

C型慢性活動性肝炎に合併した肝原発悪性リンパ腫の1例 —本邦報告例の集計と考察—

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要旨：症例は49歳，男性．C型慢性肝炎で経過観察中に腹部超音波検査で肝臓のS2, S6に境界明瞭な低エコー性腫瘤を指摘され入院した．腫瘤は造影CT検査で造影効果を認めず，MRI検査のT1強調像で低信号，T2強調像で高信号を示した．血液学的検査ではAFP, PIVKA II, CEA, CA19-9の上昇を認めず，超音波ガイド下針生検を施行した．その結果，腫瘤は組織学的にnon-Hodgkin lymphoma (以下NHL) (diffuse large B cell type)と診断した．

Ga, 骨シンチなどの各種画像診断および骨髄検査では病変を認めず，C型慢性肝炎に合併した肝原発悪性リンパ腫と診断した．

近年，C型肝炎ウイルス(HCV)の持続感染は肝癌のみならず，リンパ系腫瘍の発生にも関わる可能性が指摘されており貴重な症例と考えられたので報告する．

(平成14年1月22日受理)

A Case of Primary Hepatic Lymphoma Complicated by Chronic Hepatitis C

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Abstract : The patient was a 49-year-old male, who in a follow-up on chronic hepatitis C, was found ultrasonographically to have multiple hypoechoic tumors in both liver lobes. These tumors exhibited low density areas by plain CT, and were not enhanced by early enhancement CT. These tumors appeared as low intensity mass lesions on T1-weighted image and as high intensity mass lesions on T2-weighted image by MRI. The laboratory data showed AFP, PIVKA II, CEA and CA 19-9 levels to be within normal range. By a sonographically-guided tumor needle biopsy, tumors were histologically diagnosed as diffuse large B cell lymphoma. Neither a Ga scintigram nor a bone scintigram detected space-occupying lesions in other organs or lymph nodes. Therefore, this case was diagnosed as primary hepatic lymphoma complicated by chronic hepatitis C.

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