49-55.
[20] McCorquodale DS 3rd, Ozomaro U, Huang J, Montenegro G, Kushman A, Citrigno L, Price J, Speziani F, Pericak-Vance MA, Züchner S. Mutation screening of spastin, atlastin, and REEP1 in hereditary spastic paraplegia. Clin Genet, 2011, 79:523-530.
[21] Stevanin G. Molecular genetics of hereditary spastic paraplegias. eLS, 2010[2013-03-15]. http://www.els.net/WileyCDA/ElsArticle/refId-a0022419.html.
[22] Yoon WT, Lee WY, Lee ST, Ahn JY, Ki CS, Cho JW. Atypical hereditary spastic paraplegia with thin corpus callosum in a Korean patient with a novel SPG11 mutation. Eur J Neurol, 2012, 19:E7-8.
[23] Elleuch N, Depienne C, Benomar A, Hernandea AM, Ferrer X, Fontaine B, Grid D, Tallaksen CM, Zemmouri R, Stevanin G, Durr A, Brice A. Mutation analysis of the paraplegin gene (SPG7) in patients with hereditary spastic paraplegia. Neurology, 2006, 66:654-659.
[24] Lambrecq V, Muller F, Joseph PA, Cuny E, Mazaux JM, Barat M. Intrathecal baclofen in hereditary spastic paraparesis: benefits and limitations. Ann Readapt Med Phys, 2007, 50:577-581.
[25] Geva-Dayan K, Domenievitz D, Zahalka R, Fattal-Valevski A. Botulinum toxin injections for pediatric patients with hereditary spastic paraparesis. J Child Neurol, 2010, 25:969-975.
[26] Yang YM, Wan XH. Progress in the study of botulinum toxin for the treatment of movement disorders. Zhongguo Xian Dai Shen Jing Ji Bing Za Zhi, 2011, 11:43-50.[杨英麦, 万新华. 肉毒毒素治疗运动障碍性疾病的研究进展. 中国现代神经疾病杂志, 2011, 11:43-50.]

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·临床医学图像·

黑色素细胞瘤

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Melanocytoma

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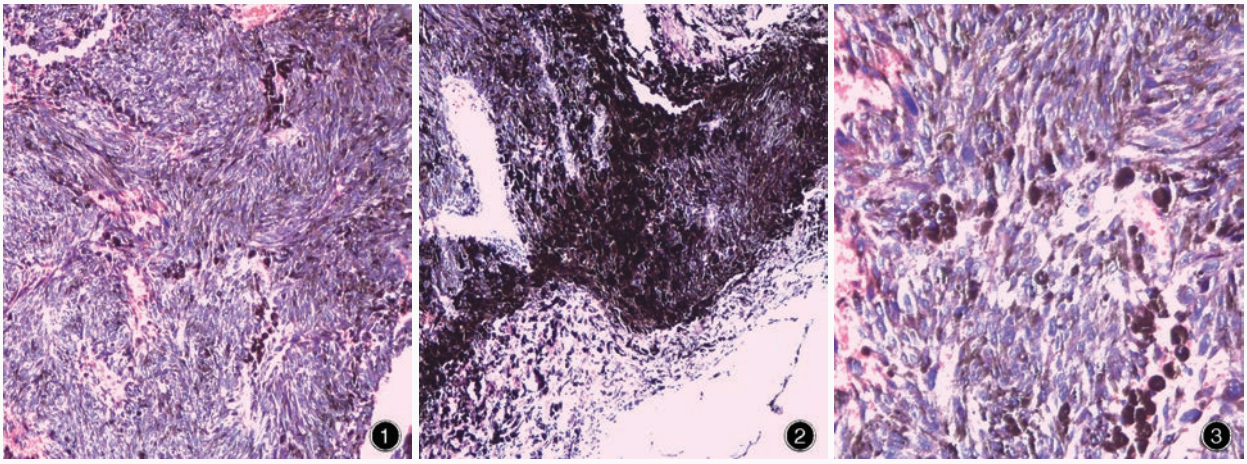

图1 光学显微镜可见含色素的梭形细胞呈巢状或片状排列 HE染色 低倍放大 **图2** 光学显微镜显示，巢状结构周围有富含色素的肿瘤细胞和细胞外色素沉积 HE染色 低倍放大 **图3** 光学显微镜显示，黑色素细胞瘤胞质呈透明或嗜酸性、色素含量不等，胞核呈豆形，可见嗜酸性小核仁 HE染色 低倍放大

Figure 1 Optical microscopy revealed that pigmented spindle cells were arranged in loose nests or in sheets. HE staining low power magnified **Figure 2** Heavily pigmented tumor cells and extracellular melanin deposits were seen at the periphery of nests. HE staining low power magnified **Figure 3** Melanocytoma cells showed clear or eosinophilic cytoplasm with variable fine pigment. Nuclei were bean-shaped and had eosinophilic micronucleoli. HE staining low power magnified

中枢神经系统黑色素细胞瘤起源于软脑膜的黑色素细胞，可发生于所有年龄阶段，以50岁左右最为常见，女性略多于男性。呈单发，低度恶性，不侵犯周围组织。光学显微镜观察肿瘤细胞呈梭形或椭圆形，胞质内含多少不等的黑色素，可形成巢状，表面类似脑膜瘤“涡旋”状结构（图1）；巢状结构周围可见富含色素的肿瘤细胞和巨噬细胞（图2）；胞核呈卵圆形或豆形，核仁小、呈嗜酸性（图3）；一般无细胞间变及核分裂象（平均＜1个/10高倍视野）。免疫组织化学染色肿瘤细胞抗黑色素特异性抗体HMB-45或黑色素瘤抗原T细胞（MART-1）呈阳性反应，Ki-67抗原标记指数＜2%。

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