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（收稿日期：2018-02-23）

·临床医学图像·

垂体癌

doi：10.3969/j.issn.1672-6731.2018.03.013

Pituitary carcinoma

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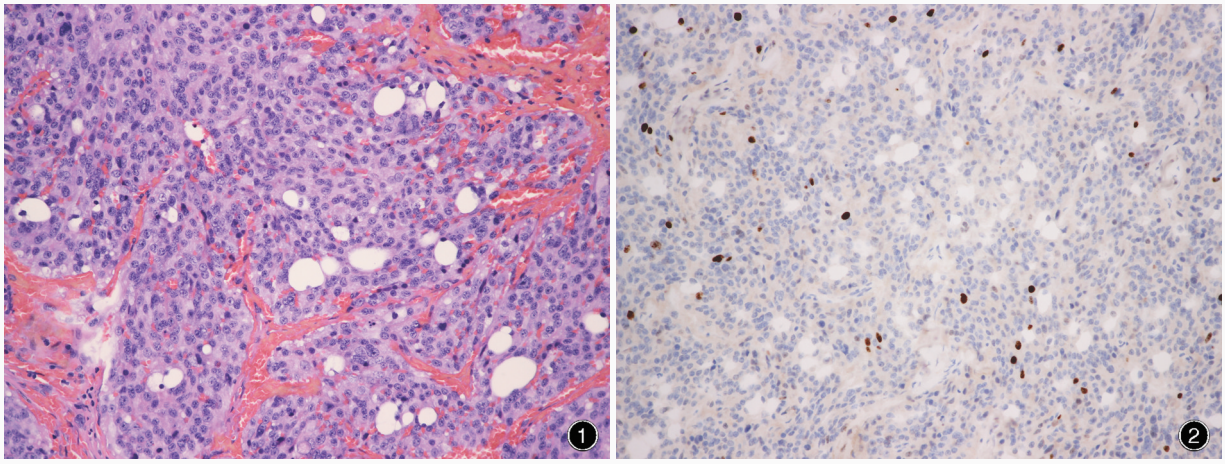

图1 光学显微镜观察显示，肿瘤细胞胞核异型性明显，可见核分裂象 HE染色 ×200 **图2** 光学显微镜观察显示，肿瘤细胞Ki-67抗原标记指数增加 免疫组织化学染色（EnVision二步法） ×200

Figure 1 Optical microscopy findings showed nuclear atypia of tumor cells, and mitotic activity could be seen. HE staining ×200 **Figure 2** Optical microscopy findings showed a high Ki-67 labeling index. Immunohistochemical staining (EnVision) ×200

垂体癌是限制在腺垂体细胞的恶性肿瘤，可出现脑、脊髓和（或）全身转移，无诊断性组织学形态特征。明确诊断应具备以下条件：原发灶为腺垂体肿瘤；排除其他可能病变；肿瘤在脑和脊髓间断性播散；病理学特征与原发灶一致。神经元分化十分罕见。约60%的原发性垂体癌呈现典型垂体腺瘤的组织学形态特征，转移癌常表现为更显著的异常组织学形态特征，如细胞多形性、胞核异型性、核分裂象（图1）、坏死和血管侵袭。免疫组织化学染色与垂体腺瘤相似，神经内分泌标志物如突触素（Syn）或嗜铬素A（CgA）呈阳性，垂体激素表达各异，最常见的是催乳素（PRL）和促肾上腺皮质激素（ACTH）呈阳性，P53蛋白亦可呈阳性，Ki-67抗原标记指数增加（图2）。

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