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Vol18, No1. Feb, 2007

肝臟血管肌肉脂肪瘤(Hepatic angiomyolipoma)

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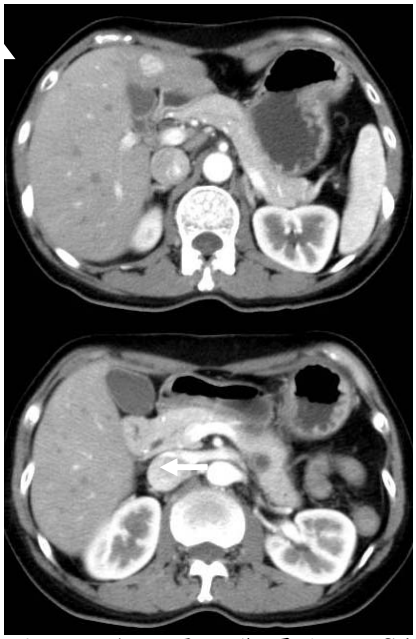
患者是一名 51 歲的女性，主訴為長期有腹瀉的症狀，她過去在某醫學中心門診定期服藥治療，但是症狀仍未有明顯的改善，2006 年一月在該醫學中心安排大腸鏡檢僅發現有內痣問題，因為症狀仍持續著，於 2006 年七月安排腹部電腦斷層檢查（圖一），發現有一肝臟腫瘤約 1.3 cm及胰臟囊腫，該醫學中心隨即安排細針肝穿刺組織檢驗，病理報告為惡性腫瘤（HCC）。於是她來本院求診，接受進一步正子電腦斷層檢查（FDG-PET CT）（圖二），並且於 2006 年八月 15 日住院準備接受手術治療，住院的實驗室檢查結果如下：WBC: 4900，Hb: 13.1，Plt: 301000，GOT/GPT: 14/13，Bil T/D: 0.77/0.16，BUN/Cr: 12/0.8，AFP: 1.9。患者在住院第二天便安排手術，術式為 S4 肝區域切除，膽囊切除及胰臟腫瘤切除，術後復原狀況良好，在住院 12 天後出院。

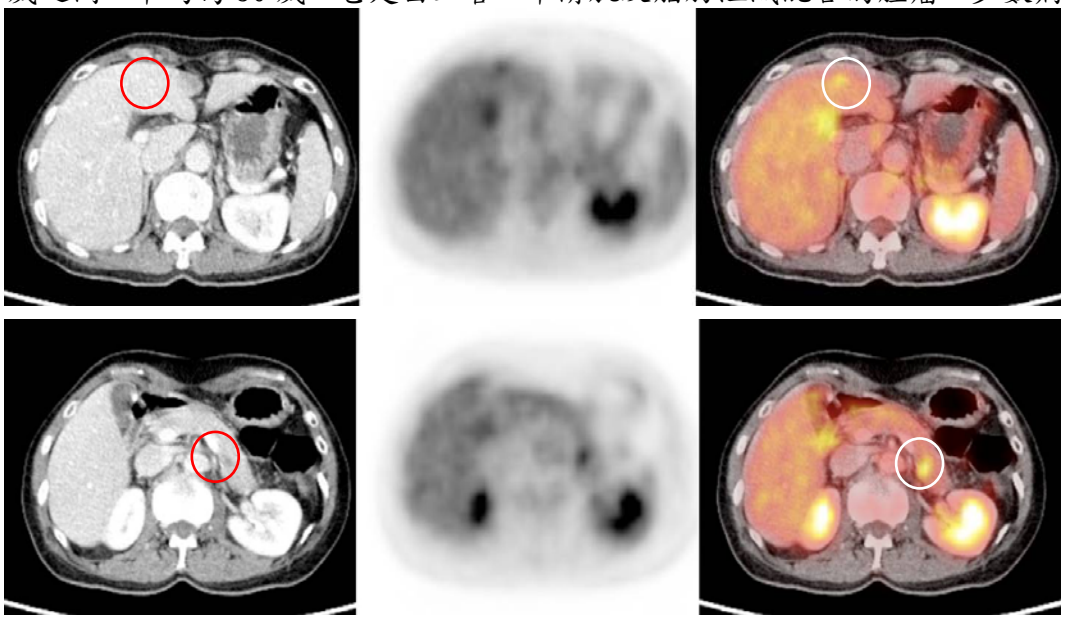


圖一：腹部電腦斷層顯示 S4 腫瘤及胰臟囊腫。

病理的報告顯示並非肝細胞癌（HCC）而是肝臟血管肌肉脂肪瘤（angiomyolipoma），胰臟腫瘤則為一偽囊腫（pseudocyst）。

討論:

血管肌肉脂肪瘤（angiomyolipoma）為一良性腫瘤，好發年齡層在 30 至 72 歲之間，平均為 50 歲，它是由血管、平滑肌及脂肪組織混合的腫瘤，少數病例與結核病有關。



圖二：正子電腦斷層檢查亦顯示 S4 腫瘤及胰臟囊腫。

參考資料:

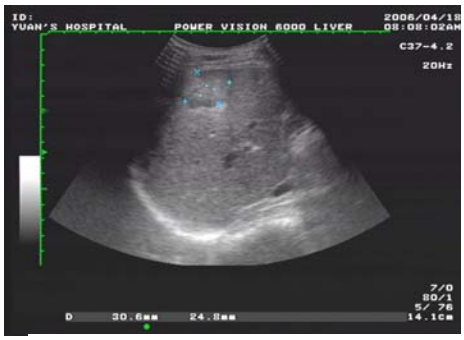
Acta Radiol. 2006 Jul;47(6):543-6.
Low-fat angiomyolipoma of the liver studied with contrast-enhanced ultrasound and multidetector computed tomography.
Flor N, Sardanelli F, Serantoni S, Brovelli F, Cornalba GP.
Department of Diagnostic and Interventional Radiology, University of Milan, San Paolo Hospital, Milan, Italy.
We report the case of a 30-year-old woman with persistent pain at the right hypochondrium, relapsing fever, and normal serum tests. Ultrasound showed a hyperechoic inhomogeneous mass; following sulfur hexafluoride injection, uniform enhancement at 14-16 s and rapid wash-out at 26 s was found. Multidetector computed tomography showed an inhomogeneously hypodense mass, with no detectable negative density values, characterized by inhomogeneous enhancement at the arterial phase and wash-out at the portal phase. Histopathology demonstrated a hepithelioid angiomyolipoma with a poor fatty component. This diagnosis should always be considered in the presence of a very rapid wash-out after intravenous contrast injection. However, a hepatocellular carcinoma cannot be excluded and the final diagnosis of low-fat angiomyolipoma must be pathologically proved based on immunohistochemistry.
PMID: 16875328 [PubMed - indexed for MEDLINE]

J Clin Pathol. 2006 Nov;59(11):1196-9.
Hepatic angiomyolipoma with trace amounts of fat: a case report and literature review.
Wang SN, Tsai KB, Lee KT.
Division of Hepatobiliary Surgery, Department of Surgery, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan, USA.
Hepatic angiomyolipoma (AML), a rare benign mesenchymal tumour, is characterised by the presence of mature adipose tissue, smooth-muscle cells and thick-walled blood vessels. Increasing attention to hepatic AMLs has led to the discovery that sufficient proportions of fat often allow for definite diagnoses preoperatively. However, the proportion of fatty tissue in these tumours is highly variable. One case of hepatic AML is reported, where the amount of fat was <1%. In this case, the viral hepatitis markers, including hepatitis B antigen and anti-hepatitis C virus antibody, were negative. The serum alpha-fetoprotein level was 3.4 ng/ml and in the normal range. Abdominal ultrasonography showed a hypoechoic mass measuring 5 cm in diameter and without an obvious capsule in the left lobe of the liver. A dynamic computed tomography scan showed a well-defined and slightly enhanced mass in the medial segment of the left lobe of the liver. Angiography showed that the mass was hypervascular in character. As hepatocellular carcinoma was highly suspected from these preoperative image studies, a left lobectomy was carried out. Microscopically, the amount of fat was too low to establish a diagnosis of hepatic AML. However, positive homatropine methylbromide 45 immunoreactivity of the smooth-muscle cells seemed to assist in arriving at the diagnosis.
PMID: 17071805 [PubMed - indexed for MEDLINE]

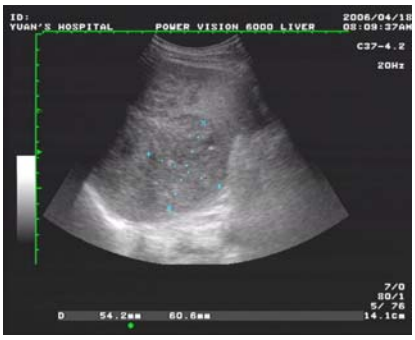
C 型肝炎併肝細胞癌合併脾臟 B 細胞淋巴癌
(Hepatocellular carcinoma coexisted with splenic malignant B cell lymphoma in a patient with chronic hepatitis C: A case report)

消化內科 劉孟宗醫師、蔡青陽醫師、施登富醫師

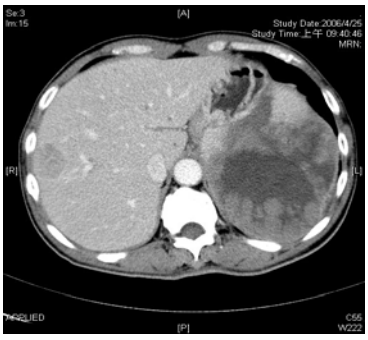
63 歲男性病人，主述因近半年內體重減輕(57->46 公斤)。並有倦怠,咳嗽之情形，故至門診求診。胸部 X 光片呈現兩側肺上葉鈣化點及纖維化.疑肺結核住院進一步檢查。病人為一鴨販，之前曾因右腎結石接受手術，有糖尿病及高血壓病史，四十多年前曾因肺結核接受治療。理學檢查如下：身高 161cm，體重 49 公斤，血壓:132/70mmHg ，體溫 36℃。腹部無明顯壓痛，但脾臟腫大。抽血檢查肝腎功能均正常，但 LDH:319 U/L、 Anti-HCV 呈陽性反應而 HbsAg 呈陰性反應， CEA、CA199、AFP 皆正常，痰液肺結核染色檢查為陰性反應。因此安排腹部超音波來進一步詳查，結果於肝右葉發現一高回音之腫塊約 3cm(圖一)，並於脾臟發現多顆高回音之腫塊(圖二)，最大約為 6.6cm。腹部電腦斷層(圖三)呈現右肝腫瘤與多發性脾臟腫瘤。於是安排肝切片，病理結果證實為肝細胞癌。進一步會診外科，手術發現肝腫瘤約 4.2x3.6x2.5cm 及脾臟腫瘤(圖四)約 12.2x10.2x11.5cm 大小，並侵犯至後腹腔及橫隔膜，進行部分肝葉切除及脾摘除術。病理結果證實為脾臟大 B 細胞惡性淋巴癌(圖五)。病人術後共接受 6 次化學治療，目前於門診追蹤。



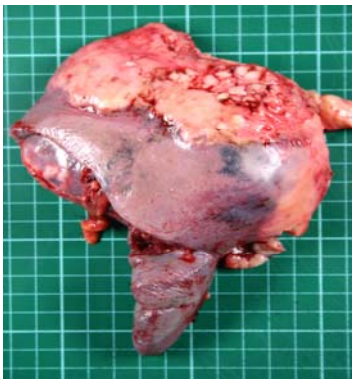
圖一腹部超音波呈現
肝右葉一高回瘤音腫(3CM)



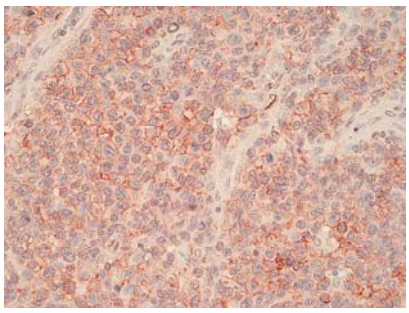
圖二腹部超音波呈現
脾臟高回音之腫瘤
XU.SYXU 塊



圖三腹部電腦斷層呈現
右肝腫瘤與多發性脾臟腫瘤



圖四呈現
脾臟腫瘤約 12.2x10.2x11.5



圖五脾臟病理切片
CD20 染色呈陽性反應，所以此不正常淋巴球為 B 淋巴球、病理結果為惡性 B 淋巴

討論：

C 型肝炎與淋巴癌的相關性已經被許多人所研究，目前證實和淋巴癌有相關的病毒有 retrovirus HTLV-1(T-cell leukemia/lymphoma)、Epstein-Barr virus(Burkitt’s lymphoma) 、Helicobacter Pyroli(MALT lymphoma of the stomach)。C 型肝炎在 Non-Hodgkin’s lymphoma(NHL)的盛行率為 15% ，高於正常人的 1.5% 。因此 C 型肝炎病毒可能在 NHL 治病過程扮演重要角色。這兩種疾病之相關性和地域所在有極大差異，在東歐、日本及美國南部等地區其 C 型肝炎在 NHL 有高盛行率；而在中歐、南歐、 加拿大和美國北部則無其相關性。查詢網路上文獻資料，目前有關 C 型肝炎併肝癌及淋巴癌之報告病例只有五位。其中致病機轉並不清楚。C 型肝炎合併 NHL 之治療與一般淋巴癌並無不同，以化學治療為主，但在治療 C 型肝炎合併淋巴癌過程中容易併發 C 型肝炎之發作。此病例實屬罕見，特別提出討論之。

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Gastroenterology 2003;125:1723-1732

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Gastroenterology 2006 Dec;131(6)1879-86

3 Himato T et al: Coexistence of splenic non Hodgkin's lymphoma with hepatocellular carcinoma in a patient with chronic hepatitis C
Digestive liver disease 2005 Apr;37(4)219-26

編輯顧問：陳寶輝
編委：阮仲洲（主編），羅海韻（副主編），陳明楨，孫盟舜，吳志松，莊永芳，曾譯諏，謝展中