



江苏省医学会核医学分会

影像学组线上读片讨论第74期

病例提供者：傅宁

来源单位：徐州市中心医院

发布时间：2025年11月24日

临床病史

患者 女，57岁。

主诉：发现胰腺肿块4天。

现病史：患者于4天前因腰痛来我院，完善腰椎CT发现腰椎骨质增生，腰3-骶1椎间盘轻度膨出，所示骶1隐裂，所见胰腺体部肿块、主胰管扩张，现患者为进一步诊治，入院治疗。患者神志清，精神可，无腹痛腹胀，无恶心及呕吐，无发热畏寒，无胸闷憋喘，食纳及二便可，近期体重无明显变化。

既往史：否认高血压、冠心病史。糖尿病史2年，口服二甲双胍治疗，既往慢性乙肝病史，否认有结核病史。否认有青霉素等药物过敏史。20年前行肝右后叶局部切除（具体不详）、胆囊切除术，及胆管切开取石术、T管引流手术治疗，否认其他手术外伤史。无输血史。

个人史：无疫区居住史，无烟酒不良嗜好。

婚育史：适龄结婚，配偶及子女体健。

家族史：否认家族性遗传病史。

专科检查：腹部平坦，未见皮肤色素沉着，右上腹见肋缘下30cm斜形手术切口瘢痕，愈合可，腹软，肝脾肋下未及，无压痛反跳痛，未触及明显包块，叩诊鼓音，肠鸣音正常。

实验室检查 (血常规)

项 目	结果	单位	参考范围
1 【红细胞】*	4.46	$10^{12}/L$	3.80-5.10
2 血红蛋白*	136	g/L	115-150
3 红细胞压积*	42.5	%	35.0-45.0
4 红细胞平均体积*	95.3	fL	82.0--100.0
5 平均血红蛋白量*	30.5	pg	27.0--34.0
6 平均血红蛋白浓度*	320	g/L	316-354
7 红细胞分布宽度	12.5	%	10.1-14.8
8 红细胞分布宽度数	43.2	fL	30.0-150.0
9 【血小板】*	215	$10^9/L$	125--350
10 血小板压积	0.24	%	0.09-0.30
11 平均血小板体积	11.1	fL	6.0-14.0
12 血小板分布宽度	14.1	%	9.0-20.0
13 大血小板数	34.0	%	12.0-35.0
14 【白细胞】*	8.56	$10^9/L$	3.50-9.50
15 中性粒细胞绝对值	5.77	$10^9/L$	1.80--6.30
16 淋巴细胞绝对值	2.00	$10^9/L$	1.10--3.20
17 单核细胞绝对值	0.49	$10^9/L$	0.10--0.60
18 嗜酸粒细胞绝对值	0.27	$10^9/L$	0.02--0.52
19 嗜碱粒细胞绝对值	0.03	$10^9/L$	≤0.06
20 中性粒细胞比率	67.3	%	40.0--75.0
21 淋巴细胞比率	23.4	%	20.0--50.0
22 单核细胞比率	5.7	%	3-10
23 嗜酸粒细胞比率	3.2	%	0.4--8.0
24 嗜碱粒细胞比率	0.4	%	≤1
25 超敏C反应蛋白HS-CRP	2.93	mg/L	≤3

实验室检查 (生化)

项 目	结 果	单 位	参 考 范 围
1 谷丙转氨酶(ALT)*	37.6	U/L	7.0--40.0
2 谷草转氨酶(AST)*	18.9	U/L	13.0--35.0
3 总蛋白(TP)*	62.4 ↓	g/L	65.0--85.0
4 白蛋白(ALB)*	39.2 ↓	g/L	40.0--55.0
5 球蛋白(GLB)	23.2	g/L	20.0--40.0
6 白蛋白/球蛋白(A/G)	1.7		1.2--2.4
7 总胆红素(TBIL)*	7.4	μmol/L	≤23.0
8 直接胆红素(DBIL)*	2.3	μmol/L	≤8.0
9 碱性磷酸酶(ALP)*	54.0	U/L	35.0--135.0
10 γ-谷氨酰转移酶(GGT)*	22.0	U/L	7.0--45.0
11 胆碱酯酶(CHE)*	9018	U/L	5000--12000
12 总胆汁酸(TBA)	3.4	μmol/L	0.0-10.0
13 甘胆酸(CG)	1.58	μg/mL	≤2.70
14 前白蛋白(PA)	166.0 ↓	mg/L	180.0--350.0
15 腺苷脱氨酶(ADA)	21.1 ↑	U/L	≤19.6
16 尿素(UREA)*	5.95	mmol/L	2.60--8.80
17 脲抑素C(CYSC)	0.87	mg/L	0.60--1.30
18 肌酐(CREA)*	54.0	μmol/L	41.0--81.0
19 尿酸(UA)*	151.0 ↓	μmol/L	155.0--357.0
20 糖(GLU)*	9.14 ↑	mmol/L	3.90--6.10
21 总胆固醇(TCH)*	3.75	mmol/L	≤5.20
22 甘油三酯(TG)*	1.03	mmol/L	≤1.70
23 载脂蛋白A1(APOA)*	1.31	g/L	1.20--1.80
24 载脂蛋白B(APOB)*	0.59 ↓	g/L	0.60--1.14
25 高密度脂蛋白(HDL-C)*	1.16	mmol/L	1.04--1.74
26 低密度脂蛋白(LDL-C)*	1.84	mmol/L	≤3.12
27 脂蛋白a(LPa) *	14.0	mg/L	1.0-300.0
28 乳酸脱氢酶(LDH)*	251.9 ↑	U/L	120.0--250.0
29 α-羟丁酸脱氢酶(HBDH)*	183.7 ↑	U/L	72.0--182.0
30 磷酸肌酸激酶(CK)*	16.0 ↓	U/L	40.0--200.0
31 CK同工酶(CK-MB)	7.8	U/L	≤24.0

实验室检查（生化）

32	钾(K)*	4.25	mmol/L	3.50--5.30
33	钠(NA)*	143.7	mmol/L	137.0--147.0
34	氯(CL)*	104.7	mmol/L	99.0--110.0
35	钙(CA)*	2.26	mmol/L	2.11--2.52
36	磷(P)*	0.98	mmol/L	0.85--1.51
37	镁(MG)*	0.90	mmol/L	0.75--1.02
38	二氧化碳总量(TCO2)	32.6 ↑	mmol/L	22.0--29.0
39	淀粉酶(AMY)*	39.5	U/L	1.0--110.0
40	糖化白蛋白(GA%)	23.55 ↑	%	8.00--15.70
41	肌酐清除率(eGFR)	100.59	mL/min/1.73m^2	>90.00

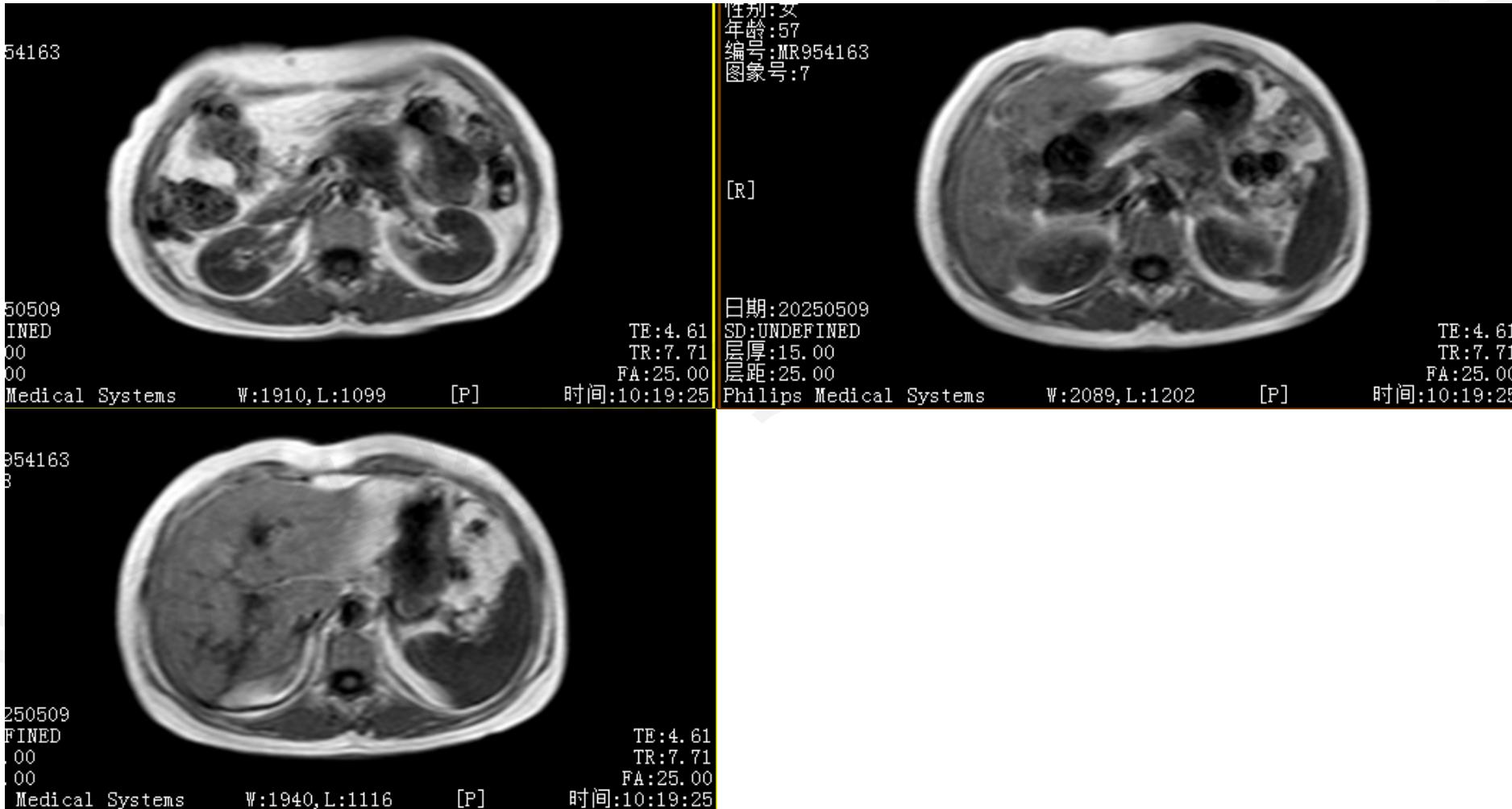
实验室检查 (淀粉酶)

项 目	结果	单位	参考范围
1 淀粉酶(干式) *	152	U/L	

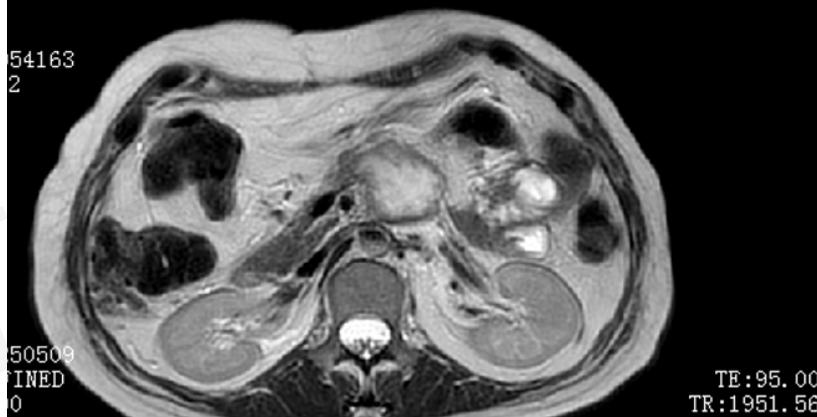
实验室检查（肿瘤标志物）

项 目	结果	单 位	参考范围
1 甲胎蛋白*	5.46	ng/ml	≤7
1 糖类抗原199	57.54 ↑	U/ml	0--37
1 癌胚抗原*	3.34	ng/ml	0--5

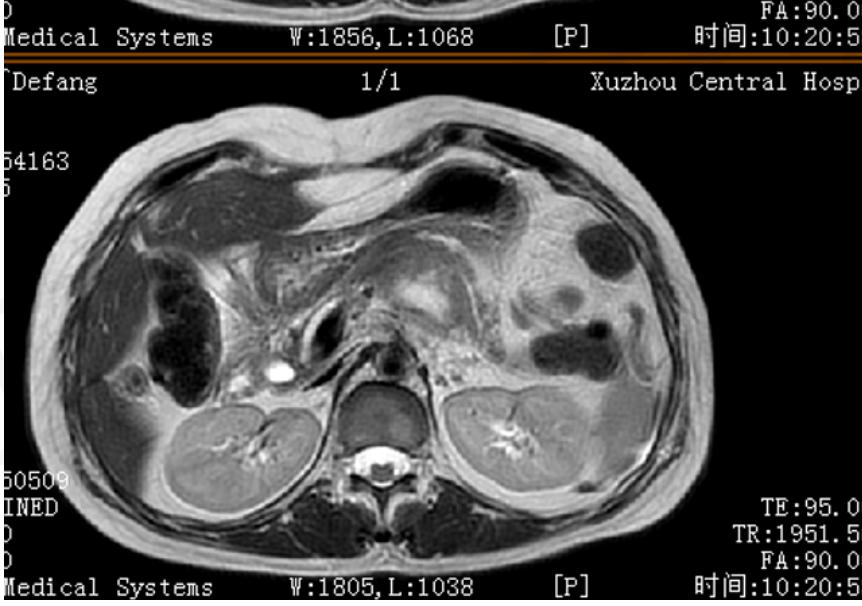
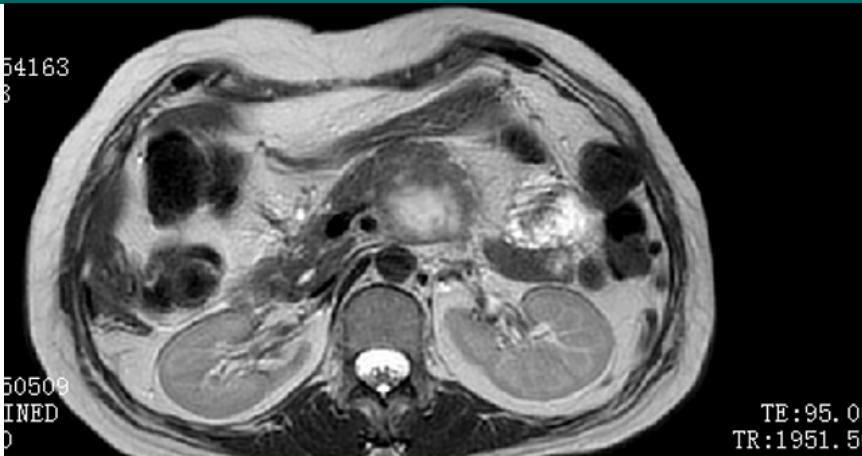
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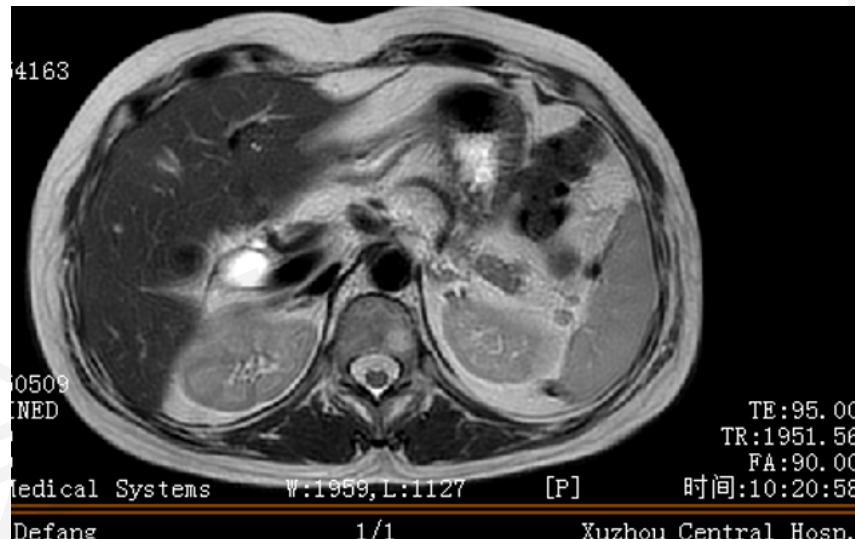
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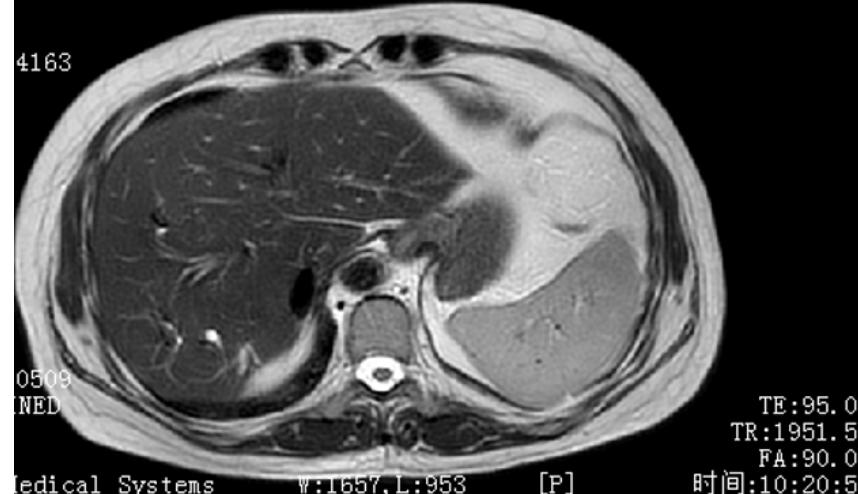
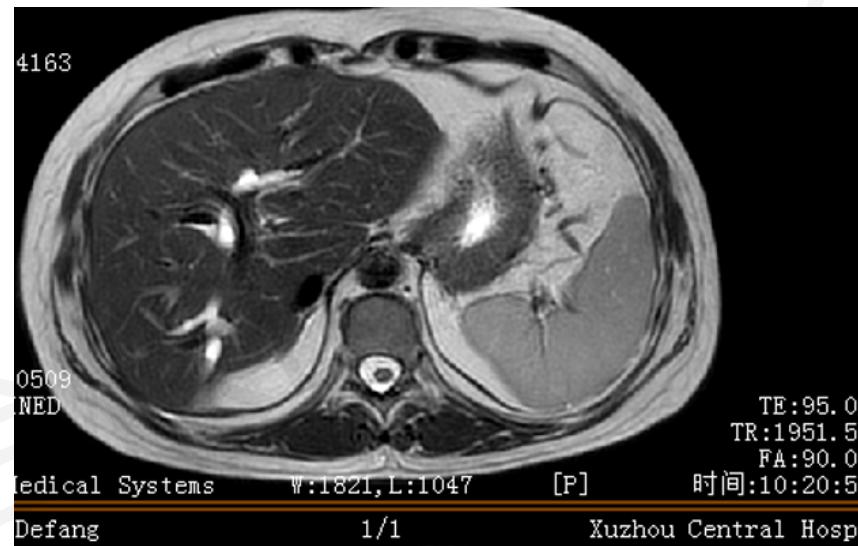
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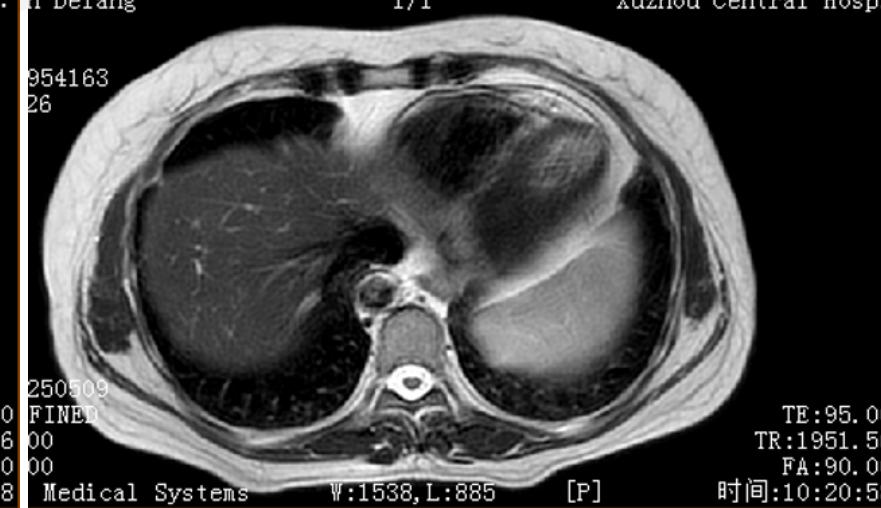
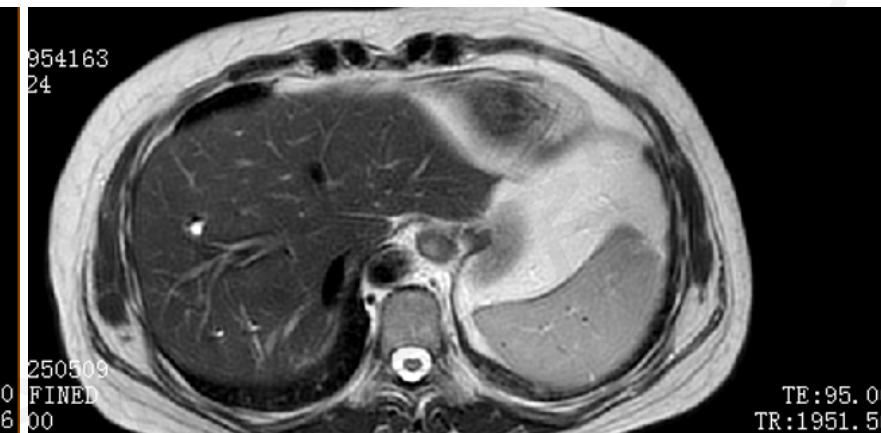
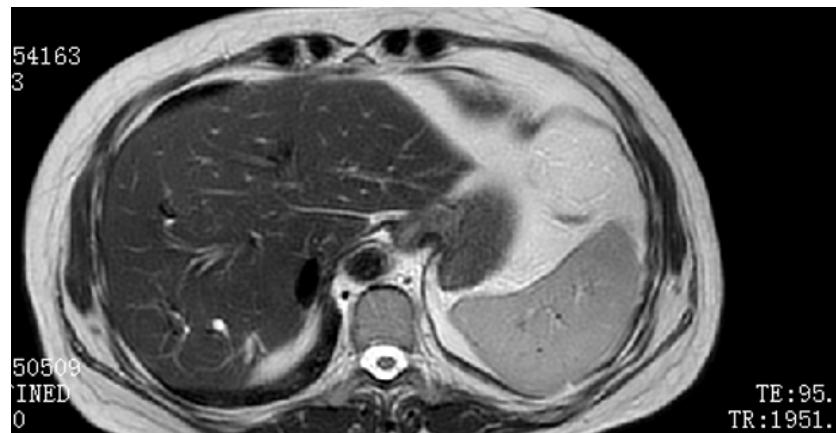
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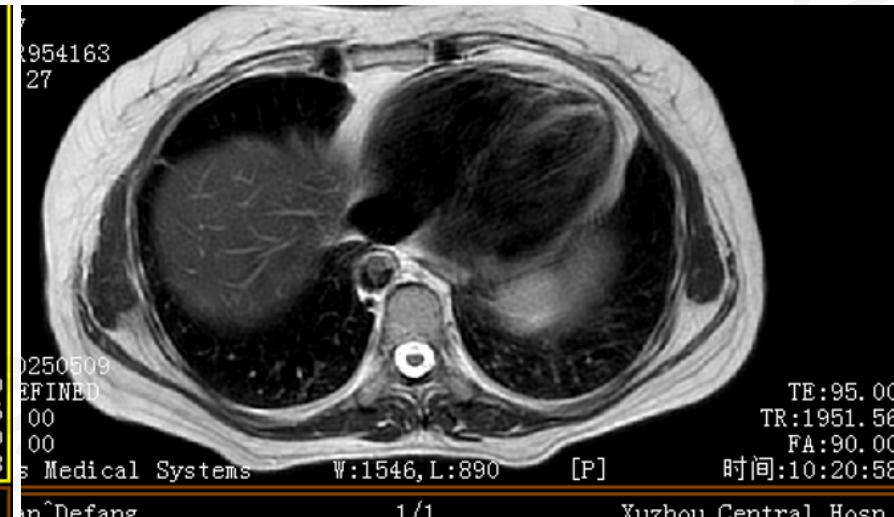
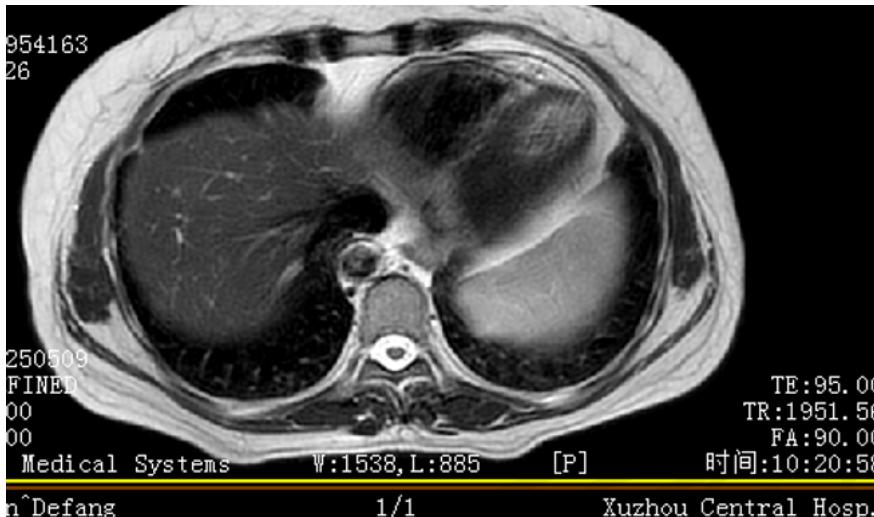
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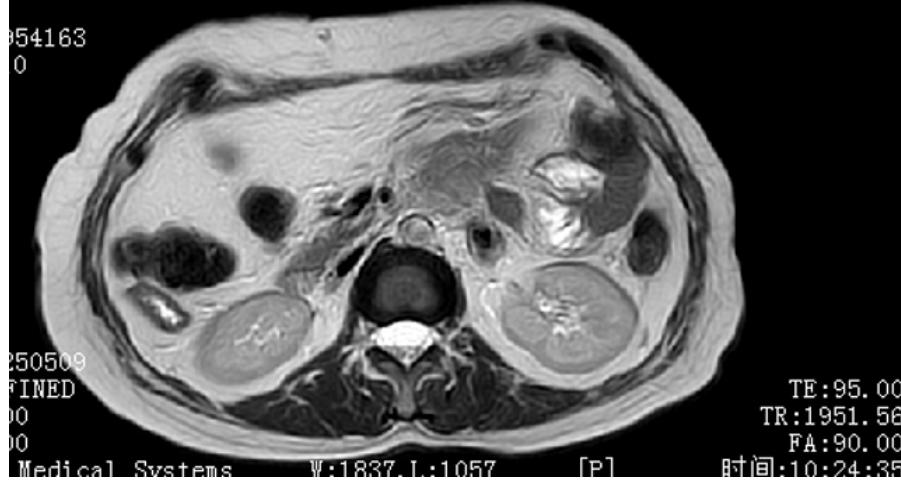
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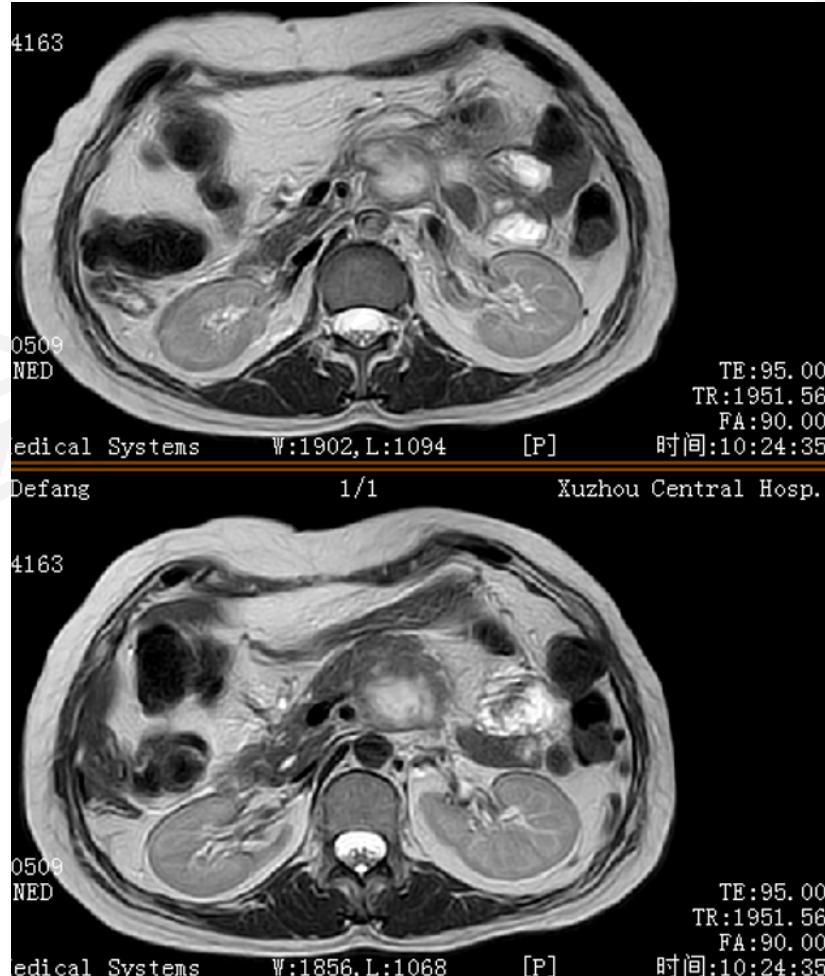
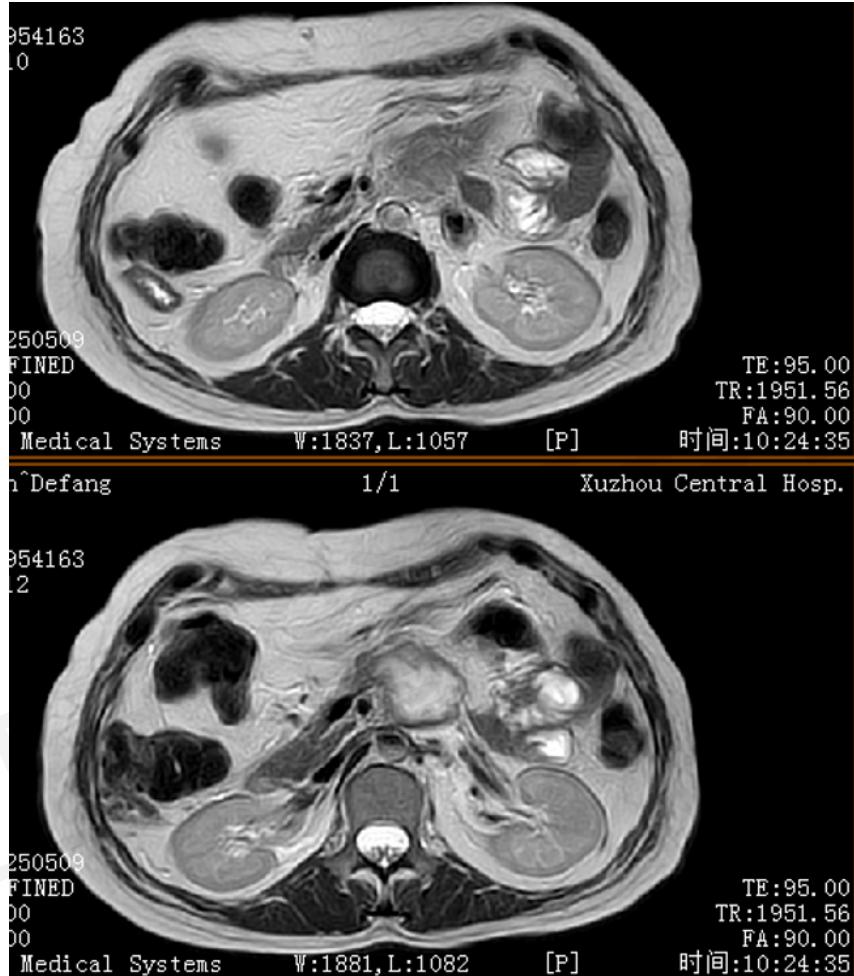
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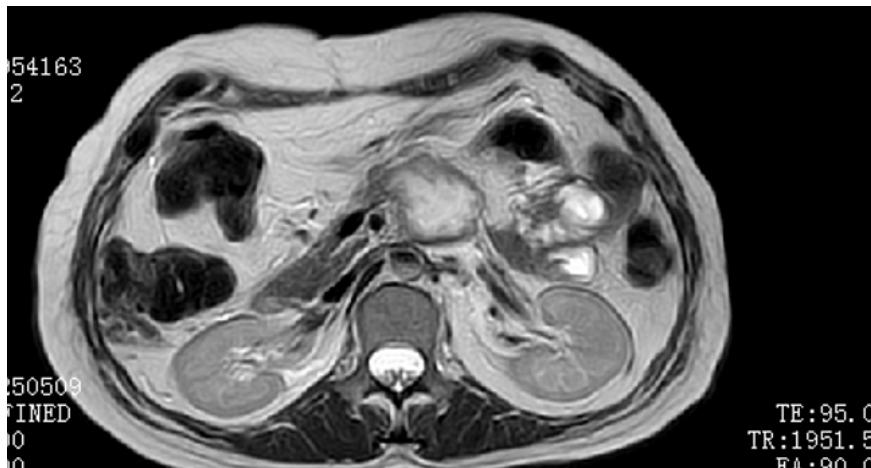
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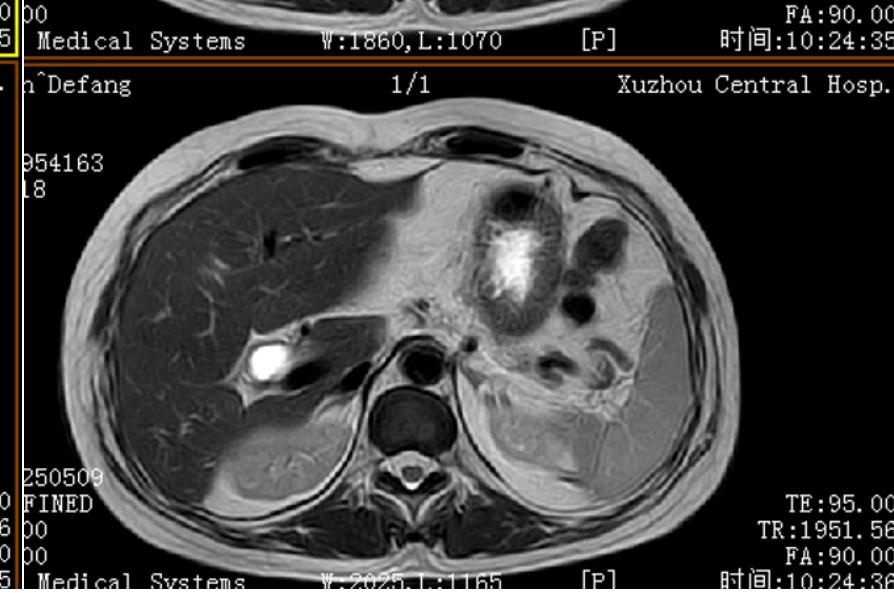
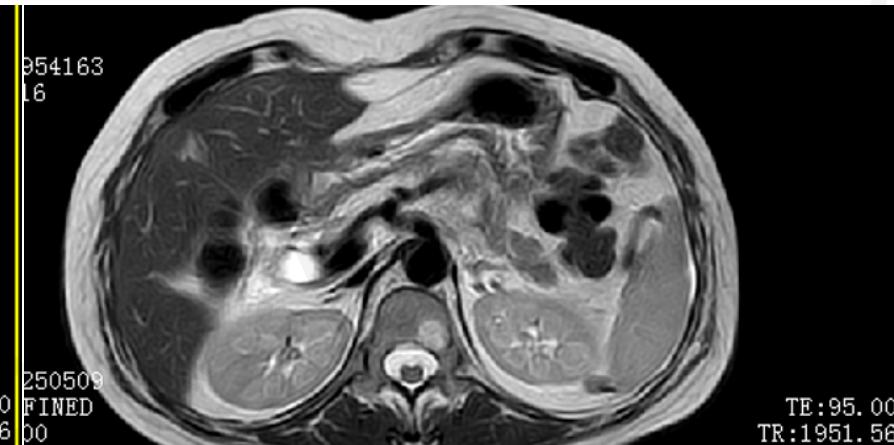
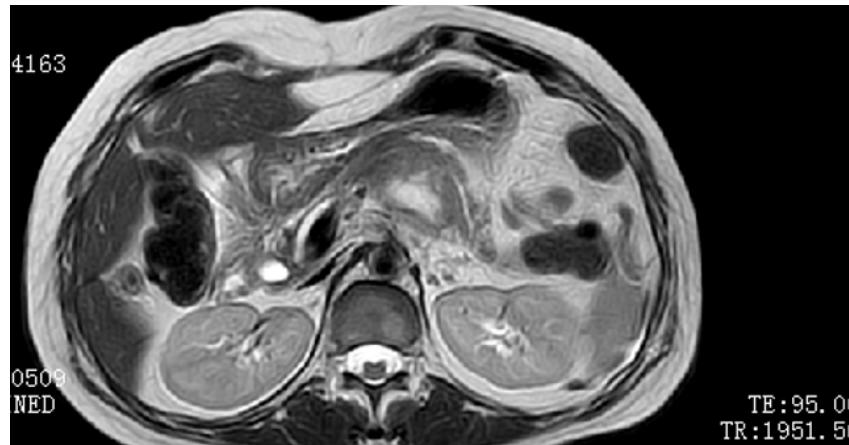
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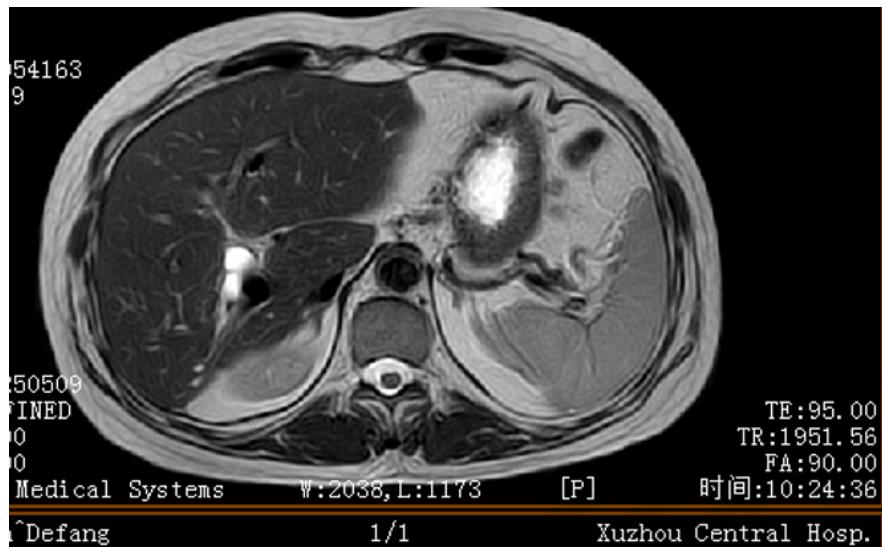
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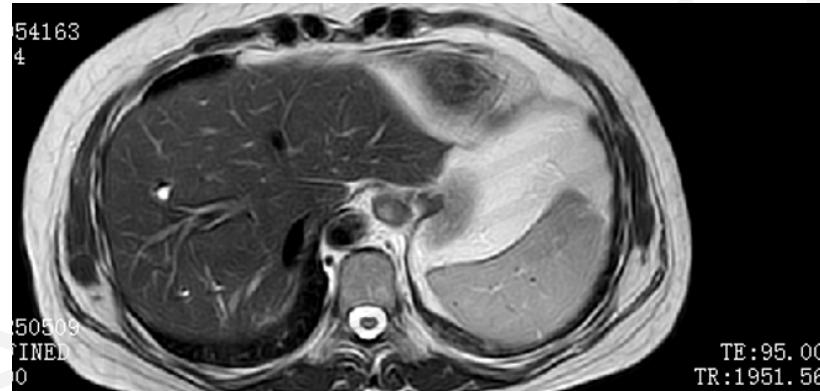
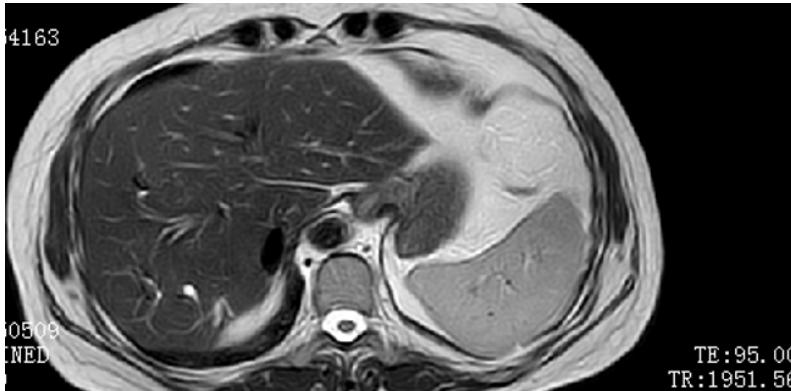
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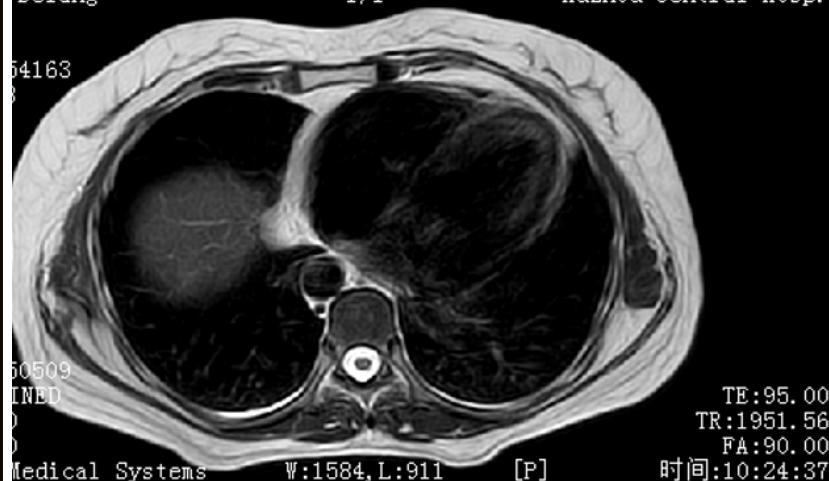
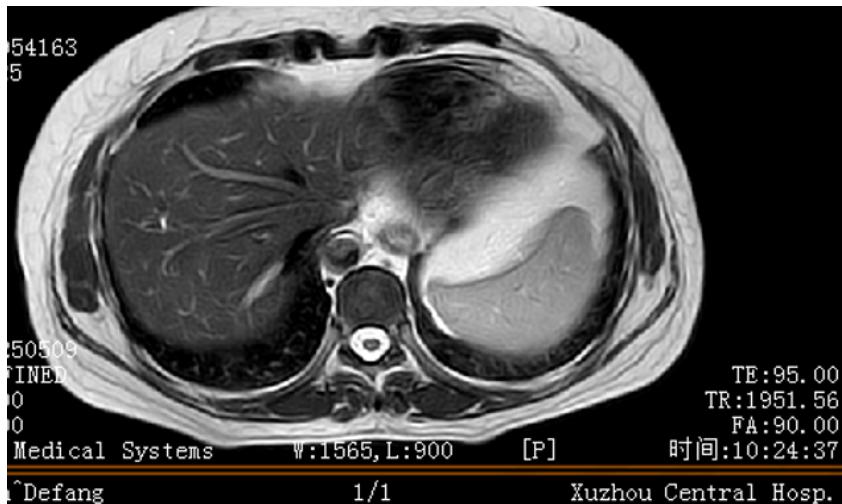
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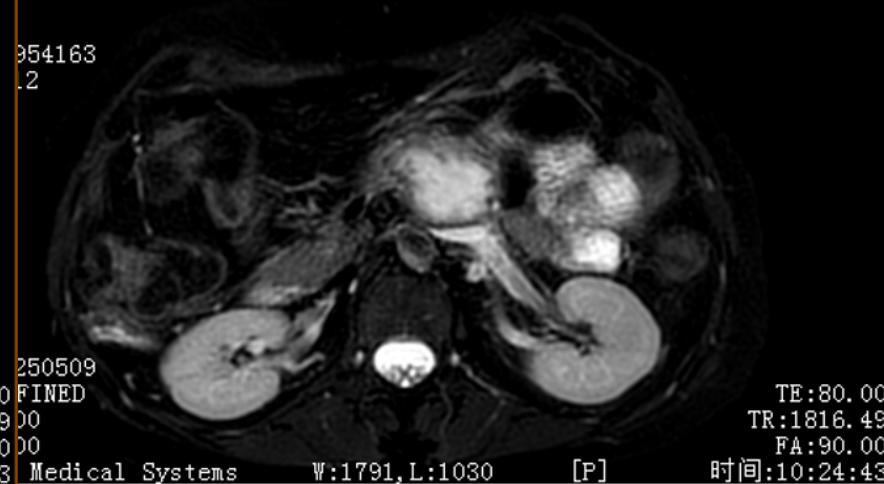
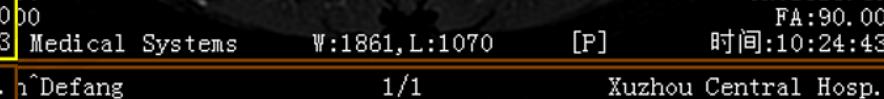
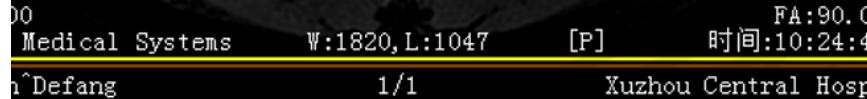
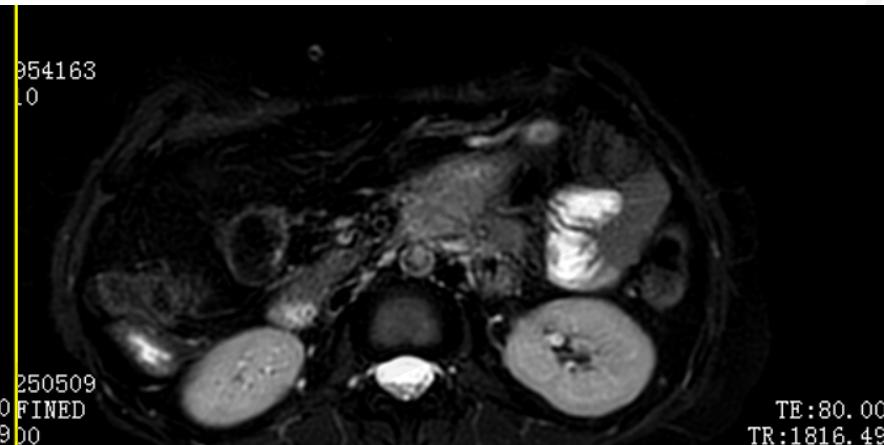
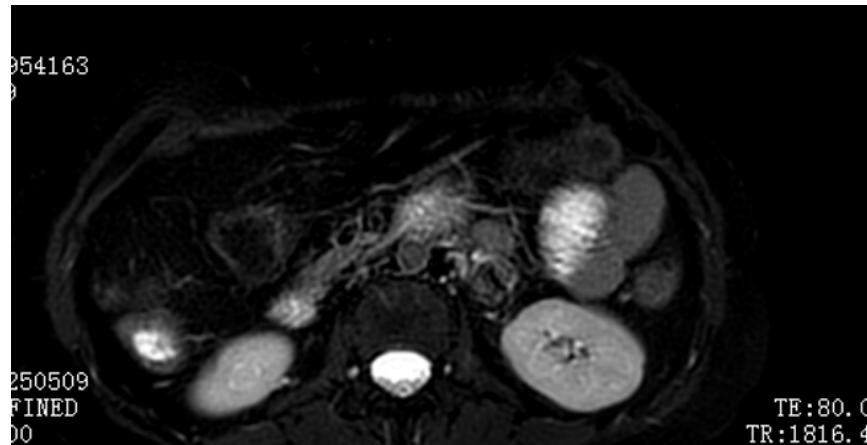
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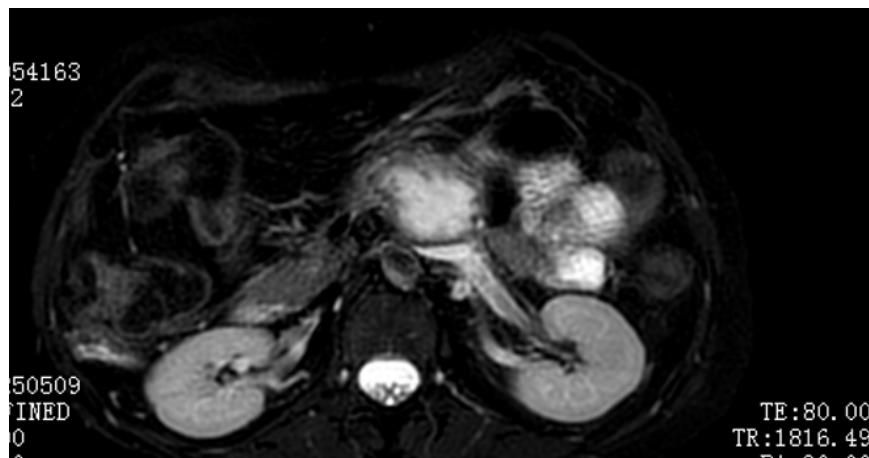
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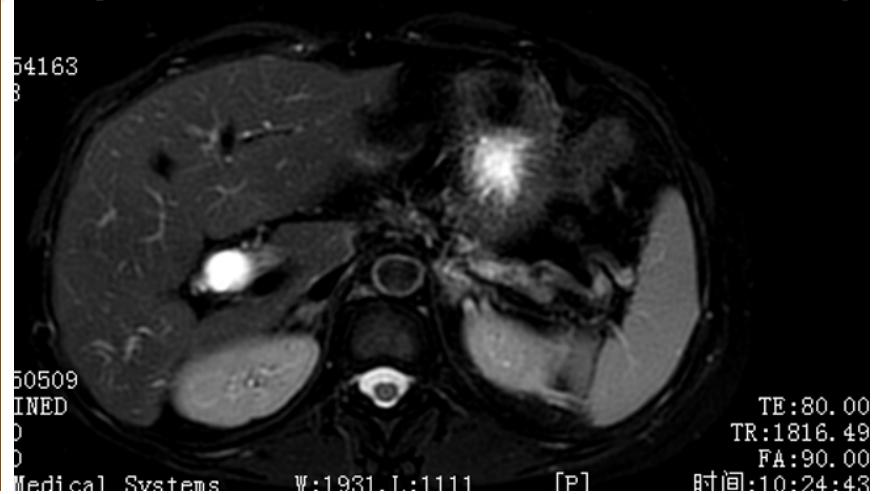
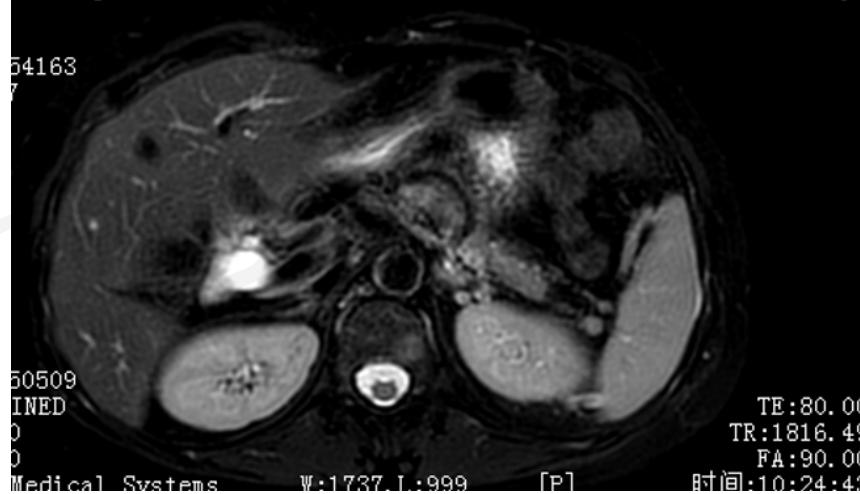
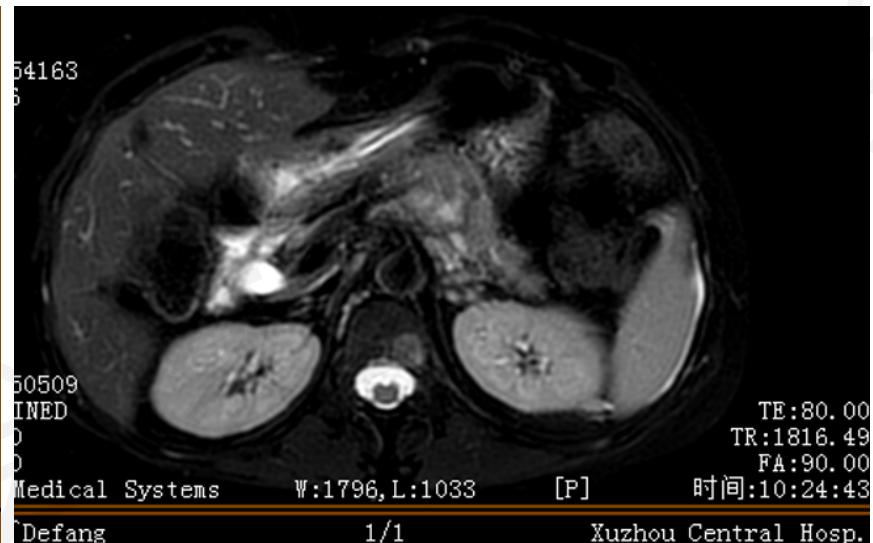
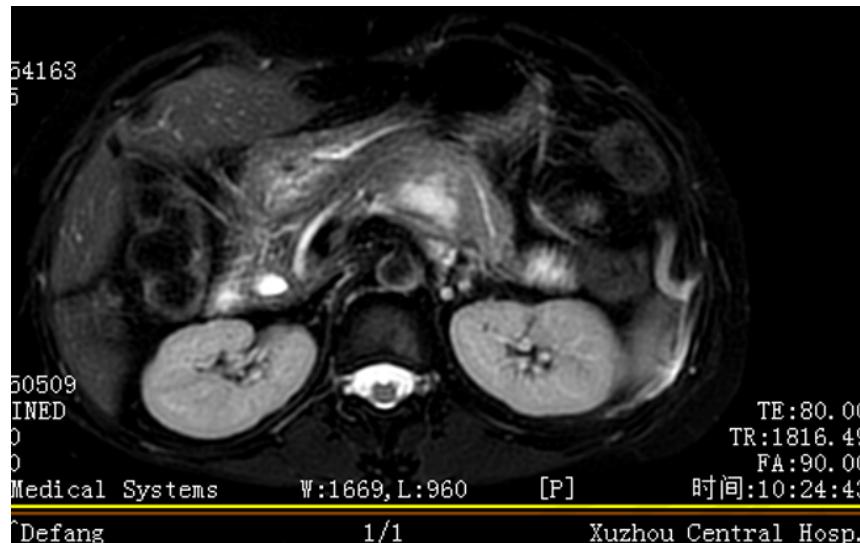
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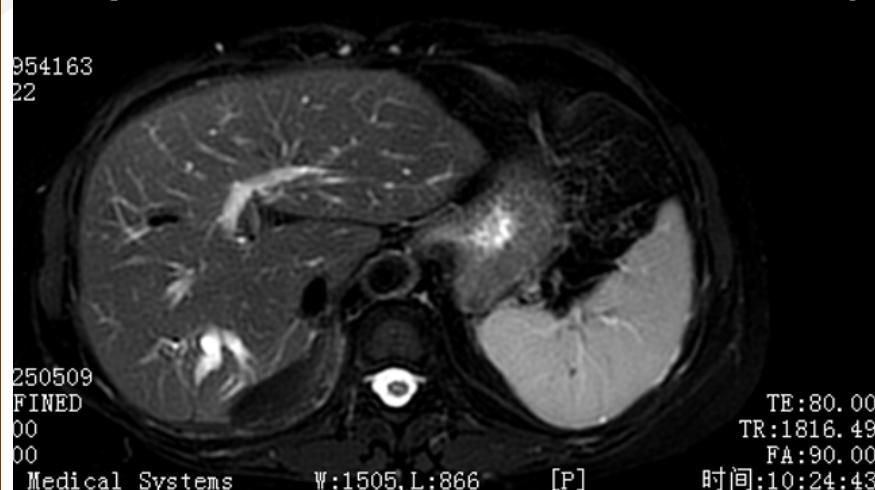
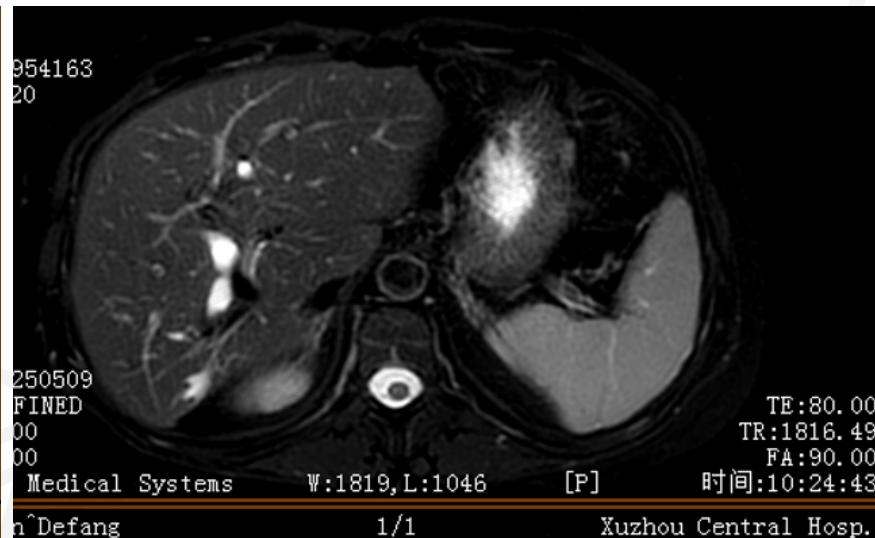
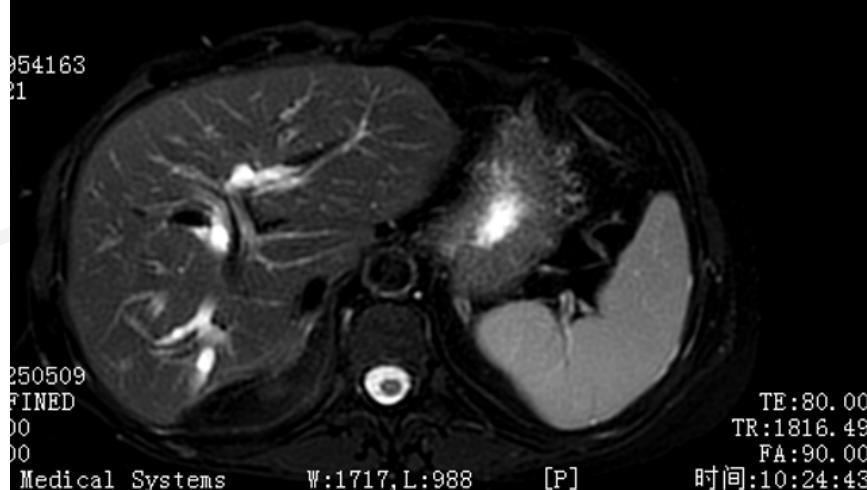
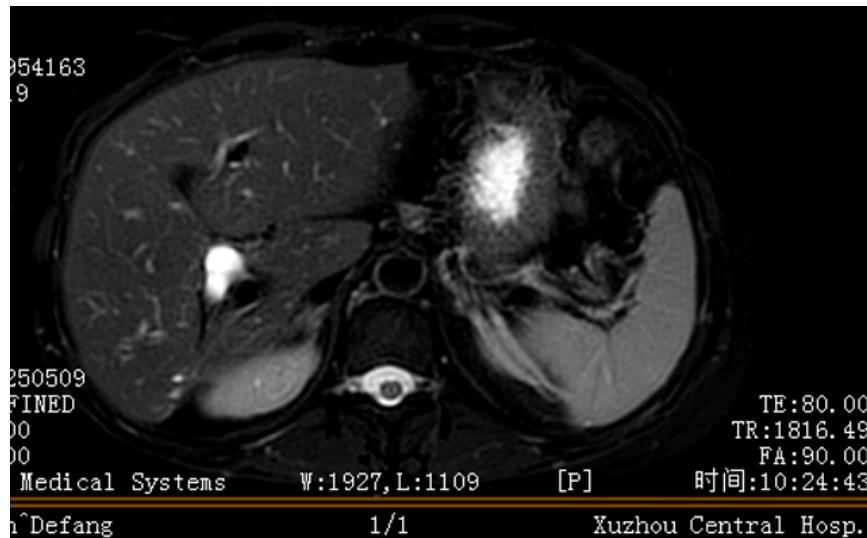
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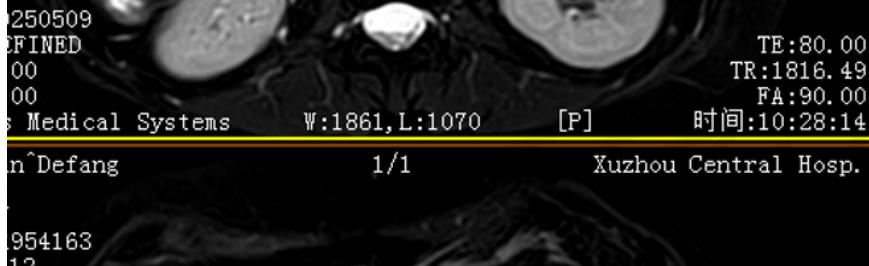
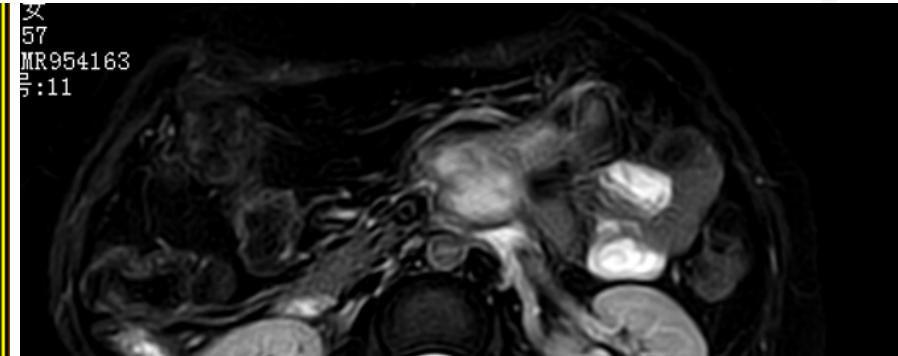
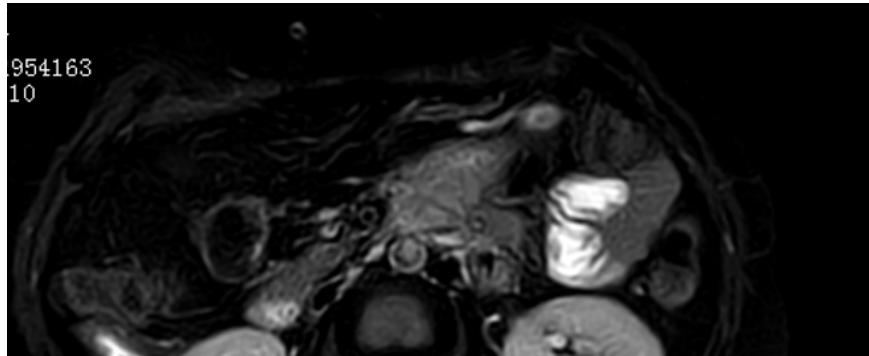
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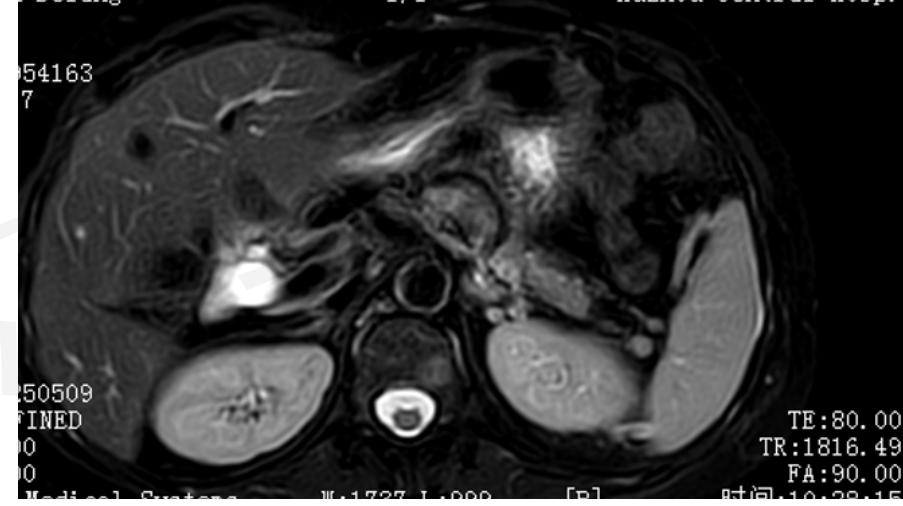
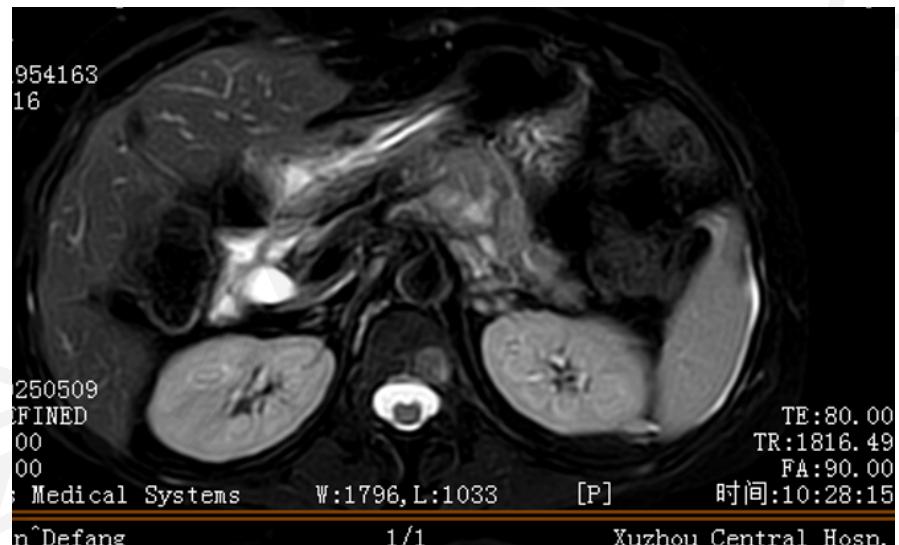
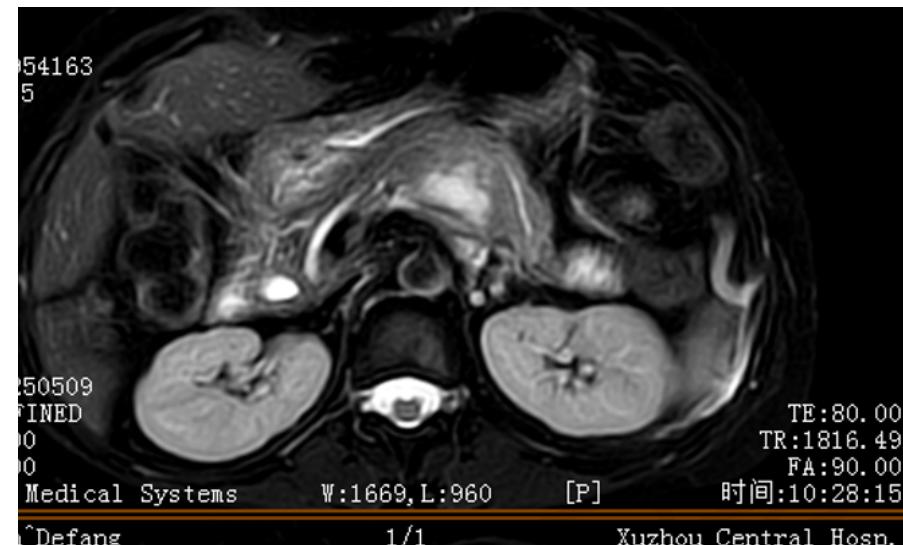
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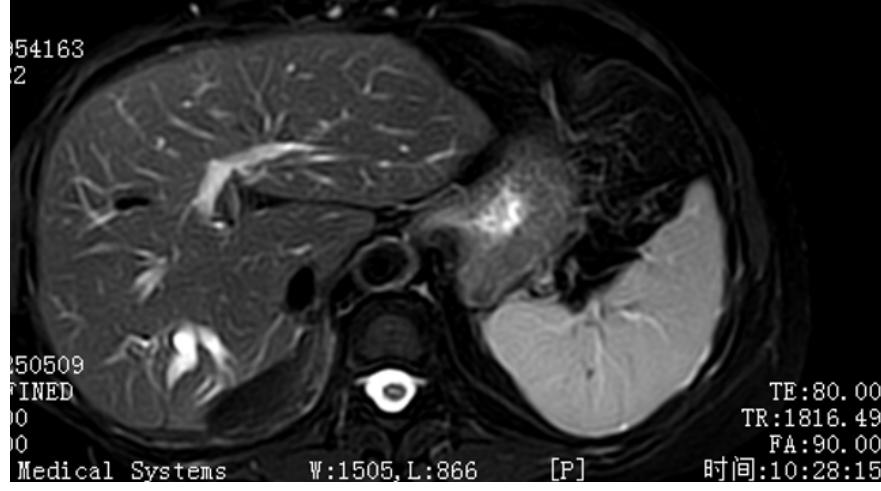
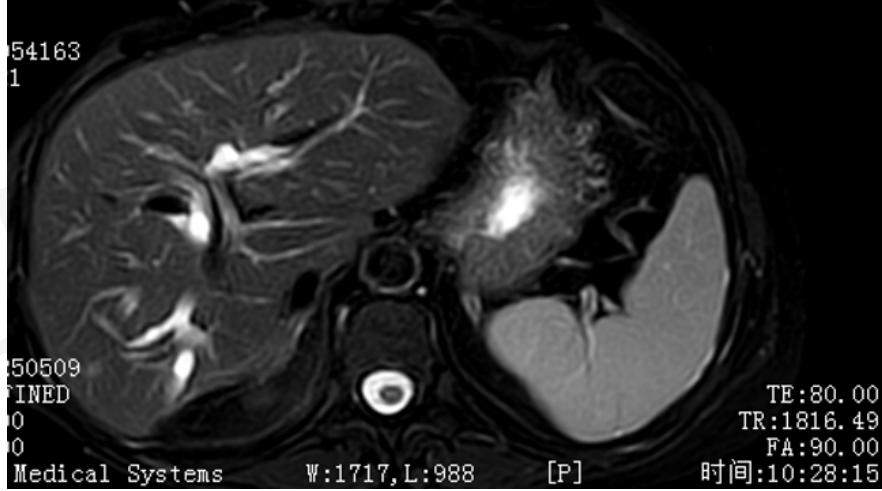
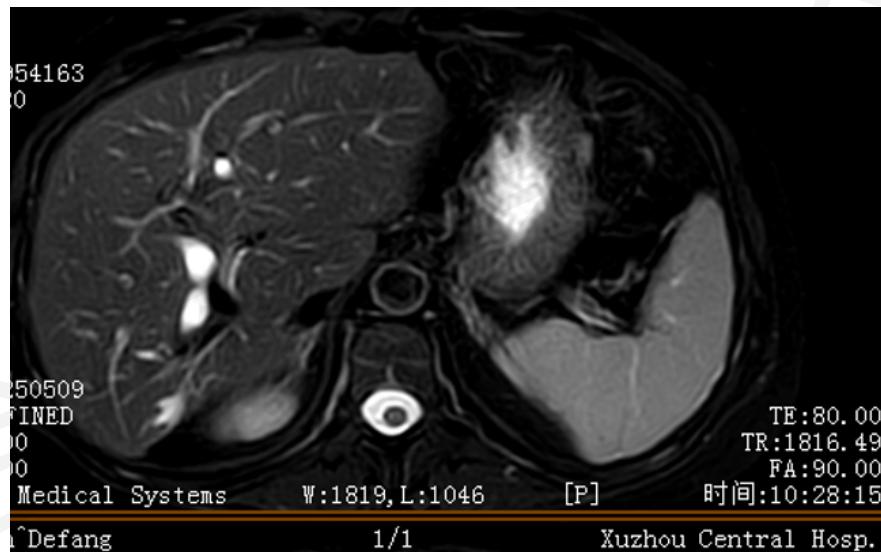
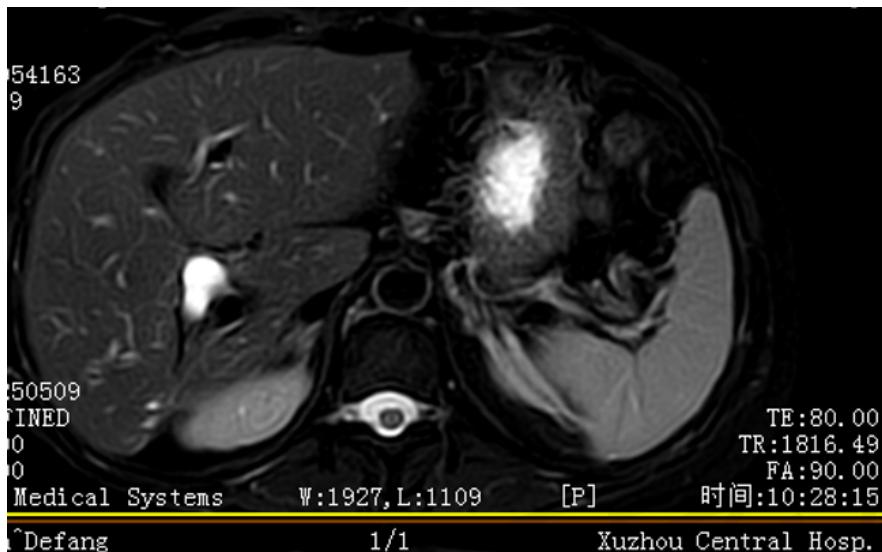
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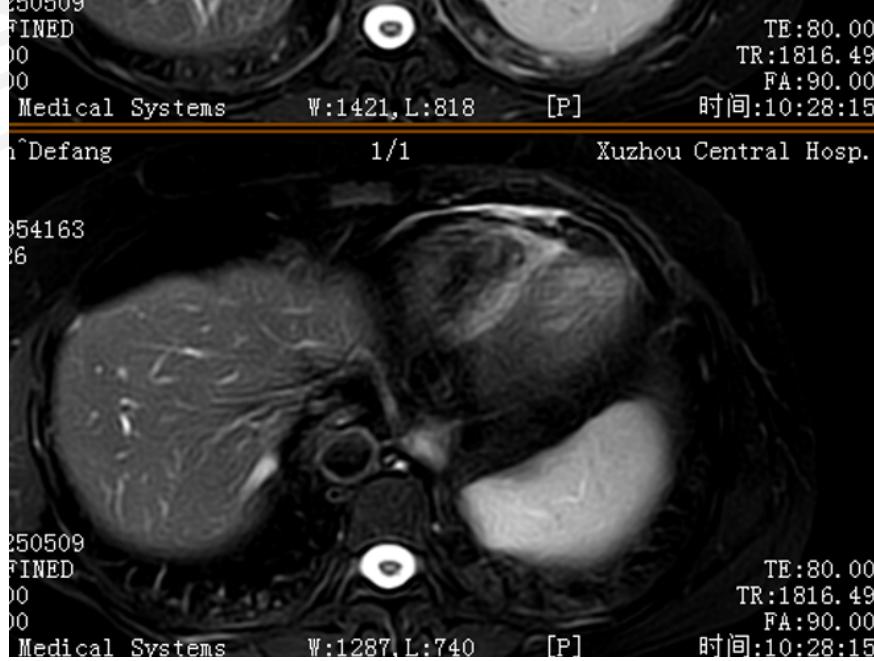
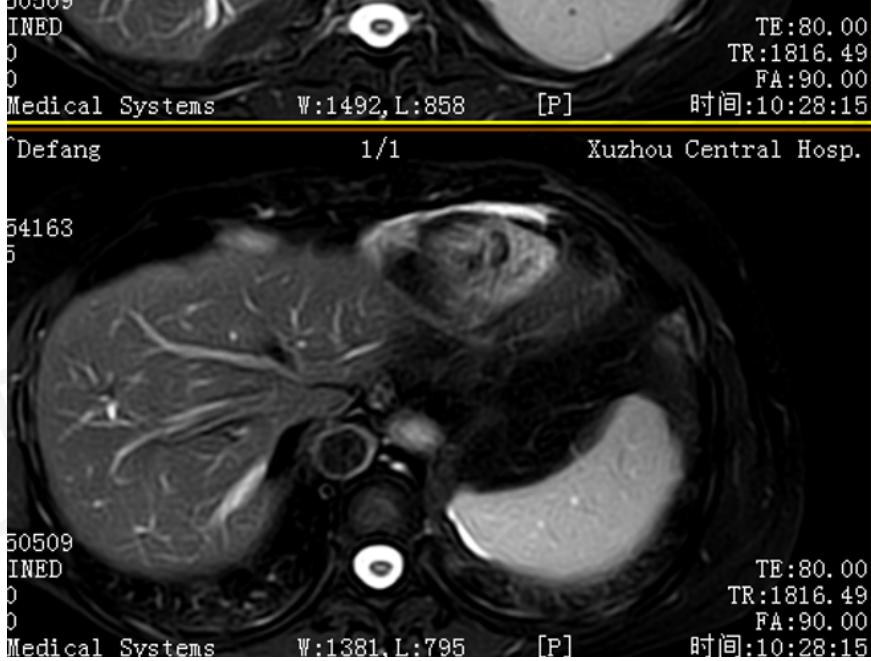
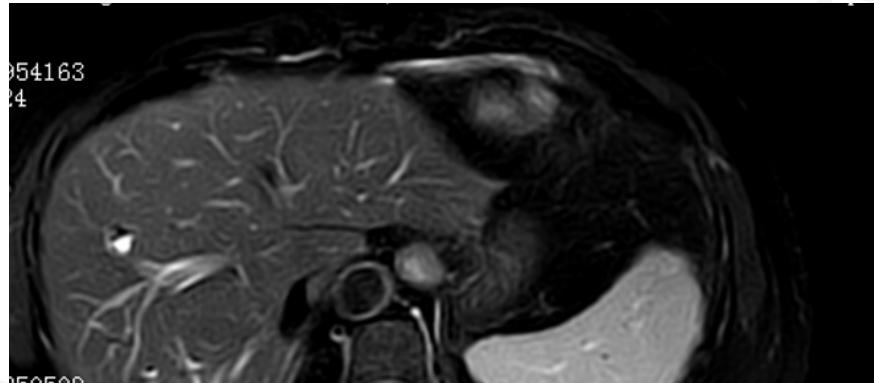
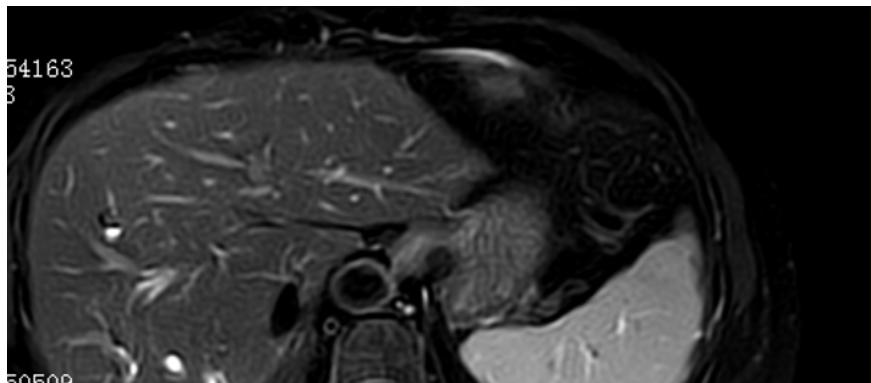
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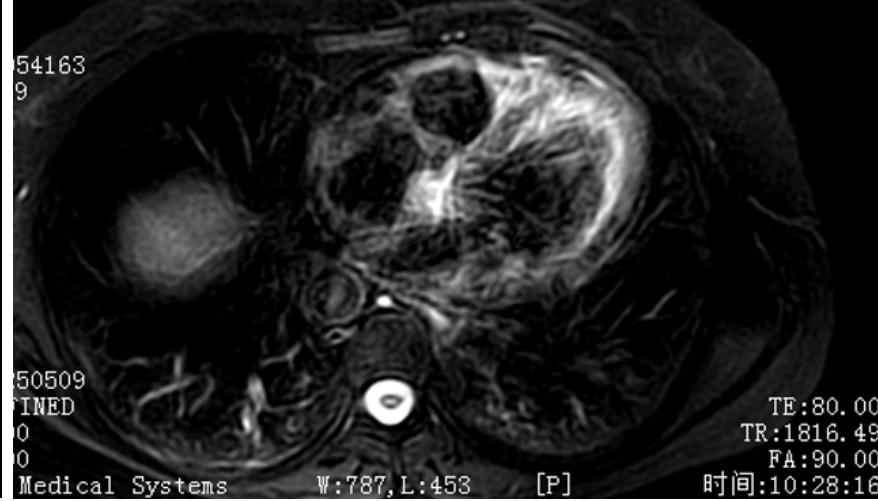
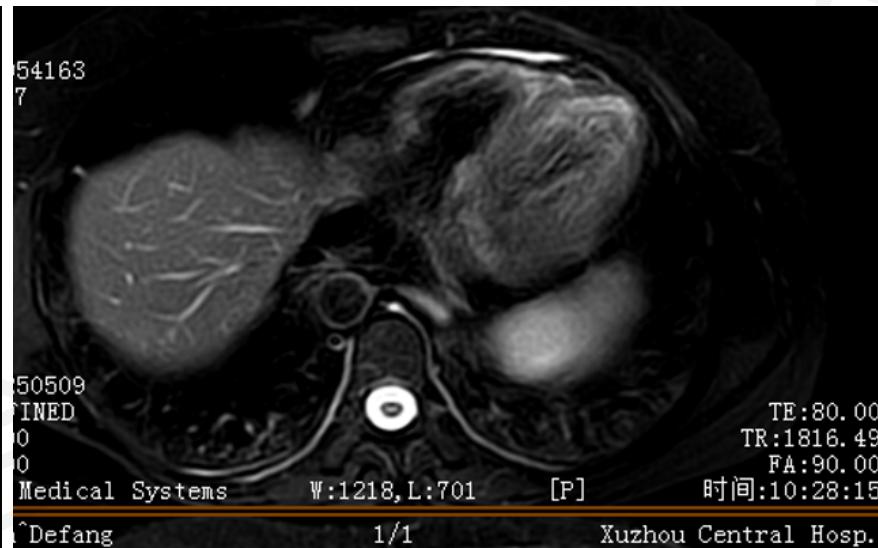
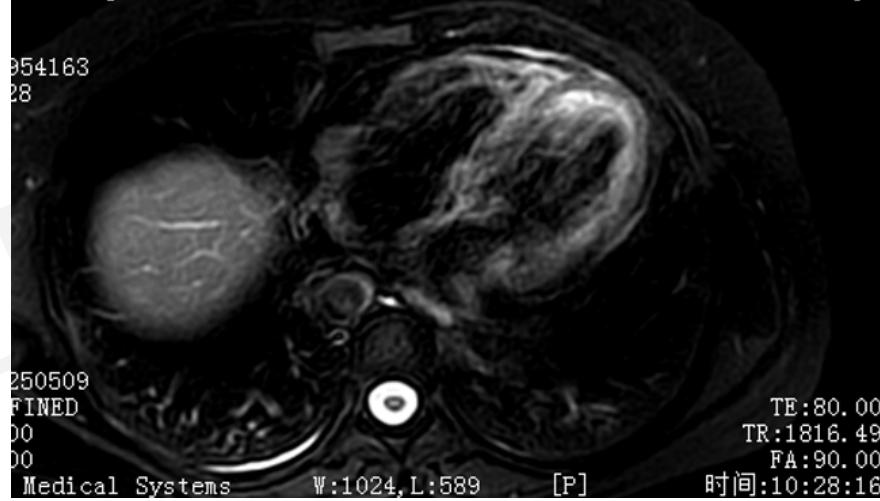
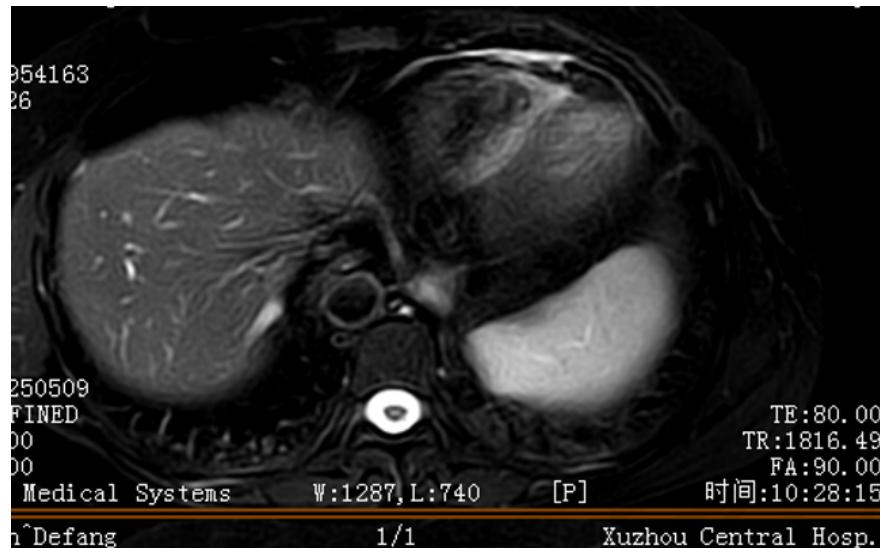
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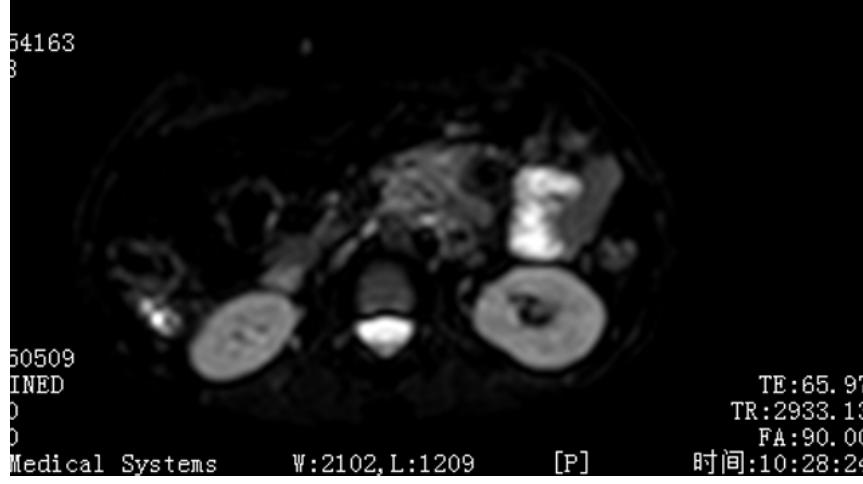
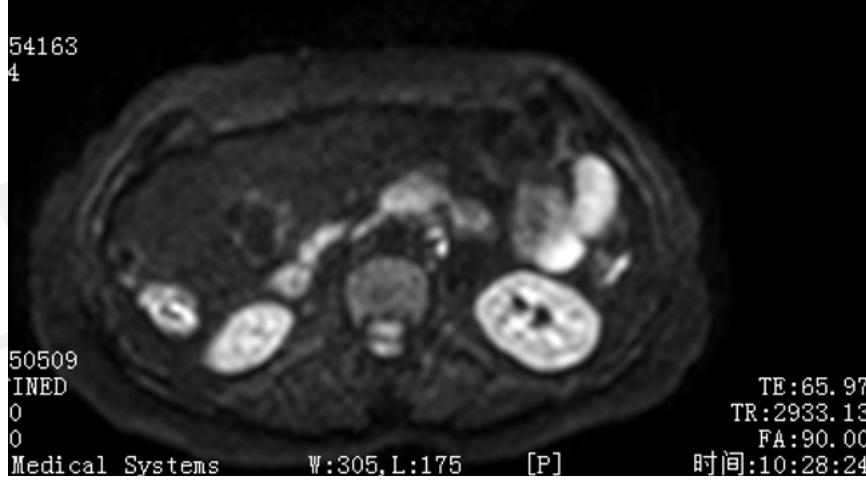
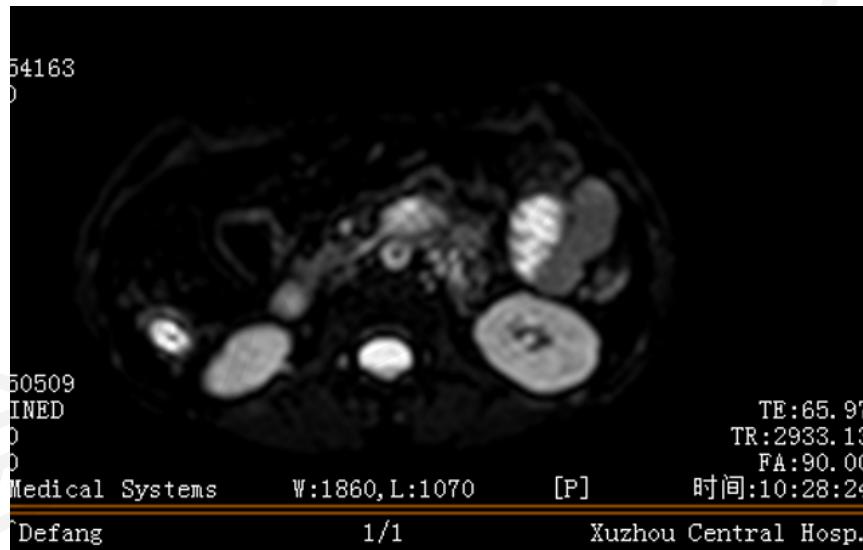
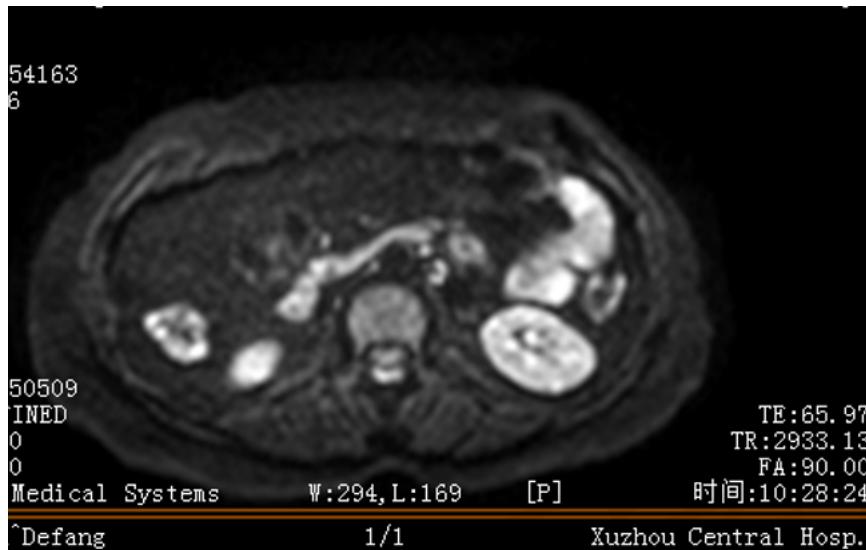
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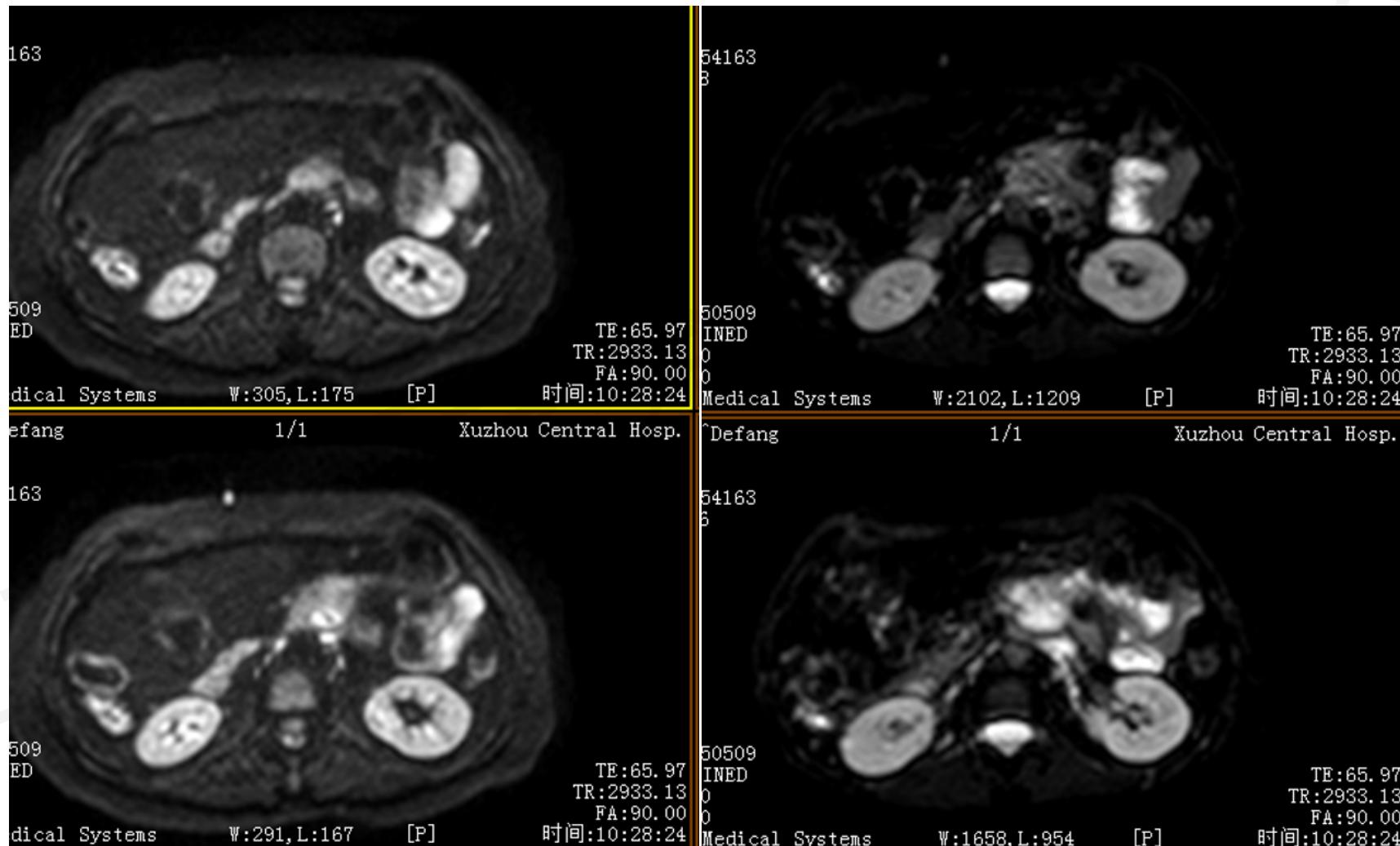
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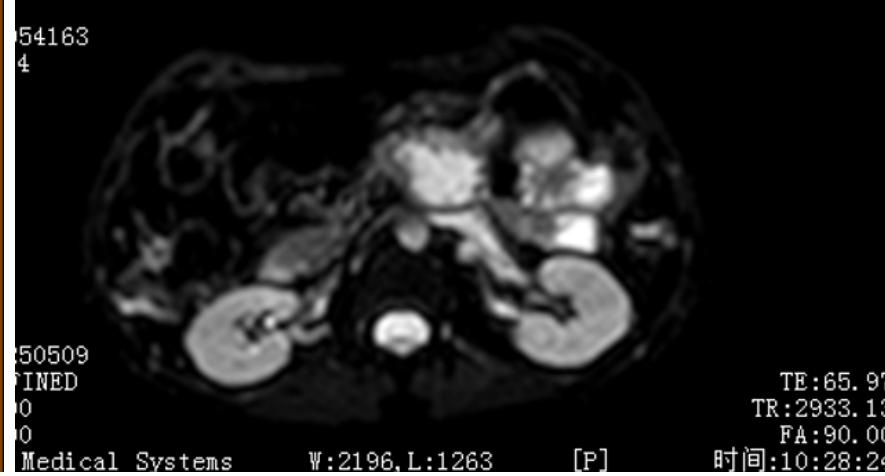
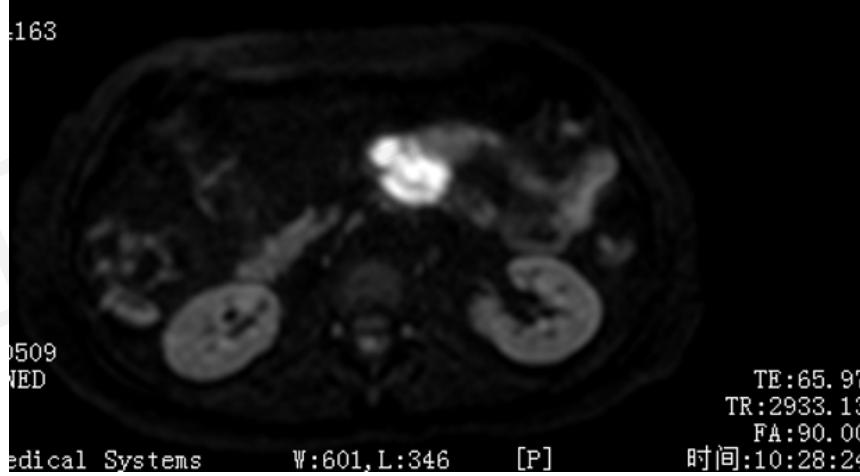
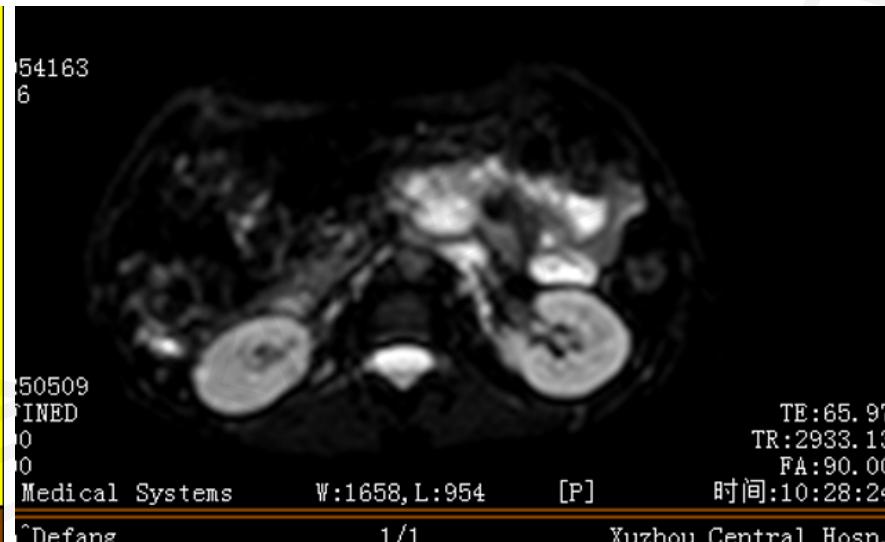
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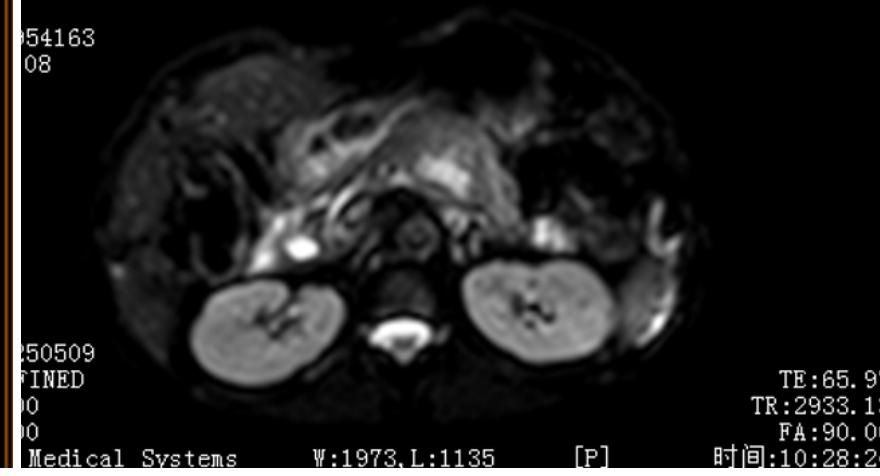
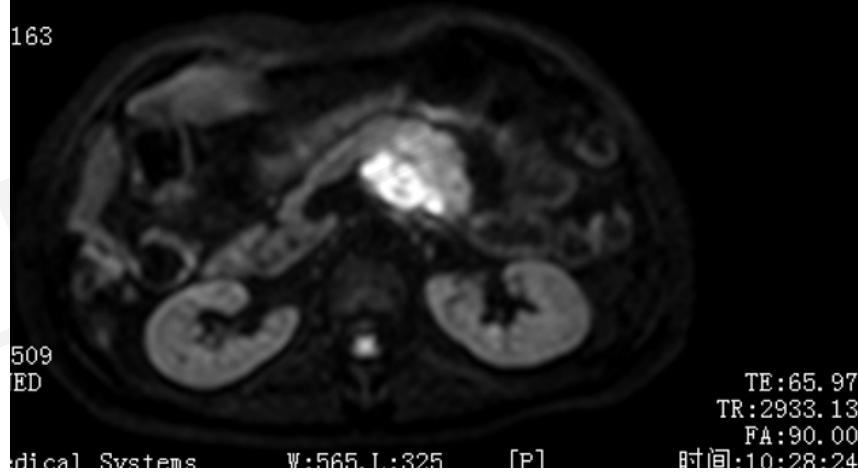
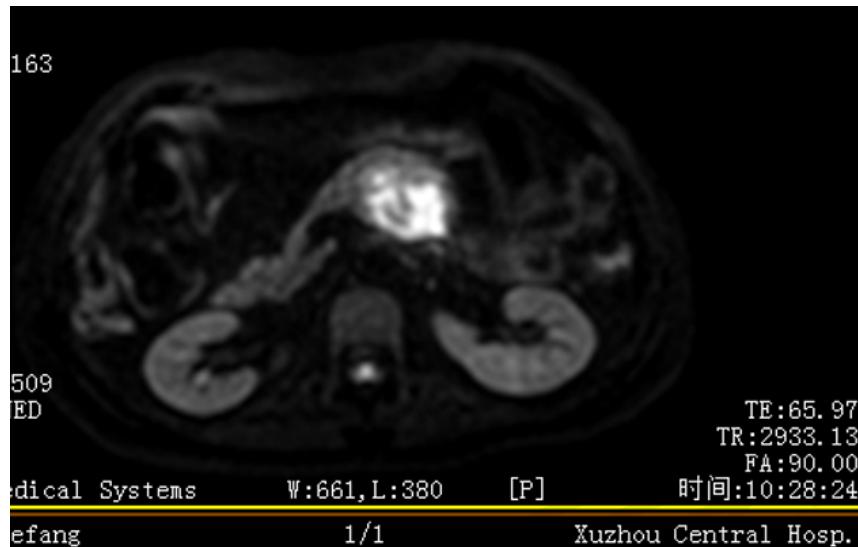
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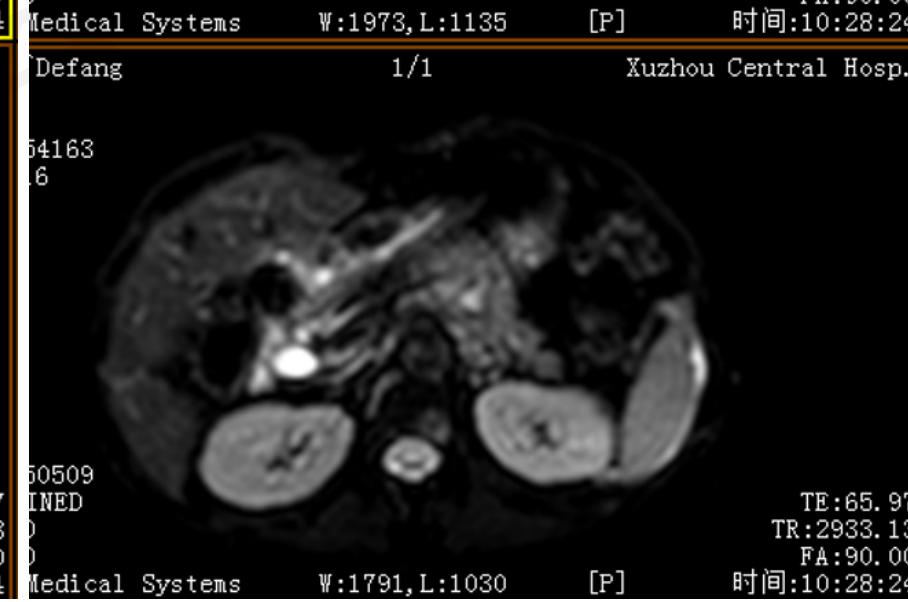
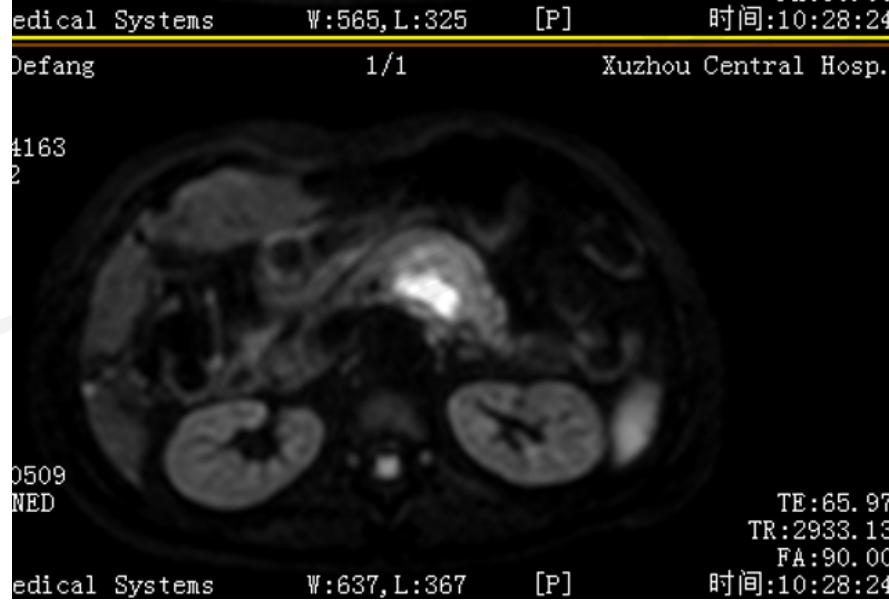
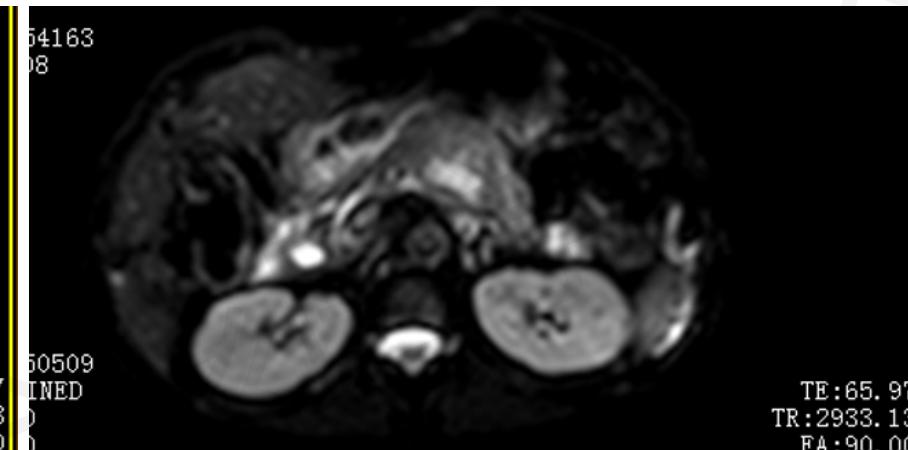
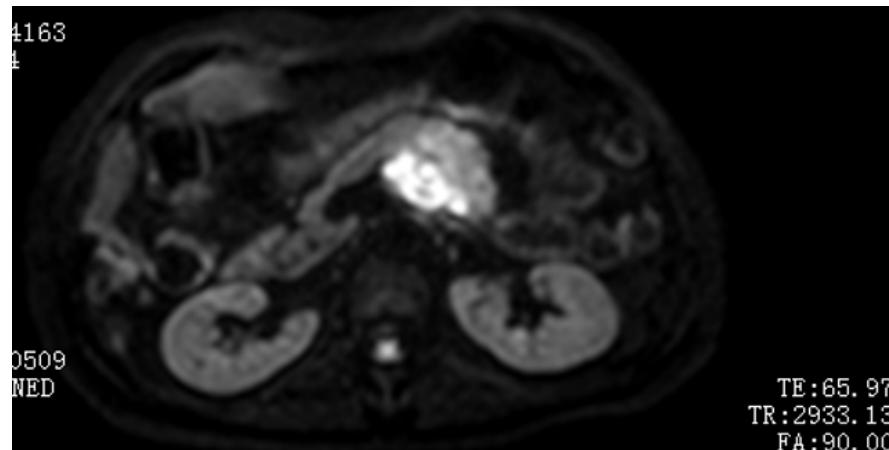
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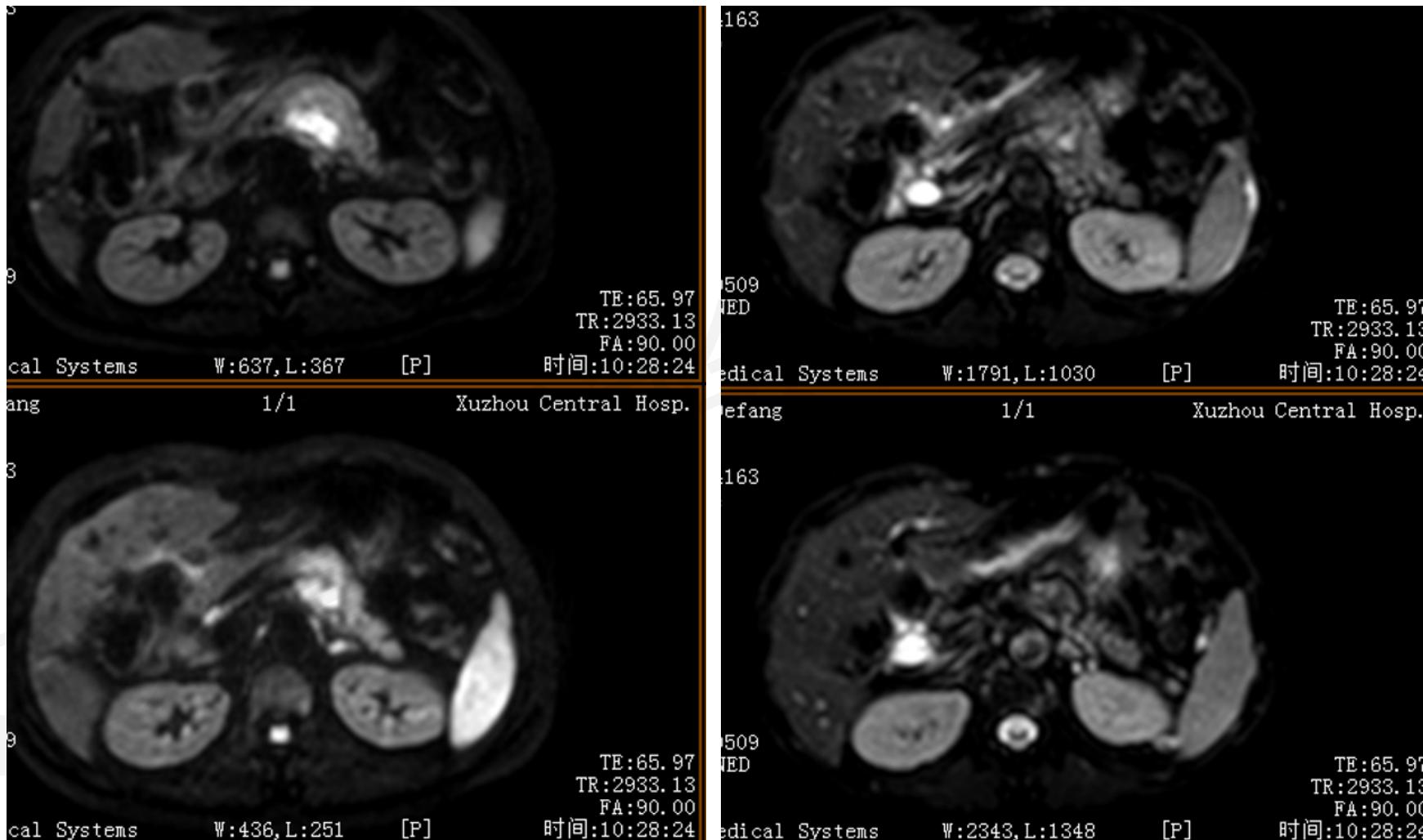
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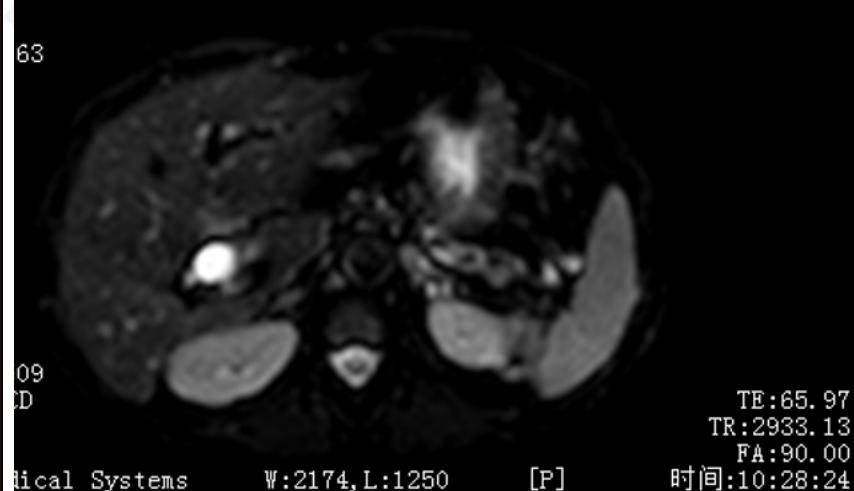
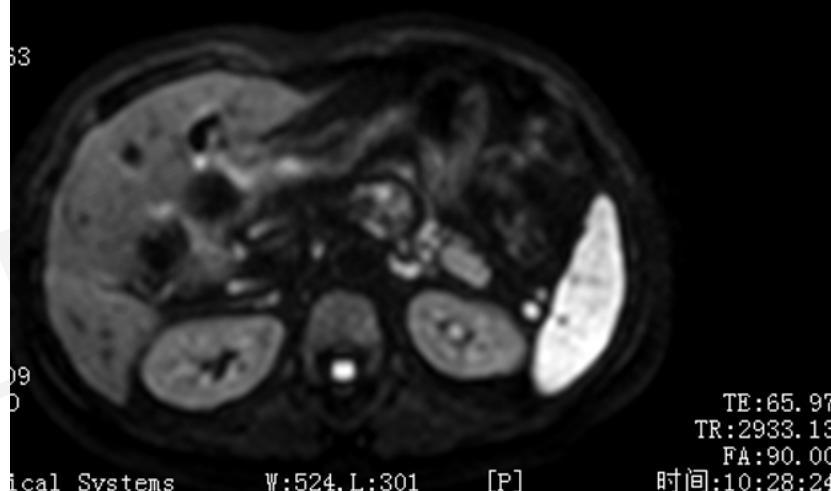
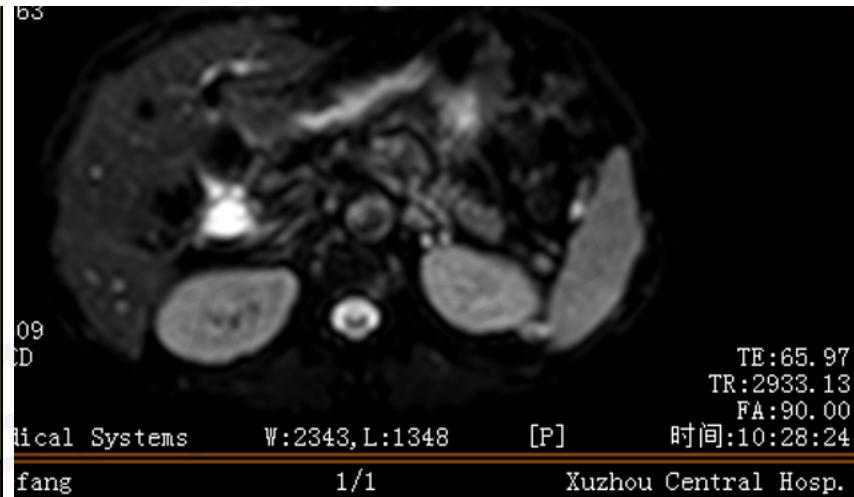
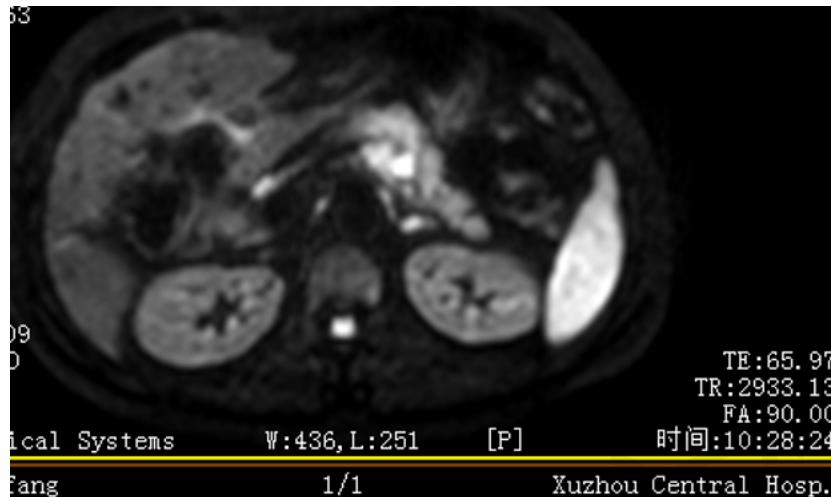
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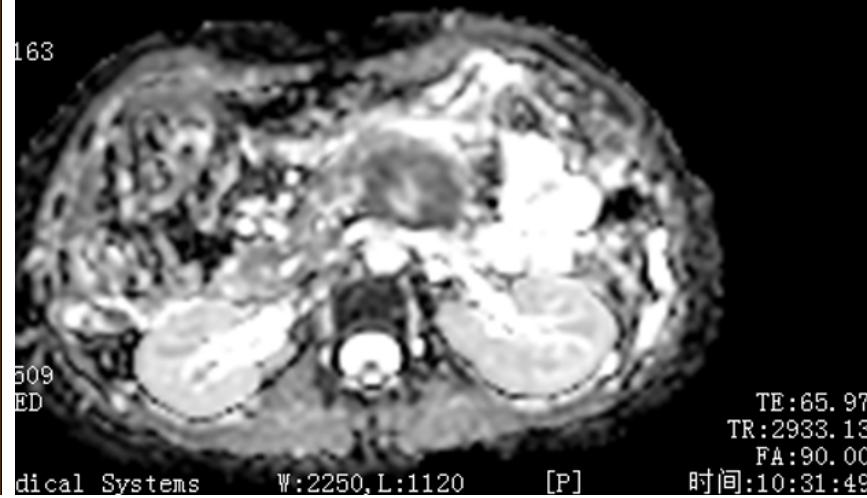
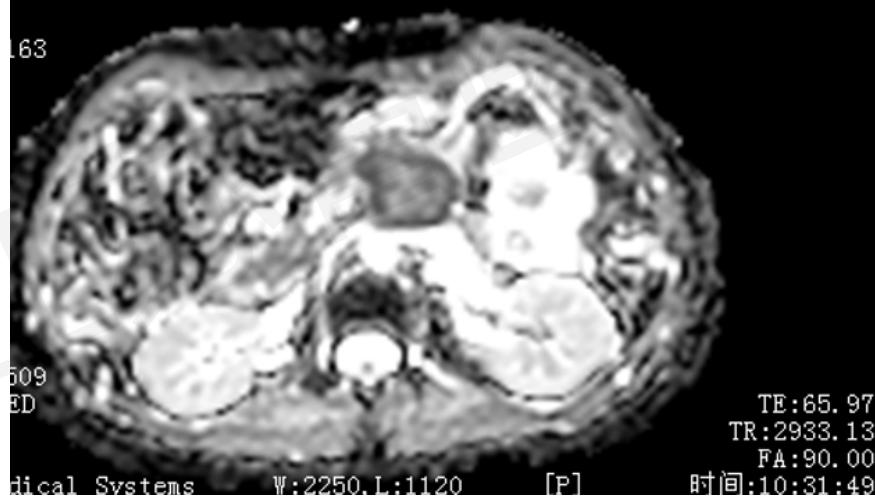
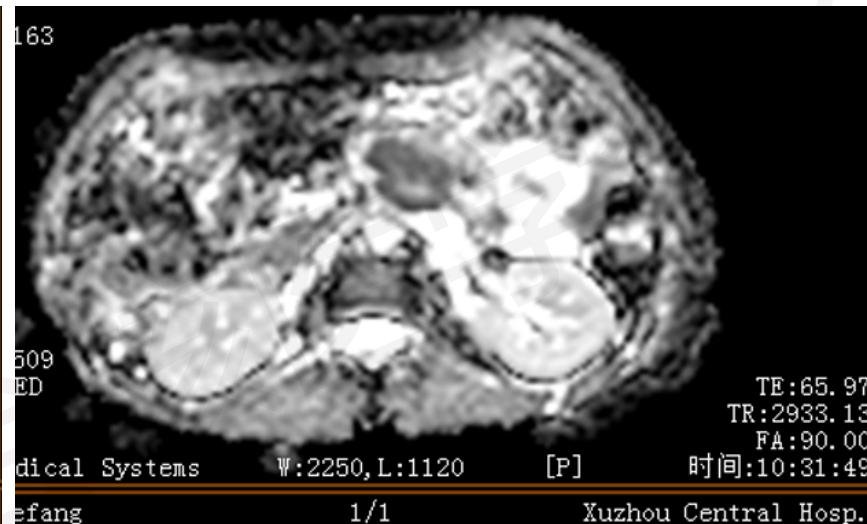
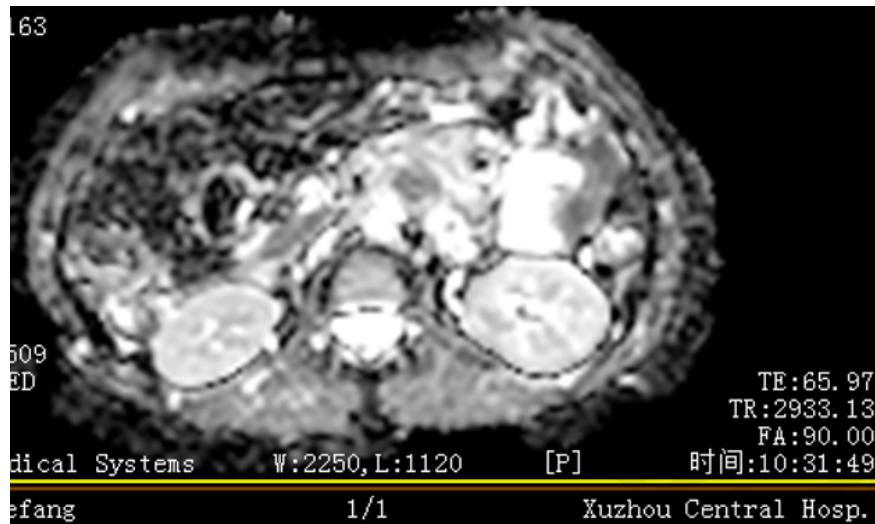
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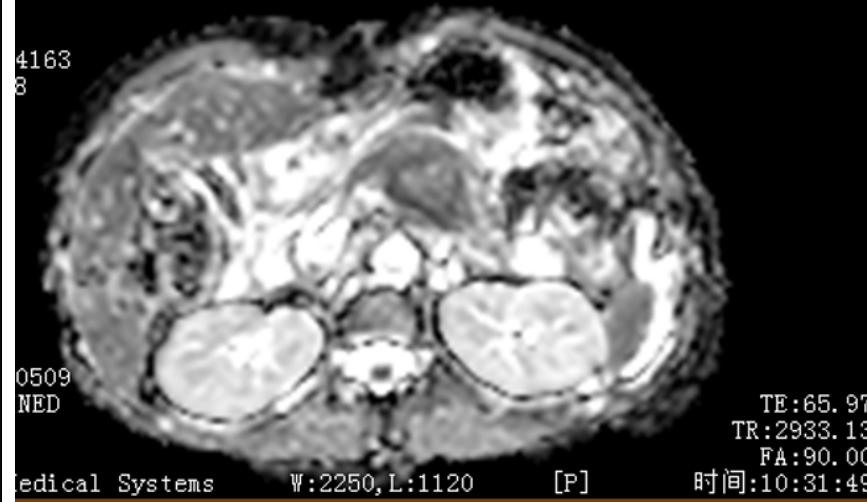
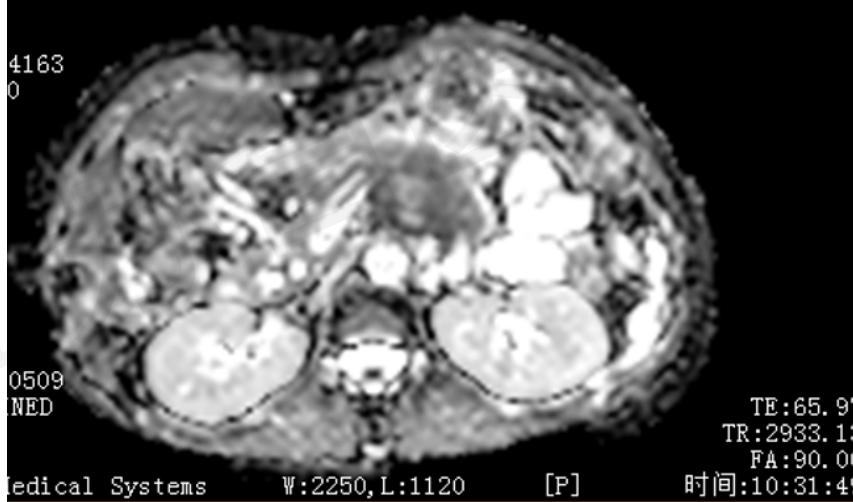
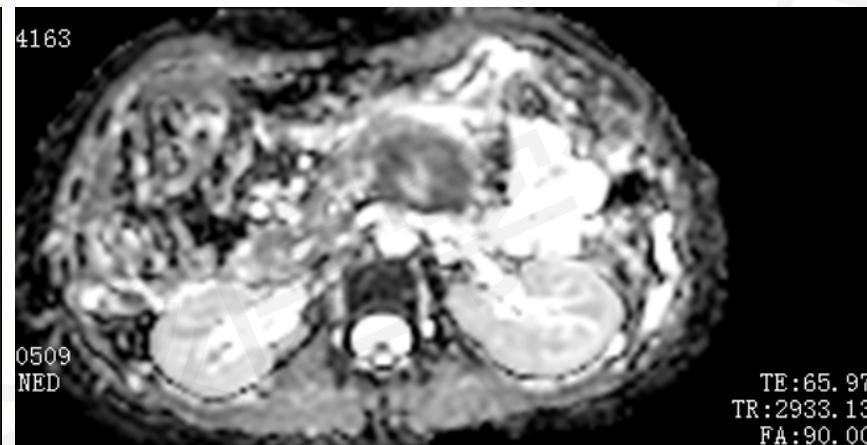
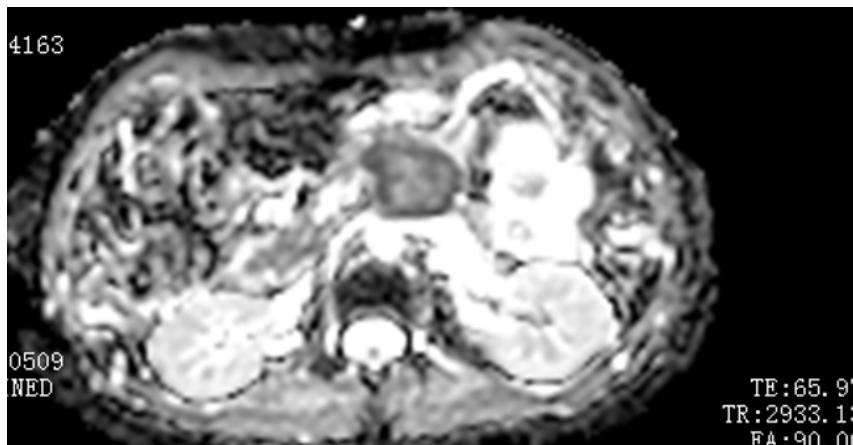
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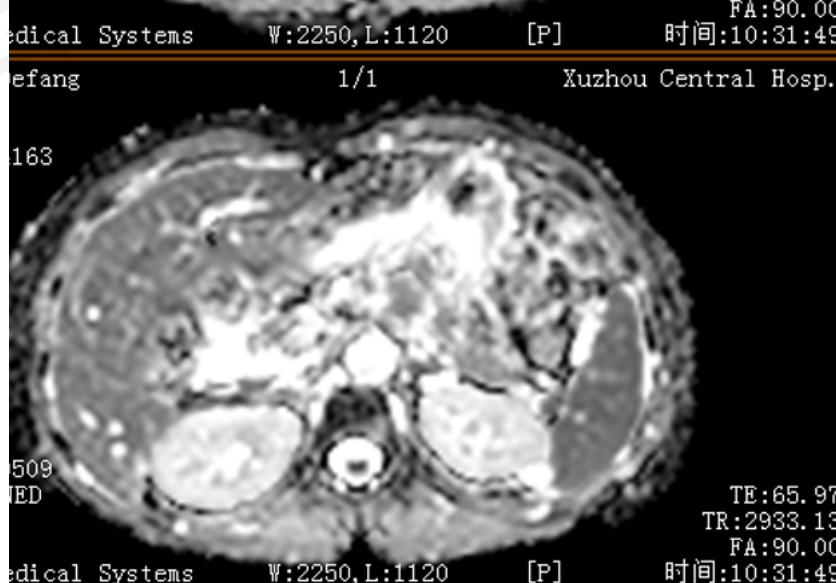
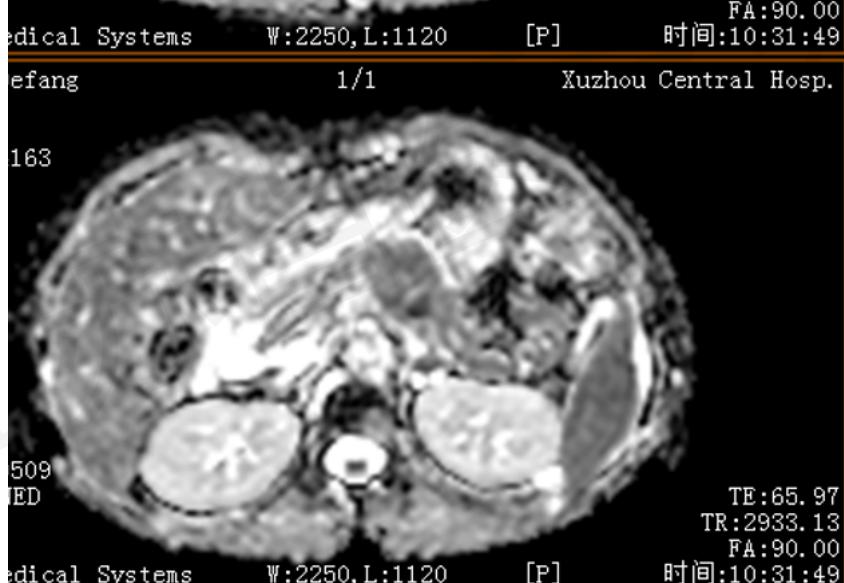
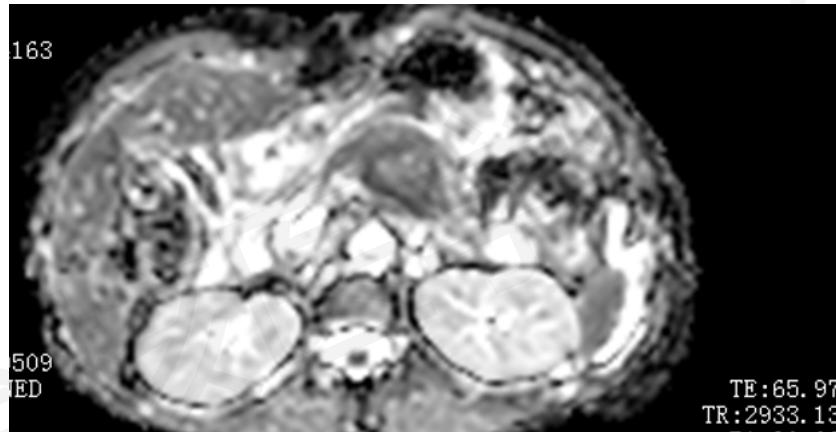
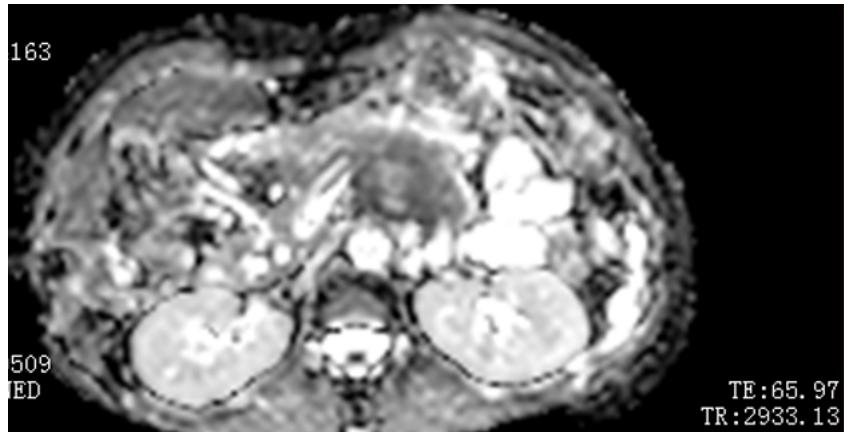
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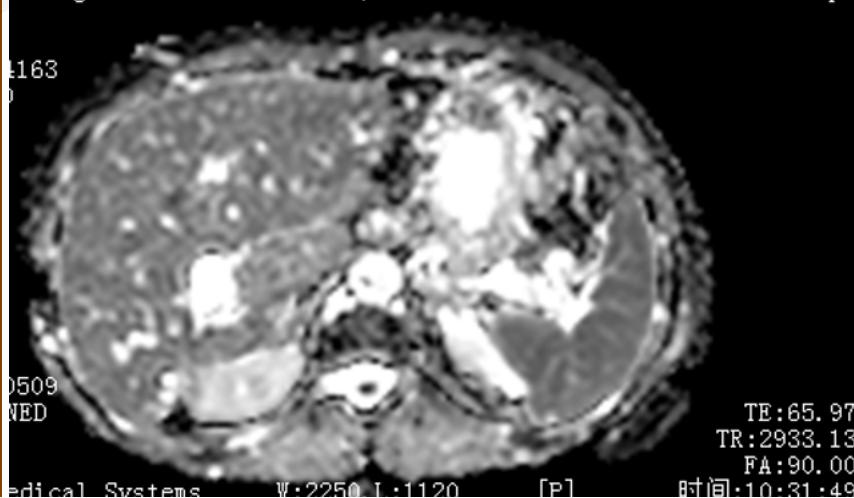
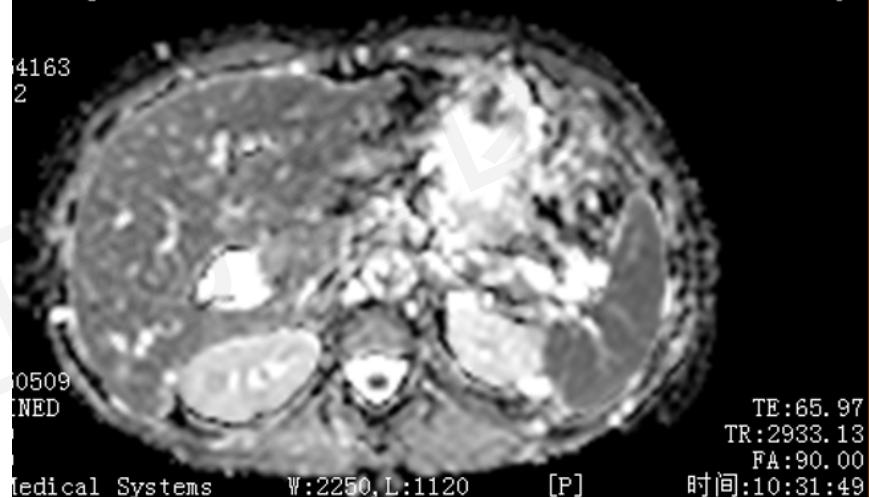
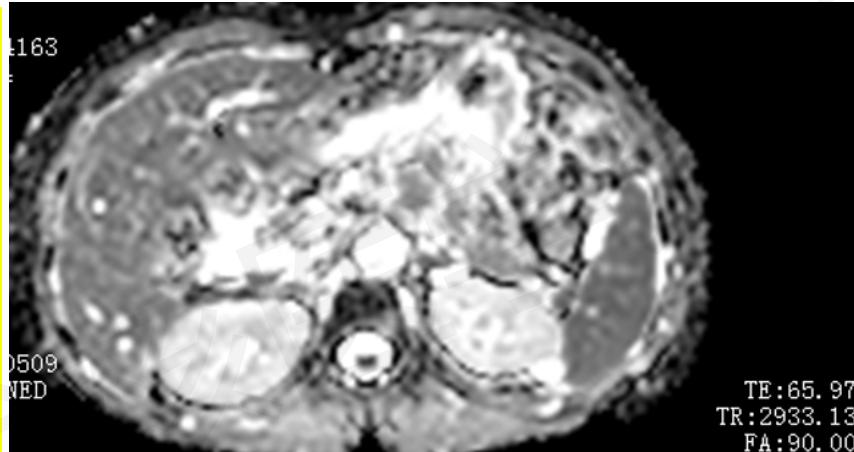
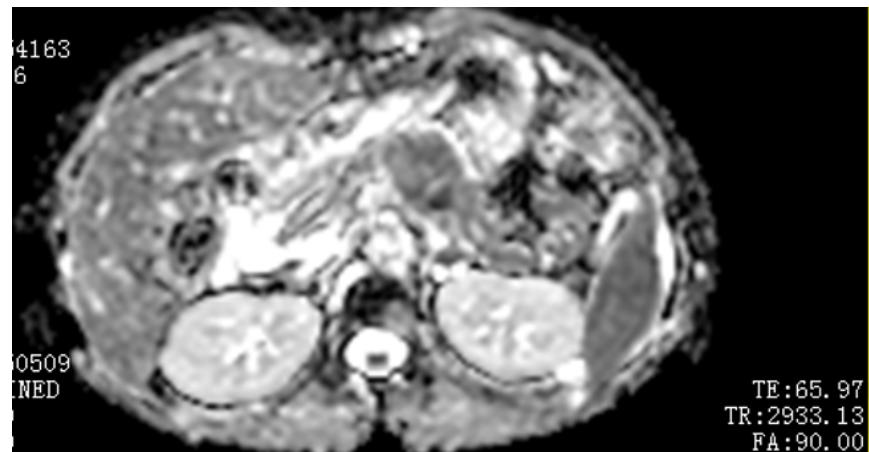
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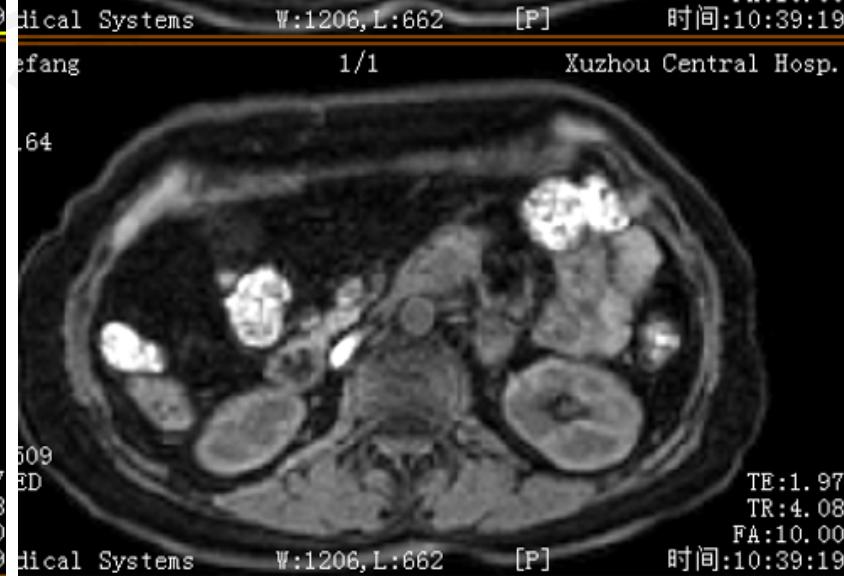
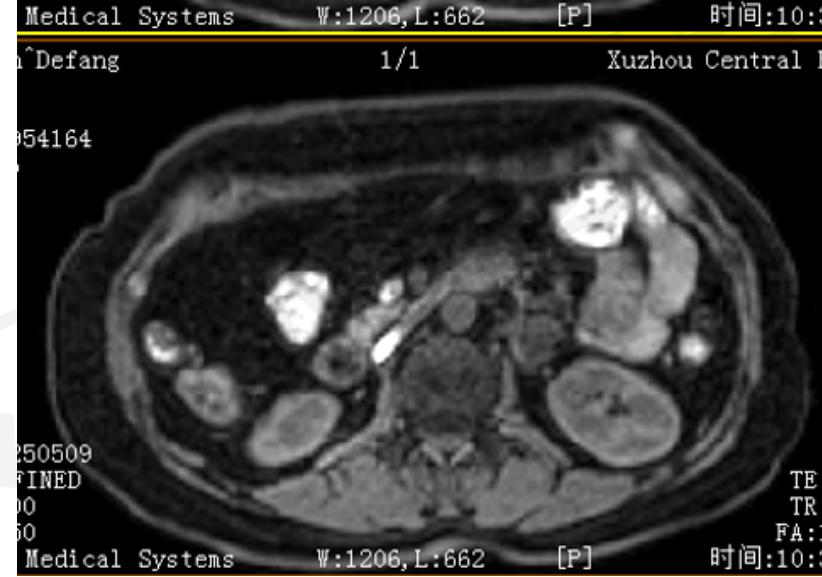
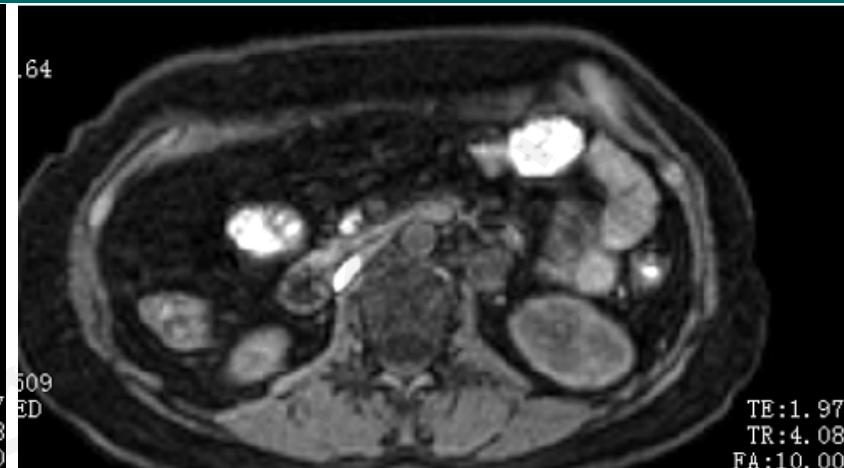
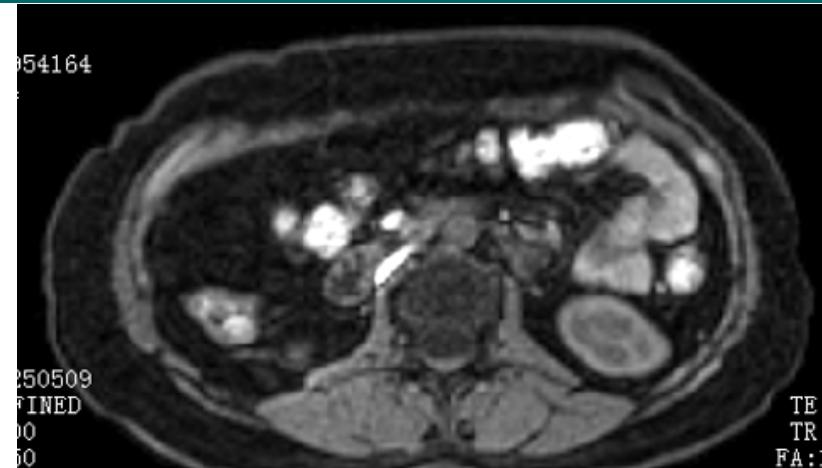
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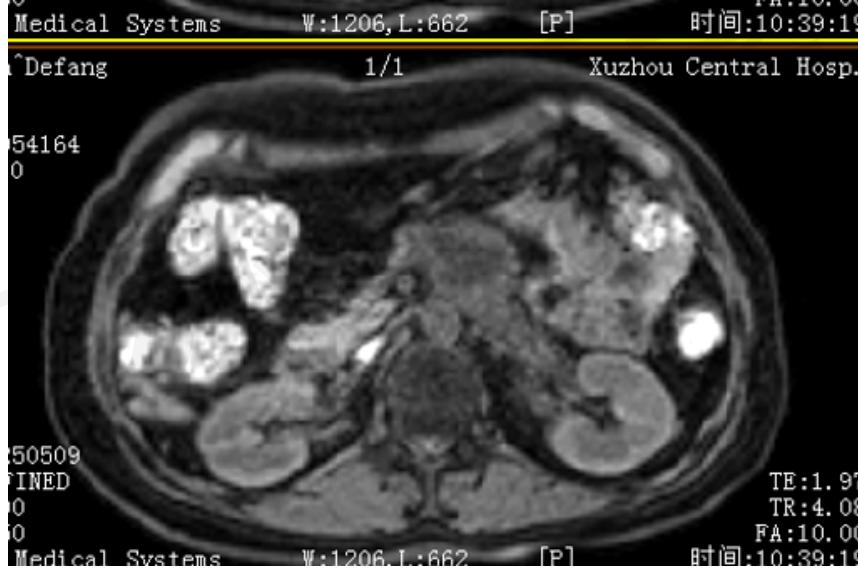
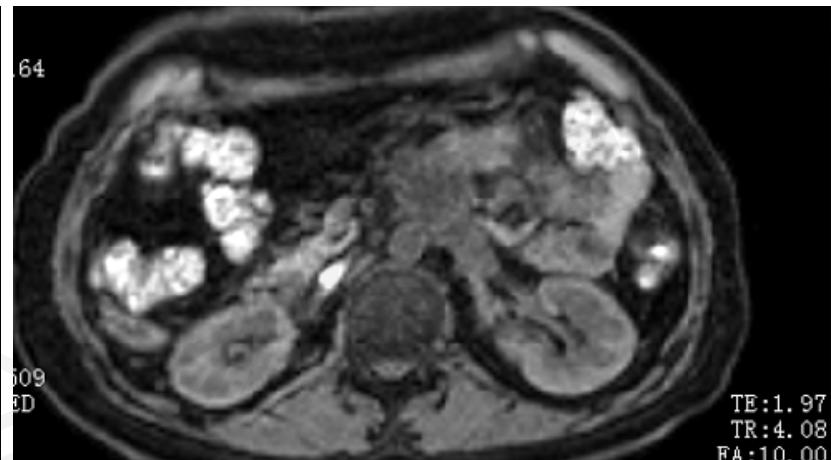
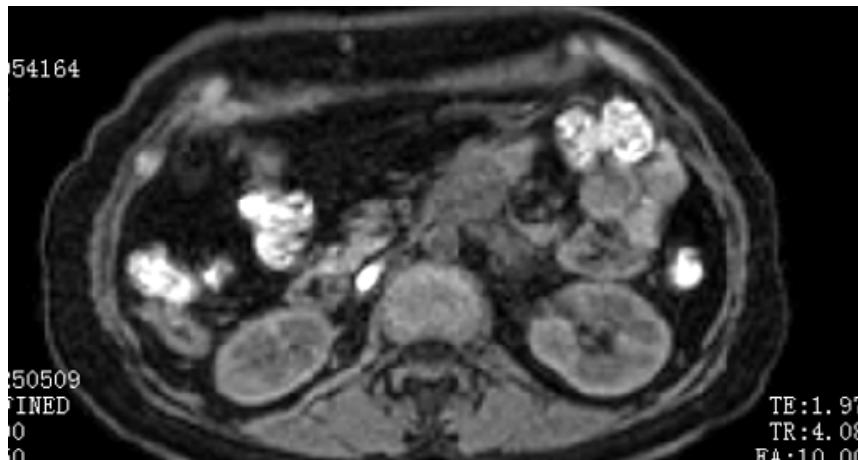
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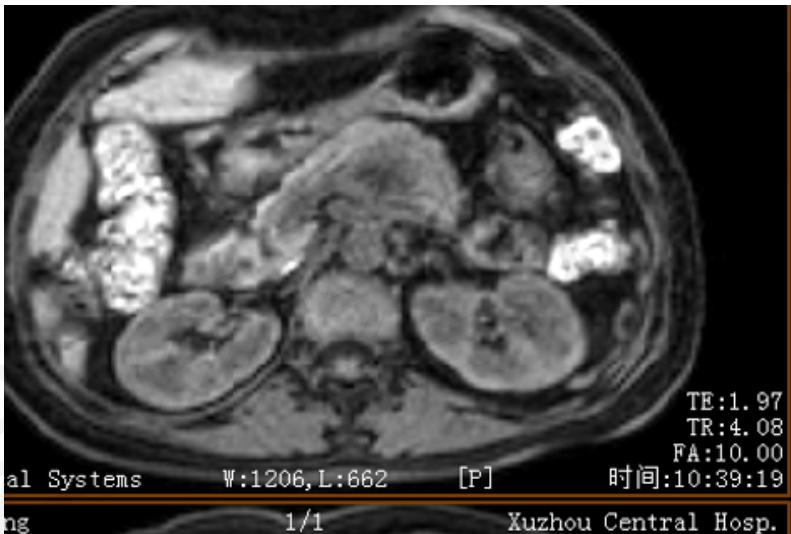
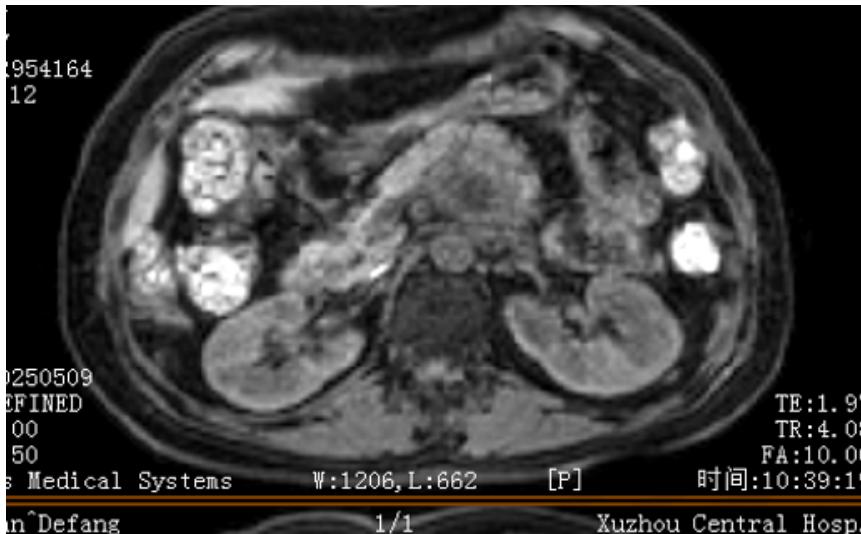
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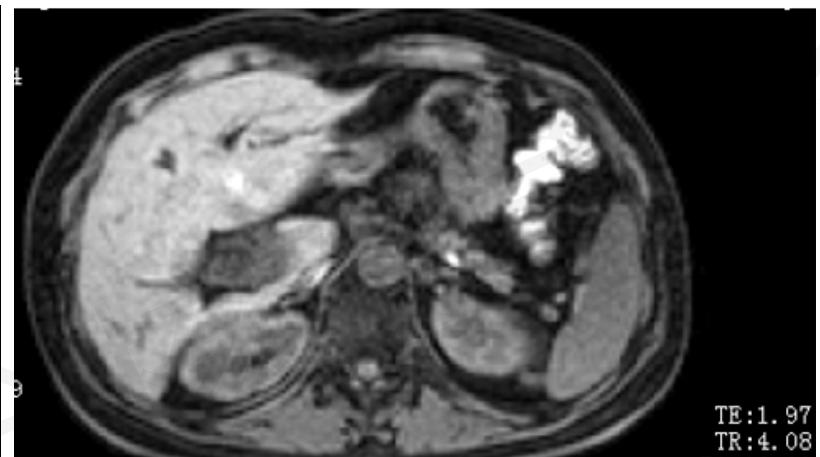
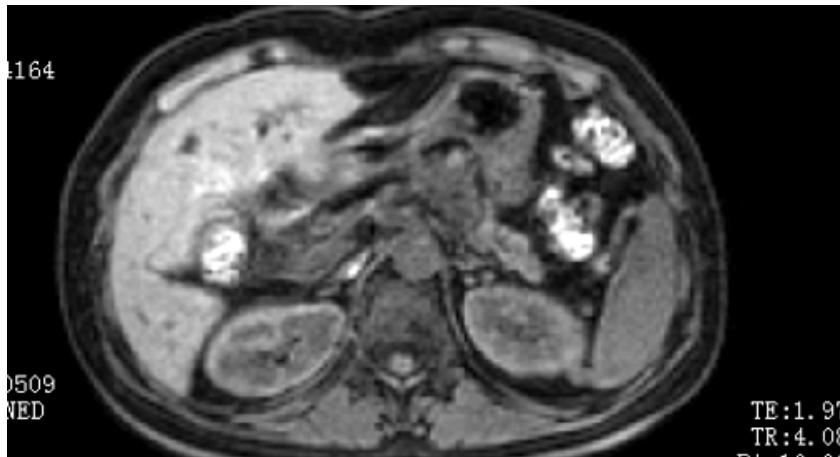
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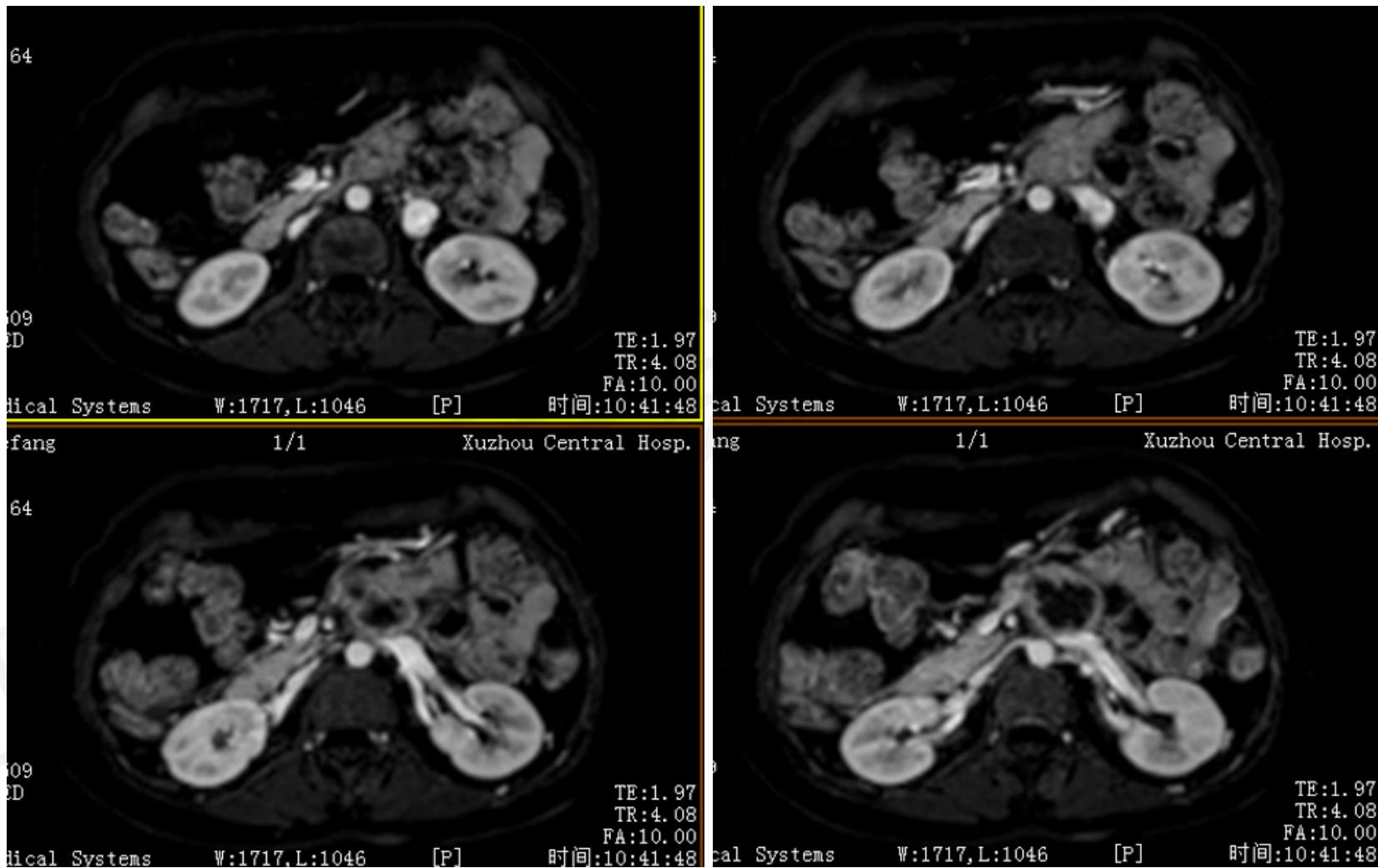
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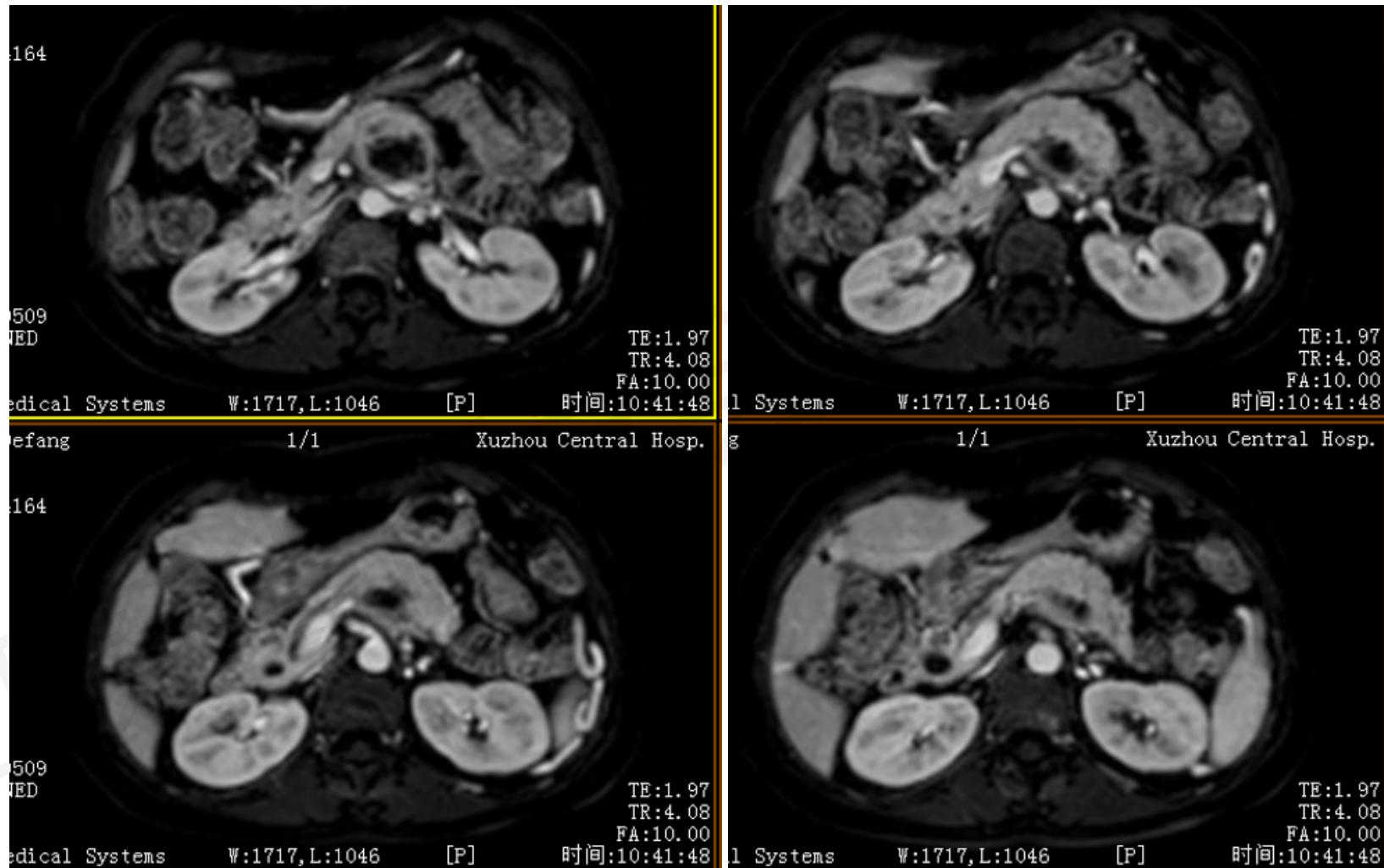
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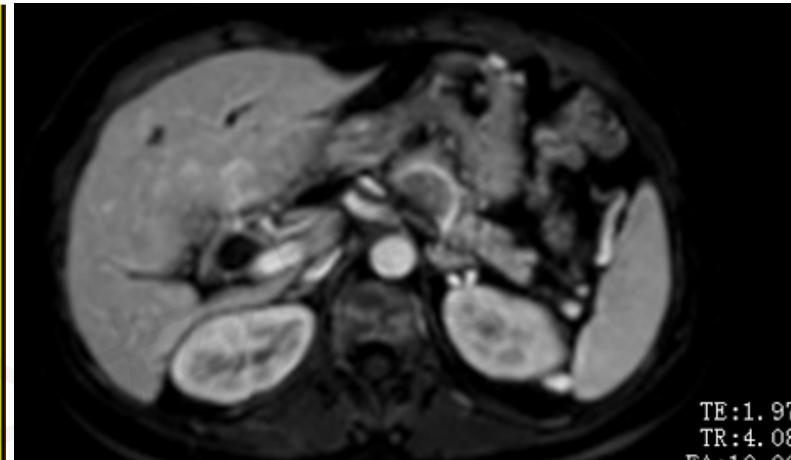
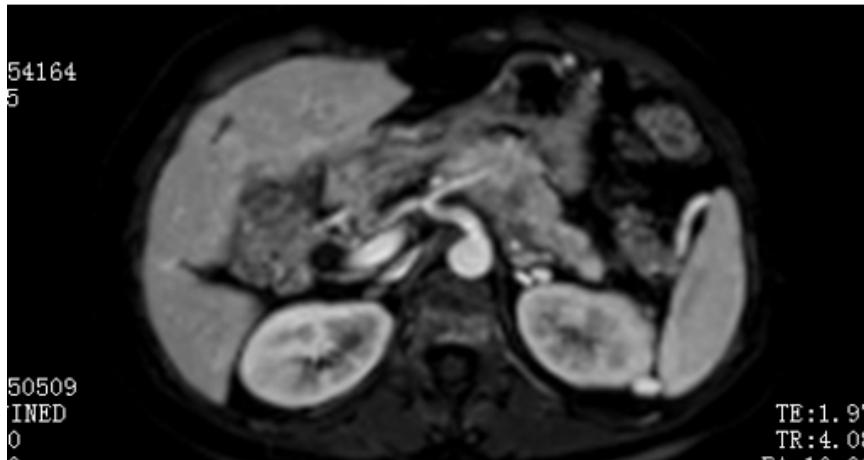
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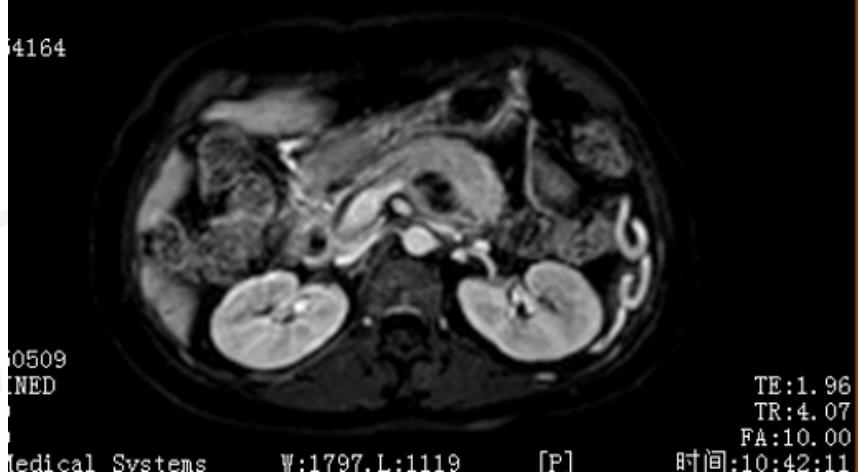
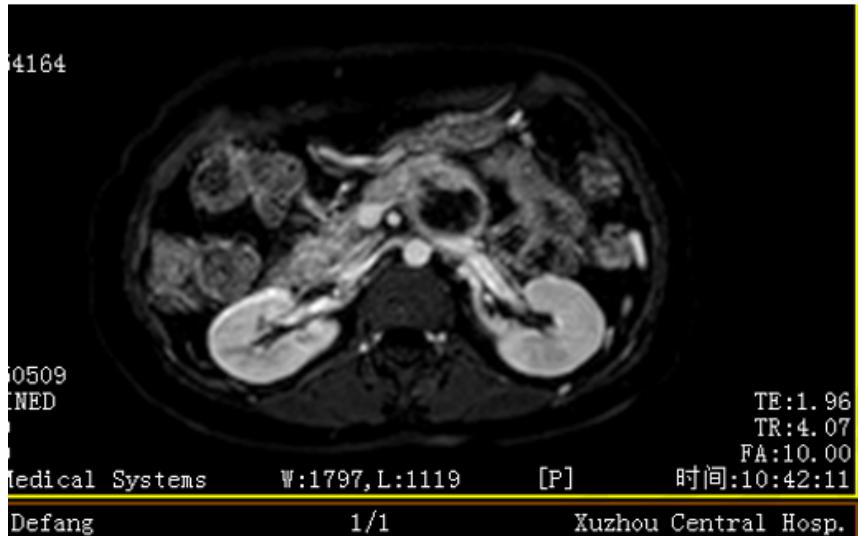
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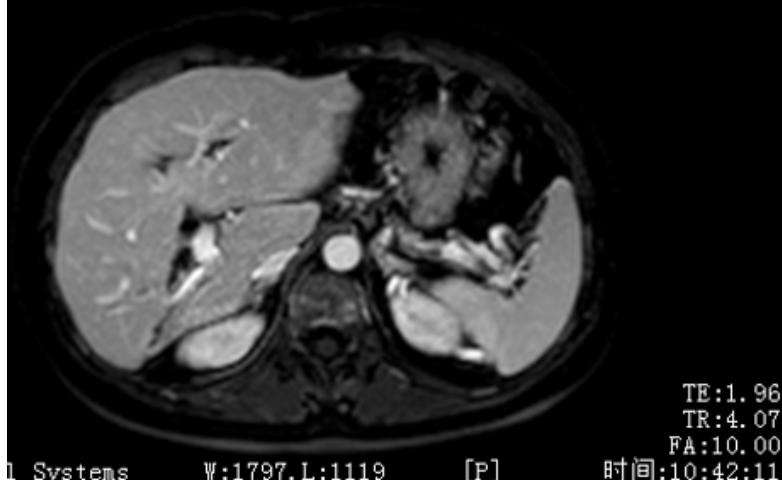
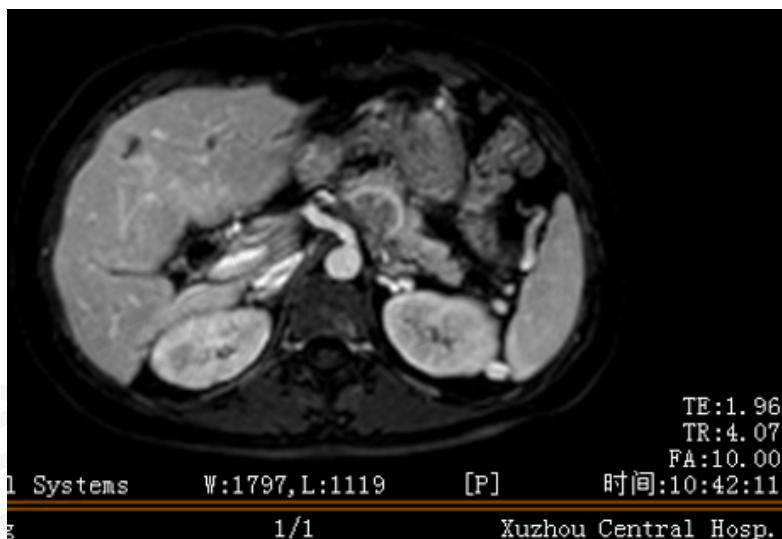
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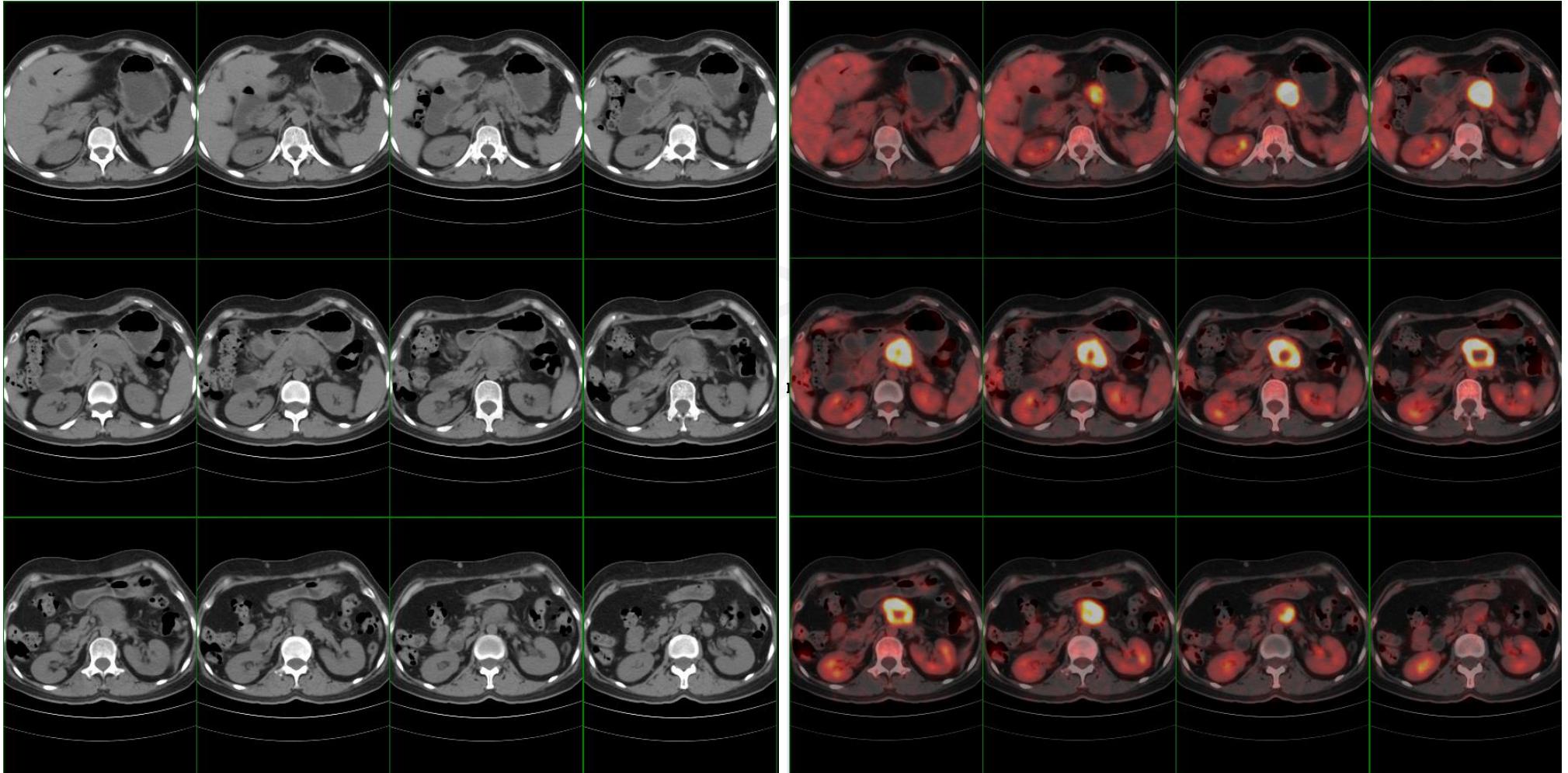
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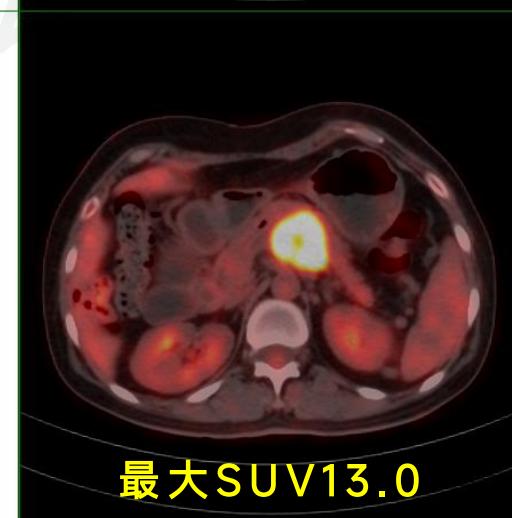
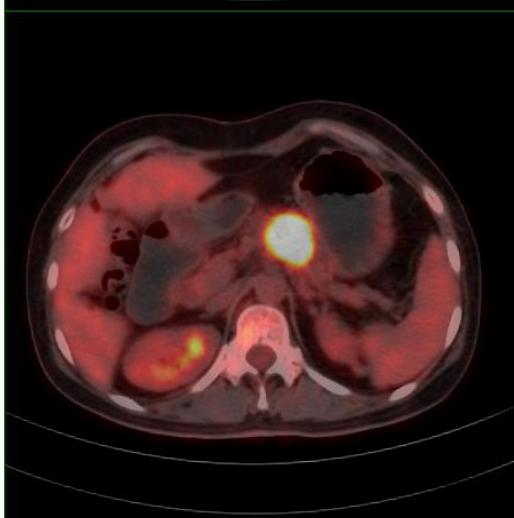
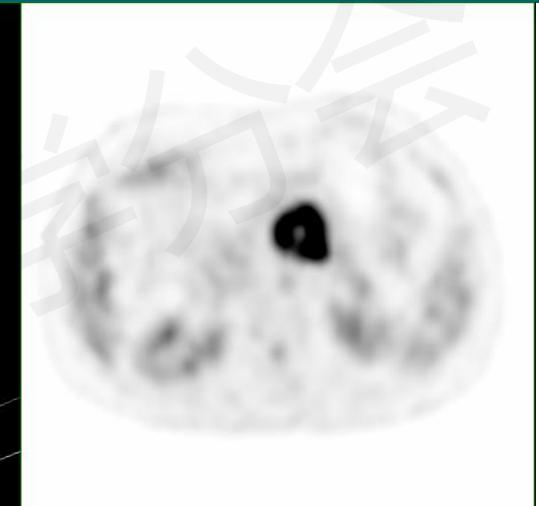
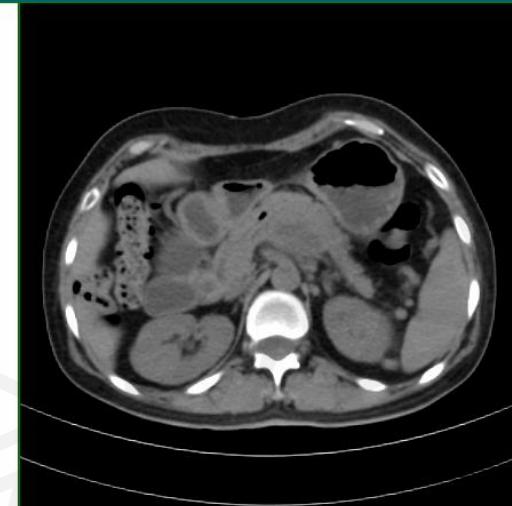
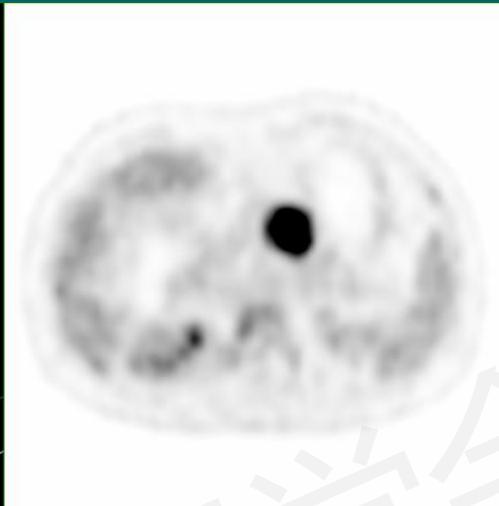
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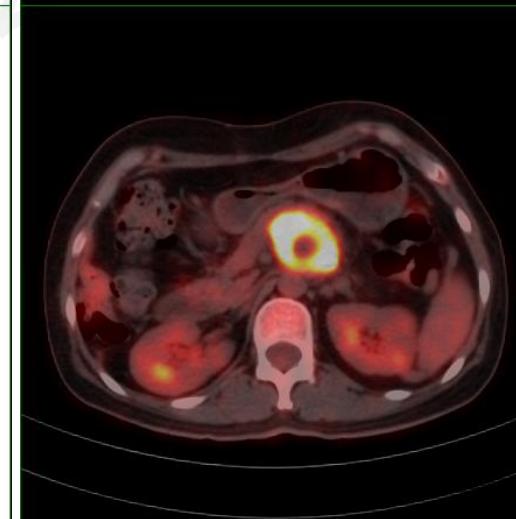
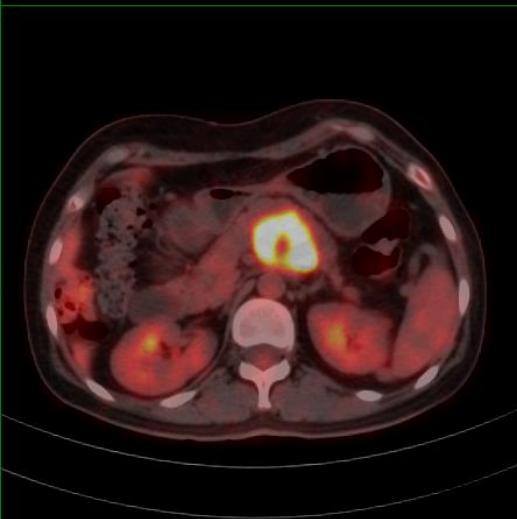
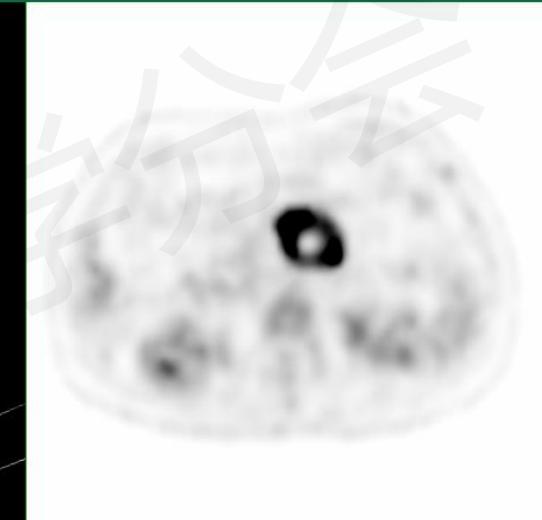
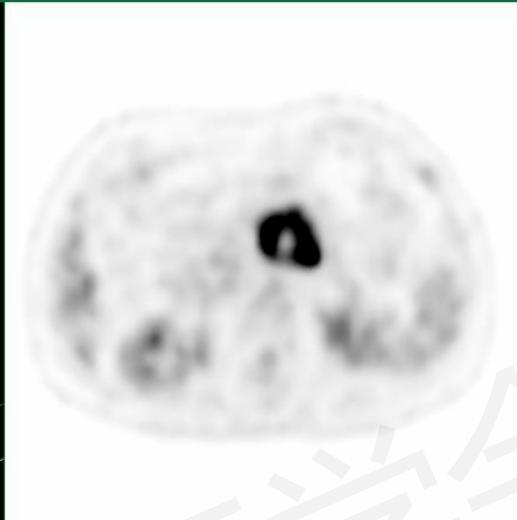
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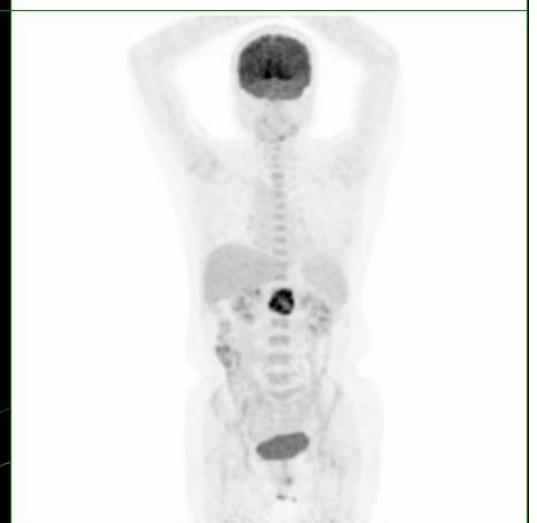
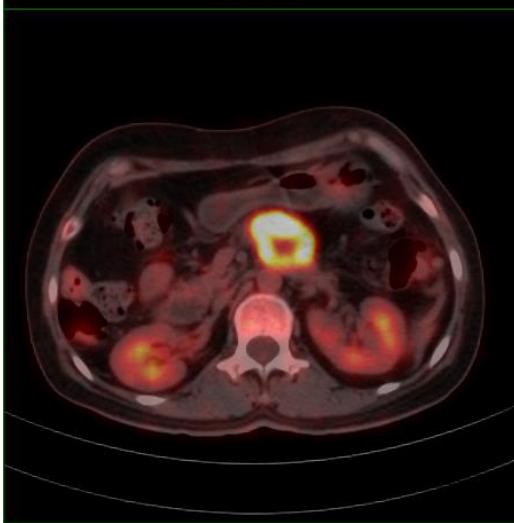
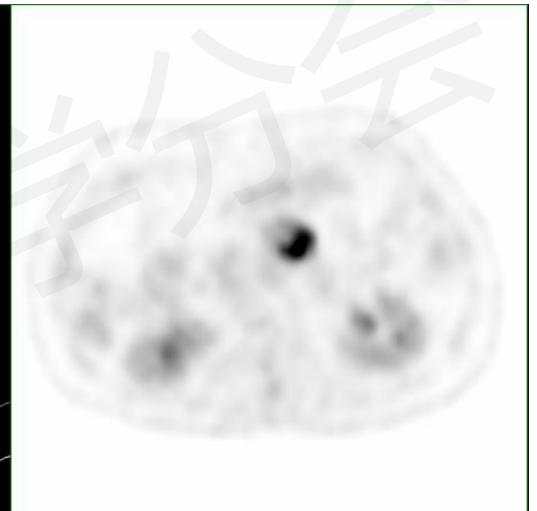
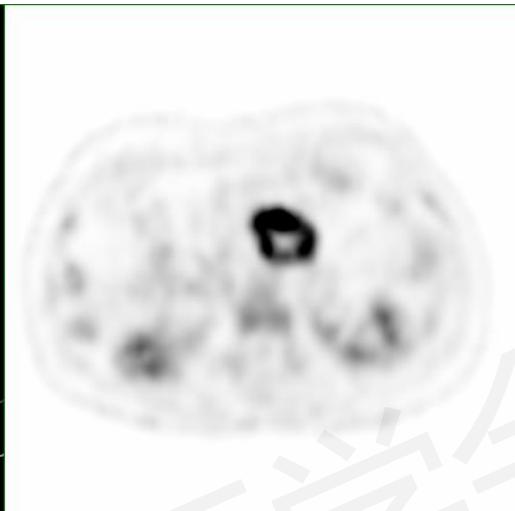
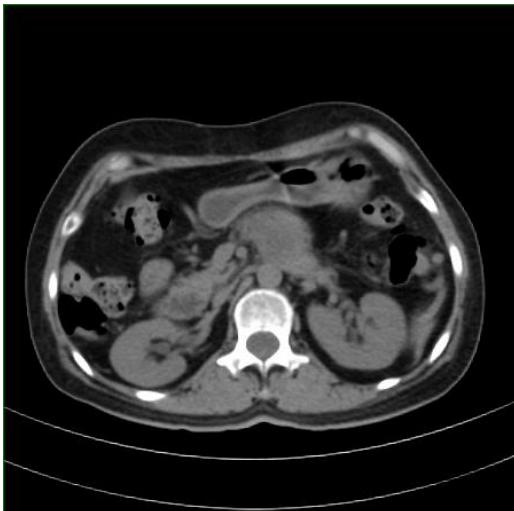
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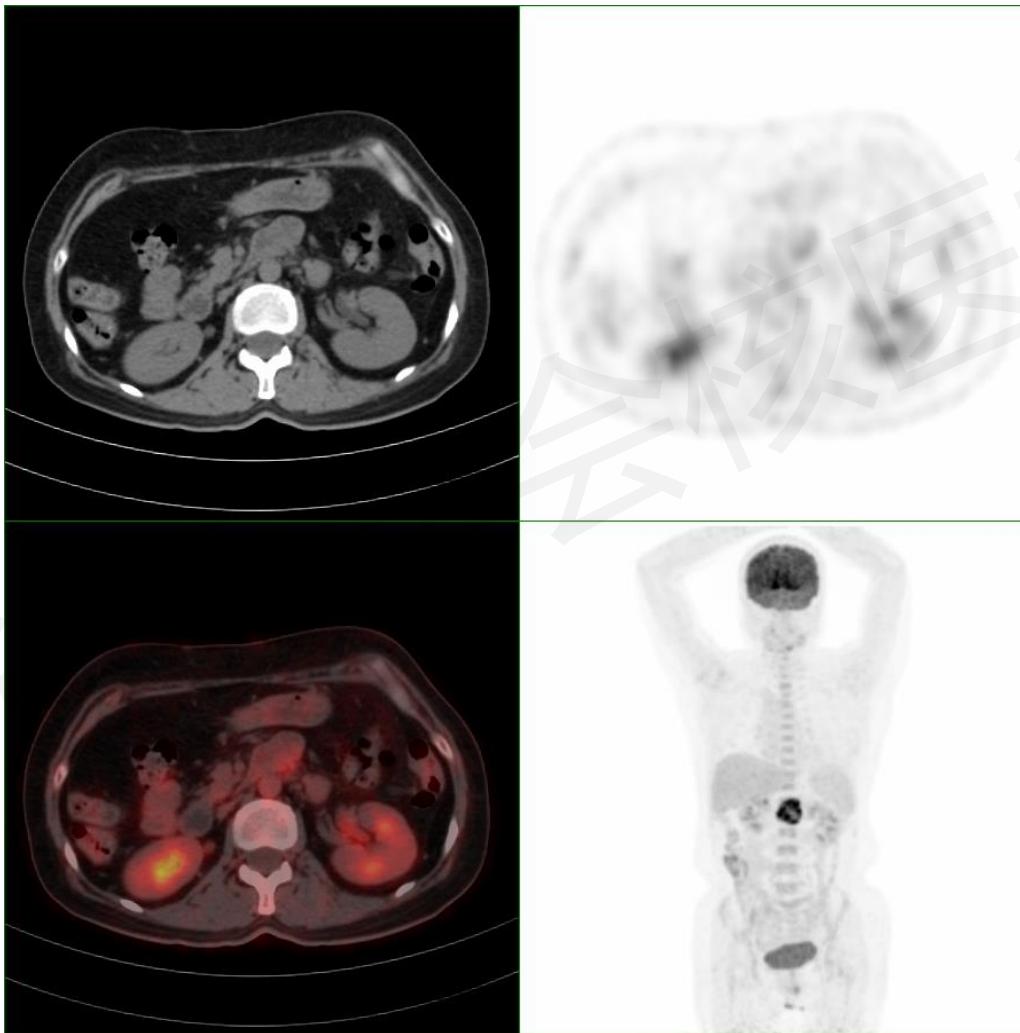
2025-15-12 PET-CT



2025-15-12 PET-CT



2025-15-12 PET-CT



您的诊断？



江苏省医学会
医学影像学分会

病理

病理诊断：（胰体尾及脾脏）肿块型胰腺炎；
（脾脏）组织局灶淤血，脾门处淋巴结1枚，未见特殊。

概述

肿块型胰腺炎：是慢性胰腺炎的一种特殊表现形式，因为胰腺局部炎症导致纤维组织增生，形成类似肿瘤的肿块，多位于胰头部。肿块型胰腺炎有时在临床症状、实验室检查、影像学方面表现不典型，与胰腺导管腺癌很难鉴别。

病因及临床表现

- 1、年龄：多见于中老年男性
- 2、病因：胆道疾病、酗酒、高甘油三酯血症、外伤、特发性（自身免疫原因等）
- 3、临床症状：多有急性、慢性胰腺炎病史，腹痛，伴或不伴有腰背痛，可伴有黄疸

实验室检查

- 1、淀粉酶：可以表现为正常、升高或降低。
- 2、CA199大多阴性，也可能因为炎症出现假阳性。

影像学表现 CT

- 1、肿块多见于胰头部，边缘欠清，无明显分叶
- 2、平扫：混杂密度，可发生坏死、囊变，约60%可见胰腺实质钙化，多呈弥漫性、沿着胰管分布的斑片状、结节状钙化，或胰管内结石；
- 3、增强扫描：动脉期轻度强化，门脉期及延迟强化，强化程度与正常胰腺相近，有时也可能低于周围组织
- 4、可能出现胰管不规则扩张，也可能出现双管征，主胰管、胆总管均扩张
- 5、胰管贯通征：主胰管穿过肿块区域，无阻塞或截断
- 6、周围组织改变：肾前筋膜增厚、假性囊肿

影像学表现 MR

- 1、T1不均匀等或低信号、T2不均匀等或稍高信号
- 2、DWI病灶内水分子因为纤维组织增生活动受限，呈高信号，ADC表现为低信号
- 3、增强扫描：动脉期轻度强化，强化程度低于正常胰腺组织；门脉期、延迟期持续延迟强化，强化程度可能与正常组织相仿，或稍低。

鉴别诊断

- 1、胰腺癌：**好发于40岁以上中老年人，与吸烟、饮酒有关，慢性胰腺炎也是胰腺癌的重要危险因素，多见于胰头颈部，边缘可见分叶，可发生坏死、囊变，钙化较肿块型胰腺炎少见，通常分布于肿块中心坏死区，结节状为主，且数量较少；易见双管征；乏血供，延迟强化，强化程度低于周围正常胰腺组织，强化方式有时与肿块型胰腺炎难以鉴别。
- 2、胰腺实质性假乳头状瘤：**好发于年轻女性（23-30岁），平均年龄25岁，可见于胰腺任何部位，多见于胰体尾部，囊性或部分囊性肿块，边缘清晰，可见包膜，轻度不均匀强化，渐进性延迟强化，强化程度稍低于周围胰腺组织，膨胀性生长，很少引起胰管、胆管扩张。
- 3、胰腺神经内分泌肿瘤：**胰腺肿瘤3%-5%，好发于任何年龄，分功能性和无功能性，类圆形实质性肿块，内可能有囊变、坏死，偶尔可见斑点状钙化，分化程度不同，影像表现不同，分化越差，血供越差。
- 4、原发性胰腺淋巴瘤：**中老年多见，好发于胰头部，体积较大（常长径>5cm），多为低密度肿块，大多密度均匀，类似胰腺组织，坏死囊变少见，轻中度均匀强化，渐进性延迟强化，强化程度低于周围正常胰腺组织。“血管漂浮征”，肿块包绕血管但无血管狭窄或闭塞。
- 5、自身免疫性胰腺炎：**胰腺弥漫性或局灶性肿大，呈“香肠样”外观，周围可见包膜样改变，胰管多不规则狭窄，动脉期强化较弱，延迟强化，较均匀强化；分I型、II型，I型较II型多见，常见于亚洲人，常见lgG4升高。

作者简介



傅宁

副主任医师

徐州市中心医院核医学科

中国医师协会核医学分会第五届委员会神
经分子影像学组 组员

江苏省医学会核医学分会第10届影像学组
组员

徐州市医学会核医学专业委员会 委员