Primary neurofibroma of the Diaphragm

--- A Case Report ---

J.H. Kang, M.D., S.S. Choi, M.D., J.H. Lee, M.D.* H.S. Park, M.D.* H.S. Yoo M.D.*

Primary tumor of the diaphragm is rare, furthermore, primary neurofibroma of the diaphragm is very rare.

During last 106 years (1868—1974), only 84 cases of Primary tumor of the diaphragm have been reported in the literature.

The authors experienced on case of Primary Neurofibroma of the diaphragm. The patient was 27 yrs old male, and detected abnormal mass shadow in the left lower hemithorax in routine chest X-ray, and which was removed successfully.

The patient has not specific subjective symptoms except mild, dull, discomfort in the left lower chest for several years.

The histopathological finding was benign neurofibroma in the diaphragm. Post-op course was unevenful.

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検査所見

a) 胸部 X線所見：左側 胸下部に異常陰影(compact homogenous density)が見られ、心臓 隣接部(cardiac border)及び肺野症候の境界を鑑別することができった。異常陰影部位の肺下部は convex 型を呈していた。異常部位に stomach free air shadow を認め得たら(Fig. 1-A.)

b) 腹部所見：左側 横隔膜の運動が正常に減少しており、腹部以外の境界が paradoxical movement を示していない。

c) 臨床的 腹部所見：穿刺術にて検査に必要な検査物を得た。穿刺部位に異常感を認め、穿刺により腹腔内の異常腹膜炎を確信した。

d) 血液及肝機能検査

血液検査：
赤血球 平均容積値：57\% 
白血球数：5～8,000/mm³
赤血球数：4.2～5.8mil/mm³
出血時間：0'30" 
血小板：68mm
凝固時間：4'30"  
Differential Count: W.N.L. 
Prothrombin time：50\%

肝機能検査：
B.U.N. 15mg%  
Creatinine：0.7  
Urine: W.N.L.

肝機能及血清蛋白
總蛋白：6.6g/100ml  
albumin：3.3g/100ml  
globulin：3.5g/dl  
A/G ratio: 3.4/1.4
Total bilirubin：0.8  
S-GOT：18unit  
S-GPT：30unit  
alkaline phosphatase：5.7 B-unit

肺機能検査
V.C.：81\%  
M.B.C.：122\%  
T.V.C.：1 sec: 93\%  
3sec: 99.5\%  
E.C.G.：異常無し。

e) 嗜痰検査：1日 嗜痰量は1gの微細な入院後 数回に検査結核菌及び腪病 培養検査にて結核的所見を認めた。痰細胞に結核細胞学的 検査も陰性であり、

以上の所見は全て 正常範囲内に属していた。又肺 胸部 X 線所見にて異常陰影を認め、stomach air shadow は正常位置にて確認された。

Fig. 1-A. P-A chest film showing compact homogenous hazy density in the left lower lung field.

Fig. 1-B. Lateral chest film showing well defined hazy density occupying mass density in the lower lung field which is posteriorly located.

側面写真上左側、下部 周辺に占有されている異常陰影(mass density)は確認され、stomach air shadow は正常位置にて確認された。
常被相信可以治愈，但1975年4月22日入院的患者在第15日时便因淋巴瘤的恶变而进行了手术。

**术前所见**

患者是一位51岁的女性，被诊断为淋巴瘤。淋巴瘤的特征是淋巴结肿大，直径约1.5×1.8×9cm。肿块位于左颈部下方，与皮肤和胸廓紧密相连。肿块表面光滑，无疼痛感。肿块的切面呈灰白色，边缘清晰，质地坚硬。淋巴结的组织学检查显示有淋巴瘤的特征。

**病史**

患者自述，近几个月来颈部淋巴结肿大，伴有疼痛感。入院前一个月，患者在多家医院就诊，但未能明确诊断。入院后，患者在多位专家的会诊下，被诊断为淋巴瘤。

**治疗**

患者在入院后立即接受化疗。在化疗过程中，患者出现轻度的恶心和呕吐，但无其他严重的并发症。化疗后，患者的淋巴结肿大有所缓解，疼痛感也明显减轻。目前，患者正在进行后续的化疗。

**结论**

淋巴瘤是一种常见的恶性肿瘤，主要是淋巴结的恶性增生。淋巴瘤的治疗主要包括化疗、放疗和手术。化疗是治疗淋巴瘤的主要手段，可以有效地控制肿瘤的生长。放疗和手术是辅助治疗手段，可以减少肿瘤的体积，提高患者的生存率。

**参考文献**

REFERENCES