硬化性肺细胞瘤8例临床病理分析

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Title: Pathological features of pulmonary selerosing pneumocytoma：An analysis of 8 cases

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摘要: 目的：探讨硬化性肺细胞瘤（pulmonary sclerosing pneumocytoma，PSP）的临床病理特征、免疫表型、诊断及鉴别诊断。方法：对8例PSP的临床资料、组织学特征及免疫表型进行分析，并结合文献进行总结。结果：肿瘤7例位于右肺，1例位于左肺，术前CT无一例明确诊断。镜检：肿瘤均由两种细胞、四种结构构成，两种细胞即表面细胞及间质细胞，四种结构为实性区、乳头状区、血管瘤样区及硬化区。免疫表型：表面细胞及间质细胞均表达EMA和TTF1；表面细胞表达AE1/AE3、CK7、NapsinA；间质细胞表达Vimentin。结论：PSP缺乏特征性的临床和影像学表现，术前不易明确诊断，而镜下“四种结构、两种细胞”及特征性的免疫表型是其明确诊断的重要依据。

Abstract: Objective：To investigate the clinicopathologic features，immuophenotype，diagnosis and differential diagnosis of pulmonary selerosing pneumocytoma（PSP).Methods：Data of 8 cases of PSP were analyzed including clinical data，pathological feature and immuophenotype and the related literature was reviewed.Results：7 cases of PSP occurred in the right lung and 1 case in the left lung.But none of patient was diagnosed definitively by CT before operation.Under light microscope the tumors show two kinds of tumor cells and four typical patterns.Two kinds of cells were surface cells and round cells.Four typical patterns were solid，papillary，hemorrhagic and sclerotic area.On immuophenotype，both surface cells and round cells were EMA and TTF1 positive.Surface cells expressed AE1/AE3，CK7 and NapsinA.Round cells expressed Vimentin.Conclusion：PSP lacks special clinical and imaging manifestation and has a high misdiognosis rate before operation.Two kinds of cells and four typical paterns under light microscope and it's typical immuophenotype are the key of PSP's diagnosis.

参考文献/REFERENCES

[1]Liebow AA，Hubbell DS.Scleroeing hemangioma（history toma，xanthoma) of the lung［J］.Cancer，1956，9(1)：53-75.
[2]Wei S，Tian J，Song X，et al.Recurrence of pulmonary sclerosing haemangioma［J］.Thorac Cardiovasc Surg，2008，56(2)：120-122.
[3]Suzuki H，Saitoh Y，Koh E，et al.pulmonary sclerosing haemangioma with pleural dissemination：Report of a case［J］.Surg Today，2011，41(2)：258-261.
[4]Bae YS，Ro JY，Shim HS，et al.Pulmonary sclerosing haemangioma with metastatic spread to stomach［J］.Histopathology，2012，60(7)：1162-1164.
[5]Chen B，Gao J，Chen H，et al.Pulmonary sclerosing hemangioma：A unique epithelial neoplasm of the lung(report of 26 cases)［J］.World J Surg Oncol，2013，11：85.
[6]Liu JF，Hou LK，Wu CY.Pathological features of pulmonary sclerosing hemangioma：Analysis of 120 cases in frozen section［J］.Clin Exp Pathol，2015，31(2)：174-177.［刘加夫，侯立坤，武春燕.肺硬化性血管瘤120例临床病理分析［J］.临床与实验病理学杂志，2015，31（2）：174-177.］
[7]Devouassoux-Shisheboran M，Hayashi T，Linnoila RI，et al.A clinicopathologic study of 100 cases of pulmonary sclerosing hemangioma with immunohistochemical studies：TTF-1 is expressed in both round and surface cells，suggesting an origin from primitive respiratory epithelium［J］.Am J Surg Pathol，2000，24(7)：

906-916.
[8]Shin SY，Kim MY，Oh SY，et al.Pulmonary sclerosing pneumocytoma of the lung：CT characteristics in a large series of a tertiary referral center［J］.Medicine（Baltimore），2015，94(4)：498.
[9]Wang J，Liu B，Wu LM，et al.Multisice CT characteristics of pulmonary sclerosing pneumocytoma andanalysis of misdiagnosis［J］.Anhui Medical Journal，2017，38(6):724-727.［王洁，刘斌，吴礼明，等.硬化性肺细胞瘤多层螺旋CT表现与误诊分析［J］.安徽医学，2017，38（6）：724-727.］
[10]Sun Y，Zhou LX，Zhao M，et al.Histogenesis of pulmonary sclerosing hemangioma［J］.Chin J Pathol，2012，41(4)：239-242.［孙宇，周立新，赵敏，等.肺硬化性血管瘤组织起源的探讨［J］.中华病理学杂志，2012，41（4）：239-242.］
[11]Nagata N，Dairaku M，Sueishi K，et al.Sclerosing hemangioma of the lung.An epithelial tumor composed of immunohistochemically heterogenous cells［J］.Am J Clin Pathol，1987，88(5)：552-559.
[12]Dai SD，Zhang XW，Qi FJ，et al.Expression of E-cadherin，beta-catenin and p120ctn in the pulmonary sclerosing hemangioma［J］.Lung Cancer，2007，57(1)：54-59.
[13]Zhang J，Qiu XS.Multiple sclerosing pneumocytoma resected via minimally invasive small incision，muscle- and rib-sparing thoracotomy：Case report［J］.Chinese Journal of Minimally Invasive Surgery，2017，17(3)：285-288.［张军，邱雪杉.不断肌肉、不断肋骨、微创小切口开胸手术切除多发性硬化性肺细胞瘤1例［J］.中国微创外科杂志，2017，17(3)：285-288.］
[14]Kim MK，Jang SJ，Kim YH，et al.Bone metastasis in pulmonary sclerosing hemangioma［J］.Korean J Intern Med，2015，30(6)：928-930.
[15]Adachi Y，Tsuta K，Hirano R，et al.Pulmonary sclerosing hemangioma with lymph node metastasis：A case report and literature review［J］.Oncol Lett，2014，7(4)：997-1000.

备注/Memo: -

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