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·个案与短篇·

支持细胞——间质细胞瘤一例报告

曾 昱*

一、临床资料

病例，患者，女，24岁，已婚，孕1 产0，因月经紊乱1年半，伴闭经多毛4个多月，于1996年11月12日入院。近1年来每月月经来潮2次，经期14 d，量中等。同时发现腿部、下腹部及阴毛增多，无声音增粗及性格情绪等明显变化。7个多月前起月经量进行性减少，4个多月前开始闭经至今，并伴烦躁、声音增粗，体毛明显增多，增粗。乳房变小，但无乳头溢液。阴道分泌物减少，但无性欲方面明显改变，未曾服用雄激素。体查：体态均匀，发育似女。皮肤面部座疮。喉结稍偏，增大，毛发多(阴毛、腋毛、腹部、腿部)，无"水牛背"。妇查：外阴发育正常，已婚未产型，阴毛增粗呈男性菱形分布。阴蒂肥大长约2 cm，形态如阴茎，子宫及宫颈正常。右侧附件可扪及约2 cm × 2 cm大小包块，质中，光滑，边界不清，无压痛。左侧附件未见异常。头颅正侧片：蝶鞍形态大，小正常。MRI：垂体0.8± cm，未见有微腺瘤情况。尿17-羟5.1 mg/24 h，尿17-酮5 mg/24 h。B超：右侧卵巢实质性包块，初步诊断：①右侧卵巢肿瘤。②垂体腺瘤?

二、结果

经外科、内科、妇科会诊决定在持续硬膜外麻醉下行剖腹探查术。术中见：右侧卵巢有2 cm × 2 cm大小的包块，有包膜，表面光滑，质中、实质。术中送冰冻切片，病理报告：高分化支持细胞——间质细胞瘤。考虑到卵巢肿瘤有30%恶化倾向，故行右侧卵巢、输卵管切除术。术后病理诊断：高分化支持细胞——间质细胞瘤。术后行预防性化疗，治愈出院。

三、讨论

支持细胞—间质细胞瘤又称男性母细胞瘤或睾丸母细胞瘤，较罕见。多发生在育龄年轻女性，单侧多见，一般瘤体较小，可局限在卵巢门区或皮质区，实质、表面光滑，湿润，有时呈分叶状。切面灰白色伴囊性变，囊内壁光滑，含血性浆液或粘性液体。镜下可见不同程度的支持细胞及间质细胞组成，具有男性化作用，多为良性，10% ~ 30%呈恶性。临床特点是出现内分泌症状。主要表现为程度不等的失女性状态及闭经。临床上应与卵巢多囊综合征、肾上腺皮质增生、肿瘤及垂体腺瘤相鉴别。

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