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（收稿日期：2015-12-06）

·临床医学图像·

鞍区毛细胞型星形细胞瘤

doi:10.3969/j.issn.1672-6731.2016.01.011

Pilocytic astrocytoma in sellar region

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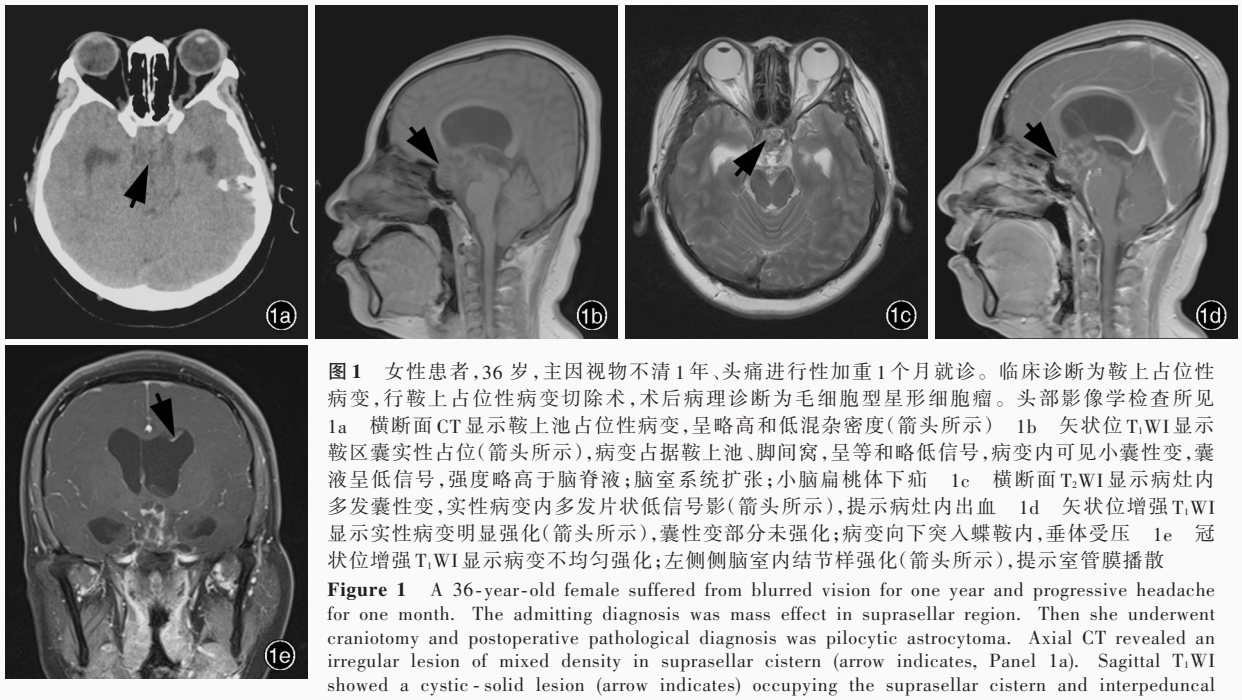

图1 女性患者，36岁，主因视物不清1年、头痛进行性加重1个月就诊。临床诊断为鞍上占位性病变，行鞍上占位性病变切除术，术后病理诊断为毛细胞型星形细胞瘤。头部影像学检查所见 1a 横断面CT显示鞍上池占位性病变，呈略高和低混杂密度（箭头所示） 1b 矢状位T_1WI显示鞍区囊实性占位（箭头所示），病变占据鞍上池、脚间窝，呈等和略低信号，病变内可见小囊性变，囊液呈低信号，强度略高于脑脊液；脑室系统扩张；小脑扁桃体下疝 1c 横断面T_2WI显示病灶内多发囊性变，实性病变内多发片状低信号影（箭头所示），提示病灶内出血 1d 矢状位增强T_1WI显示实性病变明显强化（箭头所示），囊性变部分未强化；病变向下突入蝶鞍内，垂体受压 1e 冠状位增强T_1WI显示病变不均匀强化；左侧侧脑室内结节样强化（箭头所示），提示室管膜播散

Figure 1 A 36-year-old female suffered from blurred vision for one year and progressive headache for one month. The admitting diagnosis was mass effect in suprasellar region. Then she underwent craniotomy and postoperative pathological diagnosis was pilocytic astrocytoma. Axial CT revealed an irregular lesion of mixed density in suprasellar cistern (arrow indicates, Panel 1a). Sagittal T_1WI showed a cystic-solid lesion (arrow indicates) occupying the suprasellar cistern and interpeduncal fossa with equisignal and slightly low intensity. There existed several small cysts and the cyst fluid showed hypointensity which was slightly higher than CSF. The ventricular system dilation and tonsillar hernia were observed (Panel 1b). Axial T_2WI showed several cysts within the lesion. Multiple patchy low signal within the solid lesion (arrow indicates) suggested hemorrhage (Panel 1c). Sagittal enhanced T_1WI showed marked enhancement in the solid part (arrow indicates) but not in the cystic part. The lesion invaded down to seller turcica and impinged upon pituitary gland (Panel 1d). Coronal enhanced T_1WI showed marked uneven enhancement in the solid part. Nodular enhancement was located in left lateral ventricle (arrow indicates), which suggested subependymal dissemination (Panel 1e).

幕上毛细胞型星形细胞瘤可起源于视觉通路前部，属WHO Ⅰ级，生长缓慢，范围局限。毛黏液样星形细胞瘤是毛细胞型星形细胞瘤的独特亚型，好发于鞍区，更具侵袭性，二者组织学形态有所不同但影像学表现难以区分。鞍区毛细胞型星形细胞瘤以鞍上池为中心生长，呈团块状和浅分叶状，界限清晰；实性病变多伴小囊性变或囊实性变，单纯囊性变或囊性小结节少见。CT呈稍低或低密度，少部分病灶内可见钙化，因病灶内多发小囊性变常致密度不均匀（图1a）。MRI扫描实性病变呈T_1WI稍低或等信号（图1b），T_2WI不均匀高信号，因病灶内常合并出血致斑片样低信号（图1c）；囊液和实性病变FLAIR成像均呈高信号，DWI呈等或略低信号，ADC图无明显扩散受限改变；增强扫描实性部分呈明显不均匀强化（图1d），囊实性部分囊壁不强化或仅轻中度线样强化，小囊性变部分呈不均匀或渐进性强化，经室管膜或软脑膜播散者可见室管膜和（或）软脑膜线样或结节样强化（图1e）。应注意与发生于鞍上、鞍内的囊实性或实性病变相鉴别：肿瘤向下侵及蝶鞍时应与侵袭性垂体瘤区别；肿瘤位于鞍上时难以与鳞状细胞化生型颅咽管瘤区别，后者多呈明显钙化，病变边缘和实性部分明显强化；鞍区生殖细胞瘤体积较小，好发于女性，多呈实性变，ADC图常表现为扩散受限；鞍区转移瘤好发于老年人，鉴别诊断应结合临床病史。

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