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个案与短篇

颈椎椎管内肠源性囊肿 1 例

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[**关键词**] 椎管;肠源性囊肿
[**中图法分类号**] R730.269 [**文献标志码**] B

肠源性囊肿(enterogenous cyst)又称做神经管原肠囊肿,是一种较少见的先天性发育畸形的囊肿。因其壁内衬能分泌黏液的类似于胃肠道的柱状上皮而得名,多来源于胚胎发育时期神经肠管的残余组织[1]。本院收治 1 例,现报告如下。

1 临床资料

患者,男性,11 岁,因"间断后颈部疼痛 9 个月"于 2012 年 12 月 3 日收治入本院。临床表现:后颈部疼痛,同时出现四肢发麻、乏力,走路不稳,行动不便;用药(消炎、止痛)后上述症状可短时消失。查体:步入病房,神志清楚,语言流利,对答切题,双侧瞳孔直径约 3 mm,对光反射灵敏;颈软,四肢肌力及肌张力正常,双下肢肌力 V 级;腱反射正常,双侧巴氏征阴性。颈椎 MRI 示:颈 3 ~ 5 椎体平面椎管内见不规则囊状稍长 T_1 长 T_2 信号影,大小约 2.93 cm × 1.13 cm × 1.6 cm,相应层面脊髓稍受压变细,增强扫描脊髓侧边缘似可见点线样强化(图 1);考虑颈 3 ~ 5 椎体平面椎管内占位,先天性囊肿与神经鞘瘤待鉴别。术中见囊肿位于颈 3 ~ 5 段脊髓腹侧,长约 4 cm,囊液呈淡黄色,壁薄,与脊髓紧密粘连,显微剪将其剪破后吸干净囊内液体,完整保留神经根,剪取部分囊壁送病检。病理诊断:(颈 3 ~ 5 椎管内)肠源性囊肿(图 2)。

2 讨论

肠源性囊肿是一种由于胚胎期发育时期异位的前肠胚胎残余组织在椎管内破坏中胚层而导致的先天性疾病,主要由神经肠管的残余组织发育形成(神经肠管是胚胎发生第 3 周时在

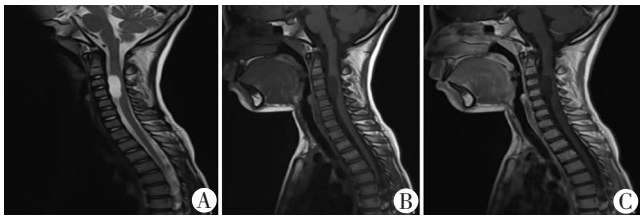
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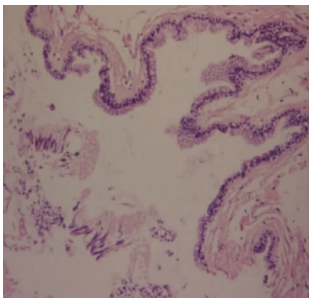
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A:T_2WI矢状位;B:T_1WI矢状位;C:Gd-增强扫描

图1 颈椎椎管内肠源性囊肿患者颈椎MRI表现



囊肿壁内衬单层柱状上皮细胞,细胞质顶部见分泌上皮外组织轻度水肿

图2 颈椎椎管内肠源性囊肿患者颈部囊肿组织病理学观察 (HE ×200)

羊膜与卵黄囊之间起临时连接作用的结构),常伴有脊柱、消化道、呼吸道的畸形。1999年WHO中枢神经系统肿瘤组织学分类将其定义为:囊肿内壁衬有类似胃肠道上皮及能分泌黏液的上皮组织[1-2]。临床上发病率较低,多见于男性儿童,男女比为2∶1 ~ 3∶1;以颈段和上胸段椎管内脊髓腹侧硬脊膜下好发[3]。临床表现主要为脊髓受压的神经系统症状。MRI多表现为脊髓腹侧髓外硬膜下的长T_1长T_2的囊状病灶,部分病灶嵌入脊髓内。有研究者认为"脊髓嵌入征"(病灶不同程度向脊髓中央嵌入而形成)是MR诊断肠源性囊肿的重要征象[4-5],Gd-增强扫描无强化。本例肠源性囊肿病灶增强扫描部分囊壁可见点线样强化。这与以上特征不符,有学者提出其强化机制可能与囊壁成分有关[6-7]。肠源性囊肿主要与囊性神经源性肿瘤鉴别,囊性神经源性肿瘤以胸段多见,病灶大多可见实性成分和囊壁,增强扫描实性成分和囊壁可强化,病变主要沿神经根走行生长,以此作鉴别[8]。本病一经确诊,应立即行手术切除治疗。本例患者年轻,术后临床症状消失,近期恢复良好,远期预后还得进行随访以观察。

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