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· 病例报告 ·

### 甲状腺低分化鳞癌脉络膜转移一例

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患者,男,60岁,因“左眼胀痛伴头痛10个月,视力丧失3个月”入院。于10个月前无明显诱因出现左眼胀痛伴头痛,视力逐渐下降,3个月前视力丧失。既往史:8年前曾行甲状腺肿瘤切除术,组织病理学诊断为甲状腺低分化鳞癌;2年前颈部淋巴结肿大,手术清扫后经组织病理学诊断为甲状腺肿瘤颈部淋巴结转移。入院后眼科检查:右眼正常。左眼无光感,结膜混合充血,角膜轻度水肿,周边前房1/5 CT,虹膜节段性萎缩,后粘连,约4mm,可见大量新生血管,对光反射消失,晶状体混浊,后囊表面可见大量血管,其余结构未窥清。眼压T<sub>4.2</sub>。眶压正常。入院前10个月行MRI检查,发现左眼后极部、内侧及下赤道部眼球壁大范围扁平隆起,信号强度异常,T1WI及T2WI均为中信号强度。强化脂肪抑制后,T1WI高信号,T2WI中信号。考虑脉络膜转移癌、继发性视网膜脱离、筛窦炎(图1)。入院后眼眶CT横轴位显示眼内占位病变,位于眼球后极及下部,与眼球壁相连,边界基本清楚,内密度均匀,后部眼环增厚、



图1 手术前10个月时眼眶病变的MRI表现

变形,玻璃体密度高于对侧,视神经与球壁相连处增粗,眼球在冠状位呈葫芦状。肝、胆、脾、肾以及肺部检查未发现占位病灶。临床诊断为:左眼占位病变、绝对期青光眼、继发性视网膜脱离、双侧筛窦炎。行眼球摘除术,术中发现眼球呈明显巩膜葡萄样改变,切除

视神经约1cm,眼眶内未见明显异常组织。组织病理学检查诊断为左眼脉络膜转移癌,考虑为低分化鳞状细胞癌,并发现左眼继发性视网膜全脱离、继发性闭角型青光眼,视神经断端未发现瘤细胞,但视神经胶质细胞增生,间质水肿。

讨论:原发性甲状腺鳞癌临床罕见,发病率仅占甲状腺恶性肿瘤的1%,多见于40岁以上的患者,老年人多见。影像及病理检查可见肿瘤大片坏死,提示肿瘤可能较早发生血行转移,但由于其病程短而临床少见。甲状腺鳞癌的转移可以是颈淋巴结转移,也可远处转移至纵隔淋巴结、肺、肝、骨等<sup>[1]</sup>。由于眼眶和眼球内组织缺乏淋巴管,眶内软组织和葡萄膜转移性肿瘤是体内其他部位或器官的恶性肿瘤经血行扩散转移而来的比较少见。眼眶或眼球转移性肿瘤,国外报道多来自乳腺和前列腺,国内报道多来自呼吸道和消化道<sup>[2]</sup>。何为民等<sup>[3]</sup>曾报道14例眼眶转移癌,其中有甲状腺癌2例。本报道中患者为老年男性,曾于8年前诊断为甲状腺低分化鳞癌,行手术治疗,2年前发现颈部淋巴结转移,再次行手术治疗。10个月前出现眼部症状,经术后组织病理学检查确诊为左眼脉络膜转移癌。

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