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· 临床医学图像 ·

椎管内肠源性囊肿

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Intraspinal enterogenous cyst

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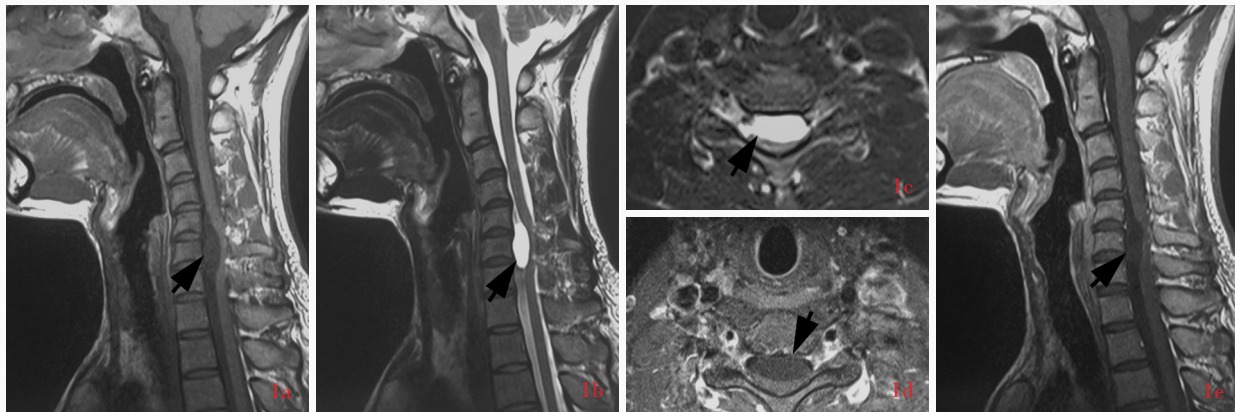


图1 男性患者,29岁,因肩部疼痛1个月就诊。颈椎MRI显示椎管内髓外囊性占位征象。予颈椎椎管内占位性病变探查术。术后病理证实肠源性囊肿 1a 矢状位T₁WI显示,C₅₋₇水平椎管内髓外囊性信号影,长轴与脊髓平行,呈低信号,强度高于脑脊液(箭头所示) 1b 矢状位T₂WI显示,病变呈均匀高信号,可见“脊髓嵌入征”(箭头所示) 1c 横断面T₂WI显示,病变位于脊髓腹侧(箭头所示) 1d 横断面增强T₁WI显示病灶无强化(箭头所示) 1e 矢状位增强T₁WI显示病变无强化(箭头所示)

Figure 1 A 29-year-old male was admitted to our hospital to investigate one month history of shoulder pain. MRI showed an intradural extramedullary occupied lesion located in cervical spinal canal. Then an exploratory craniotomy was performed and postoperative pathological diagnosis was intraspinal enterogenous cyst. Sagittal T₁WI indicated an intradural extramedullary cystic hypointense lesion which intensity was higher than CSF located in the ventral subdural space through C₅₋₇ level. The long axis of lesion was parallel with the spine (arrow indicates, Panel 1a). Sagittal T₂WI showed a subdural hyperintensity lesion with "spinal cord embedded syndrome" (arrow indicates, Panel 1b). Axial T₂WI demonstrated a cystic hyperintensity appearing located in the ventral subdural space of spine cord and spine cord was compressed backwards obviously (arrow indicates, Panel 1c). Axial enhancement T₁WI showed no enhancement within the lesion (arrow indicates, Panel 1d). Sagittal enhancement T₁WI showed no enhancement within the lesion (arrow indicates, Panel 1e).

肠源性囊肿是临床少见的内胚层发育障碍相关囊性病变,发病机制不清,多认为是胚胎发育第3周神经管与原肠分离障碍,残留前肠或呼吸芽等内胚层组织与脊索结合演变而来。好发于青少年,男女比例为3:2,多数发生于前中线处,以颈髓和上胸髓腹侧多见,腰骶髓少见,常伴先天性脊柱畸形(如脊柱裂、蝴蝶椎、半椎体、皮肤瘻等)、肠管移位、消化道憩室,少数发生于颅后窝、桥前池、脑桥小脑角等。临床症状与发生部位有关,主要为压迫症状和囊液渗漏导致的刺激症状,表现为囊肿所在部位神经根性疼痛,伴运动障碍。CT呈椎管内髓外圆形或卵圆形水样均匀低密度影,脊髓受压变扁。MRI显示病变边缘光滑,长轴与脊髓平行,囊壁菲薄,厚度均匀;T₁WI呈等或高于脑脊液信号(图1a),若囊液内含有较多蛋白质或陈旧性出血,则呈等或高信号;T₂WI呈等或低于脑脊液信号,脊髓明显受压变形,部分可于横断面或矢状位见囊肿嵌入髓内,称“脊髓嵌入征”(图1b,1c),少数甚至可见囊肿包埋于髓内;增强扫描病变无明显强化(图1d,1e),少数囊壁呈线样强化,多与假性鳞状上皮化生或炎症反应相关。不典型肠源性囊肿应注意与囊性神经鞘瘤和(或)神经纤维瘤、脊膜瘤、表皮样囊肿、皮样囊肿、畸胎瘤、脂肪瘤、蛛网膜囊肿、脊髓血管网织细胞瘤等髓外椎管内疾病相鉴别。

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