

儿童鼻咽癌颅底巨大占位1例

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[关键词] 鼻咽癌;巨大团块;颅底

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A childhood nasopharyngeal carcinoma with huge mass in skull base

Summary The patient chiefly complained about headache and facial pain with recurrent epistaxis during the past two months. The pain started from the teeth and intermittent pinching headache especially on the left side. She also had mild epistaxis which healed itself. Later on the epistaxis became severe which couldn't be easily cured. Her nasopharyngoscopy examination showed a mass in nasopharynx while cranial CT scan indicated a huge mass in nasopharynx with erosion of skull base. Enhanced CT scan showed significant thickness in nasopharynx, upwards which became a huge mass breaking through skull base especially on the left side. Adjacent parapharyngeal space and paranasal sinuses and skull base were widely involved with the enlargement of neck lymph nodes. The chronic mastoiditis, ethmoiditis and maxillary sinusitis were also found. Dignosis: nasopharyngeal nonkeratinizing squamous cell carcinoma(T4N2M0 stage IV).

Key words nasopharyngeal carcinoma; huge mass; skull base

患者,女,12岁,于2012年2月6日因“头面部疼痛伴反复鼻出血2个月余”入我院神经外科。2个月前无明显诱因下起始感牙痛、头面部阵发性针刺样头痛,以左侧为甚,伴有鼻出血,量较少,可自行止住,无鼻塞、脓涕,嗅觉减退,无复视、视力减退,无耳鸣、听力下降,无咽痛声嘶,无呼吸困难,无胸闷、心悸,无发热等,遂于当地医院口腔科治疗,症状无改善且头面部疼痛加重,偶有鼻出血,不易止住,行喉镜示鼻咽部新生物,头颅CT示鼻咽部巨大占位(约3.2 cm×2.8 cm)侵蚀颅底骨质,为求进一步治疗故来我院神经外科就诊,行头颅平扫增强(图1)示鼻咽部壁显著增厚,向上至颅底并突破颅底巨大不规则占位(左侧为著),伴邻近咽旁间隙、副鼻窦及颅底广泛受累,双侧颈部肿大淋巴结,左耳慢性中耳乳突炎,蝶窦及右侧额窦发育不良,左侧筛窦炎、上颌窦炎。查体:左侧鼻腔黏膜充血,未见异常分泌物,左侧额窦、上颌窦压痛,双侧颌下可及若干肿大淋巴结,最大直径2 cm,光滑,活动,稍有压痛。行DSA胸血管造影检查颅内占位供应血管,因介入栓塞风险大,放弃介入治疗。于2012年2月15日我科行鼻咽部新生物活检术,术中见鼻咽部略粗糙,触之易出血,病理检查(图2)示鼻咽部非角化性鳞状细胞癌(T4N2M0 IV期)。遂行全身诱导化疗(力朴素120 mg d1 加奈达铂80 mg d1),化疗中出现力朴素过敏症状,第2天加用长春瑞滨25 mg(d1d8)联合化疗。后患者完成3次诱导化疗(奈达铂80 mg d1 加长春瑞滨25 mg d1d8)

加同期放化疗,自觉头痛症状明显缓解,复查鼻咽部MRI示:鼻咽壁增厚情况及左咽旁肿块较之前明显缩小。目前门诊规律随访15个月。

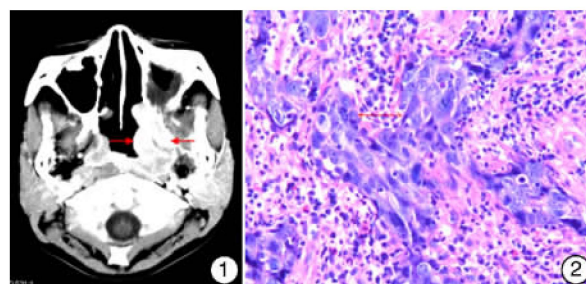


图1 头颅水平位增强CT 箭头所指为肿块; 图2 鼻咽部非角化性鳞状细胞癌 箭头所指处为癌巢。

讨论 儿童及青少年鼻咽癌国内文献报道约占全部鼻咽癌的0.1%~6.1%,国外文献报道为0.2%~5.0%^[1-2]。该患者肿瘤体积大,且有颅底侵犯,较为罕见。儿童及青少年鼻咽癌的早期诊断较为困难,就诊时多为中晚期,且远处转移常见。在儿童及青少年鼻咽癌的治疗中,放化治疗一直是常见治疗模式,而他们处于生长发育期,可能引起发育障碍甚至停滞。目前报道儿童及青少年鼻咽癌的5年总生存率为21%~79%^[3-5],预后并不差于成年人。本例患者主要症状是头面部疼痛,鼻咽癌多表现为单侧持续性头痛,以颅底骨质破坏或颅神经受侵时的头痛最剧烈,持续时间也长。鼻咽癌极易侵犯颅底引起骨质破坏,头痛和颅神经损害症状是颅底受累的重要临床征象,且往往是首发症状。故提醒了我们的临床医生要引起重视:以头痛为主诉并有颅神经损害症状的患者应考虑鼻咽癌

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的可能。在儿童及青少年鼻咽癌的放化疗中,关于合并化疗能否提高儿童及青少年鼻咽癌患者的生存率,目前各方观点不一,多数研究者认为化疗可以生存获益^[5-7],刘菊英等^[6]进行的单因素分析显示,合并化疗对无瘤生存率差异有统计学意义,表明化疗对控制远处转移及局部区域复发有一定意义。但也有研究认为合并化疗并不能提高患者生存率^[3]。适合于儿童及青少年鼻咽癌的化疗方案及时机仍有待探索。本例患者为晚期鳞癌,且头痛症状明显,故考虑先诱导化疗以尽快缓解症状,减轻痛苦,而晚期患者的局部区域复发率及远处转移率较高,故考虑予以同步放化疗联合分子靶向治疗,但其对儿童患者的安全性尚未得到确认。鼻咽癌放疗效果较好,国外报道中位根治剂量为 59.4~70.2 Gy^[4-5,7],国内学者也多建议 60~70 Gy。目前多认为 60~66 Gy 比较合适,但提高生活质量应以不降低疗效为基础,≥70 Gy 剂量能获得更好的生存和局部控制,因此裴苏等^[8]建议儿童及青少年鼻咽癌的根治剂量可与成年人相同。故对该患者剂量为 69.9 Gy。但 Orbach 等^[7]认为对于诱导化疗反应好的患者,可降低根治剂量,并不影响疗效,但仍需要进一步大样本研究证实。

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9 岁儿童喉部炎性肌纤维母细胞瘤 1 例

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Inflammatory myofibroblastic tumor of the larynx in a 9-year-old boy

Summary This 9-year old boy presented with dysphonia and dyspnea for one month. Laryngoscopy showed a tumor of anterior vocal cord. The patient received a tumorectomy. immunohistochemistry concluded to the diagnosis of inflammatory myofibroblastic tumor.

Key words inflammatory myofibroblastic tumor; larynx; child

患儿,男,9岁,因“渐进性声音嘶哑伴呼吸困难 1 个月”于 2011 年 6 月收入南京医科大学附属南京儿童医院耳鼻咽喉科。1 个月前,患儿无明显诱因

出现声音嘶哑,进行性加重,逐渐出现吸气性呼吸困难症状,睡眠时尤为明显。发病以来无咽喉疼痛,无咽异物感,患儿全身检查正常,颈部未及肿大淋巴结。门诊行电子喉镜检查:会厌活动正常,双侧室带交界处,膨出广基半透明淡红色肿块,表面光滑,遮挡双侧声带,前联合未窥及,双侧杓状软骨

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