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· 临床报道 ·

咽鼓管错构瘤 1 例报道并文献复习

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摘 要: **目的** 探讨咽鼓管错构瘤的临床表现、诊断与治疗及预后。**方法** 回顾性分析萍乡市人民医院收治的 1 例经病理确诊的咽鼓管错构瘤患者,经耳显微镜在全麻下行咽鼓管肿瘤切除及鼓室成型和听骨链重建术,术中完整切除肿瘤。**结果** 术后病理学提示符合错构瘤。经过半年随访,肿瘤无复发,鼓膜完整,听力得到提高。**结论** 错构瘤是一种可发生于全身的良性肿瘤,发生于咽鼓管的错构瘤比较罕见,可影响患者听觉功能,应尽早手术,手术切除疗效好。

关 键 词:耳显微镜手术;错构瘤;咽鼓管;疗效

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Eustachian tube hamartoma: a case report and literature review

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Abstract: **Objective** To explore the clinical manifestation, diagnosis, treatment and prognosis of eustachian tube hamartoma. **Methods** It was retrospectively analyzed for a case of eustachian tube hamartoma diagnosed by pathology in Pingxiang People's Hospital. The eustachian tube hamartoma of patient was completely removed intraoperatively. The tympanoplasty and ossicular chain reconstruction by ear microscope were performed in general anesthesia. **Results** postoperative pathology showed that the tumor was consistent with eustachian tube hamartoma. After six months of follow-up, the patient without recurrence of tumor had intact tympanic membrane and improved hearing. **Conclusion** The hamartoma is a benign tumor that can occur in the whole body, and hamartoma in eustachian tube is rare. Eustachian tube hamartoma can affect the auditory function of patients, and surgery resection should be performed as soon as possible, which is effective.

Keywords: Otoscopic surgery; Hamartoma; Eustachian tube; The curative effect

1 临床资料

患者,男,18 岁。因右耳反复流脓伴听力下降半年余入院。查体:右耳鼓膜紧张部大穿孔,鼓室黏膜轻度肿胀,少许黏脓性分泌物,音叉试验:林纳试验左(+)右(-),施瓦巴赫试验左(±)右(+),韦伯试验偏向右耳。术前纯音听阈测定示右耳轻度传导性聋,未行声阻抗检查;颞骨 CT 示右耳慢性中耳炎,右侧中耳、咽鼓管肿物(图 1)。临床诊断为:①右侧中耳、咽鼓管肿物;②右侧慢性化脓性中耳炎。完善术前检查后在全麻插管下行右侧中耳、咽鼓管肿物切除 + 鼓室成形 + 听骨链重建术。行右耳后弧形切口,完成乳突轮廓化,进入鼓窦,见鼓窦、上鼓室大量肉芽组织,中鼓室见实性占位性病变,包膜尚完整,听骨链破坏,镫骨头被肉芽包埋。清除残留听小骨及肉芽组织,探及肿物根部位于咽鼓管前上壁,剥离肿物,并完整取出,双极电凝充分止血。探查咽鼓管鼓口通畅,明胶海绵制作成梭形,填塞咽鼓管,常规完成鼓室成形 + 听骨链重建术。肿物大小 1.7 cm × 1.3 cm × 0.5 cm,表面光滑,较柔韧(图 2)。组织病理报告:(咽鼓管)镜示鳞状上皮黏膜组织,固有层固有腺、胶原纤维及结缔组织增生,以脂肪为主,间质少许慢性炎细胞浸润,符合错构瘤

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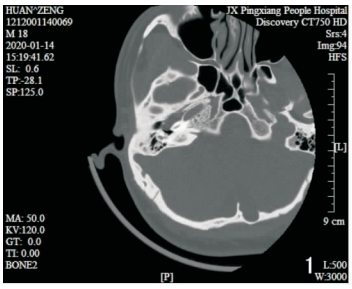

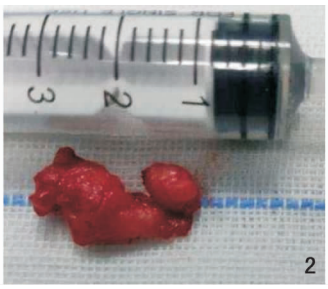

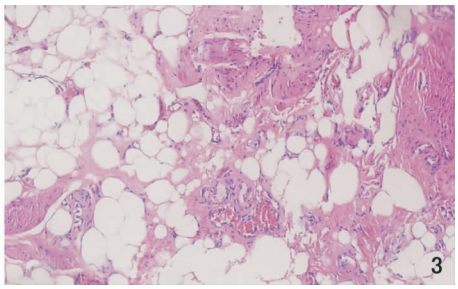

图 1　术前颞骨 CT　　**图 2**　肿物大小　　**图 3**　术后病理检查图片　（HE ×40）

表现(图 3)。术后 10 d 出院、随访 6 个月,症状改善,鼓膜完整修复,听力较术前稍有提高,肿物无复发。由于开放式乳突腔,声阻抗难检测。

2　讨论

错构瘤一词由 Albrecht 在 1904 年首先提出。多数学者一直认为错构瘤不是真性肿瘤,而是器官内正常组织的错误组合与排列[1],这种器官组织在数量、结构或成熟程度上的错乱改变,将随着人体的发育而缓慢生长,极少恶变。错构瘤成分复杂,多数是正常组织由于不正常发育形成的类瘤样畸形,少数属于间叶性肿瘤。脂肪和钙化是多数错构瘤的特征表现。错构瘤的病因目前尚不清楚,可能是残留的胚芽在出生后异常发育而造成的畸形生长,与畸胎瘤无限制的生长方式不同,错构瘤为自限性生长,但不能自行退化,复发少见[2]。错构瘤常发生在肾、肺、肠[3]等部位,较少发生在耳鼻咽喉部。国外有 Osipov 等[4]报道 2 例耳廓毛囊皮脂腺囊肿错构瘤,Kawamoto 等[5]报道 1 例咽鼓管骨错构瘤,Nishiyama 等[6]报道 1 例鼻咽部平滑肌错构瘤,Sanei 等[7]报道 1 例中耳异位脑膜瘤(错构瘤),国内有潘跃彬[8]报道鼻咽部错构瘤 1 例,周柳青等[9]报道外耳道骨错构瘤 1 例,但发生于咽鼓管的尚无报道。

本例错构瘤的特点为青年男性,主诉、查体与慢性化脓性中耳炎相比均无特征性表现,术前 CT 亦显示中耳、乳突炎症性表现,但中耳、咽鼓管有较明显占位性病变,密度与炎症性病变相似,无特征性表现,因此术前不易确诊。但 CT、MRI 等影像学检查对于判断肿物大小、部位、毗邻关系、有无浸润有重要意义,须与中耳肉芽、中耳胆脂瘤、中耳畸胎瘤等相鉴别。术中发现肿物根部位于咽鼓管前上壁,表面尚光滑,色淡红,质韧,与炎症性病变对比有较大差异。术后病理检查提示鳞状上皮黏膜组织,固有层固有腺、胶原纤维及结缔组织增生,以脂肪为主,间质少许慢性炎细胞浸润,有较明确的错构瘤特征。术后随访 6 个月,症状改善,鼓膜完整修复,听力较术前稍有提高,肿物无复发。咽鼓管错构瘤耳显微镜下手术时尽量切除可疑病变组织,避免复发,术中取梭形明胶海绵填塞咽鼓管,避免咽鼓管狭窄,术后抗感染治疗,不需补充放疗或化学药物治疗,术后诊断需病理检查确诊。总结本病例的诊治经验,供同道参考。

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