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罕见病例

输卵管浆液性囊腺瘤合并副卵巢及输卵管发育异常 1 例并文献复习

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【摘要】 报道 1 例输卵管浆液性囊腺瘤合并副卵巢及输卵管发育异常患者的临床资料, 并进行文献复习。

【关键词】 浆液性囊腺瘤; 副卵巢; 输卵管发育异常; 诊断; 治疗

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Serous cystadenoma of fallopian tube with supernumerary ovary and fallopian malformations: a case report and literature review Kong Weina, Zhang Wei, Ge Junli, Zhang Qi, Yang Hong. Department of gynecology and obstetrics, First Affiliated Hospital, Air Force Military Medical University, Xi'an 710032, China

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【Abstract】 The clinical data of a patient with serous cystadenoma of fallopian tube combined with supernumerary ovary and fallopian malformations were reported and literature review was conducted.

【Key words】 Serous cystadenoma; Supernumerary ovary; Fallopian malformations; Diagnosis; Treatment

患者, 19 岁, 因“右下腹痛 4 d”于 2022 年 11 月 16 日入院。患者 4 d 前无明显诱因出现右下腹阵发性疼痛, 每次持续半小时左右缓解, 疼痛尚能忍受, 无恶心、呕吐、发热、腹泻等不适, 自行服用奥硝唑、头孢西丁、阿奇霉素、肿节风治疗(具体用量不详), 无明显好转而就诊外院。外院妇科超声检查示: 右侧附

件区大小 7.0 cm × 7.2 cm 无回声区, 内可见分隔, 边界清, 盆腔见游离无回声区 1.6 cm, 建议手术治疗, 遂于我院就诊。既往无手术、外伤史。患者未婚未育, 月经规律, 量中等, 无痛经。查体: T 36.2 °C, P 78 次/min, R 18 次/min, BP 98/86 mmHg。下腹痛, 无反跳痛及肌紧张, 因患者未婚未育遂未做内诊检查。

妇科超声检查示:子宫前位,大小 7.1 cm × 4.5 cm × 3.2 cm;右侧附件区囊性占位,大小 7.8 cm × 7.0 cm × 5.2 cm,内见分隔,形态不规则。泌尿系统超声检查提示双肾、输尿管及膀胱未见异常。当日在全麻下行腹腔镜探查术,术中见:子宫正常大小,表面光滑,右侧输卵管间质部下方系膜处可见大小 1.0 cm × 1.0 cm × 1.0 cm 的副卵巢,瓷白色,质硬,边界清,内侧以韧带样组织与子宫相连。右侧输卵管中段处扭转 1 圈,将之复位后见右侧输卵管长约 10 cm,中段缺失呈肌性纤维状,近伞端处输卵管肿胀且伞端结构似盲端,输卵管末端处见大小 8.0 cm × 7.0 cm × 5.0 cm 囊性包块与右侧卵巢相连,壁薄,内可见清亮液体。左侧附件区未见明显异常,盆腔内见黄色清亮液体约 10 ml。遂行右侧卵巢囊肿切除 + 右侧输卵管部分切除 + 右侧卵巢原位固定术,因患者无与副卵巢相关的阳性体征,术中探查也未发现副卵巢异常,未对副卵巢进行处理。术后病理明确诊断:输卵管浆液性囊腺瘤合并副卵巢及输卵管发育异常。患者术后出院定期随访,预后良好,无明显异常。

讨论 输卵管浆液性囊腺瘤(serous cystadenoma, SC)是一种输卵管良性肿瘤,病因不明。已报道的输卵管 SC 的临床特点:常见于 19~34 岁女性,均单侧发生,肿瘤多位于输卵管壶腹部和伞端,瘤体直径约 5 cm,无任何肿瘤标志物水平异常等^[1]。

副卵巢相关病例国内外罕见,发病率约为 1/93 000,1864 年 Lim 等^[2]首先报道了副卵巢,1959 年 Wharton^[3]将异位卵巢按照与正常在位卵巢的关系分为副卵巢和多余卵巢。副卵巢的生理特点是位于正常卵巢周围并与之直接或通过韧带相连,具有相对正常的解剖结构,体积小于正常卵巢但也可具有正常在位卵巢同样的体积、形状、内分泌功能和组织学特征^[2-5],这意味着副卵巢的生物学功能或许与正常卵巢相同,支持这一观点的证据是副卵巢可恢复双侧卵巢切除术后患者的正常月经周期^[6]。尽管副卵巢具有类似正常在位卵巢的功能,但二者的生物学行为似乎并不完全协调一致^[7-8],可能会伴发子宫内膜异位症及多种卵巢良、恶性肿瘤^[9-10],加之副卵巢没有正常的附属输卵管,即使其有正常排卵功能,也并不明显增加受孕机会,因此其确切存在意义尚需进一步研究确定。约 1/3 的副卵巢患者同时合并子宫纵隔、副输卵管、副肾上腺以及肾脏或输尿管发育不良等多种先天性泌尿生殖系统发育异常^[11-14]。输卵管 SC 和副卵巢共同的临床特点是大部分患者几乎无任何特异性症状和体征,多在体检时发现,或仅在合并其他盆腹腔疾病行手术治疗以及尸检时被偶然发现^[1,11-14]。

在输卵管 SC 诊断方面,专科查体以及影像学检查有助于诊断,但难以将其与卵巢肿瘤相鉴别,其确诊需病理组织活检。同样,尽管影像学检查有助于诊断副卵巢及输卵管的发育异常,其确诊也需进一步腹腔镜探查,必要时应取病理组织活检明确是否为卵巢组织,对有卵巢手术史的患者还需与残余卵巢综合征及卵巢残余物综合征相鉴别^[10]。另外副卵巢属于胚胎性相关的女性生殖系统发育异常,对此类患者还需行双肾、输尿管彩色超声以除外潜在的泌尿系统畸形^[11-14]。本例患者术中情况结合术后病理结果证实为右侧输卵管 SC 发生蒂扭转,

同时术中探查证实该患者存在副卵巢及右侧输卵管中段缺失及伞端发育异常,未合并其余泌尿系统畸形。

治疗方面,目前对输卵管 SC 首选手术治疗,对无病变的副卵巢予以保留并定期随访观察,对有病变的副卵巢则遵循相应卵巢疾病的治疗原则。本例患者手术切除了其输卵管 SC 及肿胀的部分右侧输卵管,因其副卵巢无明显异常,遂未予处理。患者术后预后良好。

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