

全身多发囊虫病一例

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【关键词】 神经系统囊虫病; 病例报告

【Key words】 Neurocysticercosis; Case reports

Generalized polycysticercosis: one case report

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患者 男性, 55 岁, 藏族, 因进行性乏力 3 年, 于 2017 年 8 月 3 日入院。患者 3 年前无明显诱因出现乏力, 无头痛、恶心、呕吐等颅内高压表现, 无精神异常、高热、寒颤、行走不稳、共济失调等症状, 进行性加重, 当地医院诊断为囊虫病(影像学资料不详), 予阿苯达唑 0.40 g/d 口服, 治疗 3 个月后自行停药, 乏力症状较前无显著改善; 3 个月前无明显诱因出现全面性强直-阵挛发作 1 次, 表现为突发意识障碍伴双侧肢体抽搐, 无大小便失禁, 无口腔异常分泌物流出, 持续约 2 min 后自行缓解, 发作前无幻听、幻嗅、幻视、头痛、头晕、恶心、心悸等前驱症状, 发作后自觉乏力, 清醒后不能回忆发作。为求进一步诊断与治疗, 至我院就诊, 门诊以“囊虫病”收入院。患者自发病以来, 精神差, 睡眠和饮食无明显变化, 大小便正常, 近 3 年体重减轻约 5 kg。既往身体健康, 长期居住于甘肃省南部藏族自治州, 预防接种史不详, 否认外伤、手术和输血史, 否认肝炎、结核病等传染性疾病病史, 无明确食物和药物过敏史, 无吸烟、酗酒史; 否认曾食用未煮熟的肉制品, 但对烹饪过程不能详细描述, 结合其居住于高原地带, 水沸点较低, 不排除食物未煮熟的可能; 家中饲养牛、羊、狗等多种家畜; 家族中无遗传性疾病病史。入院后体格检查: 体温 36.7 °C, 心率 71 次/min, 呼吸 19 次/min, 血压 112/74 mm Hg (1 mm Hg = 0.133 kPa); 神志清楚, 藏语流利, 可说简单汉语, 大

部分交流通过陪同人员翻译, 全身浅表淋巴结未触及、无肿大, 双侧瞳孔等大、等圆, 直径约 3 mm, 对光反射灵敏, 眼球各向活动充分, 双侧鼻唇沟对称, 双侧面部感觉无异常, 面部表情正常, 无面瘫, 伸舌居中, 悬雍垂居中, 咽反射正常, 吞咽功能正常, 无饮水呛咳、声音嘶哑, 双肺未闻及干湿啰音, 心瓣膜未闻及杂音, 四肢肌力和肌张力正常, 双侧指鼻试验、快复轮替动作、跟-膝-胫试验稳准, 腱反射和深浅感觉对称存在, 病理征未引出, 脑膜刺激征阴性。实验室检查: 腰椎穿刺脑脊液检查, 外观清亮、透明, 压力 170 mm H₂O (1 mm H₂O = 9.81 × 10⁻³ kPa, 170 ~ 200 mm H₂O), 送检甘肃省疾病预防控制中心行囊虫抗体检测呈阳性, 余各项指标均于正常值范围。影像学检查: 全身 X 线显示, 全身软组织内多发短条状和椭圆形致密影, 考虑囊虫病(图 1); 头部 CT 显示, 脑组织多发混杂密度影, 结合病史, 考虑脑囊虫病(图 2); 全身 CT 显示, 颈部、双侧肩部、胸背部软组织、腹壁和腹膜散在多发斑点状高密度钙化灶, 较大者约为 6 mm × 8 mm, 边界清晰(图 3)。遂于 2017 年 8 月 8 日在局部麻醉和神经阻滞下行右侧股骨外侧肌肉囊虫组织活检术, 术中可见类椭圆形白色病灶, 大小约 7 mm × 2 mm 和 5 mm × 1 mm, 质地硬韧, 与周围肌肉组织粘连, 手术全切除。组织病理学显示, 病灶为纤维囊壁样组织, 囊内可见少量坏死和钙盐。最终病理诊断为囊虫病(颅内、躯干和内脏软组织等多发)。予阿苯达唑 0.70 g (20 mg/kg) 顿服, 考虑虫体崩解导致的继发性炎症反应或脑水肿加重, 同时予地塞米松 0.75 mg/次、3 次/d 口服, 以及丙戊酸钠 0.50 g/次、2 次/d 口服抗癫痫治疗。患者

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图1 全身X线检查显示,骨质完整,骨皮质光滑、连续,骨小梁清晰、排列整齐,未见骨质破坏;周围软组织无明显肿胀,软组织内可见多发短条状和椭圆形致密影
1a 头颈部正位像 1b 胸部正位像 1c 腹部正位像 1d 右侧尺骨和桡骨正位像 1e 双下肢正位像

Figure 1 Whole body X-ray examination showed bone substance was intact, bone cortex was smooth and continuous, bone trabecula was clear and orderly, no signs of bone destruction was found. There was no obvious swelling in surrounding soft tissue, and there were several short strips and dense oval shapes visible within the soft tissue. Head and neck anteroposterior X-ray (Panel 1a). Chest anteroposterior X-ray (Panel 1b). Abdominal X-ray (Panel 1c). Right ulna and radius anteroposterior X-ray (Panel 1d). Lower limbs anteroposterior X-ray (Panel 1e).

共住院 14 d,出院时无明确药物不良反应,无癫痫发作、发热、寒颤等全身炎症反应。出院后 1 个月门诊复查,右侧股骨外侧手术切口愈合良好,头部 MRI 较前无明显变化,继续遵医嘱持续药物治疗,无明确药物不良反应,无癫痫发作,目前仍在随访中。

讨 论

脑囊虫病是常见的中枢神经系统寄生虫感染性疾病。脑囊虫病从感染到出现临床症状可以数日到 30 余年,其发病多与食用来源不明的肉制品有关。脑囊虫病的病理分型包括蛛网膜型、脑室型、脑实质型和混合型,极少累及脊髓,其中以脑实质型最为常见。

猪囊尾蚴寄生于脑组织可以导致脑囊虫病,与

食用被虫卵污染的食品密切相关。脑囊虫病临床表现多样,可以出现癫痫发作,以及感觉障碍、运动障碍、自主神经功能障碍和意识障碍等。有文献报道,脑囊虫病广泛流行于非洲、亚洲等发展中国家,约 20×10^3 例患者感染猪绦虫而导致癫痫发作^[1]。日常生活中罹患脑囊虫病有 2 种不同的获得形式即食用生猪肉或未煮熟的猪肉且其中含绦虫囊肿或感染绦虫卵。绦虫囊肿释放的六钩蚴进入宿主消化道^[2],再迁移至整个宿主体内,最终定居末端器官,这种系统性感染称为猪囊尾蚴病。

该例患者为 55 岁藏族男性,详细询问病史,久居当地,曾食用未煮熟的肉制品,此次以进行性乏力 3 年就诊,最终诊断为全身多发囊虫病。临床实践中来自或居住于高原牧区或者频繁旅行于高原

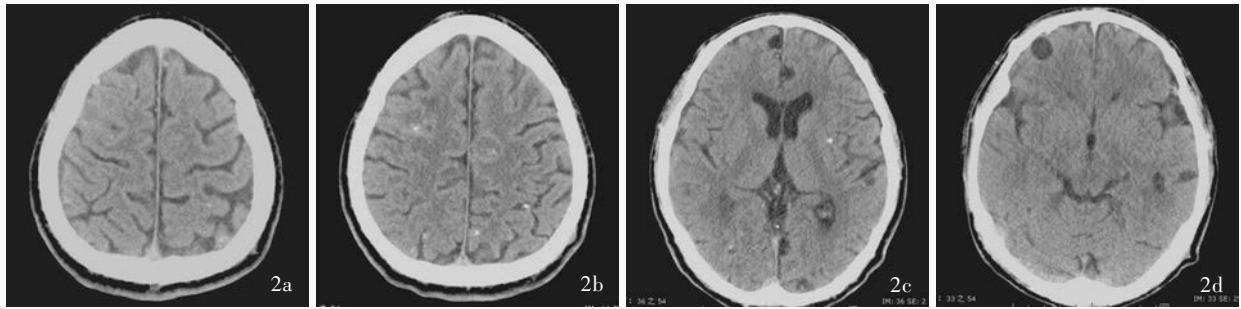


图2 头部CT检查显示,脑沟、脑回清晰,脑实质内可见多发点状高密度影;双侧额叶、左侧枕叶、左侧颞叶多发囊性变,部分病变内可见附壁结节,呈点状高密度 2a,2b 顶叶皮质层面 2c 基底节区层面 2d 四叠体区层面

Figure 2 Head CT showed clear brain sulci and gyri, multiple punctiform high-density shadow in brain parenchyma, multiple cystic change in bilateral frontal lobes, left occipital lobe and left temporal lobe. Mural nodules could be seen, which showed punctiform high-density. Parietal cortex level (Panel 2a, 2b). Basal ganglia level (Panel 2c). Corpora quadrigemina level (Panel 2d).

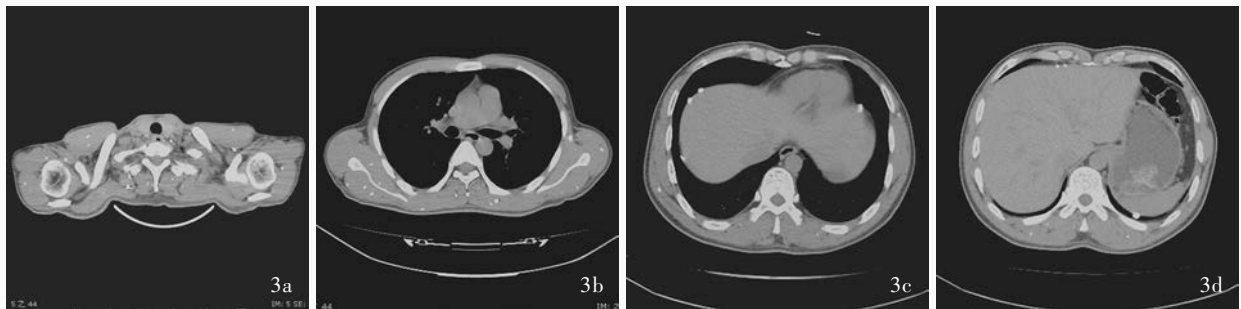


图3 全身CT检查所见 3a 颈部CT显示,颈部和双侧肩部软组织散在多发高密度钙化灶,边界清晰 3b 胸部CT显示,胸背部软组织散在多发高密度钙化灶,边界清晰,尤以双侧竖脊肌显著 3c,3d 腹部CT显示,腹壁和腹膜散在多发高密度钙化灶,边界清晰,尤以双侧竖脊肌显著

Figure 3 Whole body CT findings Neck CT showed multiple high-density calcification foci were visible in the soft tissue of neck and shoulders with clear boundary (Panel 3a). Chest CT showed multiple high-density calcification foci in soft tissue of back of the chest with clear boundary, especially in bilateral vertical spinal muscle (Panel 3b). Abdominal CT showed multiple high-density calcification foci in abdominal wall and peritoneum with clear boundary, especially in bilateral vertical spinal muscle (Panel 3c, 3d).

牧区的患者,腰椎穿刺脑脊液常表现为非特异性炎性改变,血清和(或)脑脊液囊虫抗体阳性,头部CT和(或)MRI显示囊尾蚴或囊性变,脑组织或脊髓组织病变活检可见寄生虫,眼底镜检查可见视网膜下寄生虫对脑囊虫病具有重要诊断意义^[3],但该例患者未行此项检查。

脑囊虫病的治疗主要包括驱虫治疗和对症治疗,必要时行外科手术治疗,如果存在眼部囊虫,应予外科手术摘除囊虫,以避免杀虫治疗引起的免疫反应导致失明^[4-10]。该例患者予阿苯达唑0.70 g/次、2次/d口服驱虫治疗以及丙戊酸钠0.50 g/次、2次/d口服抗癫痫治疗,并且根据病情短期予地塞米松0.75 g/次、3次/d口服治疗,治疗期间未出现恶心、呕吐、腹泻等药物不良反应,病情平稳。患者出院后遵医嘱继续服用阿苯达唑0.70 g/次、2次/d,服药期间定期复查血常规、肝肾功试验和血清电解质,并保持个人卫生环境清洁,保证食物充分加热加工

熟透后食用^[11-13]。临床医师在做好随访工作的同时,还应指导患者养成健康合理的饮食习惯。

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· 临床医学图像 ·

血管内大 B 细胞淋巴瘤

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Intravascular large B-cell lymphoma

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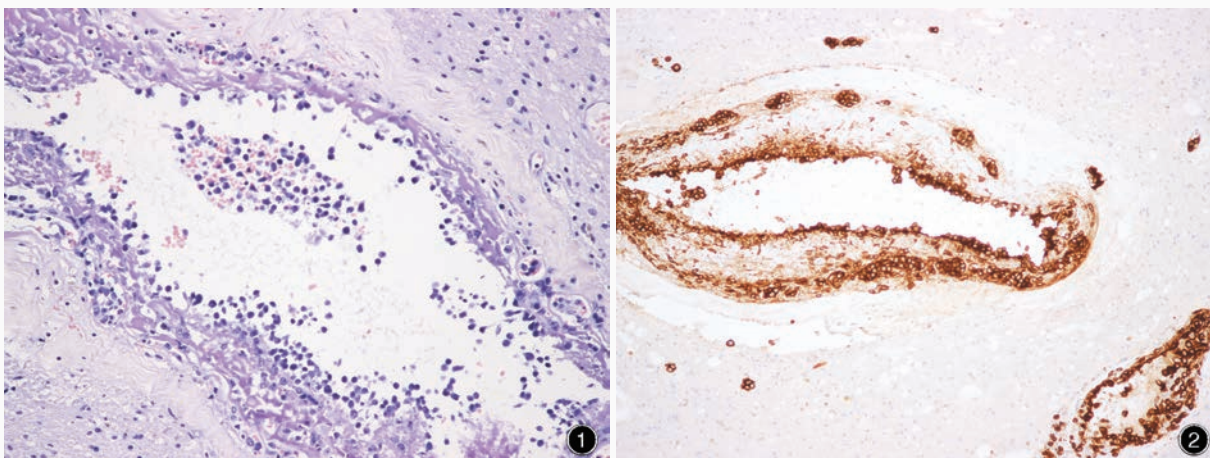


图1 光学显微镜观察显示,肿瘤细胞在血管内生长 HE染色 ×200 图2 光学显微镜观察显示,肿瘤细胞胞膜表达CD20 免疫组织化学染色(EnVision二步法) ×200

Figure 1 Optical microscopy findings showed tumor cells were restricted to intravascular spaces. HE staining ×200 Figure 2 Optical microscopy findings showed membrane of tumor cells was positive for CD20. Immunohistochemical staining (EnVision) ×200

血管内大 B 细胞淋巴瘤是罕见的侵袭性较强的淋巴瘤亚型,特征性表现为肿瘤细胞仅或全部在血管内生长,既往称为嗜血管性淋巴瘤(angiotropic lymphoma)。除孤立性皮肤病变外,有 75%~85% 的病例累及中枢神经系统,累及脑组织常见,累及脊髓相对少见。肿瘤细胞在血管内生长引起的中枢神经系统症状类似于急性缺血性卒中或亚急性性脑病,表现为进行性痴呆、记忆障碍、言语障碍或肢体瘫痪等。组织学形态可见脑组织中大量小血管增生扩张,血管内充满中等偏大细胞,粘附于血管内壁或呈游离状态,形态较单一,胞质中等量,胞核较大、呈类圆形、核仁明显,核分裂象可见(图1),周围脑组织轻度水肿。免疫组织化学染色,肿瘤细胞表达 CD20(图2)和 PAX5, Ki-67 抗原标记指数增高。原位杂交(ISH)染色 EB 病毒(EBV)呈阴性。肿瘤细胞不表达 CD29 和细胞间黏附分子-1(ICAM-1),表明肿瘤细胞“不能”经血管迁移。

(天津市环湖医院病理科阎晓玲供稿)