

- [11] CHIRCH L M, AHMAD K, SPINNER W, et al. Tuberculous otitis media: report of 2 cases on Long Island, N. Y., and a review of all cases reported in the United States from 1990 through 2003[J]. Ear Nose Throat J, 2005, 84: 1060-1066.
- [12] 黄石, 赵宇, 杨奉玲, 等. 结核性中耳乳突炎 13 例临床分析并文献复习[J]. 临床耳鼻咽喉头颈外科杂志, 2014, 28(4): 243-245.
- [13] CAVALLIN L, MUREN C. CT findings in tuberculous otomastoiditis: A case report[J]. Acta Radiol, 2000, 41: 49-51.
- [14] KAMESWARAN M, NATARAJAN K, PARTHI-BAN M, et al. Tuberculous otitis media: a resurgence [J]? J Laryngol Otol, 2017, 131: 785-792.
- [15] GARCOVICH A, ROMANO L, ZAMPETTI A, et al. Tumour-like ear lesion due to Mycobacterium tuberculosis diagnosed by polymerase chain reaction-reverse hybridization [J]. Br J Dermatol, 2004, 150: 370-371.
- [16] SAUNDERS N C, ALBERT D M. Tuberculous mastoiditis: when is surgery indicated [J]? Int J Pediatr Otorhinolaryngol, 2002, 65: 59-63.

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复发性上颌窦多形性腺瘤恶变为肌上皮癌 1 例

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[关键词] 上颌窦; 腺瘤, 多形性; 肌上皮癌
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Recurrent maxillary sinus pleomorphic gonadoma into myoepithelial carcinoma: a case report

Summary A 44-year-old woman with left nasal obstruction and facial numbness for 4 months was admitted to hospital. The patient did not have amblyopia, vision loss, runny nose with blood, dizziness, headache or other discomfort. In 1991 and 2001, the patient were pathologically diagnosed as pleomorphic adenomas. CT of nasal cavity and paranasal sinuses showed that in the left maxillary sinus there was an about 4.4 cm×4.5 cm×4.7 cm large mass soft tissue density, showing expansive growth protruding into the left orbital floor. MRI showed that the lumped short T1 signal was seen in the left maxillary sinus and the linear long T1 signal was seen in the left nasal cavity, and the liquid accumulation signal foci could be seen in the left maxillary sinus. Postoperative pathological findings: (left maxillary sinus mass) Combining morphology, immunohistochemical results and medical history, consistent with pleomorphic adenoma carcinogenesis (cancer in pleomorphic adenoma), carcinogenesis type is myoepithelial carcinoma.

Key words maxillary sinus; adenoma, pleomorphic; myoepithelioma

1 病例报告

患者,女,44岁,因左侧鼻塞、面部麻木4月余于2018年6月入院,不伴复视、视力下降、涕中带血、头晕头痛等不适。患者曾于1991年在当地医院行左侧上颌黏膜囊肿切除术,术后病理回示:多形性腺瘤;2001年病情复发,于外院再次行左侧上颌黏膜囊肿切除术,病理回示:上颌多形性腺瘤。本次入院查体:左侧鼻腔狭窄,仅见下鼻甲前端部分,表面黏膜尚光滑,其余结构被肿物挤压不能窥视,左侧上颌窦区压痛+;双侧颈部浅表淋巴结无肿大。鼻腔鼻窦CT(图1):左侧上颌窦内可见4.4 cm×4.5 cm×4.7 cm团块状软组织密度影,

呈膨胀性生长突入左侧眶底,并向内推挤鼻腔外侧壁至鼻中隔,左侧眶下壁、上颌窦前壁、内侧壁、后外侧壁可见不规则骨质缺损,并有少量软组织突入颌面部皮下。MRI(图2):左侧上颌窦、左侧鼻腔内可见团块状短T1信号,内可见线样长T1信号;左侧上颌窦内可见积液样信号灶。初步诊断为左侧上颌窦占位并骨质破坏。患者完善术前检查后,全身麻醉行鼻内镜下左侧鼻窦肿物切除术。手术沿泪前隐窝进路切开下鼻甲前端鼻腔外侧壁黏膜,可见10~15 ml灰黄色液体流出,吸引干净后见上颌窦内壁骨质破坏,一囊实性肿物自窦腔脱出,扩大上颌窦内壁开窗口完整暴露肿物,可见肿物边界尚清,色暗红、触之质韧。取部分肿物组织送快速冷冻,病理示:(左侧上颌窦肿物)考虑为肌上皮源性肿瘤,倾向低度恶性,待常规及免疫组织化学明

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确诊。沿左上颌窦内侧壁完整切除肿瘤组织,可见后壁骨质部分破坏,去除破碎骨片,低温等离子充分止血,并以高速磨钻磨除周围疑似病变的骨质,检查肿物肉眼无残留,术腔填塞止血材料。术后病理(图 3a): (左侧上颌窦肿物)结合形态、免疫组织化学结果及病史,符合多形性腺瘤癌变(癌在

多形性腺瘤中),癌变类型为肌上皮癌(myoepithelial carcinoma)。免疫组织化学(图 3b~3e)结果:CK5/6(+),CK7(部分+),p63(+),S-100(少部分+),SOX-10(+),DOG-1(-),Calponin(部分+),Ki-67(约 10%+)。患者术后恢复良好,由于家庭经济问题未行放疗和化疗,目前正在随访中。

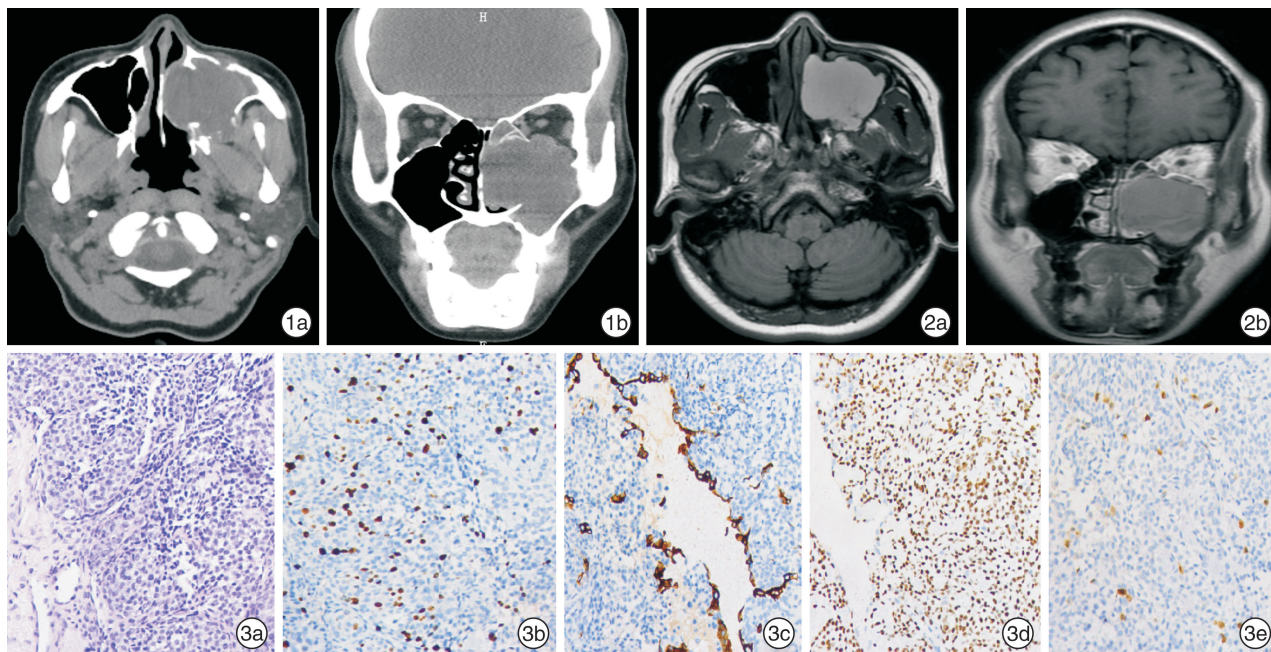


图 1 冠位(1a)和轴位(1b)CT 所示 左侧上颌窦内软组织密度影突入面部皮下,左上颌窦前壁、内侧壁、后外侧壁、眶底壁可见骨质缺损; 图 2 冠位(2a)和轴位(2b)MRI 所示 左上颌窦内软组织影,密度不均匀,突入鼻腔、左侧眼眶; 图 3 病理检查(苏木精-伊红染色×200) 3a:瘤细胞可见梭形细胞、浆细胞样细胞,胞质丰富,染色深,细胞异型性明显;3b:瘤细胞 Ki-67 阳性表达;3c:瘤细胞 CK7 阳性表达;3d:瘤细胞 p63 阳性表达;3e:瘤细胞 S-100 部分阳性表达。

2 讨论

肌上皮癌占有涎腺肿瘤的 0.10% ~ 0.45%,主要发生于腮腺(占 29%~82%),很少来自颌下腺、小唾液腺或上呼吸道^[1]。发生于上颌窦者罕见,周光耀等(2003)对 2 353 例鼻腔鼻窦肿瘤(恶性 1 769 例)的临床特点进行分析,未见肌上皮癌报道。目前关于肌上皮癌的发生机制尚存在争议,部分学者认为肿瘤可能独立发生,部分学者则认为肿瘤由多形性腺瘤(pleomorphic adenoma)或良性肌上皮癌恶变而来^[2]。

多形性腺瘤是最常见的涎腺上皮肿瘤,具有多向分化潜能,既可向肌上皮分化,又可向腺上皮分化。鼻及鼻窦多形性腺瘤具有易误诊、易复发及恶变的特点^[3]。复发的原因多为瘤细胞突破包膜浸润正常组织而手术切除不彻底,也可为瘤体破裂导致种植性复发。恶变与多次手术刺激有关,也有认为与病史长短有关。本例患者有上颌多形性腺瘤的病史,进行过 2 次手术,病程超过 20 年,可能为多形性腺瘤恶变的原因之一。WHO 将恶性多形

性腺瘤分为癌在多形性腺瘤中(多形性腺瘤恶性变)、癌肉瘤和转移性多形性腺瘤 3 类,以癌在多形性腺瘤中最为常见,占涎腺恶性肿瘤的 3.6%^[3-5]。本例患者结合肿物形态、免疫组织化学结果及病史符合多形性腺瘤癌变,恶变类型为肌上皮癌。

肌上皮癌的特征是主要分化(几乎完全)为肌上皮细胞,并具有局部侵袭性、浸润性生长和转移的特点^[6]。其鉴别诊断有:肌上皮瘤、上皮性-肌上皮癌、透明细胞癌、滑膜肉瘤、恶性周围神经鞘瘤、平滑肌瘤、浆细胞瘤、恶性黑色素瘤等^[5]。根据肿瘤细胞的组织形态,肌上皮癌可分为透明细胞型、梭形细胞型、浆样细胞型、上皮样细胞型、混合型等^[7]。由于肌上皮癌的细胞学形态多样,而 CT、MRI 等影像学检查仅能提供病变范围和浸润情况,易导致误诊及漏诊,因此明确诊断主要依靠组织病理学检查及免疫组织化学检查。

肌上皮癌的临床表现主要与肿瘤的解剖部位相关,缺乏特异性。部分患者表现为无痛性肿胀,在几个月到几年内逐渐增大。发生于腮腺者,表现

为颌面部无痛性包块;发生于鼻腔鼻窦者,可出现鼻塞、鼻溢液、鼻出血、头痛、面部麻木和(或)眼部症状等。本例患者发生于上颌窦,由于上颌窦的位置较腮腺、颌下腺等深在,故早期症状不明显,直到肿瘤压迫鼻中隔、侵入颌面部皮下等引起鼻塞、面部麻木的临床症状才来就诊,此时多伴有局部组织结构的浸润。此外,鼻窦黏膜固有层和黏膜下层的分泌腺类似于口腔中的小涎腺,可能为鼻窦肌上皮癌的发生原因之一。

关于鼻窦肌上皮癌的治疗,目前首选根治性手术,不必常规行颈清扫术。为避免术后复发,首次手术应彻底,并有足够的安全边缘。据报道,肌上皮癌血行转移的发生率为26.3%~47.0%,最常见的转移部位是肝,其次是肺。因此,对于鼻窦肌上皮癌的患者,除进行根治性手术外,还应定期随访,进行全身检查,尤其是肝、肺的检查,以防远处转移。

参考文献

[1] WAKASAKI T, KUBOTA M, NAKASHIMA Y, et al. Invasive myoepithelial carcinoma ex pleomorphic adenoma of the major salivary gland: two case reports [J]. BMC Cancer, 2016, 16: 827.
[2] PETERSSON F, CHAO S S, NG S B. Anaplastic myoepithelial carcinoma of the sinonasal tract: an un-

derrecognized salivary-type tumor among the sinonasal small round blue cell malignancies? Report of one case and a review of the literature [J]. Head Neck Pathol, 2011, 5: 144-153.

[3] 陆良钧, 周梁, 李筱明, 等. 鼻及鼻窦多形性腺瘤 15 例报告 [J]. 临床耳鼻咽喉科杂志, 2004, 18(9): 549-551.
[4] ANTONY J, GOPALAN V, SMITH R A, et al. Carcinoma ex pleomorphic adenoma: a comprehensive review of clinical, pathological and molecular data [J]. Head Neck Pathol, 2012, 6: 1-9.
[5] GUPTA A, MANIPADAM M T, MICHAEL R. Myoepithelial carcinoma arising in recurrent pleomorphic adenoma in maxillary sinus [J]. J Oral Maxillofac Pathol, 2013, 17: 427-430.
[6] PANELLI S K, MATSUZAKI H, UNETSUBO T, et al. De novo myoepithelial carcinoma with multiple metastases arising from a submandibular salivary gland: A case report [J]. Oncol Lett, 2017, 13: 2679-2683.
[7] SAVERA A T, SLOMAN A, HUVOS A G, et al. Myoepithelial carcinoma of the salivary glands: a clinicopathologic study of 25 patients [J]. Am J Surg Pathol, 2000, 24: 761-774.

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阴沟肠杆菌致社区获得性外鼻感染 1 例

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[关键词] 阴沟肠杆菌; 社区获得性感染; 外鼻

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Community-acquired infection of external nose caused by enterobacter cloacae: a case report

Summary A 29-year-old negro woman was admitted with external nasal pain and swelling for 5 weeks. The incision and drainage was done and a few of pus were drained out. CT scan showed the possibility of infectious lesions with nasal soft tissue swelling and increased density. The diagnosis was external nasal cellulitis, and the causative bacteria were enterobacter cloacae.

Key words enterobacter cloacae; community-acquired infections; external nose

作为人和动物的肠道正常菌种,阴沟肠杆菌广泛存在于自然界中。随着抗生素的应用,阴沟肠杆菌已成为院内感染的重要病原菌,但其引发的社区获得性感染比较少见。本文对 1 例阴沟肠杆菌致社区获得性外鼻感染的诊疗过程进行总结和分析,希望能为该病的诊治提供借鉴。

1 病例报告

患者,黑人,女,29岁,以“鼻部肿痛 5 周”就诊。患者于 5 周前无明显诱因出现左侧鼻背疔肿伴疼痛。4 周前因局部肿痛加重就诊于我科门诊,考虑鼻疔、鼻部蜂窝织炎,予静脉抗感染治疗 2 d,无明显效果,患者未继续治疗。之后患者鼻部肿胀、疼痛逐渐加重(图 1),再次就诊。门诊予穿刺抽脓送细菌培养并行局部切开引流后收入院。患者既往体健,无长期抗生素使用史。体检见鼻背部

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