



· 个案报道 ·

# 甲状腺良性肿瘤致声音嘶哑1例报道

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[Key words] Hoarse voice; Benign thyroid tumor; Laryngeal recurrent nerve

## 1 临床资料

患者, 男性, 67岁, 2018年3月因“突发声音嘶哑1个月”入院。患者于2018年3月突发声音嘶哑, 于耳鼻喉科就诊, 拟诊为“喉炎”, 予营养神经对症治疗后未出现明显缓解。患者后自觉发现右侧颈前出现一肿块, 短期内迅速增大并伴有声音嘶哑加重。查体: 无突眼, 无手足震颤, 颈软, 气管居中, 右侧甲状腺可触及最大径约4.0 cm的肿块, 肿块质韧, 边界清楚, 活动度差, 并随吞咽上下活动, 左侧甲状腺未触及明显结节, 颈部未触及肿大淋巴结。于苏州市第九人民医院甲乳外科就诊, 门诊拟诊为“右侧甲状腺结节”收治入院进一步治疗。

入院后完善相关检查, 甲状腺CT检查结果显示: 右侧甲状腺低密度影, 右侧梨状窝扩大(图1)。术前喉镜检查显示: 右侧声带固定, 闭合欠佳(图2A)。入院诊断: 右侧甲状腺占位性病变: 怀疑为肿瘤, 右侧声带麻痹。患者排除手术禁忌后, 于2018年3月30日全麻下行右侧甲状腺腺叶切除术+右侧喉返神经探查松解术。术中见甲状腺肿块, 大小4.0 cm × 4.0 cm × 3.0 cm, 囊性, 质软, 边界清楚光滑(图3)。术中同时发现, 气管食管沟内肿块压迫喉返神经, 并见瘢痕增生组织与喉返神经炎性黏连致密。术后病理学检查结果显示: 右侧结节性甲状腺肿囊性变(图5)。

患者术后定期随访, 术后3个月随访声音无嘶哑, 复查

CT结果显示: 两侧梨状窝对称, 与前片相比, 右侧梨状窝大小及形态恢复(图4), 复查喉镜结果正常, 未发现明显声带麻痹征象(图2B)。患者至今随访2年, 声音正常。

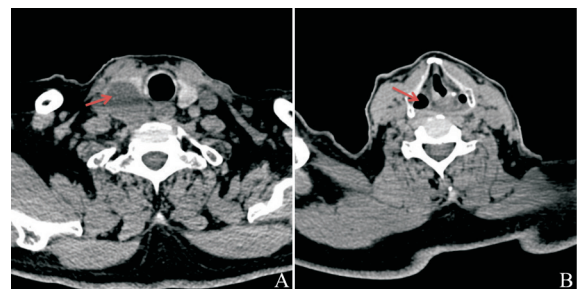


图1 术前CT扫描

Fig. 1 Preoperative CT scan

A: An elliptical low-density shadow was seen in the right thyroid gland; B: The right pyriform fossa was significantly larger than that on the left

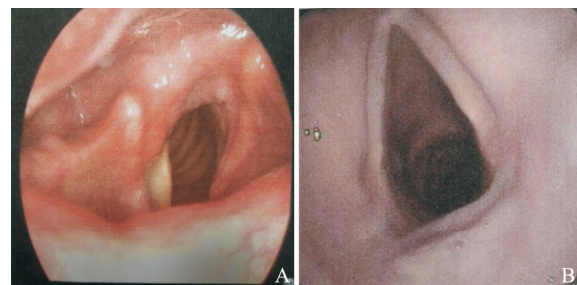


图2 喉镜诊断结果

Fig. 2 Results of laryngoscope examination

A: Preoperative laryngoscope showed fixed right vocal cord with incomplete closure; B: Normal postoperative laryngoscope results

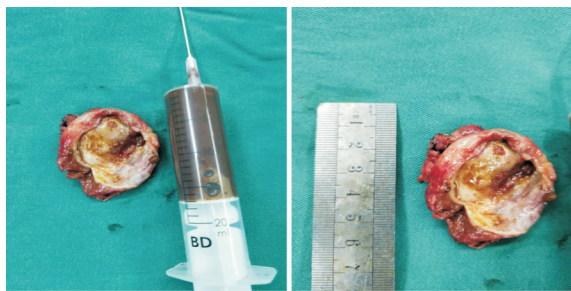


图3 术中剖开甲状腺包块, 见一大约4.0 cm×4.0 cm×3.0 cm的囊性质软结节, 边界清楚光滑

Fig. 3 Intraoperative incision was made on the thyroid mass, showing a cystic and soft nodule with approximately 4.0 cm×4.0 cm×3.0 cm in size, with clear and smooth boundary

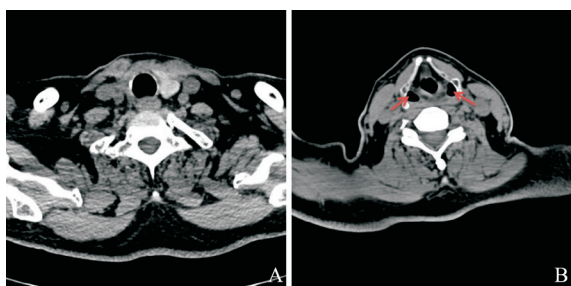
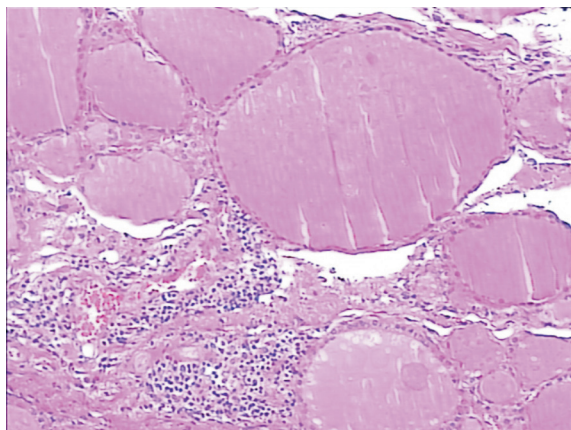


图4 术后CT检查结果

Fig. 4 Postoperative CT scanning results

A: There was no residual thyroid gland on the right side; B: The pyriform sinus on the left and right sides were basically the same in size



(H-E,×400)

图5 病理学诊断

Fig. 5 Pathological diagnosis

Cystic nodular goiter in the right thyroid gland

## 2 讨 论

声音嘶哑是耳鼻喉科常见症状, 多为咽喉部与肺部疾病所致<sup>[1-2]</sup>, 本例患者因突发声嘶哑就诊于耳鼻喉科, 因初诊医生未考虑到甲状腺疾病引起声音嘶哑的可能, 导

致误诊。因此, 患者以声音嘶哑为首发症状至耳鼻喉科就诊时, 要考虑到甲状腺疾病引起声音嘶哑的可能性<sup>[3]</sup>, 并完善相关检查, 进行积极正确的诊疗, 避免误诊。

喉返神经发自神经干的胸段, 是喉肌的主要运动神经, 分为左喉返神经及右喉返神经<sup>[4]</sup>。左喉返神经在主动脉弓前外侧, 由迷走神经分出后绕过主动脉弓, 沿同侧气管食管沟上行; 右喉返神经一般在右锁骨下动脉前方由右侧迷走神经发出, 并绕至其后面, 上行于气管食管沟内<sup>[5]</sup>。在颈段, 左右喉返神经均沿气管食管沟向上到达甲状腺区域。喉返神经与甲状腺及颈段血管关系密切, 甲状腺下动脉通常为寻找喉返神经的重要解剖标志, 但两者解剖位置常存在变异, 这也是临床上手术误伤喉返神经常见原因之一<sup>[6]</sup>。研究发现, 喉返神经与甲状软骨下角的解剖关系相对恒定, 经甲状软骨下角途径显露喉返神经损伤率明显降低且更占优势<sup>[7]</sup>。

正是由于喉返神经的解剖位置特殊, 甲状腺肿瘤可以侵犯压迫喉返神经导致声音嘶哑, 但大多数医师熟知的多为甲状腺恶性肿瘤侵犯或压迫喉返神经引起的声带麻痹<sup>[8-9]</sup>。既往文献报道, 甲状腺肿瘤患者若出现声音嘶哑, 则该肿瘤为甲状腺癌的可能性高达50.39%<sup>[10]</sup>, 而甲状腺良性占位引起声带麻痹的病例则鲜有报道。文献显示, 良性甲状腺病变引起喉返神经麻痹及时经手术切除和神经减压后, 神经功能恢复正常的比例为33%~66%<sup>[11]</sup>, 一般在4~6个月内恢复, 超过1年少有恢复<sup>[12]</sup>。本例患者为良性结节性甲状腺肿, 结节性甲状腺肿引起声音嘶哑临床上较为少见, 该病例被误诊为喉炎引起专科医生的重视。因此, 临床上面对突发声嘶哑的患者, 除了对症予以营养神经等治疗外, 要全面进行相关检查, 排除头颈及胸部的占位性病变, 必要时还需完善喉镜检查以明确声音嘶哑的原因是喉部肿瘤直接侵犯声带, 还是肿瘤侵犯喉返神经导致声带麻痹。对同时有甲状腺占位性病变的患者, 完善检查, 排除禁忌后笔者建议应尽早行手术探查, 术中根据冰冻切片快速病理学检查结果决定手术范围, 方能及时发现并解除肿瘤对喉返神经的影响, 最大程度地保留和改善声带运动功能。

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