# 病史摘要

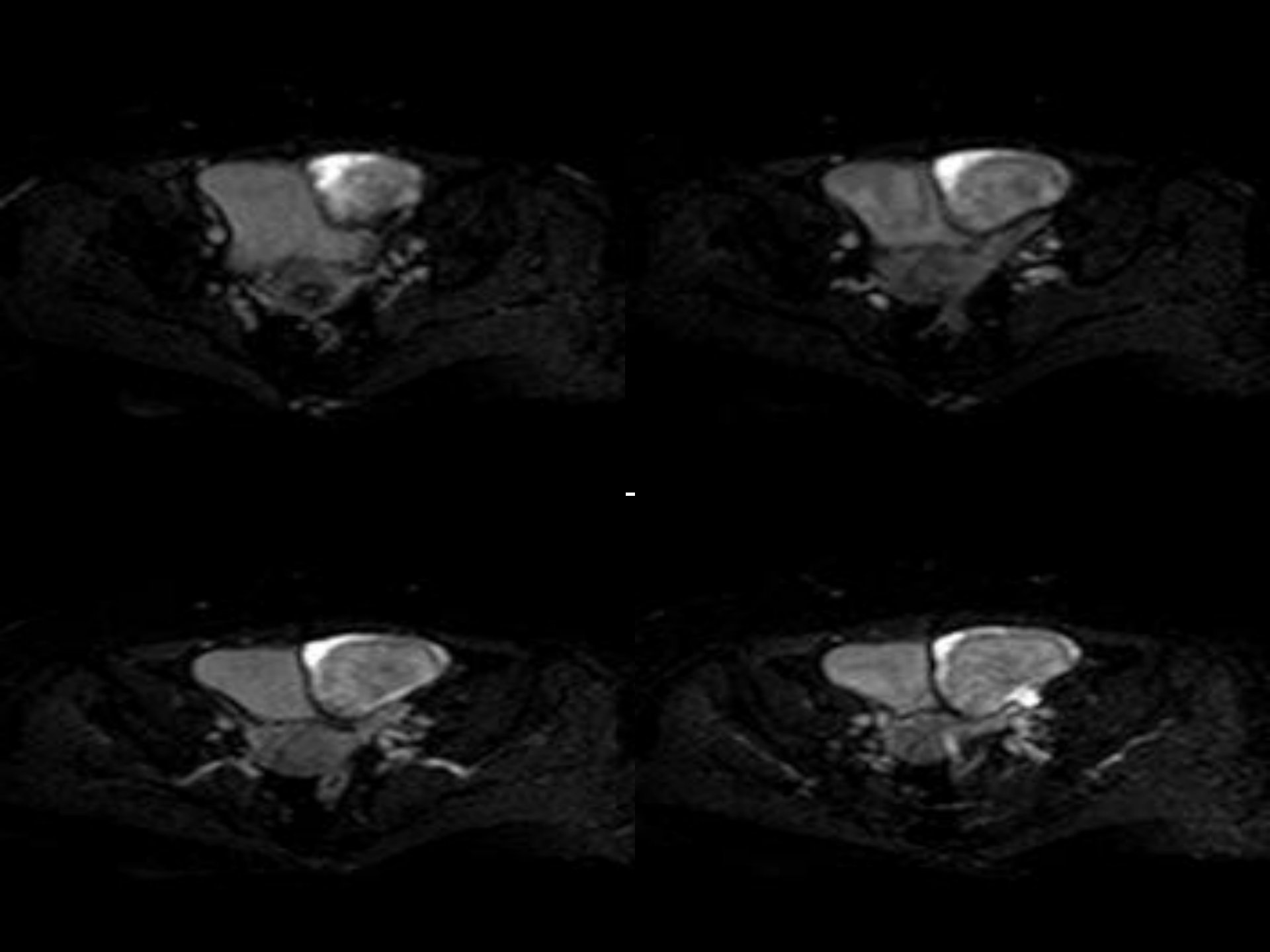
- 女性，70岁，半年前无明显诱因出现下腹疼痛，无放射，间断发作，自行缓解，无腹胀，无纳差，腹泻，无阴道异常流血排液。门诊彩超提示：左侧附件区实性包块。

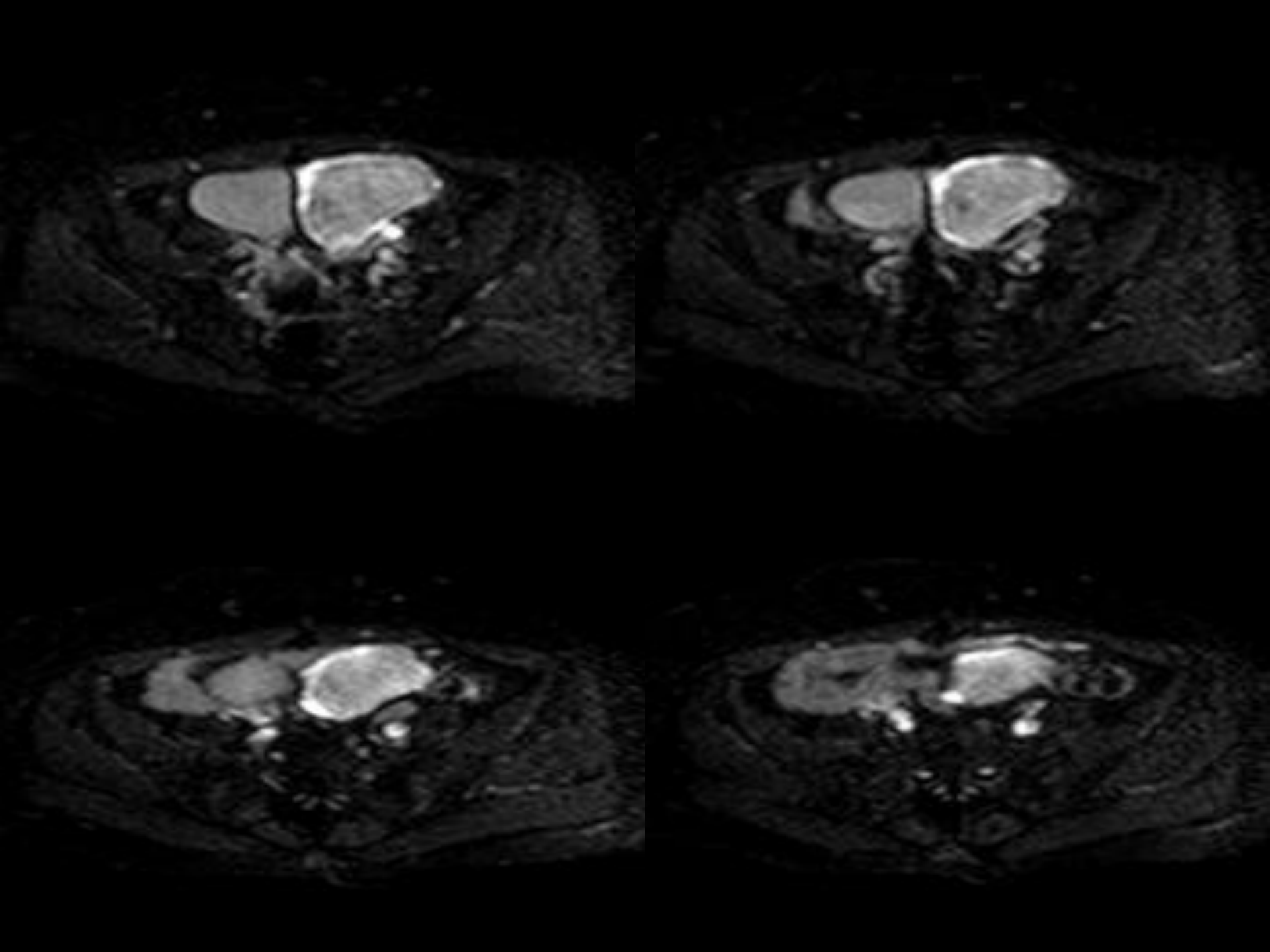


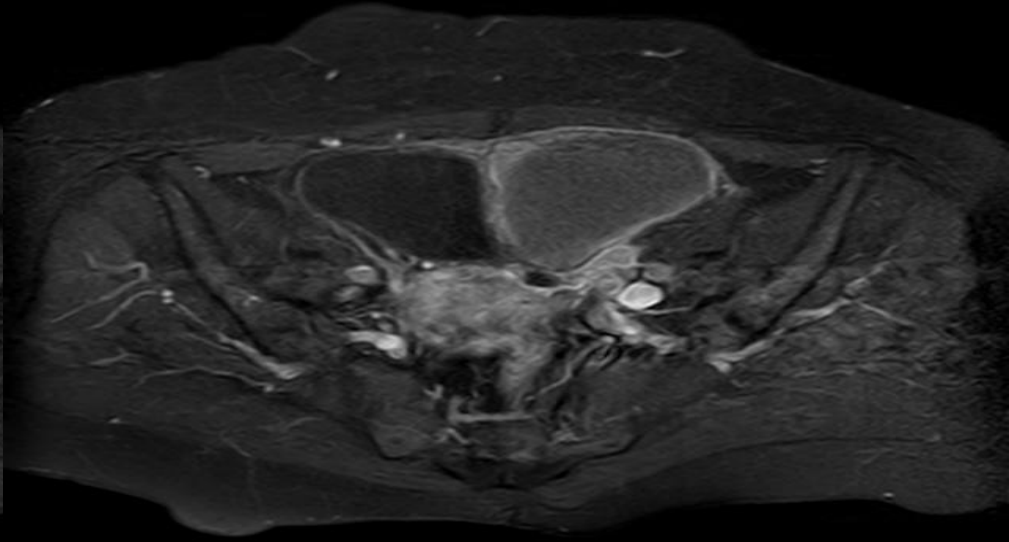
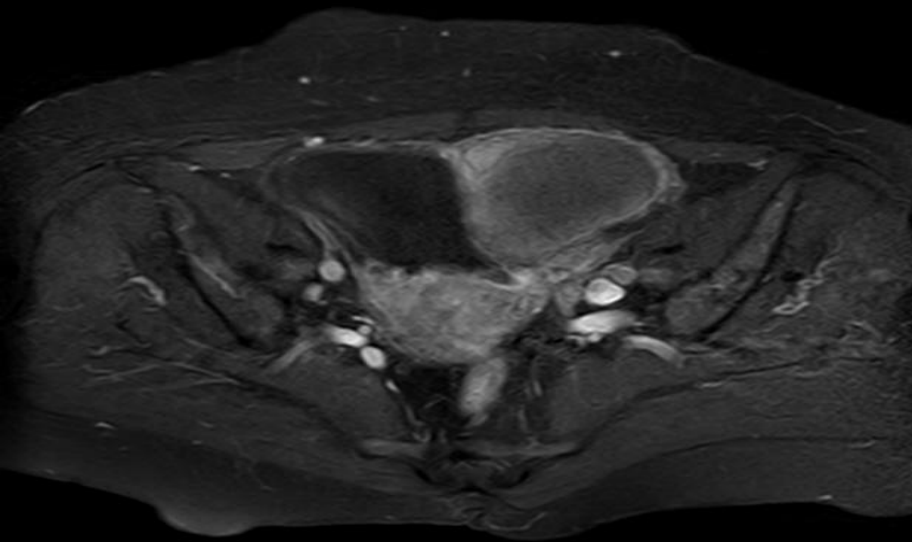
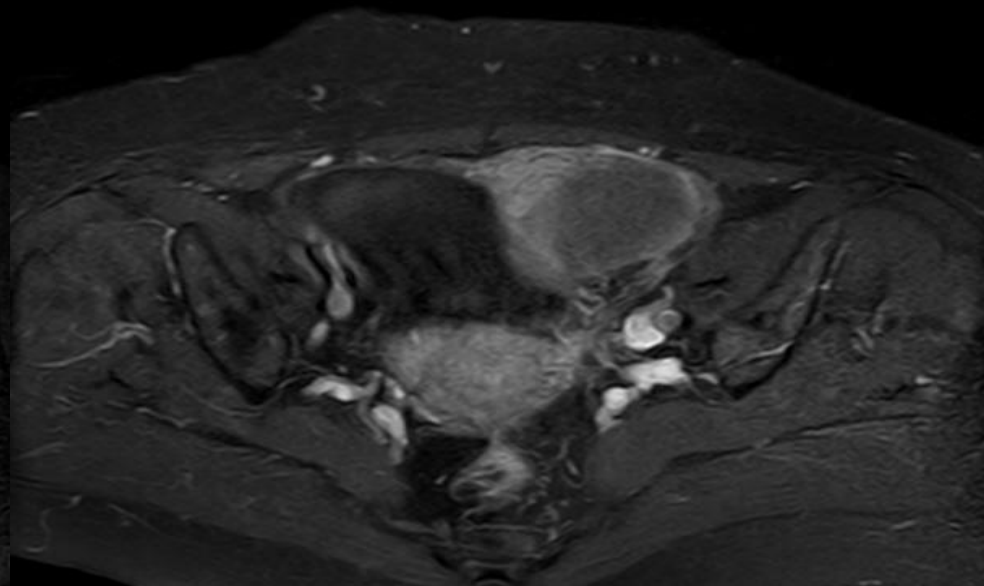
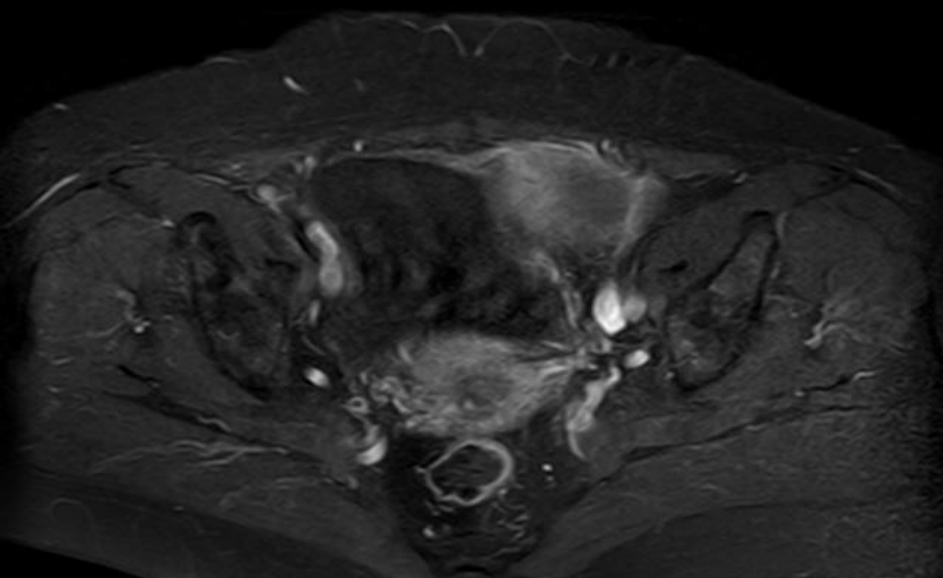




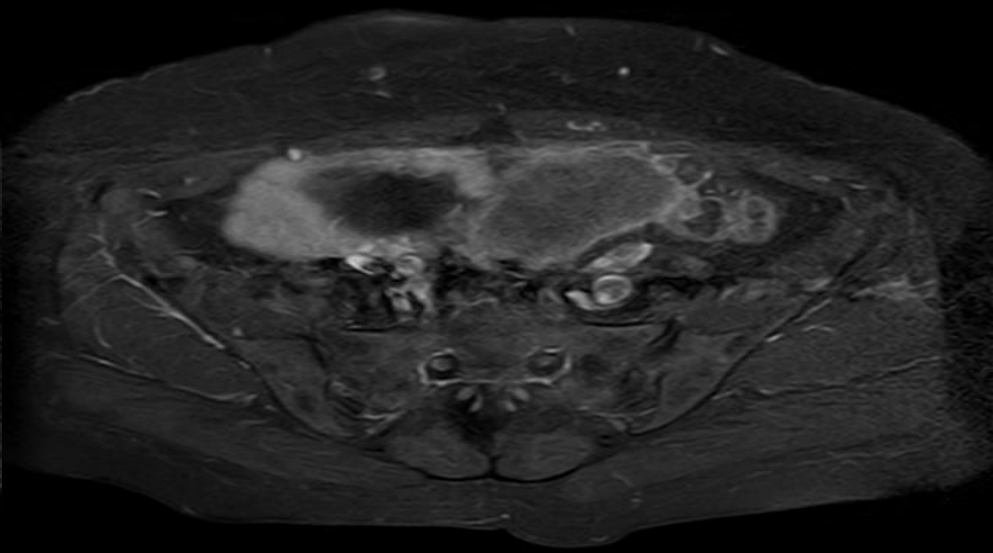
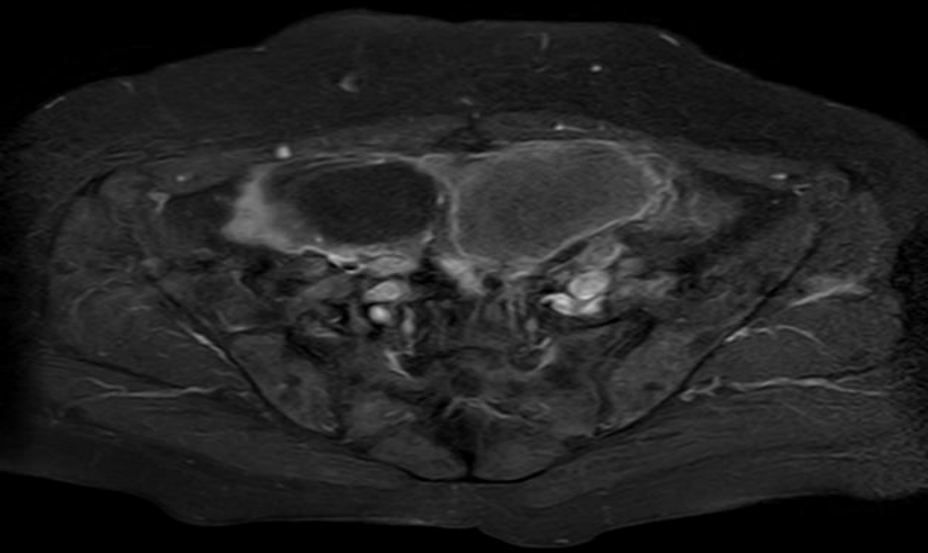
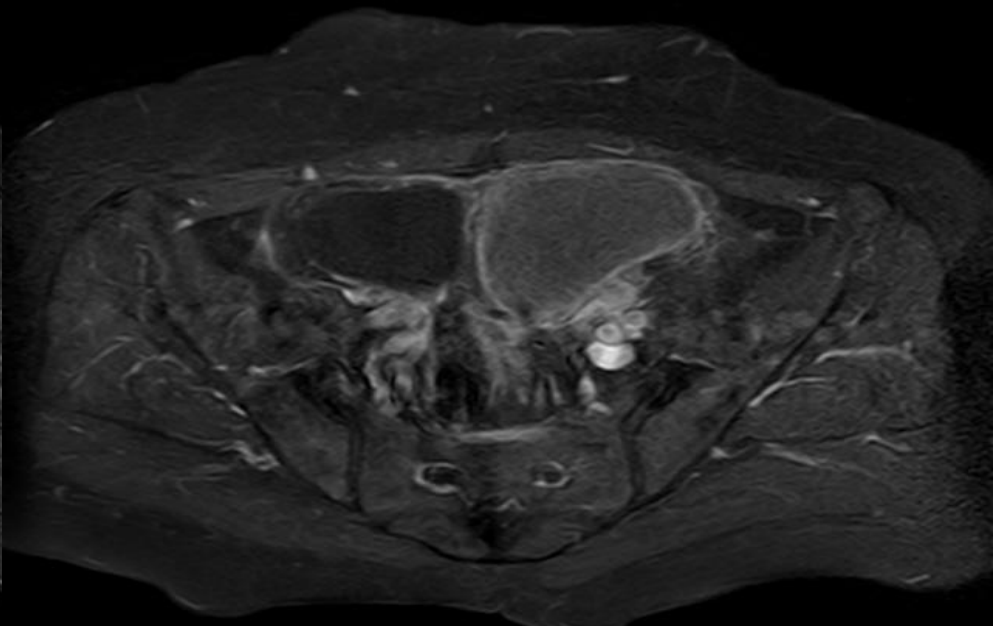
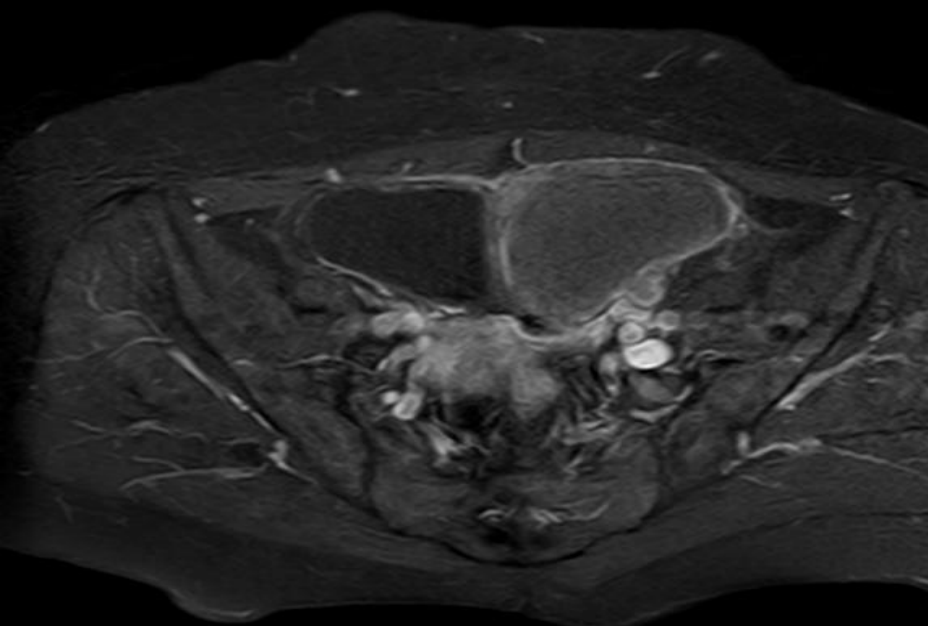












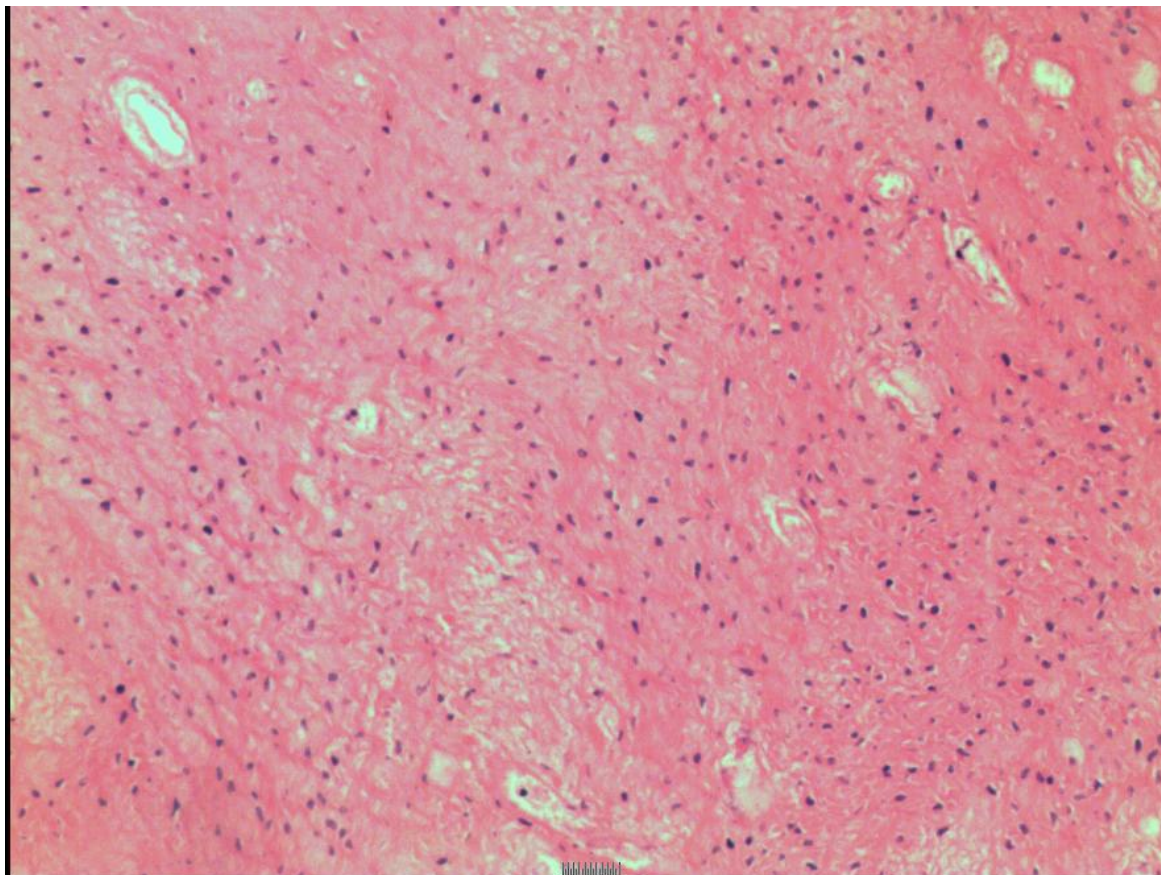


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术中诊断： 1.左卵巢梭形细胞瘤 2.慢性宫颈炎 3.2型糖尿病 手术方式：全子宫加双附件切除加肠粘连松解术 麻醉方式：全身麻醉 手术简要经过：术中见：腹腔少量淡黄色积液，约200ml，左侧卵巢实性增大，约7\*8cm，包膜完整，与左侧盆腔侧腹膜、膀胱后壁及部分肠管粘连，宫体常大，左输卵管及右附件外观正常。松解肠管及盆腔粘连后见左卵巢肿瘤蒂部扭转2周，完整切除左卵巢肿瘤送快速冰冻病理示：左卵巢梭形细胞瘤，与患者家属沟通病情后行全子宫加双附件切除术。术中剖视子宫：子宫内膜光滑，宫颈后壁一直径1cm带蒂息肉。手术顺利，麻醉满意，术中生命体征平稳，出血50ml，补液1650ml，尿液清，300ml，术毕病人清醒，安返病房。术后处理措施：因手术涉及阴道，予以二联抗生素抗感染及补液支持治疗。术后注意观察事项：生命体征及体温情况。

# 术后诊断

- 左侧卵巢梭形细胞肿瘤，符合卵泡膜纤维瘤伴坏死



# 卵泡膜纤维瘤

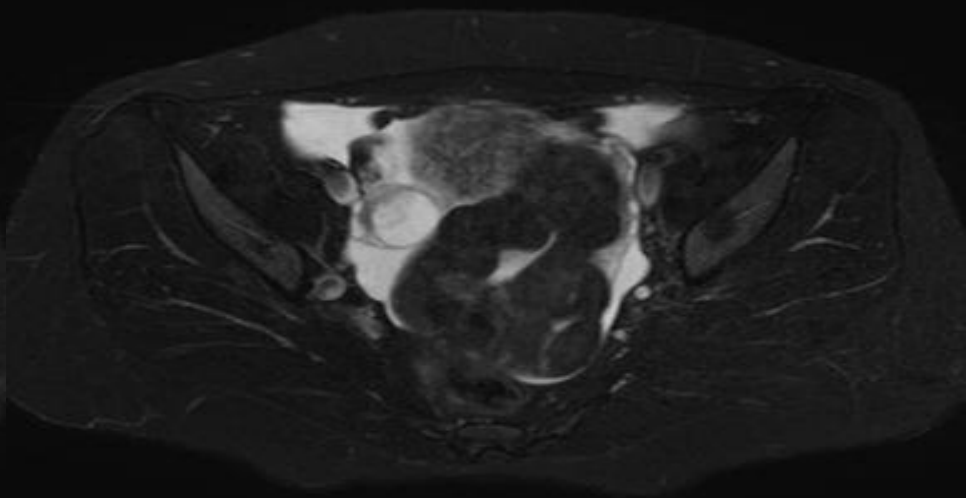
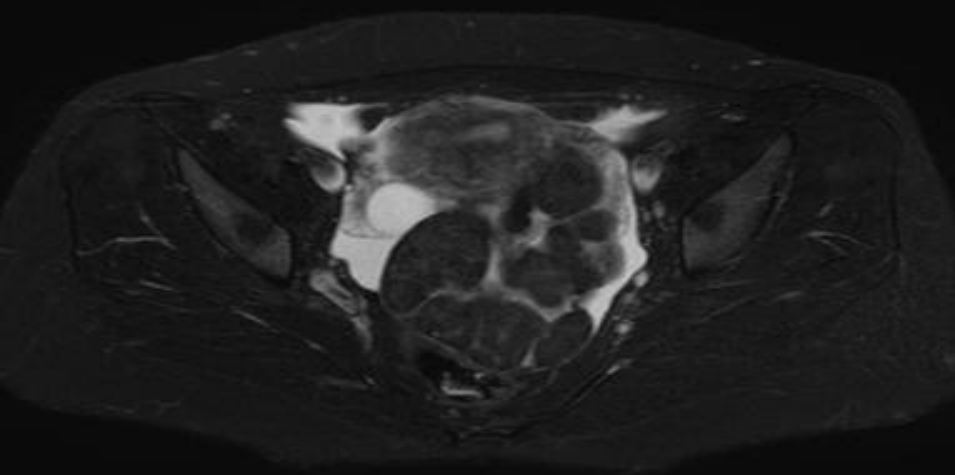
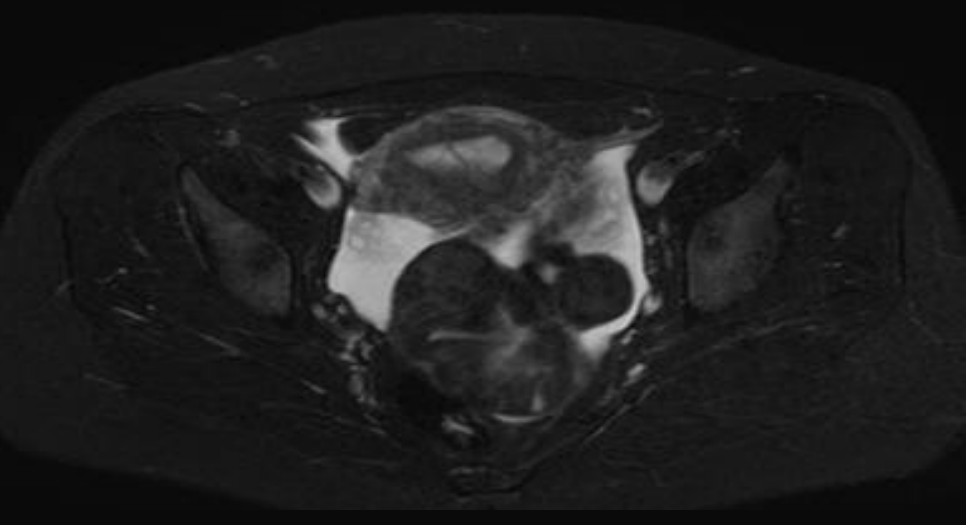
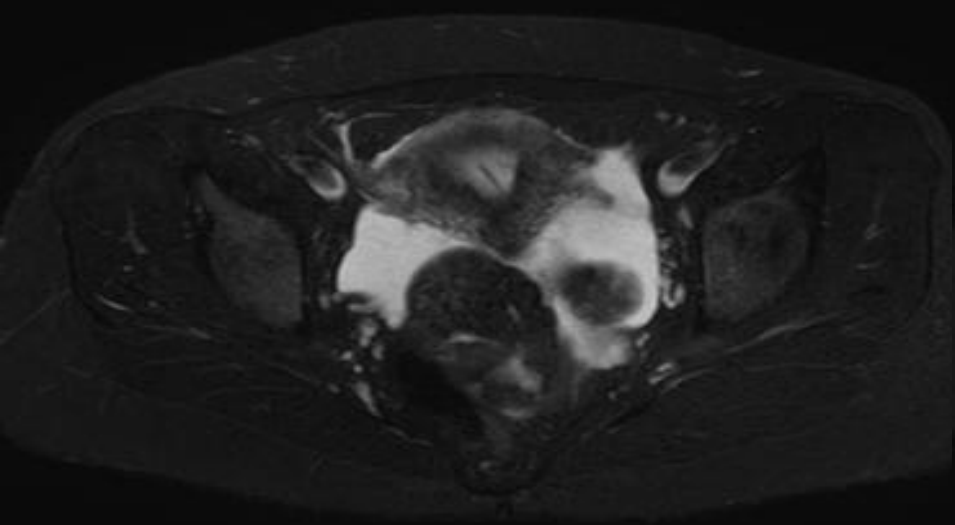
- 性索间质肿瘤，仅次于颗粒细胞瘤。单侧多见。圆形或卵圆形，实性，有包膜，镜下见短梭形瘤细胞，胞浆富含脂质，常见囊变、出血。
- 大部分为良性，极少数为恶性，好发于中年女性，预后差，分泌雌激素，常合并内膜增生过度、子宫肌瘤。不伴胸腹水。
- T1WI及T2WI均出现普遍的低信号，肿瘤较大时，信号混杂。动态增强无延迟强化。

# 鉴别诊断

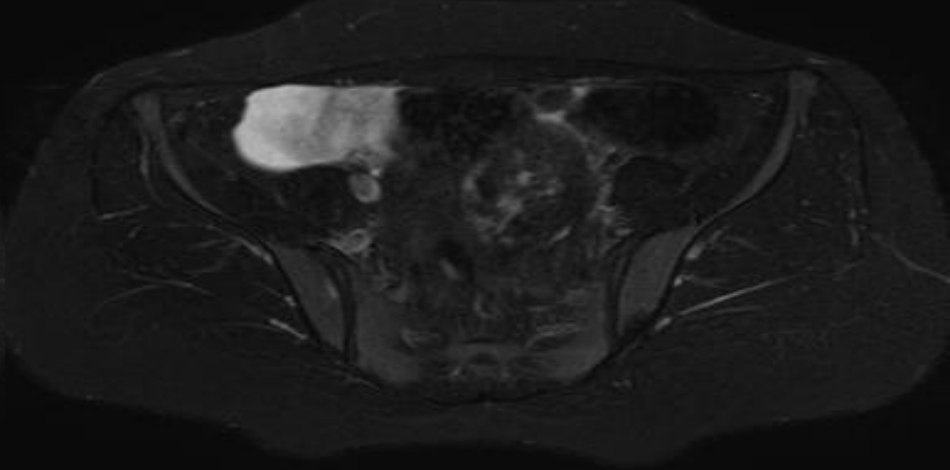
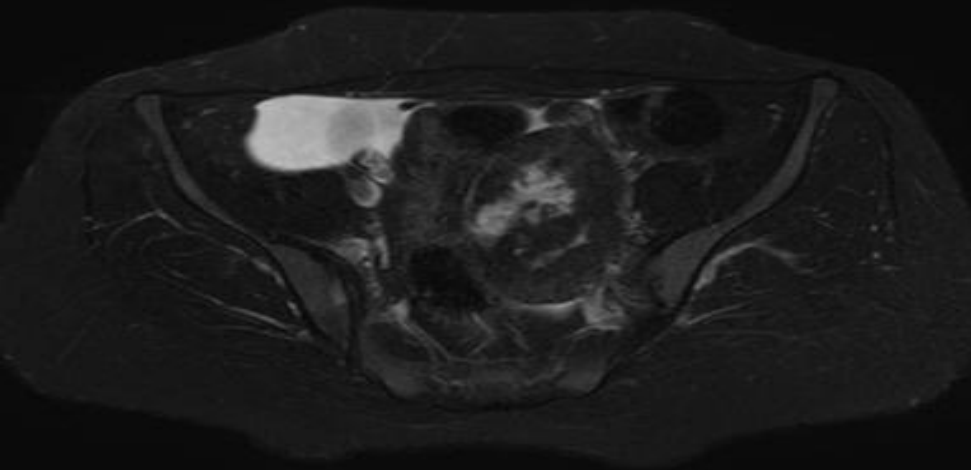
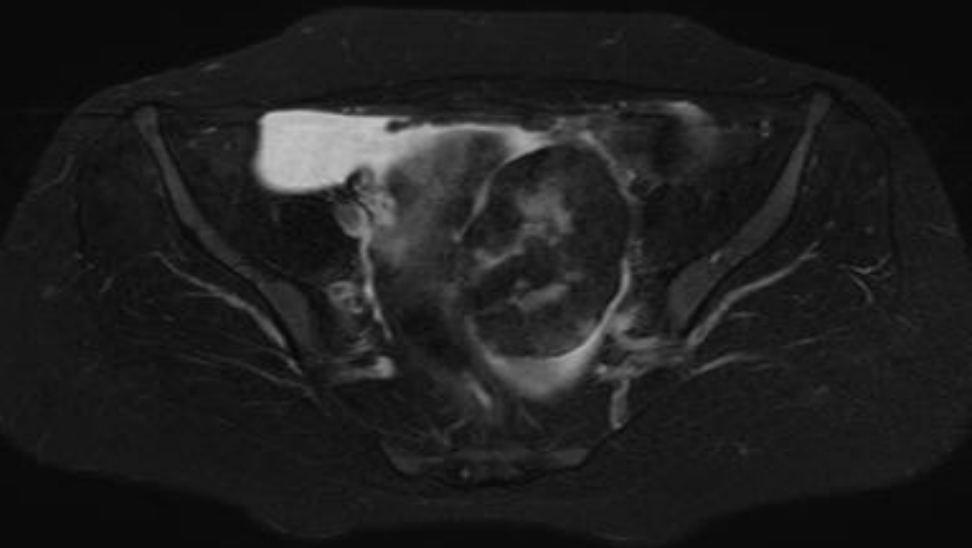
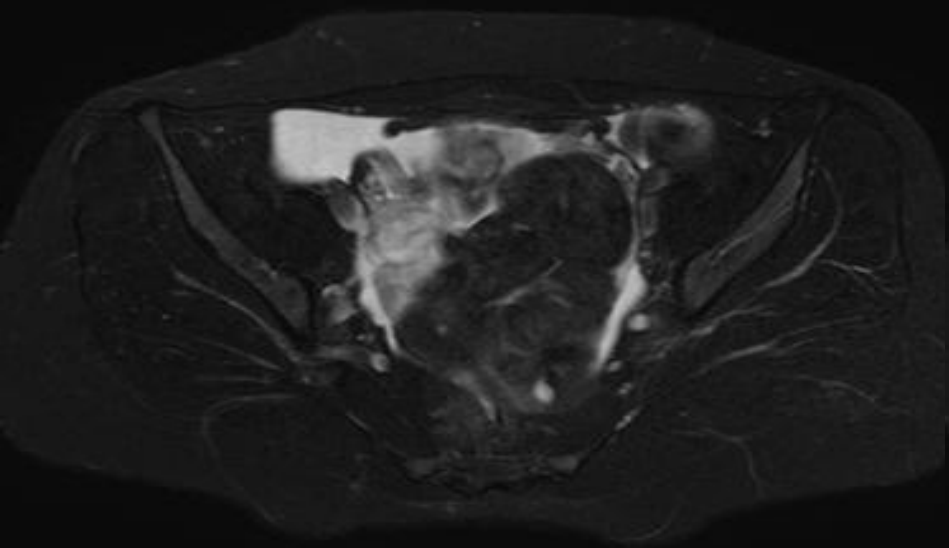
- 1. 卵巢纤维瘤
- 2. 颗粒细胞瘤
- 3. 子宫肌瘤
- 4. 浆液性囊腺瘤
- 5. 卵巢转移瘤（库肯勃瘤）

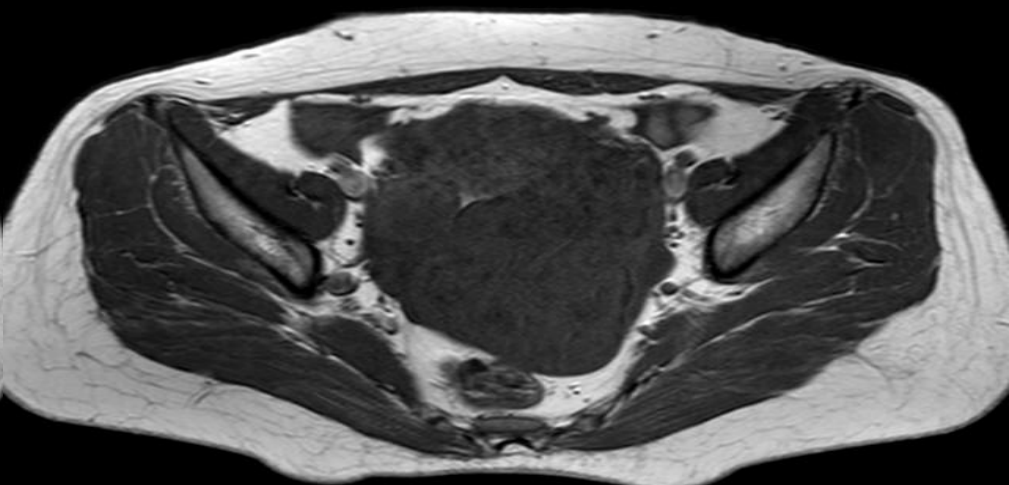
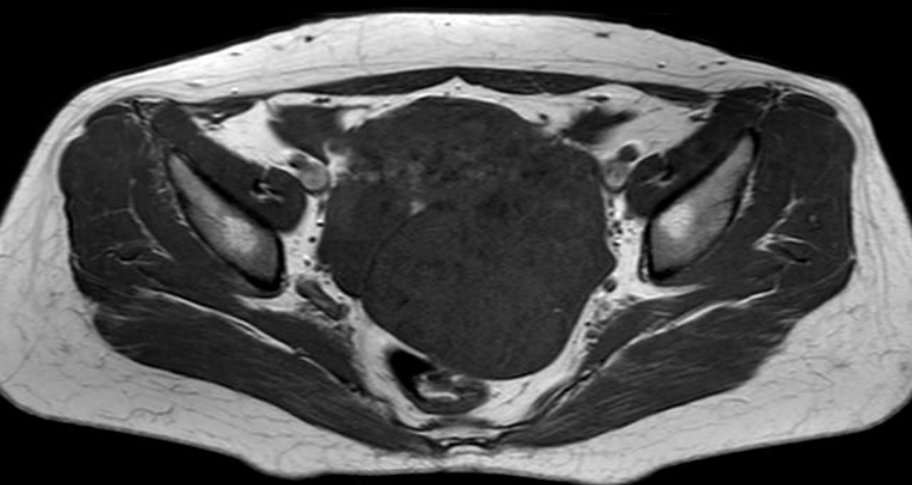
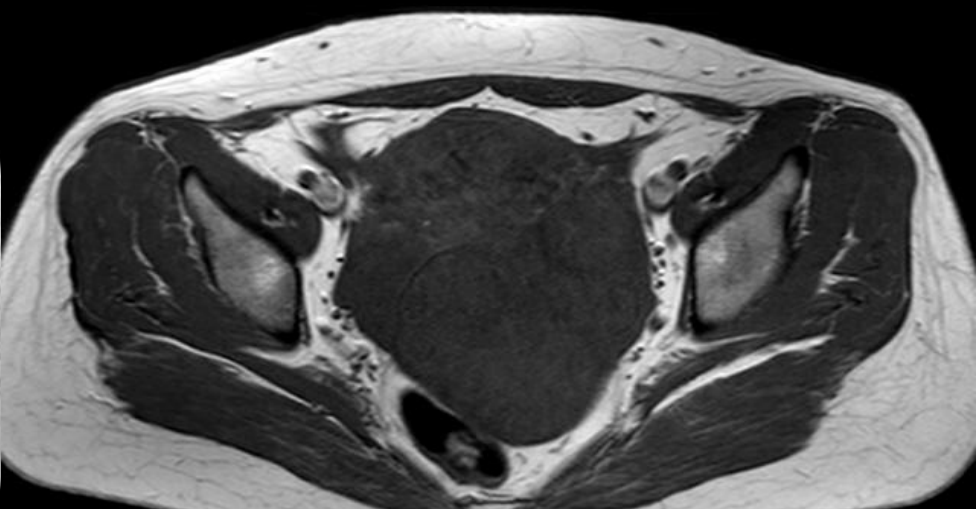
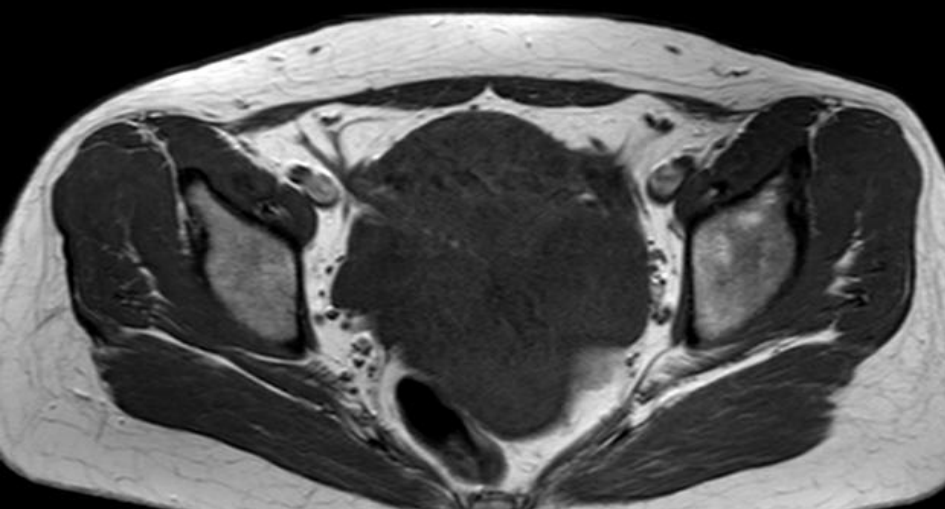
# 卵巢纤维瘤

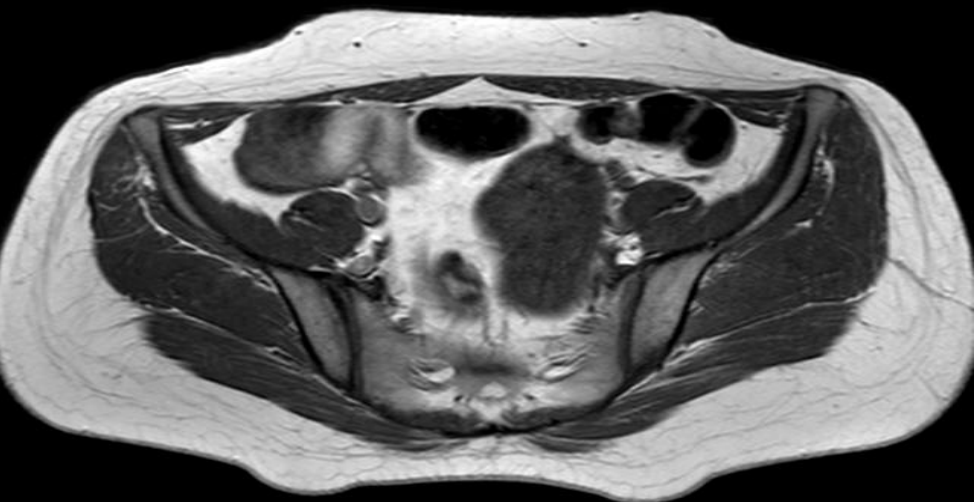
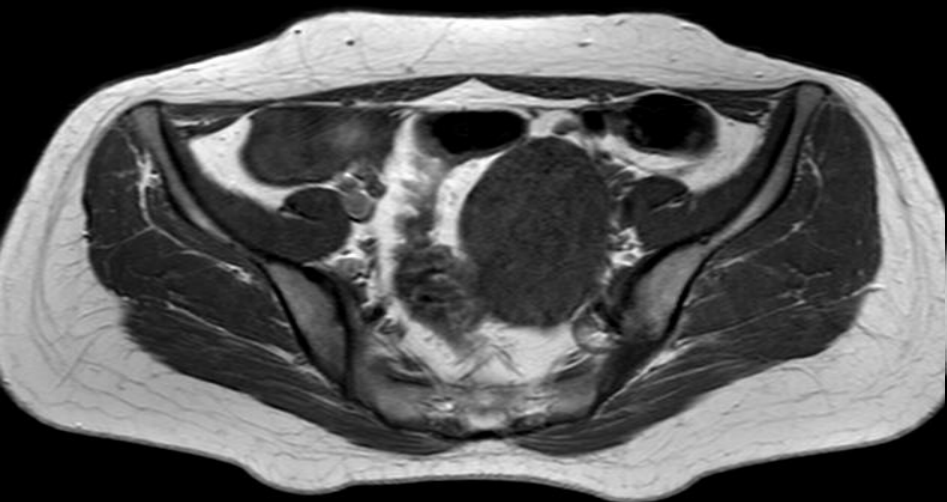
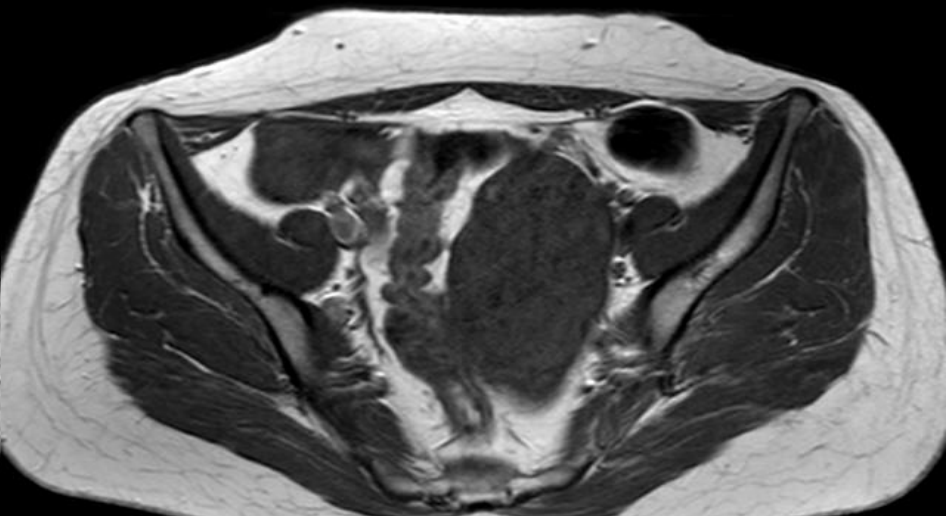
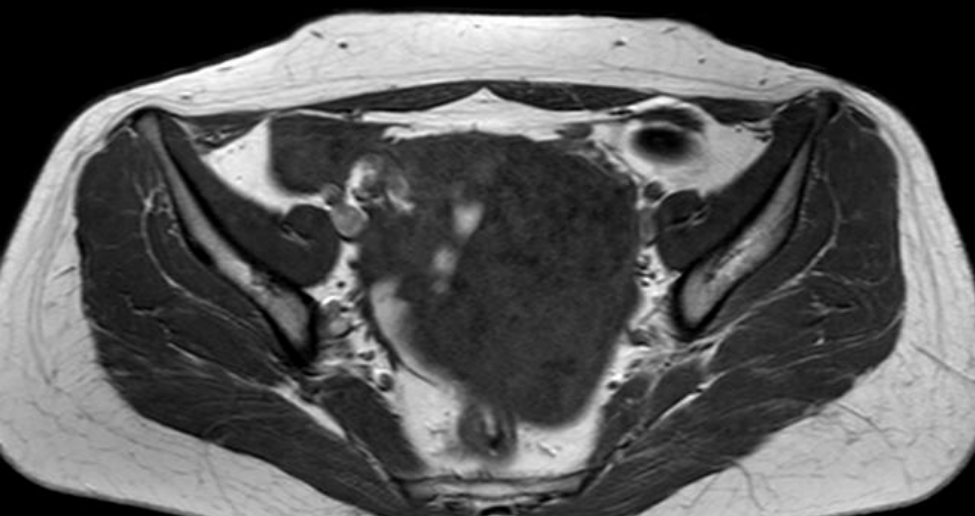
- 好发中年妇女，单侧多，直径大于10cm时，发生扭转。40%伴发胸腹水。
- 实性，含大量肌原纤维的梭形细胞，可有钙化。
- T1WI呈稍低信号，T2WI呈明显低信号，边缘见低信号假包膜。可变性或水肿，T2WI内散在高信号。增强后轻度强化，动态增强见弱的延迟强化。
- 病灶侧如有正常卵巢组织，可排除此病

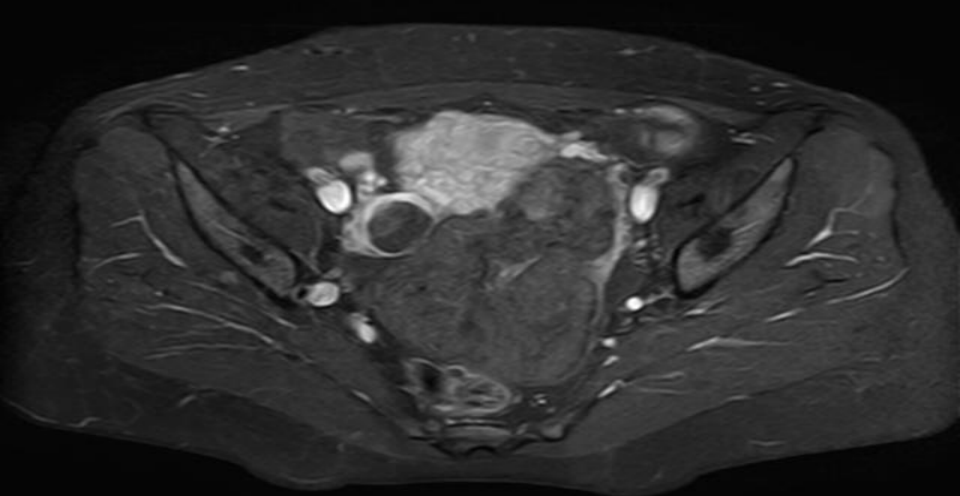
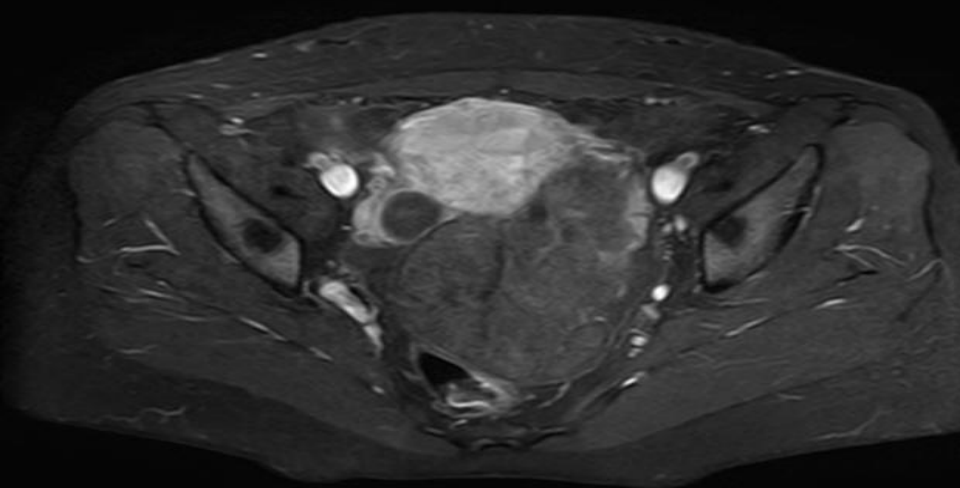
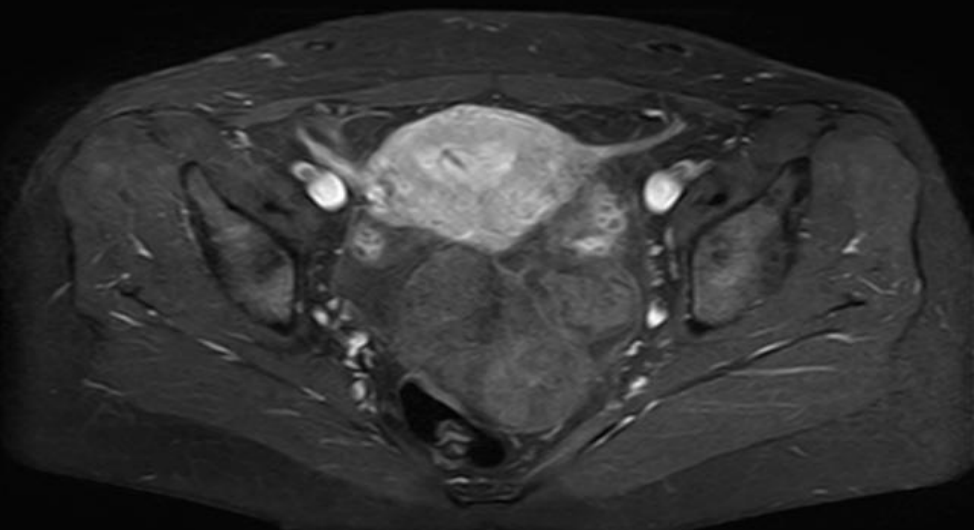
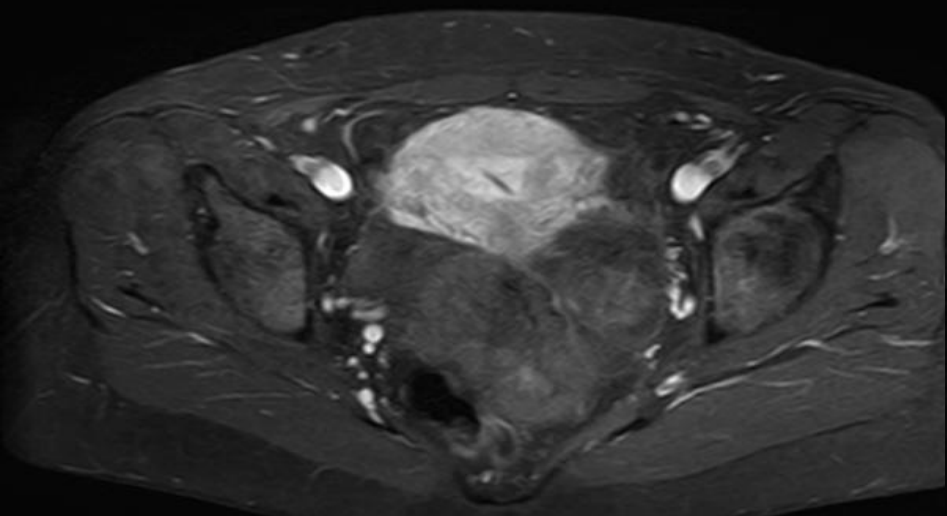


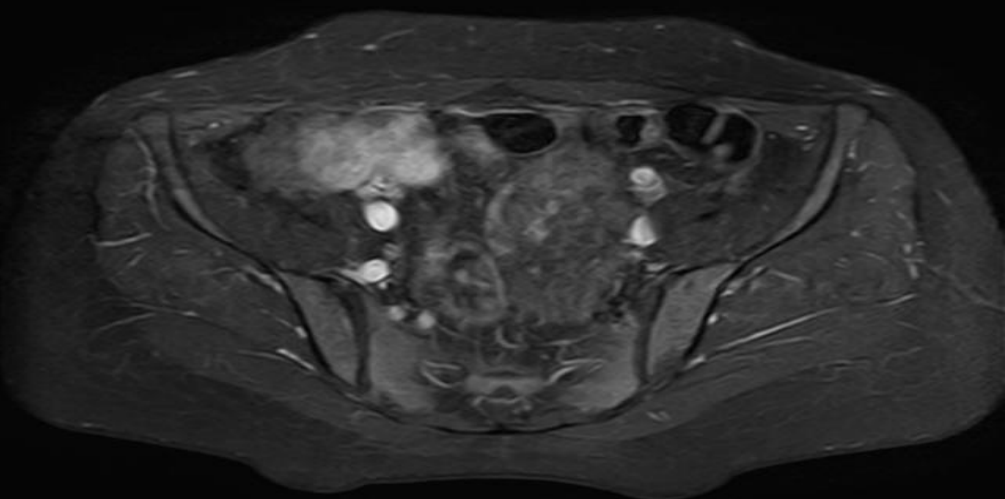
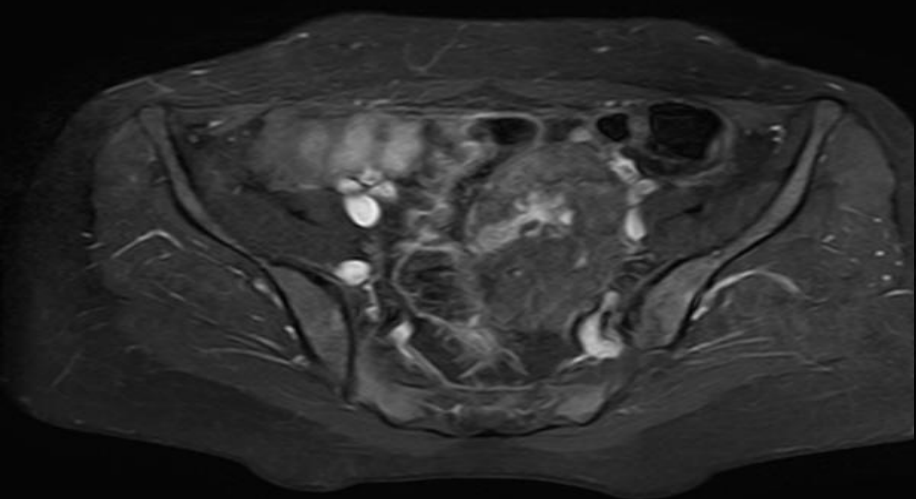
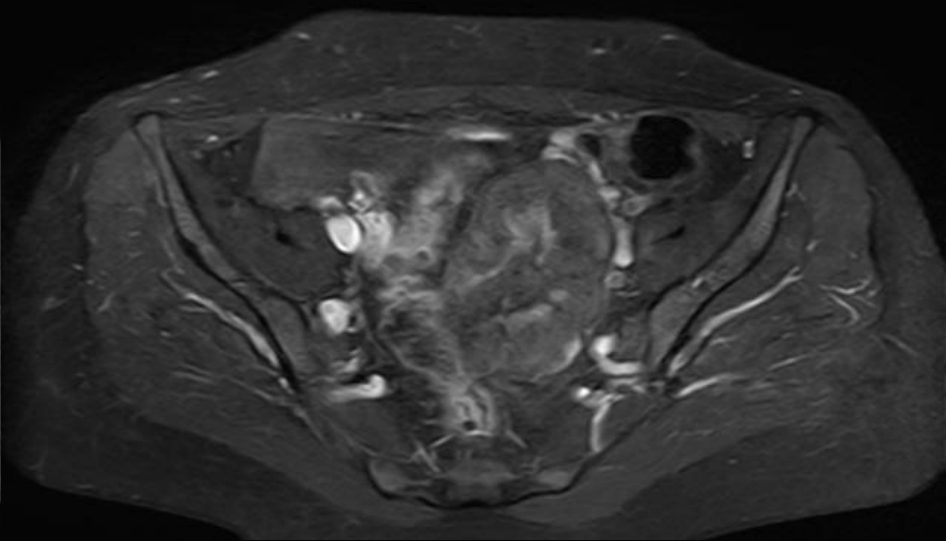
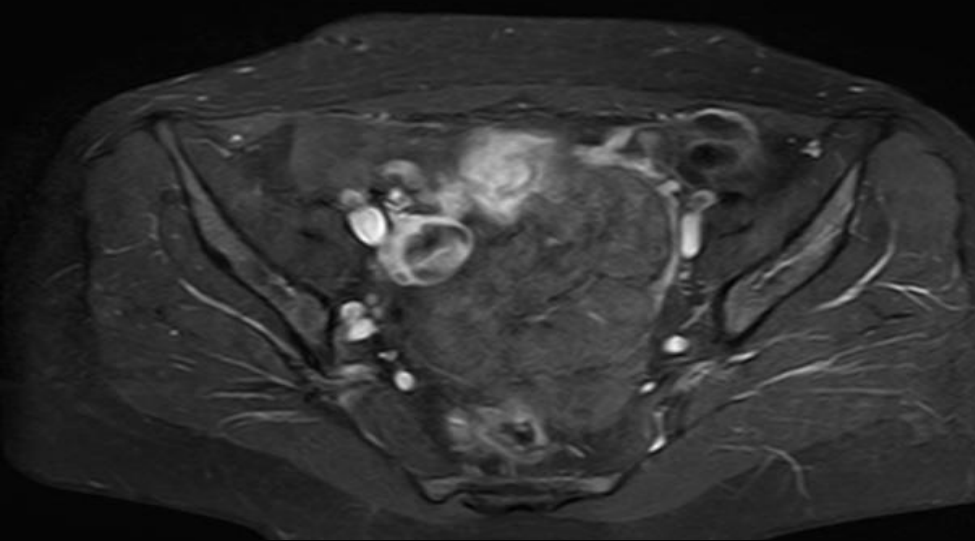






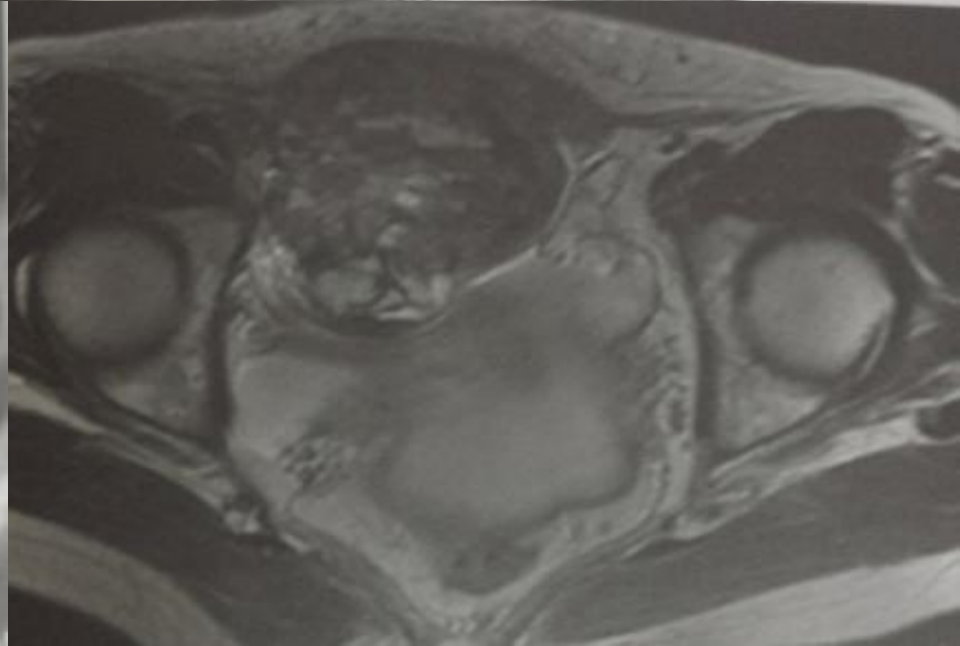
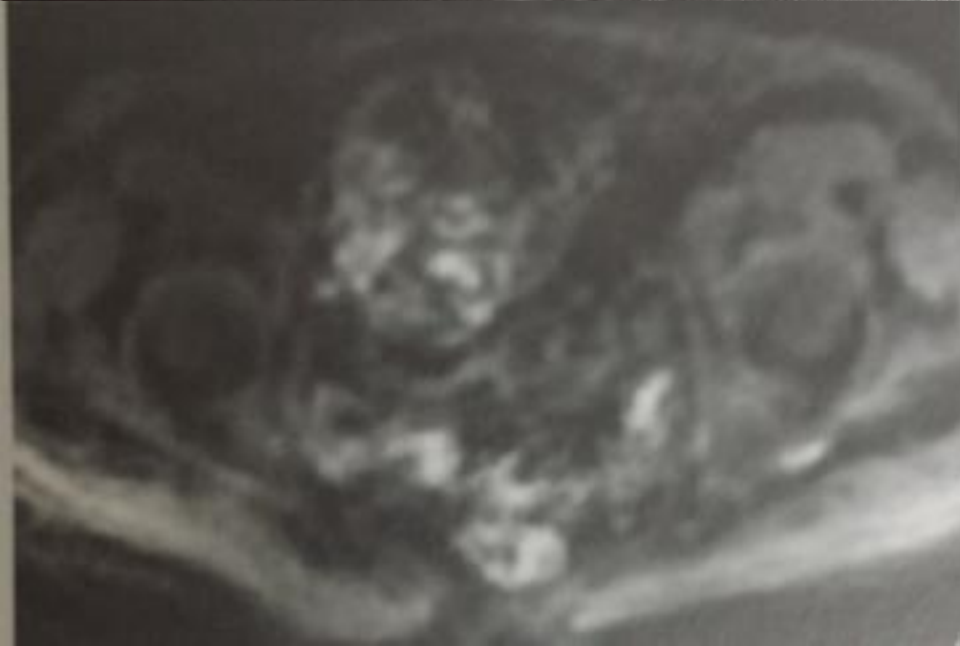
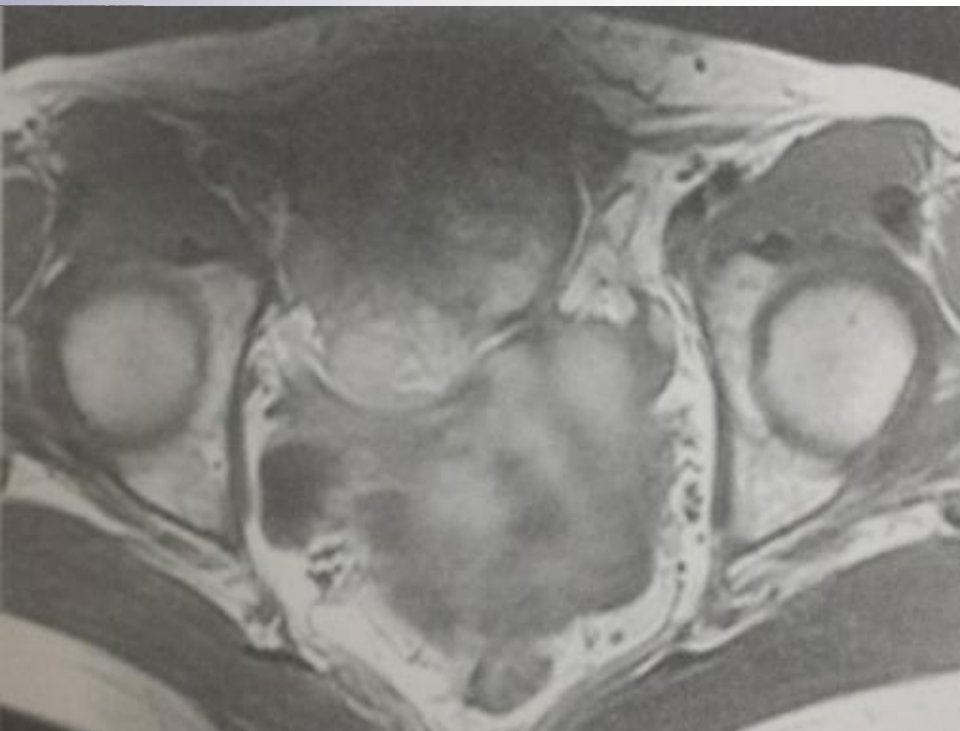


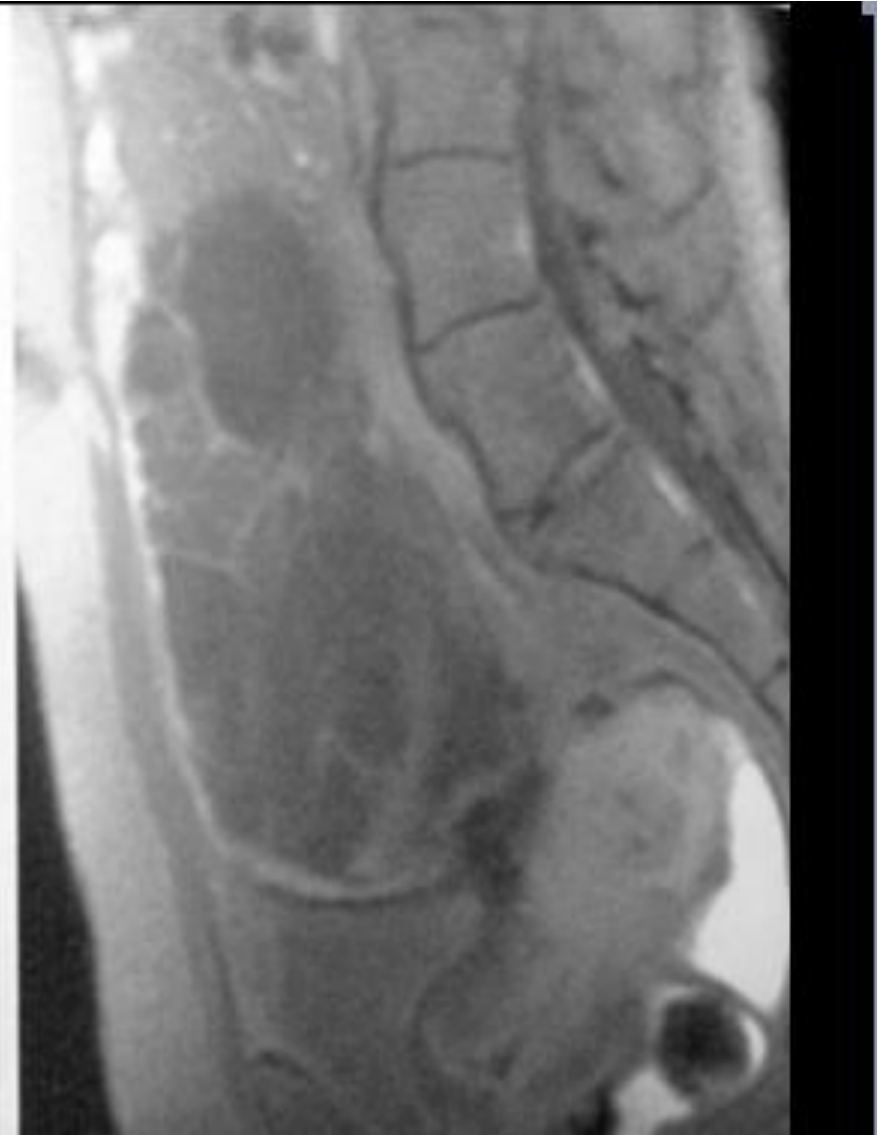




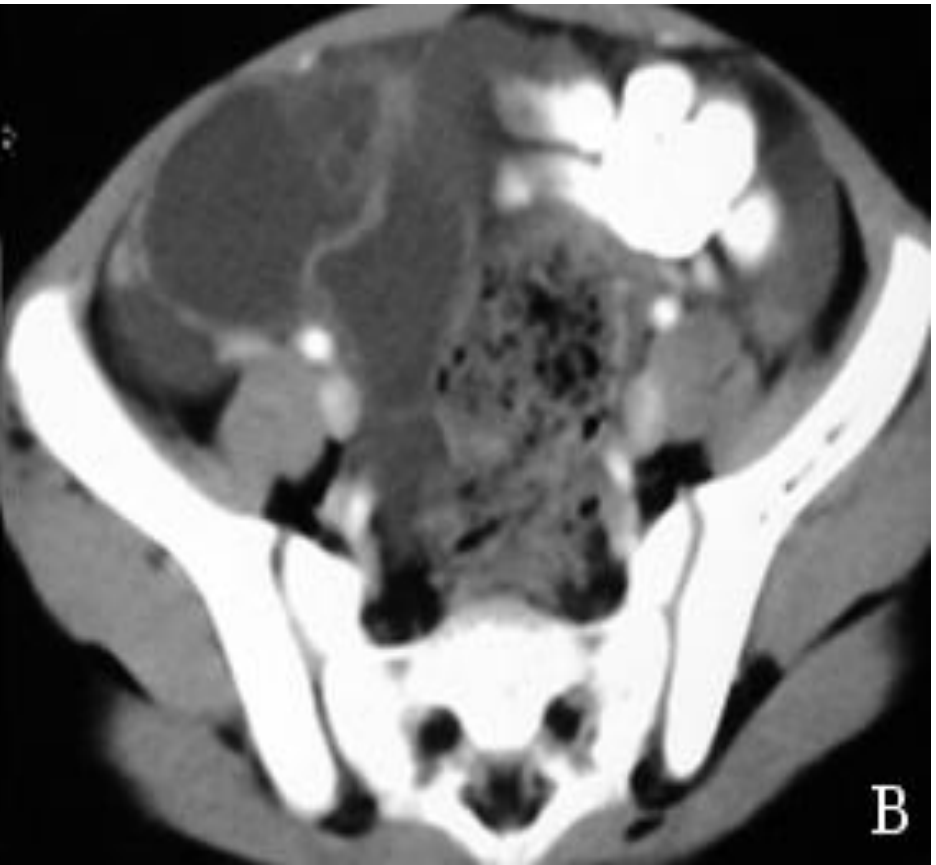
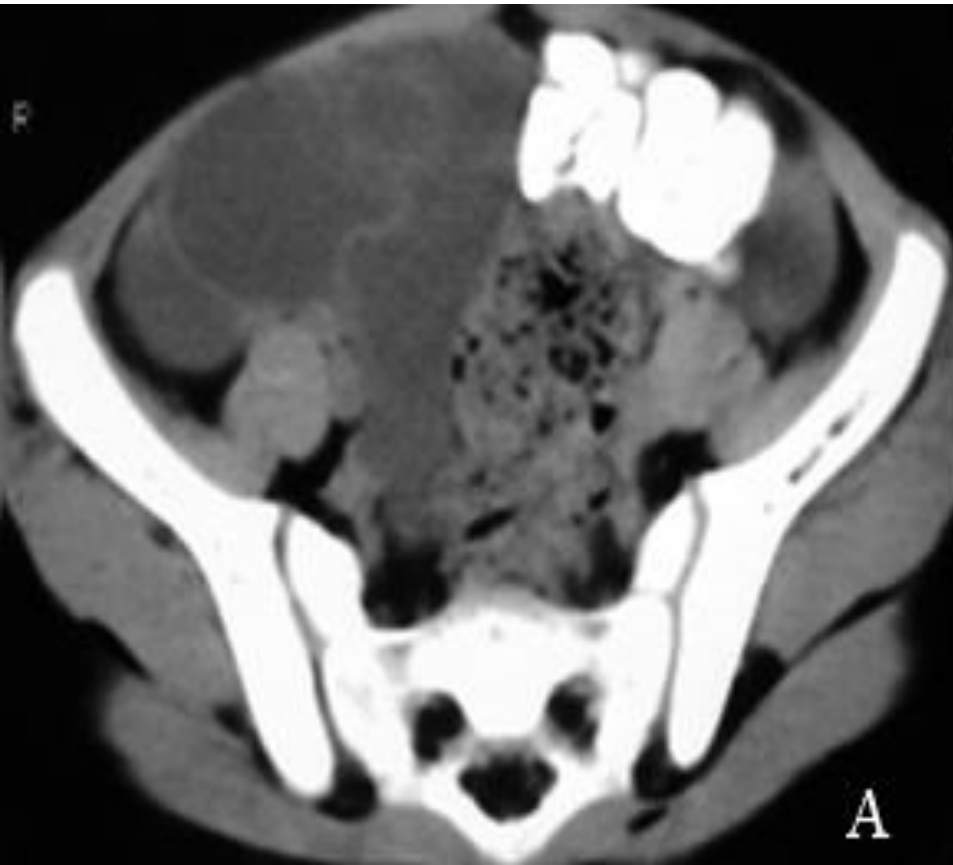
# 颗粒细胞瘤

- 低度恶性肿瘤，分泌雌激素。成年型（绝经后）常见，幼年型（青春期前少女）少见。幼年患者可性早熟，育龄期月经紊乱，绝经期不规则流血，合并内膜增生过度。
- T1WI呈稍低信号，T2WI呈稍高信号，多数为囊实性，可有血液平面。



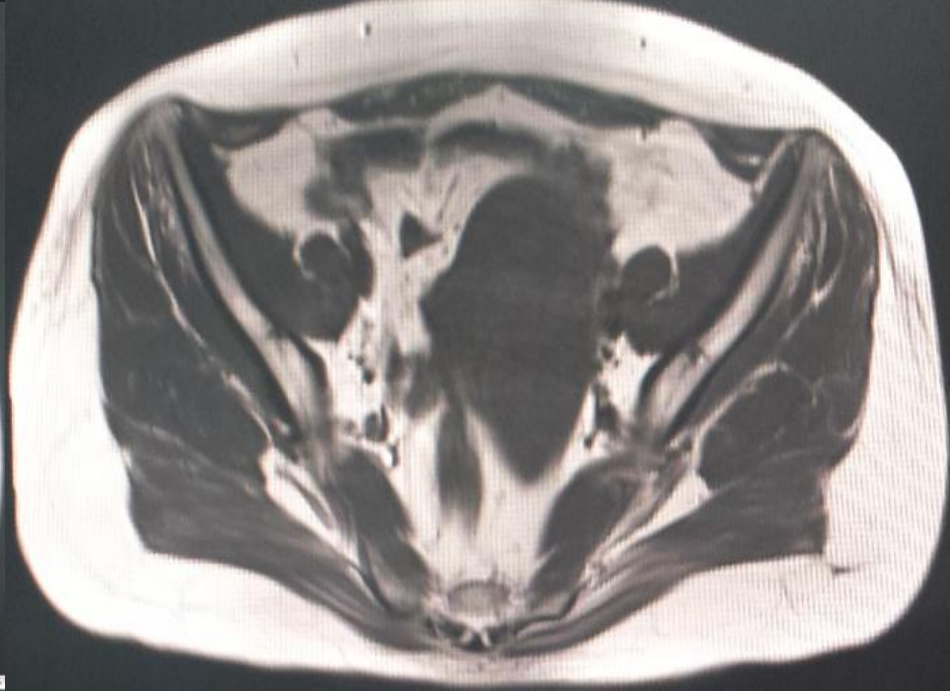
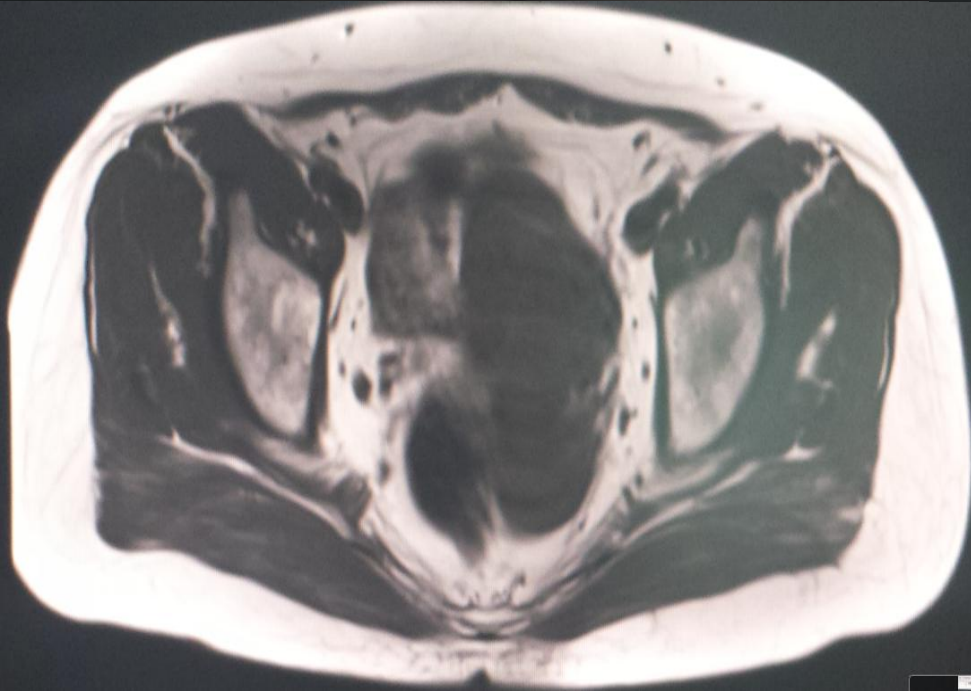
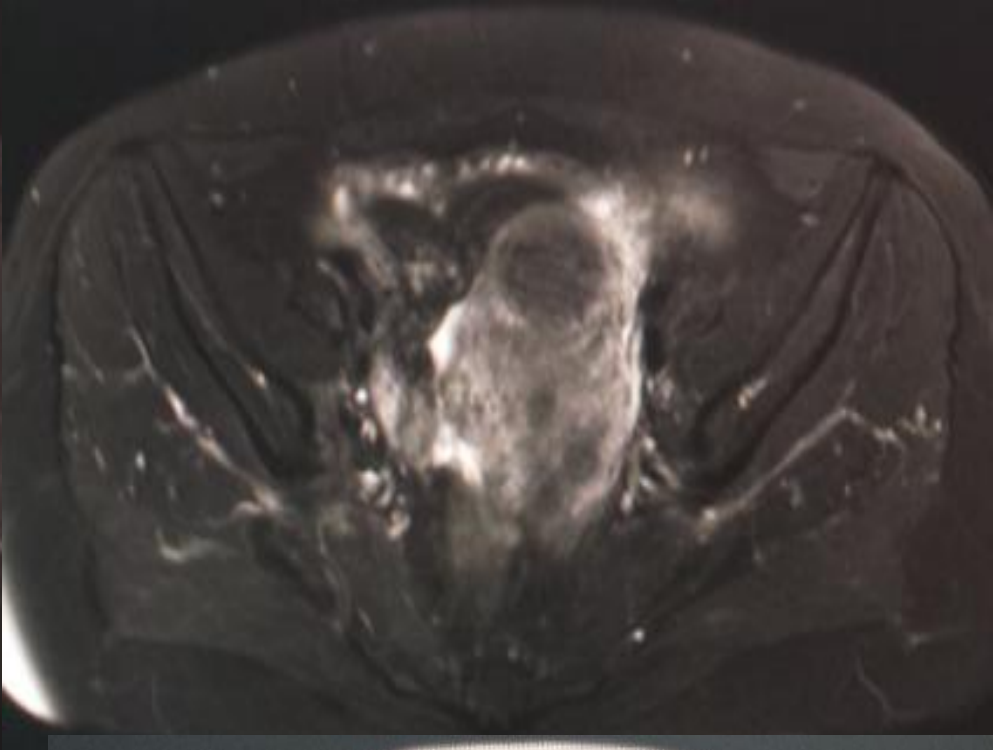
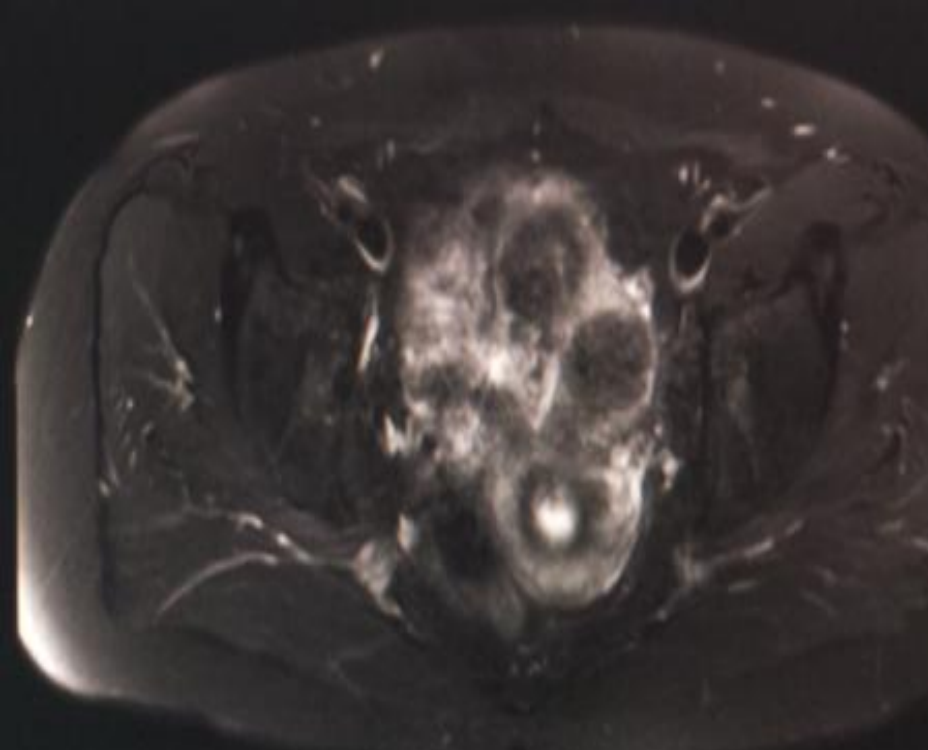






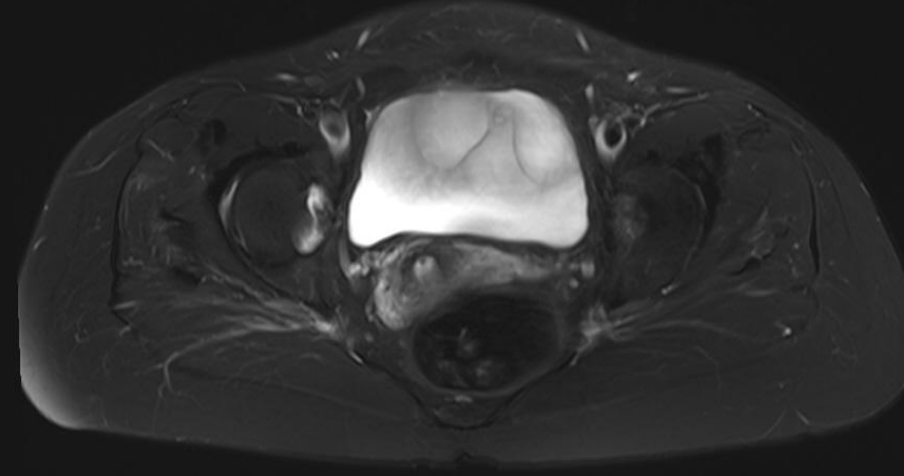
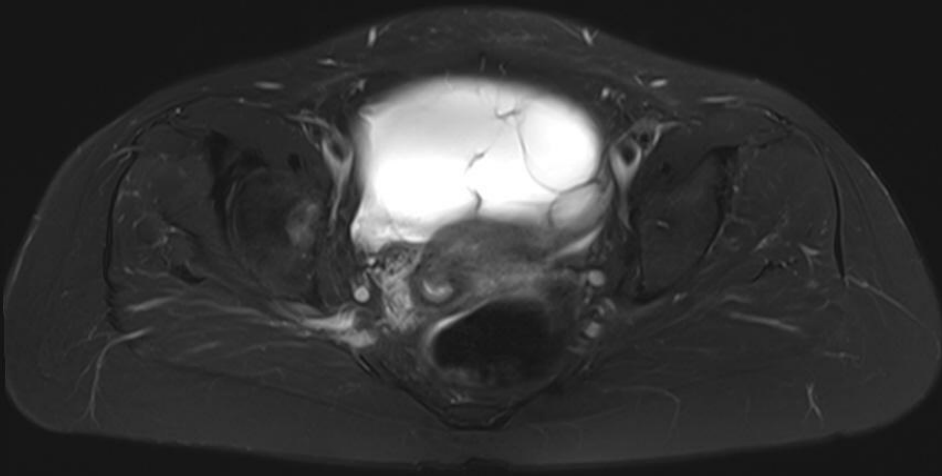
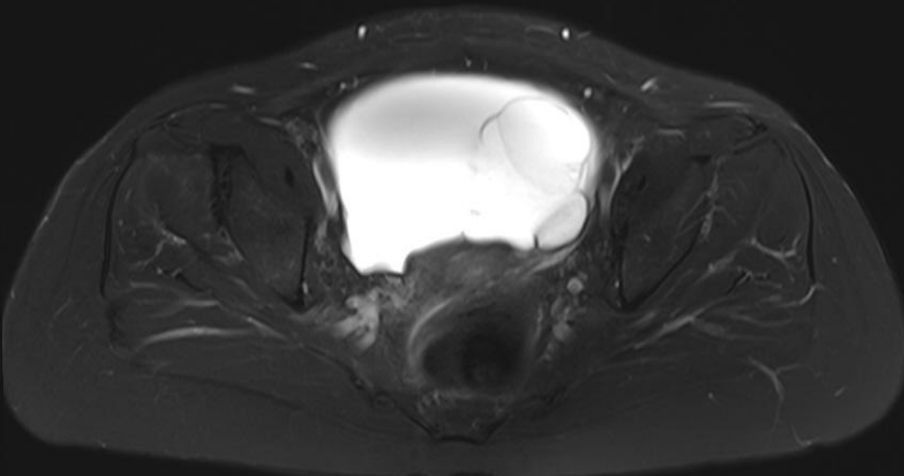
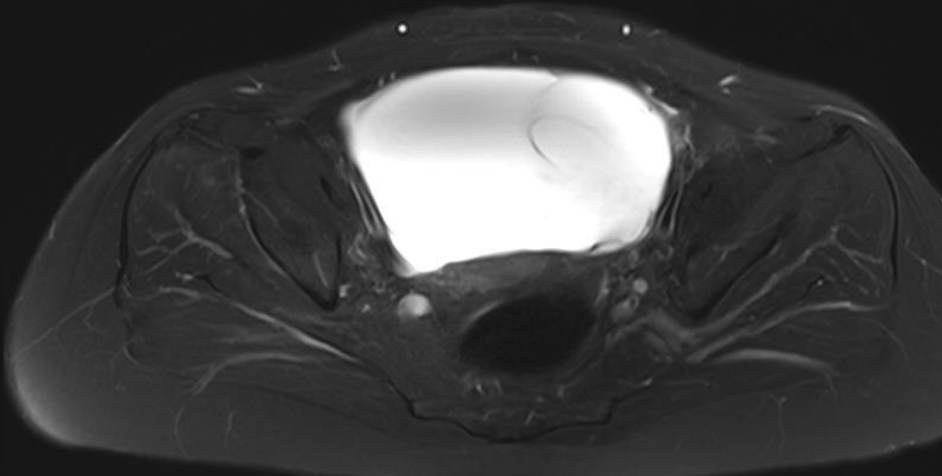
# 子宫肌瘤

- T1WI、T2WI低于肌层
- 肌瘤与子宫相连或带蒂相连；纤维瘤边缘为正常卵巢组织
- T1WI上纤维瘤信号较肌瘤低
- 增强扫描，纤维瘤强化较肌瘤低，肌瘤与子宫肌层相仿
- 肌瘤血供丰富，纤维瘤乏血供。

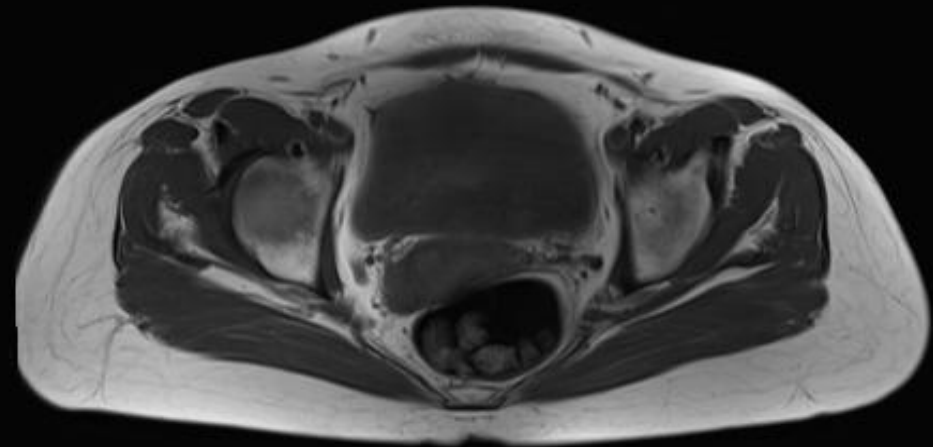
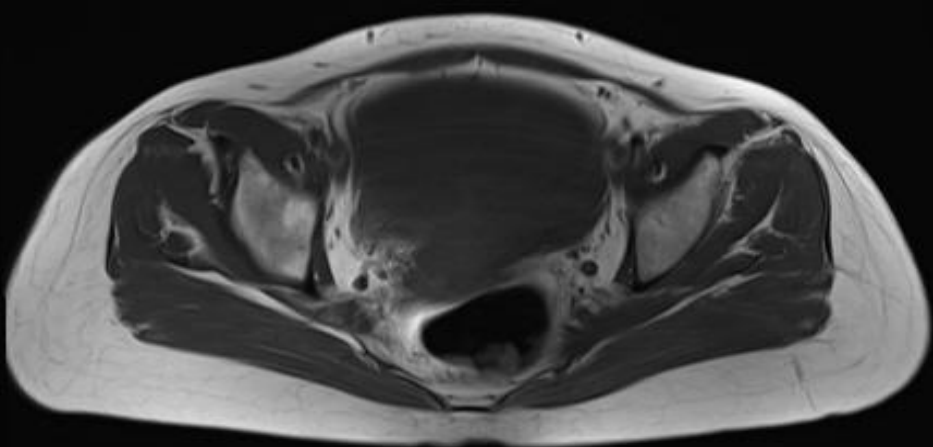
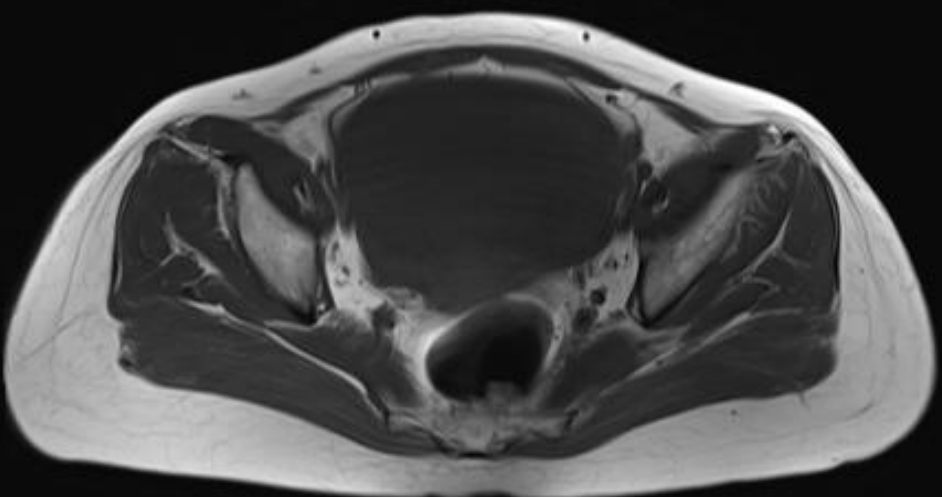
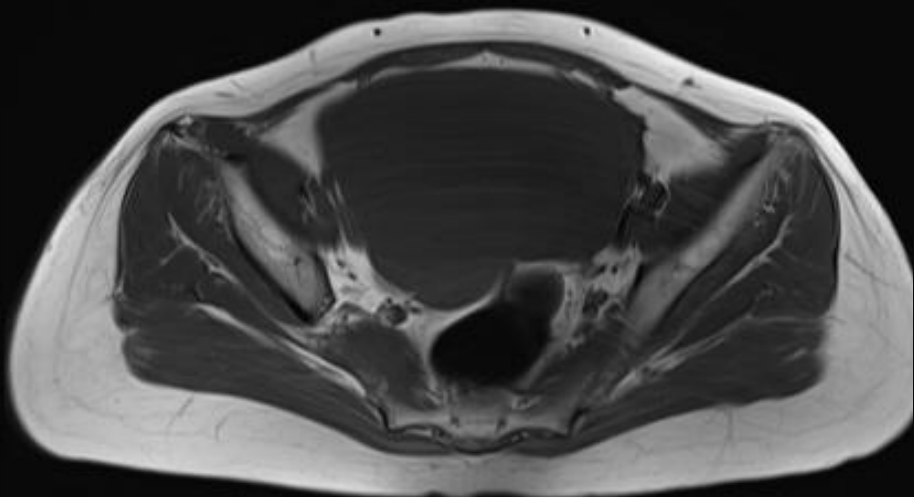


# 上皮来源肿瘤

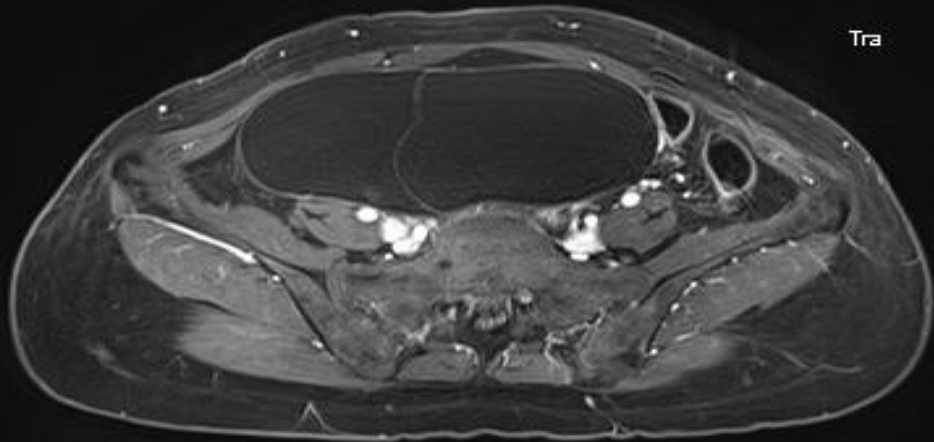
- 良性、交界性、恶性
- 60~70岁多见
- 浆液性囊腺瘤（癌） 粘液性囊腺瘤（癌）



粘液性囊腺瘤

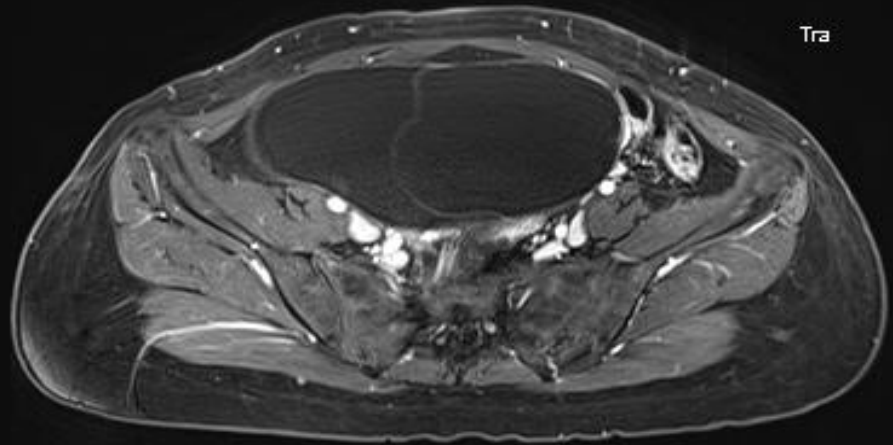


粘液性囊腺瘤



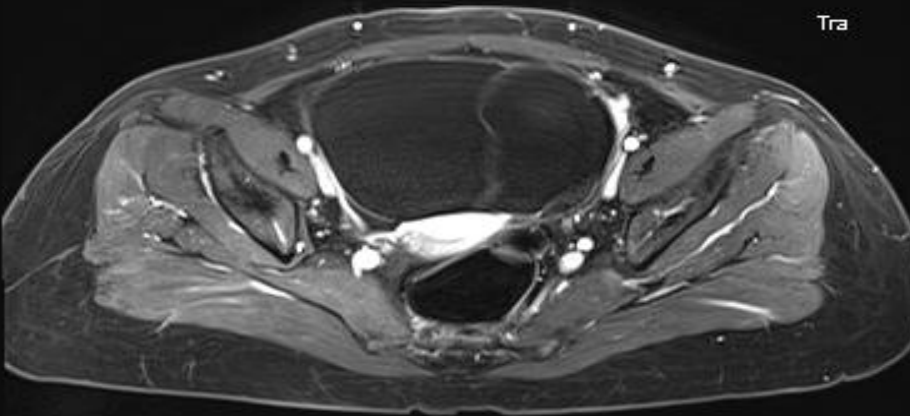
Tra

F



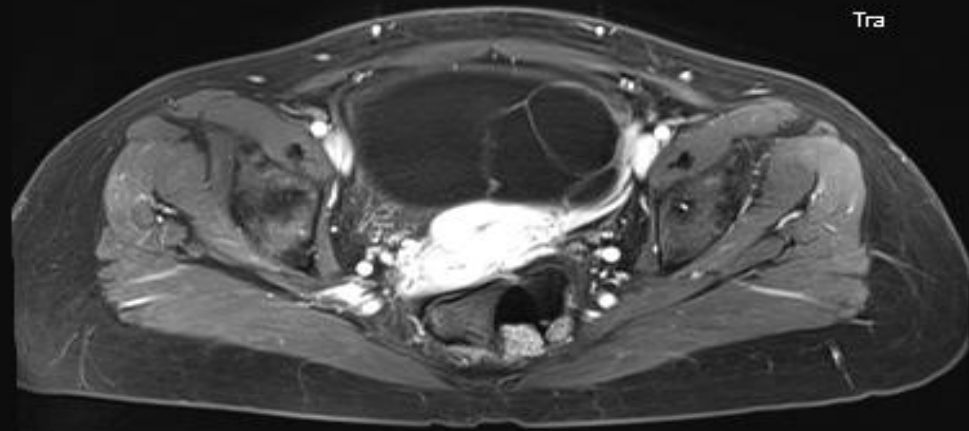
Tra

F



Tra

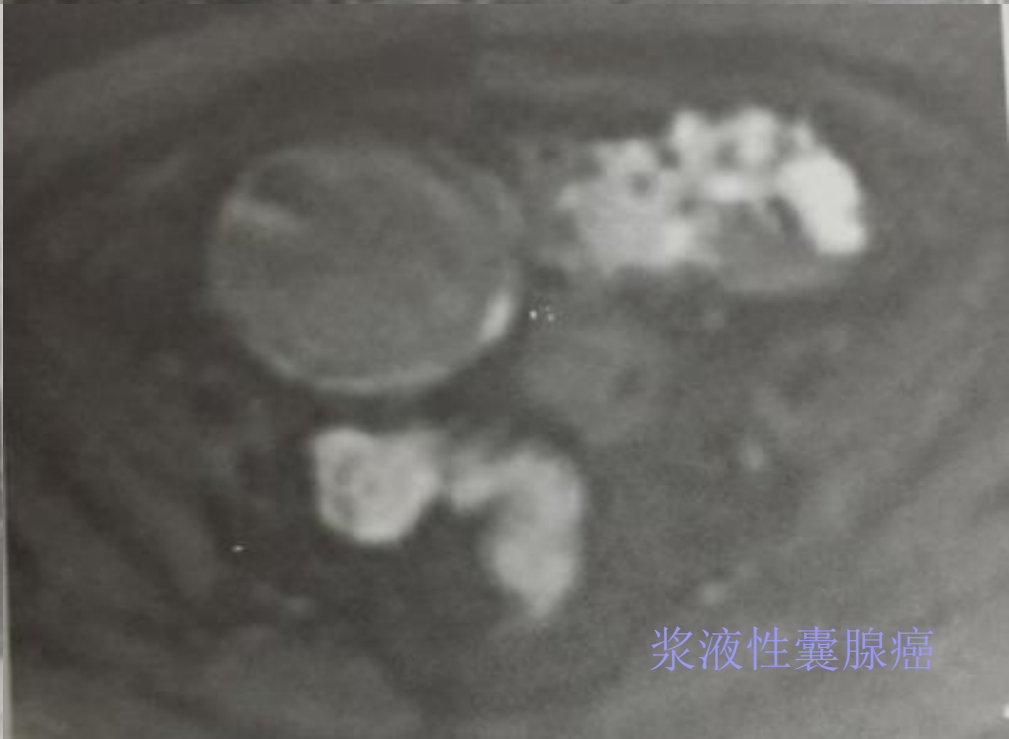
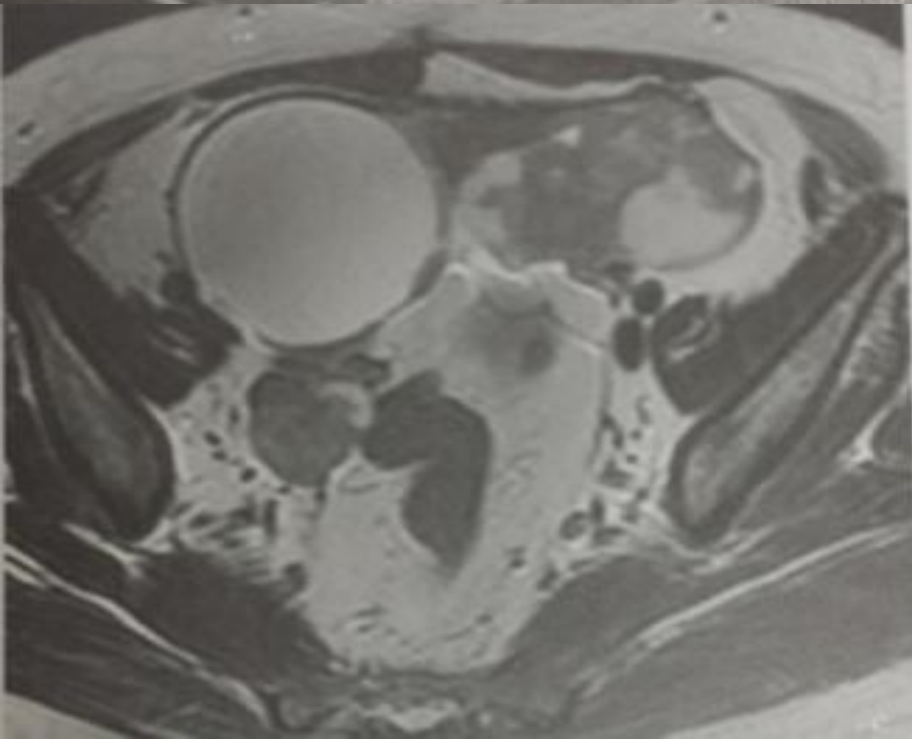
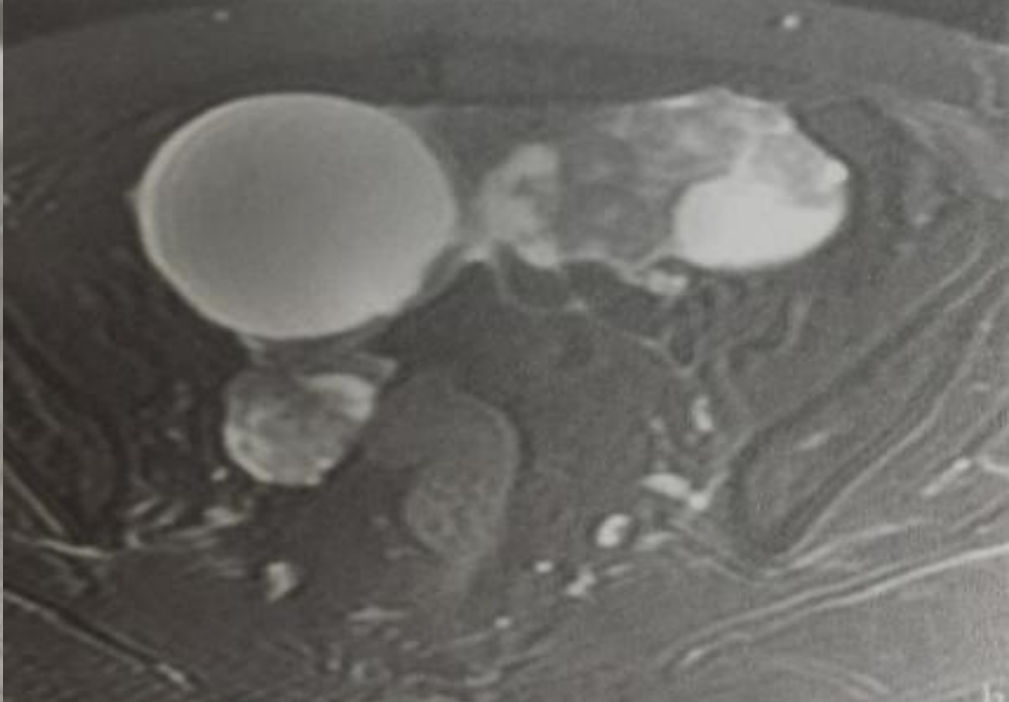
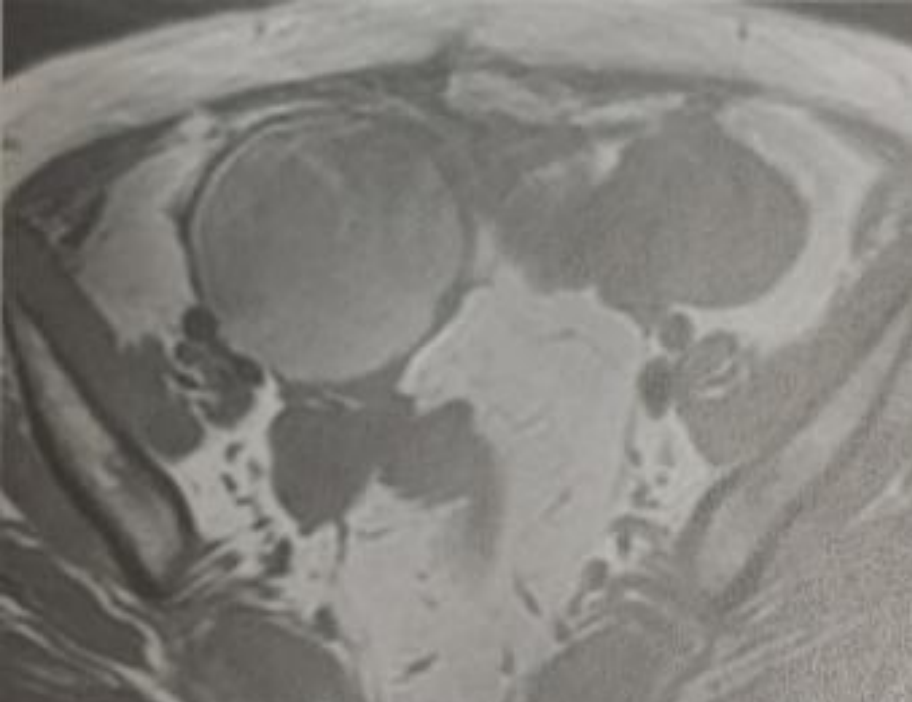
F



Tra

F

粘液性囊腺瘤



浆液性囊腺癌



# 卵巢转移瘤（库肯勃瘤）

- 原发肿瘤消化道病史，多为双侧性，有典型产生粘液的印戒细胞，多伴有腹水，好发于绝经期妇女。
- 因产生胶原组织，实性成分T1WI呈等信号，T2WI呈低信号，增强扫描明显强化。
- 囊液T1WI呈低信号，T2WI呈高信号

