dose dobutamine echocardiography for predicting functional recovery after revascularization[J]. Am J Cardiol, 2000, 86(2): 153-157.
[3] Jennings R B. Early phase of myocardial ischemic injury and infarction[J]. Am J Cardiol, 1969, 24(6): 753-765.
[4] Schulz R, Heusch G. Pathophysiology of the "hibernating" myocardium[J]. Z Kardiol, 1995, 84(Suppl 4): 91-100.
[5] Voller H, Nixdorff U, Flachskampf Fa. Assessment of myocardial vitality with dobutamine echocardiography: current review[J]. Z Kardiol, 2000, 89(10): 921-931.
[6] Meluzin J, Cerny J, Groch L, *et al*. Prognostic importance of the quantification of myocardial viability in revascularized patients with coronary artery disease and moderate-to-severe left ventricular dysfunction[J]. Int J Cardiol, 2003, 90(1): 23-32.
[7] Yao S S, Chaudhry F A. Assessment of myocardial viability with dobutamine stress echocardiography in patients with ischemic left ventricular dysfunction[J]. Echocardiography, 2005, 22(1): 71-83.
[8] Tani T, Teragaki M, Watanabe H, *et al*. Detecting viable myocardium and predicting functional improvement: comparisons of positron emission tomography, rest-redistribution thallium-201 single-photon emission computed tomography (SPECT), exercise thallium-201 reinjection SPECT, I-123 BMIPP SPECT and dobutamine stress echocardiography[J]. Circ J, 2004, 68(10): 950-957.
[9] Rambaldi R, Bax J J, Boersma E, *et al*. Value of pulse-wave tissue Doppler imaging to identify dyssynergic but viable myocardium[J]. Am J Cardiol, 2003, 92(1): 64-67.
[10] Rambaldi R, Bax J J, Rizzello V, *et al*. Post-systolic shortening during dobutamine stress echocardiography predicts cardiac survival in patients with severe left ventricular dysfunction[J]. Coron Artery Dis, 2005, 16(3): 141-145.
[11] Schneider C, Bahlmann E, Malisius R, *et al*. Tissue velocity imaging during dobutamine stimulation for assessment of myocardial viability: segmental analysis in patients after myocardial infarction[J]. Int J Cardiol, 2005, 110(1): 15-21.
[12] Marwick T H, Case C, Leano R, *et al*. Use of tissue Doppler imaging to facilitate the prediction of events in patients with abnormal left ventricular function by dobutamine echocardiography[J]. Am J Cardiol, 2004, 93(2): 142-146.
[13] Bountioukos M, Schinkel A F, Bax J J, *et al*. Pulsed-wave tissue Doppler quantification of systolic and diastolic function of viable and nonviable myocardium in patients with ischemic cardiomyopathy[J]. Am Heart J, 2004, 148(6): 1079-1084.

(编辑 陈聪连)

文章编号:1000-5404(2007)02-0137-01

个案与短篇

巨大肾上腺皮质腺瘤伴广泛出血退变1例

张水文,孙凤岭,臧 桐 (北京军区总医院泌尿外科,北京 100700)

患者,男性,62岁,因1个月前出现右腰部疼痛不适于2006年6月11日来我院门诊就诊。B超示肝、肾间隙混合性肿物,大小20 cm×17 cm×15 cm,呈椭圆形,肿物中央无规则回声区,可见多条带状分隔,中间可见少量血流信号,考虑来源于右肾上腺,CT示密度不均,CT值17~45 HU,可见高密度钙化影,增强扫描强化不明显,以"右侧腹膜后肾上腺区巨大恶性占位病变"收住院。入院后查心、肺无异常,于2006年6月19日上午在全麻下行右肾上腺肿瘤切除术,术中见肿瘤位于右肾和肝左、右叶间,表面光滑,有完整的包膜,与腹膜有粘连,手术顺利。病理检查:肿瘤大小约20 cm×17.5 cm×15.5 cm,包膜较完整,质量为2 228 g,切面囊实性,有暗红色液体流出,囊腔大小约12 cm×11 cm×7 cm,肿物周围呈灰黄红色实性。免疫组化:CgA、Syn及NSE(+),ACTH及S-100(±),EMA(-)CD34血管(+)。经协和医院刘彤华院士会诊,诊断为:右肾上腺皮质腺瘤伴广泛出血退变。患者术后10 d拆线,未发现其他合并症和并发症,痊愈出院,目前仍在随访中。

讨论

患者既往无高血压病史,无柯兴氏综合征体征,电解质正常且无内分泌紊乱,属于无功能性肾上腺皮质腺瘤。无功能性肾上腺皮质腺瘤由于起病隐匿,多无症状,临床上不易发现,只有当它大到足以产生症状时才引起注意,但多已呈恶性变化,所以该例如此巨大肾上腺皮质腺瘤且属良性实不多见[1,2]。手术是其最有效的治疗方法,B超、CT扫描、静脉肾盂造影和腹主动脉造影可观察肿瘤与肾在位置上的关系,以及肾、肝、腹主动脉、腔静脉的移位和受压情况,术中应尽量完整切除,同时因其压迫使周围解剖复杂,应注意保护周围脏器及大血管。

关键词:肾上腺皮质腺瘤;良性
中图法分类号:R736.6 **文献标识码**:B

参考文献:

[1] 王满毅,张 煜,黄 英,等. 无功能性肾上腺皮质腺瘤的CT诊断—(附3例报告)[J]. 中华实用中西医杂志, 2004, 4(17): 1515-1516.
[2] 苗 英,何向蕾,甘永利,等. 肾上腺皮质腺瘤、腺癌48例临床病理分析[J]. 诊断病理学杂志, 2004, 11(6): 380-382.

(编辑 汪勤俭)

作者简介:张水文(1971-),男,湖北省黄石市人,博士研究生,主治医师,主要从事前列腺和泌尿肿瘤方面的研究。电话(023)68754186,E-mail: zhang180308@163.com

收稿日期:2006-10-20;**修回日期**:2006-11-29