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· 临床医学图像 ·

颅内皮样囊肿破裂

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Ruptured intracranial dermoid cyst

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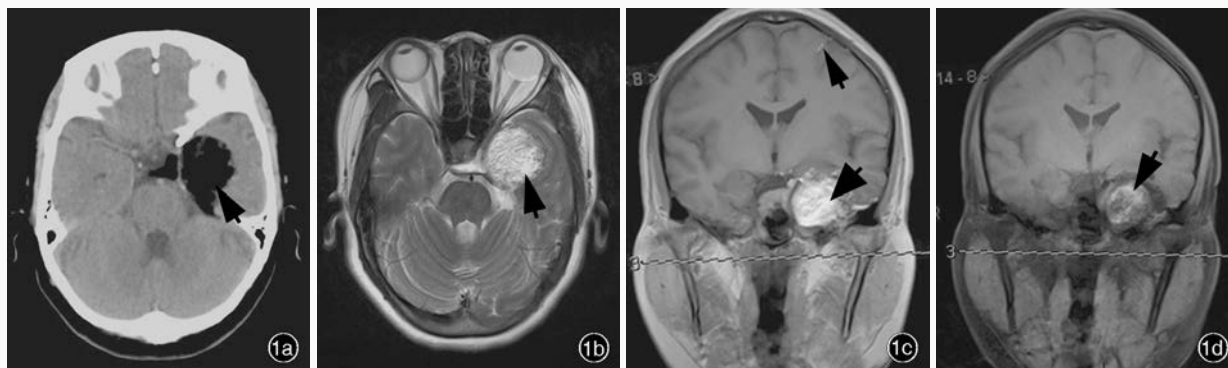


图1 女性患者, 37岁。主因头痛1周就诊。影像学检查提示, 左侧鞍旁占位性病变, 考虑皮样囊肿破裂, 不排除畸胎瘤可能。术后组织病理学证实为皮样囊肿 1a 横断面CT显示, 左侧鞍旁边界清晰的低密度影(箭头所示)。病变内侧(鞍上池后部)可见同样强度的小片状低密度影 1b 横断面T₂WI显示, 左侧鞍旁类圆形占位性病变, 呈不均匀高信号影(箭头所示), 边界锐利, 左侧颞叶内侧面受压 1c 冠状位T₁WI显示, 左侧鞍旁病变呈高信号(粗箭头所示), 左侧额叶脑沟内、鞍上池内散在点状和线样高信号, 提示病变破裂, 脂质内容物进入蛛网膜下隙(细箭头所示) 1d 冠状位抑脂T₁WI显示, 左侧鞍旁病灶内高信号消失(箭头所示), 提示为脂肪成分

Figure 1 A 37-year-old female had suffered from headache for a week and came to clinic. MRI showed a space-occupying lesion in the left parasella, which was considered as ruptured dermoid cyst, or possible teratoma. Postoperative pathological diagnosis revealed dermoid cyst. Axial CT showed a low density lesion with clear boundary in left parasella (arrow indicates). There existed an irregular low density close to the medial wall of the lesion in the back of suprasellar cistern (Panel 1a). Axial T₂WI showed an oval lesion with heterogeneously high intensity (arrow indicates) and sharp edge compressing the adjacent medial left temporal lobe (Panel 1b). Coronal T₁WI showed the lesion with slightly high intensity (thick arrow indicates). There existed multiple hyperintense foci in the subarachnoid space suggestive of fat deposition from dermoid rupture (thin arrow indicates, Panel 1c). Coronal T₁WI with fat suppression showed the hyperintense signal within the lesion could be suppressed by fatty content (arrow indicates, Panel 1d).

颅内皮样囊肿为临床少见的、起源于外胚层的先天性良性异位肿瘤, 占颅内肿瘤的0.20%~1%, 可发生于任何年龄段, 无明显性别差异。内含皮肤附属器官如毛发、毛囊、汗腺和皮脂腺; 囊壁由两层结构组成, 即外层的纤维组织和内层的皮肤组织。肿瘤多位于中线, 常见于颅后窝、颅前窝或鞍旁, 亦可见于颅骨骨缝和脑室内。临床主要表现为头痛、呕吐、癫痫, 囊肿破裂后可引起化学性脑膜炎、血管痉挛、脑卒中, 甚至死亡。CT呈边缘清晰的低密度影(图1a), 脂质成分浮于上方; 囊壁较厚, 可发生钙化。T₂WI呈混杂高信号(图1b)、T₁WI呈脂肪样高信号(图1c), 脂肪抑制序列高信号消失(图1d); 增强后病灶无明显强化。囊肿破裂时可见蛛网膜下隙和脑室内脂肪滴(图1c), CT宽窗显示脂肪性低密度影, T₁WI呈高信号、与低信号的脑脊液和中等信号的脑实质形成鲜明对比。根据颅内皮样囊肿典型的CT和MRI表现, 特别是皮样囊肿破裂时的影像学 and 临床特征性表现, 可明确诊断。但须注意与颅内积气、脂肪瘤、表皮样囊肿、畸胎瘤、蛛网膜囊肿等肿瘤性病变相鉴别。

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