

右篩骨竇壁ヨリ發生シ、頭蓋腔内ニ 發育シタル骨軟骨腫ノ1例

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Osteochondroma Arising from the Ethmoid Cells and Extending into the Anterior Cranial Fossa.

Von

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Patient: A man 45 years of age.

13 years ago his right eyeball began to gradually protrude and for the past 7 years he has had occasional epileptic and fainting seizures.

At the time of admission the right eyeball showed marked exophthalmos and deviated out and downwards, its movements to the opposite directions being definitely restricted. Diplopia, however, has never been complained of. Visual acuity was 0.1 on the right and 0.8 on the left. There were no changes in the fundus of both eyes. The sense of smell was not disturbed. Neurological examinations in general were negative, except for some weakness of the upper and lower limbs of the left side.

X-ray pictures of the skull revealed a mass occupying a large part of the right orbit and extending into the anterior cranial fossa. The shadow of the mass was not homogeneous, but represented an aggregation of smaller nodules of the size of a pea, thus suggesting an osteochondroma. The most outstanding roentgenological feature was a large arocele in the right fronto-parietal region, which was attached at its lower pole to the tip of the tumor shadow.

Operation: From a right frontal craniotomy the tumor was explored in its intracranial portion. The tumor was nodular and situated outside the dura, but firmly adherent to it. When we tried to scoop out the mass with a chisel, the nodules constituting the tumor were easily loosened and removed separately, as if there were articulations between them. The tumor was found to be extending into the frontal sinus, orbital cavity and ethmoid cells of the right side, but the primary focus appeared, from the chief location of the tumor, to be in the ethmoid cells.

The tumor mass was almost totally removed and the dural defect was repaired by a galeal graft.

For several days following the operation, a small amount of cerebrospinal fluid leaked out into the pharynx, presumably through the repaired gap in the dura. The postoperative course

was otherwise quite satisfactory and the patient was discharged 4 weeks later, completely relieved from the previous complaints.

The X-ray pictures taken 2 weeks after the operation showed no tumor shadow nor aerocele. Histologically the tumor was a typical osteo-chondroma.

本例ハ右篩骨竇ヨリ發生シ、眼球後内方ヨリ、眼窩上蓋ヲ穿破シ、前頭蓋窩内ニ發育シタル骨軟骨腫デアリ、加之、之ニ隨伴シテ腦實質内ニ「アエロツエーレ」ヲ發生シタモノデアル。

斯ル症例ハ症例自身ガ甚ダ稀ナモノデアリ、又其ノ手術成功例ニ至ツテハ、從來報告サレタモノガ、甚ダ少イ様ニ思ハレル。

患者。45歳、男子。

主訴。右眼球突出。

現病歴。13年前、何等誘因ト思ハレルモノ無クシテ、右眼球ガ無痛性ニ突出シ初メ、略々1ケ年内ニ現在ノ大サニ達シタ。

約7年前カラ、主トシテ夜間就寢中ニ、意識喪失、尿失禁ヲ伴フ全身痙攣ノ發作ガアル。又當時常ニ頭部全體ニ互ル頭痛ニ悩ンダ。2年前カラ痙攣ハ起ラナクナツタガ、折々短時間意識ノ連續ガ絶ヘルトデモ云フ様ニ感ジガ起ル事ガアツタ。

2ヶ月前ヨリ左上下肢ガ脱力シ、歩行ニ際シテ左足尖ヲ引摺ル。又著明ナル記憶力減退ヲ來シタ。

現症。體格營養尋常、胸腹部臟器ニ異常ヲ認メズ。

眼症狀。寫眞第1圖。

- 1) 右眼球突出(右19m, 左9m)
右視力0.1, 左視力0.8。
- 2) 右眼球ハ外下方ニ向ツテ少シク轉位シ、内上方運動稍々制限サル。
複視ヲ訴ヘズ。
- 3) 眼底ニ異常ヲ認メズ。
- 4) 視野。兩側トモ略々正常。

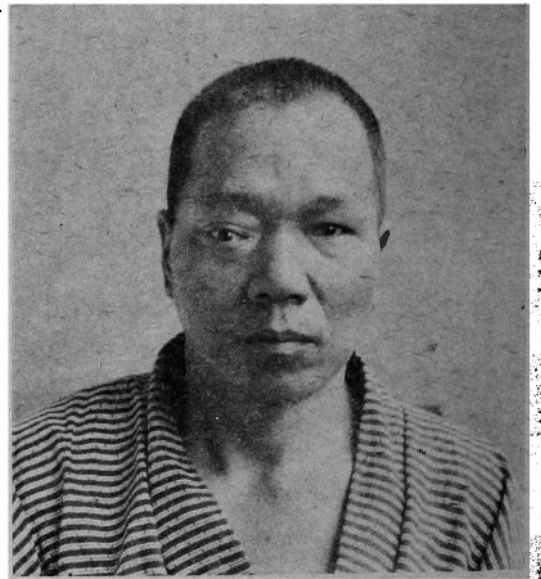
神經學の所見。

記憶障碍アリ。

左上下肢ノ粗大力低下ス。歩行ニ際シテ左足尖ヲ引摺ル。

嗅覺。兩側トモ正常。

其ノ他神經學の異常ヲ證セズ。



第 1 圖

腦脊髄液所見。

前壓 120mm 水柱, 8 ccm ヲ排除シテ後壓 95mm 水柱。

細胞數 8。

ノンネ, アペルト第1相反應, パンデー氏反應共ニ陰性。

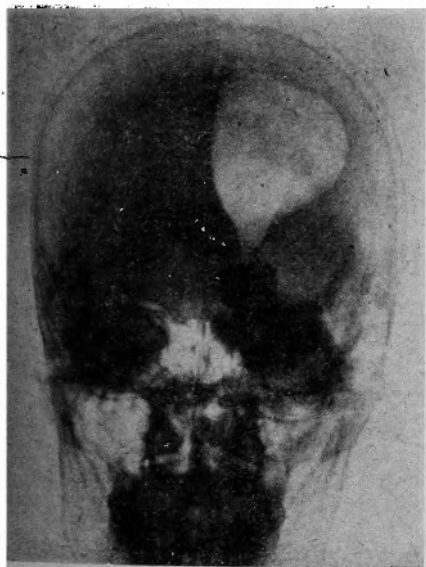
レ線検査所見。

後前像。第2圖。

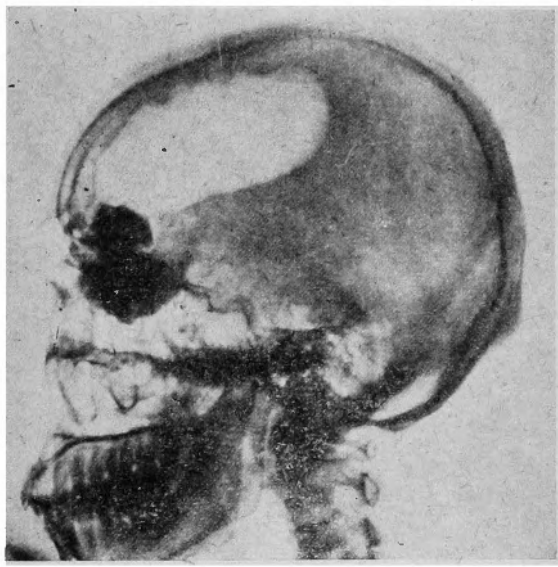
右眼窩ノ殆ンド全體ニ互リ緻密ナル陰影ガ見ラレル。右篩骨竇ハ上外方カラ壓平セラレテキル。眼窩上縁内側半分ノ部分デ頭蓋内ニ向ツテ略々倒立三角ヲ成セル腫瘤ノ影像ガアル。

此ノ影像ハ數個ノ, 小指頭大, 略々球狀ノ小腫瘤影像ノ集合カラナツテ居ル。此ノ腫瘤陰影上極ニ頂點ヲ置キ, 腦穹隆部ニ底邊ヲ有スル略々倒立三角形ノ澄明空氣像ガ見ラレル。

側面像。第3圖。



第 2 圖



第 3 圖

腫瘤ハ眼窩ノ略々 3/4 ヲ充タシ, 眼窩上蓋ノ殆ンド全面ヲ通ジテ前頭蓋窩ニ侵入シテ居ル。正面像ニ於ケルト同ジク多數小腫瘤ノ集合ヲ思ハシメル。正面像ニ於テ見タル空氣像ハ側面像ニ於テハ巾 5cm, 長サ 12cm ノ略々短冊型ヲ呈シ, 腫瘤上極ニ接續シテ前後ニ横ツテ居ル。

此ノ空氣像即チ「エアロツエーレ」ニ就テ考察スルニ, 其ノ「デイメンジョン」ヨリシテ腦實質内ニ生ジタモノト思ハレ, 恐ラク副鼻腔ノ空氣ガ噴嚏咳嗽等ニ依リ, 前頭葉底面ノ腫瘤ニ接スル部分ニ生ジタ裂隙ヲ通り, 前頭葉實質内ヘ侵入シテ生ジタモノト思ハレル。

腫瘍ニ就テハ, 其ノ影像ノ緻密ナル點ヨリシテ骨腫ガ最モ疑ハシク, 多數ノ小腫瘤ガ, 「モザイク」狀ニ集合セル點ハ軟骨腫ト考ヘラレル。

腫瘍ノ原發部位ハ右篩骨竇壁ト思ハレル。

手術並ニ手術所見。

第4圖ニ示ス如キ正中線ヲ越ヘタル右側前頭部開頭術ヲ行フ。硬膜外ニ空氣ノ集合ハナイ。硬膜ヲ切開シテモ空氣ハ出テ來ナイ。即チ「アエロツエーレ」ハ前頭葉表面ノ硬膜下腔ニ生ゼルモノデハナイ。

前頭葉ヲ持ち上ゲテ第5圖ノ如キ腫瘍ヲ露出シタ。凹凸アル腫瘍ノ表面カラ前頭葉ヲ

持ち上ゲル際ニ、空氣泡ガ何處カラトモナク出テ來ル。即チ「アエロツエーレ」ハ前頭葉底面ヨリ始マリ、前頭葉實質内ニ向ツテ存スル事ガ略々確實デアル。

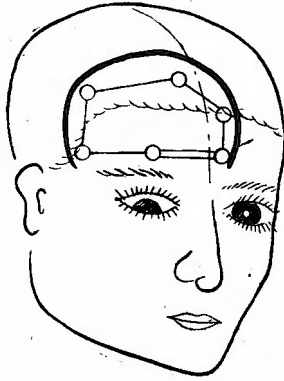
腫瘍ハ、骨性硬度ヲ有シ、凹凸不平、各隆起ハ不完全ナラ、相互間ニ關節ヲ形成シテ居ルモノ、如ク、一ツノ隆起ニ、一寸鑿ヲ入レルト、恰モ柘榴ノ實ヲ取ル様ニ「コロコロ」ト取レル。

次デ、眼窩上前縁ヲ除去シテ手術野ヲ擴大スルニ、腫瘍ハ前額竇内ニ、數ヶノ隆起ヲ以ツテ、顔ヲ出シテキル(第6圖)。之ガ更ニ眼窩上外側部カラ下方ニ向ツテ擴ツテキルノデアル。

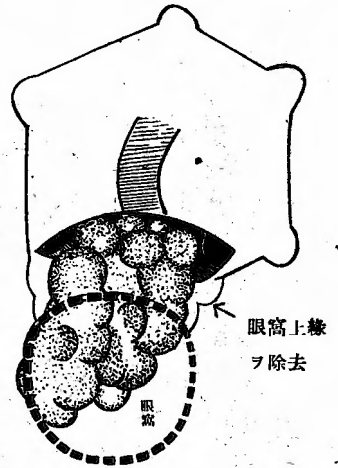
此ノ擴大サレタル手術野カラ、鑿除ヲ進メテ、腫瘍ヲ殆ンド完全ニ除去シタ。其ノ際腫瘍ハ依然關節面ニ依リ接着シタ突隆物ノ集合デアツテ、一部ニ鑿ヲ入レルト、後ハ攝子ヲ以ツテ、樂々ト取り除ケル事ガ出來タ。

腫瘍ノ剔出ヲ終了スルニ、深部ヨリ少量ノ腦脊髄液流出ヲ見タ。頭蓋内ニ突出シテキル腫瘍ノ部分ハ硬膜ヲ附着シタ儘剔出シタカラ、此處ニ、大キナ硬膜缺損部ヲ生ジタ。此ノ部分ト、副鼻腔即チ前額並ニ篩骨竇ハ廣ク開通シタノデアルカラ、後來腦膜ニ感染ノ及ブ惧レガアルノデ、帽狀腱膜カラ遊離辨ヲ得テ補填縫合ヲ行ツタ。

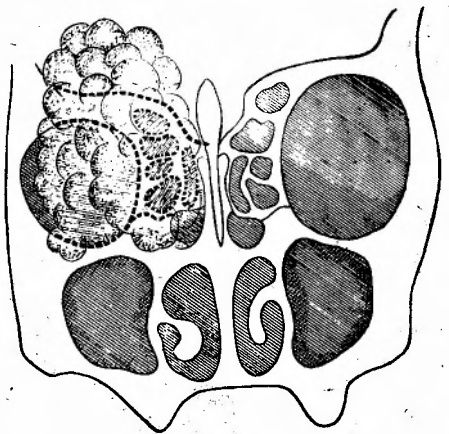
術直後眼球突出ハ消失シ、眼窩上縁缺如ニヨル醜形モ左程ニ目立ツ事ハナイ。眼球運動モ正常ニ行ヒ得ル。



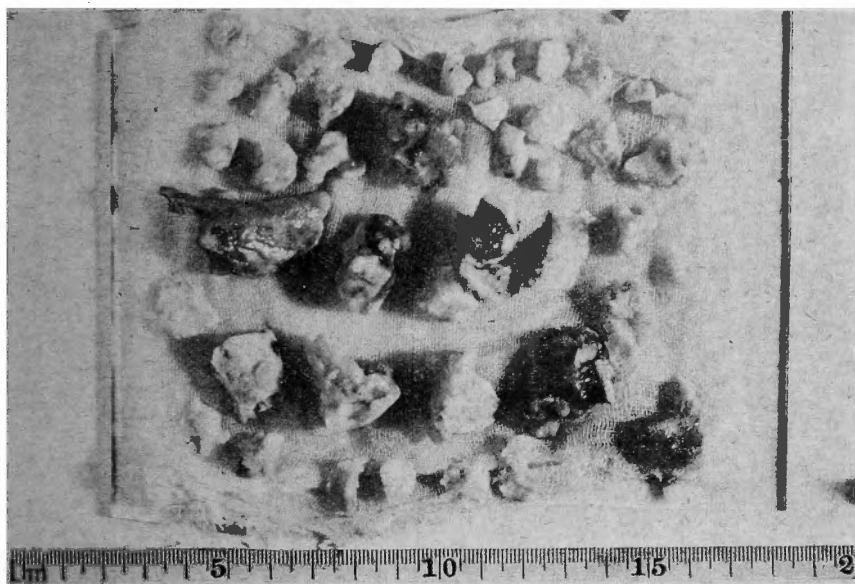
第 4 圖



第 5 圖



第 6 圖



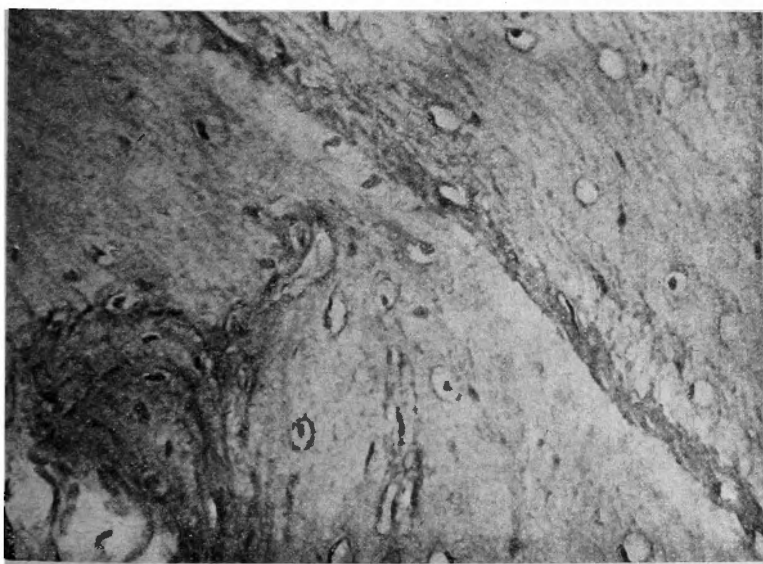
第 7 圖

剔出腫瘍物總重量=65gr (第7圖)

組織標本所見。典型的骨軟腫デアル。(第8圖ハソノ軟骨腫ノ部分ヲ示ス)

術後経過並ニ轉歸。

患者ハ術後數日間、鼻咽腔ニ「サラサラ」シタ液ガ時折流下スルノヲ自覺シ、時トシテ此ヲ
咯出スル事ガアツタガ、此ハ鼻・副鼻腔ニ向ツテ、一過性ノ腦脊髄液瘻ヲ形成シタ爲ト考ヘラ

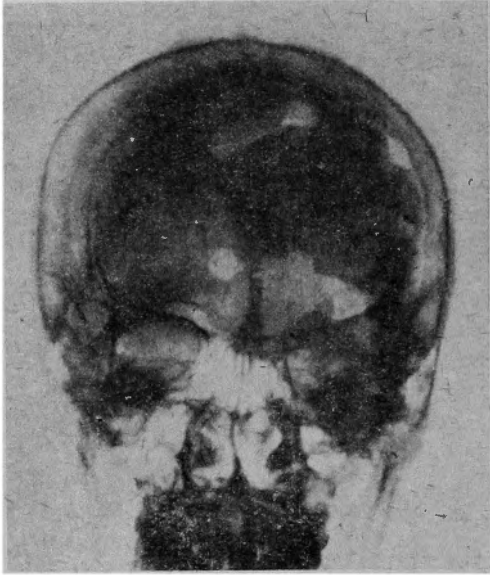


第 8 圖

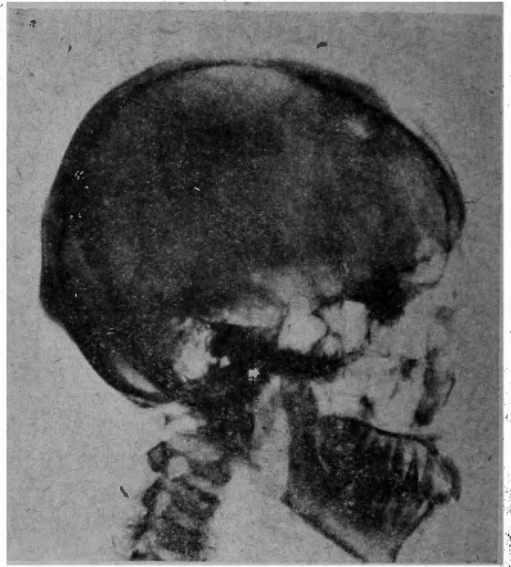
レル。

術後22日目ノ検査ニ於テ左側上下肢ノ粗大カハ恢復シ歩行ハ正常デアツテ、足尖ノ拽摺ヲ見ナイ。運動失調ナク、癲癇又ハ其ノ代償症ハ皆無デアル。

術後レ線検査ニ於テ「アエロツエーレ」ハ全然消失シタ(第9. 10圖)。且ツ術前ノ腫瘍陰影ハ



第 9 圖



第 10 圖

殆ンド全部消失シテキル。

カクノ如ク本患者ハ自他覺的ニ全ク治癒シタト云フベキ状態ヲ以ツテ術後39日目ニ退院シタノデアル。