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· 临床医学图像 ·

Rathke 裂囊肿

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Rathke cleft cyst

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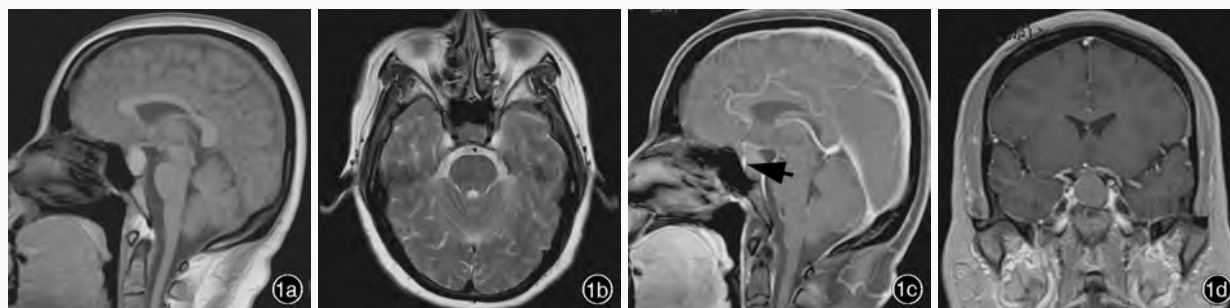


图1 女性患者,53岁。主因间断性头痛,于2012年7月2日入院。体格检查双侧颞侧视野减小,临床诊断:鞍区占位。手术后病理报告:Rathke裂囊肿 1a 矢状位T₁WI序列显示蝶鞍扩大,鞍内及鞍上卵圆形占位,呈短T₁均匀高信号影 1b 横断面T₂WI序列显示病灶呈短T₂略低信号 1c 矢状位增强T₁WI序列鞍区病变无异常对比强化,病灶前部小片状强化信号为受推挤前移的腺垂体(箭头所示) 1d 冠状位增强T₁WI序列病灶位于鞍内及鞍上,部分囊壁强化

Figure 1 A 53-year-old female suffered from discontinuity headache and was hospitalized in July 2, 2012. Physical examination suggested decreased visual field of bilateral temporal sides. She was diagnosed with space-occupying lesions in sella region and then proved to be Rathke cleft cyst after operation. Sagittal enhanced T₁WI showed a oval mass with homogeneous high-intensity signal located in both intrasellar and suprasellar regions. The sella turcica was enlarged (Panel 1a). Axial T₂WI showed the lesion with low-intensity signal (Panel 1b). Sagittal enhanced T₁WI demonstrated no contrast enhancement within and surround the lesion. The small patchy enhancing area in front of the lesion was the compressed adenohypophysis (arrow indicates, Panel 1c). Coronal enhanced T₁WI showed the lesion was located in intrasellar and suprasellar regions with partial cyst wall enhancement (Panel 1d)

Rathke裂囊肿(RCC)为起源于Rathke囊袋残余组织的先天性上皮性囊肿,好发于成年人,以60岁居多,女性多于男性。临床表现为病变压迫周围神经结构引起的头痛、内分泌障碍及视力减退或视野缺损等。尸检资料显示,Rathke裂囊肿存在于13%~22%的正常人群。大多数学者认为Rathke裂囊肿是由于Rathke裂残留、扩大、液体积聚所形成。囊壁由单层或假复层有纤毛的扁平、柱状或立方上皮构成,PAS染色呈阳性,上皮内可含有纤毛上皮细胞、杯状细胞、鳞状细胞和基底细胞;囊内主要含有蛋白质、黏多糖,可见陈旧性出血、胆固醇结晶或脱落皮屑。Rathke裂囊肿可发生在Rathke囊生成移行通道的任何部位,可完全位于鞍内亦可为鞍内向鞍上延伸,但完全位于鞍上者少见。CT平扫显示,Rathke裂囊肿呈脑脊液样密度;MRI信号呈多样化,由于囊液内蛋白质含量不同,在T₁WI上可为低、等或高信号(图1a),T₂WI序列可呈低、高信号或混杂信号(图1b)。囊壁通常无强化(图1c),少数囊壁可强化(图1d),可能与鳞状上皮化生或合并炎症有关。囊内漂浮结节是其定性诊断的重要特征之一,主要成分为胆固醇和蛋白质的结晶,MRI呈短T₁、短T₂信号;囊底沉淀物对定性有一定帮助,沉淀物的主要成分为细胞碎屑、胆固醇、蛋白质等混合物,表现为混杂信号,病灶不强化。鉴别诊断包括:(1)垂体腺瘤,尤其是与囊性垂体瘤较难鉴别,囊内漂浮结节或囊底沉淀物提示Rathke裂囊肿的可能性大。(2)颅咽管瘤,以鞍上多见,呈囊性或囊实性,多见于儿童。增强MRI扫描显示囊壁及囊壁内实性成分显著强化。(3)错构瘤,好发于鞍上,垂体柄和乳头体之间信号与脑实质类似,强度均匀,无强化。(4)鞍上非肿瘤性囊肿样病变,如蛛网膜囊肿,大多为境界清晰的脑脊液信号影,无增强改变;表皮样囊肿,形态不规则,DWI呈高信号,无明显异常对比强化;皮样囊肿呈短T₁、长T₂改变,内含脂质成分。(5)畸胎瘤,混杂信号影,内含钙化及脂质成分。(6)鞍上脑膜瘤,可起源于鞍背及斜坡背侧,呈等T₁、等T₂改变,病灶可明显强化。

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