

行動態を把握し手術適応を判断しなければならない。

我々は、脳症を発現する頻度の高い下腸間膜静脈腎静脈シャントの2手術例を経験した。

術前、失見当識、羽ばたき振戦など明らかな脳症を認め、血中アンモニアも高値であった。画像診断では、カラードプラーエコー、CT、MRI、血管造影のいずれもシャント血管が描出されたが、門脈血行動態の把握には、経脾門脈血流シンチが有用であった。術後、脳症は速やかに改善を示した。

48. 胆管細胞癌の超音波像と病理組織所見の対比に関する研究

(東女医大消化器病センター)

Rozarinda Popova・斉藤 明子・
桂川 秀雄・安藤 洋子・森尾真理子・
金子 篤子・山本 雅一・高崎 健・
小幡 裕・小林誠一郎

The purpose of this study is to assess the characteristics of cholangiocellular carcinoma (CCC) at ultrasound imaging concerning tumor figure and tumor extension in correlation with pathologic examination. 24 patients with histologically proved CCC were retrospectively reviewed. US morphologic patterns have been correlated with histopathologic findings obtained at hepatic resection.

According the gross appearance of CCC it is classified into three groups. Large nodular type disclosed ill-defined nodular tumor, irregular margin (72%), thick hypoechoic rim (72%) and variability of internal echo pattern, vessel like structures inside the tumor (83%). Associated signs of bile duct dilatation frequently can be seen (78%), Small nodular tumor less than 3 sm, usually appears hypo or isoechoic ill-defined nodule with no supplemented US findings. Intraductal type localized bile duct stenosis accompanied with bile duct dilatation proximal to the stricture, ill-defined mimic isoechoic tumor formation around the site of the lesion.

In particular US-Pathologic correlation, concerning tumor figure revealed, no capsule formation on pathology, correlate to irregular ill-defined margin at US. Tumor cell predominance correlate to hypoechoic rim at US. Portal tract inside the tumor seen at histopathology relate to vessel like structures described at US

Furthermore, concerning tumor extent, high correlation was noted between findings of portal tract invasion obtained on resected specimen and hyperechoic linear area (85%). Hyperechoic linear area actually means encased portal tract which is occluded and shows wall thickening. Bile duct dilation correlated with portal tract invasion at pathohistology (77%). LN metastasis were hardly detected by US. Seven patients out of 24 have been diagnosed as cholangiolocellular carcinoma, on US mainly appears as well defined (72%), hypo and isoechoic tumor. ANGIOECHOGRAPHY have been introduced. Immediately after CO₂ injection peripheral area was enhanced which define tumor margin and corresponded predominant tumor cell component.

In conclusion, US may yield for CCC diagnosis. Pathologic examination concerning tissue component and presence of portal tract inside the tumor corresponded to US imaging pattern and enhanced area at angioechography. High coincidence rate of vessel like structures seen inside the tumor and portal tract invasion may emphasize the importance of this US findings as criterion for tumor extension.

49. 原発性脾結核性の1例

(植竹病院)

中上 哲雄・植竹 光一・中尾 充

脾のみに結核病巣を認め、他臓器に同病巣を見出せない、原発性脾結核の1例を経験したので報告する。症例は22歳男性、左上腹部痛、全身倦怠感を主訴に来院。腹部超音波検査にて脾臓に腫瘍性病変を指摘され入院となる。入院時検査成績は血液一般、生化学、腫瘍マーカーに特に異常値は見られず、胸部単純X線所見でも、特に異常を認めなかった。ツ反は陽性で、B型肝炎のキャリアーであった。超音波検査、腹部CT検査上、脾に3cm大の腫瘍性病変を認めた。他臓器の検索では特に異常なく、脾原発性腫瘍の診断にて、脾摘出術を施行した。脾臓は約9×6cm大で、上極に約3cm大の、被膜を形成し中心部に壊死巣を有する充実性腫瘍を認めた。病理組織学的に中心性の乾酪壊死とその周囲の著明な類上皮肉芽腫、また Langhans 巨細胞も認められ、結核性肉芽腫と診断された。

50. 当院における消化管悪性リンパ腫の検討

(防府消化器病センター)