

症例4-5

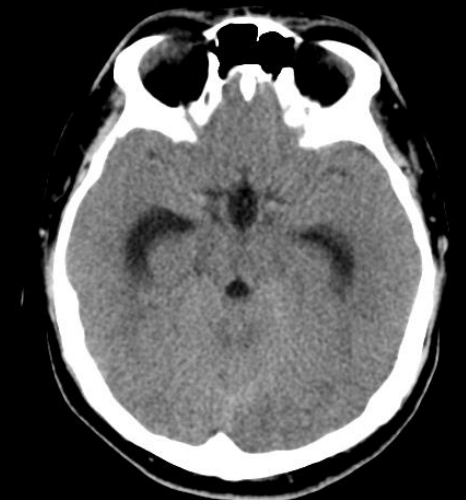
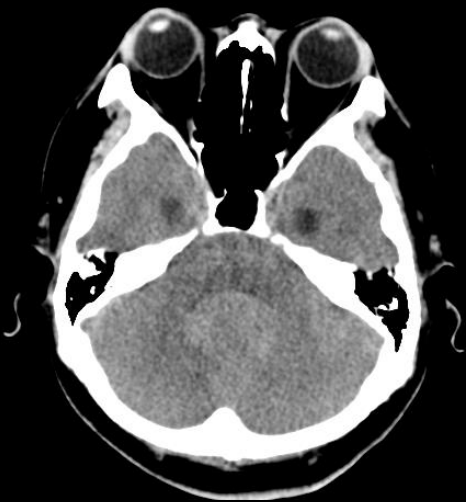
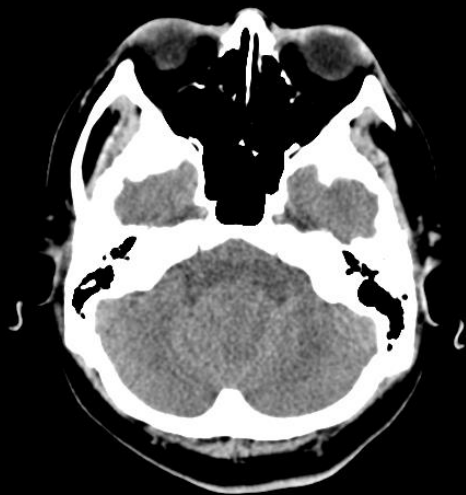
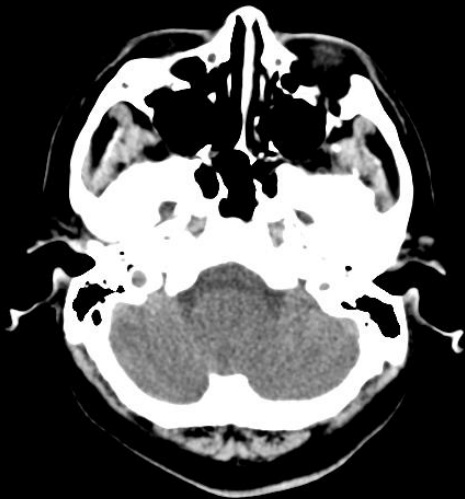
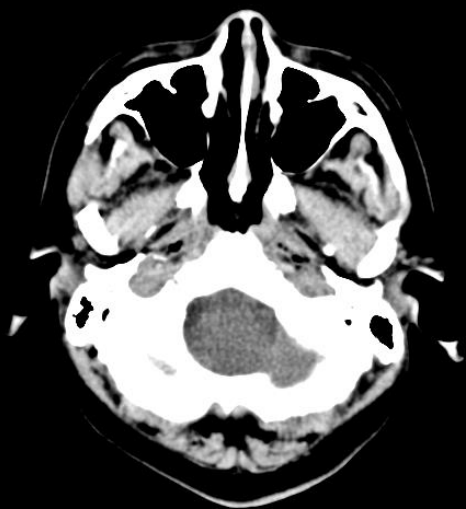
回答 東京大学 山川貴菜先生

出題 順天堂大学 高橋木綿子

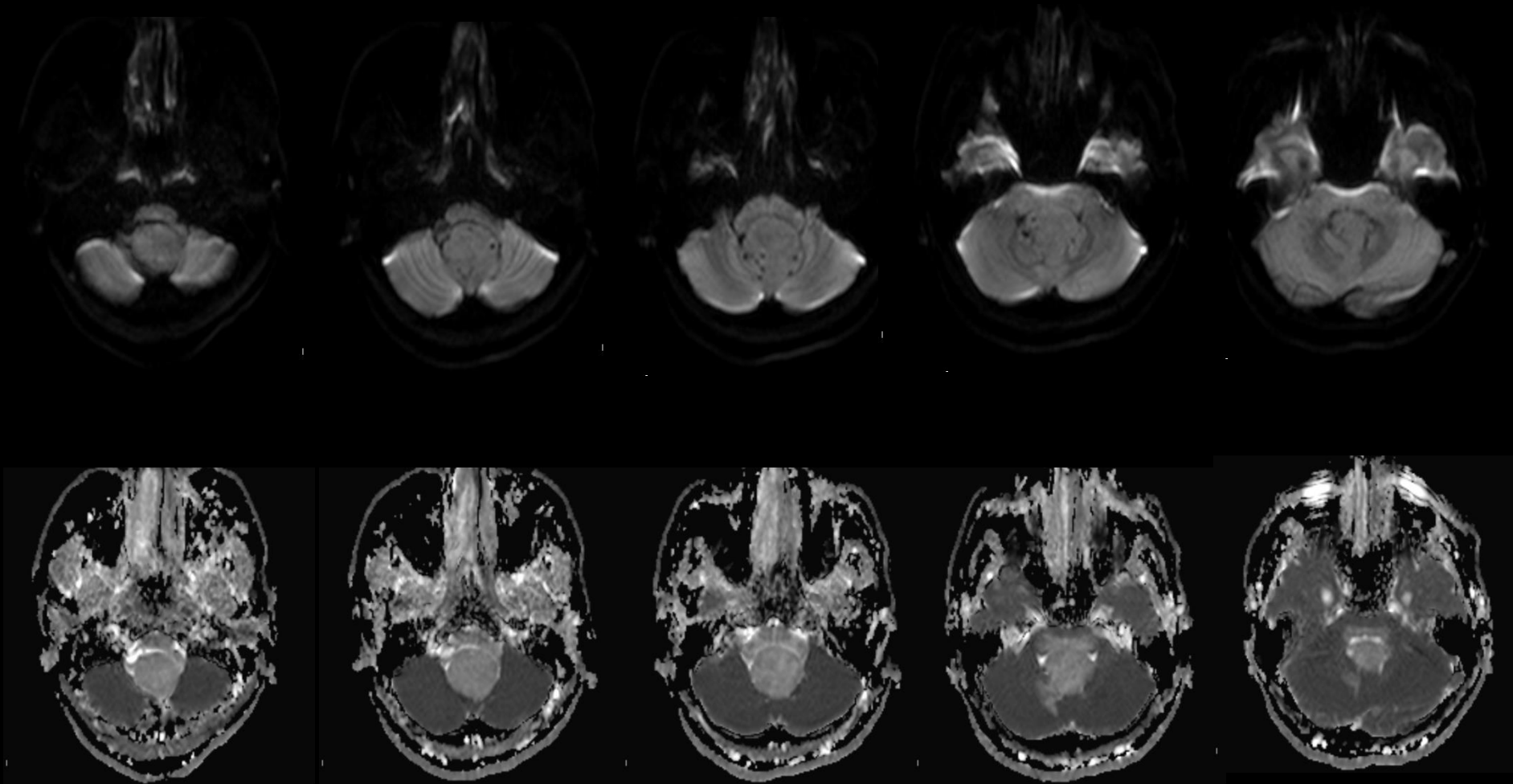
症例

- 30歳 男性
- 1年前から頭痛を自覚。半年前から右上肢の痺れが出現。
- 症状が改善しなかったため、頭部CTを撮像し、腫瘍性病変を指摘される。
- 既往歴(-)、血液検査/神経学的所見に異常(-)
- 30 years old, male
Head ache (from 1 years ago, no worsening), numbness of the right arm (from 6 month ago). No past history. No abnormal findings in blood exam and neurological exams.

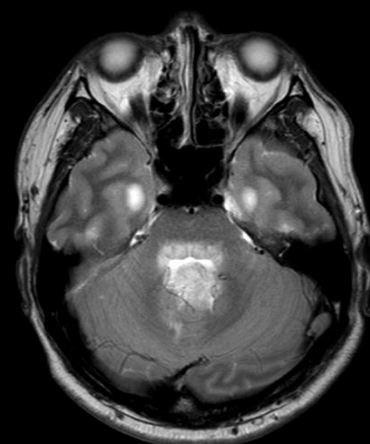
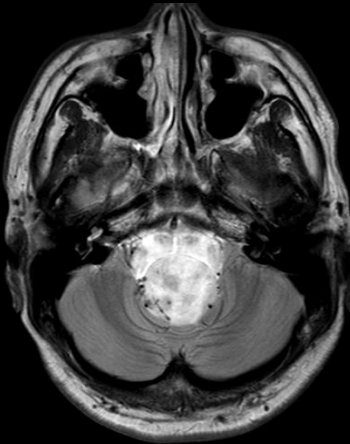
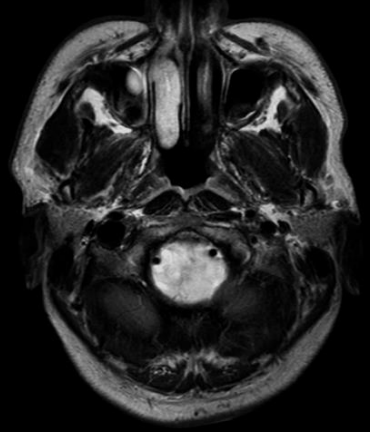
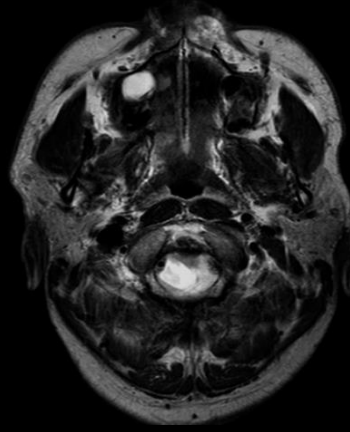
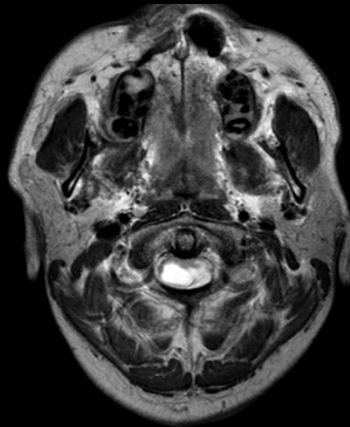
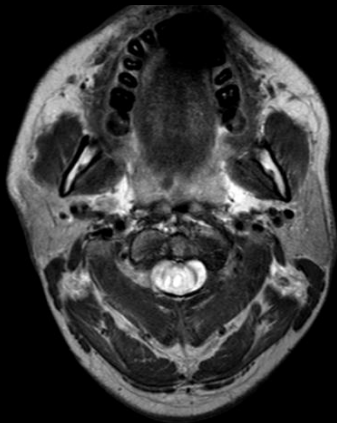
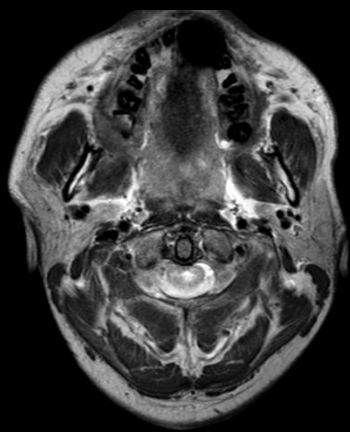
CT



DWI/ADC map

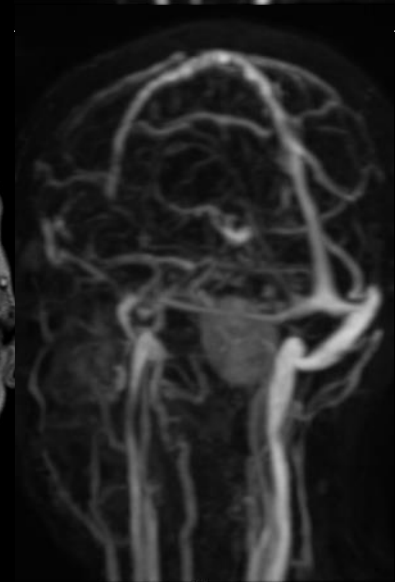
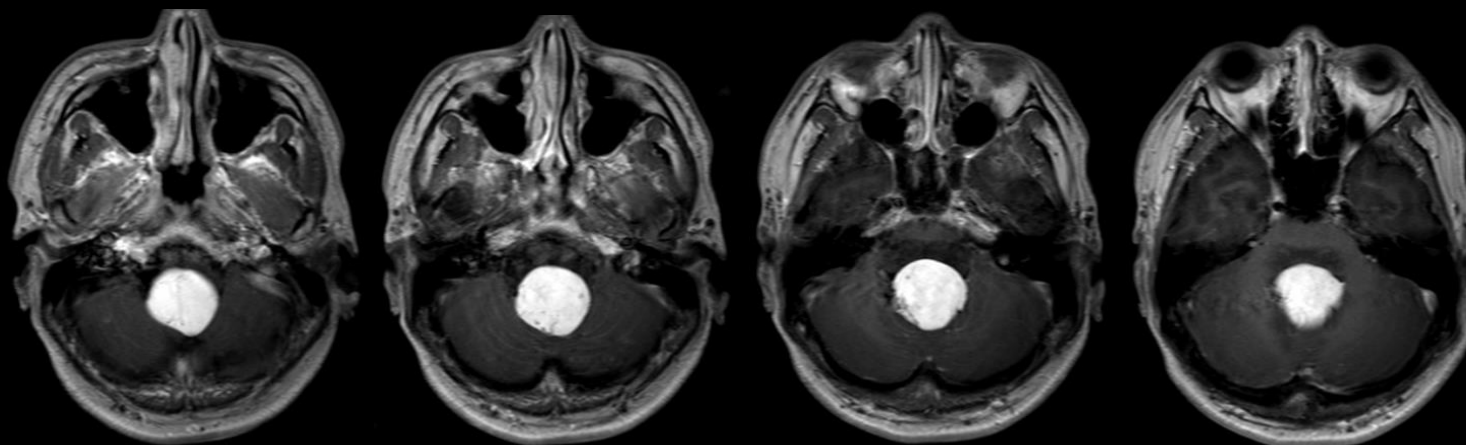
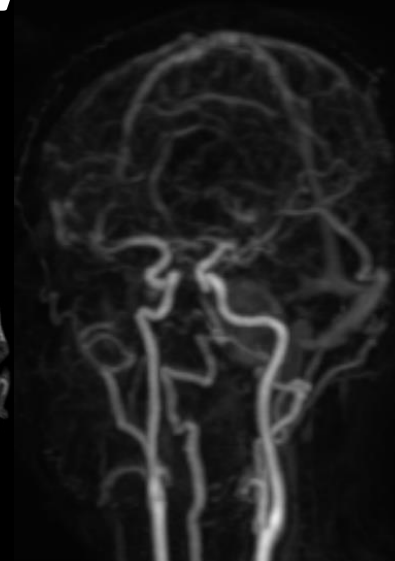
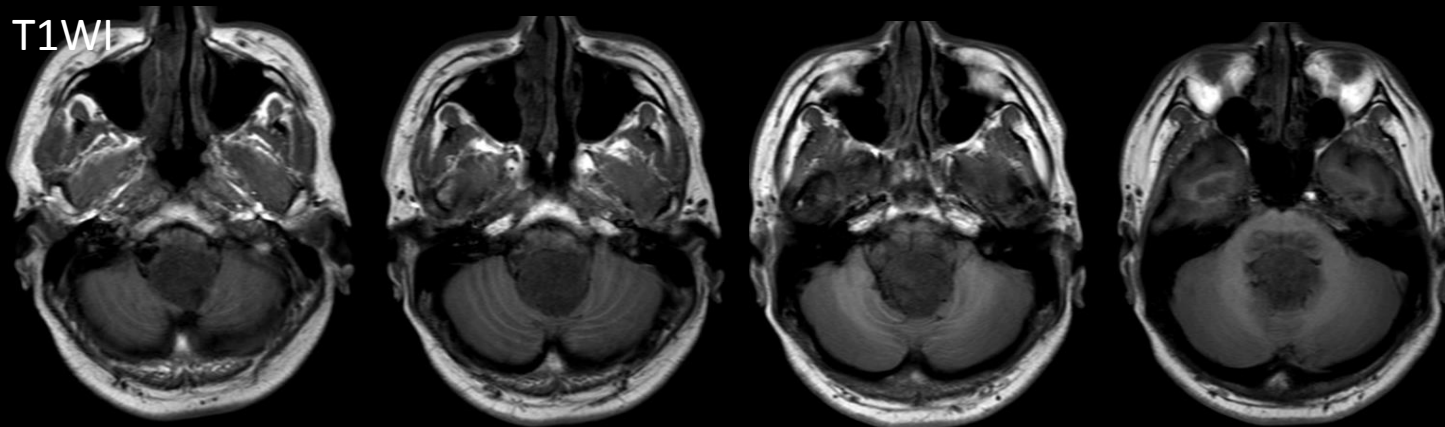


T2WI



T1WI (plain/CE) MRDSA

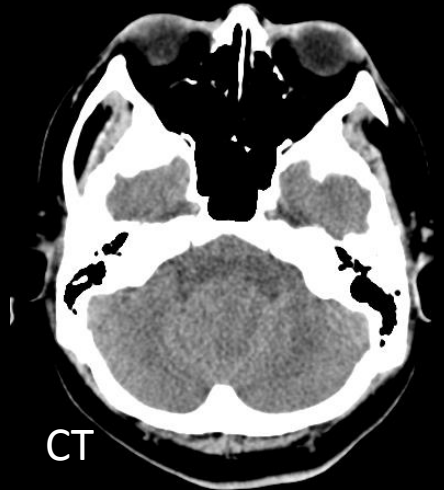
T1WI



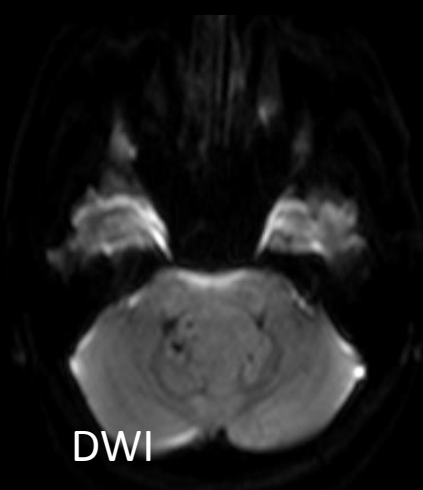
T1WI(CE)

MRDSA

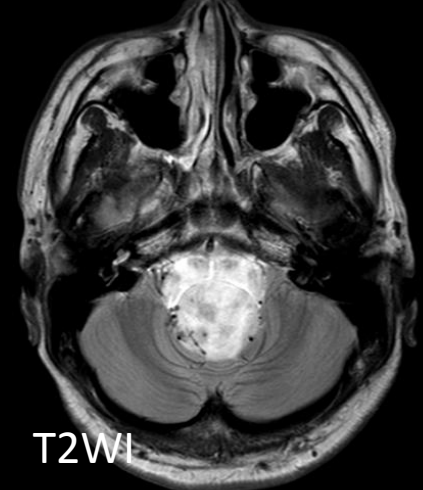
まとめ



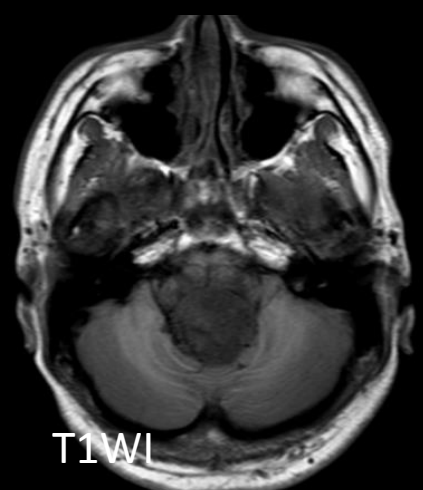
CT



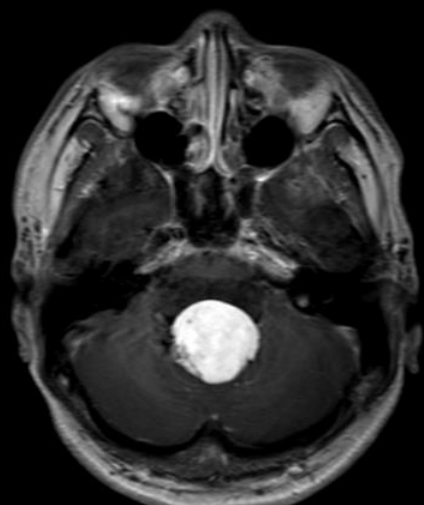
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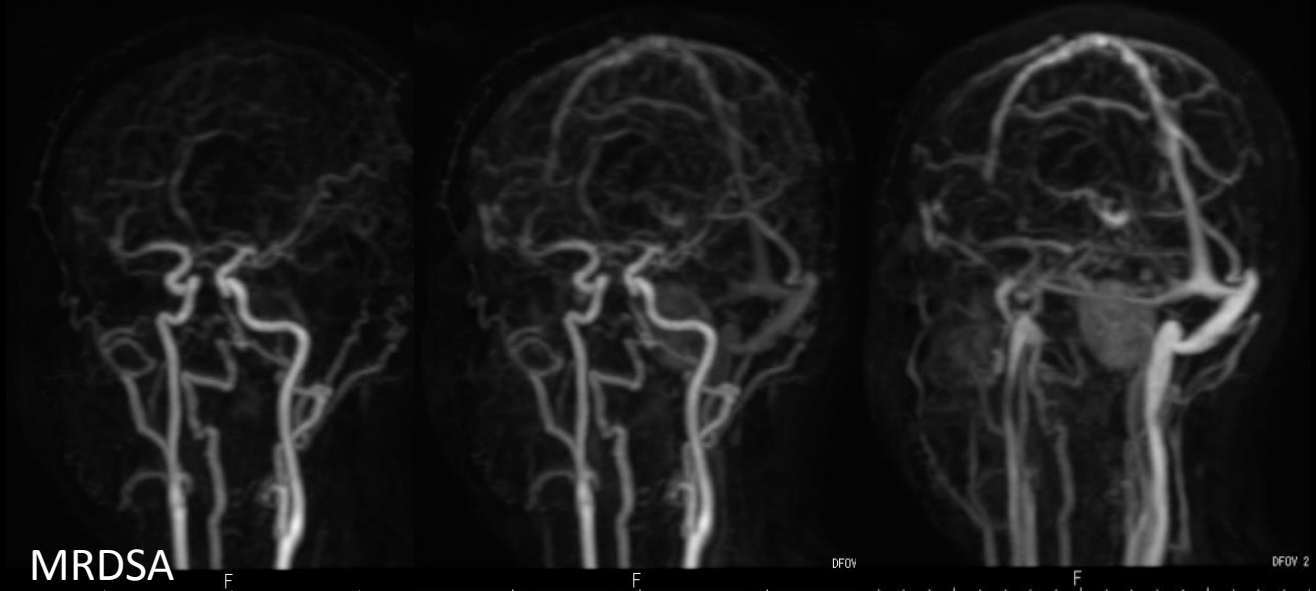
T2WI



T1WI



T1WI (CE)



MRDSA

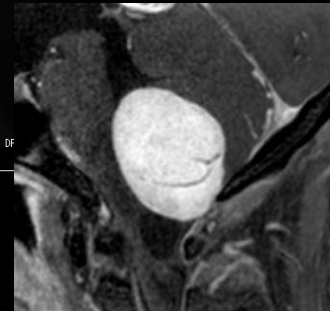
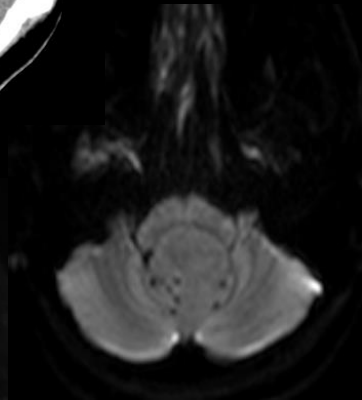
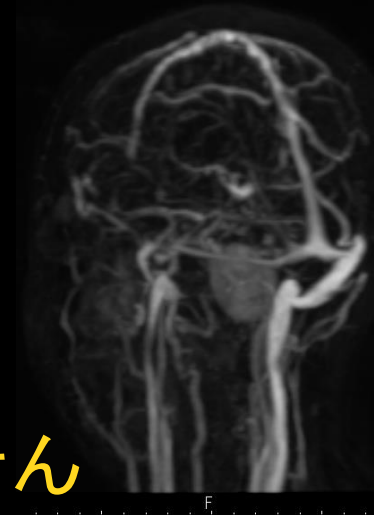
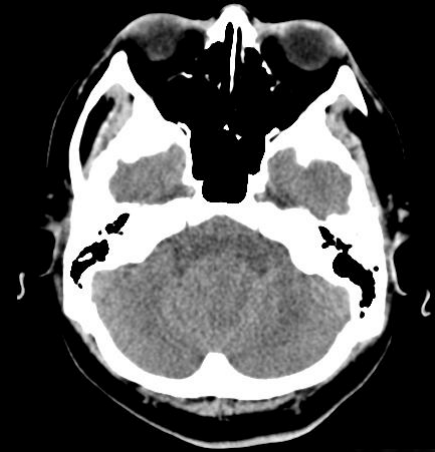
F F DFOV F DFOV 2

?

画像所見のまとめ

- 若年成人の第四脳室の腫瘍
- 円形で境界明瞭
- CTでわずかに高濃度、石灰化(-)
- T1WI 低信号/T2WI 高信号
- DWI高信号なし
- 1回循環で強く染まる(早く染まる)
- 水頭症あり
- 腫瘍内に血管構造あり

****血管造影は施行されていません**



鑑別診断

第四脳室に発生し得る腫瘍性病変

- Hemangioblastoma
- Ependymoma
- Subependymoma
- Hemangioma
- Meningioma
- Solitary Fibrous Tumor
- Medulloblastoma
- AT/RT
- Pilocytic astrocytoma
- glioma
- Epidermoid
- Choroid plexus papilloma
- Rosette forming glioneuronal tumor
- Granuloma
- Metastasis

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- Metastasis
 1. 年齢 → 若年成人
 2. DWI等信号
 3. 局在、進展、形態
 4. 造影効果

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→1回循環で染まる

経過

- 手術が施行された。
- 肉眼所見：灰赤色で易出血性、弾性硬腫瘍と小脳半球の癒着はなく、延髄（特にobex）と最も強固に癒着していた
- 病理診断：spindle-shaped tumor cell, low mitotic activity, no nuclear atypia. CD34: focally positive, vimentin: positive, EMA: negative

→ Solitary fibrous tumor

孤立性線維性腫瘍

Solitary Fibrous Tumor (SFT)

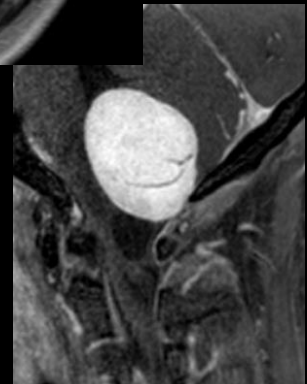
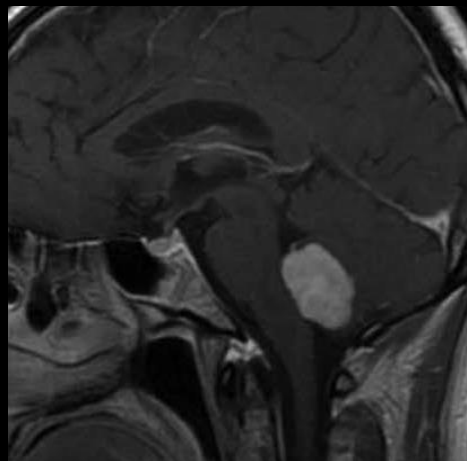
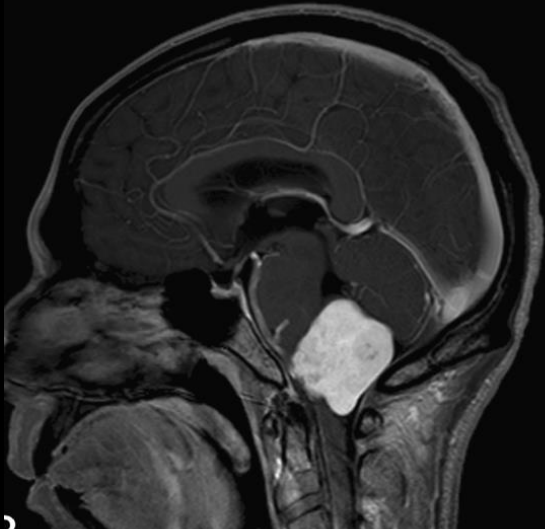
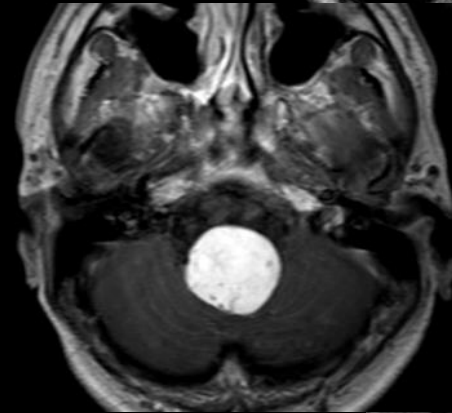
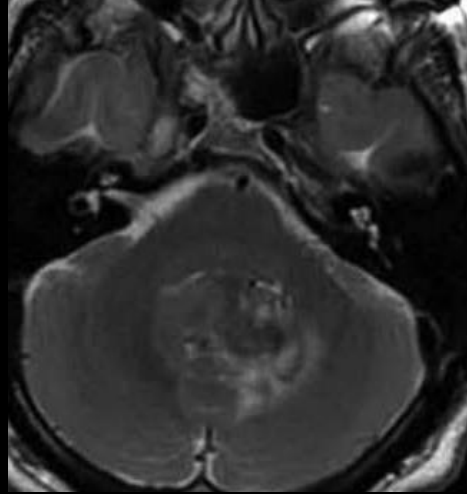
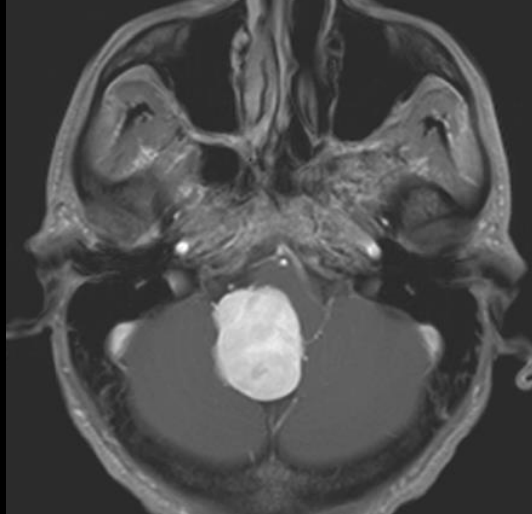
- 1931年に胸膜腫瘍として初めて報告
- 頭蓋内では硬膜に付着した脳実質外腫瘍
- 髄膜腫に類似した画像所見
- 病理学的な特徴: 免疫染色で
CD34,vimentin陽性、 S-100,EMA陰性

Intraventricular SFTs

Wang et al. *Journal of Medical Case Reports* 2012, 6:205

Age/Gender	Location	Imaging Feature	Recurrence
32/F	4 th	T1 low, T2 low, heterogeneous enhancement	
52/M	4 th	homogeneous enhancement	
63/F	4 th	T1 iso, partial enhancement	
49/F	4 th	marked, homogeneous enhancement	No (1year)
61/M	4 th	T1 low, T2 iso, marked enhancement	No (2years)
57/M	4 th	T1 low, homogeneous enhancement	
?	Lateral	T1 low	
44/F	Lateral	T1 low, T2 high, thin peripheral enhancement	
?	Lateral	?	
40/M	Lateral	?	No (3years)
55/F	Lateral	?	No (1year)
60/F	Lateral	lobulated mass, homogeneous enhancement	No (2years)
11/F	Lateral	?	
65/M	3 rd	T1 iso, T2 iso, marked enhancement	No (3.5years)
75/F	Foramen of Monro	CT low, homogeneous enhancement	No (1year)
61/M	Lateral~3 rd	T1 iso, T2 high, heterogeneous enhancement	
52/M	4 th	T1 low, homogeneous enhancement	No (1year)

SFT in 4th ventricle

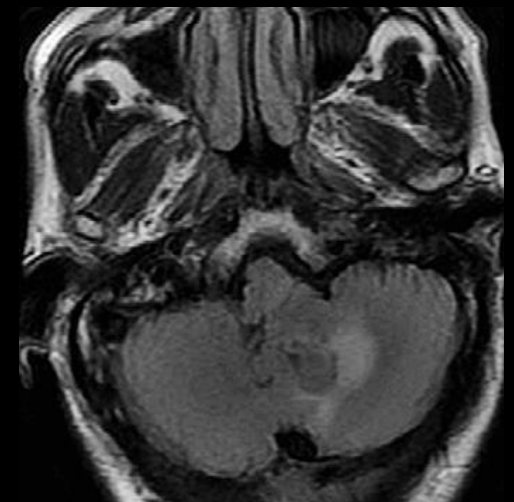
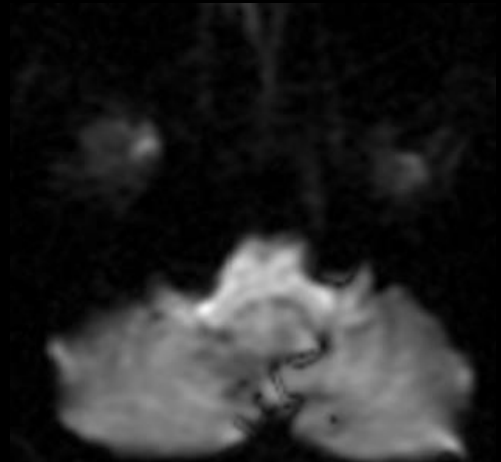
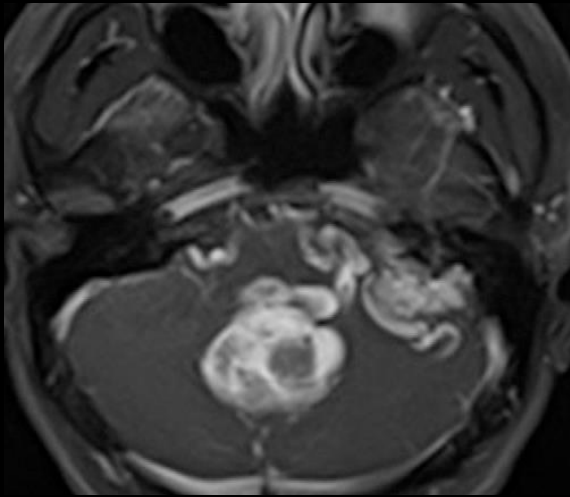


Wang et al. Journal of Medical Case Reports 2012, 6:205

British Journal of Neurosurgery, 2010; 24(4): 495–496

本症例

Meningioma in 4th ventricle



まとめ

- 第四脳室に発生したSFT
- 髄膜腫の鑑別は困難
- 髄膜腫と比較すると、脳室内発生の場合は第四脳室の発生率は高い