

- cular compression syndromes in the abdomen and pelvis. Radiographics, 2014, 34(1):93-115.
- [3] Lee VS, Morgan JN, Tan AG, et al. Celiac artery compression by the median arcuate ligament: A pitfall of end-expiratory MR imaging. Radiology, 2003, 228(2):437-442.
- [4] Sugae T, Fujii T, Koderia Y, et al. Classification of the celiac axis stenosis owing to median arcuate ligament compression, based on severity of the stenosis with subsequent proposals for management during pancreatoduodenectomy. Surgery, 2012, 151(4):543-549.
- [5] Leipsic J, Abbara S, Achenbach S, et al. SCCT guidelines for the interpretation and reporting of coronary CT angiography: A report of the Society of Cardiovascular Computed Tomography Guidelines Committee. J Cardiovasc Comput Tomogr, 2014, 8(5):342-358.
- [6] Park CM, Chung JW, Kim HB, et al. Celiac axis stenosis: Incidence and etiologies in asymptomatic individuals. Korean J Radiol, 2001, 2(1):8-13.
- [7] Baskan O, Kaya E, Gungoren FZ, et al. Compression of the Celiac Artery by the Median Arcuate Ligament: Multidetector computed tomography findings and characteristics. Can Assoc Radiol J, 2015, 66(3):272-276.
- [8] Soman S, Sudhakar SV, Keshava SN. Celiac axis compression by median arcuate ligament on computed tomography among asymptomatic persons. Indian J Gastroenterol, 2010, 29(3):121-123.
- [9] Song SY, Chung JW, Kwon JW, et al. Collateral pathways in patients with celiac axis stenosis: Angiographic-spiral CT correlation. Radiographics, 2002, 22(4):881-893.

Ultrasound in diagnosis of fetal double penises and penile curvature: Case report

超声诊断胎儿双阴茎合并阴茎下弯 1 例

谭丽芳, 冉素真

(重庆市妇幼保健院超声科, 重庆 404100)

[Key words] Double penises; Penile curvature; Fetus; Ultrasonography

[关键词] 双阴茎; 阴茎下弯; 胎儿; 超声检查

DOI: 10.13929/j.1003-3289.2016.10.010

[中图分类号] R697; R445.1 [文献标识码] B [文章编号] 1003-3289(2016)10-1513-01

孕妇 24 岁, 单胎, 孕 4 产 0, 孕 22 周, 孕早期感冒服药及新房居住史。超声检查: 胎儿会阴部可见 2 个阴茎样回声, 呈前后排列; 前者可探及阴囊, 其内未见睾丸, 阴茎大小约 0.62 cm × 0.56 cm, 略向腹侧弯曲, 其内可见海绵体样组织, 延伸至阴茎头; 后者大小约 0.56 cm × 0.41 cm, 呈“指状”低回声, 其内未见明显海绵体样组织(图 1, 2); 二者内均未见血流信号。超声诊断: 胎儿外生殖器发育异常, 疑似双阴茎合并主阴茎下弯。后经引产证实超声诊断(图 3)。

讨论 双阴茎是胚胎期生殖结节融合失败所引起的一种罕见的男性泌尿系统先天畸形, 发病率约 1/500 万。在胚胎发育到第 7~8 周时, 男性胎儿的生殖结节如果受到外界因素的影响, 中胚层包绕两个尿道或融合缺失, 即可形成 2 个阴茎。

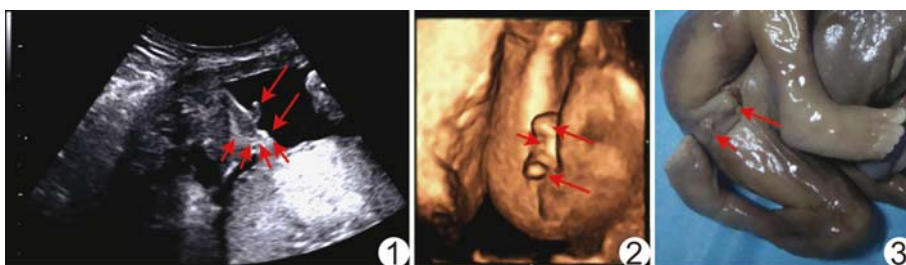


图 1 二维声像图 胎儿双阴茎(长箭)及主阴茎下弯(短箭) 图 2 三维声像图 胎儿双阴茎及主阴茎下弯(长箭)伴阴囊分离(短箭) 图 3 大体标本 长箭示主阴茎, 短箭示副阴茎

临床上将双阴茎分为分叉型、完全分离型及异位型, 表现为主、副 2 条阴茎, 副阴茎大小不等, 常合并其他外生殖器畸形。阴茎下弯即阴茎向腹侧弯曲, 多为尿道下裂的并发症之一, 亦可单独存在, 即原发性阴茎下弯。在胚胎发育 5~12 周, 如果雄激素的合成、转化、调控等机制失常, 尿道沟融合而尿道海绵体、阴茎筋膜发育障碍, 则表现为单纯阴茎下弯。先天性双阴茎合并阴茎下弯极为罕见, 本例为完全分离型双阴茎合并主阴茎下弯, 目前治疗以切除副阴茎及矫正阴茎下弯为主。

[第一作者] 谭丽芳(1987—), 女, 重庆人, 硕士, 医师。

E-mail: tanlf05@163.com

[收稿日期] 2015-05-08 [修回日期] 2016-06-21