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颞骨孤立性骨浆细胞瘤 1 例

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Clinical characteristics of solitary plasmacytoma of temporal bone

Summary Patient of plasmacytoma of temporal bone often suffered from evident symptom in unilateral ear and obvious damage of bone. Clinical characteristics、imaging examination and histopathology can established an accurate diagnose. The therapy will be surgery and followed radiotherapy.

Key words plasmacytoma,solitary;temporal bone

1 病例资料

患者,男,31 岁。因右耳反复流脓 6 个月,听力渐进性下降,右侧闭眼不能 5 个月,头痛 1 个月伴双眼视物模糊于 2010-02-26 来我院就诊。体检:右耳道大量黄色脓性分泌物,鼓膜不能窥及,右侧周围性血液。纯音测听示:右耳极重度感音神经性聋。双视乳头水肿。实验室检查示:血尿常规、肝肾功能、各项风湿指标大致正常范围。颞骨 CT(图 1)示:右鼓室及鼓窦软组织影,增强扫描部分强化,听小骨、水平半规管、面神经水平及垂直段骨管、鼓室盖均破坏。头颅 MR 示:右侧中耳鼓室、鼓窦异常信号,T1 呈等信号,T2 为稍高信号,邻近骨质破坏,脑膜增厚,增强扫描后病灶明显强化,右侧颞叶见片状异常信号,考虑颞叶水肿。头颅、骨盆正侧位 X 线平片示:未见异常征象。心肺 X 线胸片未见异常。骨髓穿刺提示骨髓增生大致正常。血浆及尿中本周蛋白阴性,24 h 尿蛋白定量高于正常。初步诊断:颞骨肿物,性质待查。

2010-03-12 在全身麻醉下行右耳乳突根治术,术中见肉芽样肿物占据整个乳突腔,鼓窦及上、中鼓室;质脆,色淡红,听小骨、外半规管骨质破坏,鼓膜紧张部完整增厚,松弛部穿孔,切除肿物并送病理检查。结果提示:大量成熟浆细胞(图 2),基因重排检测结果提示:IGH、IGK 基因可见克隆性重排;IGL 基因未见克隆性重排,病理诊断为浆细胞瘤。最后诊断:颞骨孤立性浆细胞瘤。术后接受单侧颞骨放疗,总剂量6 000 cGy。术后 1 年随访,患者病情稳定,无恶化征象,但目前仍存在轻度眼痛、头痛症状,患侧视力无改善。

2 讨论

浆细胞瘤是源于 B 淋巴细胞的恶性肿瘤,表现为浆细胞的单克隆增殖,按发病部位可表现为全身性和孤立性病变。全身性病变即为多发性骨髓瘤(mnltiple myeloma,MM),孤立性浆细胞瘤根据其来源分为孤立性骨浆细胞瘤(solitary plasmacytoma of bone,SPB)和髓外浆细胞瘤(extramedullary plasmacytoma,EMP)2 个亚型。发生于颞骨的浆细胞瘤十分罕见,我们统计了相关文献报道的 10 例颞骨 SPB,将其临床症状、影像学表现、治疗及预后进行比较[1-7]。

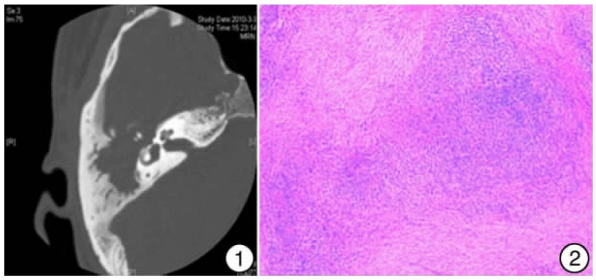

图 1 颞骨 CT; 图 2 病理切片 大片浆细胞增生

本病男性偏多,较早出现听力下降(感音神经性或传导性)、耳痛、耳鸣、耳流脓等,多无特异性症状,而相比较而言,SPB 症状多较 EMP 严重,常伴有眩晕、面瘫或其他脑神经损害症状。患者血沉升高,各血细胞比例大致正常,骨髓象大致正常,尿及血浆本周蛋白为阴性,肝肾功能正常。CT 检查类似中耳炎或胆脂瘤的表现,但破坏范围广泛,可累及中耳、乳突、岩锥、内耳,甚至中颅窝、后颅窝和颈椎。而 MR 检查更具有特征性:T1、T2 加权均呈等信号,增强扫描后强化明显,存在乳突积液时 T2 呈高信号[3]。

孤立性浆细胞瘤的诊断最终依靠病理检查,但必需排除 MM。确诊后应进一步区分 EMP 和 SPB,前者相对症状较轻,骨质破坏范围小,较少有脑神经受累和颅内侵犯,而 SPB 则症状较重,因其来源于骨髓而骨质破坏明显,常有多组脑神经受累和颅内侵犯,故所有患者均应长期随访。本文报道

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et al. BDNF-induced survival of auditory neurons in vivo: cessation of treatment leads to accelerated loss of survival effects[J]. J Neurosci Res, 2003, 71: 785－790.

[11] RICHARDSON R T, O'LEARY S, WISE A, et al. A single dose of neurotrophin-3 to the cochlea surrounds spiral ganglion neurons and provides trophic support[J]. Hear Res, 2005, 204: 37－47.

[12] GUTHRIE A. Aminoglycoside induced ototoxicity [J]. Toxicology, 2008, 249: 91－96.

[13] SHA S H, SCHACHT J. Antioxidants attenuate gentamicin-induced free radical formation in vitro and ototoxicity in vivo: D-methionine is a potential protectant[J]. Hear Res, 2000, 142: 34－40.

[14] WU W J, SHA S H, SCHACHT J. Recent advances in understanding aminoglycoside ototoxicity and its prevention[J]. Audiol Neuro Otol, 2002, 7: 171－174.

[15] JIANG H, SHA S H, SCHACHT J. NF-kappa B pathway protects cochlear hair cells from aminoglycoside-induced ototoxicity[J]. J Neurosci Res, 2005, 79: 644－651.

[16] YLIKOSKI J, QUN L X, VIRKKALA J, et al. Blockade of c-jun N-terminal kinase pathway attenuates gentamicin-induced cochlear and vestibular hair cell death[J]. Hear Res, 2002, 166: 33－43.

[17] PETTINGILL L N, RICHARDSON R T, WISE A K, et al. Neurotrophic factors and neural prostheses: potential clinical applications based upon findings in the auditory system[J]. IEEE Trans Biomed Eng, 2007, 54: 1138－1148.

[18] ALAM S A, ROBINSON B K, HUANG J, et al. Prosurvival and proapoptotic intracellular signaling in rat spiral ganglion neurons in vivo after the loss of hair cells[J]. J Comp Neurol, 2007, 503: 832－852.

[19] AGTERBERG M J, VERSNEL H, DE GROOT J C, et al. Morphological changes in spiral ganglion cells after intracochlear application of brain-derived neurotrophic factor in deafened guinea pigs[J]. Hear Res, 2008, 244: 25－34.

[20] COCO A, EPP S B, FALLON J B, et al. Does cochlear implantation and electrical stimulation affect residual hair cells and spiral ganglion neurons? [J]. Hear Res, 2007, 225: 60－70.

[21] RICHARDSON R T, WISE A, O'LEARY S, et al. Tracing neurotrophin-3 diffusion and uptake in the guinea pig cochlea[J]. Hear Res, 2004, 198: 25－35.

[22] SHEPHERD R K, HARDIE N A. Deafness-induced changes in the auditory pathway: implications for cochlear implants [J]. Audiol Neurootol, 2001, 6: 305－318.

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的病例与上述依据相比较，目前尚符合 SPB 诊断标准，但患者 24 h 尿蛋白测定异常，如果患者在以后的随访过程中发展为 MM，那么这种尿蛋白的改变也许可以作为孤立性浆细胞瘤向 MM 转变的一个征兆。

对于颞骨孤立性浆细胞瘤，无论是 EMP 还是 SPB，大多数学者均认为最有效的治疗方案是手术加放疗。颞骨 EMP 的预后较 SPB 和 MM 好，10 年生存率为 70%，放疗后 EMP 的控制率可达 80% 以上，发展为 MM 的比例只有 17%～30%[1]。

参考文献

[1] CHIANG S K, CANALIS R F, ISHIYAMA A, et al. Plasmacytoma of the temporal bone[J]. Am J Otolatyngol, 1998, 4: 267－273.

[2] RUENES R, PALACIOS E. Plasmacytoma of the petrous temporal bone ear[J]. Nose Throat J, 2003, 82: 672－672.

[3] YETISER S, TALAS D, AKKAYA A. Plasmacytoma of the temporal bone: management with a combination of surgery and radiotherapy[J]. Acta Otolaryngol, 2001, 121: 915－918.

[4] MARKOU K, KARASMANIS I, GOUDAKOS J K. Extramedullary plasmacytoma of temporal bone: report of 2 cases and review of literature[J]. Am J Otolaryngol Head Neck Med Surg, 2009, 30: 360－365.

[5] 廖华，吴展元，肖伯奎，等. 颞骨内孤立性浆细胞瘤临床特征分析[J]. 中华耳鼻咽喉头颈外科杂志，2005, 40(12): 936－938.

[6] MASUDA M, INOUE Y, TANOSAKI R. Development of solitary plasmacytoma in the internal auditorycanal and inner ear after allogeneic hematopoietic stem cell transplantation for plasma cell leukemia[J]. Jpn J Clin Oncol, 2007, 37: 701－703.

[7] ZVILASTER D L. Plasmacytoma in the temporomandibular joint: a case report[J]. Br J Oral Maxillofacial Surg, 2008, 46: 322－324.

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