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（收稿日期：2015-03-11）

·临床医学图像·

室管膜下瘤

doi：10.3969/j.issn.1672-6731.2015.05.017

Subependymoma

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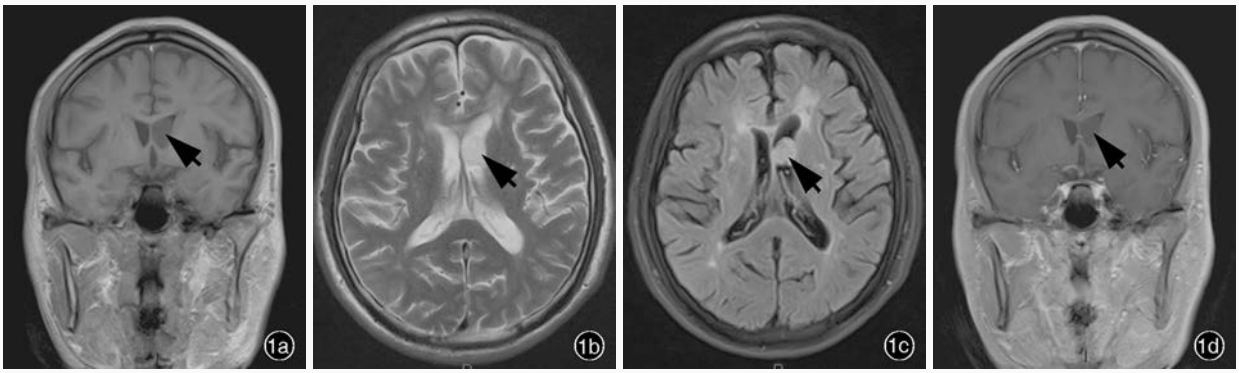

图1 男性患者，57岁，主因间断性头痛就诊。头部MRI检查显示左侧侧脑室占位性病变。行侧脑室肿瘤切除术。术后病理诊断为室管膜下瘤 1a 冠状位T_1WI显示，左侧侧脑室前部卵圆形略低信号（箭头所示），信号强度高于脑脊液，边界光滑，左侧侧脑室略扩大 1b 横断面T_2WI显示，病灶呈高信号（箭头所示），信号强度略低于脑脊液，边界光滑 1c 横断面FLAIR成像显示病灶呈不均匀高信号（箭头所示） 1d 冠状位增强T_1WI显示，肿瘤无异常强化（箭头所示）

Figure 1 A 57-year-old male patient had suffered from intermittent headache and came to clinic in February 2014. MRI showed a space-occupying lesion in the left lateral ventricle. Then an exploratory craniotomy was performed and postoperative pathological diagnosis was subependymoma. Coronal T_1WI showed an oval lesion with clear boundary, which showed slightly hypointensity located in the left lateral ventricle (arrow indicates). The intensity of the tumor was higher than that of cerebrospinal fluid (CSF). The left lateral ventricle was slightly dilated (Panel 1a). Axial T_2WI showed a well-defined hyperintensity lesion in the left lateral ventricle (arrow indicates), which intensity was slightly lower than that of CSF (Panel 1b). Axial FLAIR showed the lesion with heterogeneously high intensity (arrow indicates, Panel 1c). Coronal enhanced T_1WI showed that there was no obviously abnormal enhancement with the tumor (arrow indicates, Panel 1d).

室管膜下瘤是一种发生于脑脊液通路的生长缓慢的非侵袭性良性肿瘤，属WHO Ⅰ级，多见于成年男性，好发于第四脑室、侧脑室、室间孔，亦可见于第三脑室和透明隔，发生于椎管内者见于颈髓和胸髓髓内，罕见髓外。CT表现为脑室内等或低密度影，部分病灶内可见细微点状钙化和小囊性变，增强扫描多无强化或仅呈轻度斑片样强化。MRI在诊断和评价室管膜下瘤方面优于CT：（1）病灶位于脑脊液通路（脑室、导水管和髓内），边界光滑，类圆形或轻度分叶，与周围脑组织分界清晰，无浸润。（2）T_1WI呈等或低信号，信号强度均匀、高或略高于脑脊液（图1a）。T_2WI呈高或稍高信号，信号强度低于脑脊液（图1b），FLAIR成像呈高信号（图1c）。病灶内可见含黏液的小囊性结构，部分伴少量钙化或含铁血黄素沉积。（3）由于肿瘤缺乏血供，增强扫描多无异常强化（图1d），少数病灶呈轻度斑片样强化。室管膜下瘤应与起源于脑室系统的肿瘤相鉴别，包括室管膜瘤、室管膜下巨细胞型星形细胞瘤、脑室内胶质瘤、中枢神经细胞瘤、脉络丛乳头状瘤、脑膜瘤、淋巴瘤等。室管膜瘤常见于儿童和中青年，钙化可见，好发于第四脑室，呈中度或明显强化。室管膜下巨细胞型星形细胞瘤多见于患结节性硬化症的青少年，病灶呈实性结节样改变，多伴强化。脑室内胶质瘤多累及脑室旁实质，病灶呈明显强化。中枢神经细胞瘤多见于成人，病变起源于侧脑室壁或透明隔，为中度或明显强化的多囊泡样肿物。脉络丛乳头状瘤为卵圆形或分叶状富血管肿瘤，可见明显强化，多见于儿童幕上脑室系统脉络丛，可导致脑积水，易发生脊髓播散。脑膜瘤多位于侧脑室三角区，多见钙化，表现为明显均匀强化实性肿物。

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