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ducted in double directions. Our findings confirm that pressure difference does exist between the thorax and abdomen. The mechanism of the genesis of lung blast injury was discussed on the point of pressure changes, and it is believed that the blast injury on the viscera of the thoracic and abdominal cavities is likely precipitated by the sudden increase of negative pressure created by the expansion of cavity walls.

Key words blast wave; overpressure; negative pressure; blast injury; pressure difference

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结节性甲状腺肿骨化伴乳头状腺瘤一例

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患者：女性，40岁。左颈部包块逐步增大变硬18月，无食欲亢进，心慌及发热，无外伤史。检查：颈前区左侧扪及1个约6 cm×5 cm的包块，表面不光滑，质硬，边界清楚，无压痛，随吞咽上下移动。在该包块上方扪及1个1.5cm×1.5cm的包块，表面光滑，边界清楚，质中，无压痛。均无细震颤及血管杂音。T_3 1.2nmol/L～1.5nmol/L，T_4 93.6nmol/L～123.5nmol/L，TSH 4.6mU/L，甲状腺抑制后^{131}I吸收率87.5%，抗甲状腺球蛋白抗体3.8%，抗甲状腺微粒体抗体5.2%，血钙2.525mmol/L，血磷1.647mmol/L。B超检查提示为实质性占位病变。X线摄片提示左颈部钙化性包块，边界清楚，内有许多透光区。2次针吸涂片检查均见多量分叶核细胞及少许形态好的滤泡上皮。术中探查左侧甲状腺下极包块约6.5cm×5 cm×3.5cm，质硬无包膜，其上方另一包块为1.5cm×1.5cm圆形包块，质软，右侧无包块。行左侧甲状腺包块切除术，痊愈出院。镜下观：大肿块切片可见胶原组织，玻璃变性，钙化和骨化，少数残留区见有萎缩性甲状腺滤泡结构，形态完好。小包块切片显示滤泡扩张，纤维增生和乳头状结构。病理诊断：结节性甲状腺肿骨化伴乳头状腺瘤。

结节性甲状腺肿常发生镜下钙化，但发生巨块性钙化并骨化少见。临床上应注意与甲状腺癌鉴别，细针穿刺涂片有助于术前诊断。

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