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膀胱子宫内膜异位症1例并相关文献复习

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摘　要

目的：探讨膀胱子宫内膜异位症的病因及诊治 方法：回顾性分析我院收治膀胱子宫内膜异位症患者临床资料并复习文献。结果：患者为41岁女性，因“查体发现膀胱占位”入院，既往剖宫产史。超声示：膀胱后壁低回声结节，入院后行经尿道膀胱电切术，术后病理示：膀胱子宫内膜异位症，术后随访6月未见复发。结论：膀胱子宫内膜异位症临床少见，孤立性膀胱内异症易误诊为膀胱肿瘤，治疗原则应尽可能去除病灶。

关键词

子宫内膜异位症，膀胱

Bladder Endometriosis: A Case Report and Review of Related Literature

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Abstract

Objective: To explore the etiology, diagnosis and treatment of bladder endometriosis. Method: Retrospectively analyze the clinical data of a patient with bladder endometriosis admitted to our hospital and review relevant literature. Results: The patient was a 41-year-old female who was admitted to hospital due to "bladder occupation". She had a history of cesarean section. Urinary

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ultrasound showed low echo nodules on the posterior wall of the bladder. Transurethral cystotomy was performed after admission. Postoperative pathology showed bladder endometriosis, and no recurrence was observed during postoperative follow-up for 6 months. Conclusion: Bladder endometriosis is a rare disease. Isolated endometriosis of bladder can be easily misdiagnosed as bladder tumor. The principle of treatment is to remove the lesion as much as possible.

Keywords

Endometriosis, Bladder

1. 引言

膀胱子宫内膜异位症(bladder endometriosis, BE)定义为子宫内膜的腺体或间质异位于膀胱逼尿肌，其发生率占尿路子宫内膜异位症的 85%，主要表现为排尿困难、尿频、血尿，也可能没有临床表现。膀胱子宫内膜异位症临床少见，现将青岛大学附属医院收治的 1 例膀胱子宫内膜异位症病例并相关文献复习如下。

本研究经过患者知情并签署知情同意书。

2. 病历摘要

患者王某，因“查体发现膀胱占位 1 天”入院，患者偶有尿急、尿痛，无肉眼血尿，无排尿困难及尿频。平素身体健康，无高血压、糖尿病等病史，平素月经规律，月经周期 7/20 天，曾剖宫产 2 次，人工流产 1 次。CA125、CA199、CEA 正常范围，B 超示(图 1)：膀胱后壁低回声结节，突入膀胱腔，膀胱粘膜层与浆膜层连续性差，与子宫宫体分界清，结节大小约 2.6 * 1.7 cm。进一步行泌尿系 CT 增强三维成像(CT urography, CTU)示(图 2)：膀胱后壁占位，考虑肿瘤。患者 2021-05 于我院泌尿外科行经尿道膀胱病损电切术，术中见(图 3)：膀胱右侧底壁可见异常隆起，表面呈多发结节样，伴囊泡及钙化，大小约 2 cm，术后病理提示：倾向子宫内膜异位(图 4)，免疫组化：ER(+)，CD10(+)，CK20(−)，GATA3 尿路上皮(+)。患者术后随访 6 月无自觉不适，影像学检查未见复发。

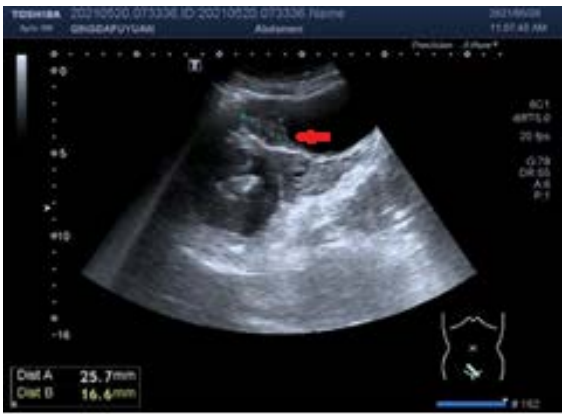

Figure 1. Bladder ultrasound (The red arrow indicates the lesion)
图 1. 膀胱 B 超(红色箭头所指为病灶)

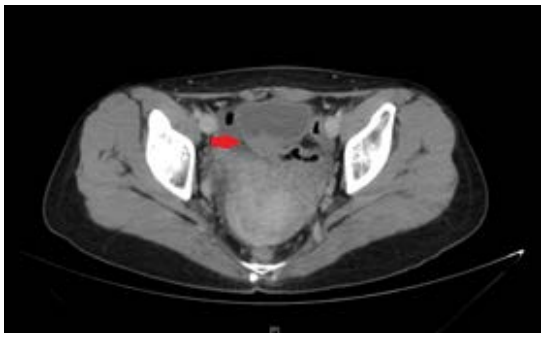

Figure 2. CTU (The red arrow indicates the lesion)
图 2. CTU 示膀胱占位(红色箭头)

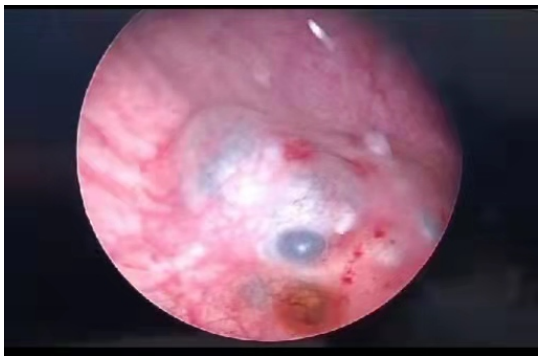

Figure 3. Cystoscopy showed nodular eminence at the bottom of the bladder
图 3. 膀胱镜示膀胱底部结节样隆起

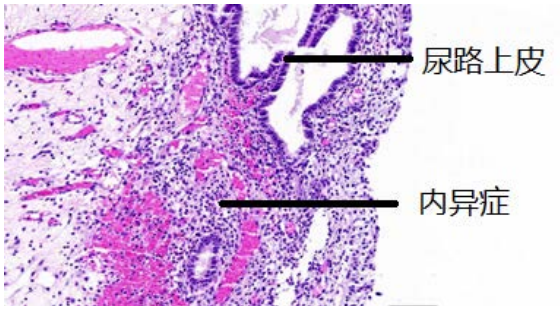

Figure 4. The bladder wall is covered with endometrial glandular epithelium and urinary tract epithelium (HE ×100)
图 4. 膀胱壁内被覆子宫内膜腺上皮、尿路上皮(HE ×100)

3. 文献复习

子宫内膜异位症是妇科常见良性病之一，育龄期妇女多见，深部浸润性子宫内膜异位症(deep infiltrating endometriosis, DIE)是指子宫内膜异位症在组织中浸润深度超过 5 mm [1]，多见于子宫直肠陷凹、子宫骶韧带等部位，泌尿系统少见[2]。膀胱是泌尿系统子宫内膜异位症最好发部位，其发病率占泌尿系统内异症 85% [3] [4]。膀胱内异症临床较为少见，目前文献报道的膀胱内异症不足 35 例，孤立性膀胱内异症术前常难鉴别于膀胱肿瘤。

膀胱子宫内膜异位症病因尚不明确，目前主要有以下几个学说。1) Sampson 提出的经血逆流学说认为子宫内膜细胞经未闭的输卵管反流至膀胱子宫陷凹，种植于膀胱浆膜层表面并由外向内浸润肌层、粘膜层，其认为膀胱内异症与卵巢、腹膜内异症病因相同，将膀胱内异症视为盆腔内异症的一部分。解剖

学上膀胱内异症多见于后倾子宫，并且较少累及膀胱粘膜层、多与盆腔内异症同时出现等现象支持该理论。2) 化生学说[5] [6]化生学说由 Donnez 等于 2002 年首先提出，其认为 BE 是胚胎发育过程中腹膜下的苗勒氏管化生所致，但目前尚未有组织学证据证明子宫－膀胱区域存在胚胎残留。3) 移植理论[7]将 BE 视为是子宫腺肌病病灶向膀胱生长延伸而成，但在大多数发表的文献中，未发现子宫壁腺肌病结节的存在。4) 医源性学说大多数膀胱内异症患者既往曾有剖宫产或盆腔手术史，可能与盆腔手术过程中子宫内膜细胞播散或关闭子宫低位横向切口的手术技术欠佳有关。目前各个学说相互补充，尚没有一种理论能完全解释膀胱内异症的发生。

膀胱内异症临床表现取决于病变位置及大小，多数表现为急性尿道综合征，有尿频、尿急等表现，累及膀胱逼尿肌时可出现排尿困难，累及膀胱黏膜时有血尿症状，部分患者周期性发作，月经期加重[8]，但临床上有 30%的患者可无自觉不适，常于查体时影像学检查发现[9]。阴道检查是评估可疑 DIE 患者的可靠方式，其检测膀胱内异症准确性可接近 100%。阴道检查阳性(触及阴道前壁的明显结节或增厚区域)患者高度怀疑膀胱内异症，应进一步行影像学检查评估[10]。B 超诊断膀胱内异症的敏感性及特异性均较高[11]，经验丰富的 B 超医生诊断敏感性甚至超过磁共振(magnetic resonance, MR)，是膀胱内异症的一线诊断方法，其可确定病灶与输尿管之间的关系从而为手术方案选择提供参考。盆腔 MR 常用作手术前的评估，其可显示病灶部位及大小，发现其与周围组织粘连程度，显示膀胱各层组织层次[12]。膀胱镜可直观显示膀胱病变，并且可以取活检明确诊断，是诊断 BE 的准确方法[13]。临床应多个方法结合，排除恶性肿瘤的发生，明确病变位置，确定输尿管状态，对膀胱内异症患者进行全面评估。

根据患者的病变位置、年龄、生育情况、个人意愿等，不同患者采取不同治疗方式。治疗原则是尽可能去除病灶[14] [15]。治疗前应泌尿外科、妇科等多学科联合，对病变进行全面描述，进而确定治疗方式[16]。年龄小、有生育要求、临床症状较轻者可选择药物治疗，GnRH 类似物、黄体酮联合避孕药口服是膀胱内异症药物治疗的一线用药方案，据报道，药物治疗临床症状缓解率可达 90%以上[9]，药物治疗亦可用于手术前后的辅助治疗及部分无法手术患者的姑息治疗，但对于合并肾积水患者，首选手术治疗以防止输尿管梗阻引起的不可逆肾功能衰竭。手术治疗目的多为病灶切除[17]，包括经尿道电切术及病灶切除术。浅表浆膜病变可进行腹腔镜切除，对于全层病变的患者，可以进行部分膀胱切除。目前没有证据支持经尿道电切术用于治疗膀胱内异症的有效性和安全性，但临床常推荐使用经尿道电切联合 GnRh-a 治疗膀胱内异症。该方法有创伤小、恢复快的特点，但其复发率相对较高，病灶残留可能性大[15] [18]。腹腔镜病灶切除术解剖清晰，有利于发现膀胱的微小病变，但对粘连较重、膀胱子宫广泛累及的患者，开腹手术更为直观。随着科技进展，机器人辅助腹腔镜手术开始用于临床，机器人手术具有操作精准的特点，目前临床因其高成本及仪器缺乏，应用受到限制[19] [20]。已有研究表明，当病变侵及膀胱基底部时，切除潜在病变的子宫肌层可以防止症状复发[21]。

膀胱内异症多与盆腔深部子宫内膜异位症合并存在，在临床上较为少见。通过早期识别膀胱内异症症状，进行全面的影像学评估，结合妇科及泌尿外科多学科经验制定诊疗方案对膀胱内异症的治疗尤为重要。

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