

- [15] Beaumont TL, Limbrick DD, Smyth MD. Advances in the management of subependymal giant cell astrocytoma. *Childs Nerv Syst*, 2012, 28:963-968.
- [16] Birca A, Mercier C, Major P. Rapamycin as an alternative to surgical treatment of subependymal giant cell astrocytomas in a patient with tuberous sclerosis complex. *J Neurosurg Pediatr*, 2010, 6:381-384.
- [17] Yalon M, Ben-Sira L, Constantini S, Toren A. Regression of subependymal giant cell astrocytomas with RAD001 (Everolimus) in tuberous sclerosis complex. *Childs Nerv Syst*, 2011, 27:179-181.
- [18] Grajkowska W, Kotulska K, Jurkiewicz E, Roszkowski M, Daszkiewicz P, Józwiak S, Matyja E. Subependymal giant cell astrocytomas with atypical histological features mimicking malignant gliomas. *Folia Neuropathol*, 2011, 49:39-46.

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·临床医学图像·

毛细胞型星形细胞瘤

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Pilocytic astrocytoma

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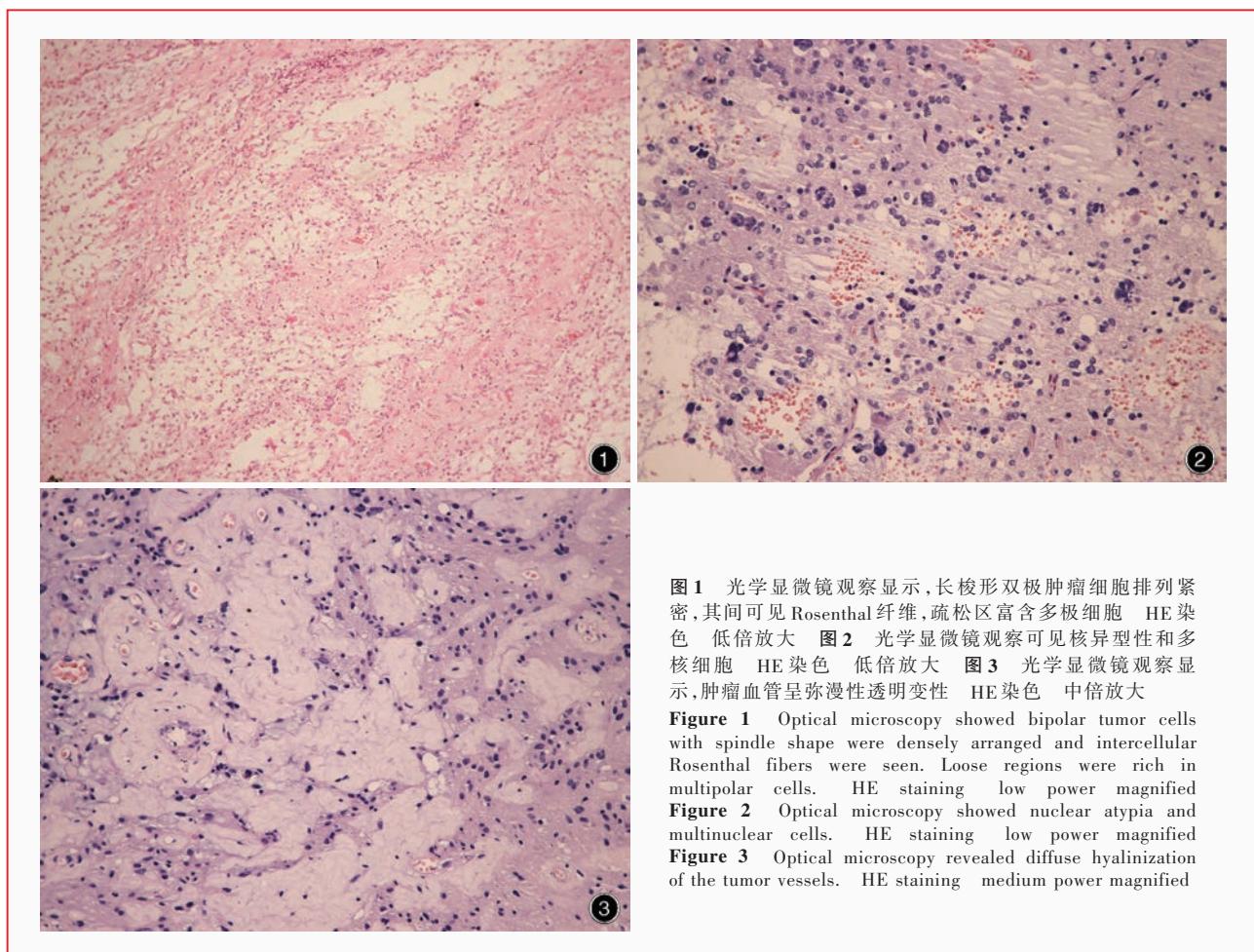


图1 光学显微镜观察显示,长梭形双极肿瘤细胞排列紧密,其间可见Rosenthal纤维,疏松区富含多极细胞 HE染色 低倍放大 **图2** 光学显微镜观察可见核异型性和多核细胞 HE染色 低倍放大 **图3** 光学显微镜观察显示,肿瘤血管呈弥漫性透明变性 HE染色 中倍放大

Figure 1 Optical microscopy showed bipolar tumor cells with spindle shape were densely arranged and intercellular Rosenthal fibers were seen. Loose regions were rich in multipolar cells. HE staining low power magnified

Figure 2 Optical microscopy showed nuclear atypia and multinuclear cells. HE staining low power magnified

Figure 3 Optical microscopy revealed diffuse hyalinization of the tumor vessels. HE staining medium power magnified

约67%的毛细胞型星形细胞瘤发生于小脑,50岁以上发病者相对少见。组织学改变表现为:细胞呈中等密度、双相型,由比例各异、紧密排列的富含Rosenthal纤维的双极细胞和含微囊结构的疏松多极细胞、嗜酸性小体和(或)透明小体构成(图1)。虽然毛细胞型星形细胞瘤为良性肿瘤,但常表现为核浓染和多形性,极少数患者核分裂象可高达30%,伴核异型性、染色质灰污及核内或胞质内含假包涵体的非典型性退行性变,尤以病程较长者多见(图2)。肿瘤组织中可见钙化灶,坏死区域呈梗死灶样、非“栅栏”样,明显的透明变性和扩张的血管也为组织病理学特点之一(图3)。

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