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## · 临床医学图像 ·

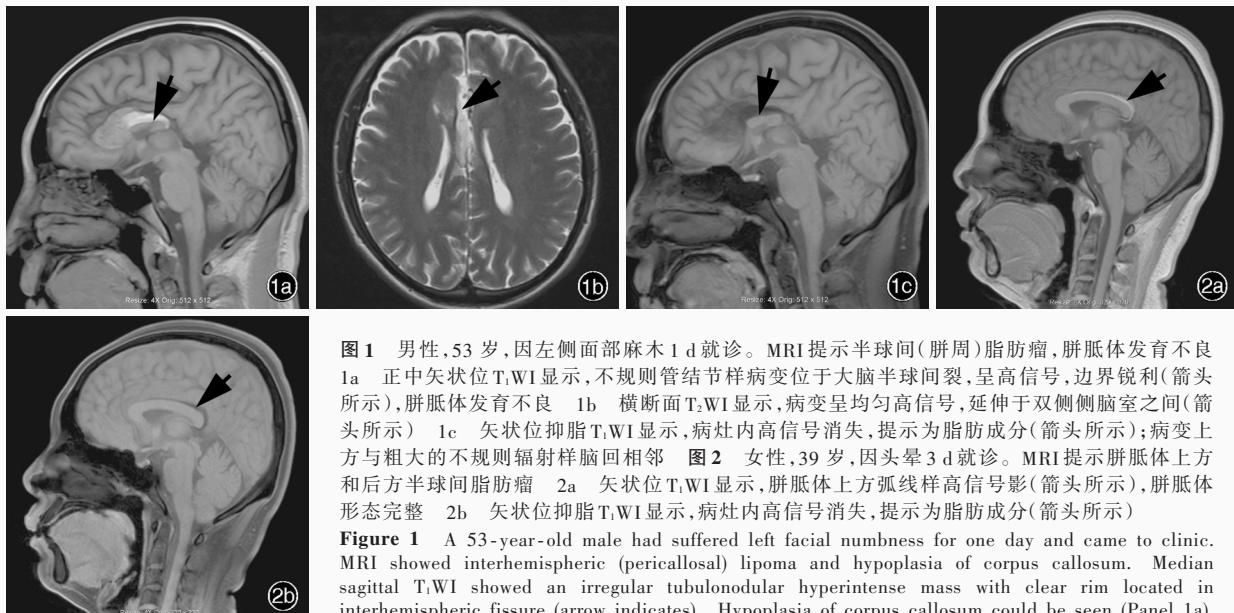
### 半球间(胼周)脂肪瘤

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#### Interhemispheric (pericallosal) lipoma

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**图1** 男性,53岁,因左侧面部麻木1 d就诊。MRI提示半球间(胼周)脂肪瘤,胼胝体发育不良  
1a 正中矢状位T<sub>1</sub>WI显示,不规则管结节样病变位于大脑半球间裂,呈高信号,边界锐利(箭头所示),胼胝体发育不良 1b 横断面T<sub>2</sub>WI显示,病变呈均匀高信号,延伸于双侧侧脑室之间(箭头所示);病变上方与粗大的不规则辐射样脑回相邻 图2 女性,39岁,因头晕3 d就诊。MRI提示胼胝体上方和后方半球间脂肪瘤 2a 矢状位T<sub>1</sub>WI显示,胼胝体上方弧线样高信号影(箭头所示),胼胝体形态完整 2b 矢状位抑脂T<sub>1</sub>WI显示,病灶内高信号消失,提示为脂肪成分(箭头所示)

**Figure 1** A 53-year-old male had suffered left facial numbness for one day and came to clinic. MRI showed interhemispheric (pericallosal) lipoma and hypoplasia of corpus callosum. Median sagittal T<sub>1</sub>WI showed an irregular tubulonodular hyperintense mass with clear rim located in interhemispheric fissure (arrow indicates). Hypoplasia of corpus callosum could be seen (Panel 1a). Axial T<sub>2</sub>WI showed heterogeneous high intensity of lesion extending into bilateral ventricles (arrow indicates, Panel 1b). Sagittal fat-suppression T<sub>1</sub>WI showed hyperintense signal disappeared, which proved fatty content (arrow indicates). The lesion was adjacent to thick, irregular bumpy cortices (Panel 1c). **Figure 2** A 39-year-old female had suffered dizziness for 3 d and came to clinic. MRI showed an lipoma in the upper and rear corpus callosum. Sagittal T<sub>1</sub>WI showed a curvilinear high-intensity signal in the upper corpus callosum (arrow indicates) with intact corpus callosum (Panel 2a). Sagittal fat-suppression T<sub>1</sub>WI showed hyperintense signal disappeared, which proved fatty content (arrow indicates, Panel 2b).

颅内脂肪瘤是少见的包含脂肪成分的良性病变,占全部颅内肿瘤的0.1%~0.5%,源自胚胎期原始脑膜残留和异常分化,好发于胼胝体、四叠体池、环池和鞍上池等中线结构,大脑凸面和侧裂少见,多合并不同程度脑发育畸形,尤以胼胝体缺如和(或)发育不良多见,其他还包括透明隔缺如、小脑蚓部发育不良、颅裂畸形、动脉瘤等,通常无临床症状。典型征象为CT呈现特征性脂肪低密度影,边界清晰,病灶周围可见钙化;增强扫描无强化。MRI可以鉴别病变内脂肪成分,具有一定特异性,T<sub>1</sub>WI呈高信号(图1a),T<sub>2</sub>WI呈稍高和高信号(图1b),抑脂序列呈极低信号,提示病变内脂肪成分(图1c);增强扫描无强化,应注意采用抑脂序列以区分脂肪成分与异常强化导致的短T<sub>1</sub>信号。半球间(胼周)脂肪瘤是颅内脂肪瘤的最常见类型,通常有管结节样和弧线样两种形态,前者多位于胼胝体前部,体积较大,呈不规则长管状或分叶状,常伴胼胝体缺如和(或)发育不全(图1);后者多位于胼胝体后上部,病变细长,呈“C”形包绕胼胝体压部,合并胼胝体异常概率和严重程度较前者低(图2)。应注意与其他含脂肪成分的颅内病变(如皮样囊肿、畸胎瘤等)和T<sub>1</sub>WI呈高信号的颅内病变(如颅咽管瘤、胶样囊肿、内胚层囊肿、合并出血的蛛网膜囊肿、含黑色素细胞的肿瘤和亚急性或慢性血肿等)相鉴别。

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