

左肾未分化多形性肉瘤 1 例报告

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【摘要】目的：探讨左肾未分化多形性肉瘤的临床、影像及病理特征，提高对该病的认识与诊疗水平。方法：回顾性分析1例66岁男性左肾未分化多形性肉瘤患者的临床资料、CT影像学表现、手术及病理结果，并结合文献复习。结果：患者CT示左肾旁巨大软组织团块，增强后明显不均匀强化，左肾受压移位；术后病理确诊为肾未分化多形性肉瘤，免疫组化示Vimentin(+)、Ki-67(热点区70%+)。术后1年复查提示肿瘤复发并累及结肠，病理形态与原发灶一致。结论：肾未分化多形性肉瘤为高度恶性软组织肉瘤，影像学以边界不清、不均匀强化、易伴坏死出血为特点，确诊依赖病理及免疫组化，手术为主要治疗手段，术后易复发转移，需长期密切随访。

【关键词】未分化多形性肉瘤；左肾；体层摄影术，X线计算机；免疫组化；病理诊断

A Case Report of Left Renal Undifferentiated Polymorphic Sarcoma

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[Abstract] Objective: To investigate the clinical, imaging, and pathological characteristics of left renal undifferentiated polymorphic sarcoma and enhance understanding and management of this disease. Methods: A retrospective analysis was conducted on the clinical data, CT imaging findings, surgical and pathological results of a 66-year-old male patient with left renal undifferentiated polymorphic sarcoma, supplemented by literature review. Results: CT revealed a large soft tissue mass adjacent to the left kidney with markedly heterogeneous enhancement after contrast administration and compression displacement of the left kidney; postoperative pathology confirmed the diagnosis as renal undifferentiated polymorphic sarcoma, with immunohistochemistry showing Vimentin (+) and Ki-67 (+) in 70% of hot spots. Follow-up at one year postoperatively demonstrated tumor recurrence involving the colon, with pathological morphology consistent with the primary lesion. Conclusion: Renal undifferentiated polymorphic sarcoma is a highly malignant soft tissue sarcoma characterized by ill-defined borders, heterogeneous enhancement, and frequent necrosis/hemorrhage. Diagnosis relies on pathology and immunohistochemistry, surgery is the primary treatment modality, with high risks of recurrence and metastasis requiring long-term close follow-up.

[Key words] Undifferentiated pleomorphic sarcoma; Left kidney; Tomography, computed tomography; Immunohistochemistry; Pathological diagnosis

患者,男,66岁。入院治疗,增强后肾输尿管二维CT示:左肾旁见软组织团块,约13.8X9.0cm,局部边缘见条状高密度影,增强后明显不均匀强化,左肾受压移位(图1~3)。术后病理示:(左肾及肾周脂肪)、间叶来源的恶性肿瘤,结合形态学及免疫组化结果考虑多形性未分化肉瘤(undifferentiated pleomorphic sarcoma, UPS);免疫组化结果显示:肿瘤细胞呈 Vimentin(+), Bcl-2(-), HMB45(-), CK(-), SMA(-), Desmin(-), S-100(-), CD34(血管+), CD68(个别+), CD117(-), DOG-1(-), Ki-67(热点区 70%+)。1年后复查腹部增强CT:左肾未显示,术区新见团块影,约9.9x8cm,呈明显不均匀持续强化,其内见囊变坏死区,邻近腹膜增厚,待查转移(图4~5)。术后病理示(图6):(左后腹腔)软组织恶性肿瘤,累及结肠肌层,形态与原肾脏肿瘤相似,结合免疫组化考虑多形性未分化肉瘤。

讨论

未分化多形性肉瘤(UPS)属于高度恶性的软组织肉瘤,好发于四肢(下肢占49%,上肢19%)、腹膜后(16%)

及躯干(4%)^[1]。在影像学检查中,未分化多形性肉瘤往往呈现出不规则形态且边界模糊的软组织肿块特征。通过CT扫描可见,这类肉瘤包含高密度成分,同时常伴有广泛的坏死、出血现象,且强化表现不均匀。在MRI检查里,该肿瘤于T1加权像(T1WI)上多呈现低至等信号强度,而在T2加权像(T2WI)上则表现为不均匀的高信号。此外,偶尔还能观察到一种名为“尾征”的现象,即肿瘤边缘出现线性延伸,这一特征提示了肿瘤具有浸润性生长的特性^{[4][5]}。UPS需要与多形性脂肪肉瘤、多形性平滑肌肉瘤、多形性横纹肌肉瘤、黏液样纤维肉瘤相鉴别^[3]。手术是UPS的核心治疗手段,但即便实施了根治性切除,其远期转移风险依然居高不下^[2]。肿瘤体积、分化程度、局部浸润及转移情况、手术切除的彻底性等,均与UPS预后密切相关。术后极易出现局部复发和远处转移:局部复发率:40%~60%、远处转移率:25%~50%。转移靶器官:肺部最常见(占比高达90%),其次为骨与肝脏^[1]。这些数据敲黑板了——UPS患者术后必须终身密切随访,早发现、早处理复发转移灶。



图一



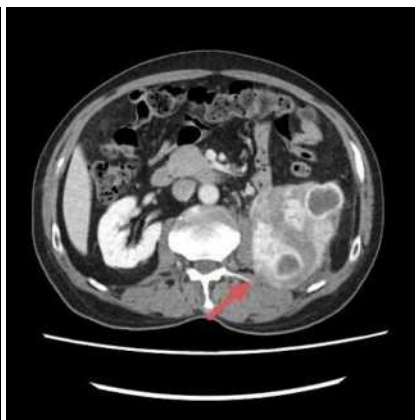
图二



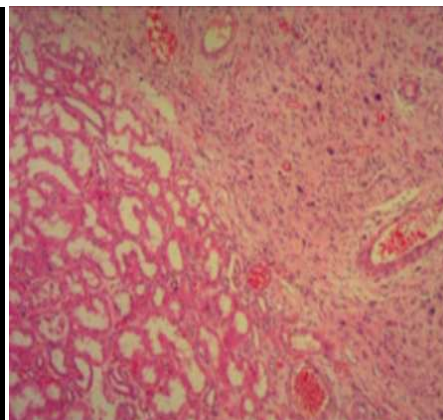
图三



图四



图五



图六

图 1~3 增强 CT 扫描，明显不均匀强化

图 4~5 转移瘤增强 CT 扫描，呈明显不均匀持续强化，其内见囊变坏死区

图 6 肿瘤细胞呈梭形、类圆形、不规则形、可见较多组织细胞及少量巨细胞（HE10×10）

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