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· 病例报告 ·

双眼脉络膜骨瘤一例

文明霞 郭 勇 俞 兰

患者,男,40岁,因“反复发作双眼视物模糊3年”来院就诊。查体:双眼视力0.06,矫正无助;右眼眼压14.3 mmHg,左眼16.6 mmHg(1 mmHg = 0.133 kPa)。眼睑无肿胀,结膜无充血,角膜透明,巩膜色泽正常,无压痛,前房深度正常,房水清,虹膜正常,瞳孔直径约2.5 mm,对光反射存在,晶状体透明。散瞳后眼底检查见双眼视盘边界不清、隆起,周围脉络膜、视网膜变性样改变,并附有色素游离及出血,周围视网膜尚可(图1)。CT检查见左眼球内后壁靠近视盘处有一高密度影,其CT值与骨质相同,其余无异常。造影剂注射后11 s,吲哚青绿血管造影(ICGA)显示脉络膜动脉已充盈,瘤体呈弱荧光。注药后15 s,荧光素眼底血管造影(FFA)显示瘤体强荧光斑点增强、增多,中央区间杂有弱荧光斑点,在上血管弓距视盘1.5 PD处隐约可见丛网状血管荧光,与视网膜血管系统无关联。注药后1 min,ICGA显示瘤体内蜘蛛网样血管和丛网状血管逐渐渗漏,血管影逐渐模糊,异常脉络膜血管也逐渐渗漏。注药后10 min,ICGA显示瘤体弱荧

光,间杂有血管渗漏所引起的局部强荧光。造影剂注射后25 min,FFA显示中央区有不规则的强荧光染色,间杂弱荧光斑点,周边区为较弱的强荧光染色。同期ICGA显示中央区间杂有荧光、强荧光和弱荧光,周边区有荧光及弱荧光(图2)。超声检查右眼球后壁视盘附近可见孤立的、低隆起度的弧形强回声,其后方声影明显,降低灵敏度后球壁等正常组织回声减弱甚至消失,而强光斑不消失。左眼相同位置也可见与右眼相同的强回声斑弧形隆起,边界尚清(图3)。B型超声诊断:双眼眼底脉络膜骨瘤。

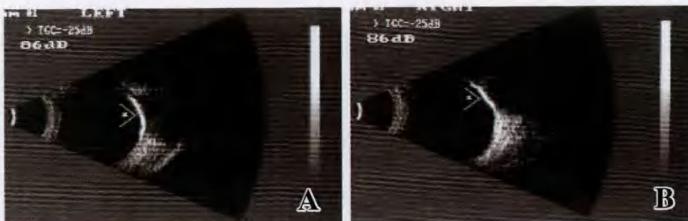


图3 患者B型超声图像 A:右眼 B:左眼

讨论:脉络膜骨瘤是一种缓慢生长的良性肿瘤,发生于眼痨或虹膜睫状体炎等慢性炎症,也可见于正常人,多为先天性原始中胚叶残留后的骨性迷离瘤^[1]。脉络膜骨瘤对位于其表面的视网膜组织及周围的脉络膜组织均有不同程度的影响^[2]。20~30岁女性多见,多单眼发病,始发于视盘附近。椭圆形或近圆形,略隆起。患者常因视力下降、眼前黑影就诊,一般无系统性疾病或家族史^[3]。本病例B型超声检查可见位于双眼底视盘附近的弧形强回声,边界清晰。

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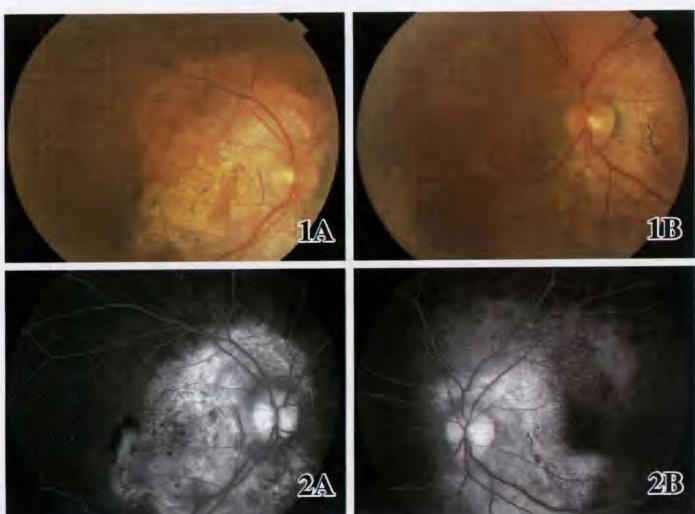


图1 患者眼底彩色照片 A:右眼 B:左眼 图2 患者FFA像 A:右眼 B:左眼

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