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## · 临床医学图像 ·

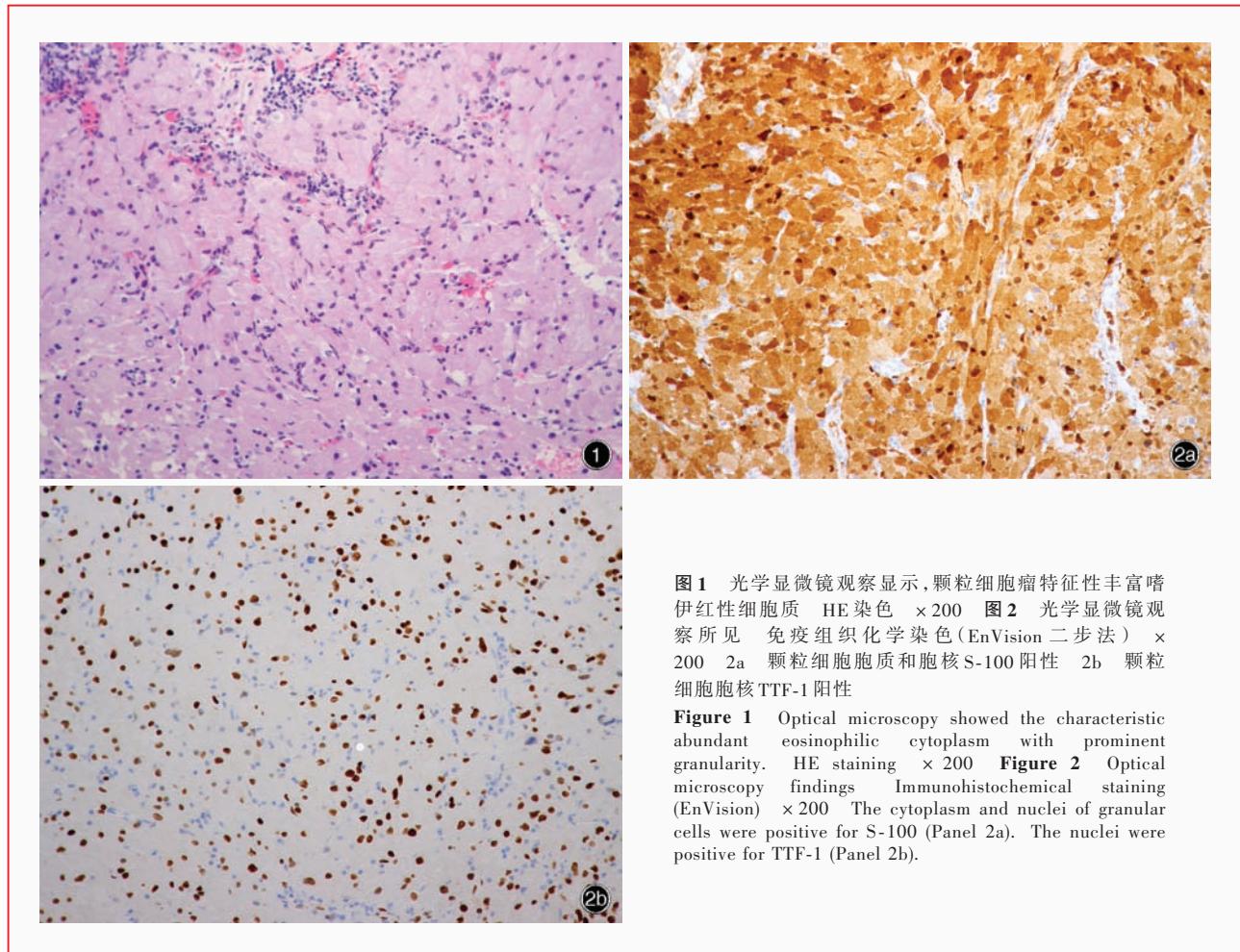
## 鞍区颗粒细胞瘤

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## Granular cell tumor of the sellar region

YAN Xiao-ling

Department of Pathology, Tianjin Huanhu Hospital, Tianjin 300350, China (Email: ll934065@126.com)



**图1** 光学显微镜观察显示,颗粒细胞瘤特征性丰富嗜伊红性细胞质 HE染色 ×200 **图2** 光学显微镜观察所见 免疫组织化学染色(EnVision二步法) ×200 2a 颗粒细胞胞质和胞核S-100阳性 2b 颗粒细胞胞核TTF-1阳性

**Figure 1** Optical microscopy showed the characteristic abundant eosinophilic cytoplasm with prominent granularity. HE staining ×200 **Figure 2** Optical microscopy findings Immunohistochemical staining (EnVision) ×200 The cytoplasm and nuclei of granular cells were positive for S-100 (Panel 2a). The nuclei were positive for TTF-1 (Panel 2b).

颗粒细胞瘤由体积较大的上皮样细胞或梭形细胞构成,起源于神经垂体或漏斗,由于肿瘤细胞富含溶酶体,胞质呈颗粒状、嗜伊红染色,发生于鞍区者一般为良性(WHO I 级),进展缓慢。与垂体细胞瘤、梭形细胞嗜酸细胞瘤相同,颗粒细胞胞核表达甲状腺转录因子-1(TTF-1),提示此3种肿瘤可能组成独立疾病实体的1个谱系。组织学形态观察,肿瘤组织由致密排列的多角形细胞构成,胞质丰富、呈嗜伊红性(图1);典型结构呈结节状,亦可呈片状、梭形或束状排列;可见小灶性泡沫细胞,胞核较小、核仁不明显;血管周围淋巴细胞聚集是鞍区颗粒细胞瘤的特点。颗粒细胞胞质CD68、α1-抗胰蛋白酶阳性,胞质和胞核S-100蛋白(S-100)阳性(图2a),胞核TTF-1阳性(图2b)。

(天津市环湖医院病理科阎晓玲供稿)