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·临床医学图像·

颅内表皮样囊肿

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Intracranial epidermoid cyst

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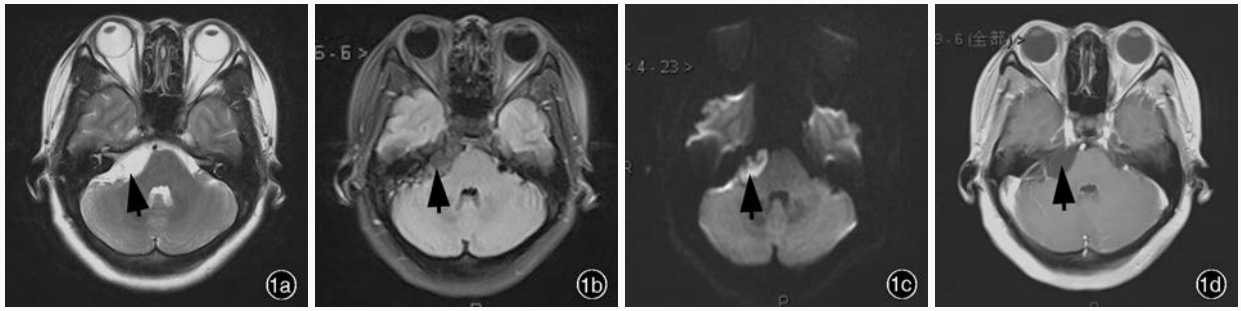

图1 女性患者,42岁。主因右侧面部痉挛2个月就诊。头部MRI检查显示右侧脑桥小脑角占位性病变,术后病理证实为颅内表皮样囊肿 1a 横断面T_2WI显示右侧脑桥小脑角不规则占位效应,呈高信号(箭头所示),邻近右侧桥臂受压 1b 横断面FLAIR成像显示病灶呈略高信号(箭头所示),强度高于脑脊液 1c 横断面DWI显示病灶呈高信号(箭头所示),界限清晰 1d 横断面增强T_1WI显示病灶呈低信号(箭头所示),未见明显异常强化

Figure 1 A 42-year-old female patient had suffered right hemifacial spasm for 2 months and came to clinic. MRI showed a right cerebellopontine angle space-occupying lesion. Postoperative pathological diagnosis revealed intracranial epidermoid cyst. Axial T_2WI showed an irregular mass effect with high intensity (arrow indicates) compressing the adjacent right brachium pontis (Panel 1a). Axial FLAIR showed the lesion with slightly high intensity (arrow indicates). The signal strength was higher than that of cerebrospinal fluid (Panel 1b). Axial DWI showed a well defined and homogeneous lesion with high intensity (arrow indicates, Panel 1c). Axial T_1WI with contrast showed low intensity lesion (arrow indicates) with no enhancement (Panel 1d).

颅内表皮样囊肿又称胆脂瘤或珍珠瘤,是颅内先天性外胚层来源的囊性肿瘤样病变,占颅内肿瘤的0.20%~1.80%。此类肿瘤好发于脑桥小脑角、基底池、鞍上等部位,亦可见于脑室和脑实质内,仅少数(约10%)位于硬脑膜外(以颅骨板障内多见)。颅内表皮样囊肿生长缓慢,位于颅内者具有沿蛛网膜下隙、脑池匍行性生长、塑形之特点,易包绕邻近神经和血管,发病原因不明,推测可能由于神经管闭合期间神经组织与外胚层不完全分离使外胚层细胞残留于神经沟内所致。获得性颅内表皮样囊肿临床少见,大多继发于创伤、穿刺引起的皮肤表皮细胞异位,病灶界限清晰、包膜完整,多为囊性;囊壁外层为纤维结缔组织、内层为复层鳞状上皮,内容物为上皮细胞碎屑、角化蛋白和胆固醇结晶,可破入蛛网膜下隙诱发无菌性脑膜炎。影像学表现主要与囊内容物成分有关。囊内容物多为松散的角化蛋白和少量细胞碎屑:CT平扫显示为低或等于脑脊液的均匀低密度影,增强扫描病灶无强化,偶见囊壁钙化和轻度强化。MRI显示病灶形态欠规则,呈匍行性分布,T_1WI为高于脑脊液的低信号、T_2WI和FLAIR成像呈高信号(图1a,1b),DWI高信号是诊断颅内表皮样囊肿的重要依据(图1c),增强扫描病灶无强化(图1d)。少数病例可见非典型性影像学表现,可能与囊内高浓度的蛋白质成分或顺磁性物质相关:CT呈等或高密度,T_1WI呈高信号、T_2WI为低信号(与囊内高黏性物质有关)。囊内容物为高浓度胆固醇结晶者罕见:CT平扫为极低密度影,T_1WI呈高信号。颅内表皮样囊肿需注意与蛛网膜囊肿、皮样囊肿、囊性神经鞘瘤和颅咽管瘤相鉴别:蛛网膜囊肿内容物多为脑脊液成分,形态规则,呈长T_1、长T_2改变,DWI为低信号;皮样囊肿以脑室内高发,由于囊内容物含脂质成分,故CT呈极低密度影,MRI显示短T_1、长T_2信号,抑脂序列显示短T_1脂肪信号区呈低信号;囊性神经鞘瘤和颅咽管瘤实性部分和囊壁明显强化,囊性部分DWI呈低信号。

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