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## · 临床医学图像 ·

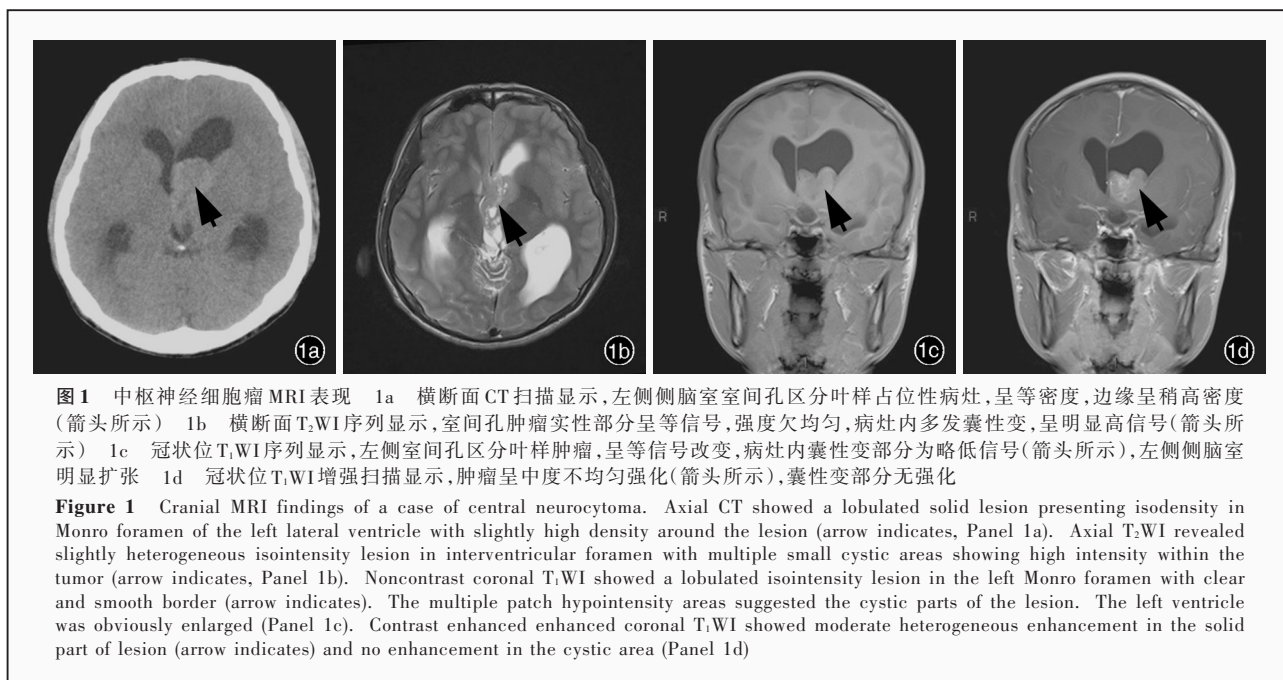
### 中枢神经细胞瘤

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#### Central neurocytoma

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**图 1** 中枢神经细胞瘤 MRI 表现 1a 横断面 CT 扫描显示,左侧侧脑室室间孔区分叶样占位性病灶,呈等密度,边缘呈稍高密度(箭头所示) 1b 横断面 T<sub>2</sub>WI 序列显示,室间孔肿瘤实性部分呈等信号,强度欠均匀,病灶内多发囊性变,呈明显高信号(箭头所示) 1c 冠状位 T<sub>1</sub>WI 序列显示,左侧室间孔区分叶样肿瘤,呈等信号改变,病灶内囊性变部分为略低信号(箭头所示),左侧侧脑室明显扩张 1d 冠状位 T<sub>1</sub>WI 增强扫描显示,肿瘤呈中度不均匀强化(箭头所示),囊性变部分无强化

**Figure 1** Cranial MRI findings of a case of central neurocytoma. Axial CT showed a lobulated solid lesion presenting isodensity in Monro foramen of the left lateral ventricle with slightly high density around the lesion (arrow indicates, Panel 1a). Axial T<sub>2</sub>WI revealed slightly heterogeneous isointensity lesion in interventricular foramen with multiple small cystic areas showing high intensity within the tumor (arrow indicates, Panel 1b). Noncontrast coronal T<sub>1</sub>WI showed a lobulated isointensity lesion in the left Monro foramen with clear and smooth border (arrow indicates). The multiple patch hypointensity areas suggested the cystic parts of the lesion. The left ventricle was obviously enlarged (Panel 1c). Contrast enhanced coronal T<sub>1</sub>WI showed moderate heterogeneous enhancement in the solid part of lesion (arrow indicates) and no enhancement in the cystic area (Panel 1d)

中枢神经细胞瘤(CNC)是临床较为少见的中枢神经系统肿瘤。1982年,Hassoun等首次通过电子显微镜对2例脑室内肿瘤的组织学形态进行观察,其类似于少突胶质细胞瘤,肿瘤细胞缺乏非典型有丝分裂,无“Homer-Wright 玫瑰花形”形成和向成熟神经节细胞演变表现,来源于神经细胞,故命名为中枢神经细胞瘤。WHO中枢神经系统肿瘤组织学分类将其归于神经元及混合性神经元-胶质肿瘤(WHO II级)。好发于20~40岁青壮年,无性别差异。肿瘤生长缓慢,病史可长达数十年之久,临床主要表现为头痛、恶心、呕吐、视力改变等,是肿瘤引起的梗阻性脑积水和慢性颅内压升高所致。CT扫描可见不规则分叶状等或稍高密度肿块,以宽基底与侧脑室透明隔相连,常伴有多发性低密度小囊性变,半数以上瘤体内可见散在钙化(图1a)。MRI扫描T<sub>1</sub>WI呈等或稍低信号,囊性变区呈低信号;T<sub>2</sub>WI呈等或稍高信号,囊性变区呈高信号;增强扫描多呈较均质或不均质的轻至中度强化(图1b~1d)。肿瘤阻塞Monro孔后可引起一侧或双侧侧脑室扩大。肿瘤实质常可见囊性变、钙化和血管流空影,故信号强度欠均匀,呈“多囊泡”样改变;瘤体内可见匍行性血管流空信号。中枢神经细胞瘤位于幕上脑室系统,大多数位于侧脑室的前半部分,易发生在左侧侧脑室,一般不沿脑室扩散。对于青少年侧脑室肿瘤呈上述影像学特点者,应考虑中枢神经细胞瘤的诊断,但应注意与少突胶质细胞瘤、室管膜下巨细胞型星形细胞瘤、室管膜瘤、低级别或纤维型弥漫性星形细胞瘤相鉴别。

(天津市环湖医院神经放射科韩彤供稿)