

2007 IN-TRAINING REVIEW CASES

SCOTT D WEINER
SUMMA ORTHOPAEDICS

JD

- 28 YO FEMALE
- ACTIVITY RELATED PAIN
- NO TRAUMA OR SYSTEMIC SYMPTOMS



Sign: 313mm 1000

ID0

Ex: 76

Se: 3/

Im: 6/

OSag

A
R

SE/cs
TR: 750
TE: 17
EC: 1/1 16kHz

EXTREM
FOV: 16x16
4.0thk/1.0sp
20/04:59
256x192/2 NEX
NP/cs/SPF

= 1540 L = 630



Signa 1.5T SYS#MRS10C0

Ex:7802

Se:4/4

Im:12/31

OSag R62.9

S

41 F 72535

07-02-98

19:11

MF: 1.1

A
R

GR/35

TR:600

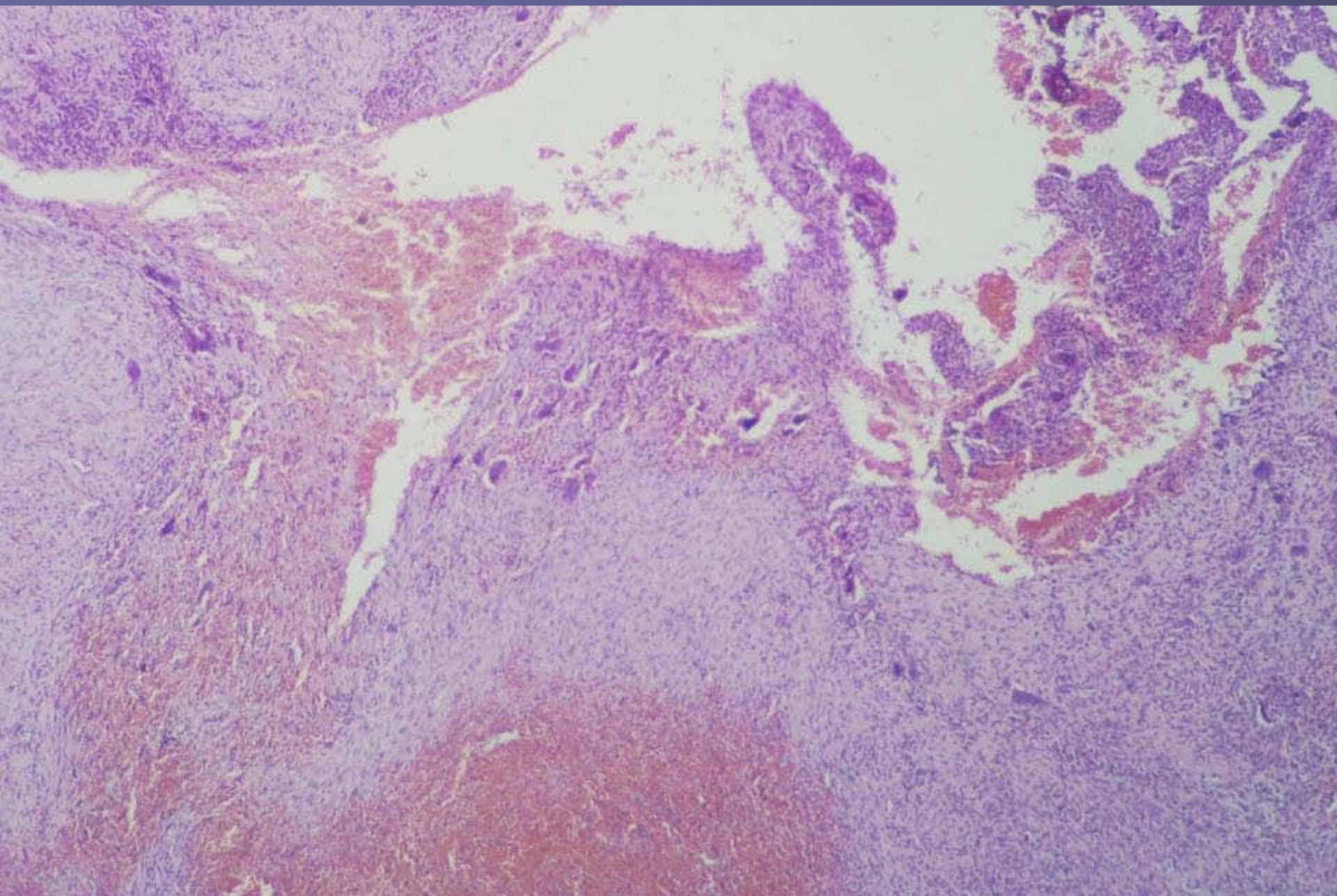
TE:19

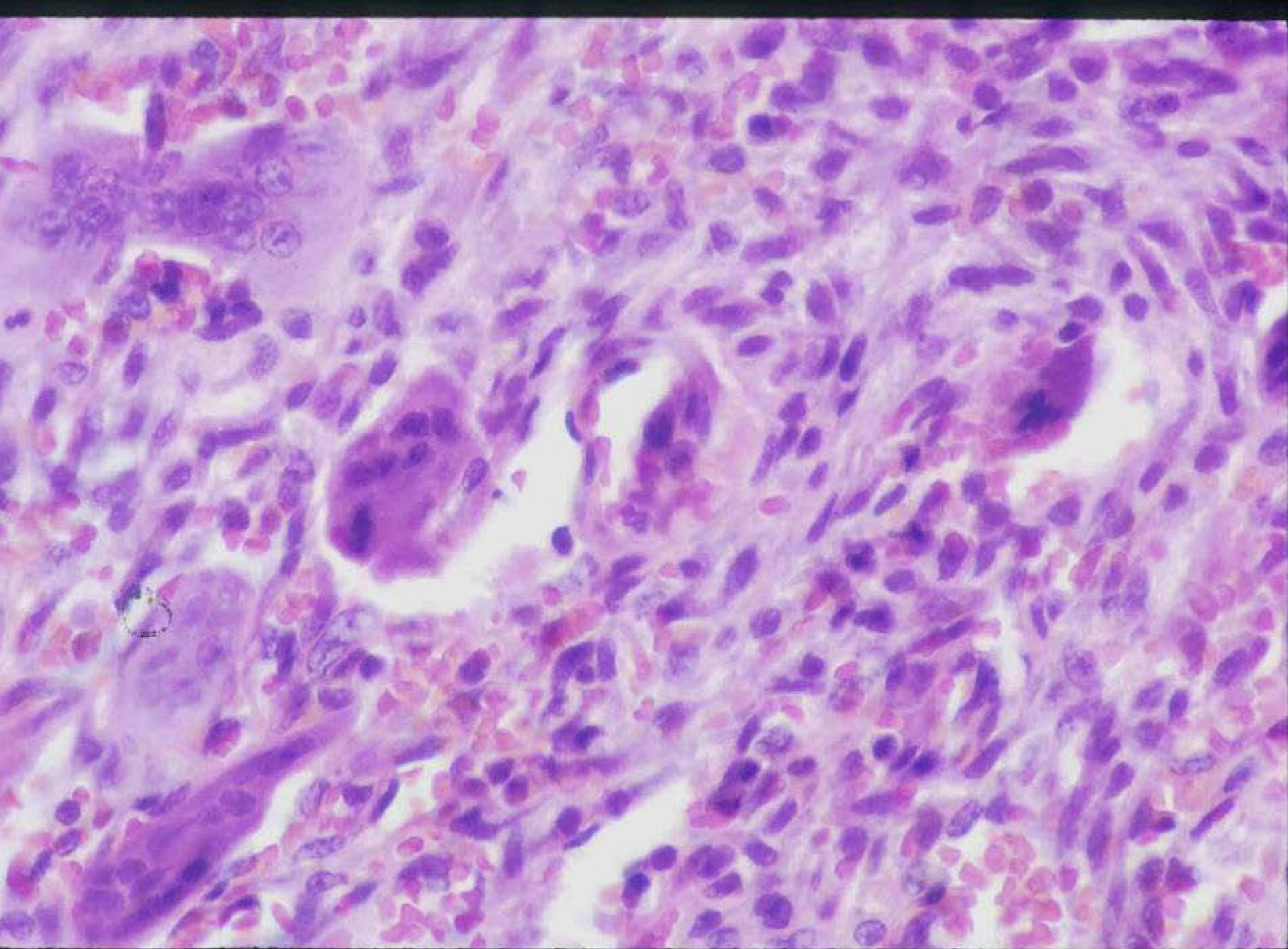
EC:1/1 16kHz

EXTREM

FOV:16x16



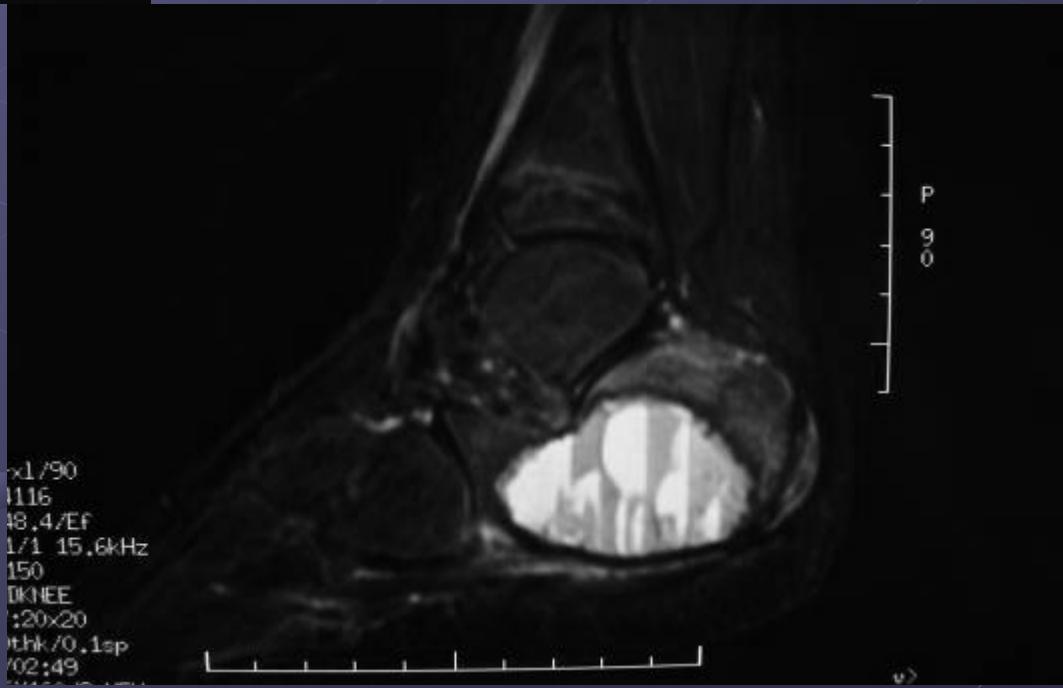
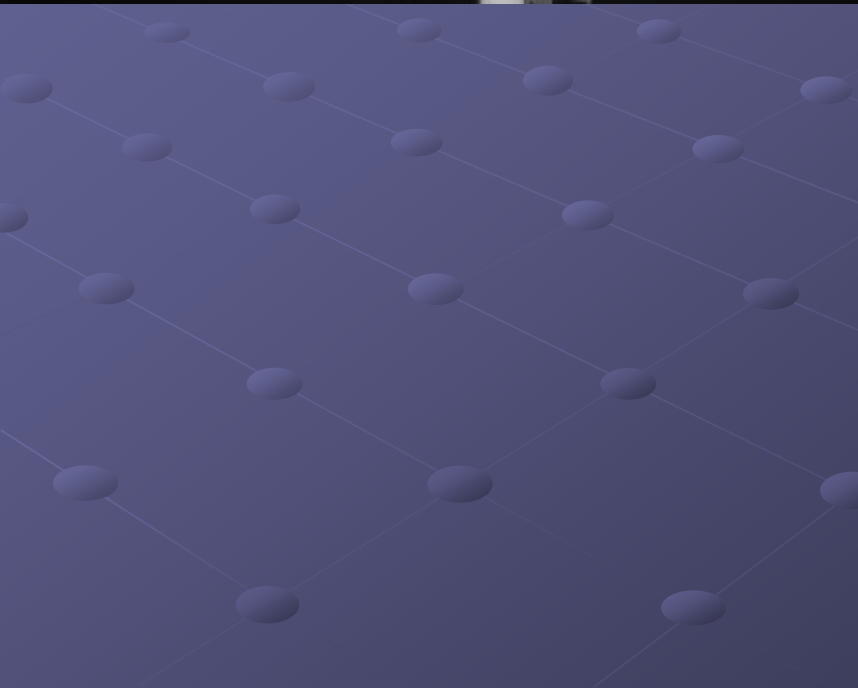
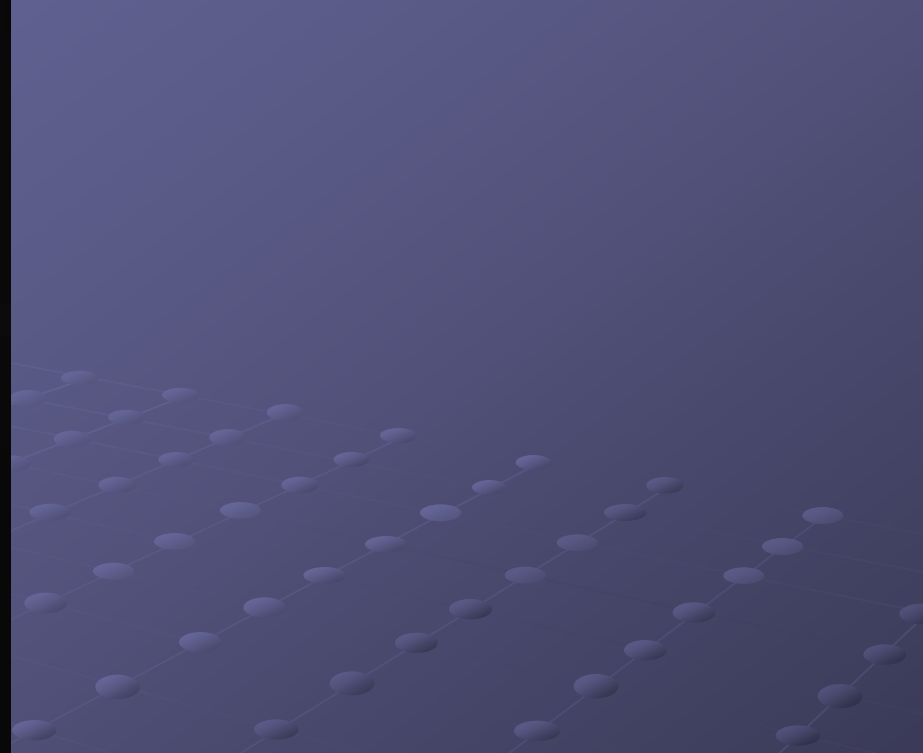




ANEURYSMAL BONE CYST

- Young, metaphyseal, eccentric, cortical
- 'expanded' cortex with rim of reactive bone
- Fluid-fluid levels, donut sign on bone scan
- Histo.. Blood filled lakes, lining of fibroblasts, giant cells and hemosiderin, rim of reactive bone
- Likely reactive process and seen secondary to other lesions
- Rx.. CBG





DP

- 22 YO FEMALE
- PAINFUL LESION
- NIGHT PAIN



00:04261 116190

20:11F

02.006:01 NO C

H

1998/07/28 12:53:12

HF -20.0

Left Knee

AP +1.2

LR +92.4

COR

SPS

HF+22°

LR+00°

4.00mm

R
A

S76

0.50T

VE

TR: 2300

TI: 0

TE: 30

Multi: 6/ 16

ECHO: 1/ 2

FOV: 17cm

NEX: 1

MAT: 160H/256V

06min08sec

MAG: 1.3 x= -0.40cm y= -1.06cm F

2.5

0

cm

L
P

WOOSTER COMMUNITY HOSPITAL

WOOSTER COMMUNITY HOSPITAL

00:04261 116190

06.016:01 NO C

HF -68.0

AP -11.0

LR +92.0

AX

LR+00°

AP+00°

4.00mm

20:11F

1998/07/28 13:32:09

Left Knee

0PS 0FC

R

S76

0.50T

FIR

TR: 2800

TI: 100

TE: 25

Multi: 16/ 22

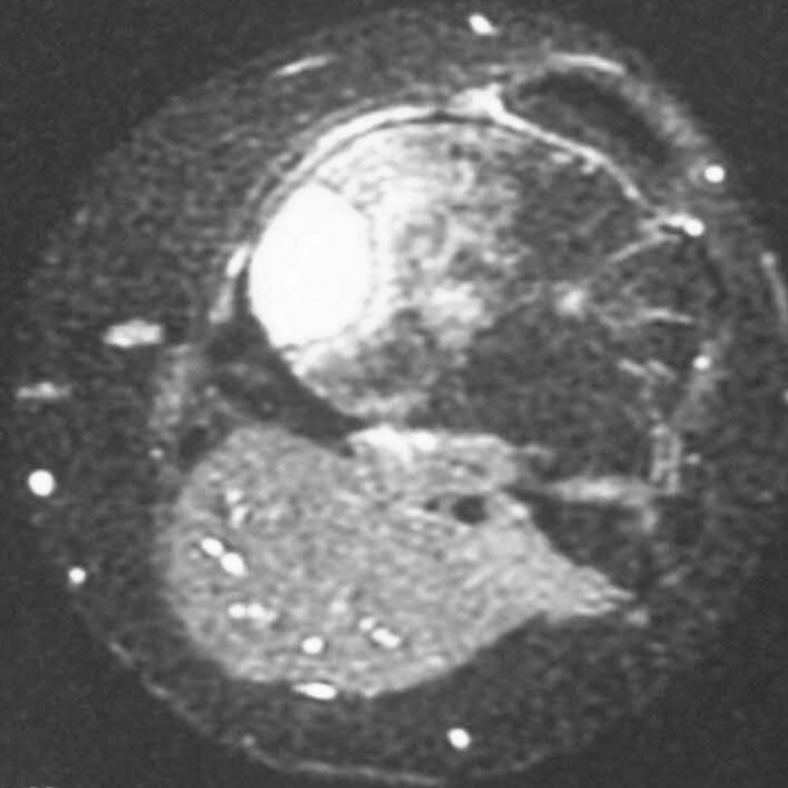
ECHO: 1/ 1

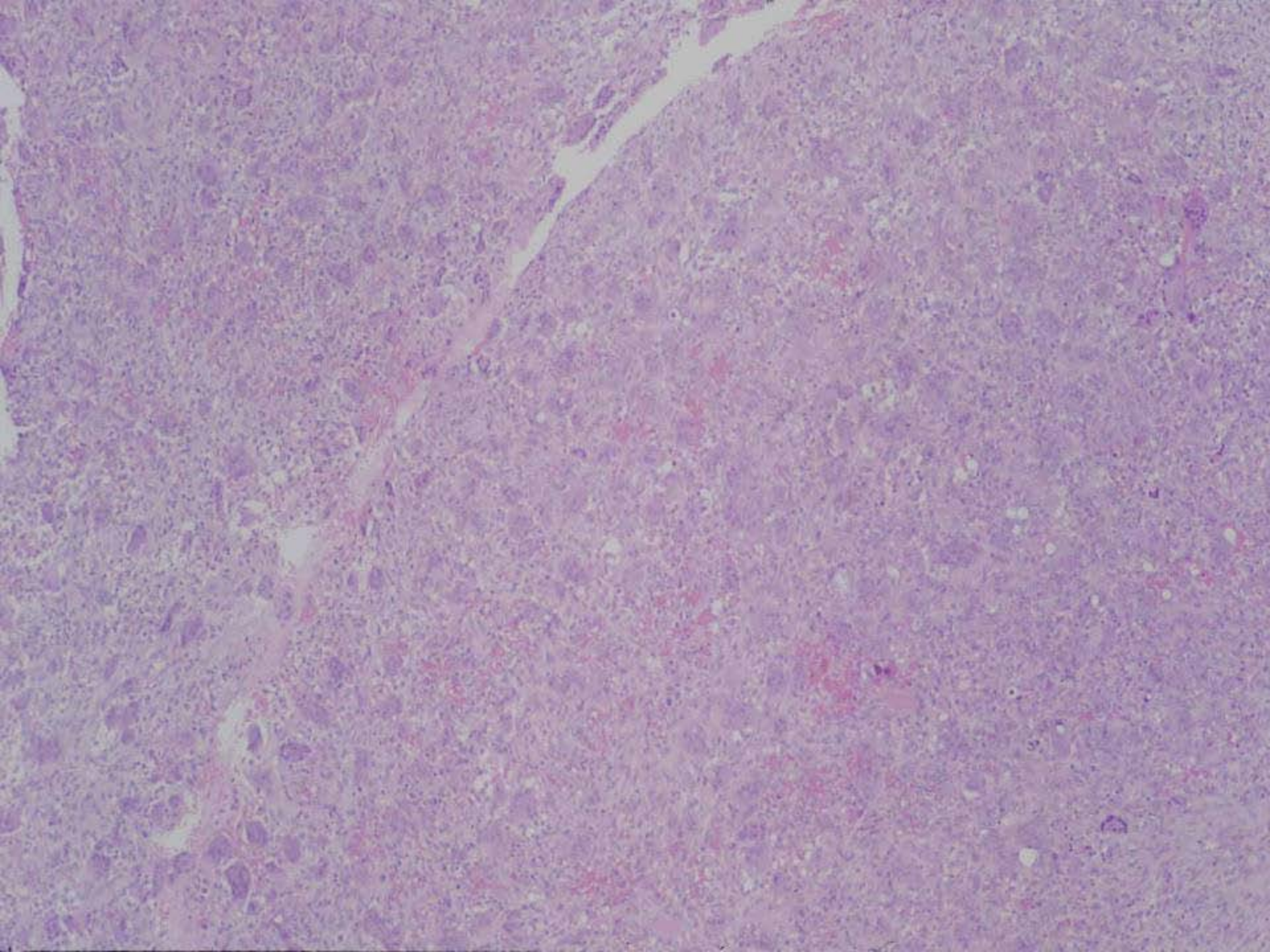
FOV: 17cm

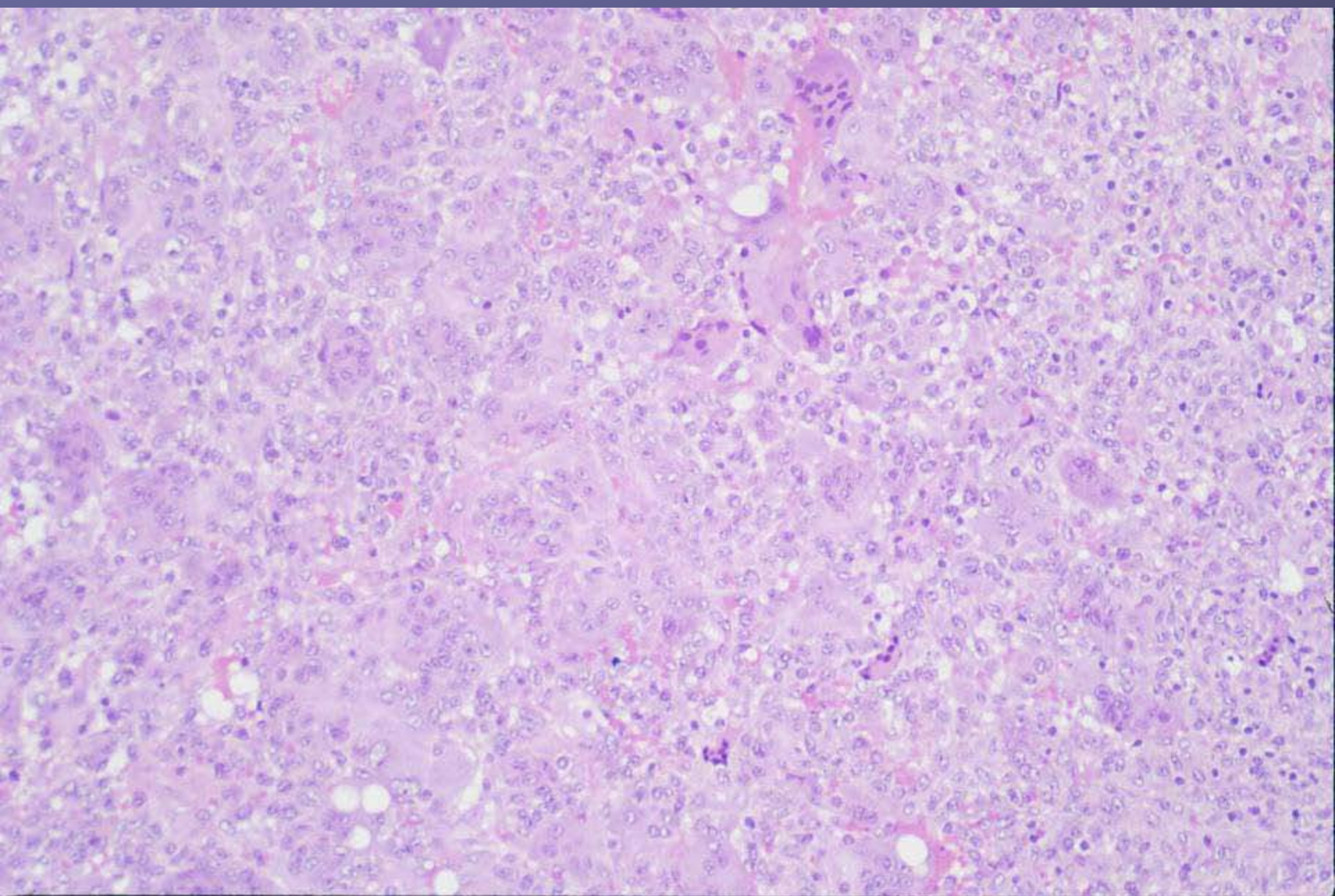
MEV: 2

3
0
cm

L









GIANT CELL TUMOR

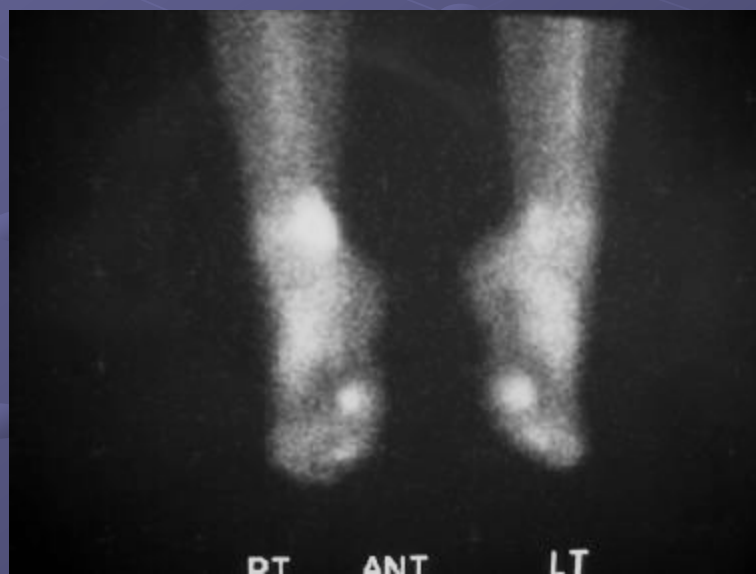
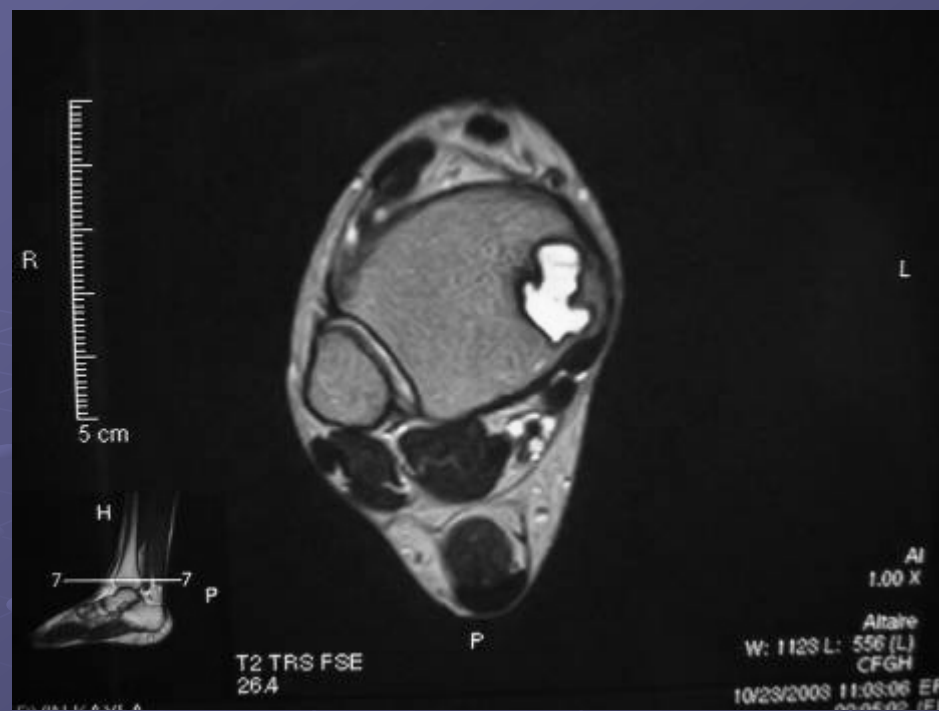
- Stage 3, epiphyseal, skeletally mature, knee/wrist/spine
- Histo.. Giant cells diffuse, ghosts, nuclei of giants same as stromal
- May be multicentric (check PTH), 'mets'
- Rx.. 'extended' curettage with local adjuvant (phenol, N2, PMMA)
- High recurrence rates

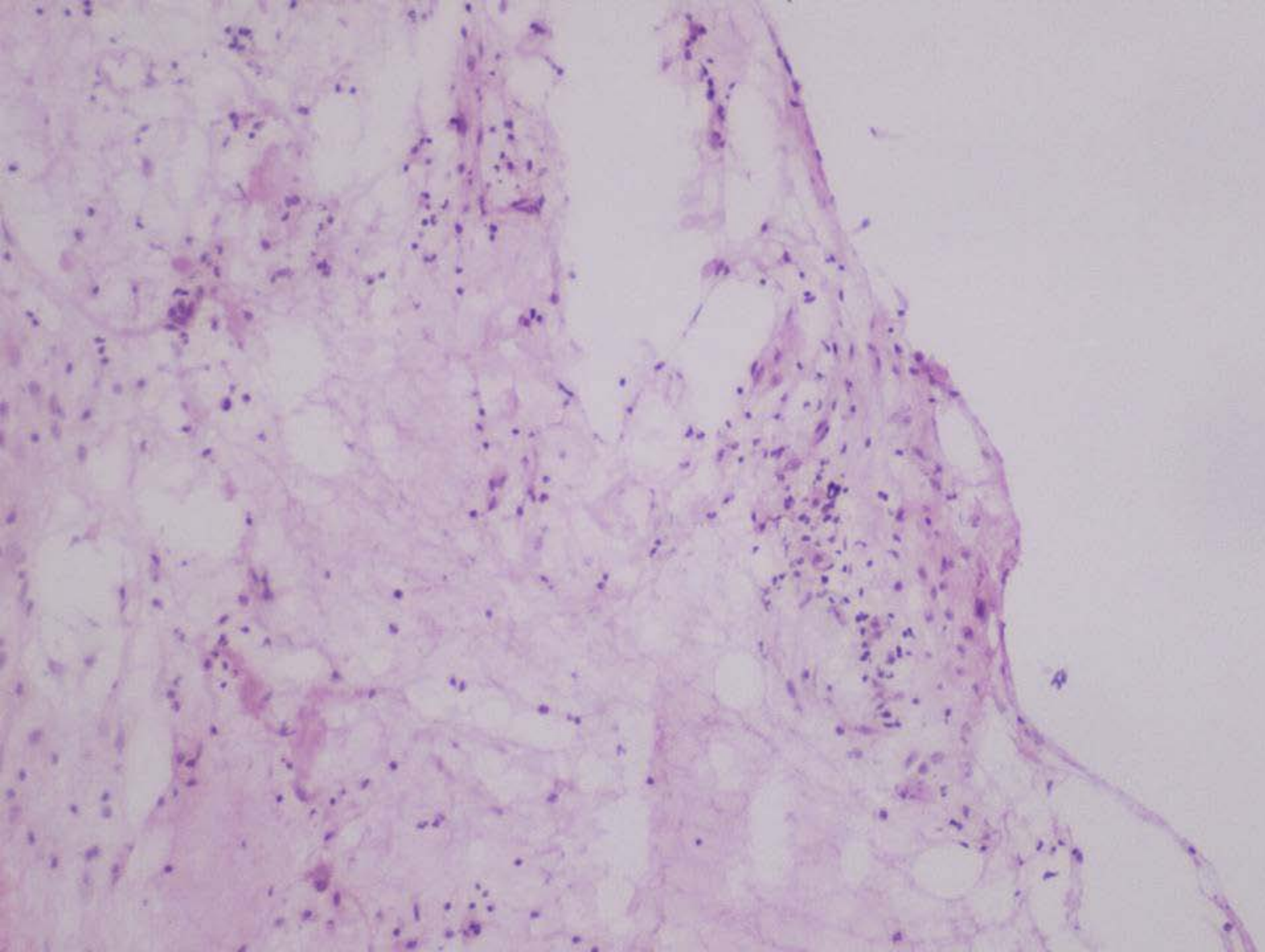


KE

- 30 YO FEMALE
- NO TRAUMA
- ANKLE PAIN WITHOUT EFFUSION





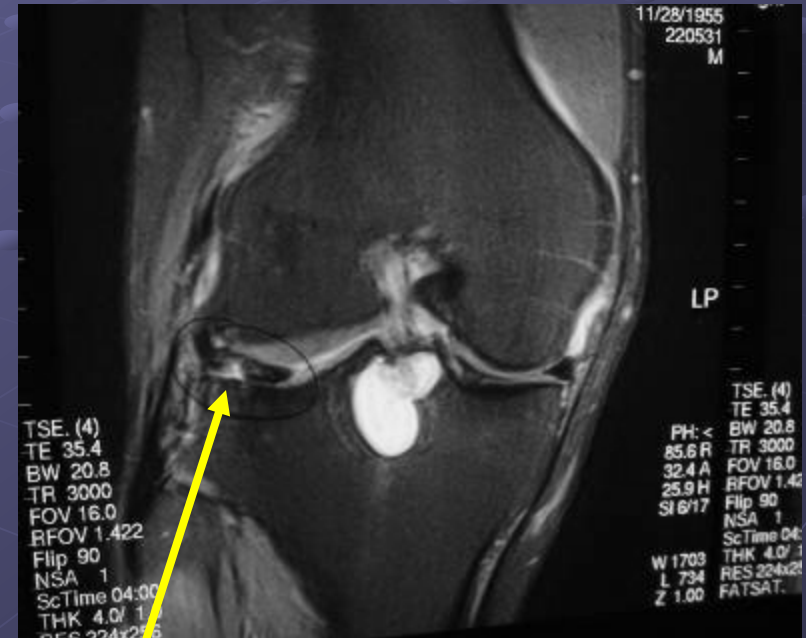
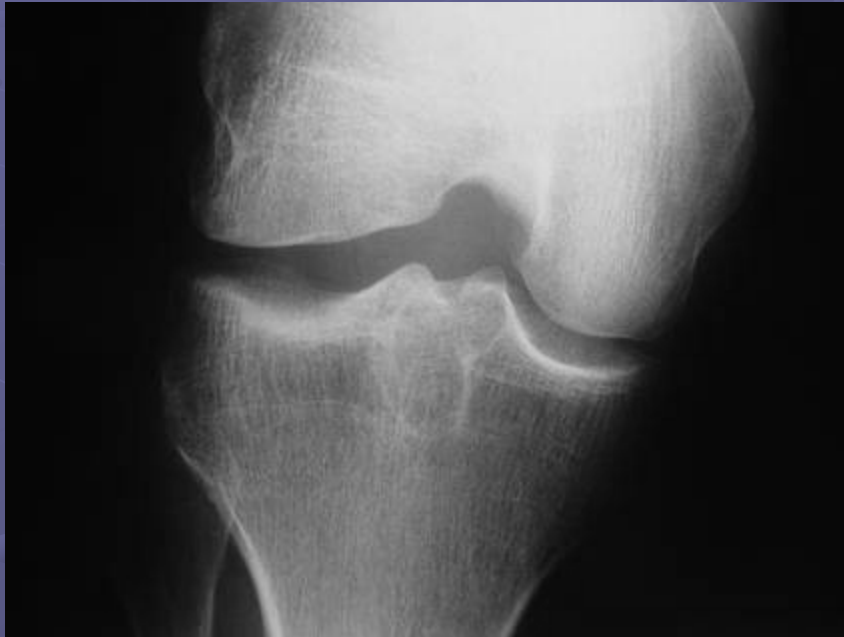


INTEROSSEOUS GANGLION

- Adult, medial malleolus/glenoid/patella
- Rarely find joint connection
- If associated with DJD, better to call a 'GEODE'
- Often painful (stage 2), ?why
- Rx.. CBG



Geode (degenerative cyst)



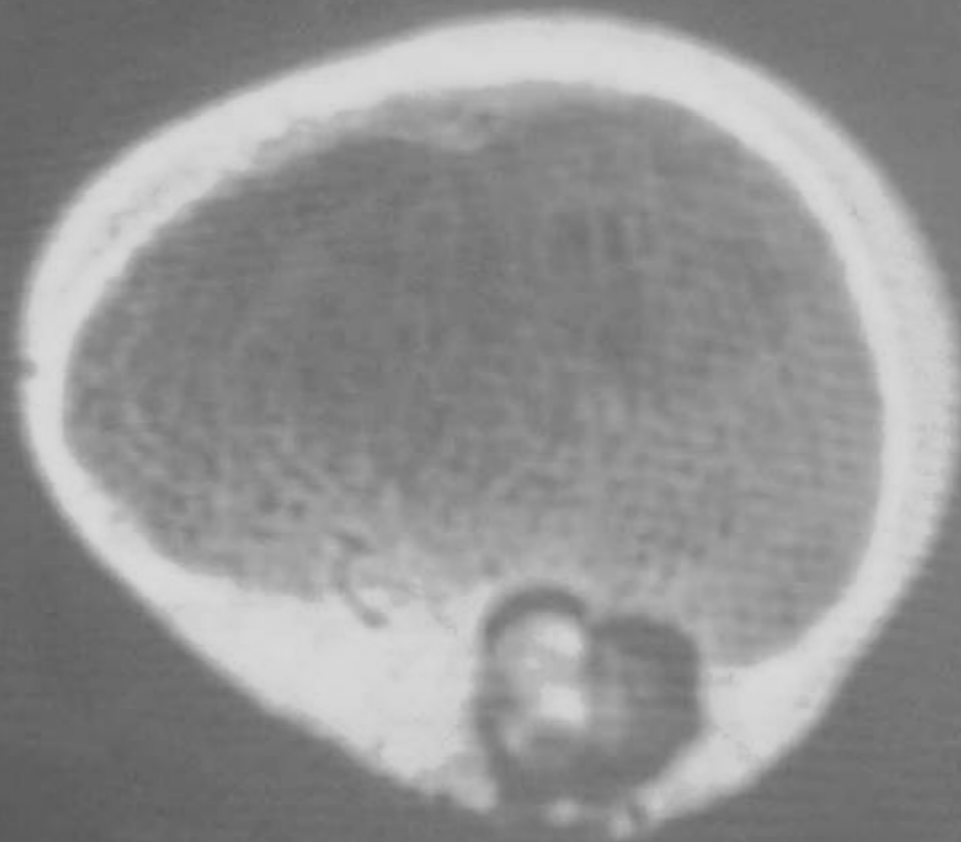
JR

- 12 YO WITH NIGHT PAIN
- NO SYSTEMIC SIGNS



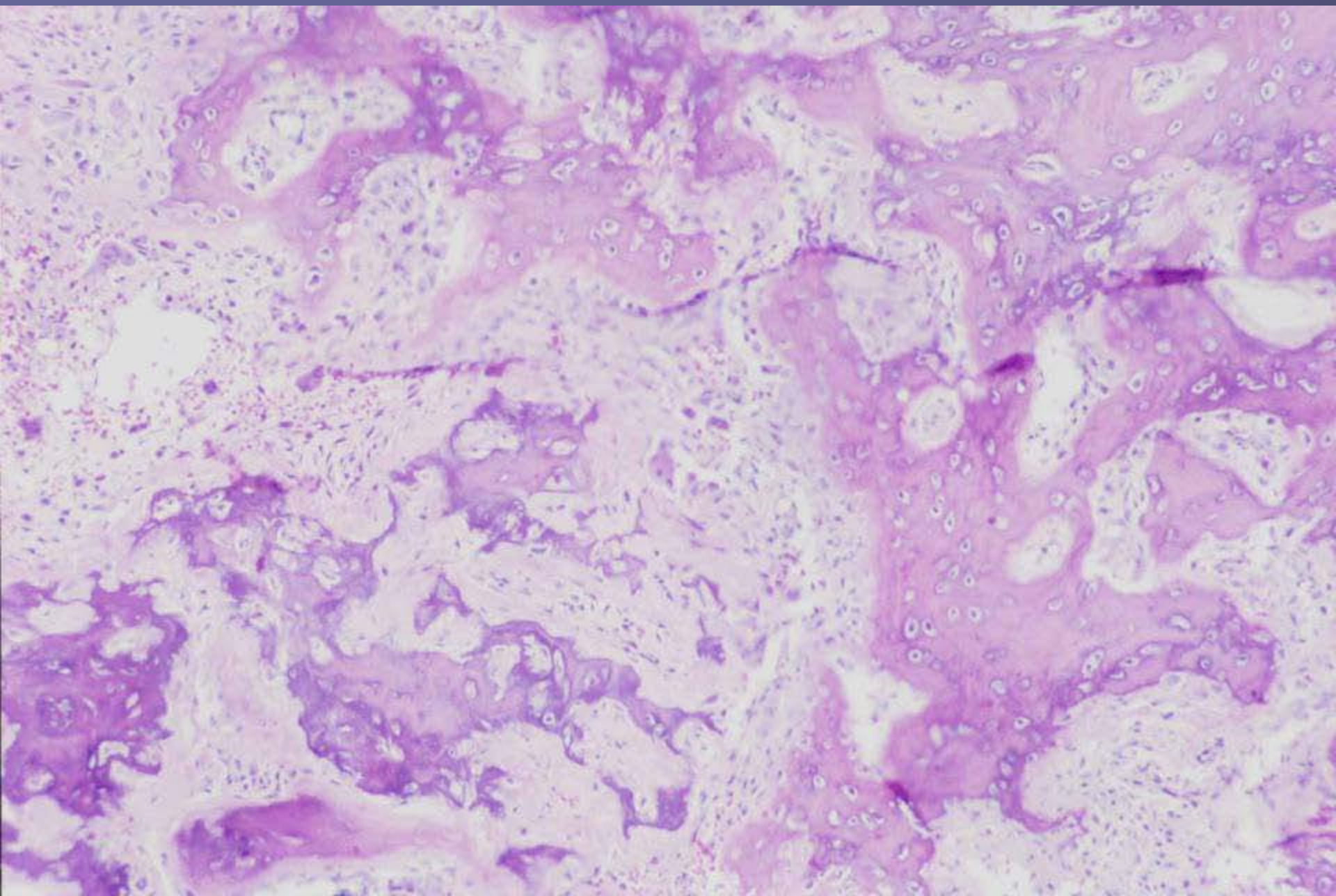
FOV 11.0
6.50
10
AGE

11/11/11
F
V



R

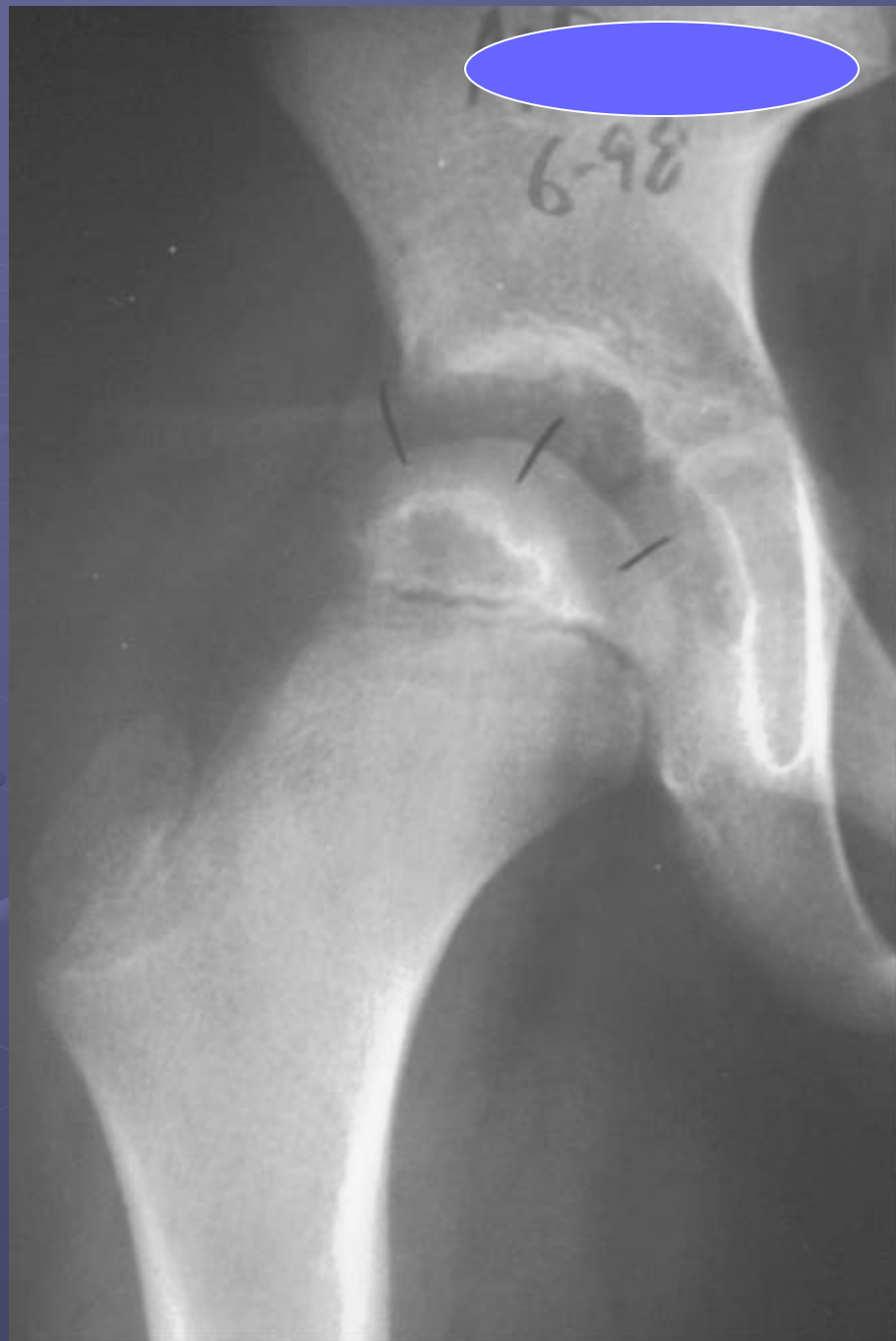
120 KV
120 MA
SML SFOV
0.1



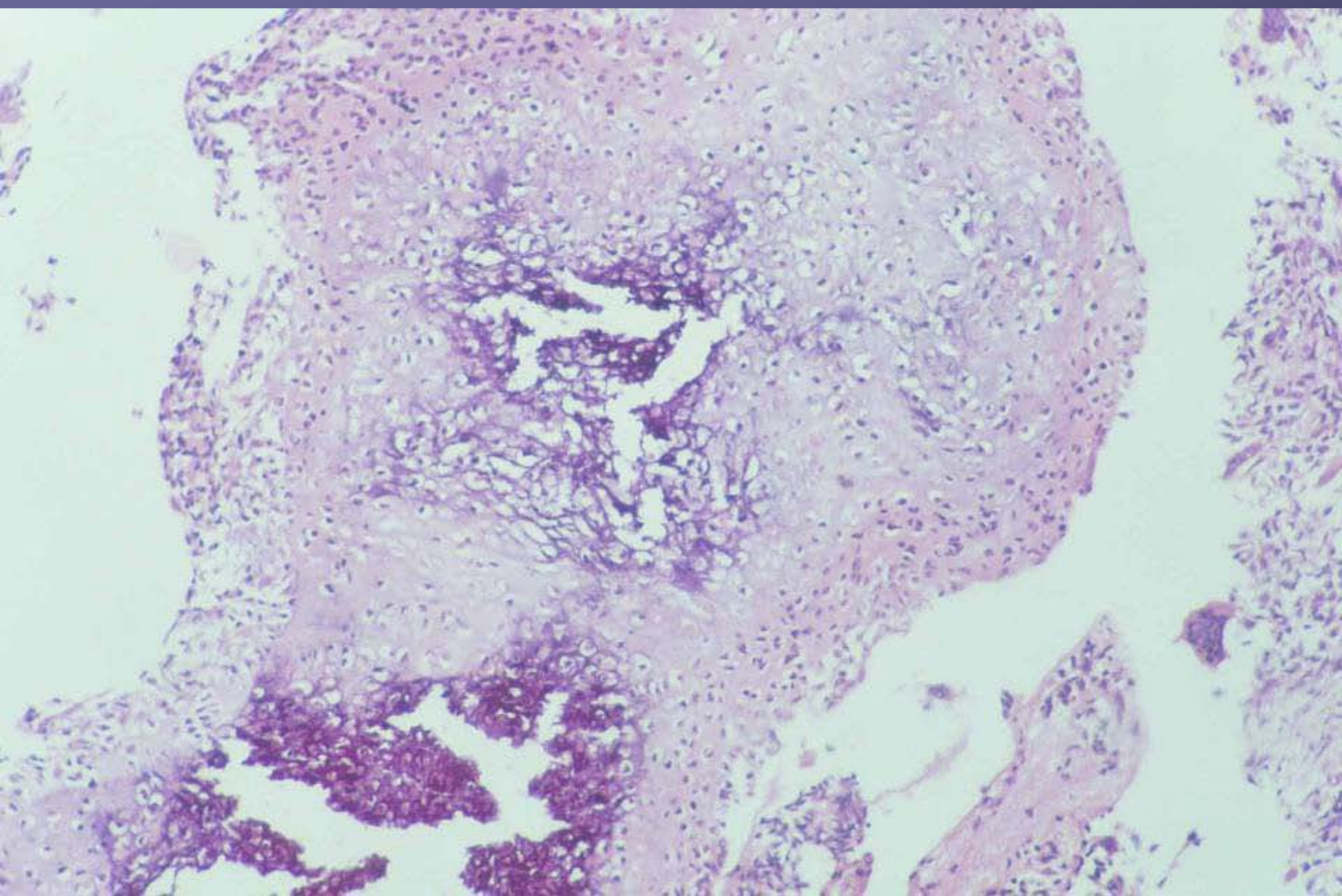
OSTEOBLASTOMA

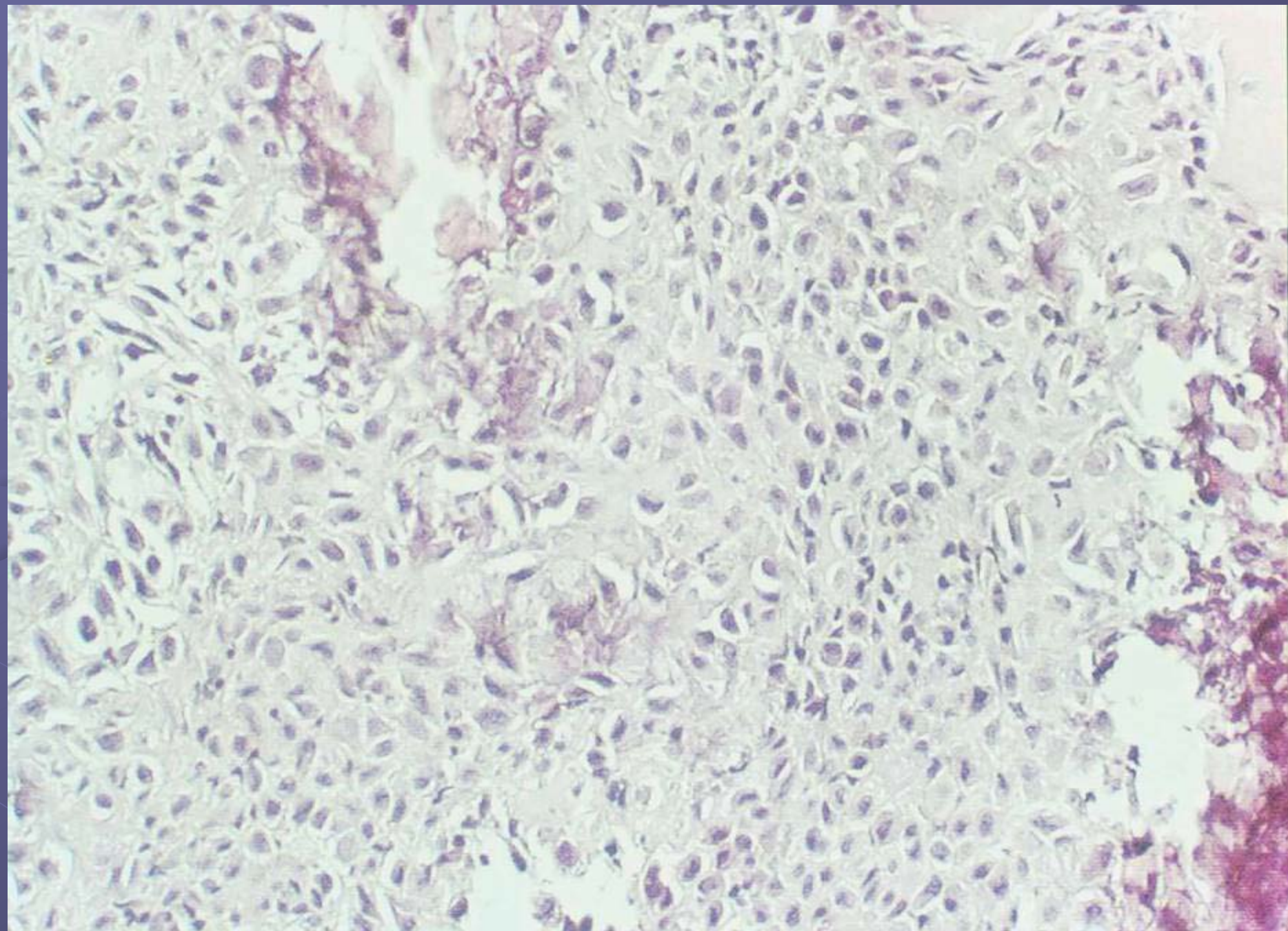
- Like osteoid osteoma but larger
- Spine
- Histo same as osteoid osteoma
- Will not spontaneously resolve
- Stage 2 or 3, may 'metastasize'
- Treat with aggressive curettage

- 6YO WITH HIP PAIN AND EFFUSION
- LIMITED RANGE OF MOTION
- NO SYSTEMIC SIGNS





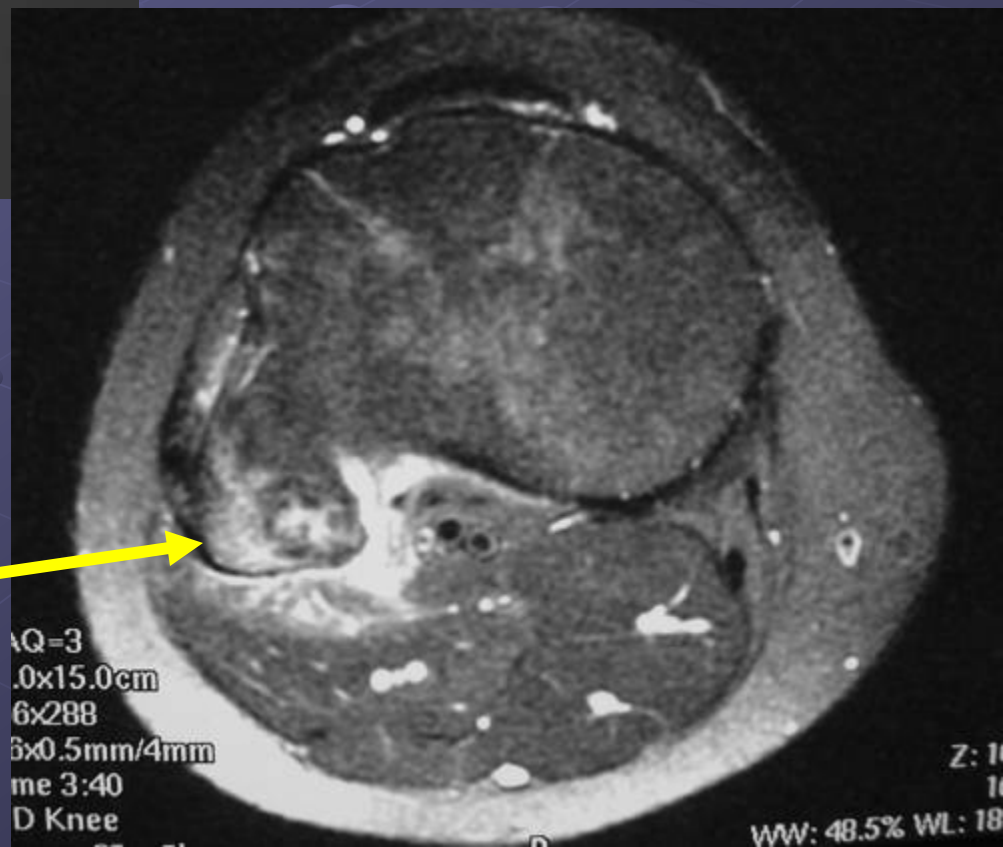






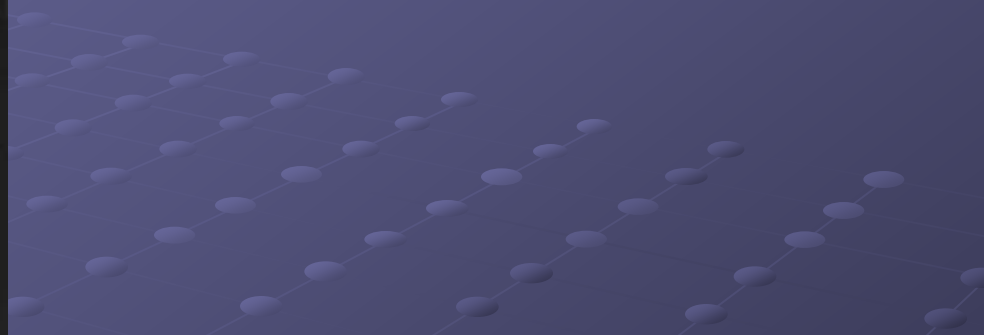
CHONDROBLASTOMA

- Skeletally immature
- Epiphyseal, sympathetic effusion, knee and shoulder, little calcification on x-ray
- Stage 2 or 3, 'benign mets'
- Histo.. plump cobblestone cells, chicken wire calcification, bizarre giant cells
- Rx... CBG through center of physis



CF

- 9 YO WITH NO TRAUMA
- ACTIVITY RELATED PAIN
- NO SYSTEMIC SIGNS



SIMPLE BONE CYST

- Metaphyseal, central, prox humerus/femur
- Expanded cortex, fallen leaf
- Active vs. latent
- Spontaneous resolution
- Rx.. Aspirate and inject (esp.. femurs)
 - CBG only in latent proximal femurs
 - Be as conservative as possible as it will resolve



2003,13:29



(8)
35
0.9
20.8
5200
16.0
N 1.750
90
1
Time 04:51
C 4.0/ 1.0
S 256x256



MS

- 60 YO FEMALE WITH A FEW MONTH HISTORY OF ACHING PAIN IN THE HIP
- NO HISTORY OF CANCER



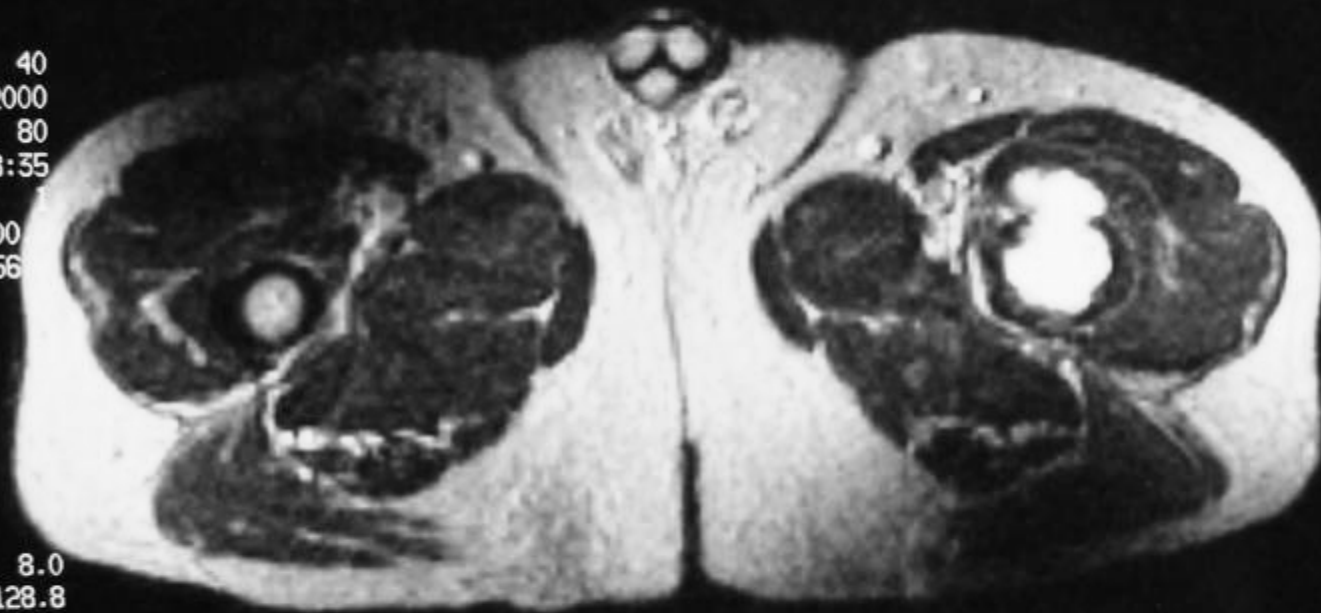


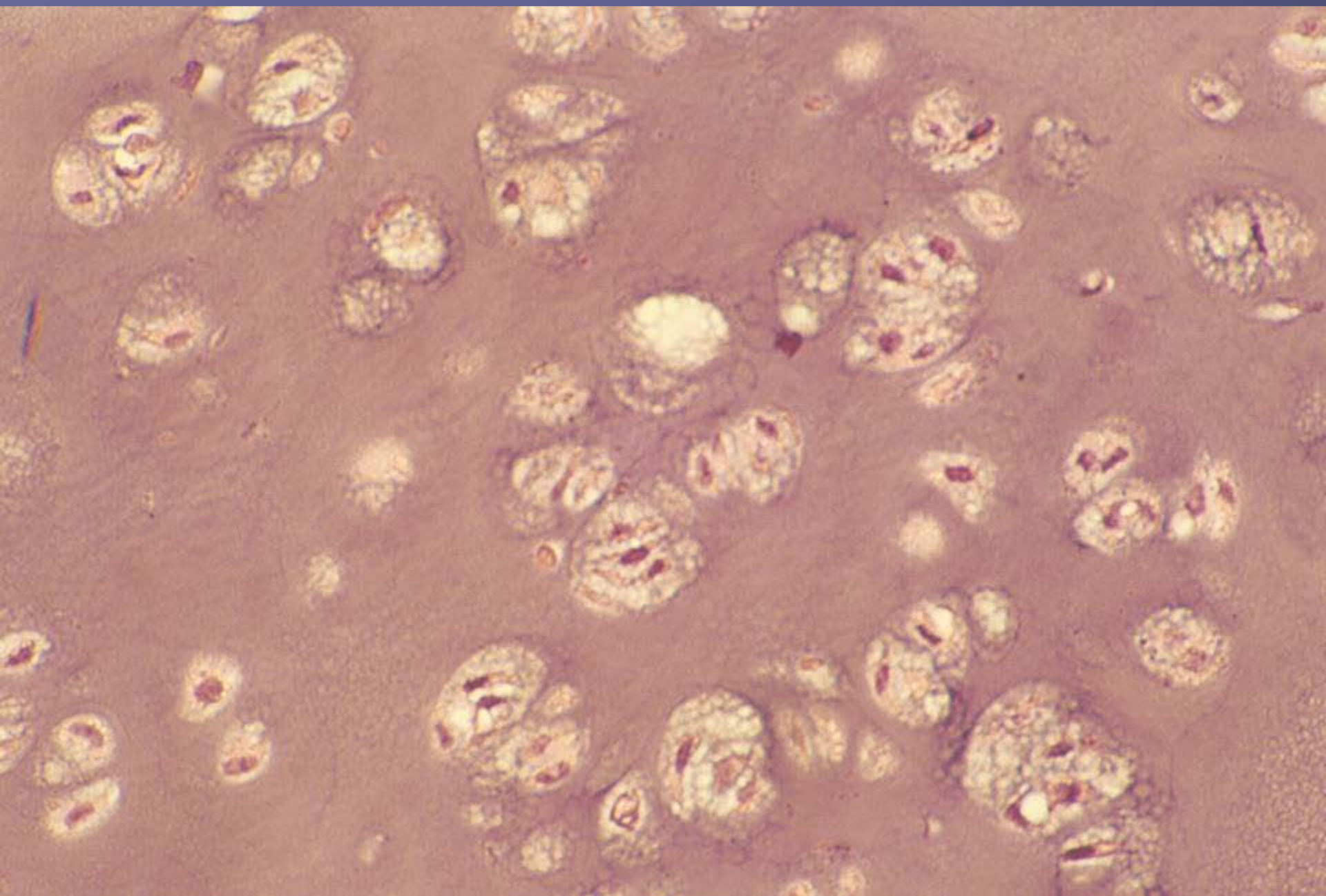
1-JAN-98 10-AUG-97
lbs 12:55:30
T FEMUR

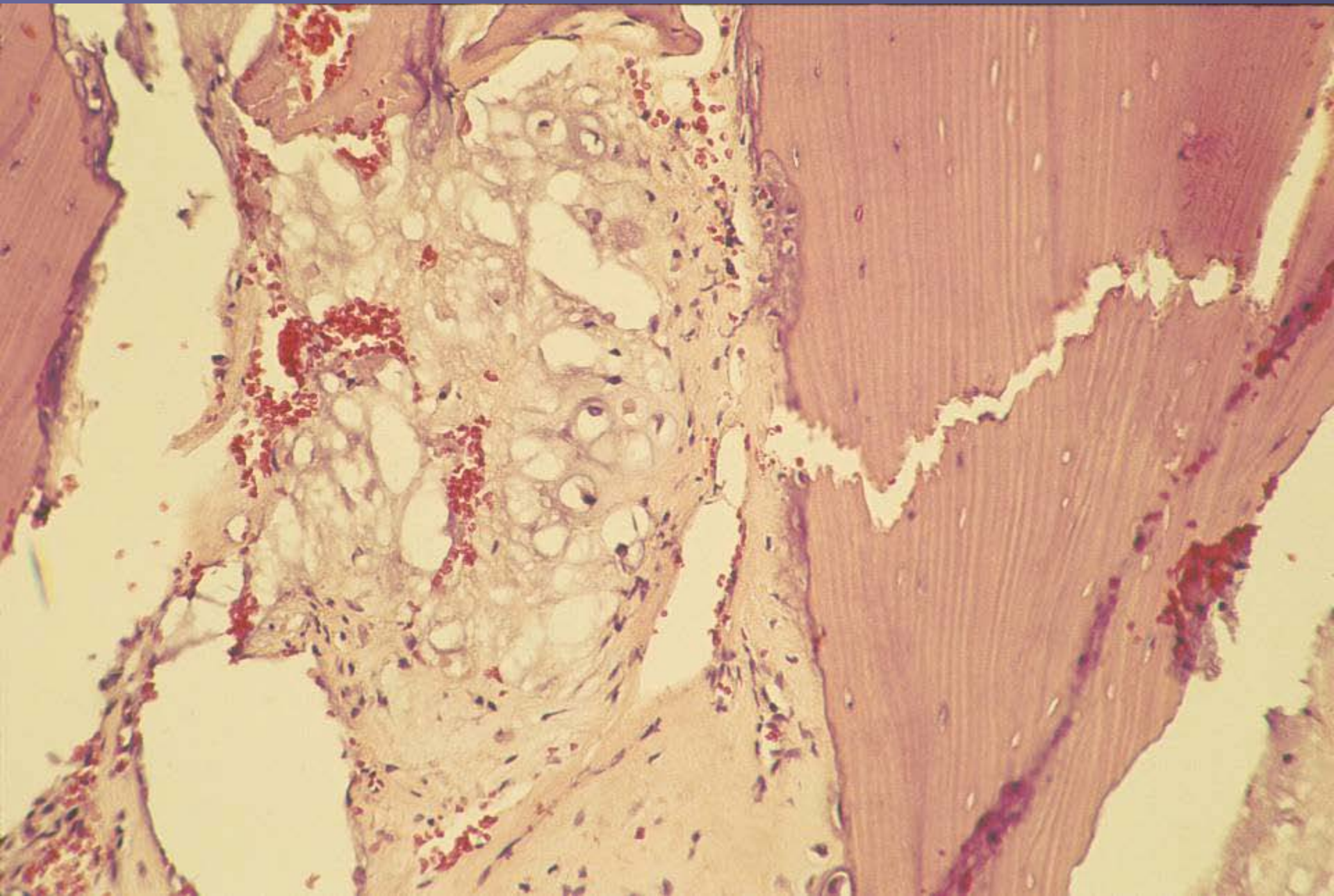
40
2000
80
8:35
500
256*256

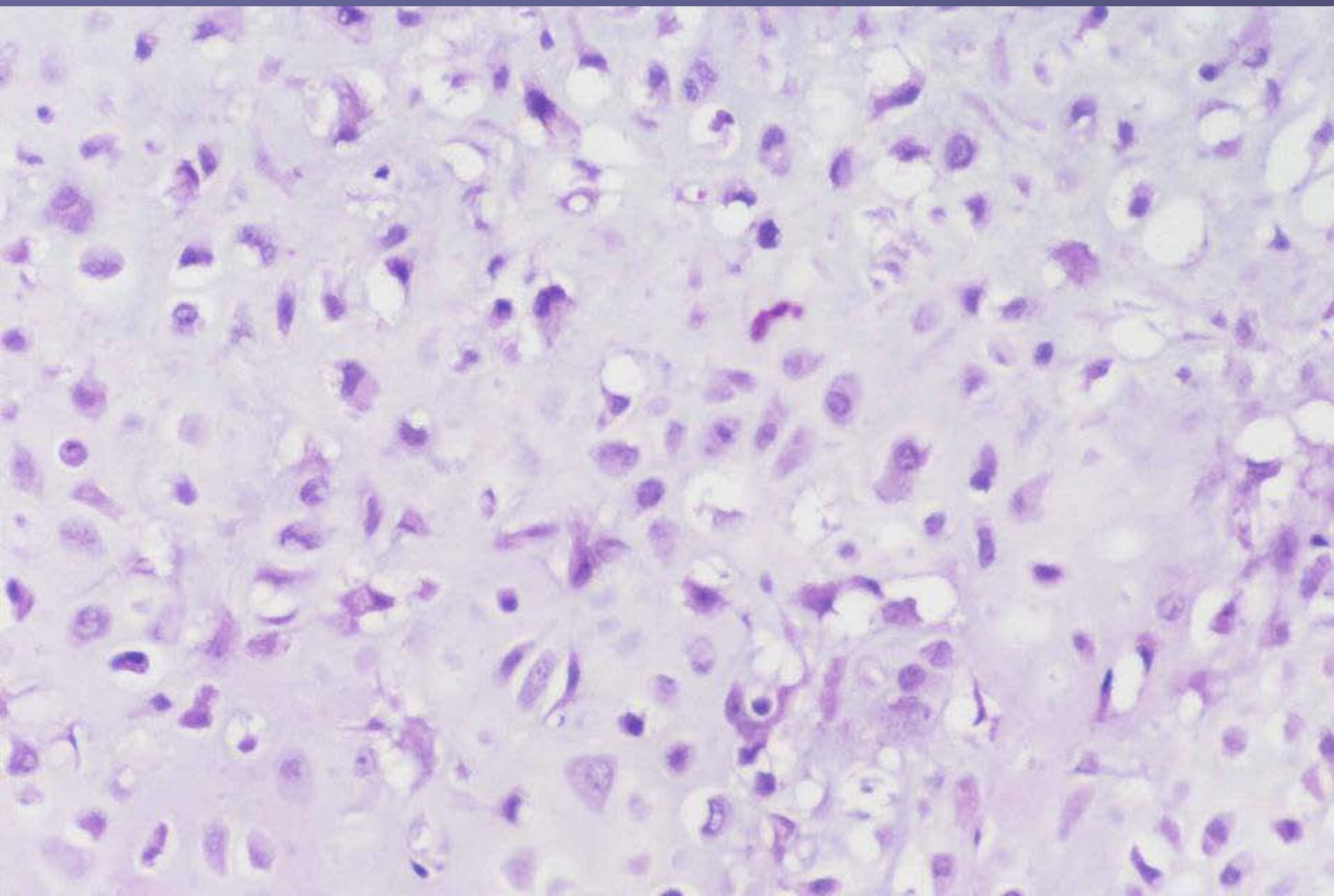
nk 8.0
os -128.8
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cr-f-s A2









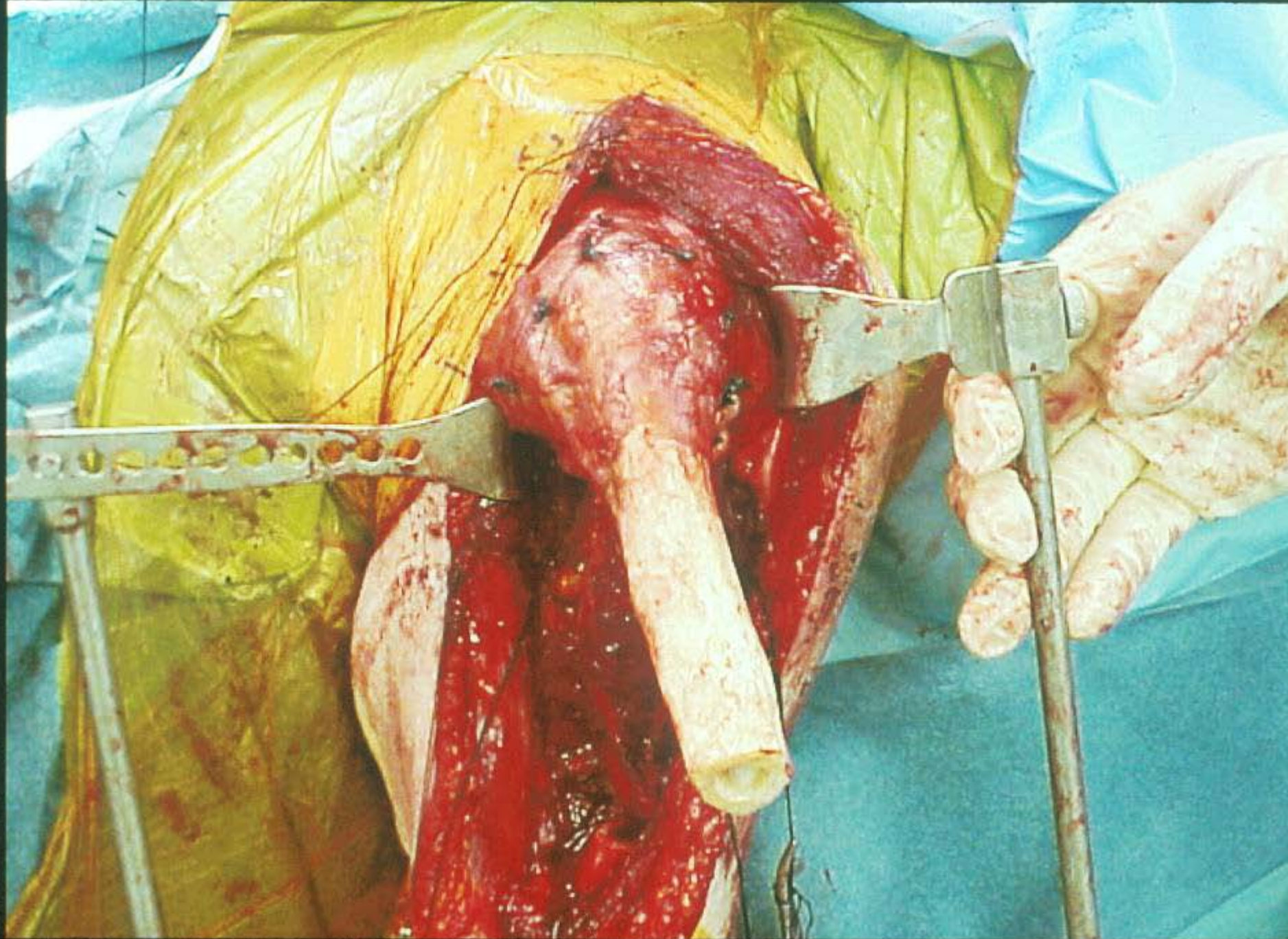
CHONDROSARCOMA

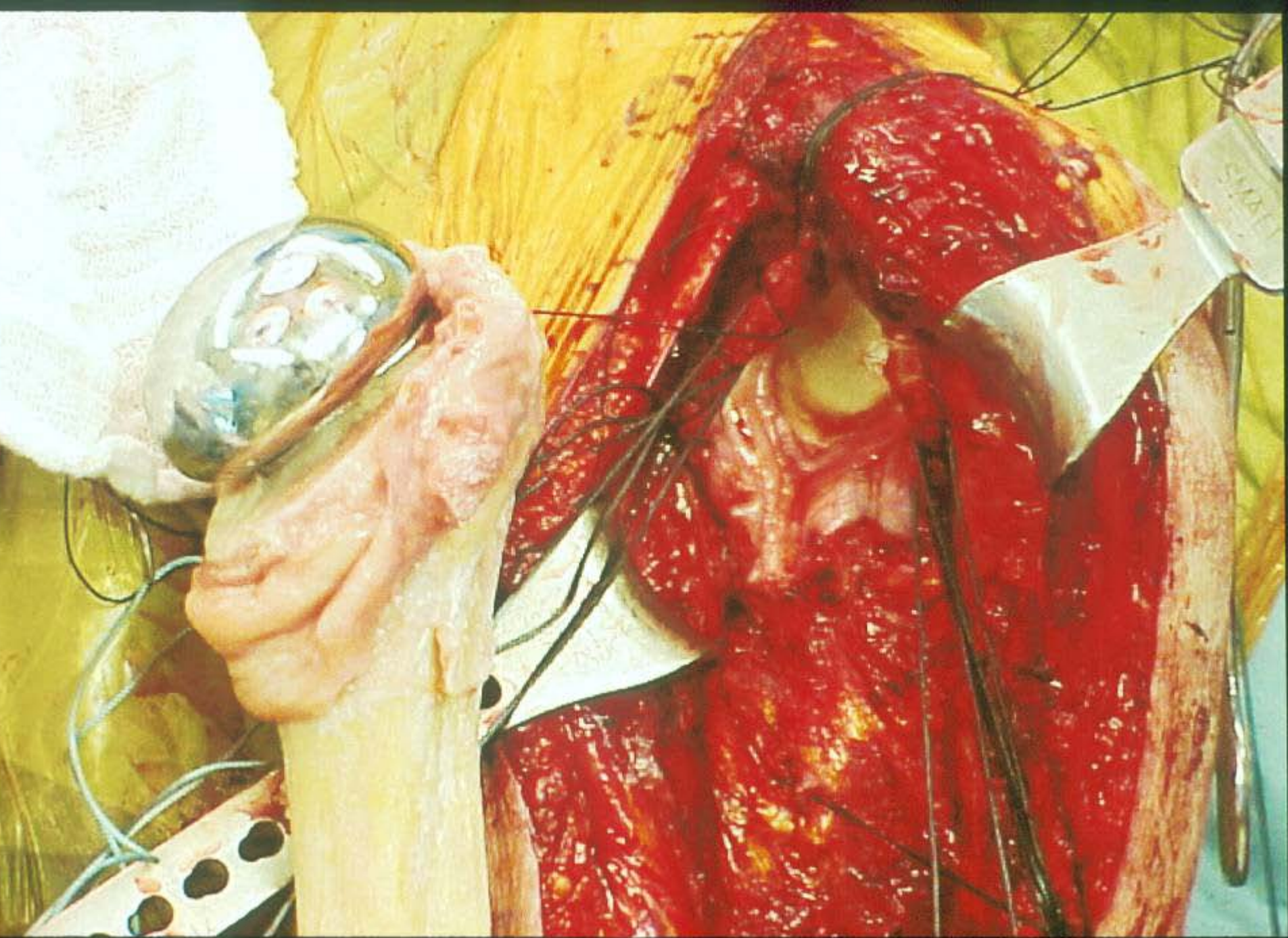
- Low grade tumor
- X-ray...
 - radiolucencies in calcification
 - Change in x-ray over time
 - Soft tissue mass or periosteal reaction
 - Pain (night, worsening, unexplained)
- Histo difficult (permeation, cellularity)
- Rx... wide resection, no adjuvant





LK
1-89







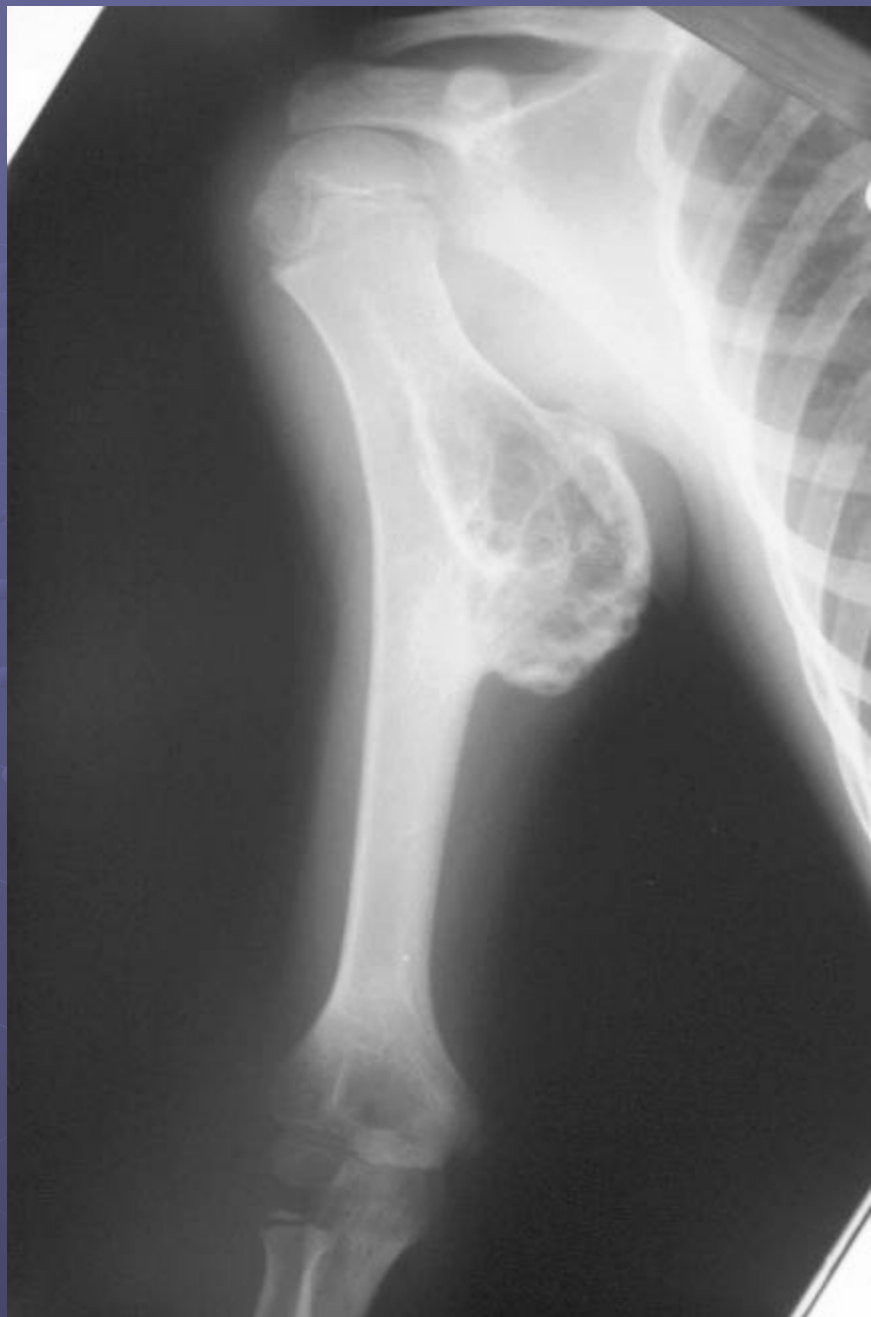
ORT S F 81
6900989 06/02/1917
PETTYJOHN ELEANOR H
01/08/01 259/12/337E
MEINER, SCOTT D
00698944 H
STH

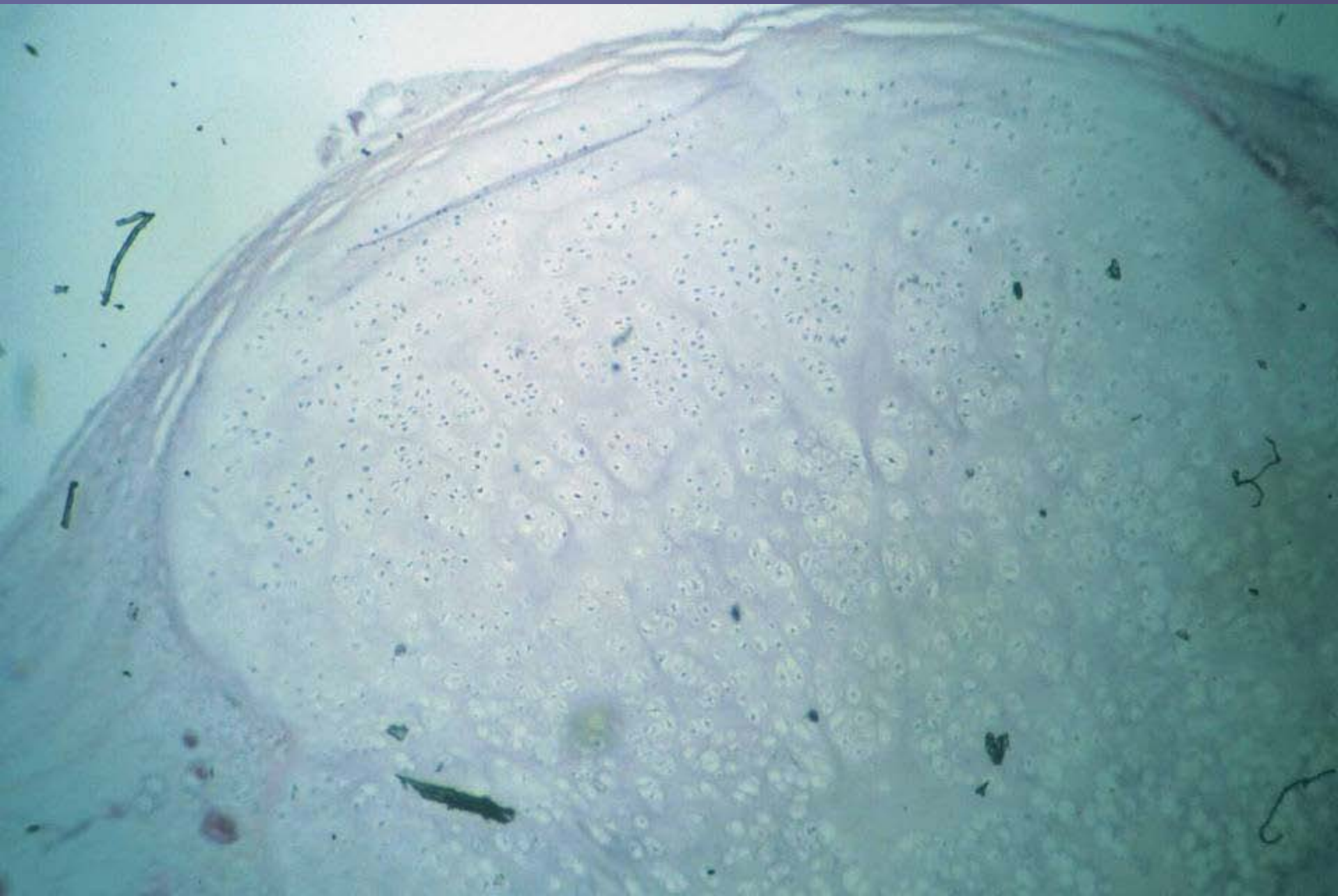
CG

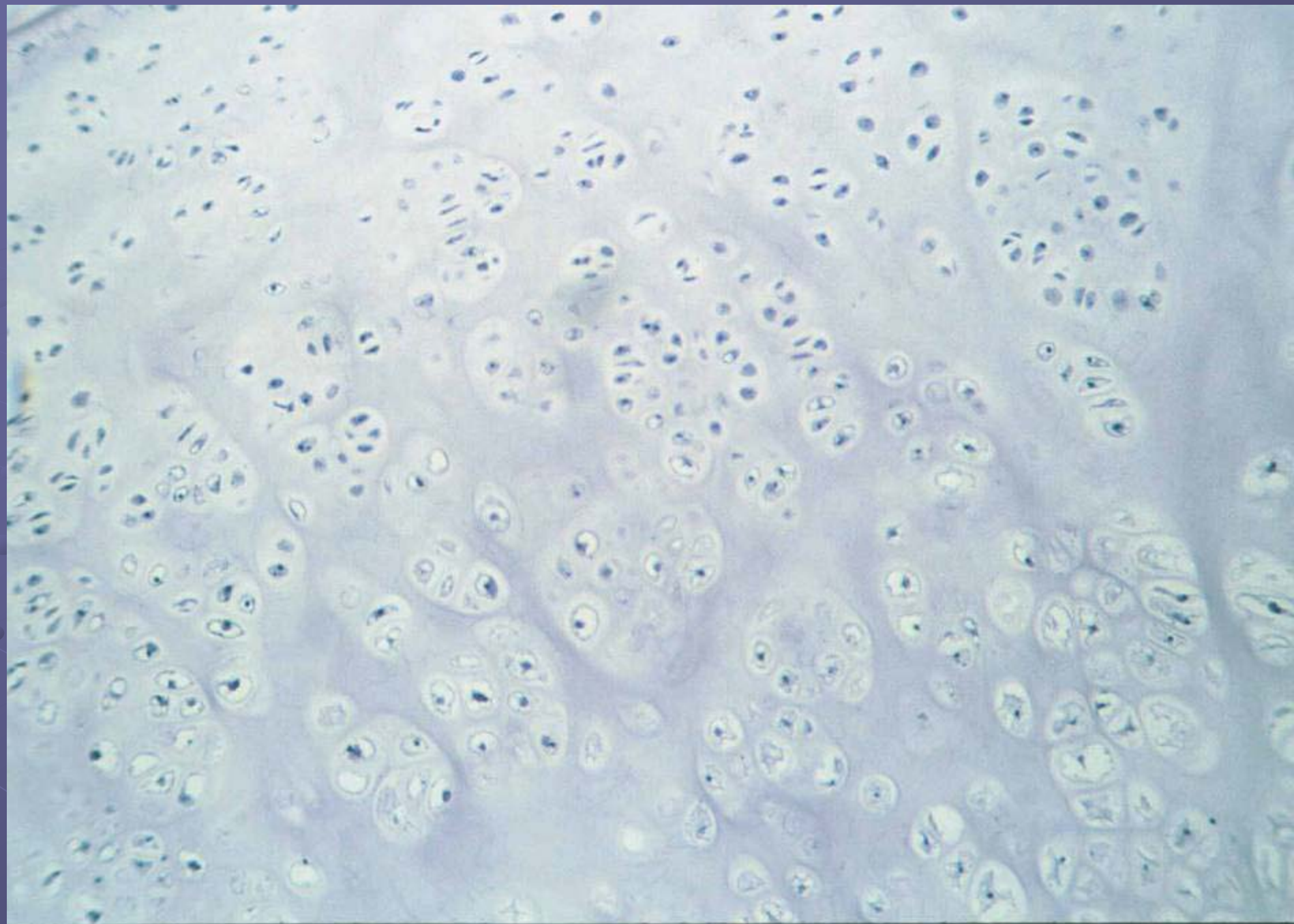
- 8 YO WITH PAINLESS MASS
- ISOLATED DEFORMITY
- NO TRAUMA





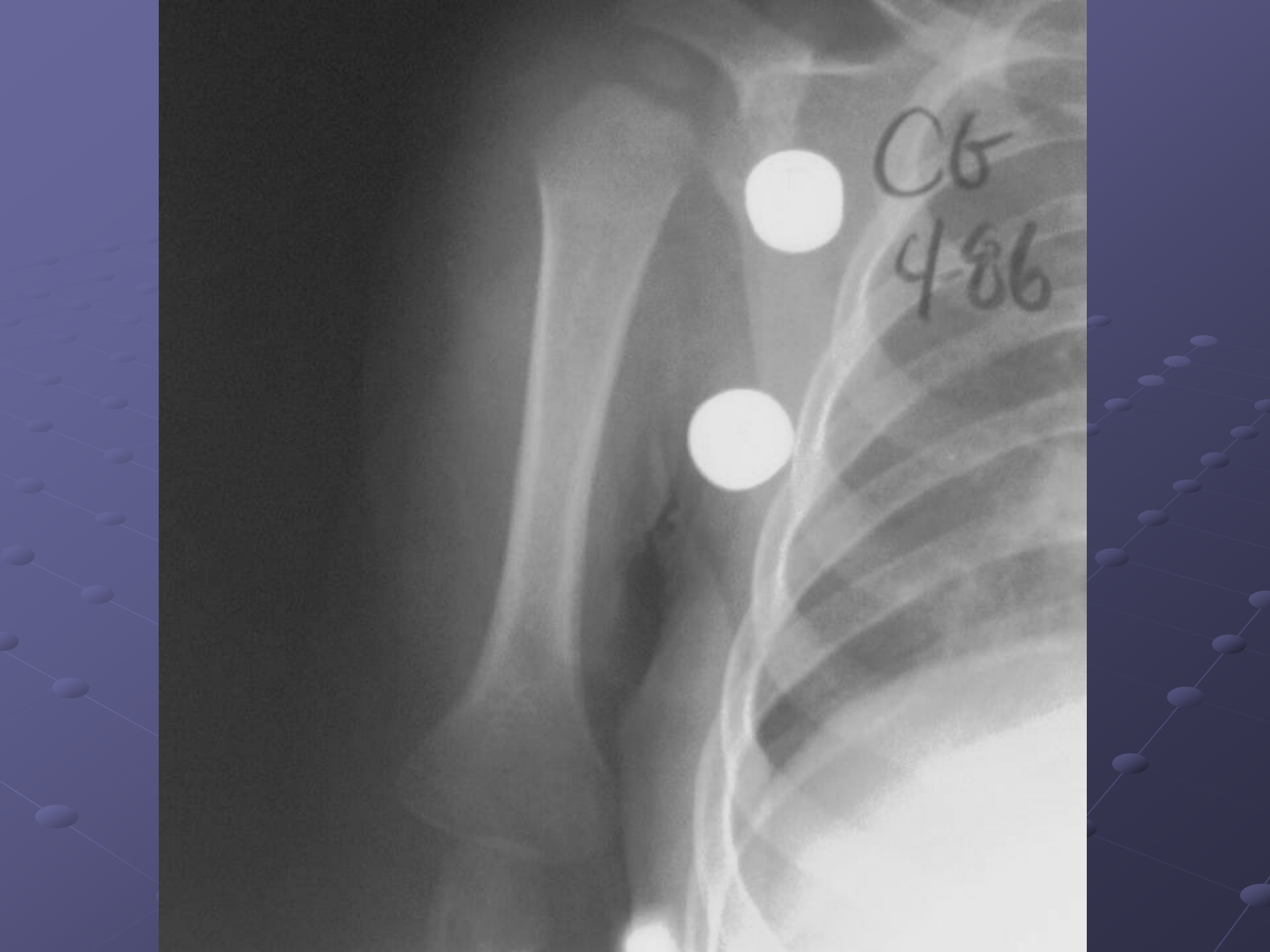






OSTEOCHONDROMA

- Metaphyseal, 'exostosis', very common
- Painless unless compression
- Persistent, rare malignant degeneration (never in child)...pain is hallmark
- Sessile vs. pedunculated, medullary canal extends into base, cortex continuous
- Rx... observe, operate on symptoms or increasing cap after maturity (~2cm)







The image features a grayscale X-ray of a human arm, showing the humerus, radius, and ulna. The arm is positioned vertically. A large, white, stylized letter 'R' is superimposed on the right side of the image, partially overlapping the arm's bones. The background is a dark blue gradient with a subtle pattern of light blue dots and lines, resembling a molecular or atomic structure. The letter 'R' is located in the lower right quadrant of the image.

R

MULTIPLE HEREDITARY OSTEOCHONDROMAS

- Short stature
- Wide metaphyses, pseudo-madelungs, ankle deformity
- Increased malignancy (scapula, hips, pelvis)
- Same treatment as solitary but higher suspicion



TREVOR'S DISEASE



MF

- 10 YO WITH PAINFUL LEG
- 2 MONTH HISTORY OF PAIN
- NO SYSTEMIC SIGNS





e: 2
n: 11
Sag L89.8

F 6 4008
Oct 14
08:26:16
Mag = 1
FL:
ROT:

T:14

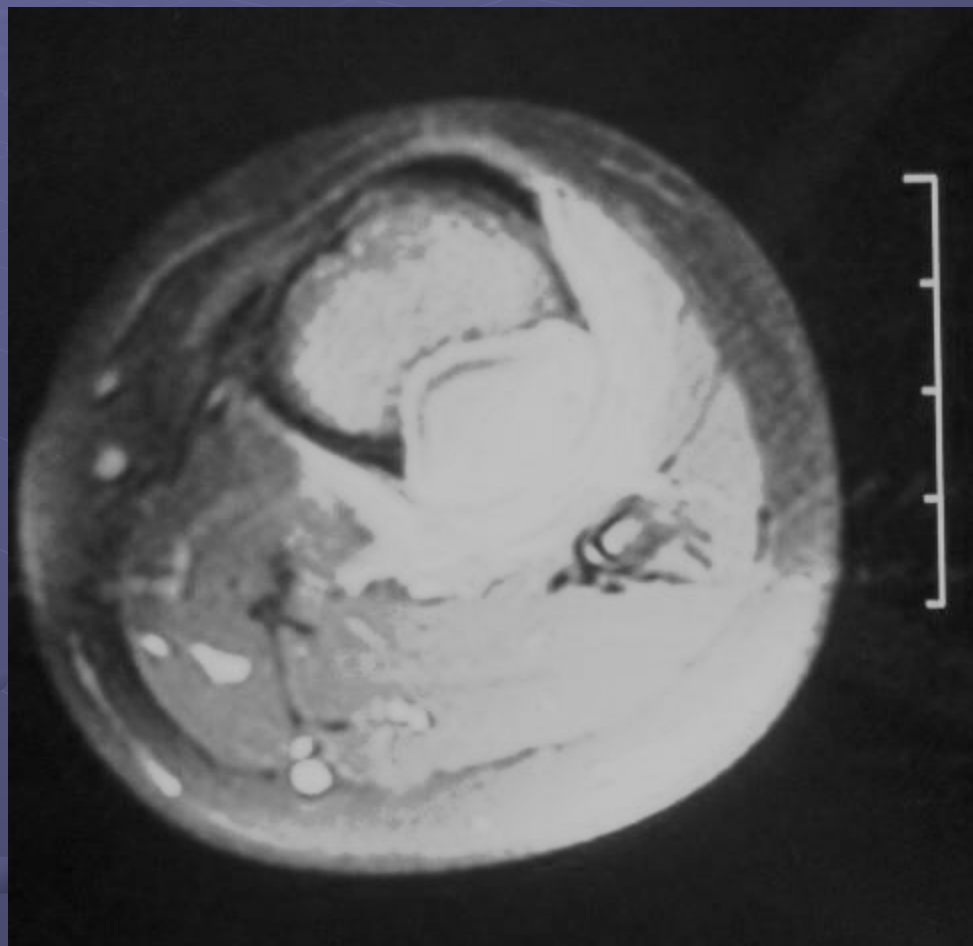
FSE-XL/90
TR:3500
TE:97.3/EF
EC:1/1 20.8kHz

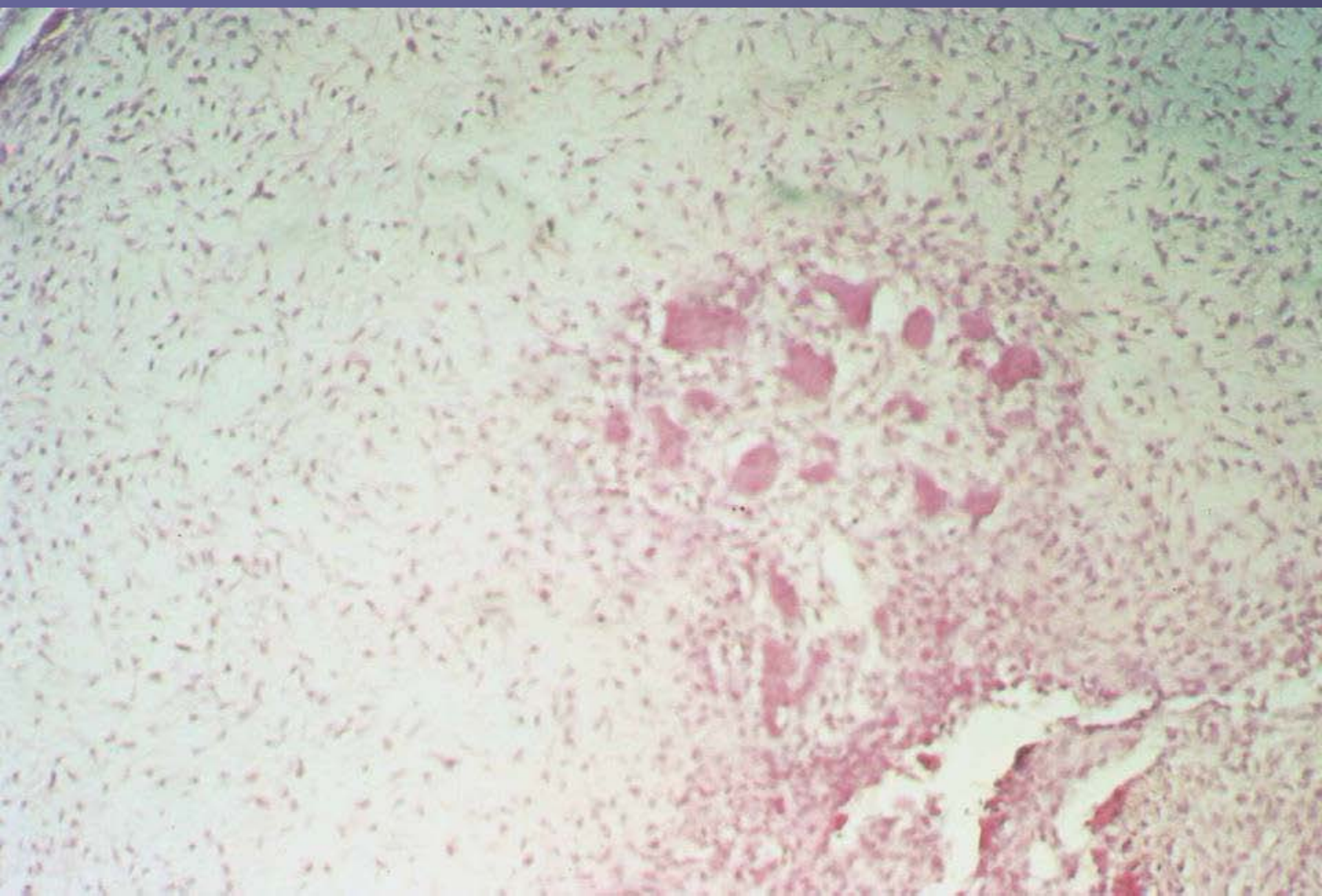
PA_EXTRM
FOV:14x14
3.0thk/0.0sp/C
29/05:22
256X256/2 NEX

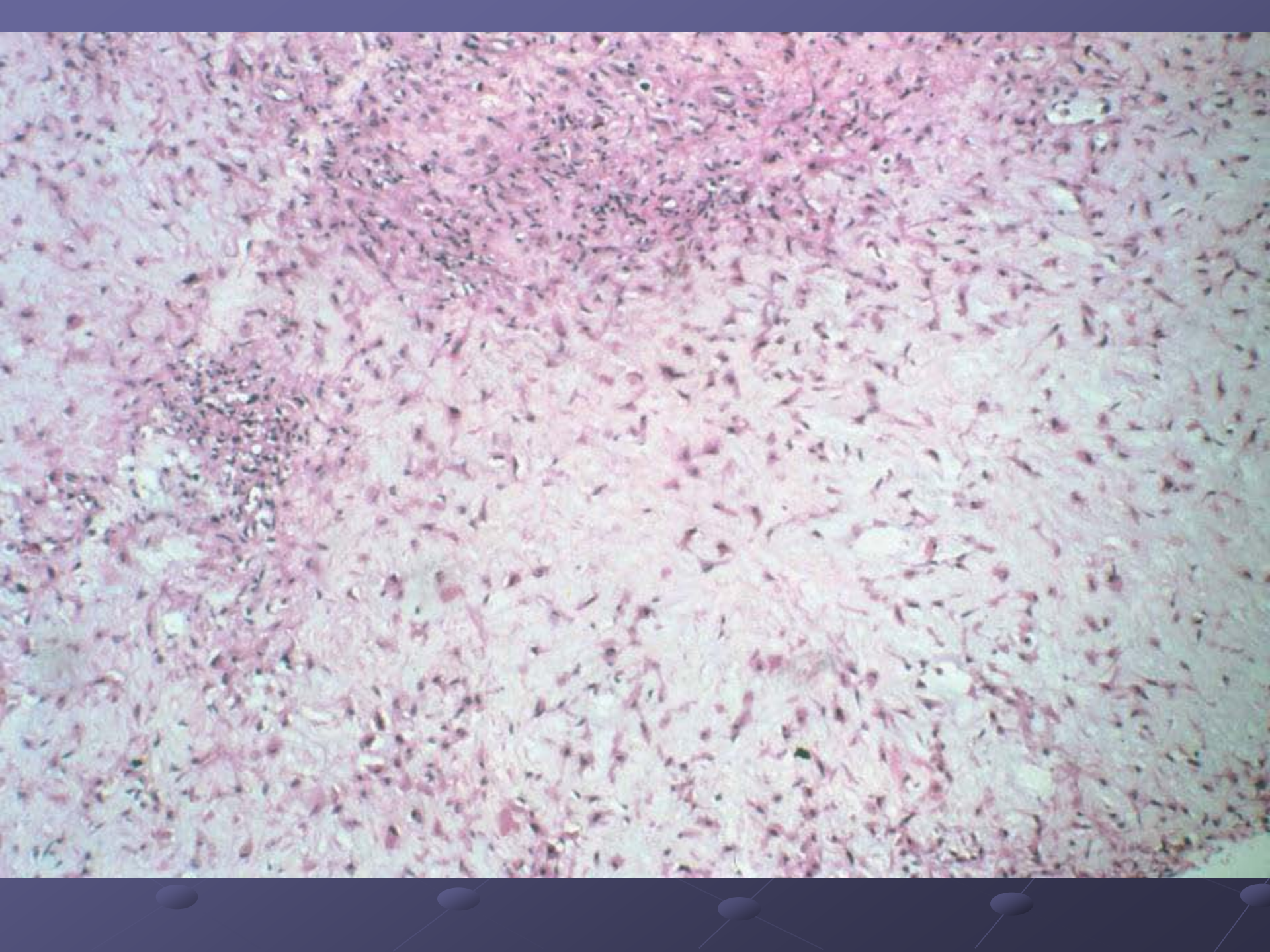


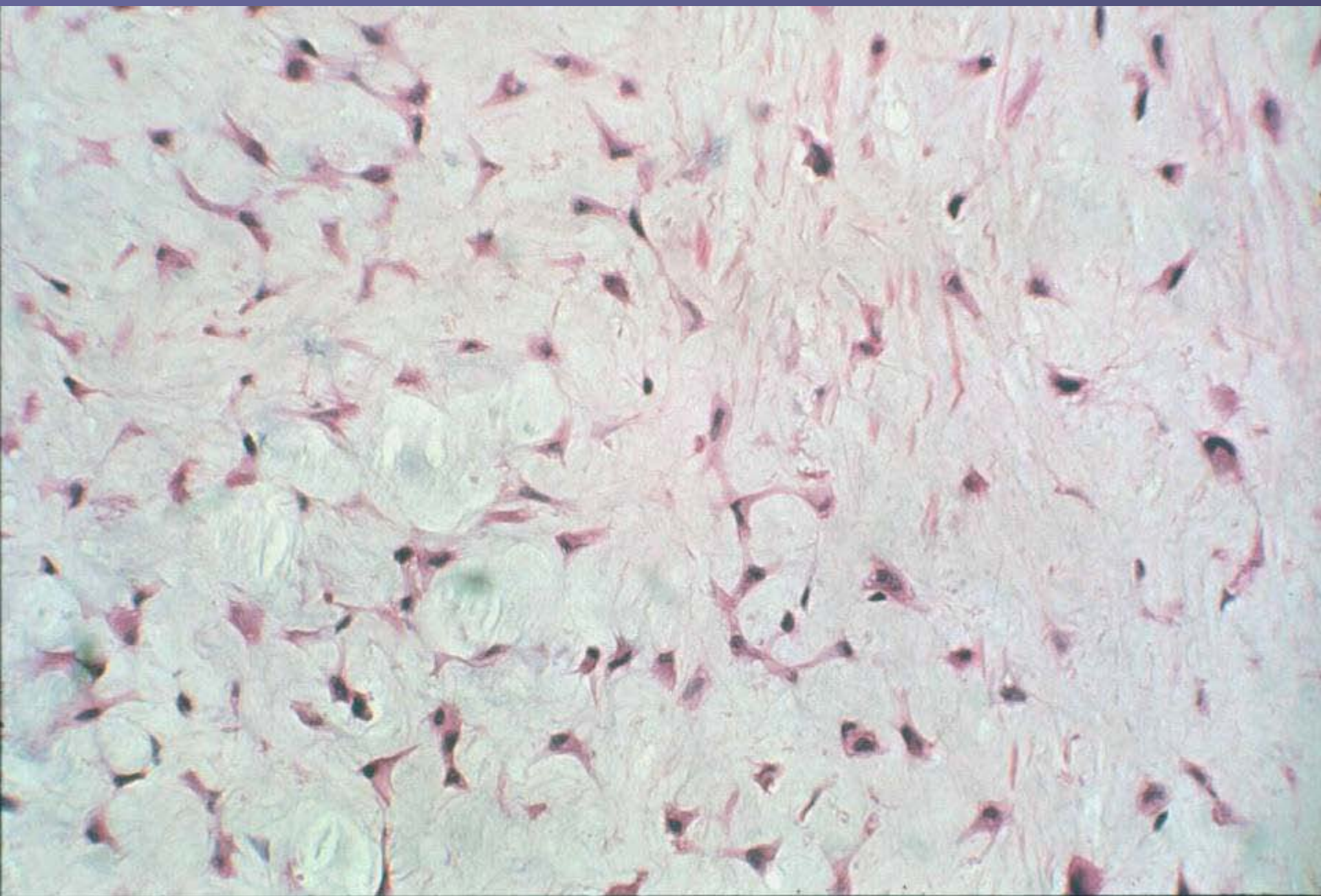
T SE

W = 3674 L = 16









CHONDROMYXOID FIBROMA

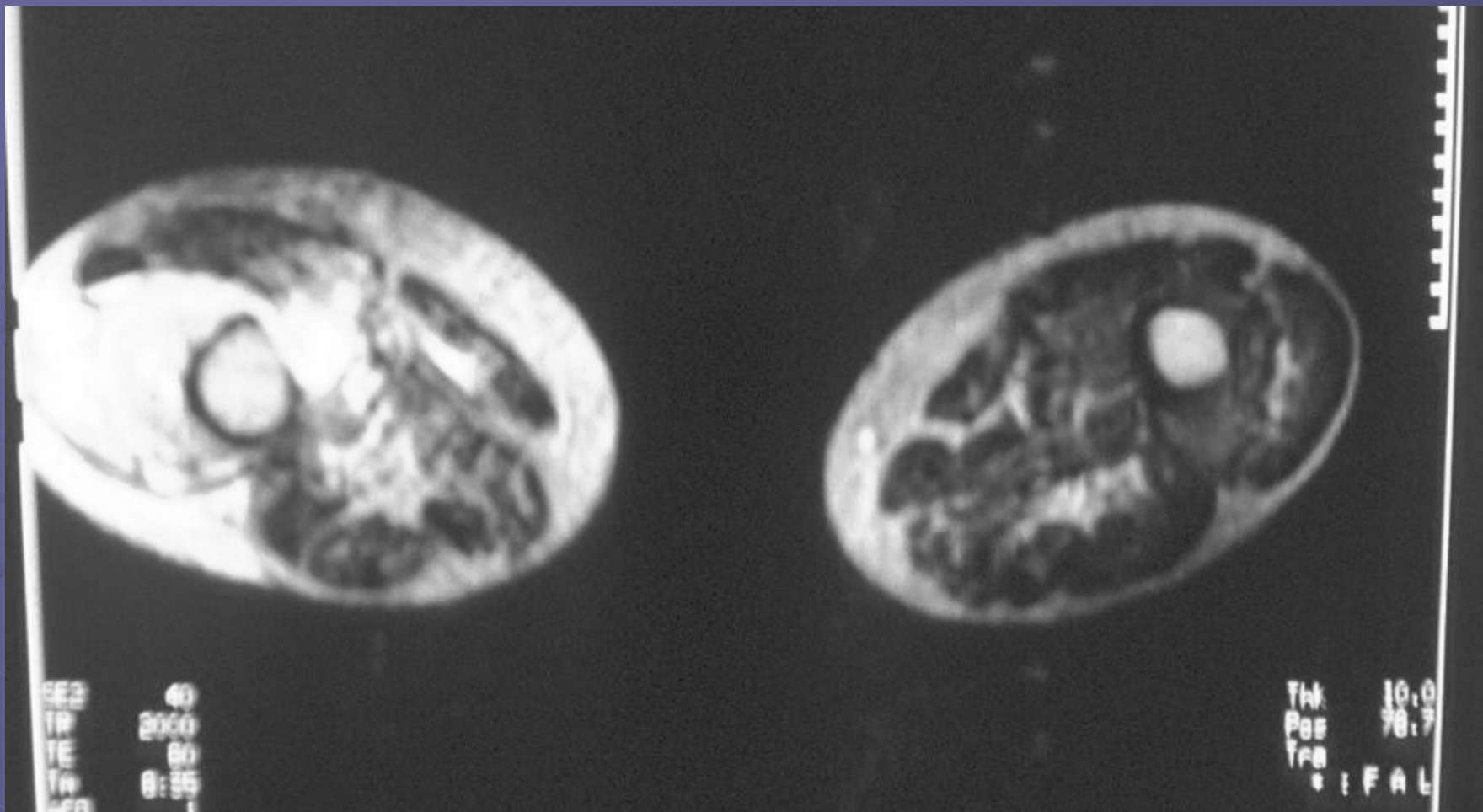
- Tibia in young and young adults
- Painful, stage 2, eccentric metaphyseal
- Histo.. Chondroid, myxoid and fibrous, some giant cells
- Rx.. Aggressive curettage, high recurrence
no observation



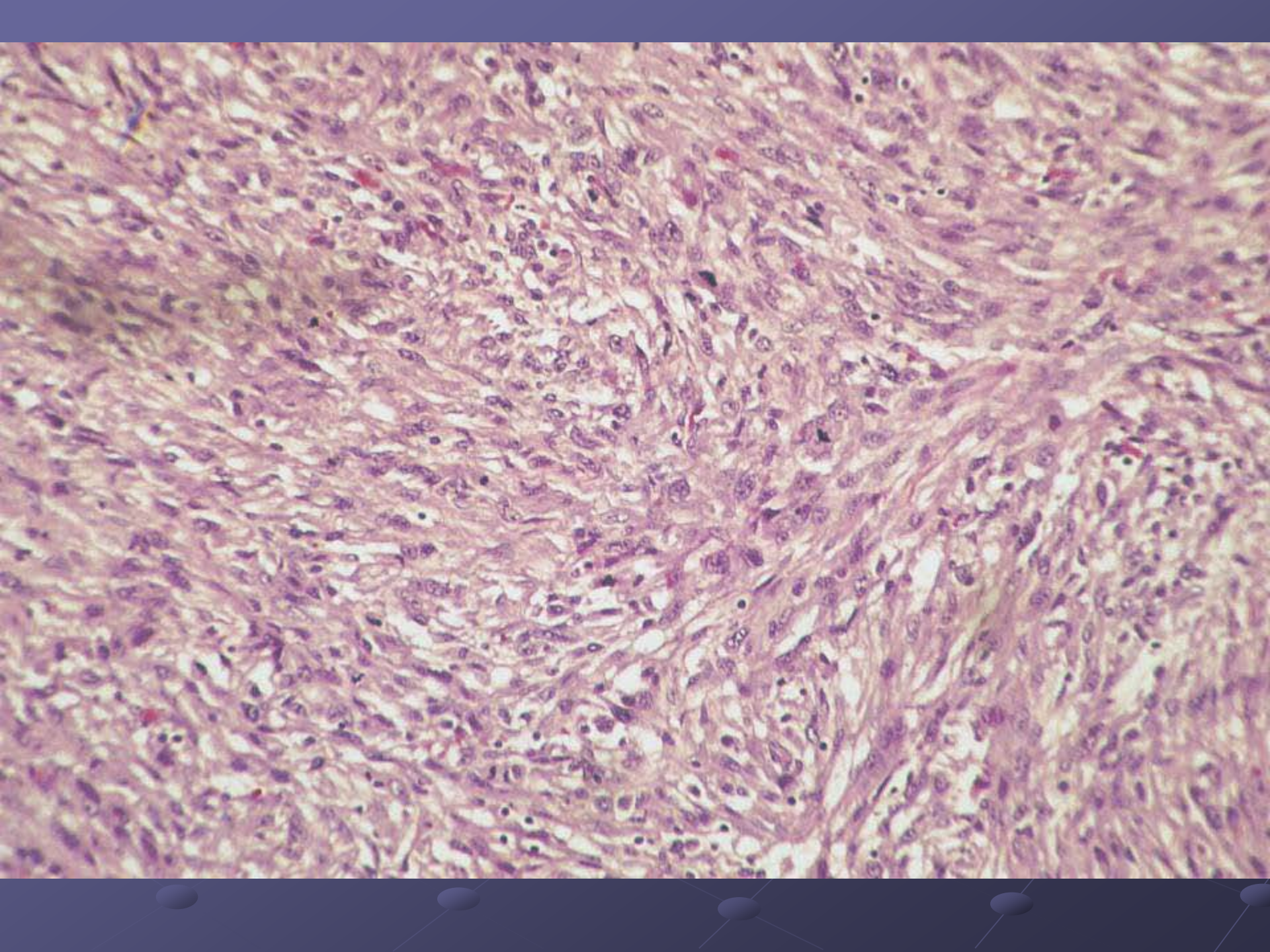
DD

- 70 YO MALE
- MONTHS OF ACHING PAIN
- LEG 'GAVE OUT' IN PARKING LOT OF ORTHOPAEDIC SURGEONS OFFICE
- NO HISTORY OF CANCER







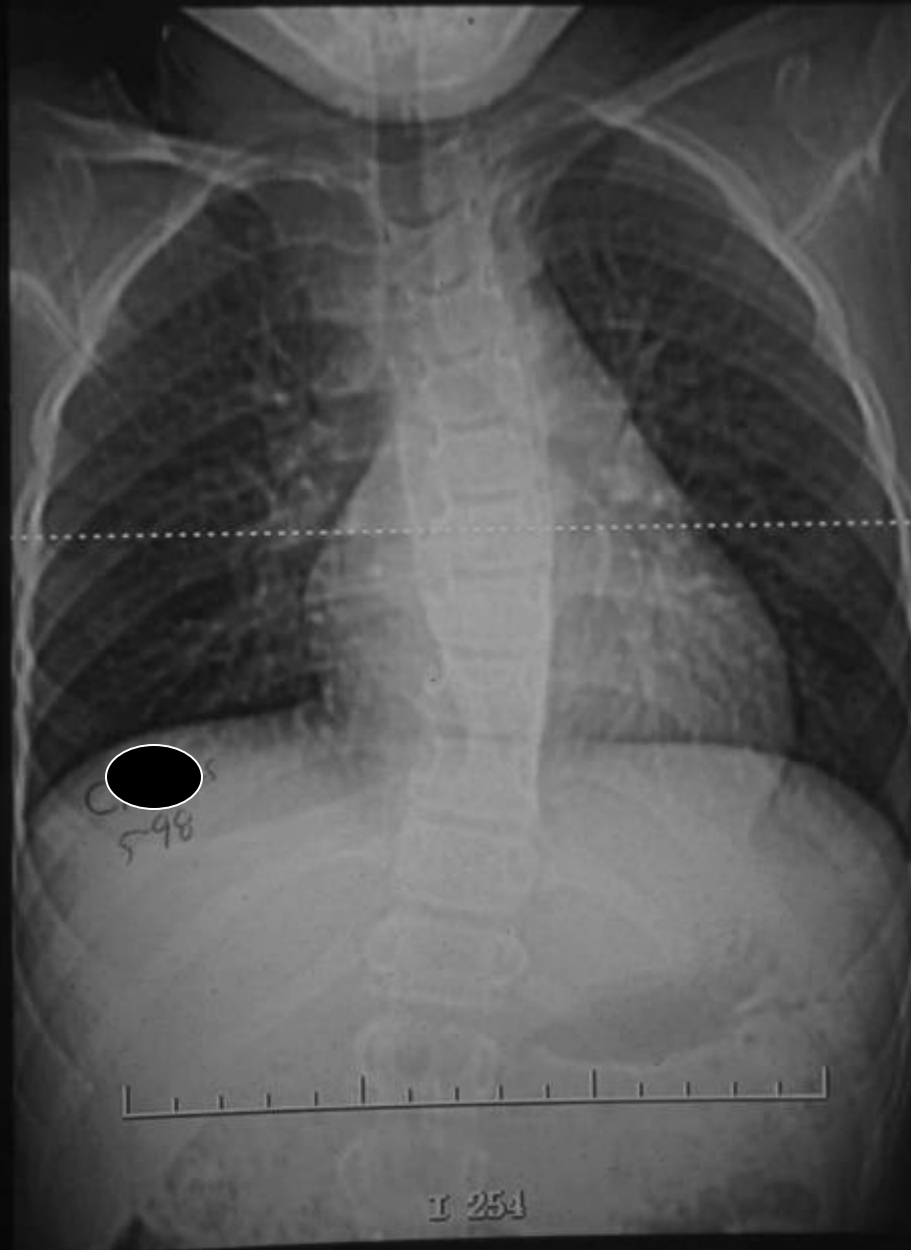


DEDIFFERENTIATED CHONDROSARCOMA

- Probably a low grade cartilage tumor changing to a high grade sarcoma (OGS or MFH)
- X-ray... cartilage lesion with aggressive change, often soft tissue mass
- Older age, poor prognosis
- Treat like other component... wide resection with chemo, consider radical if can't tolerate chemo

CM

- 8 YO WITH PAINFUL SCOLIOSIS
- NO TRAUMA
- NIGHT PAIN
- NO FEVERS

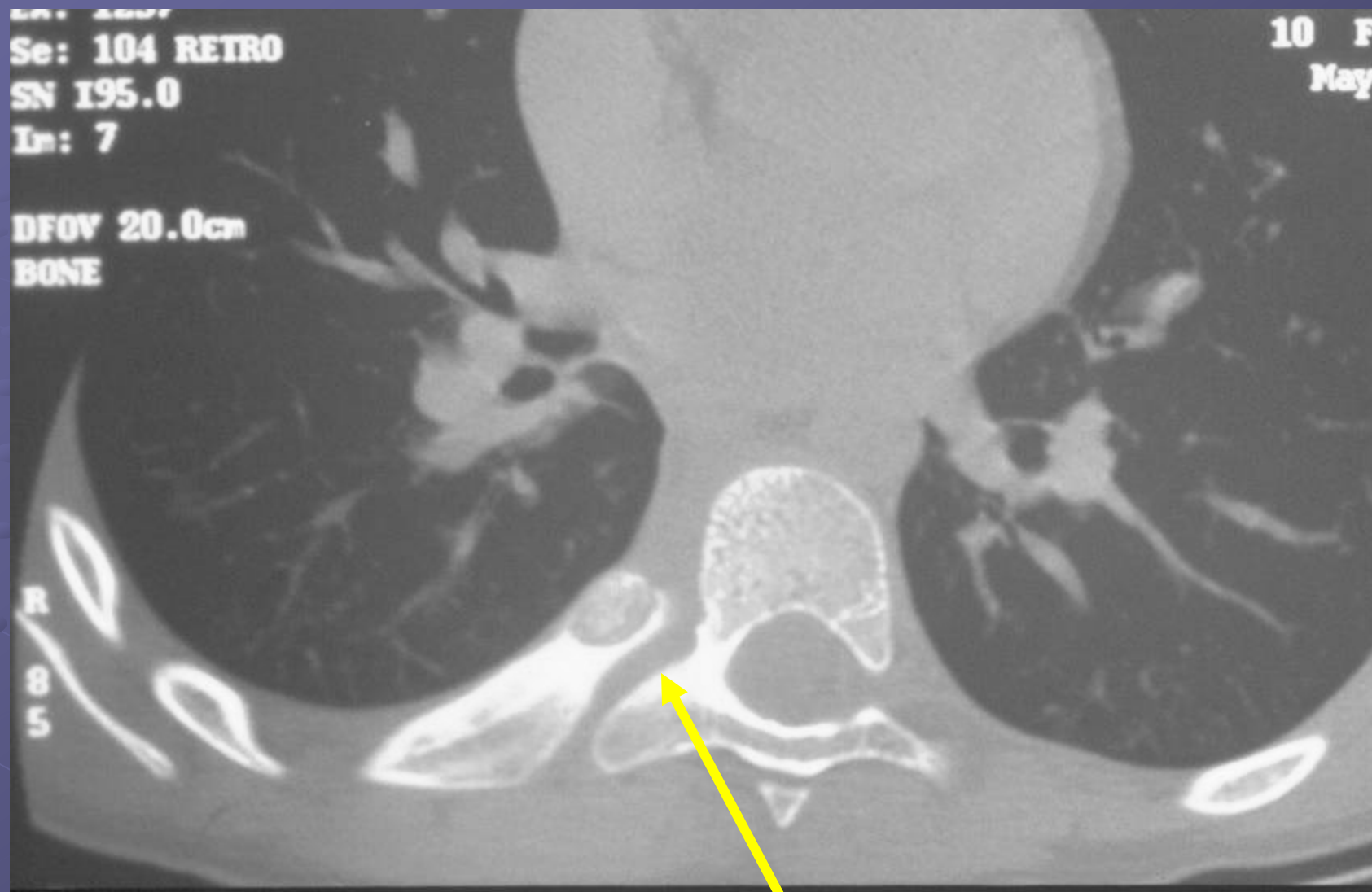


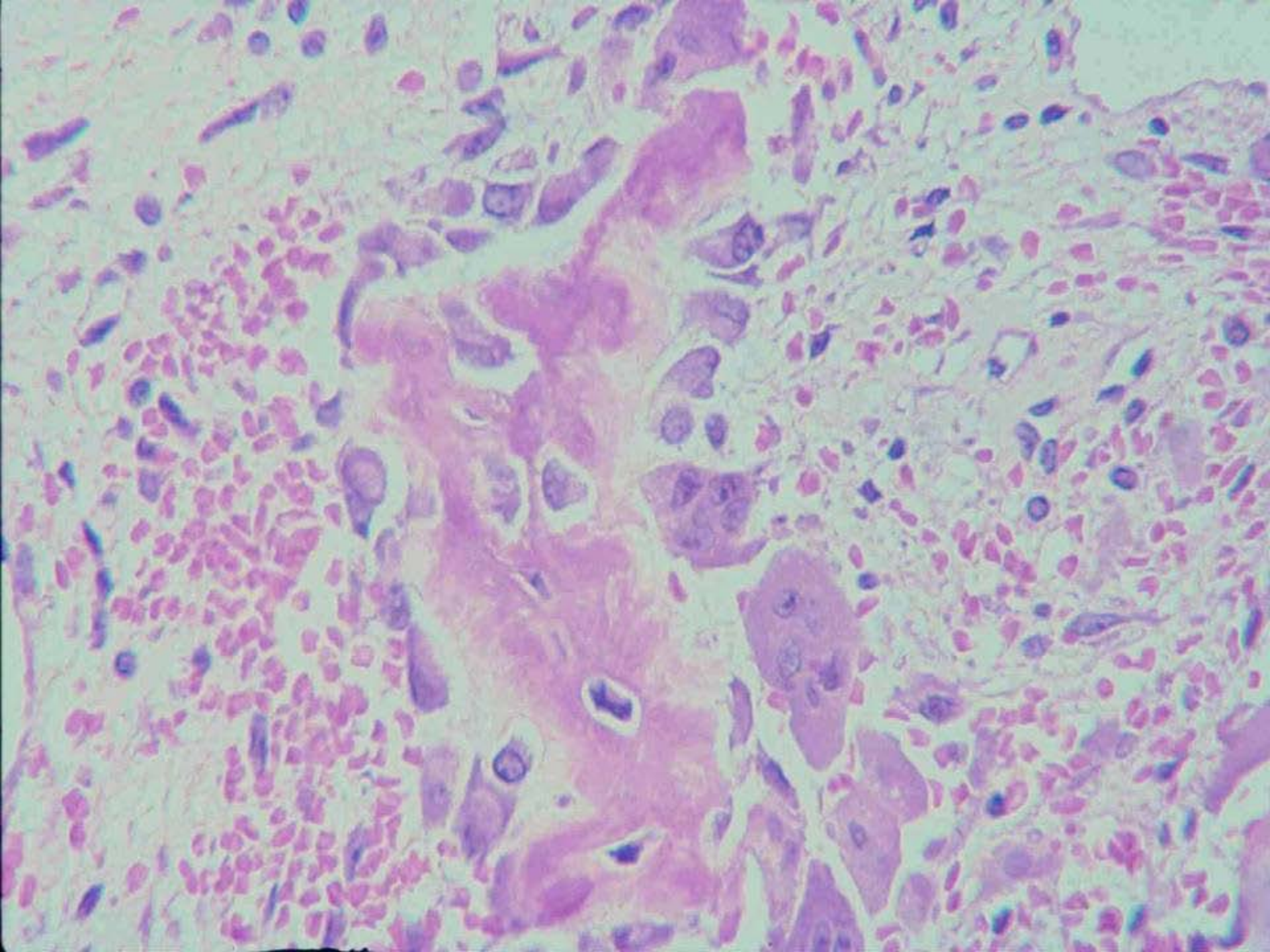
Se: 104 RETRO
SN 195.0
In: 7

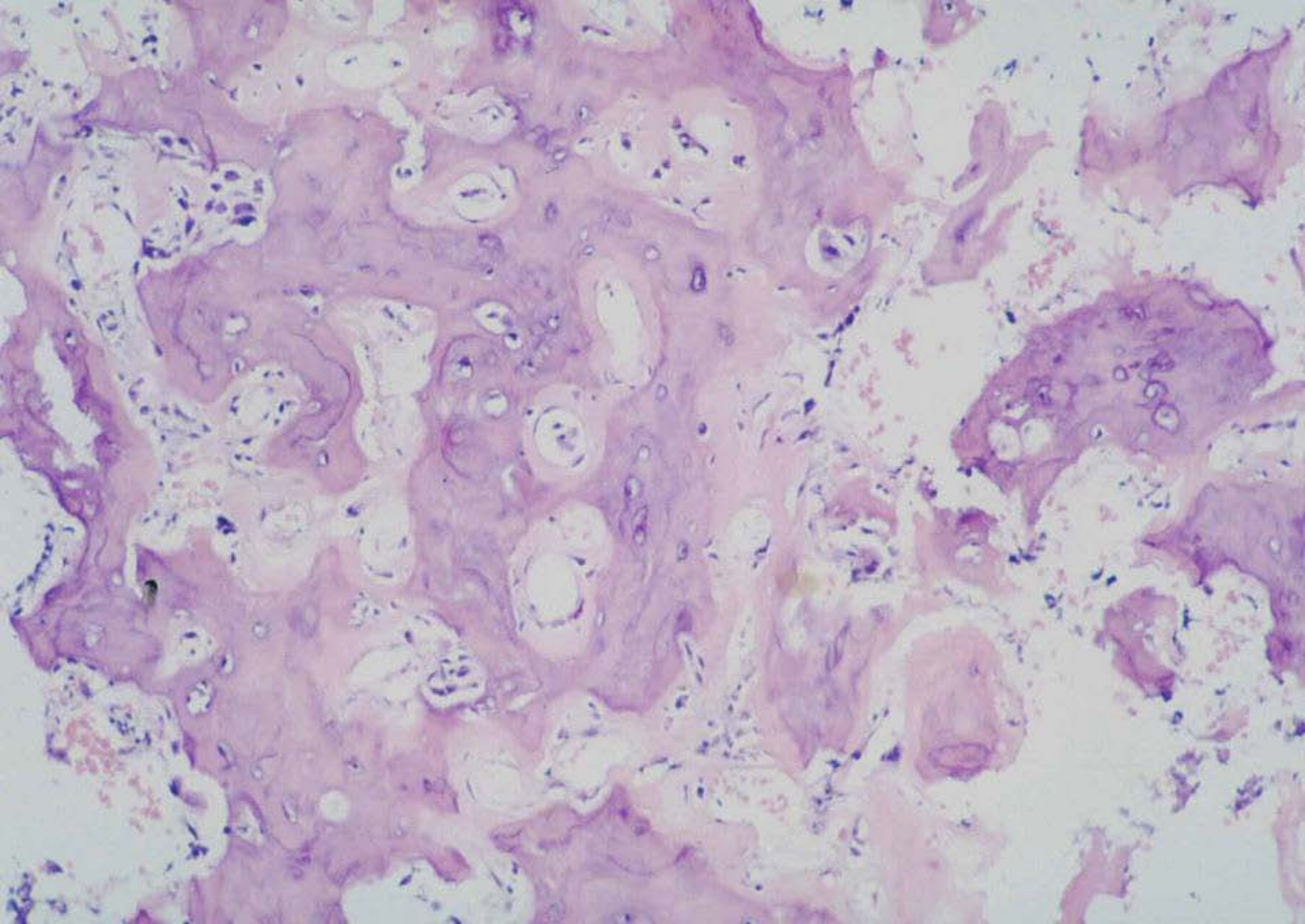
10 F
May

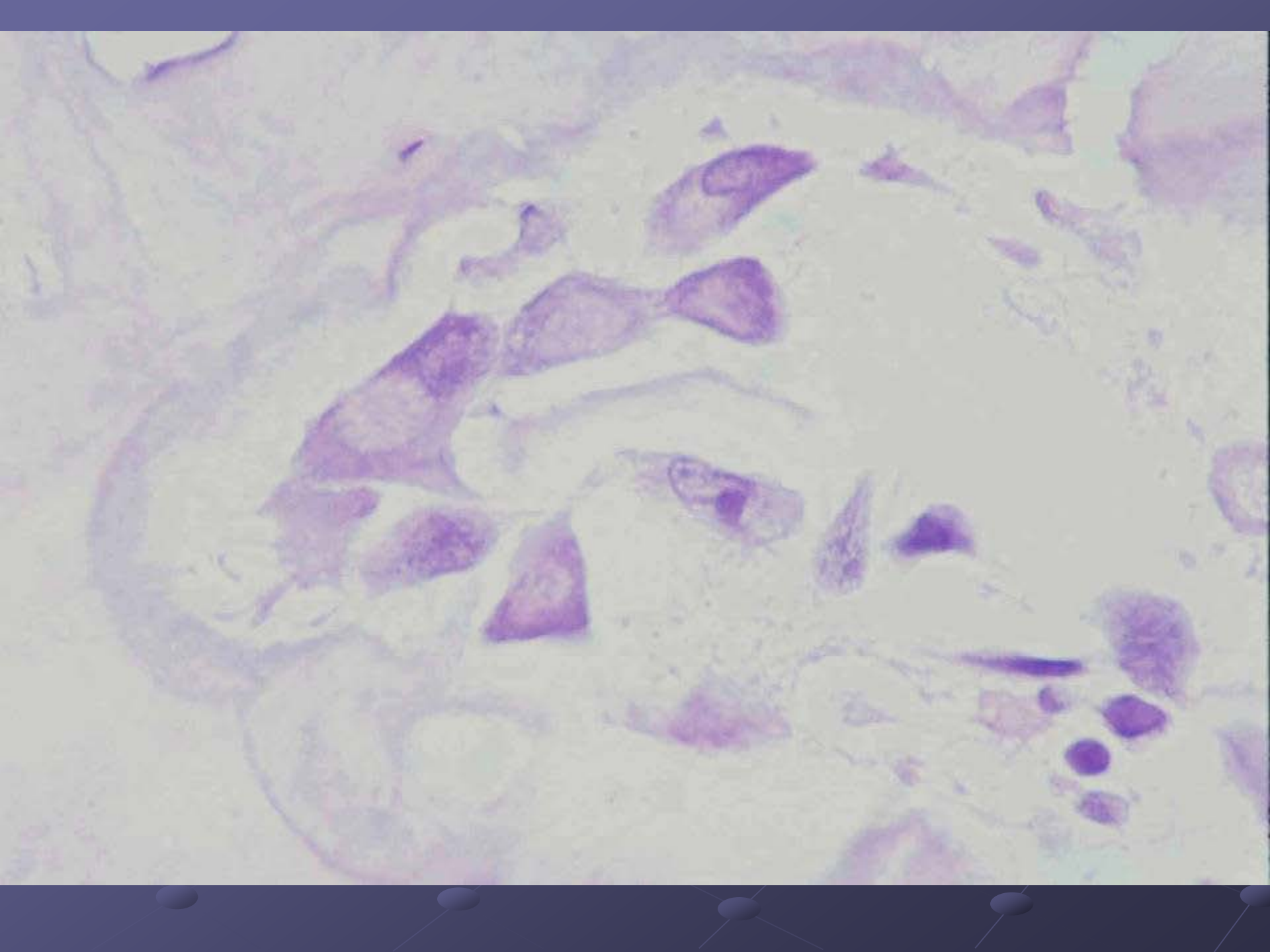
DFOV 20.0cm
BONE

R
8
5









JM

- 18 YO MALE WITH KNEE PAIN
- HAD NEGATIVE SCOPE, PERSISTENT PAIN
- PRE-OP X-RAYS SHOWN





- Three months post scope, severe pain persists

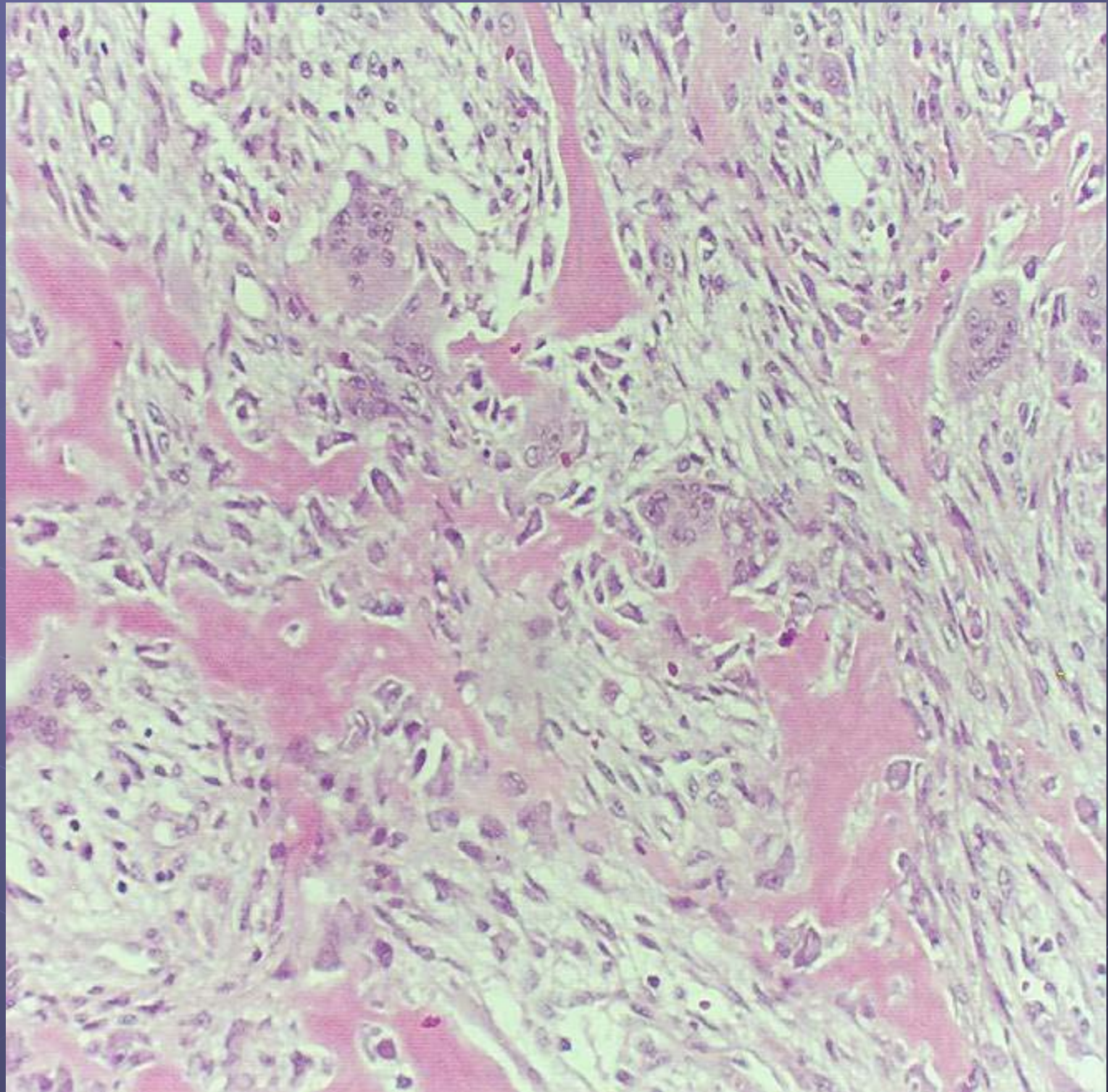




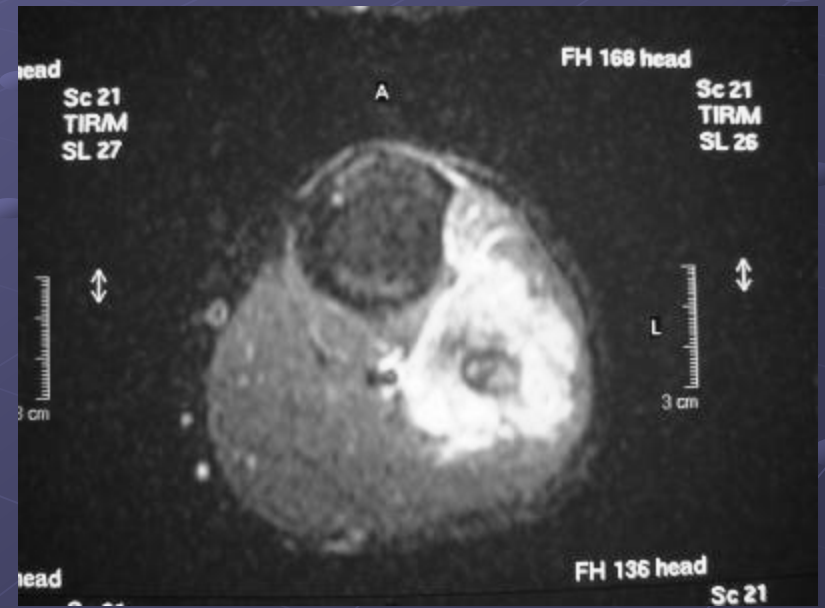
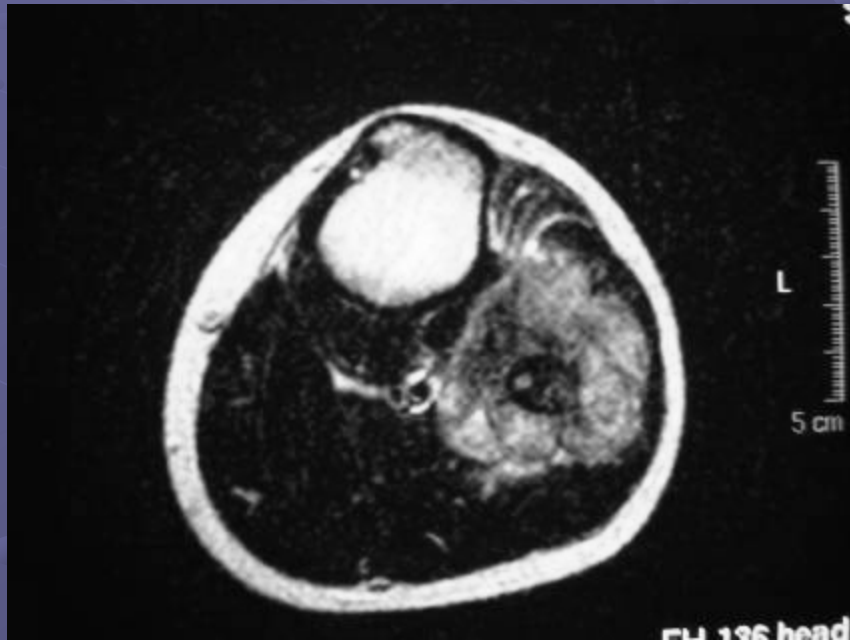










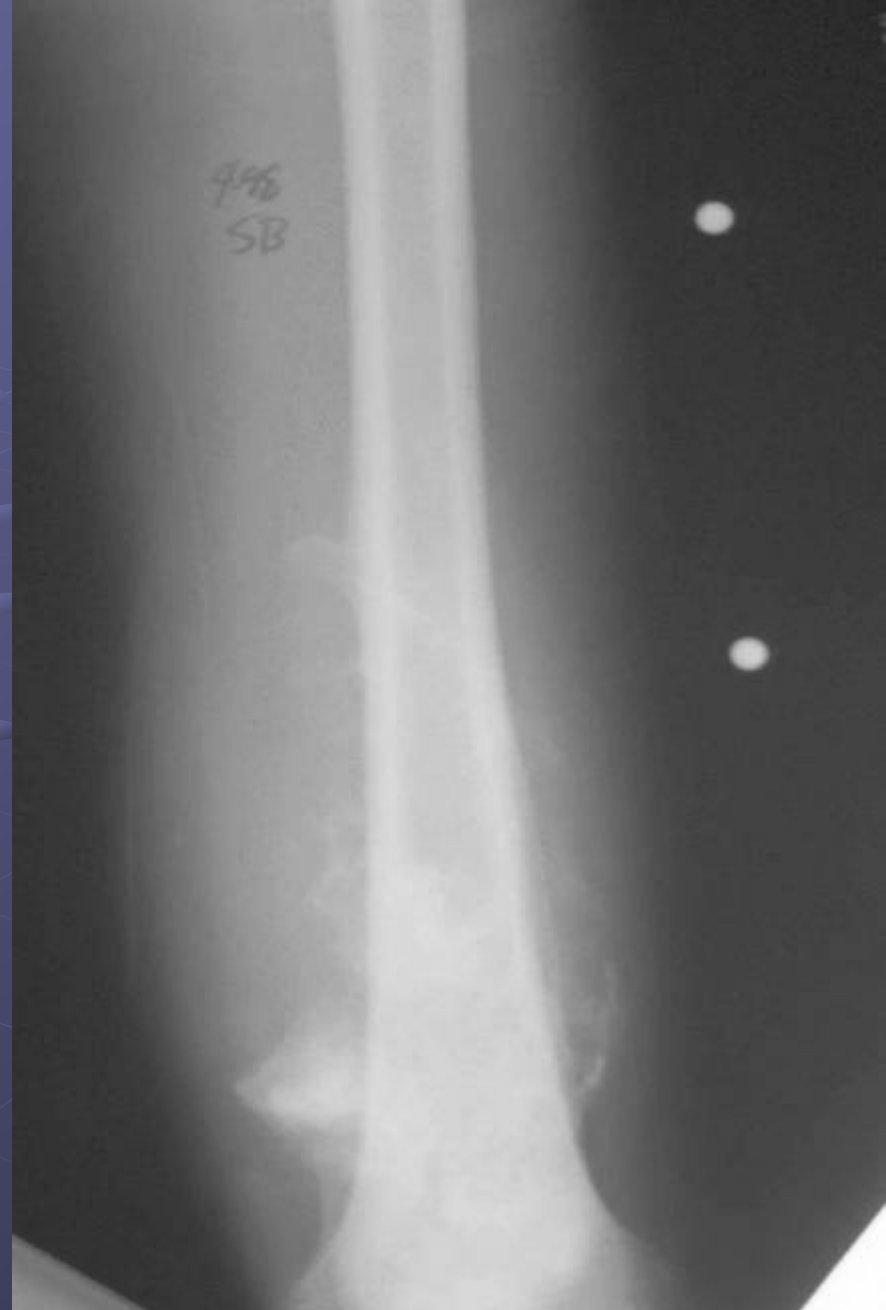




CLASSIC OSTEOSARCOMA

- High grade (II)
- Adjuvant **chemotherapy** (adriamycin combination x 9 months)
- wide resection
- 80-85% 5 year survival

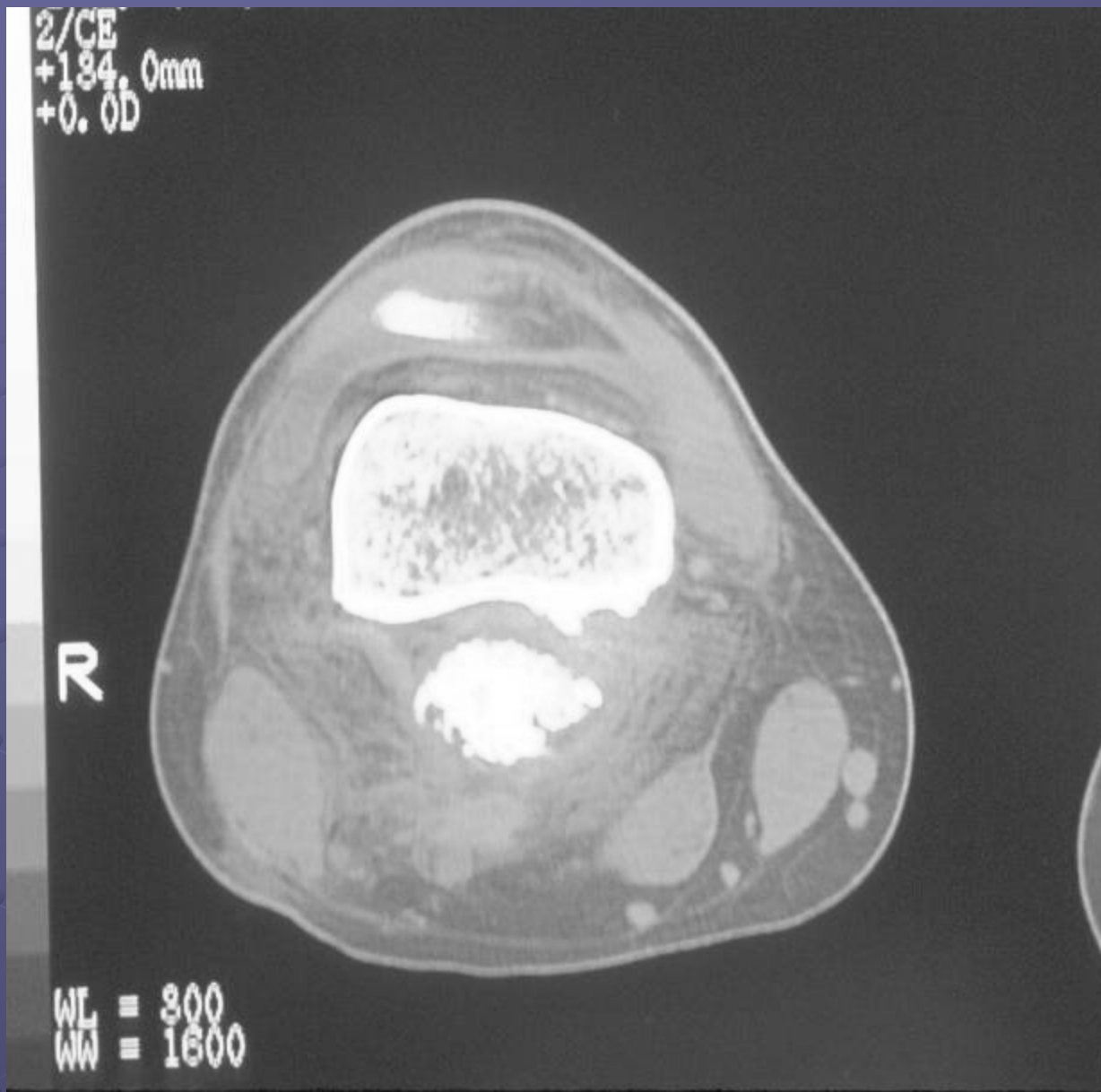


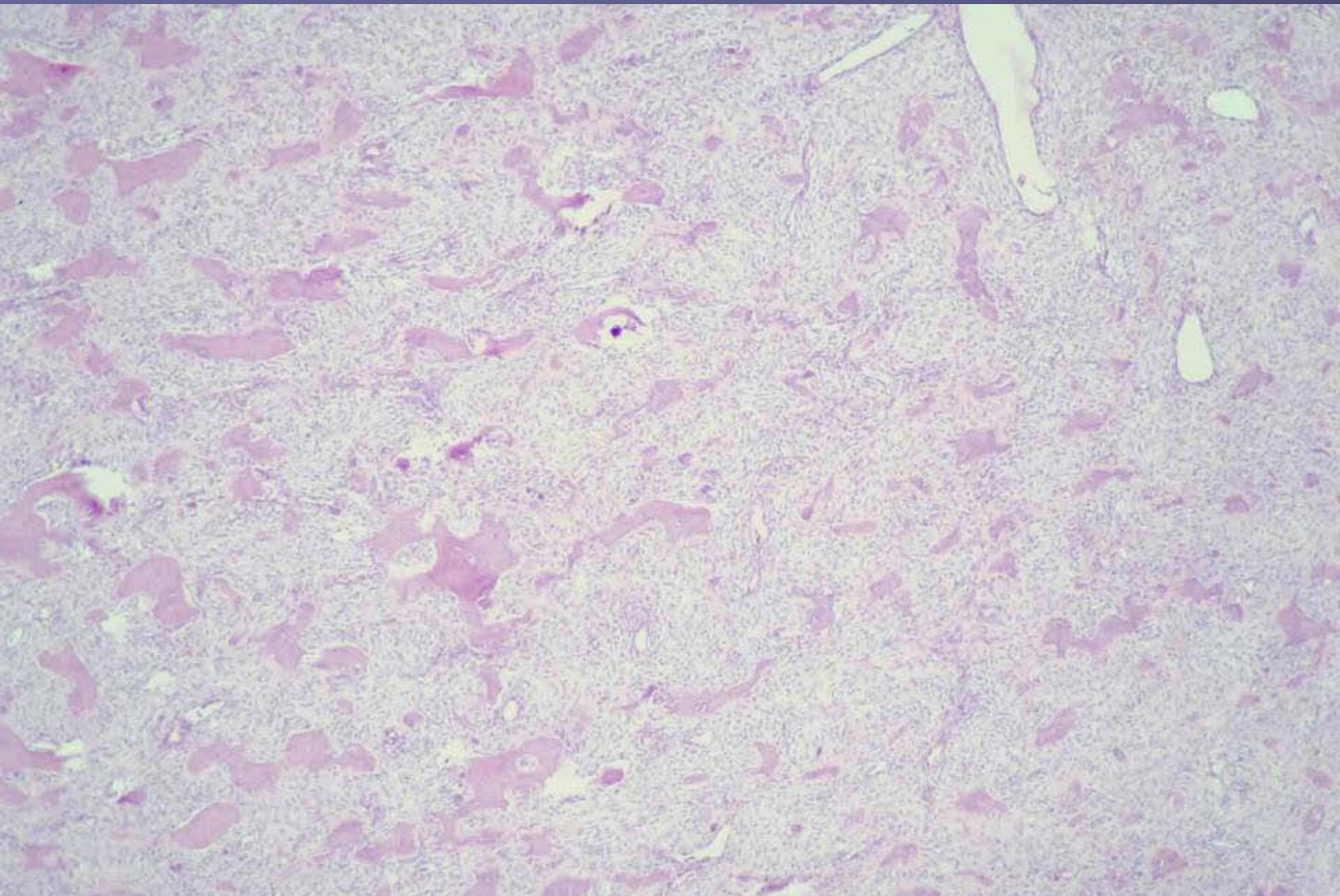


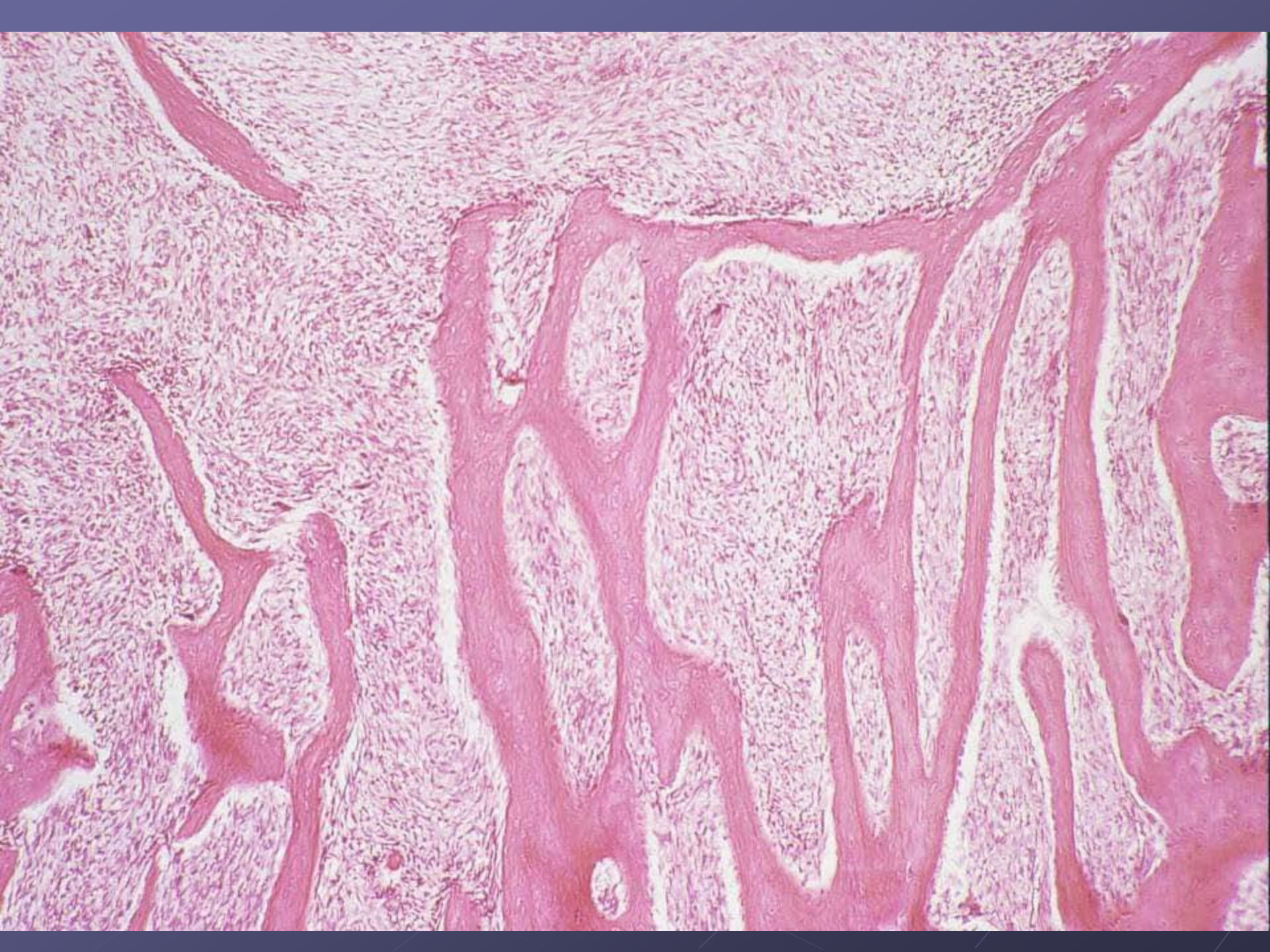
TW

- 33 YO MALE WITH POSTERIOR THIGH PAIN
- NO TRAUMA



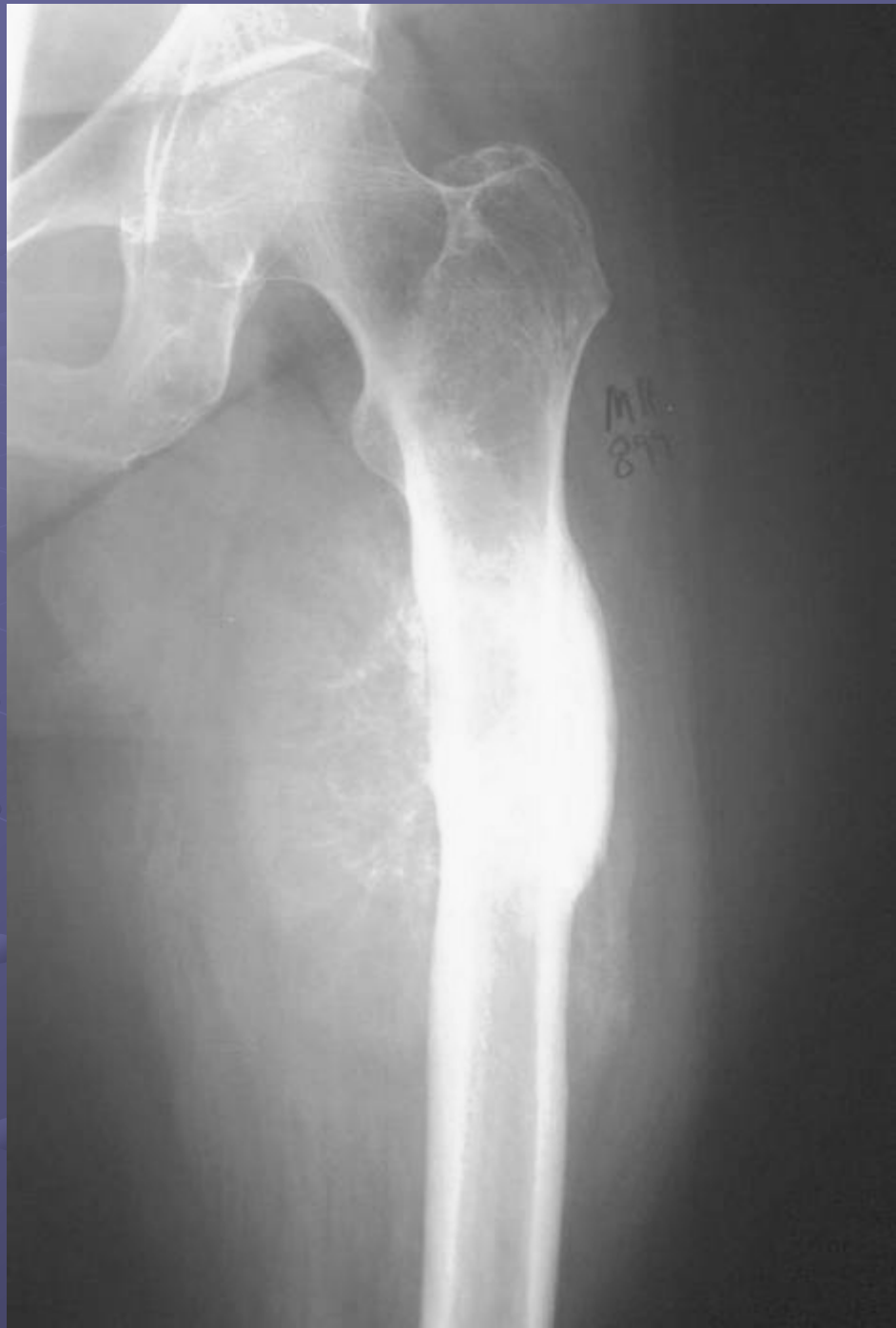






PAROSTEAL OSTEOSARCOMA

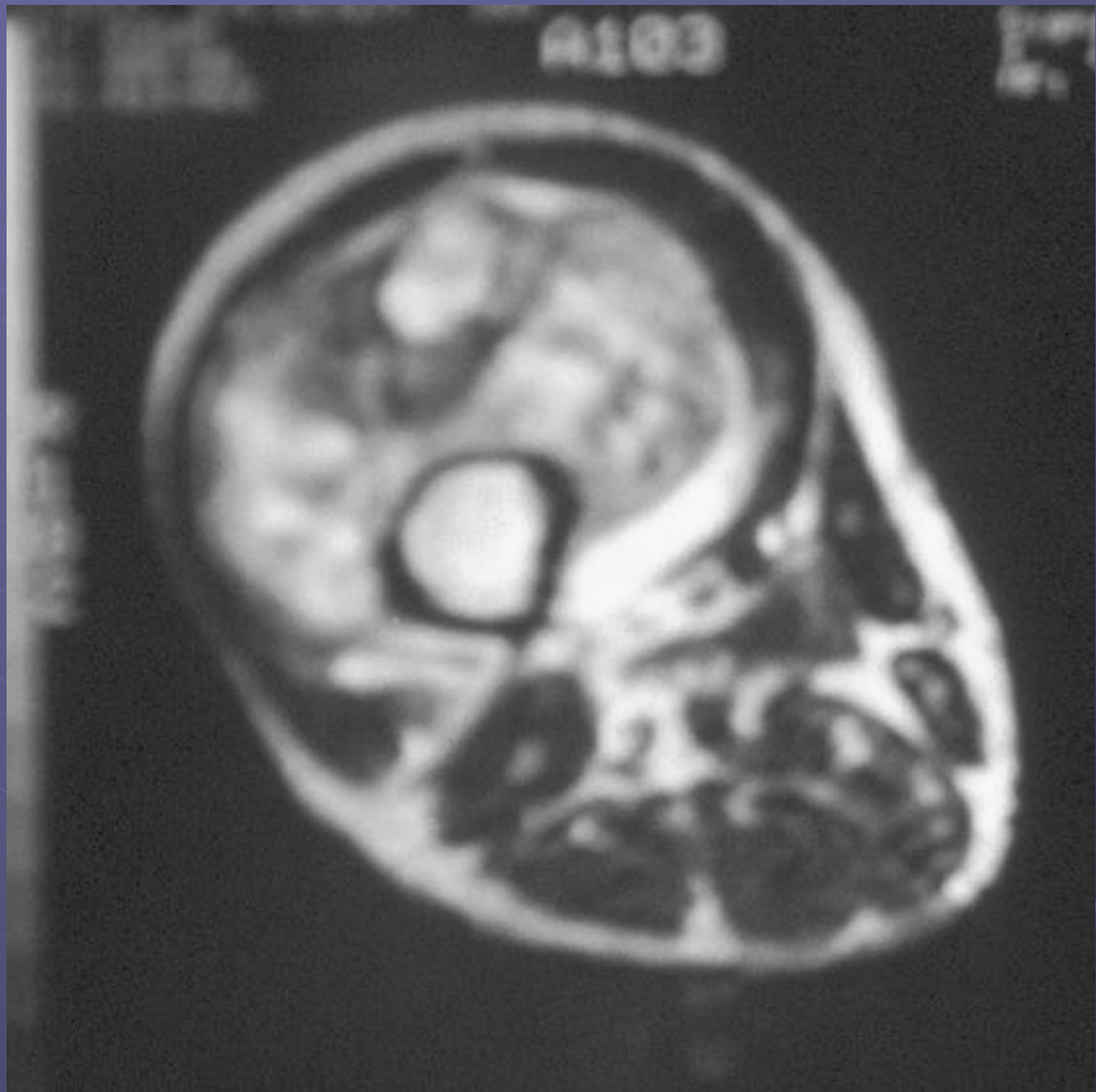
- Young adults, posterior distal femur
- Ossified mass against cortex with a radiolucent 'string sign'
- Histo... interconnected spicules of bone with low grade spindle cells (FD-like)
- Low-grade sarcoma
- Wide resection, need to take some femur
- NO CHEMO

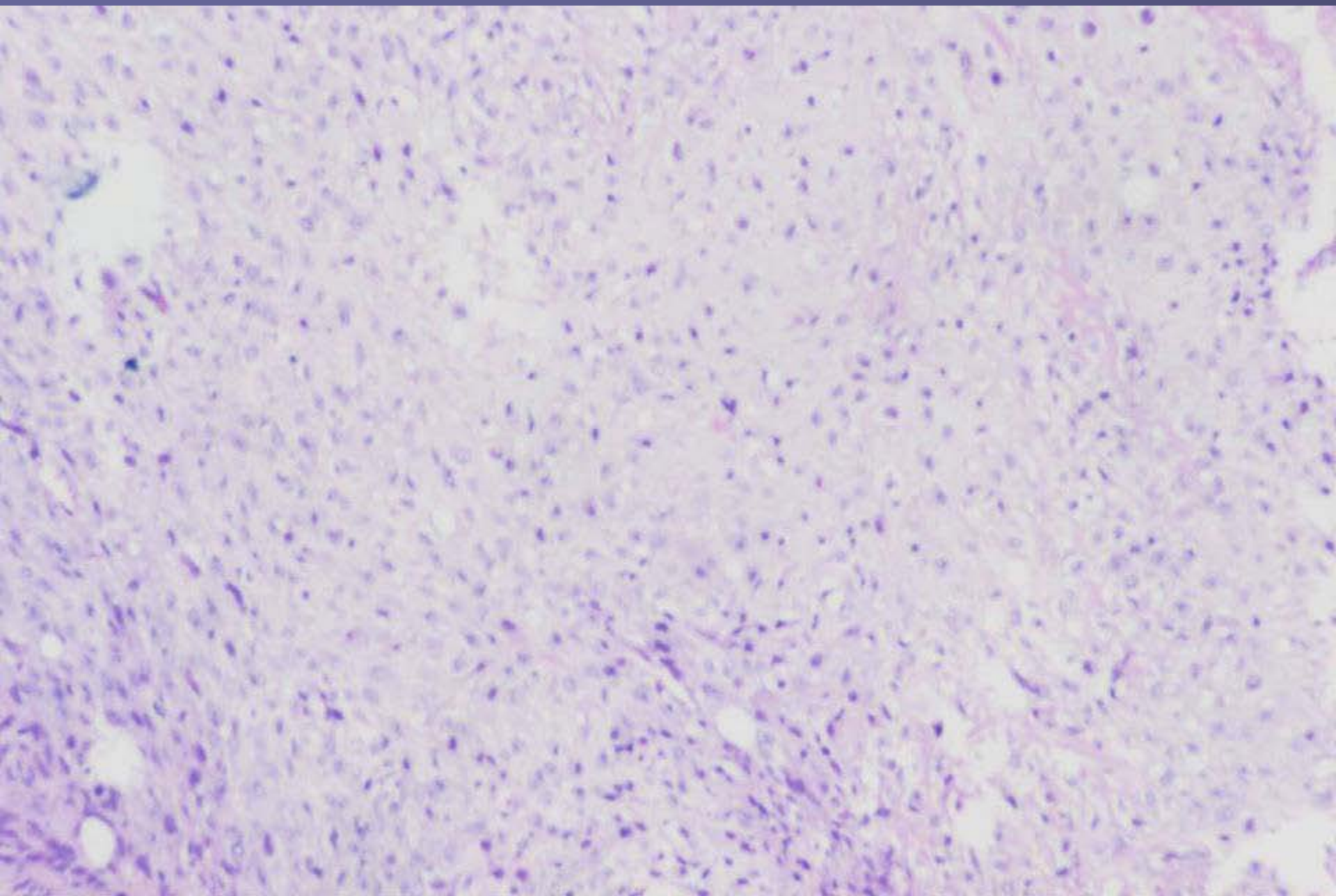


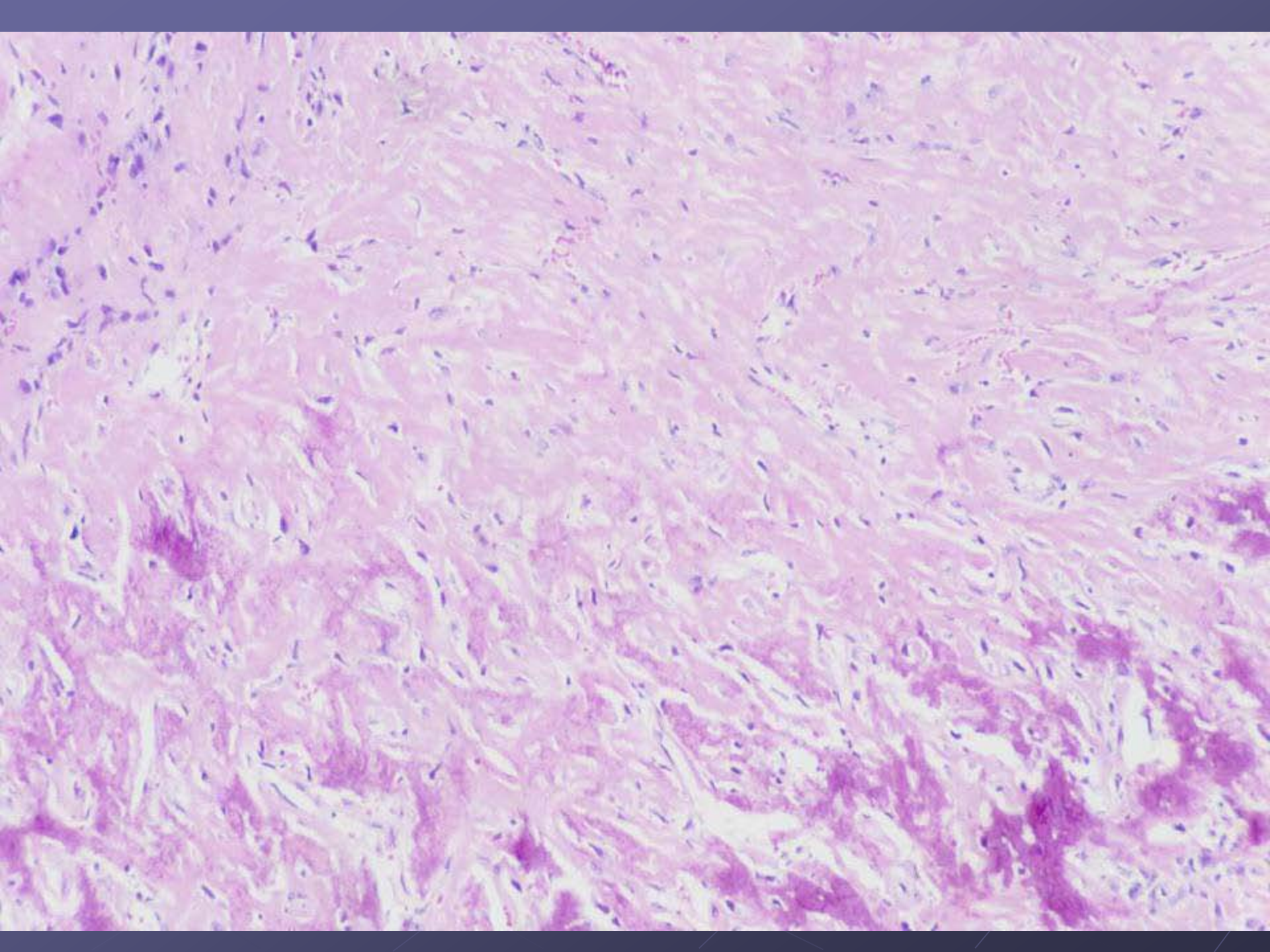
CM

- 60 YO WITH THIGH PAIN
- PERIOSTEAL BASED MASS AND EROSIONS



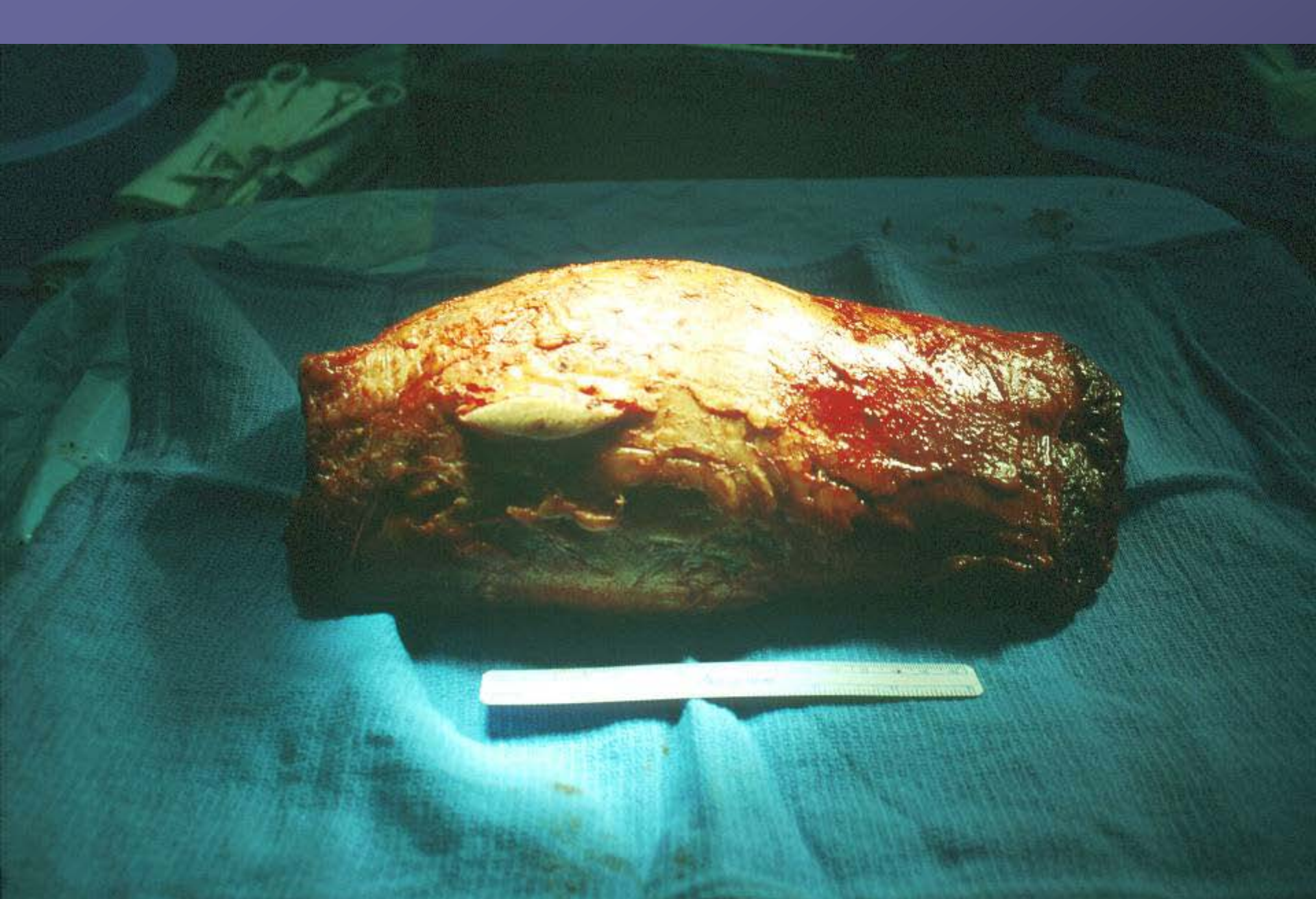


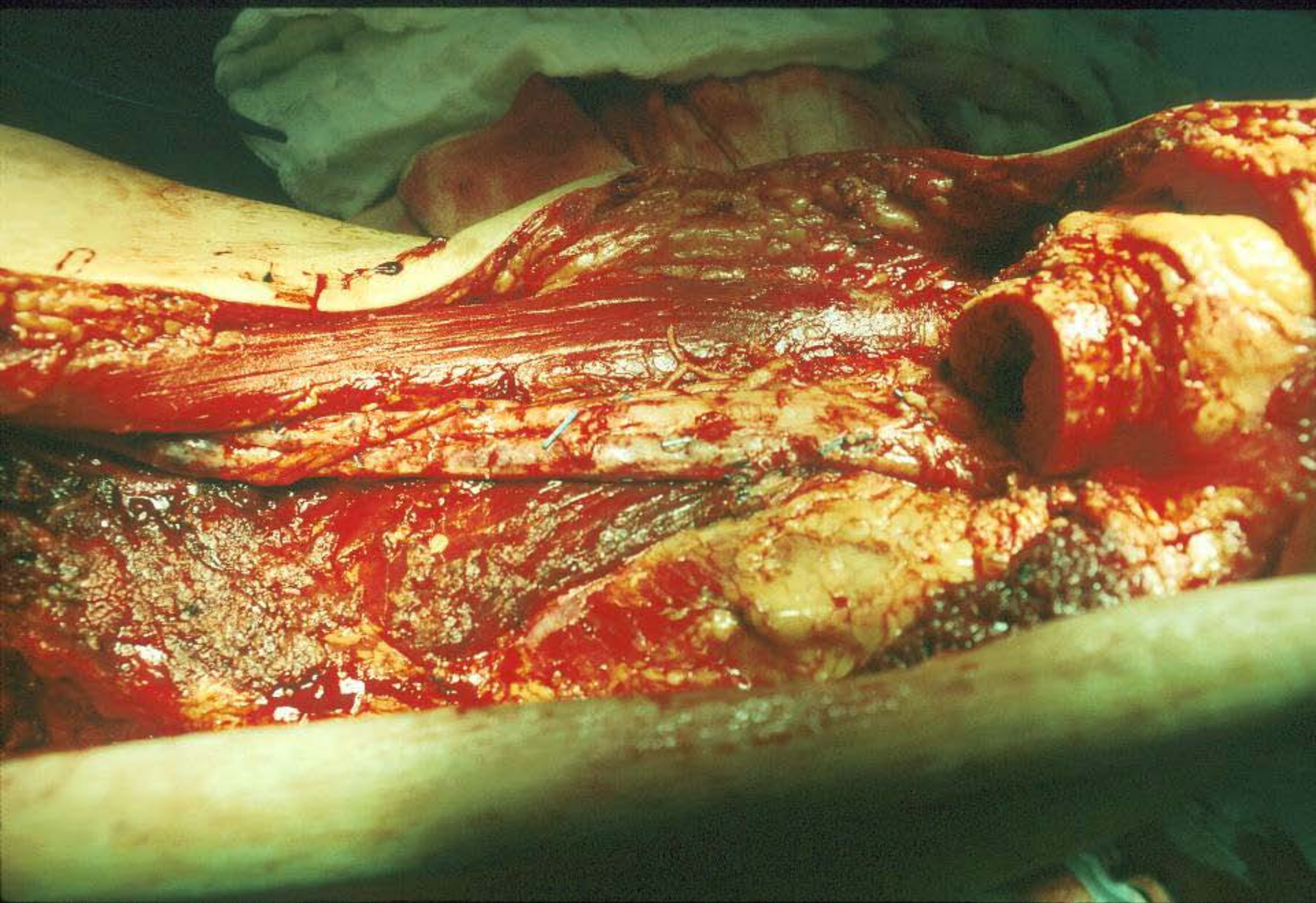


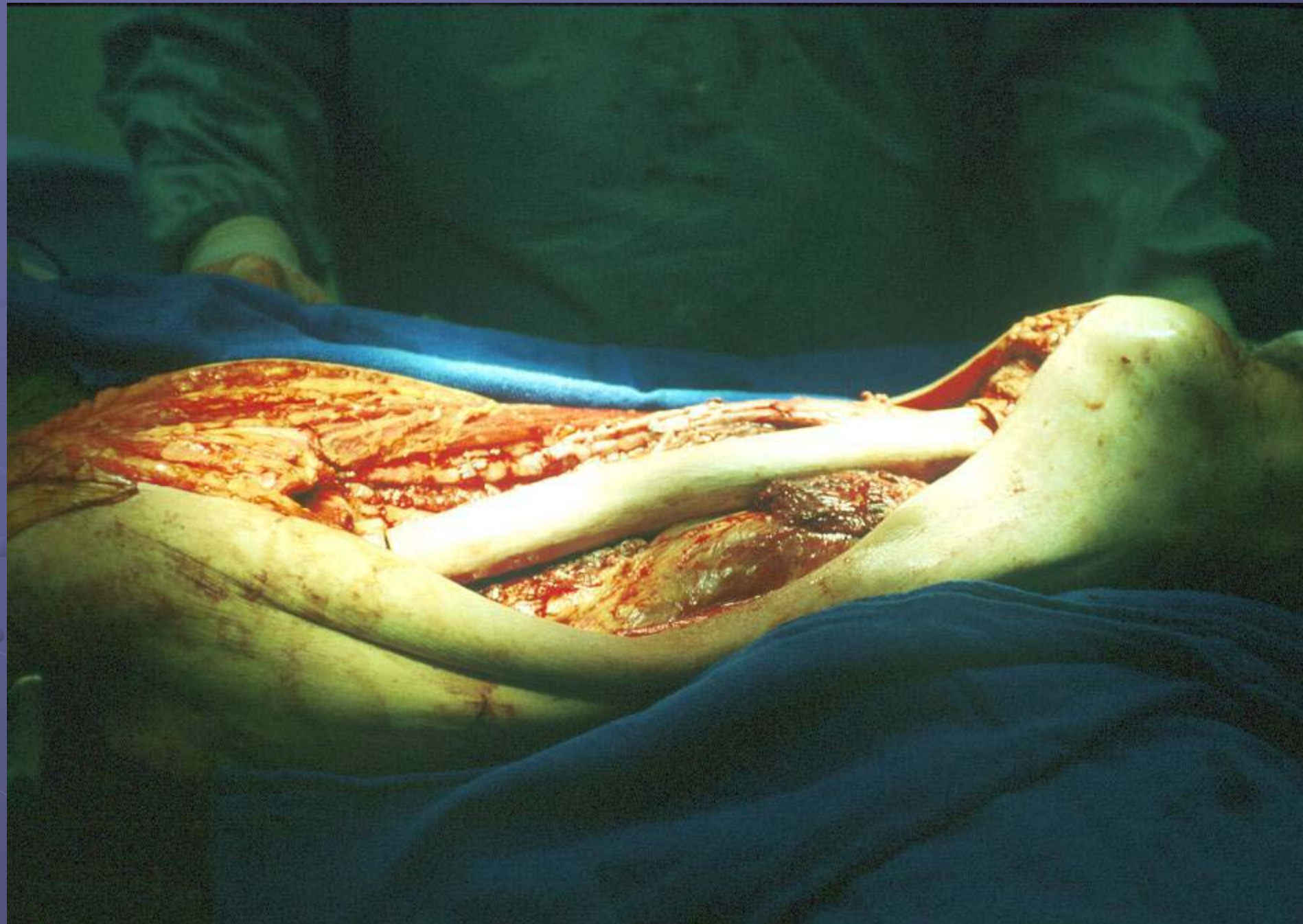


PERIOSTEAL OSTEOSARCOMA

- Young adults, older than parosteal
- Less ossification (mostly cartilage)
- XR... 'aggressive' periosteal chondroma
- Intermediate grade... mostly cartilage with malignant cells producing osteoid
- Wide resection (chemo questionable)







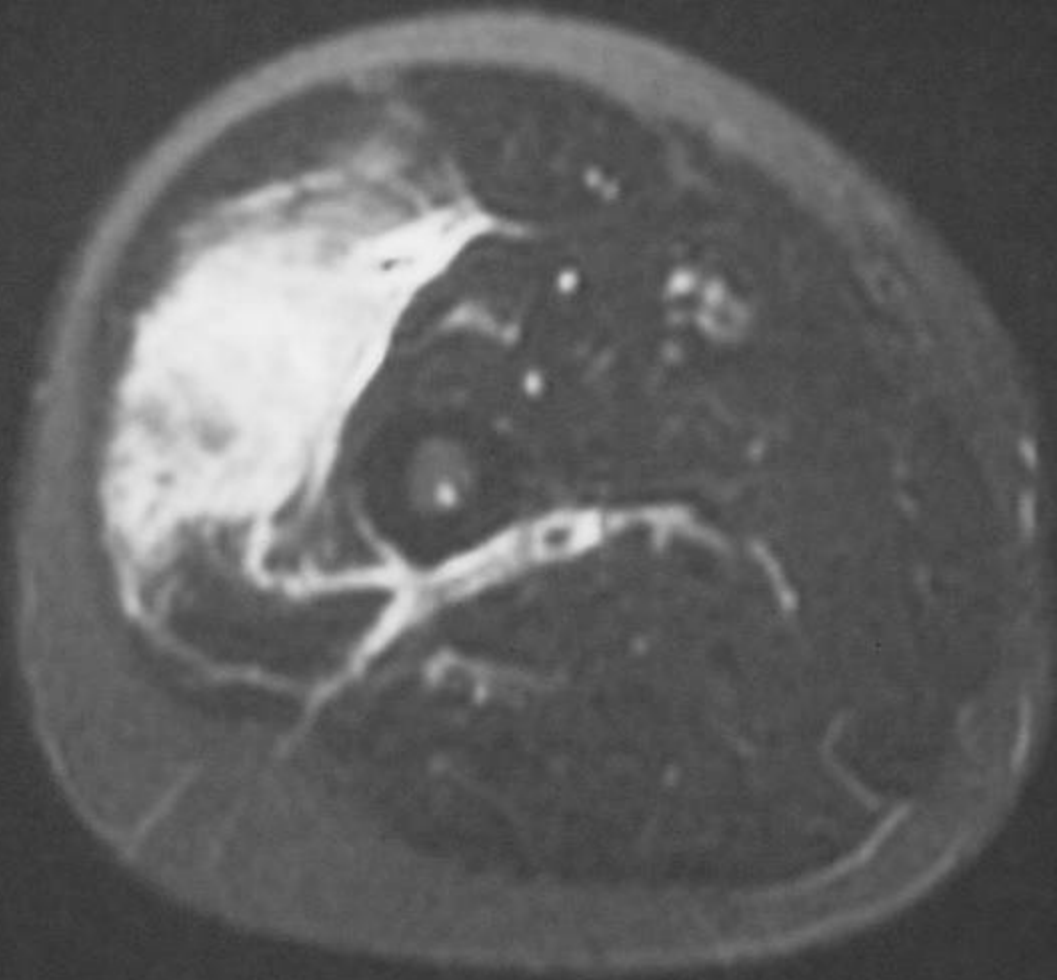
- 15 YO MALE NO DEFINITE TRAUMA
- SOCCER PLAYER
- THIGH MASS, MINIMAL PAIN

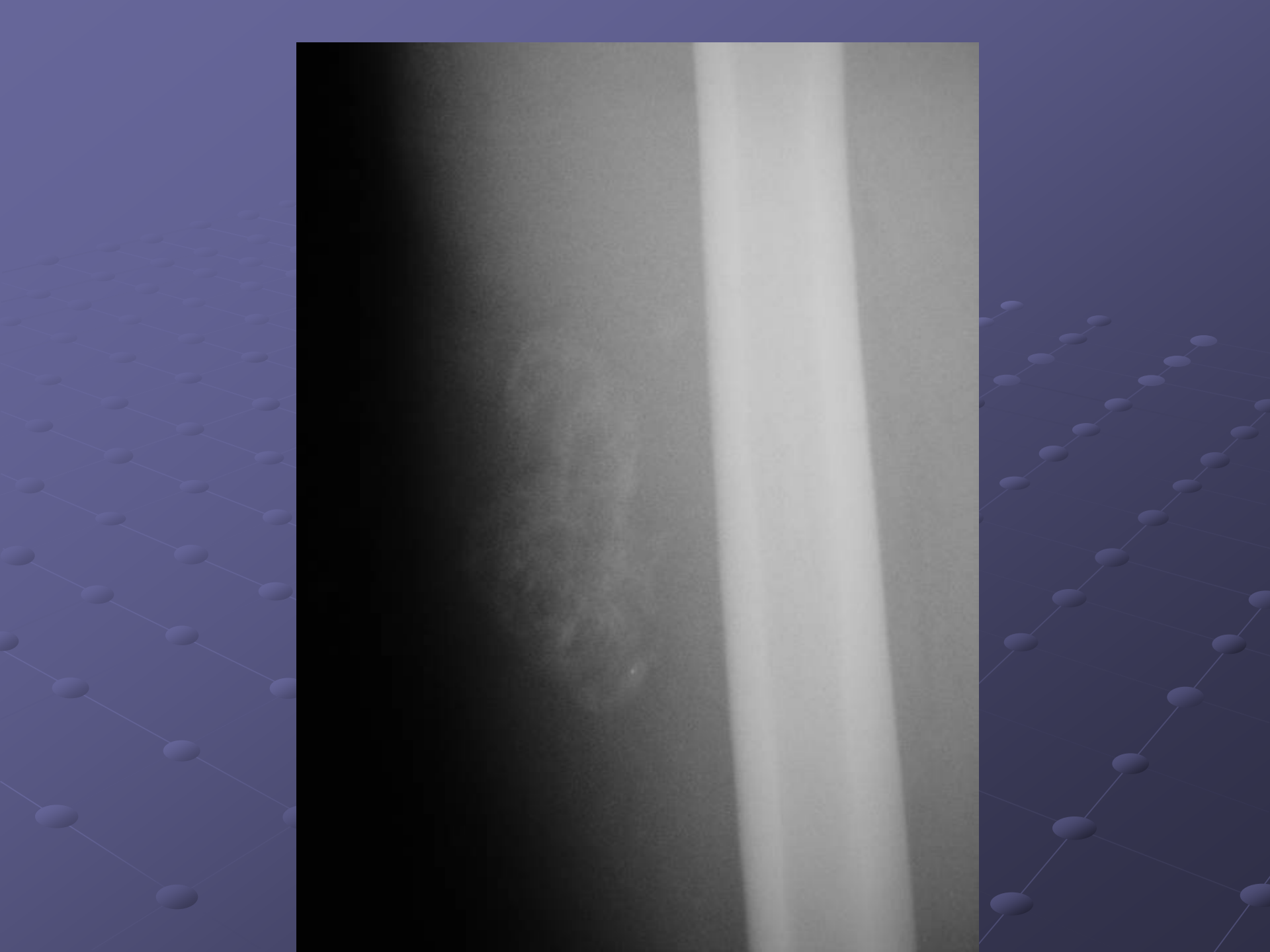
73
4/52
36.2

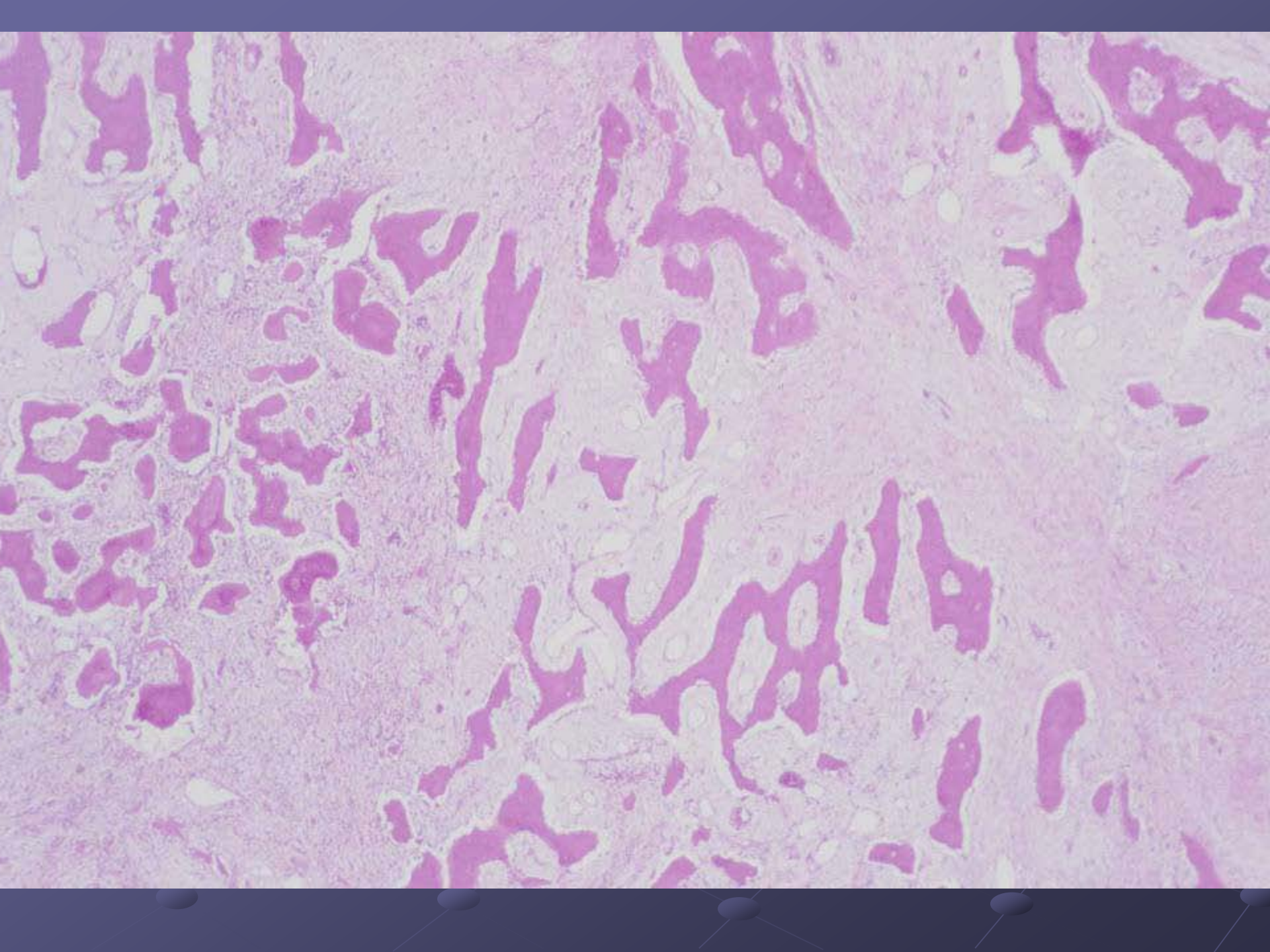
19

V
500
00/Ef
/2 16kHz

30x30







MYOSITIS OSSIFICANS

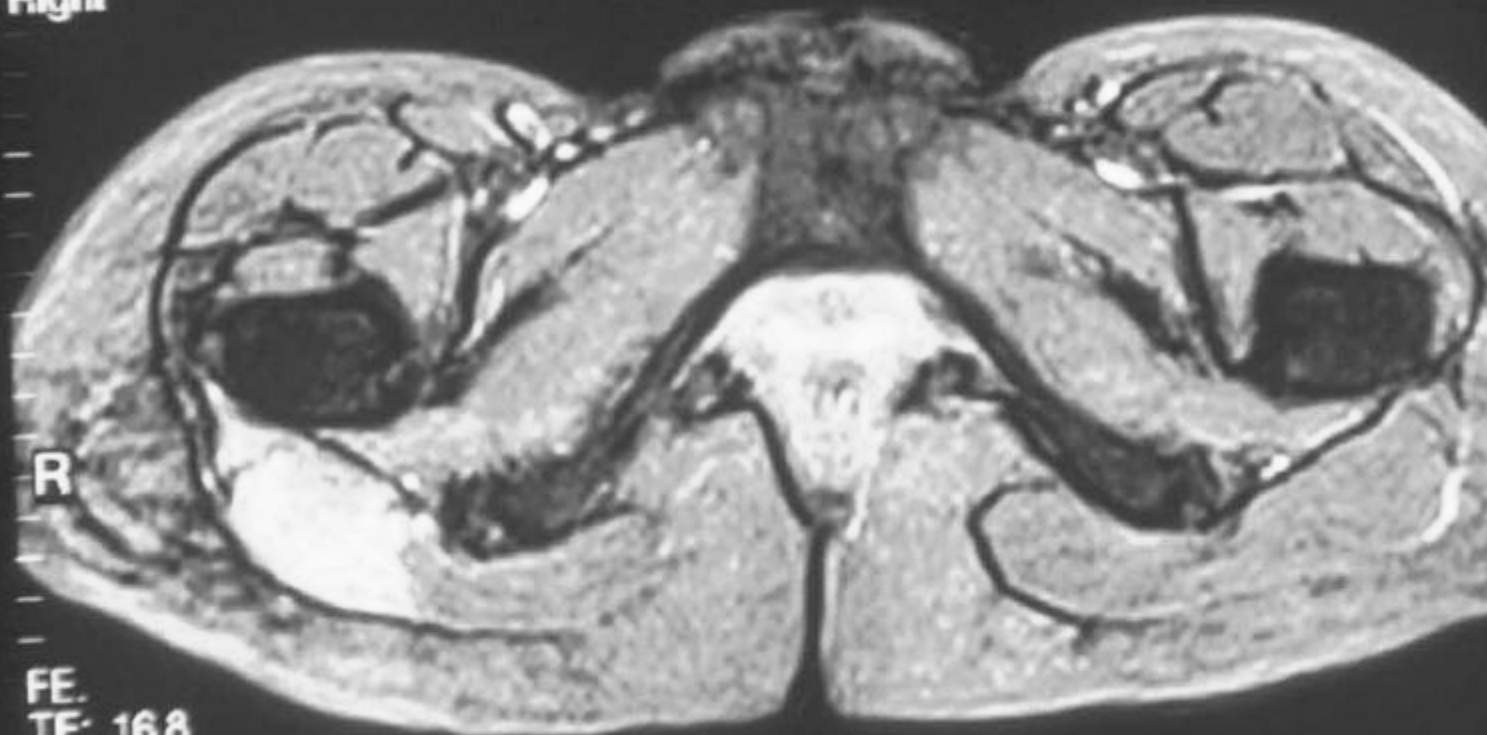
- Trauma
- Zoning phenomena (histo and x-ray)
- Progressive ossification with time... follow-up films
- X-ray all soft tissue masses
- Rx...observe

ID: 291-88-8512
07 FEB 01 11:45
13168 H
Right

+1.0 cm

R

FE.
TE: 16.8
BW: 10.4
TR: 954





Im: 91

DFOV 20.0cm

BONE
E2

DOB: Aug 10
Apr 02

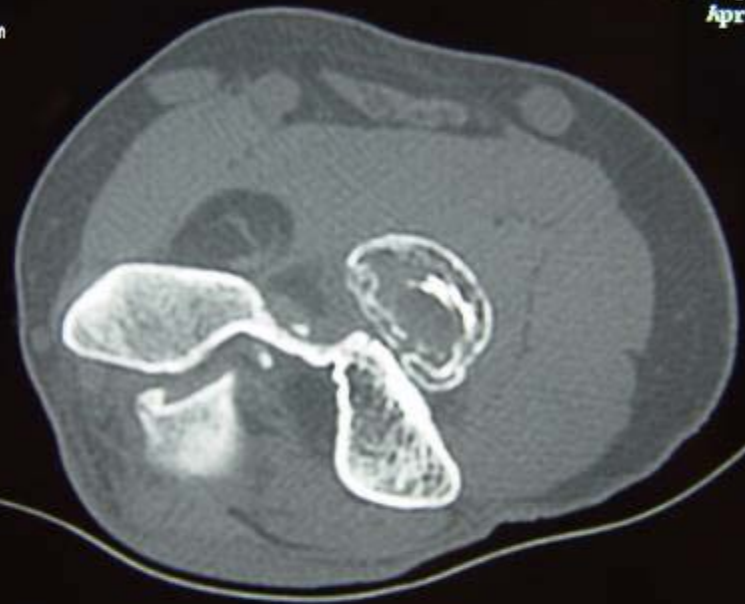
A

9

3

kV 140
mA 100

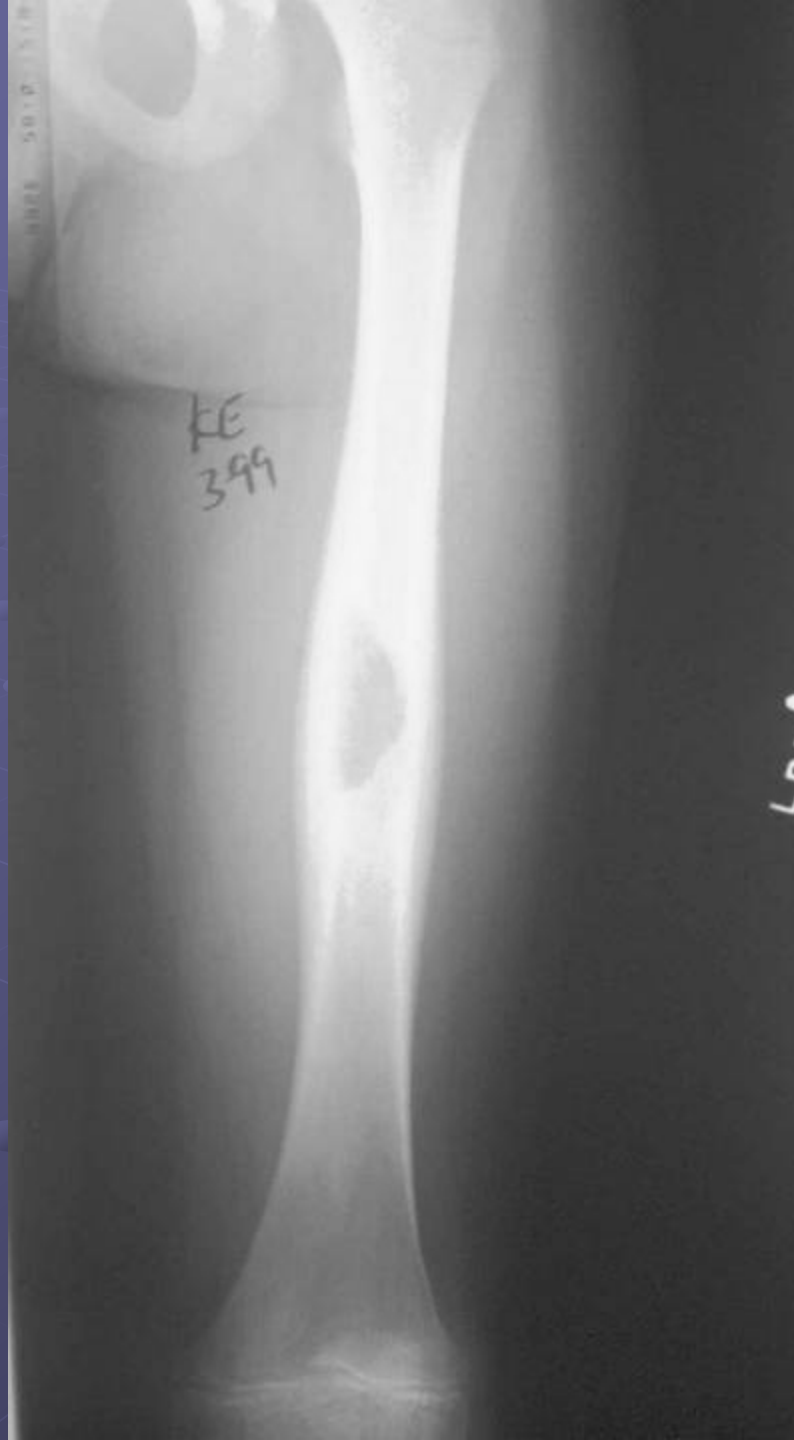
Shoulder L
1.00mm/1.0:1
Tilt: 0.0
0.8s /HE+ 08:44:04 AM/24 80





KE

- 6 YO WITH THIGH PAIN
- NO TRAUMA
- NO SYSTEMIC SIGNS



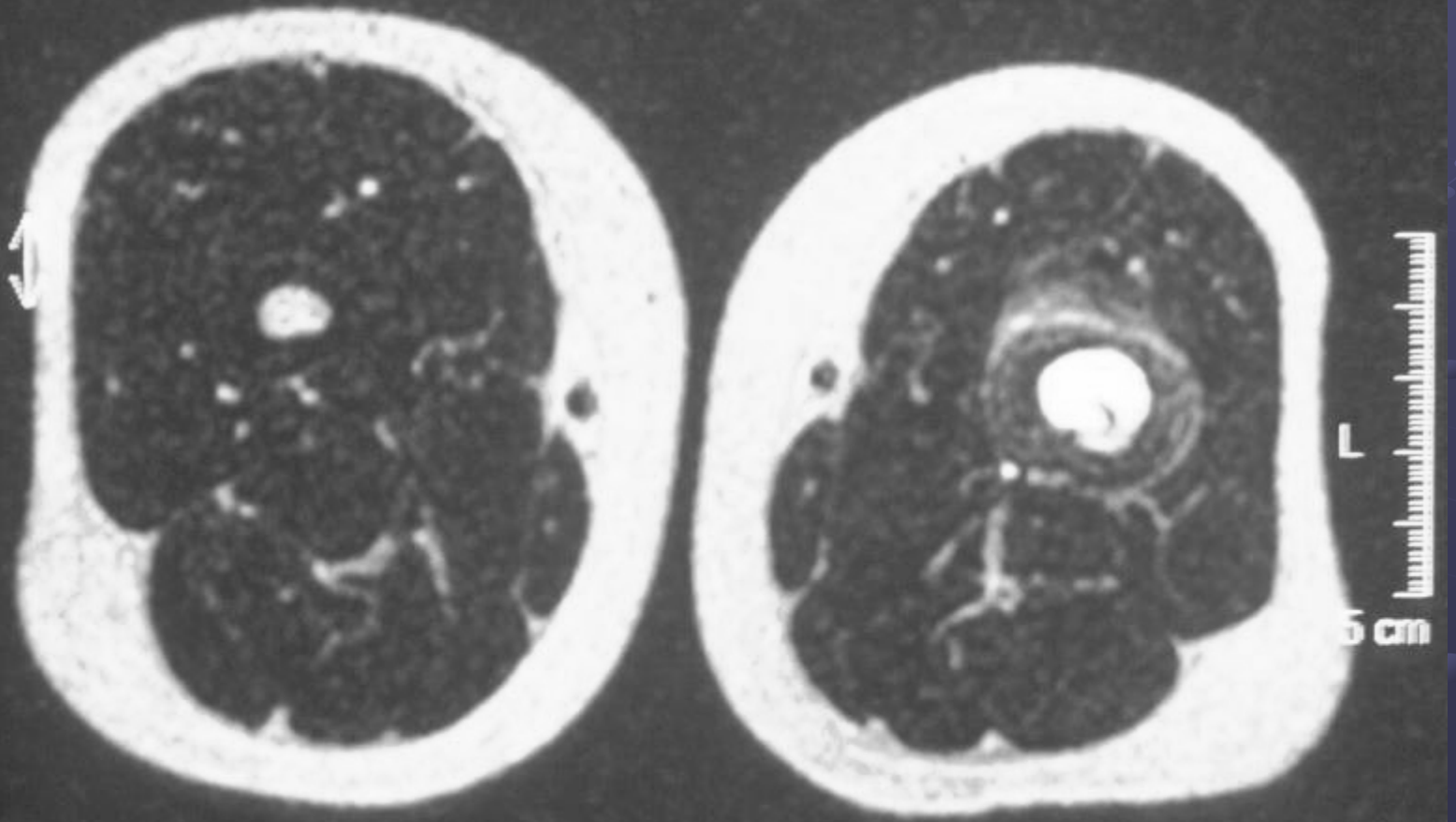
KE
399

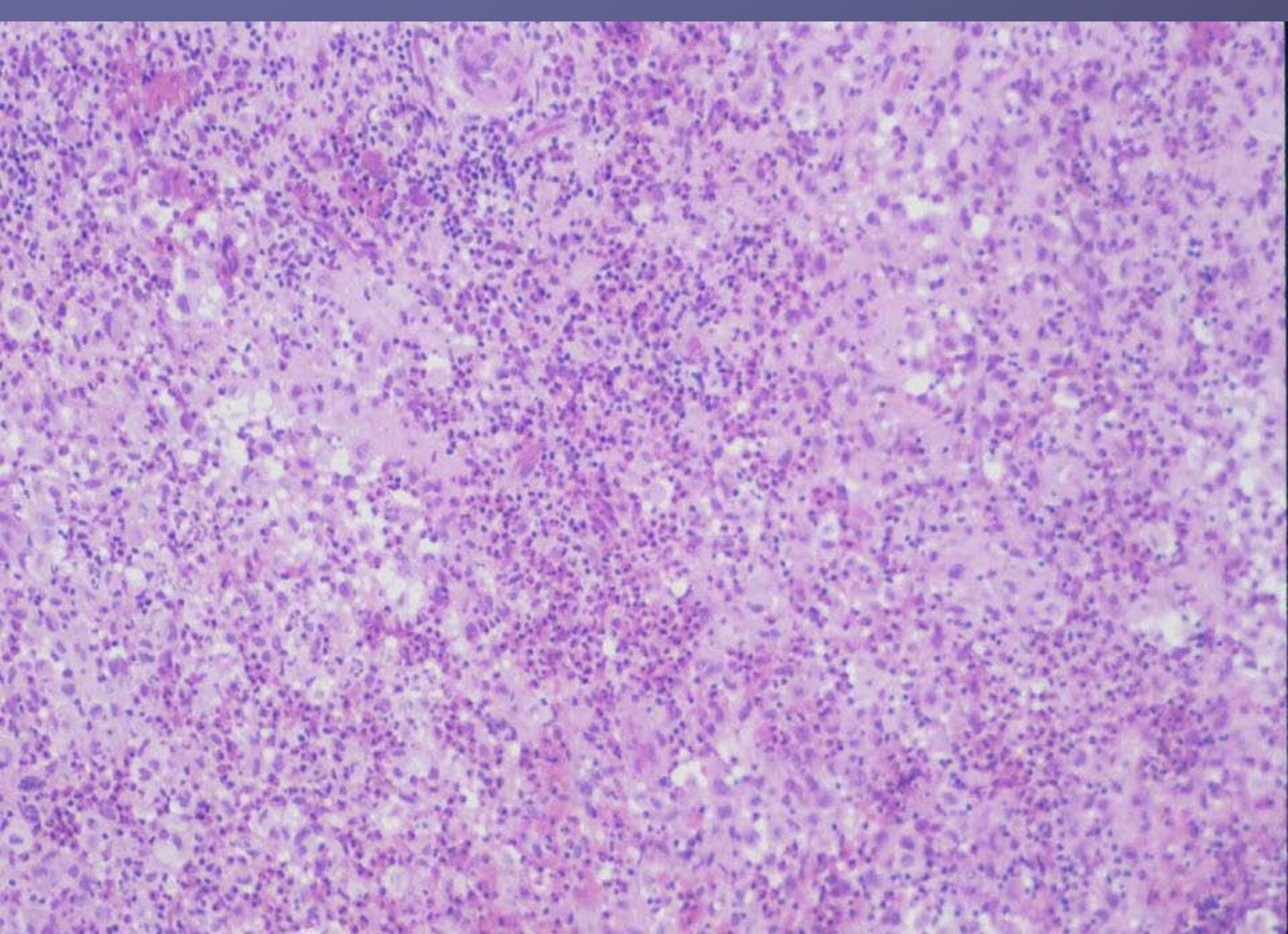


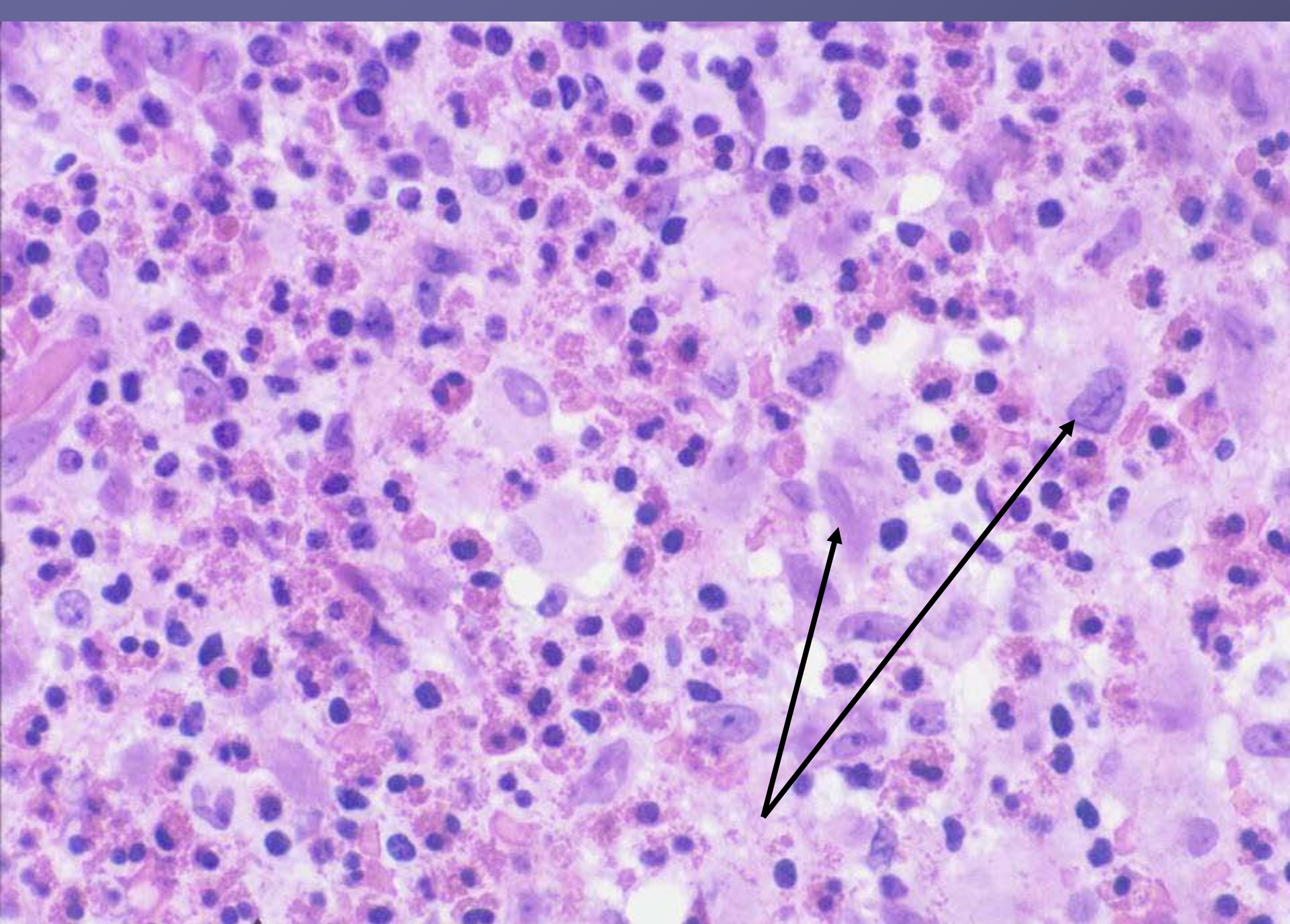
ANTERIOR

3 HRS PO

TSE/M
SL 13







EOSINOPHILIC GRANULOMA (LANGERHANS GRANULOMATOSIS)

- Young, may be multi-centric or associated with systemic disease (HSC, Litterer-Siwe)
- Permeative (great imitator), cold bone scans, skeletal survey, CT of chest/abd/pelvis
- Histo.. Langerhans cells, eosinophils, Birbeck-granules, mimic infection
- Rx.. Observe (resolve), steroid injections for size and pain, chemo if systemic

MQ

- 4 YO THIGH PAIN AND MASS
- FEVERS AND CHILLS
- NO TRAUMA





head



Sc 5
SEM
SL 11

A

PH 52 head



Sc 5
SEM
SL 10

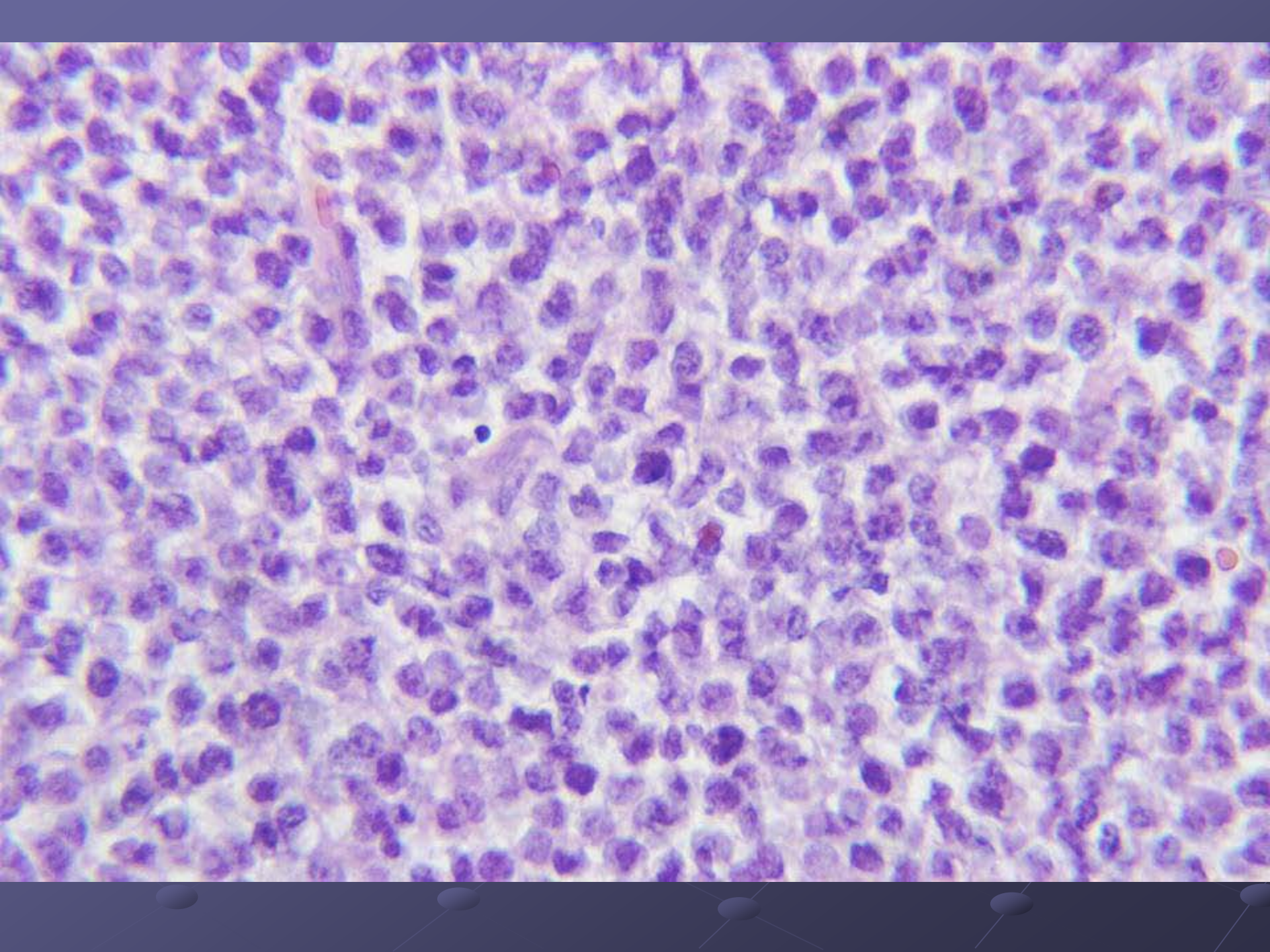


5 cm



5 cm





EWINGS

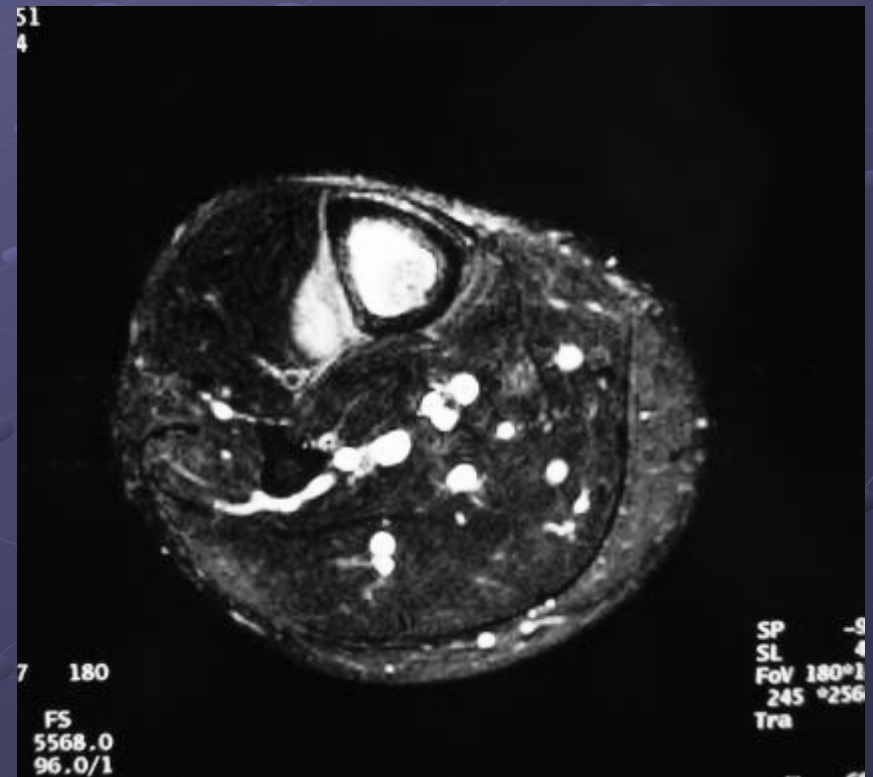
- 4-14, diaphyseal, flat bones, systemic signs
- X-ray.. Permeative, onion skinning, soft tissue mass, hotter bone scan
- Histo.. Small round blue cell (lymphoma, PNET, neuroblastoma, rhabdomyosarcoma), 11-22 translocation
- Rx.. All get chemo, wide surgery (limb salvage), XRT if not resectable, 60-70% 3YS

QUERRY
668580
SCOTT WEINER

107117
06:36

32

SPICA CASI

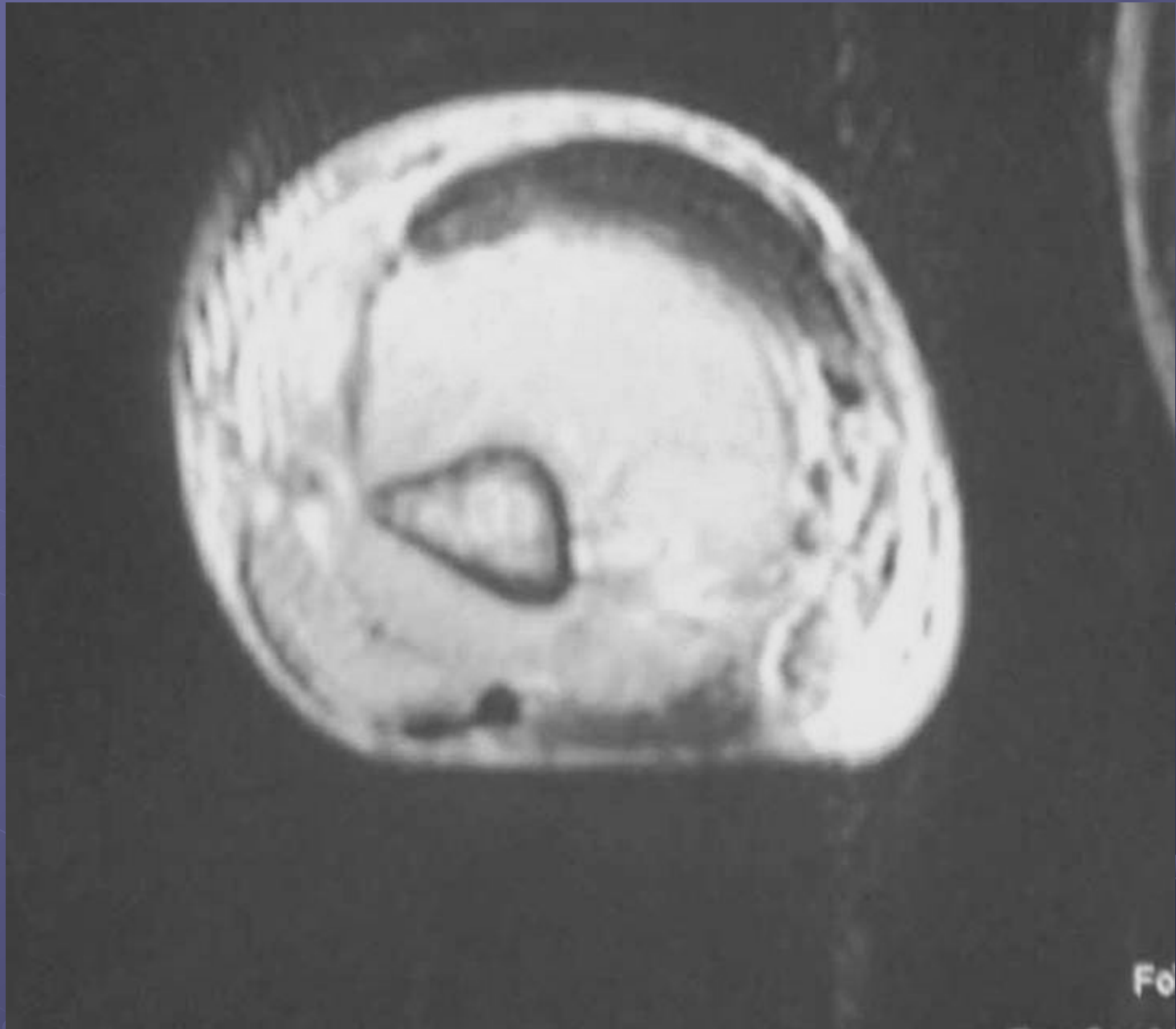


DT

- 55 YO WITH ARM PAIN AND MASS
- NIGHT SWEATS AND FEVERS
- NO OTHER SITES OF PAIN OR
CANCER







7/20/22
STUDY 1
4/20/01
1:43:21 PM
3IMA 8

Symphon
4VA11
HF
+LPI

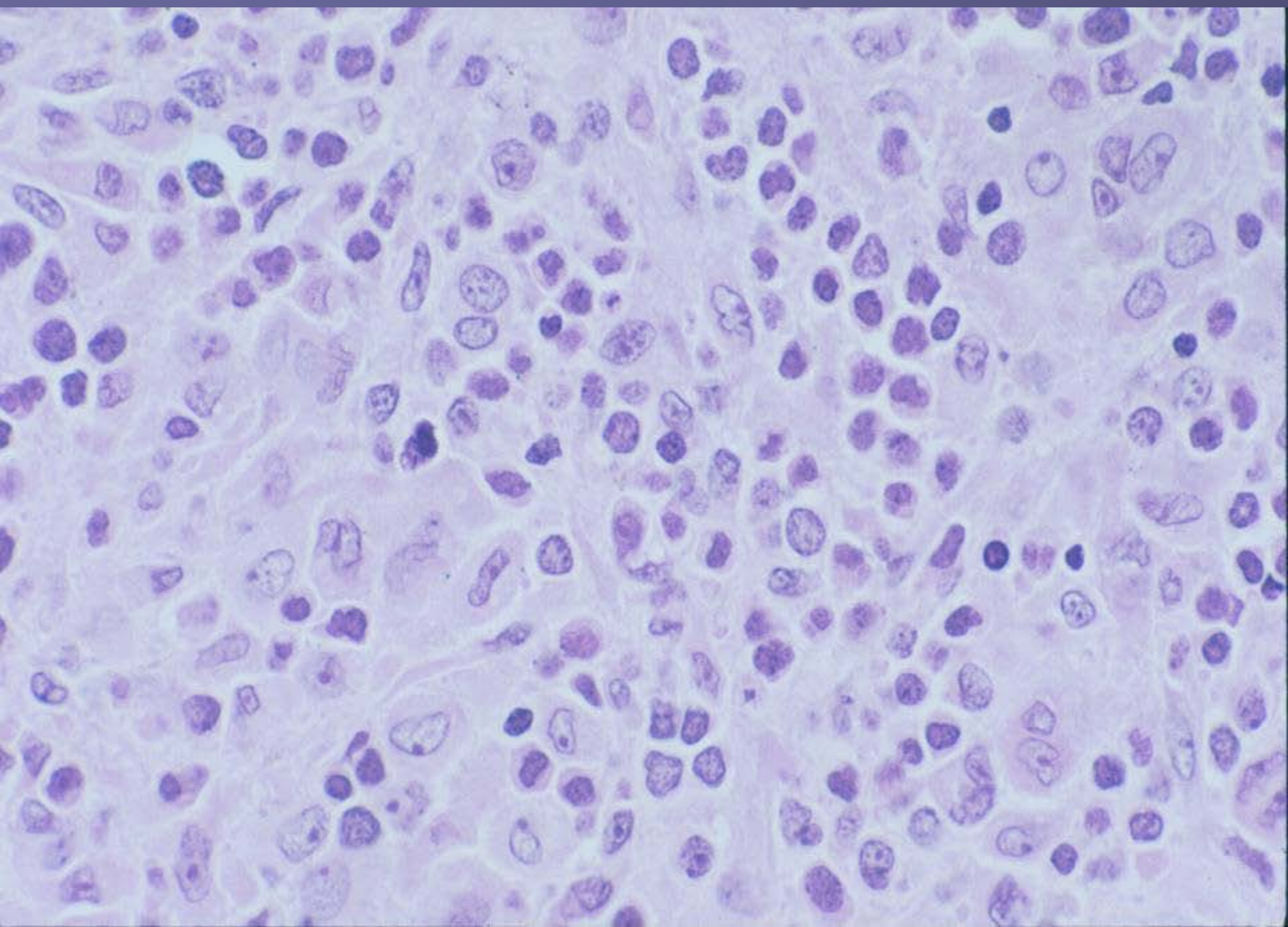
RP

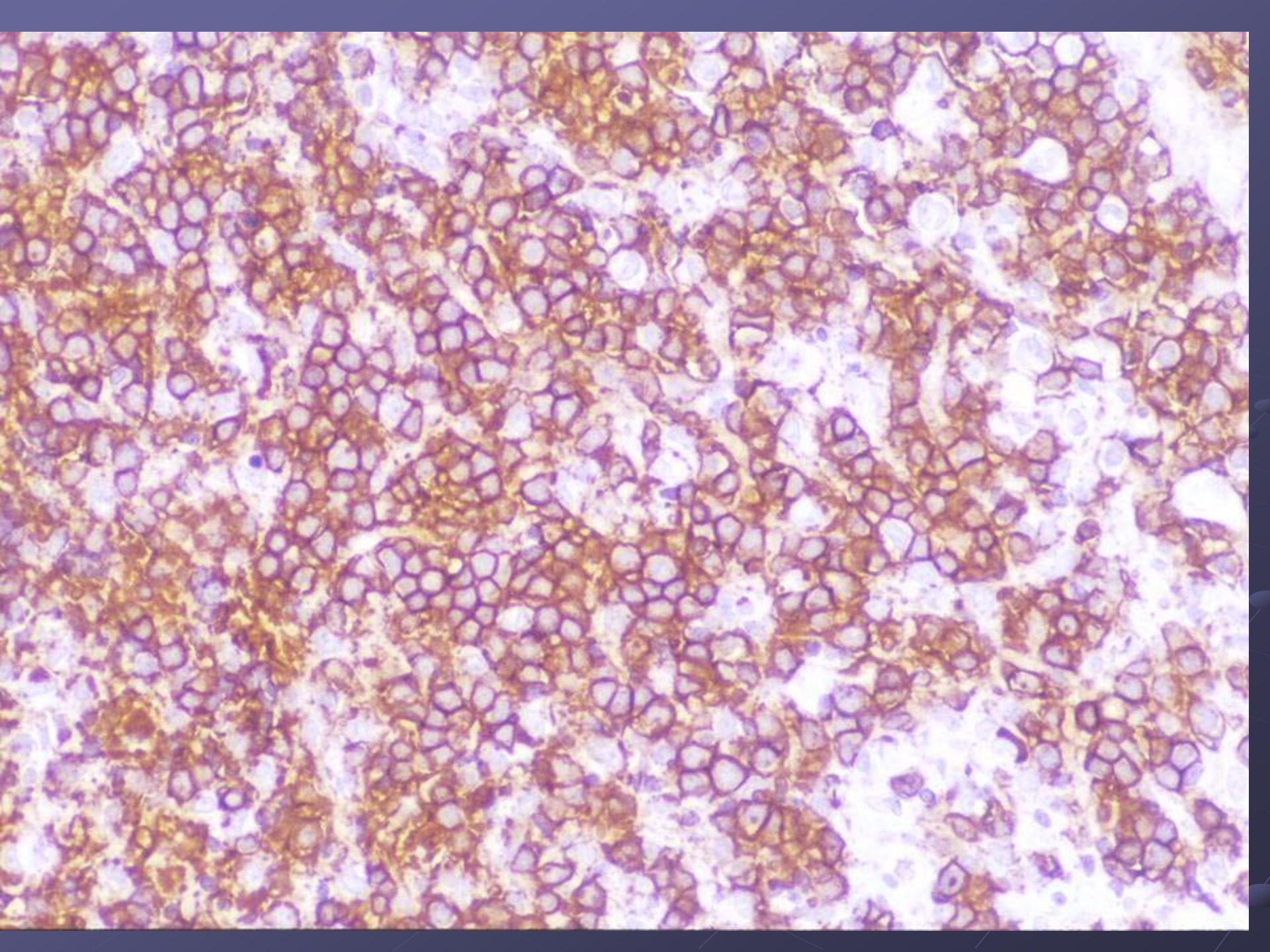
10cm

0
7 TR 493.0
0 TE 16.0
10 TA 04:09.41
2 M
2)
9 5:241 / 60

TP
SP 8.1
SL 4.0
FoV 480*480
256*512
Cor>Tra(-9)>Sag(-2)
W 416
C 165

Asheley Hospital





LYMPHOMA

- Usually B cell, non-Hodgkins, can only involve bone
- Stage with CT chest/abd/pelvis, bone marrow biopsy, bone scan
- X-ray.. Permeative, may be normal, bone scan hot
- Rx.. Chemo, surgery for palliation

- 40 YO FEMALE WITH SHOULDER PAIN
AND LOCKING FEELING
- NO TRAUMA



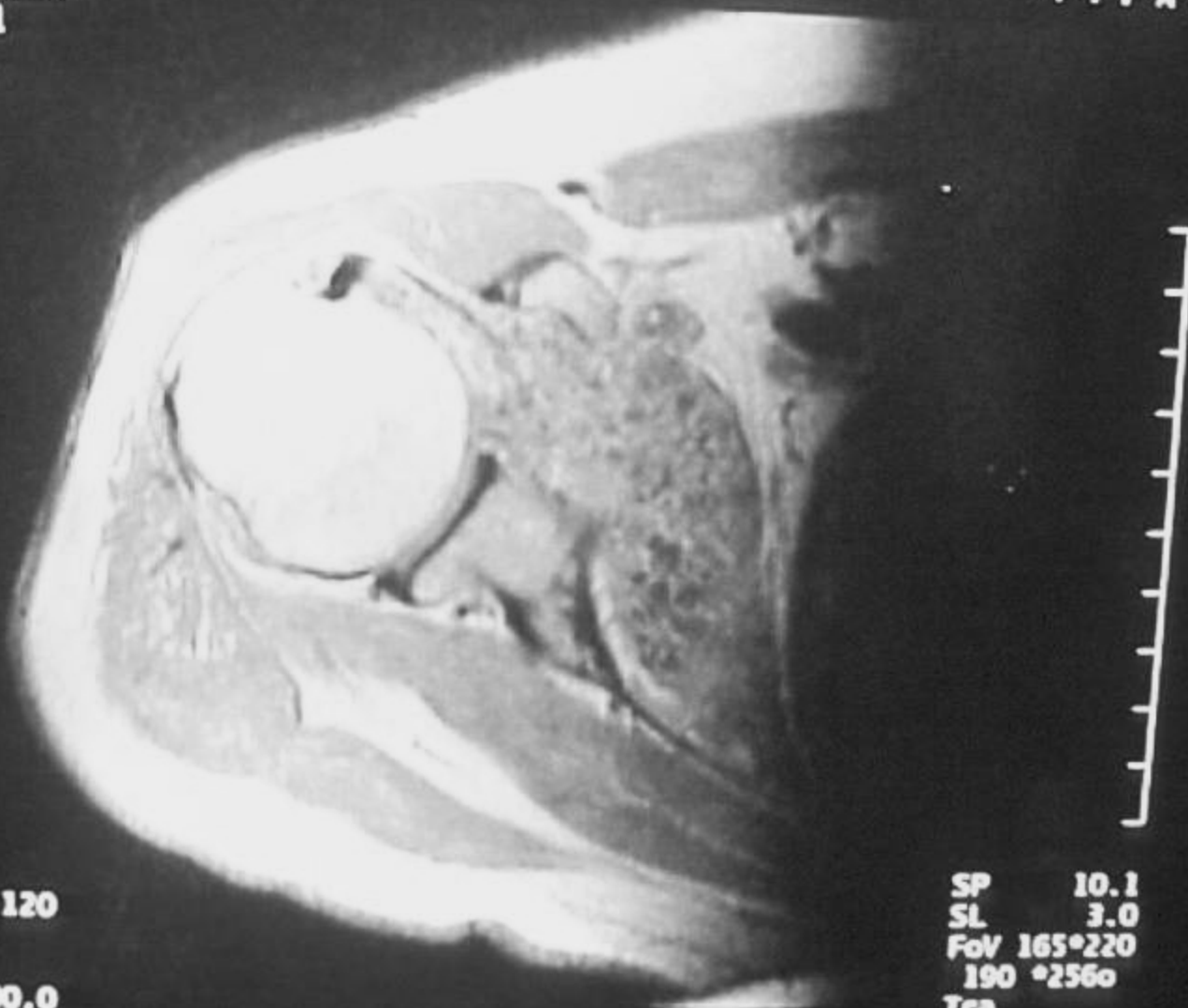
RT SHOULDER
22-JAN-1939
11:50
28-NOV-2000
IMAGE 81
SER 1-5

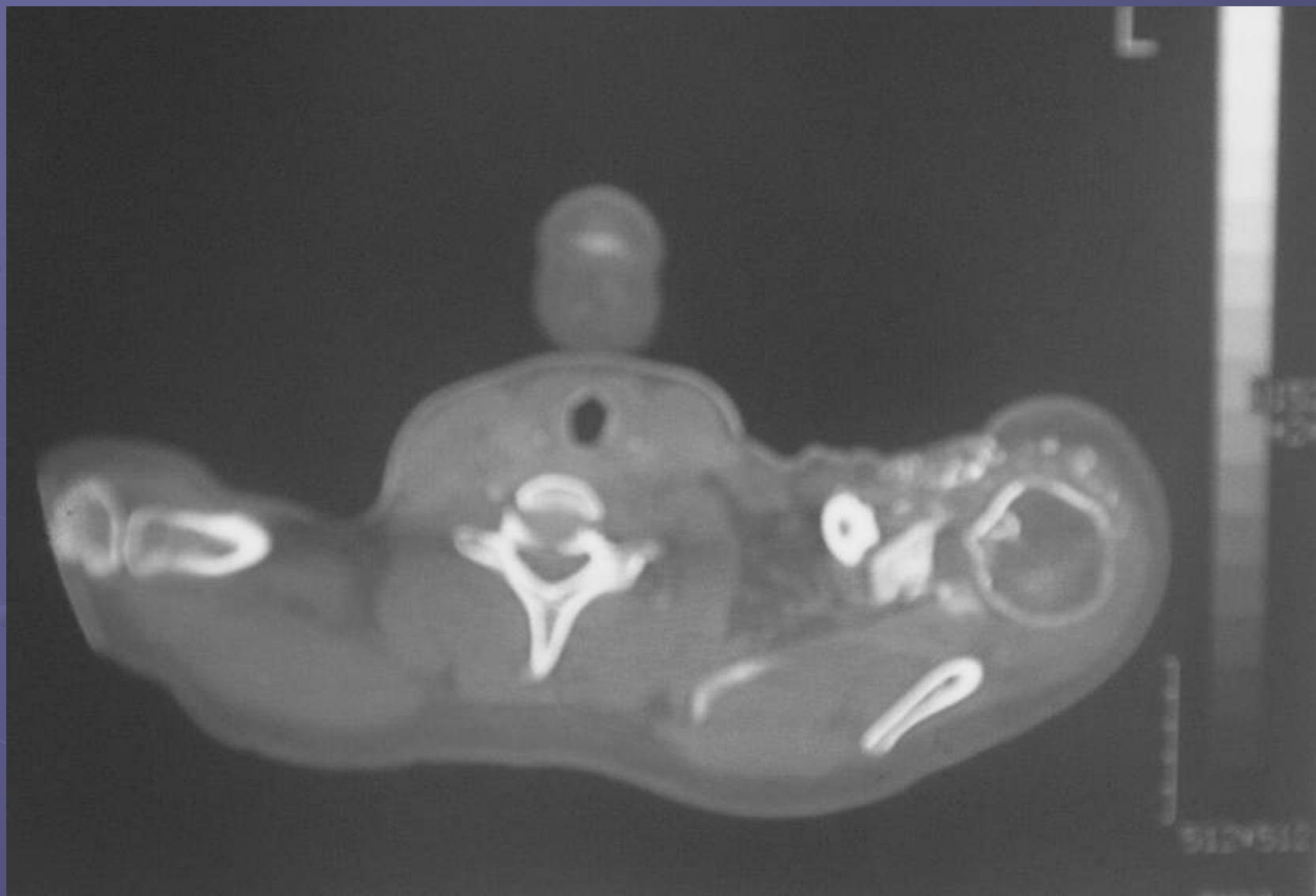
Alliance Imaging
MAGNETOM EXPERT
H-SP-CR VB33A
+ : F A L

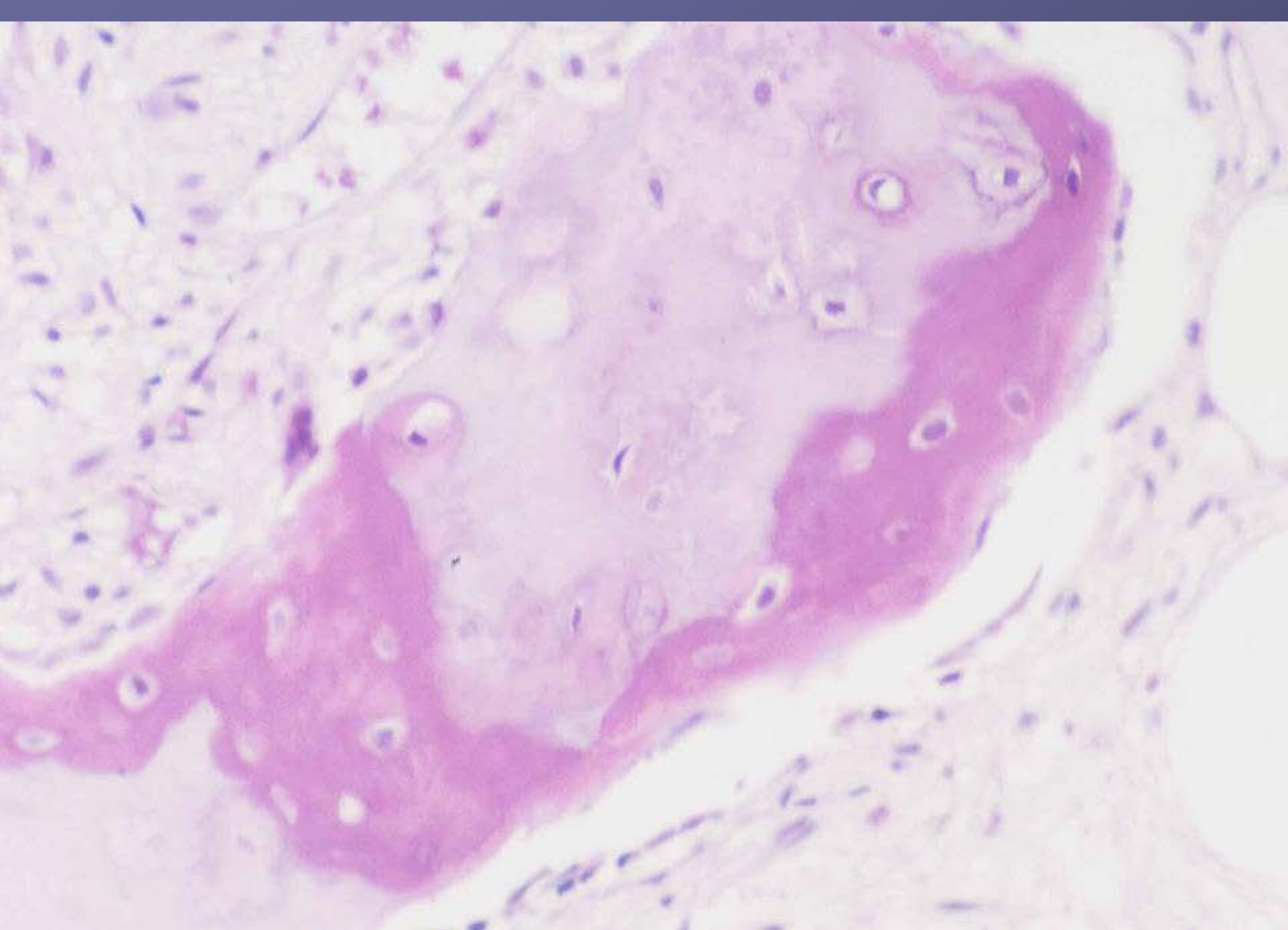
R

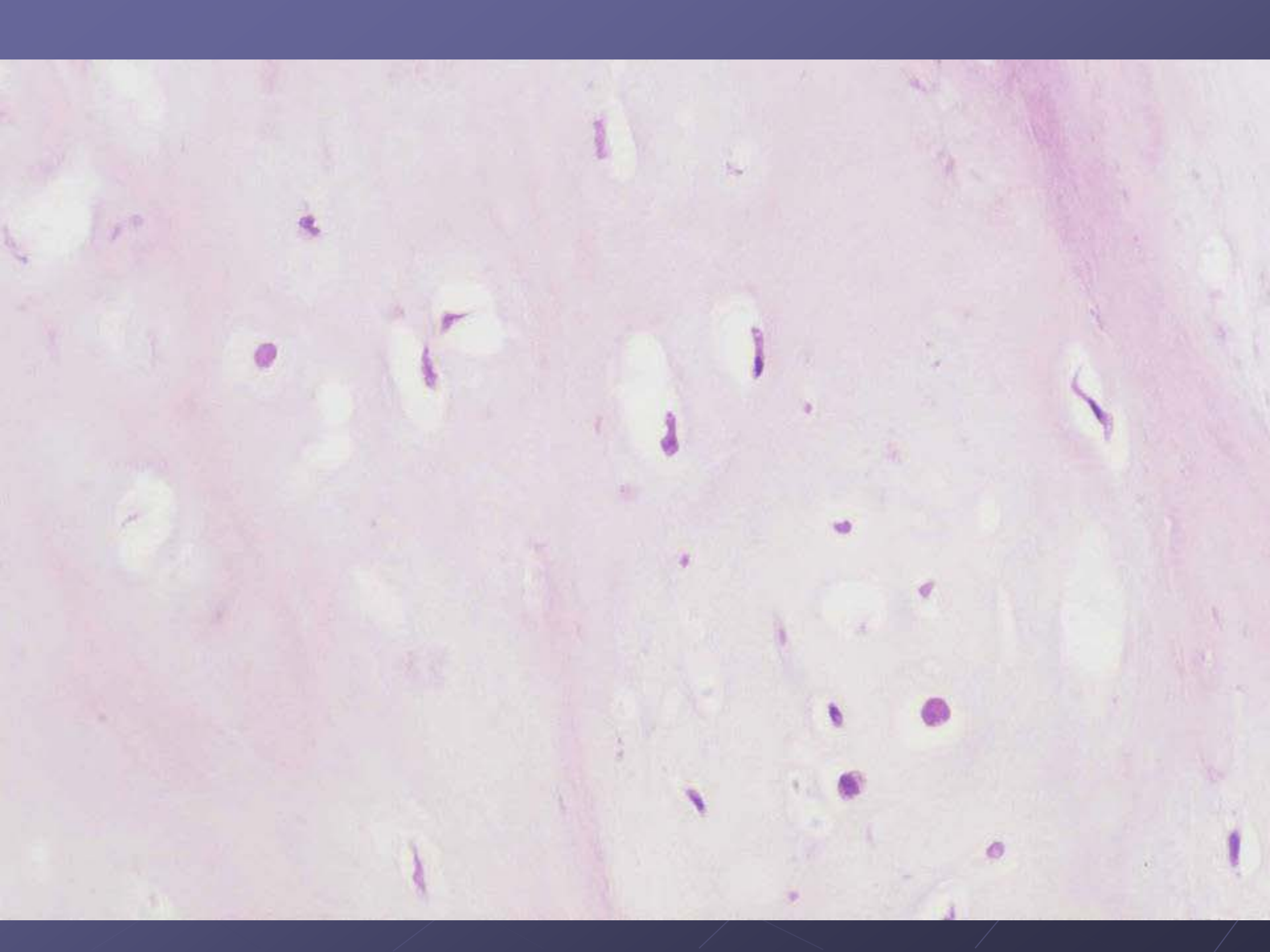
tse2-5 120
*R
1 SAT
TR 3500.0
TE 22.0/1
TA 04:28

SP 10.1
SL 3.0
FoV 165*220
190 *2560
Tra









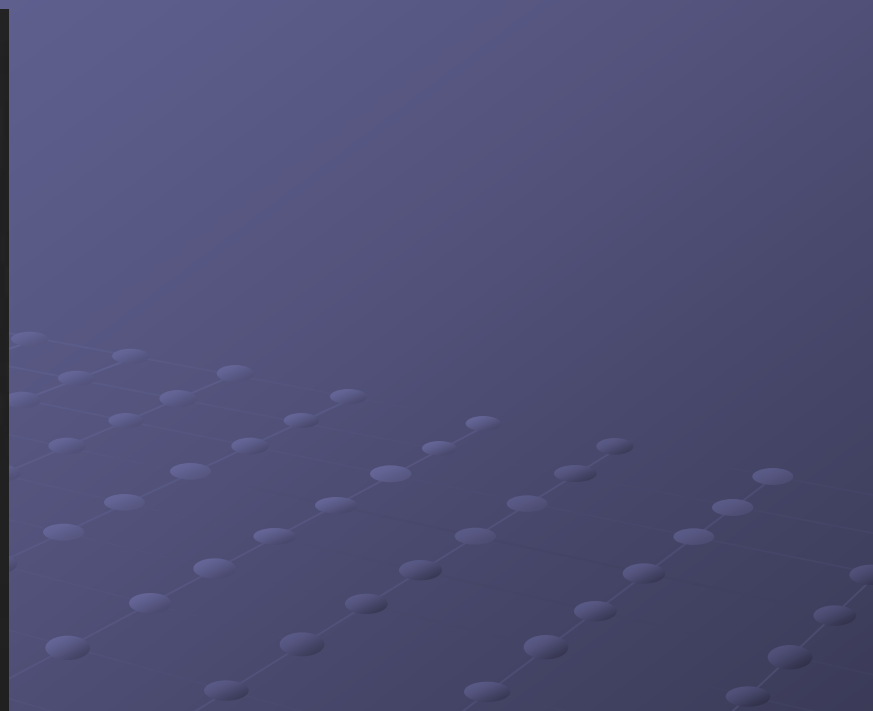
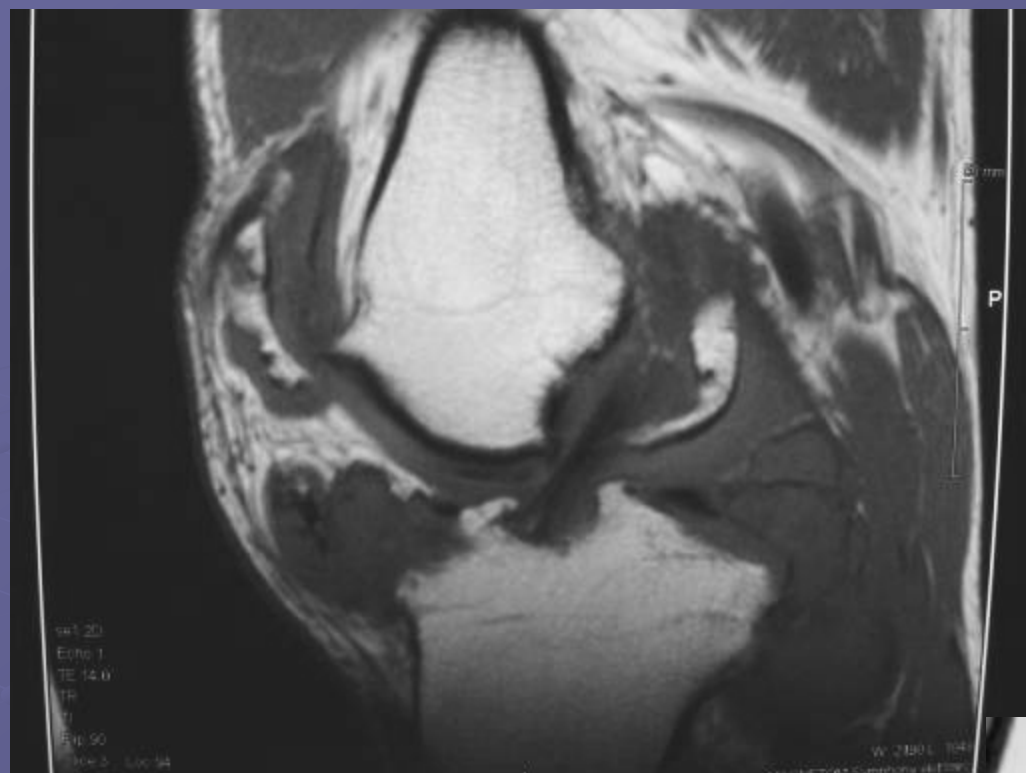


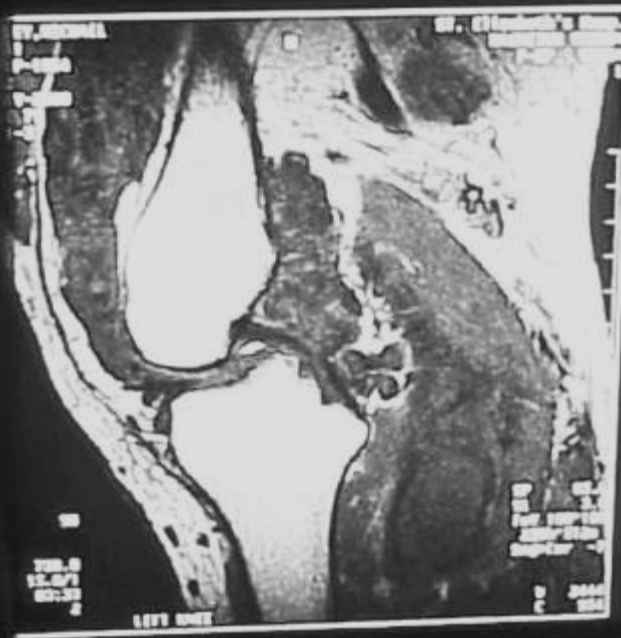
SYNOVIAL CHONDROMATOSIS

- Benign
- Synovectomy (scopic difficult due to many fragments)
- Eventual joint destruction... knee replacement

- 35 YO WITH KNEE PAIN AND SWELLING
- RECURRENT PROBLEM









MICHAEL

H

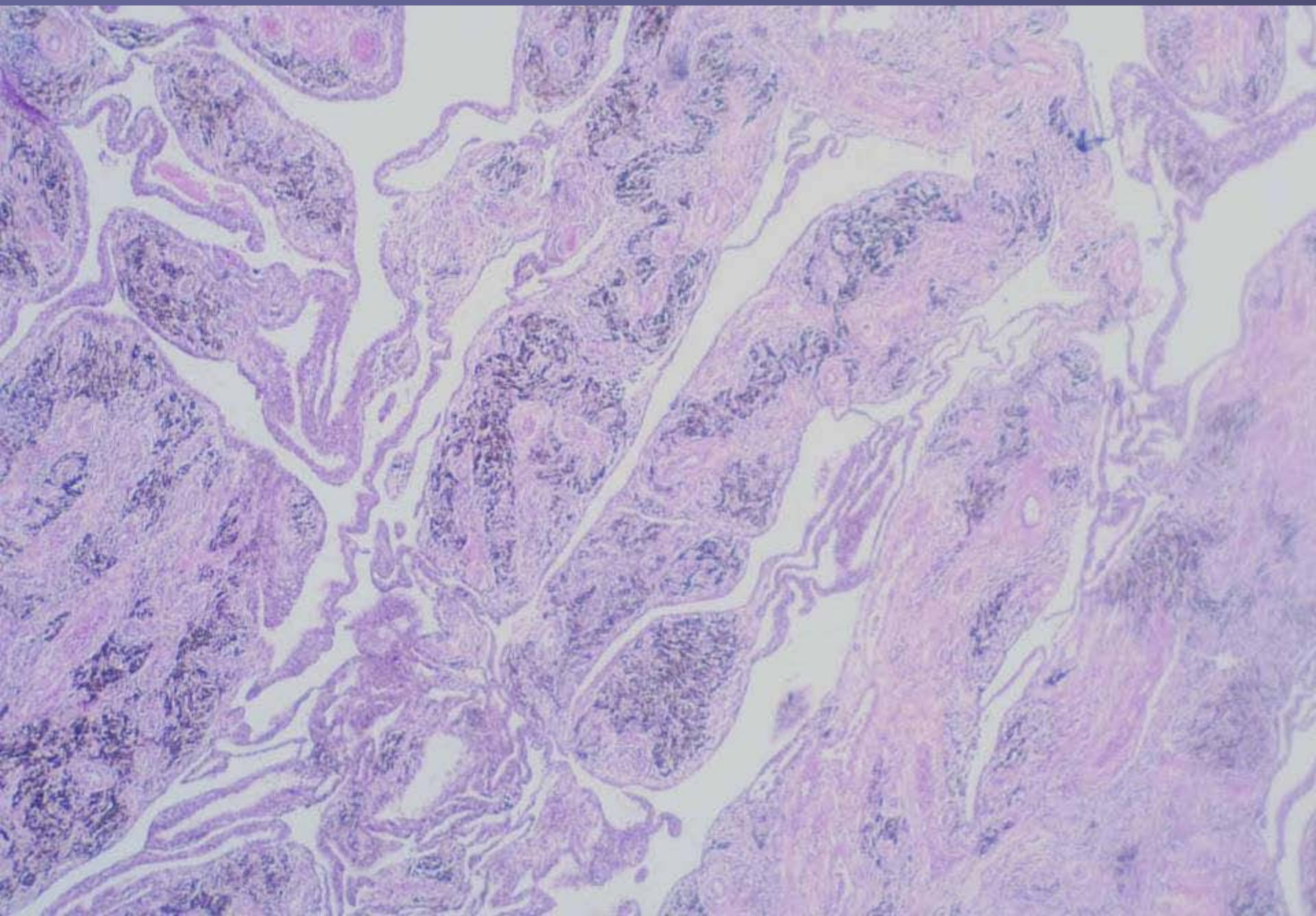
S

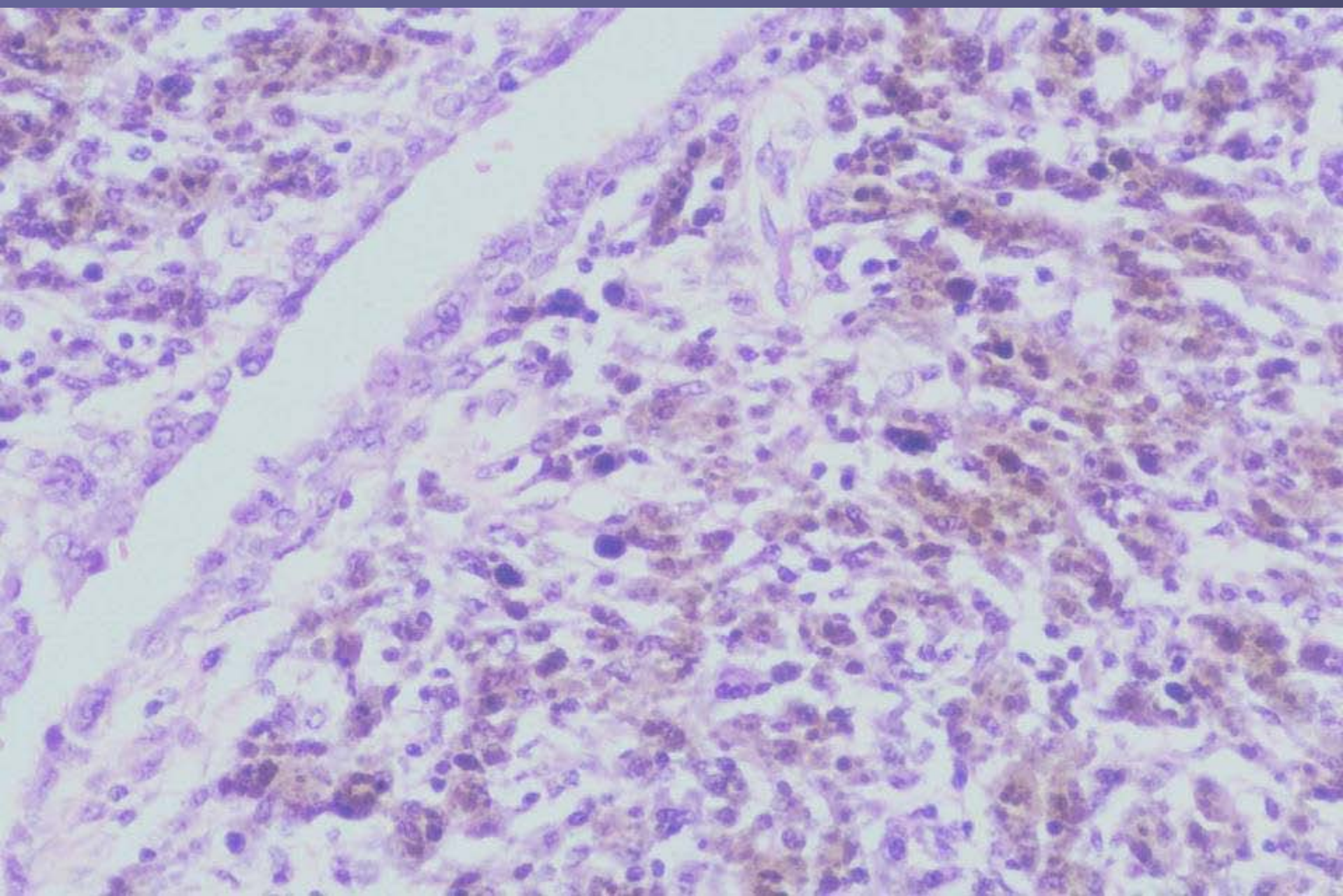
1964

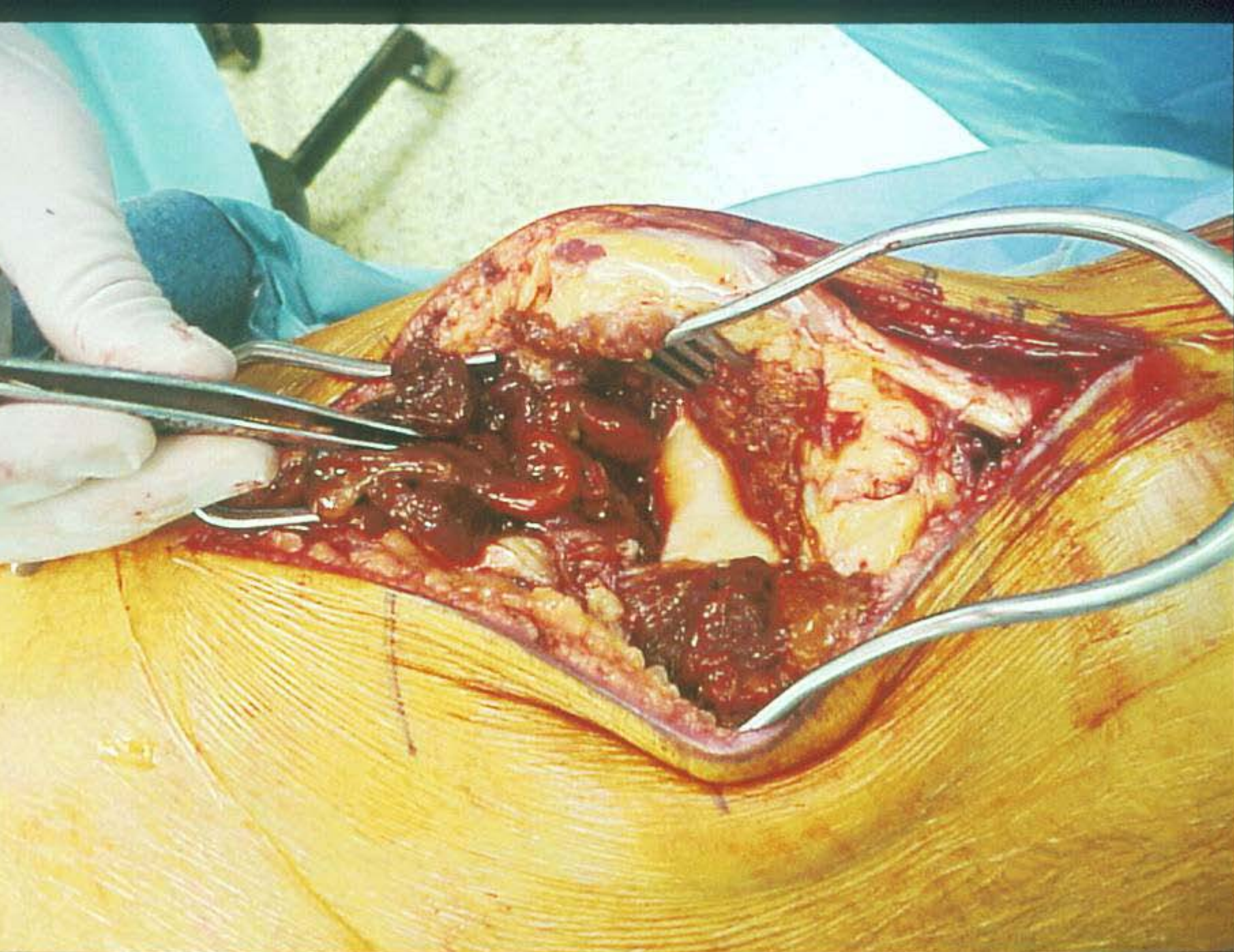
2000

90

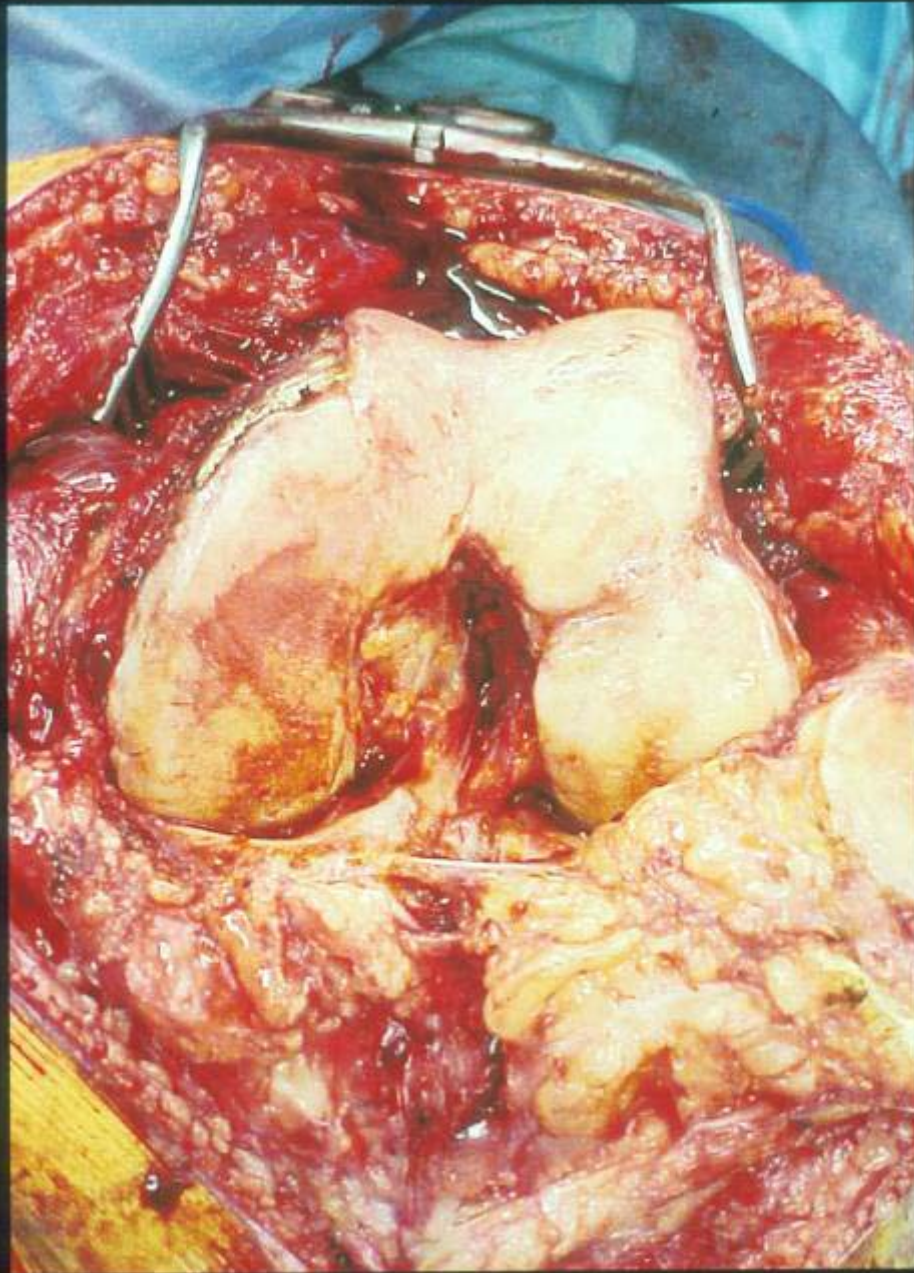
728.0
15.0/1
03:33
2





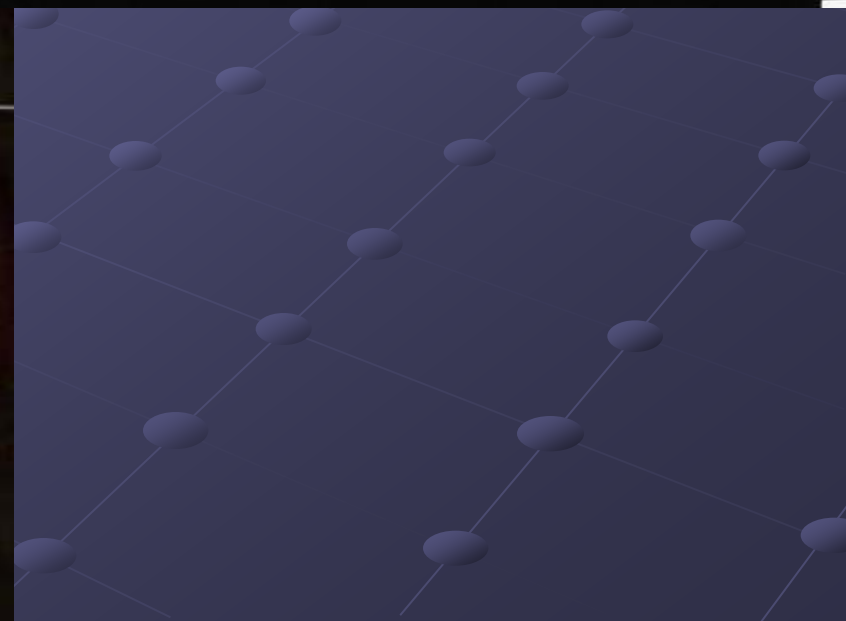
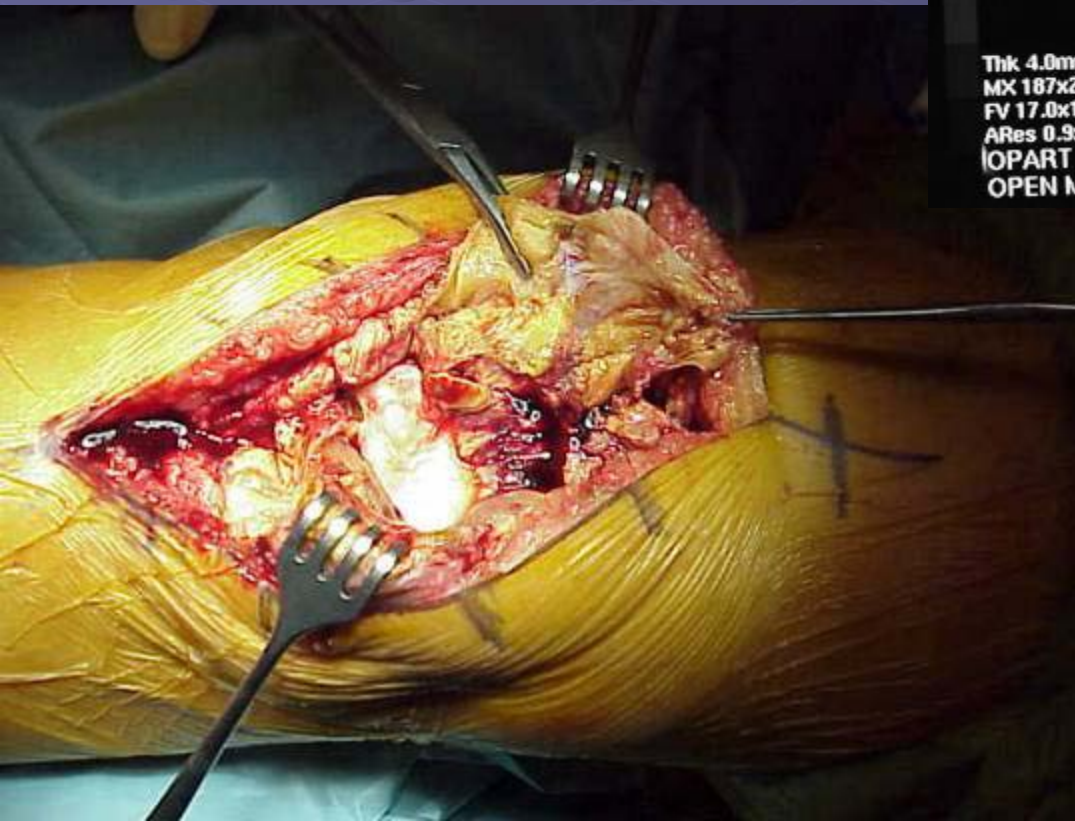


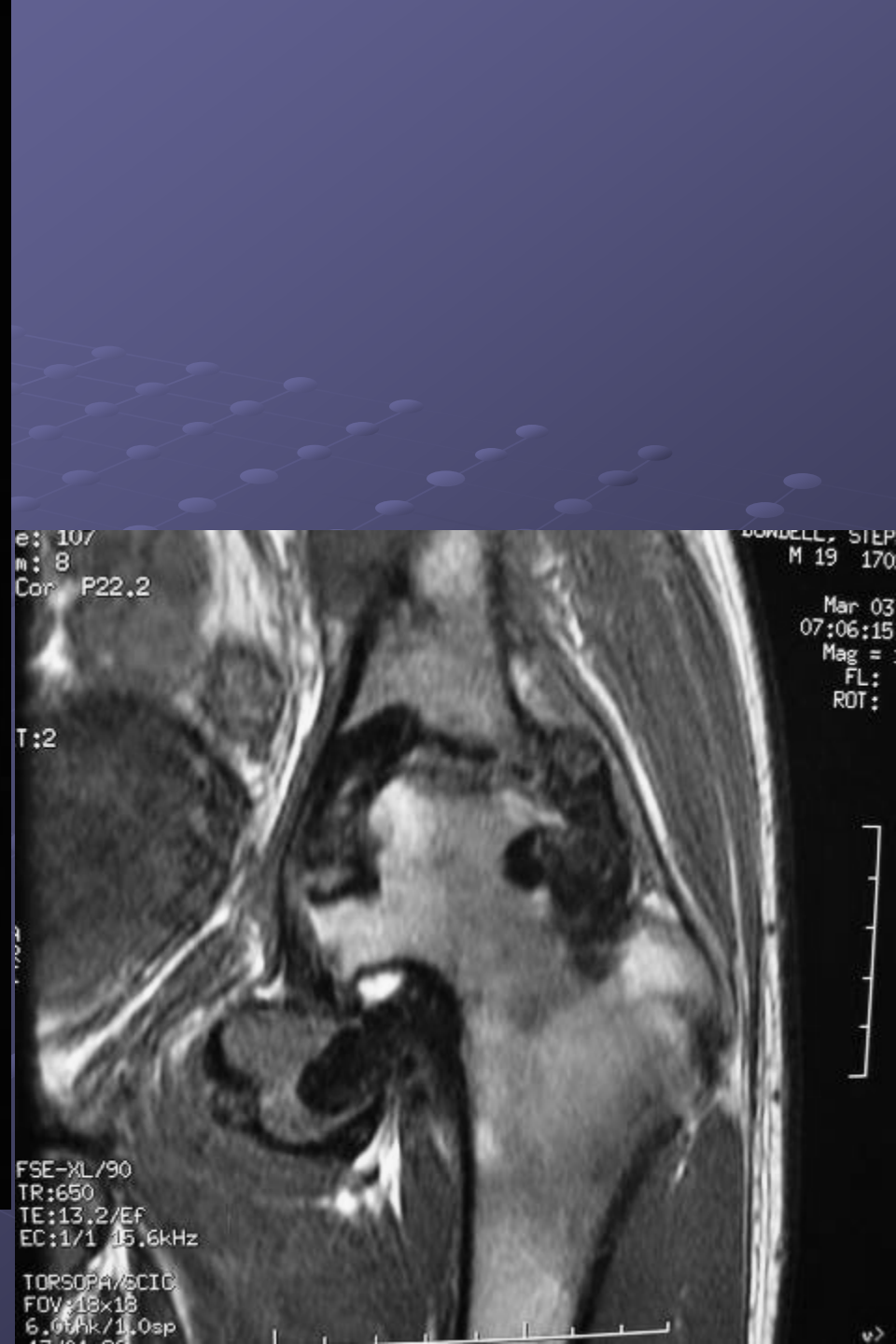




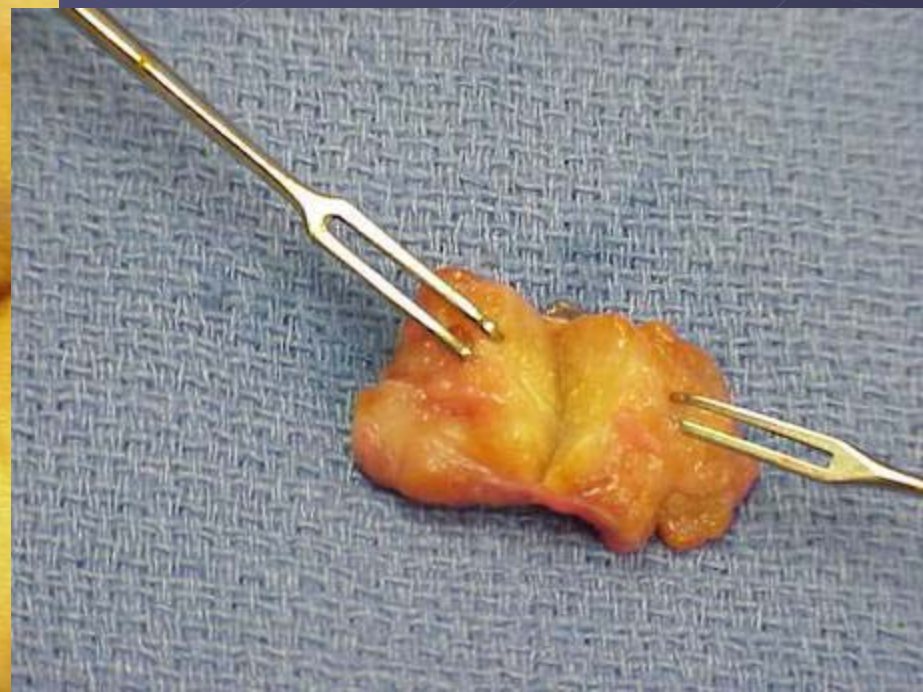
PIGMENTED VILLONODULAR SYNOVITIS

- Knee most common, nodular vs. diffuse
- X-ray.. erosions on both sides of the joint
- MRI.. Synovial replacement, dark on T1 and T2 with bright fluid, may erode bone
- Histo.. Fronds with fibroblasts, diffuse hemosiderin and giant cells
- Rx..
 - Synovectomy (scopic first)
 - Open synovectomy for recurrence
 - Eventual total joint, process stops





- 35 YO WITH PAINLESS FINGER MASS
- NO TRAUMA



FA-90/180
PE: ↑

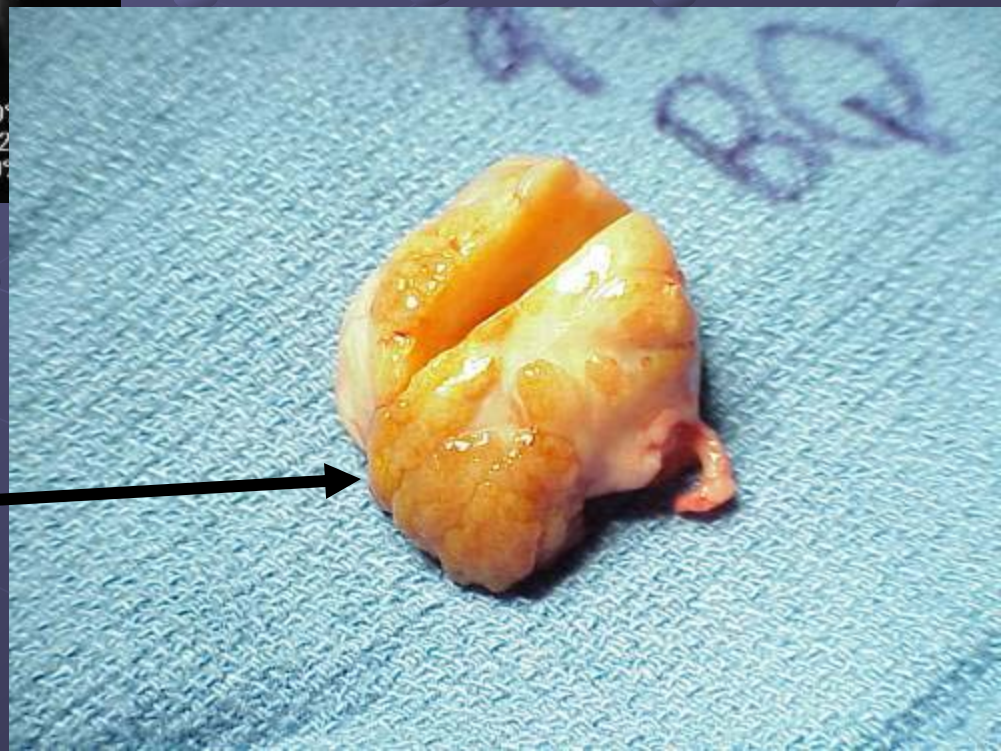
20 M 09081084
Jul.30.2003
07:50AM
6034.5377

A

NAQ-1
17.0x17.0cm
224(NW)x256
0.8x0.7mm/4mm
Time 5:22
QD Knee
Sunna ST. Thomas

F

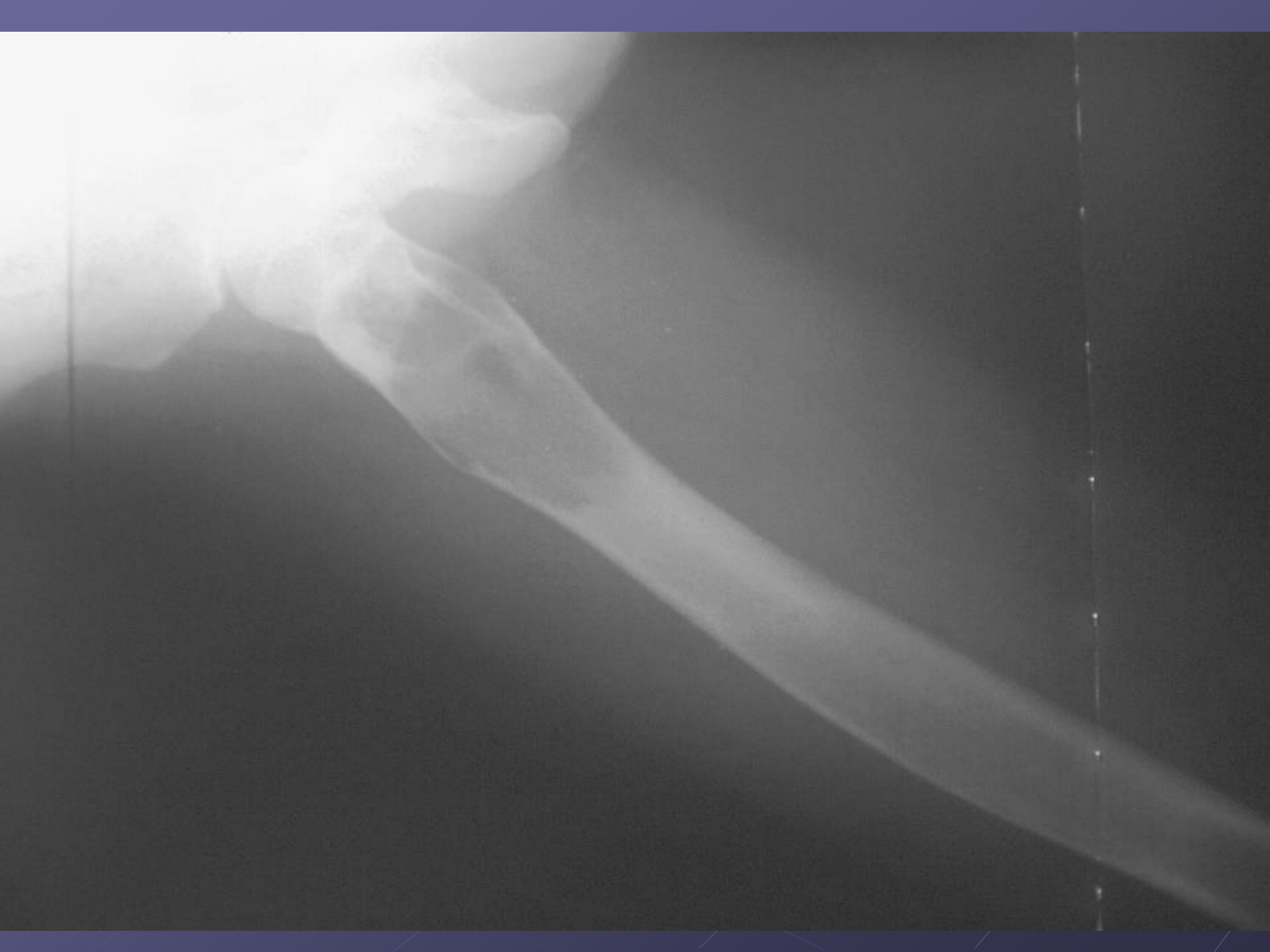
Z: 100%
13/2
WW: 61.8% WL: 34.9%

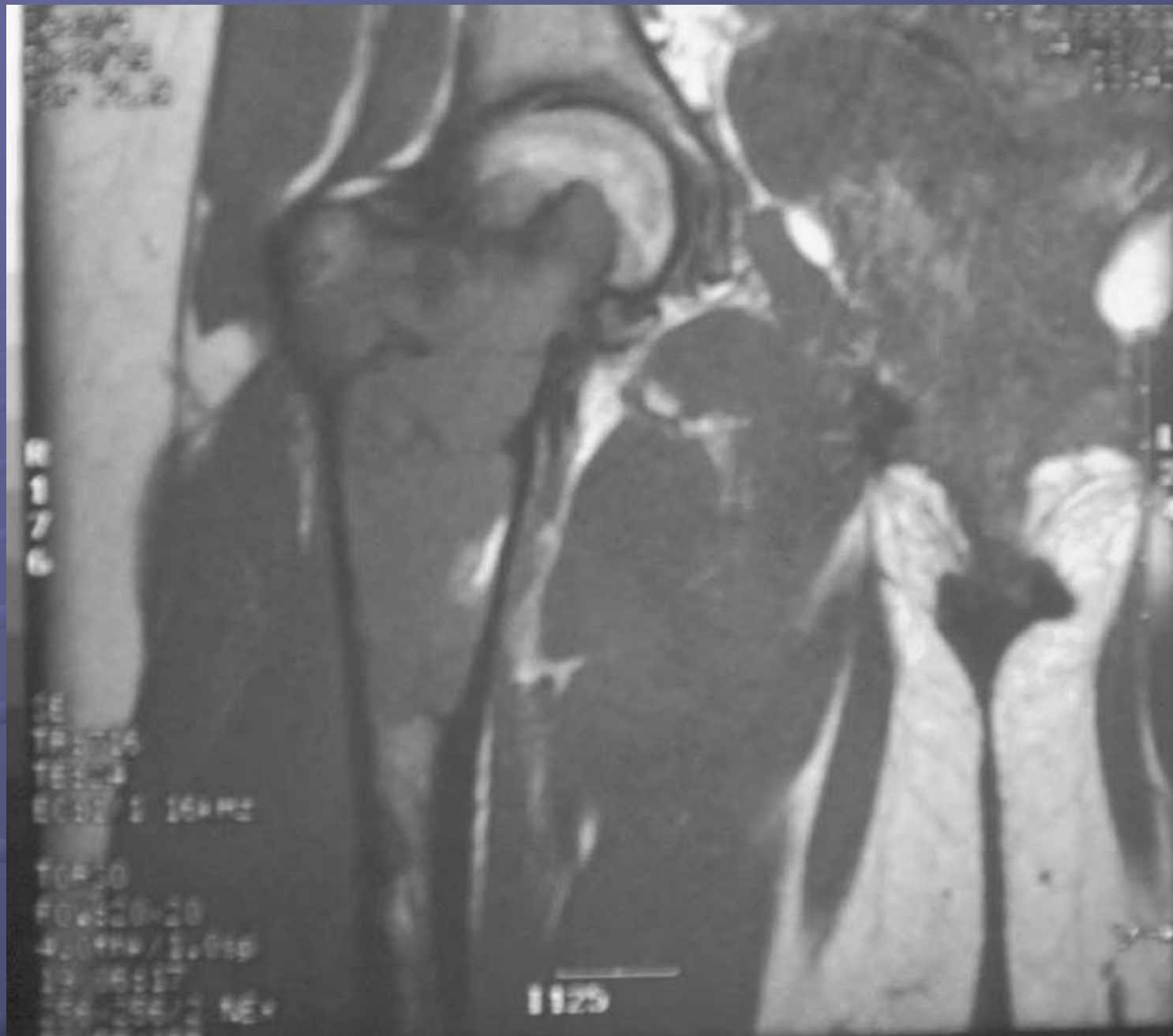


KB

- 25 YO WITH ACTIVITY RELATED PAIN
- NO OTHER SITES OF PAIN







R 176

SE
TR:016
TES:4
ECST: 1 16Hz

TOP:0
FOV:20x20
400Hz/1.01s
19 08:17
256-256/2 NE*

1125

25/5
218/38
08 86.9

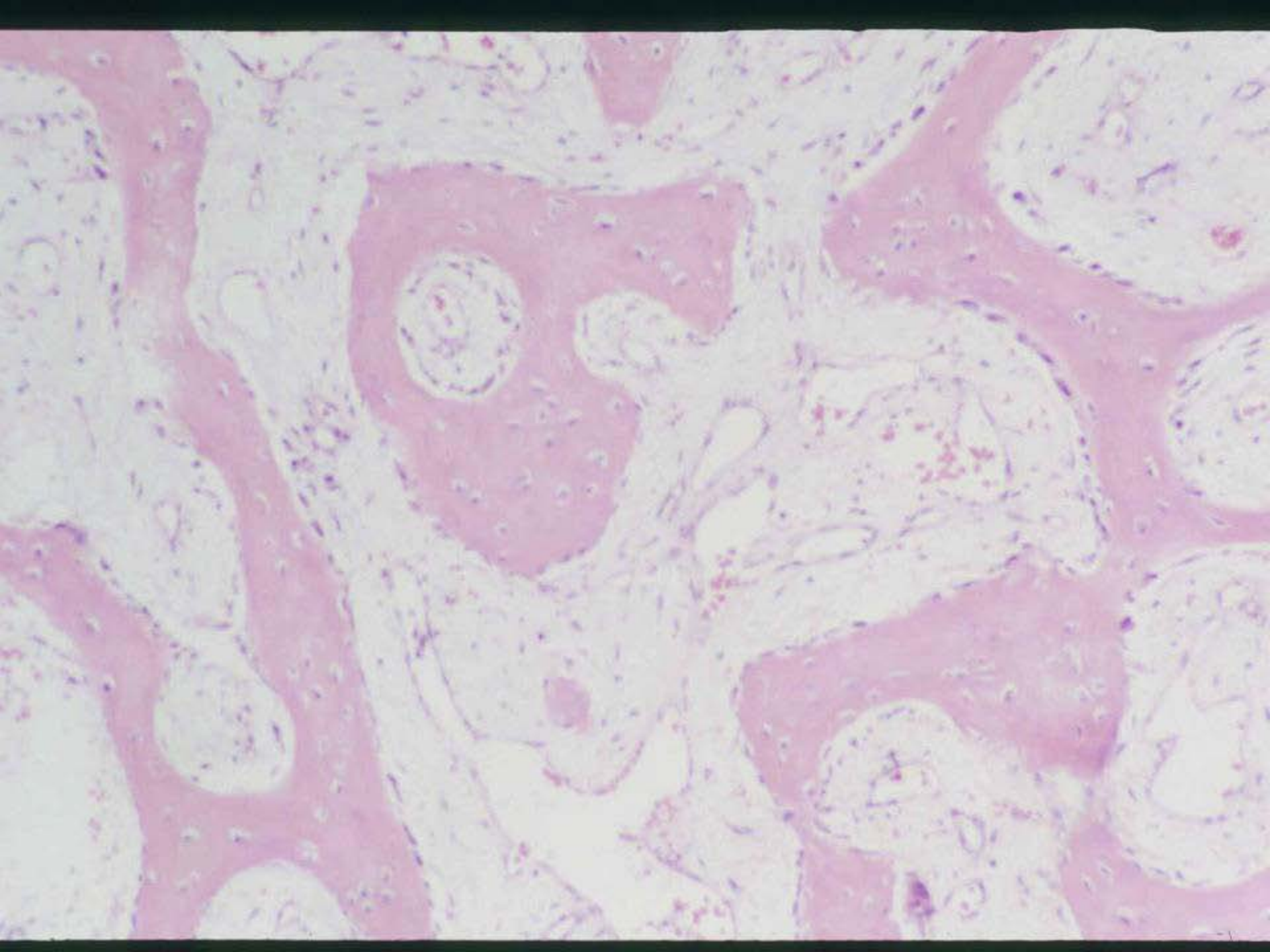
16 F 35
04/2

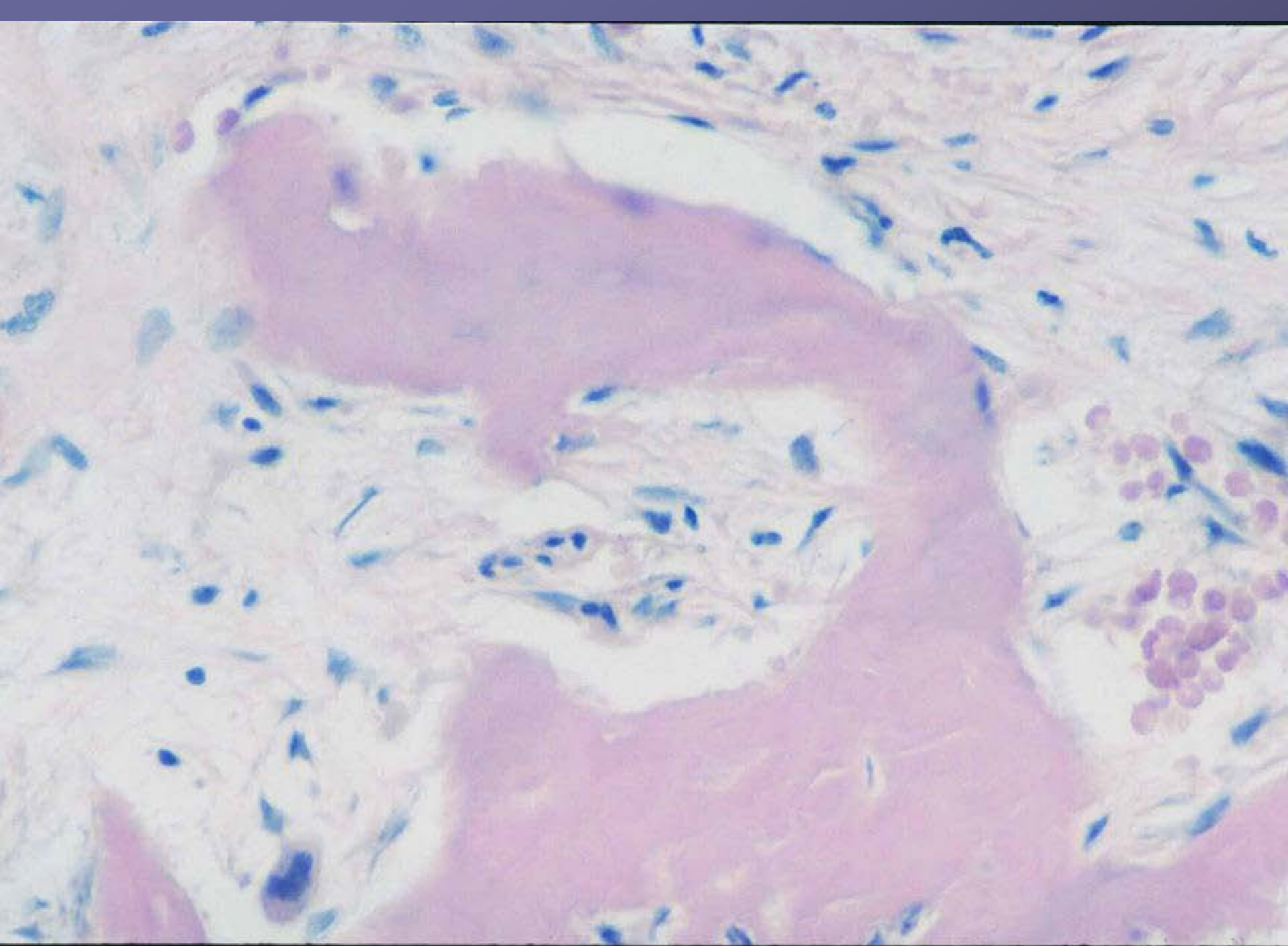
T28

FCE/4
TR:1500
TE:102/E#
EC:12/2 164Hz

TORCO
FOV:24x24
4.0cm/1.0cm
38/06:29
256x256/2 NE#
256x256/10/100

1145





FIBROUS DYSPLASIA

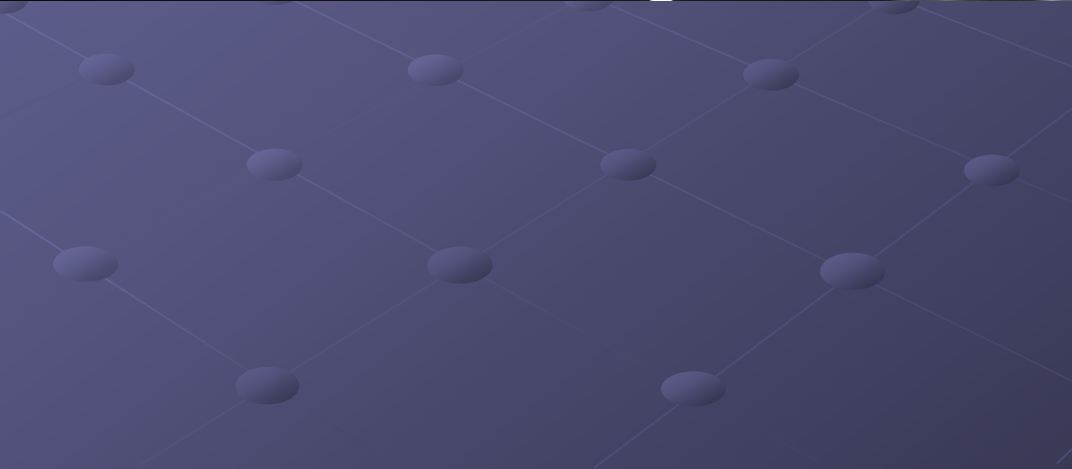
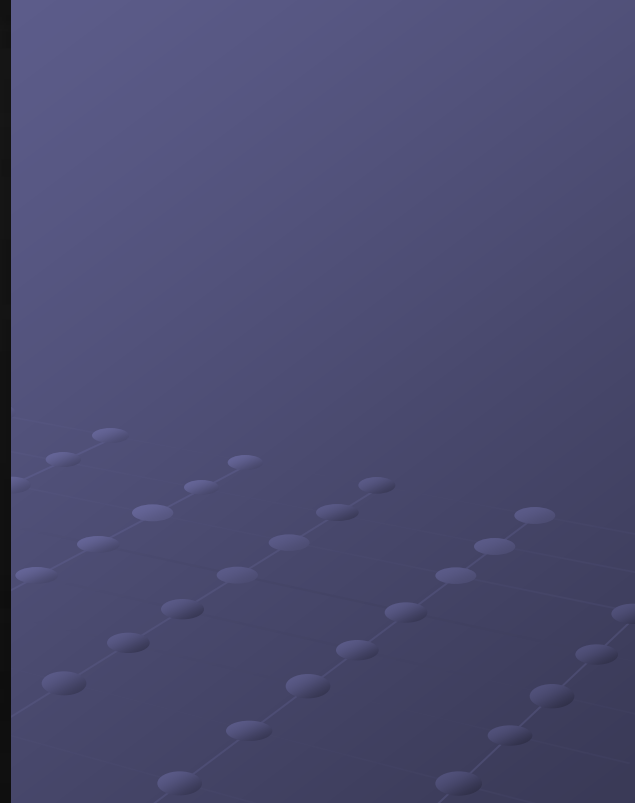
- May be isolated, polyostotic or associated with McCune-Albright's
- Ground glass, any location, bone scan very hot
- Rare if any malignancy
- Histo.. Chinese letters, no osteoblasts, bland fibroblasts
- Rx.. Non-op, fix deformities and fractures, use cortical allo, intramedullary fixation





RIGHT

6 24 03







Stress fracture risk



- 14 YO WITH ACUTE ONSET PAIN
- NO ACUTE INJURY
- NO PRE-EXISTING PAIN





11
P1.0

5
1

SE
TR:500
TE:14
EC:1/1 15.6Hz

QUANT
FOV:26x26
4.0um/0.5um
21/03:16
100.0 KX

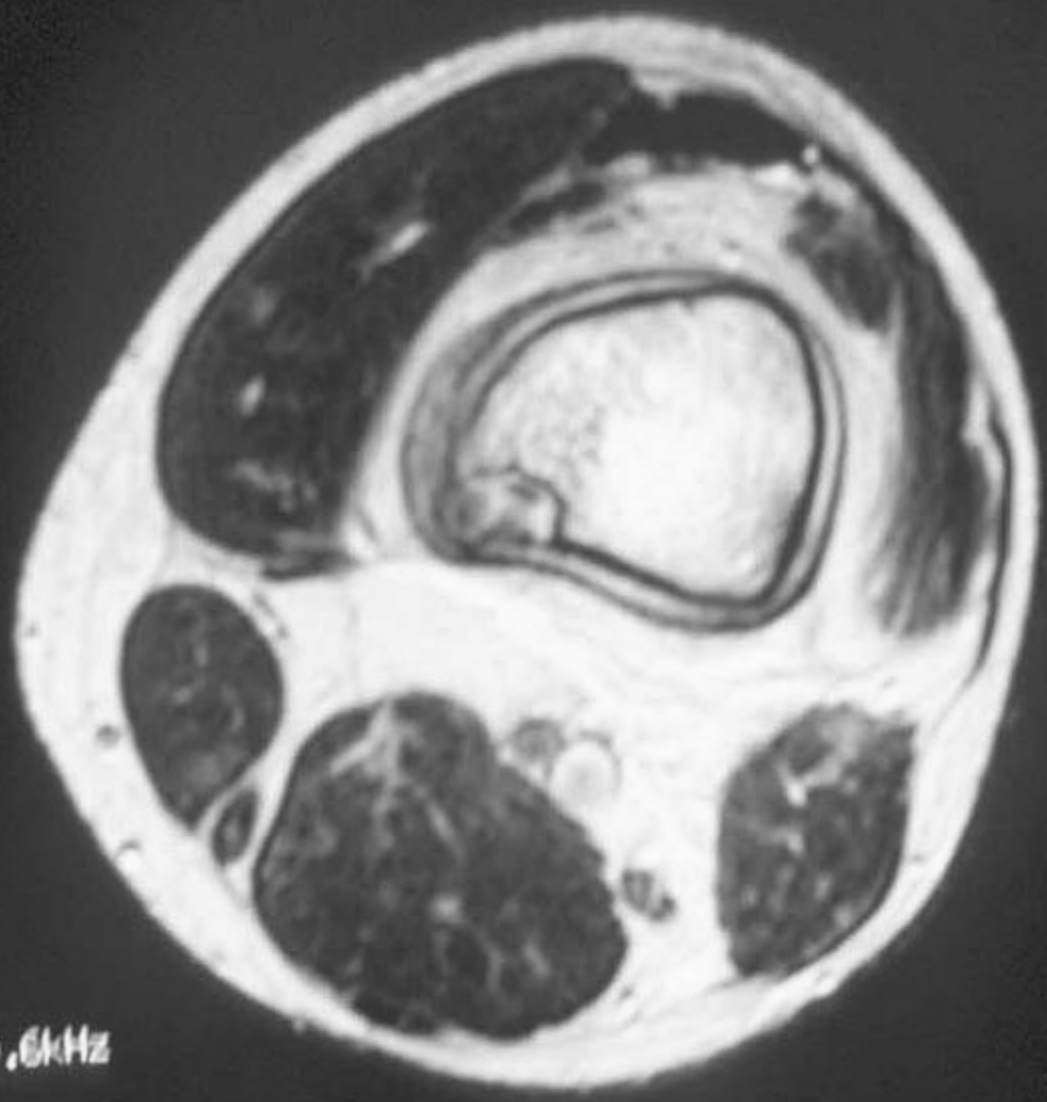


128



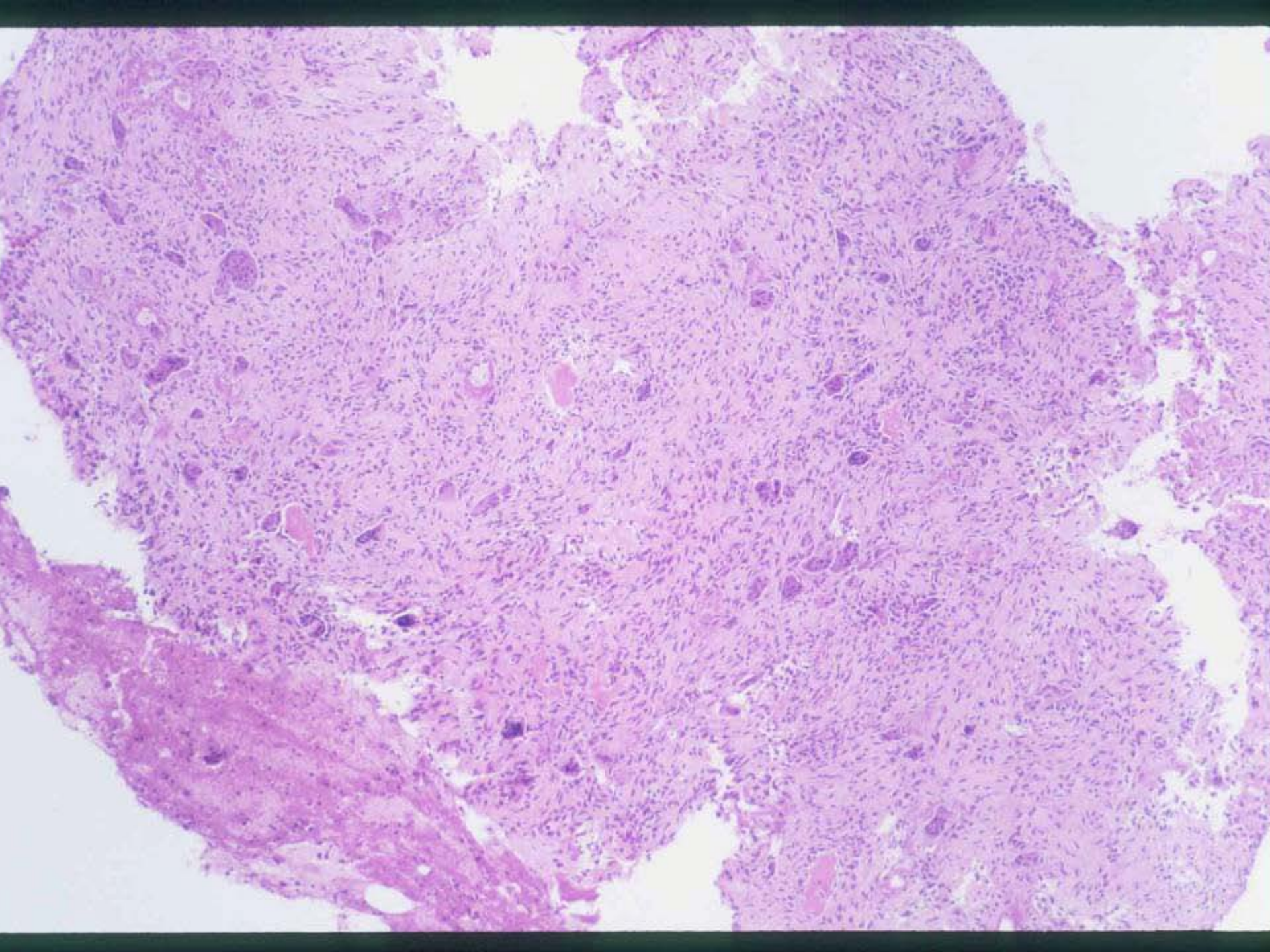
7.5

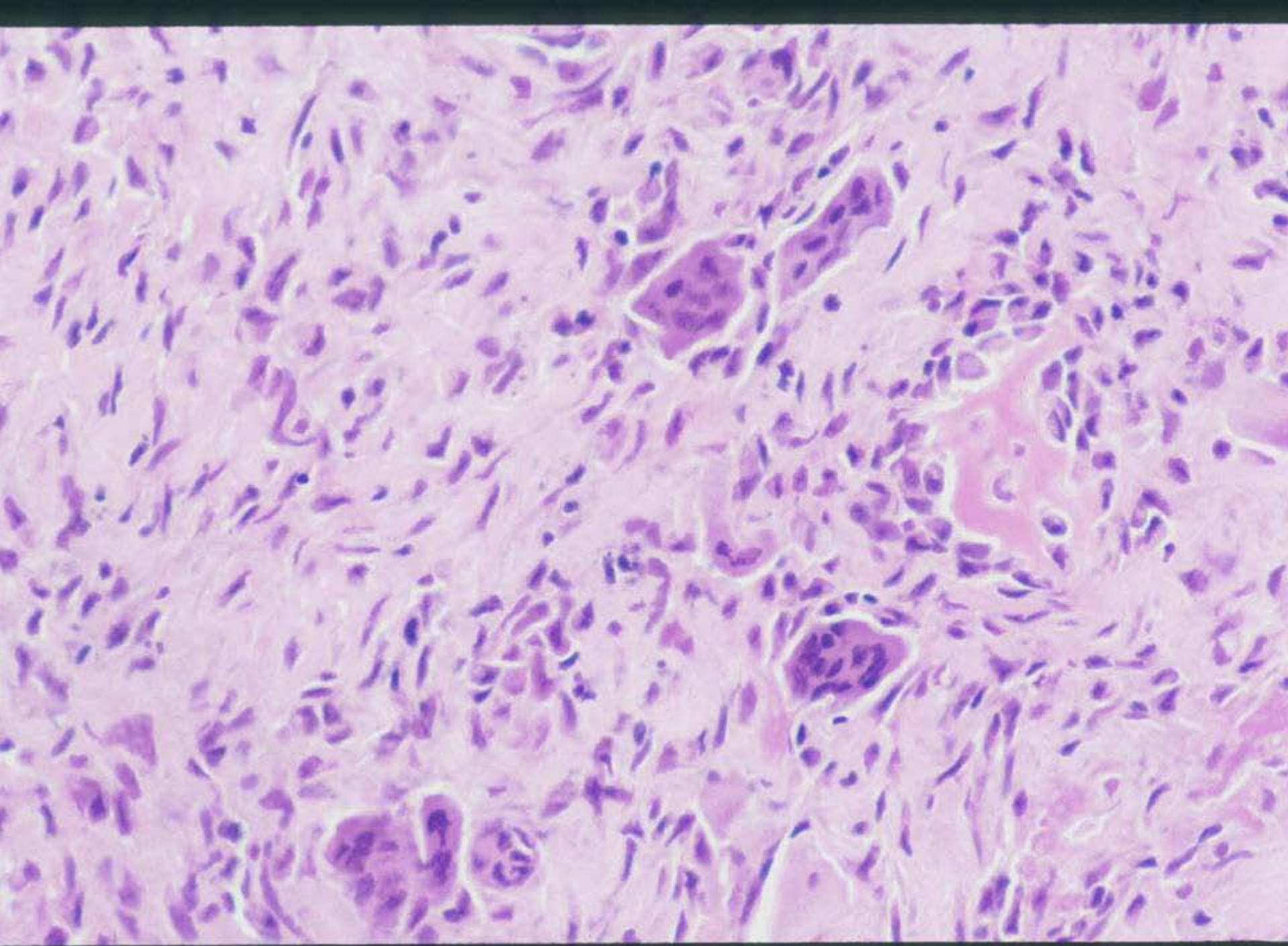
Apr 11 09
09:44:34 60
Mag = 1.0
FL:
ROT:



300
5/EF
/1 15.6kHz

EXT





NON-OSSIFYING FIBROMA

- Metaphyseal, eccentric, immature
- Resolves with maturity by ossifying
- May have hot bone scan, staging rarely needed
- histo.. Fibroblasts, rare giants, hemosiderin, clefts when healing
- Rx.. Observe, stabilize fractures or if pain (stress fx), size not usual determinant



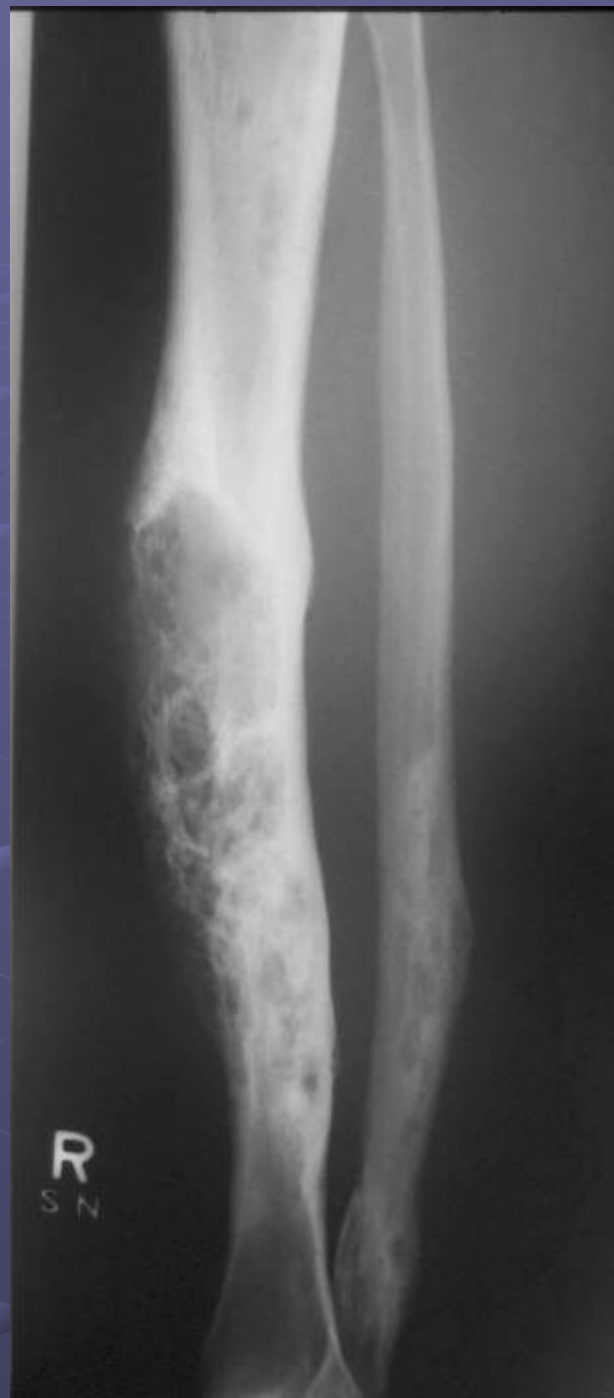


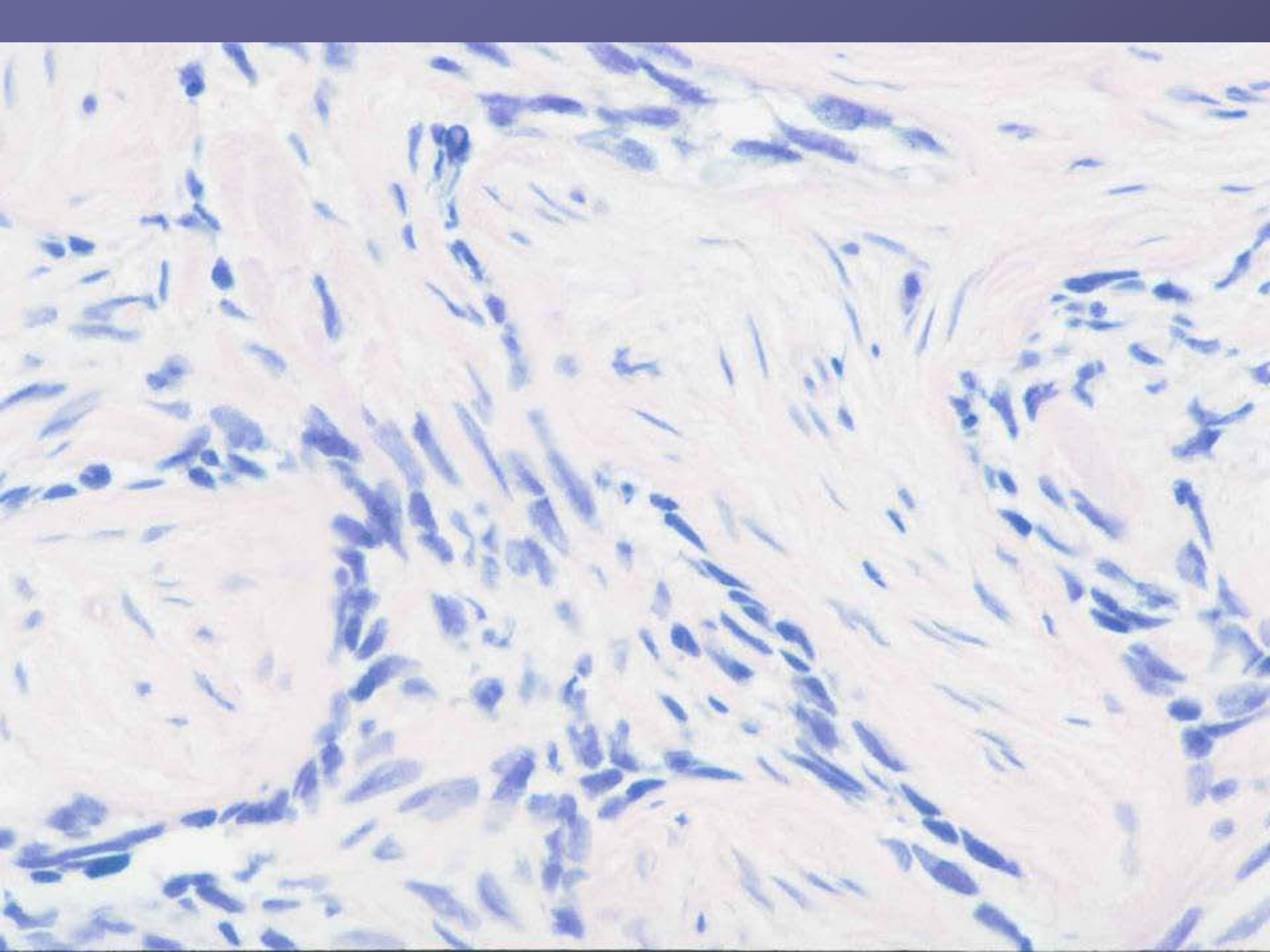
A 3D grid of spheres, resembling a molecular or crystal lattice, is rendered in a light blue color against a darker blue background. The spheres are arranged in a repeating pattern of cubes, creating a sense of depth and perspective.

● 45 YO MALE

● ACHING PAIN

● NO TRAUMA





ADAMANTINOMA

- Low grade sarcoma (I)
- Tibia +/- fibula, multicentric in bone
- Adult
- ?relation to fibrous dysplasia and osteofibrous dysplasia (Campanacci's)
- Wide resection, NO adjuvant
- BKA, if extensive involvement

7 16 74

T-1

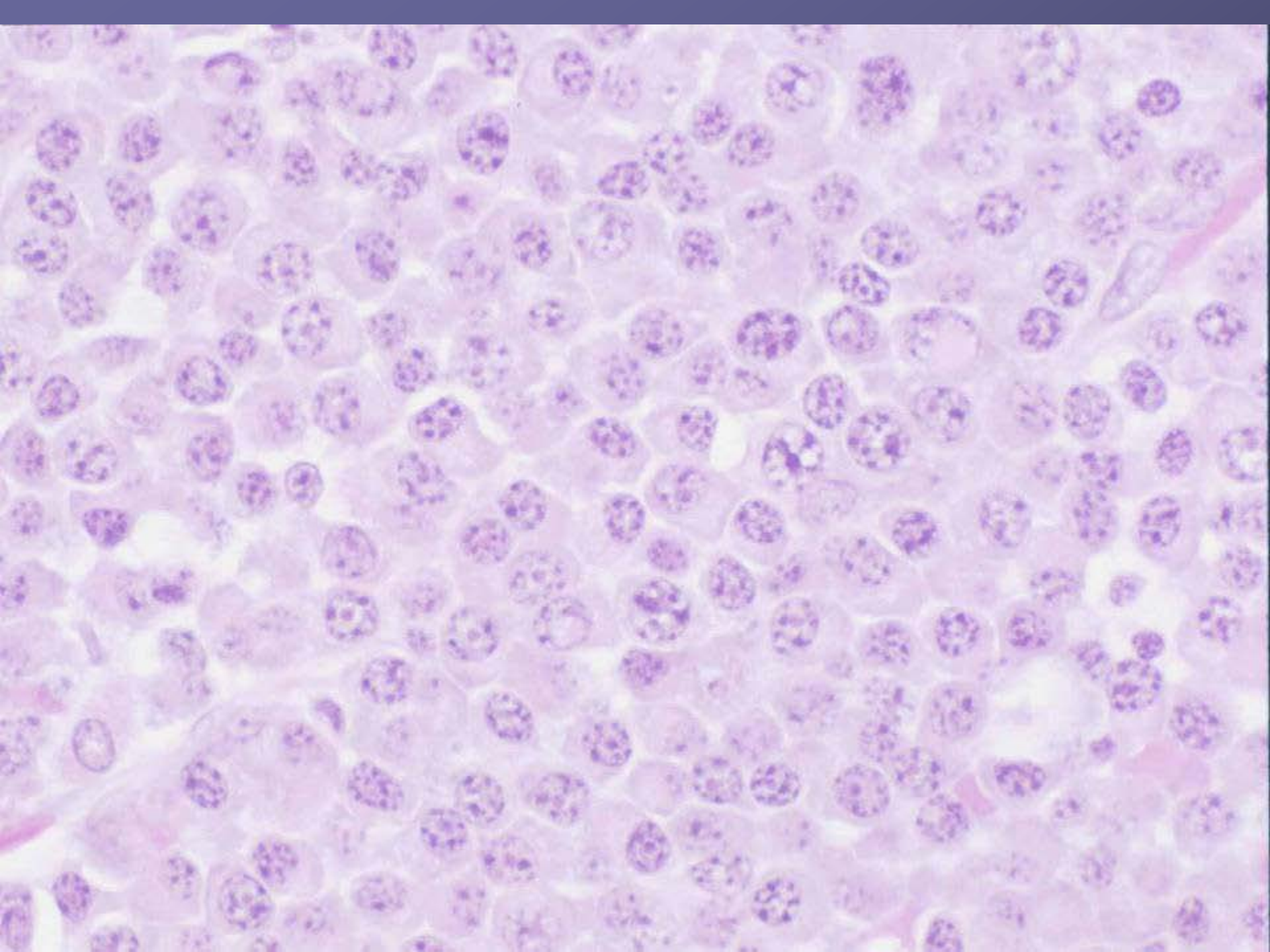
OSTEOFIBROUS DYSPLASIA (CAMPANACCI'S)

- Benign, self-limited tibial disease in infants (rare malignancy in this age group)
- Observe, avoid surgery
- May pre-dispose to adamantinoma

JC

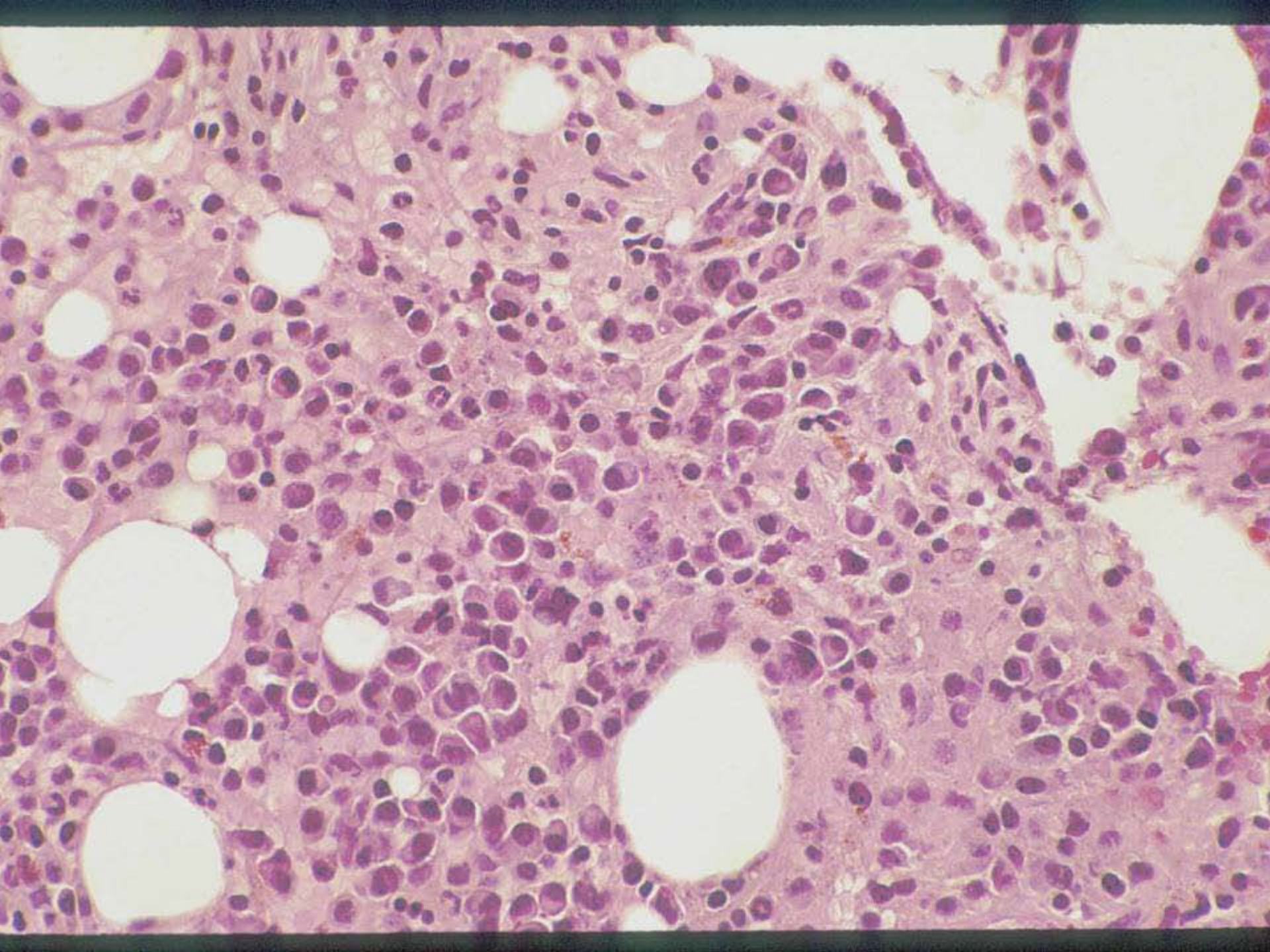
- 60 YO WITH ACHING PAIN FOLLOWED BY ACUTE INJURY WITH MINIMAL TRAUMA
- ANEMIA AND MALAISE





MYELOMA

- Adults, plasma cells
- Fine needle aspirates may be ok for myeloma, lymphoma and mets
- Osteopenia, anemia, azotemia
- SPE, skeletal survey, bone marrow biopsy
- Histo.. Plasma cells, RBC's
- Rx.. Chemo, palliative surgery (common path fx)





AI 1095

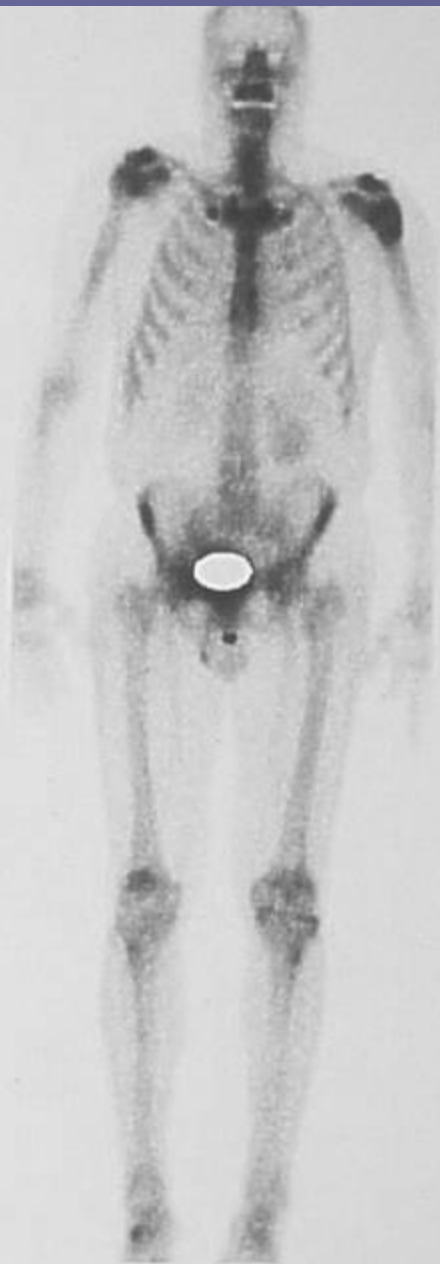


AT

- 68 YO AMISH MALE WITH SHOULDER PAIN
- HEMATURIA



AT
6-00



RT

ANT

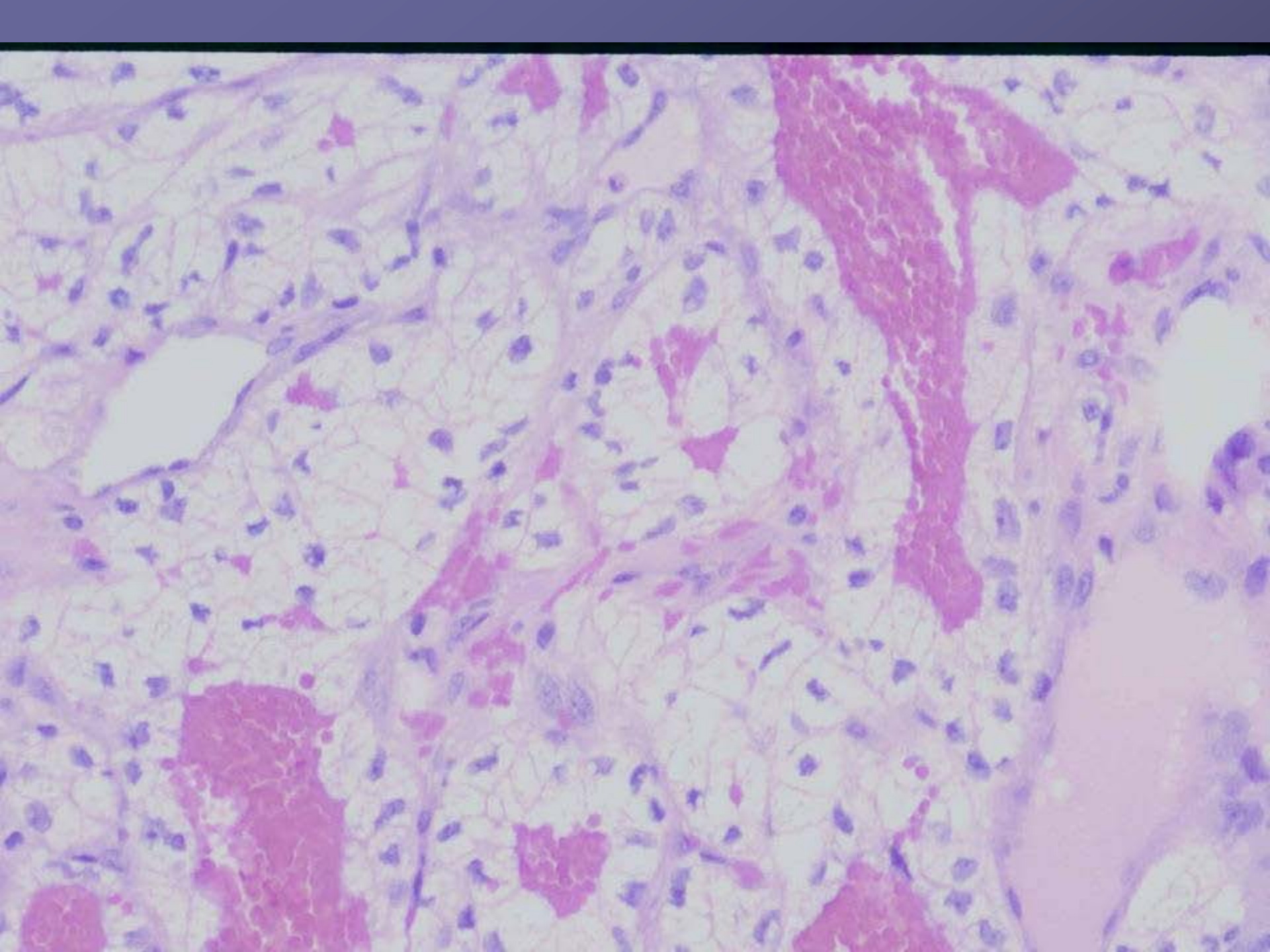
LT



LT

POST

RT



3/CE
-375.0mm
-0.00
MR=1.3
(240, 257)

120kV/280m
62V
H
+10.0mm
INTERP

R



R/O MET

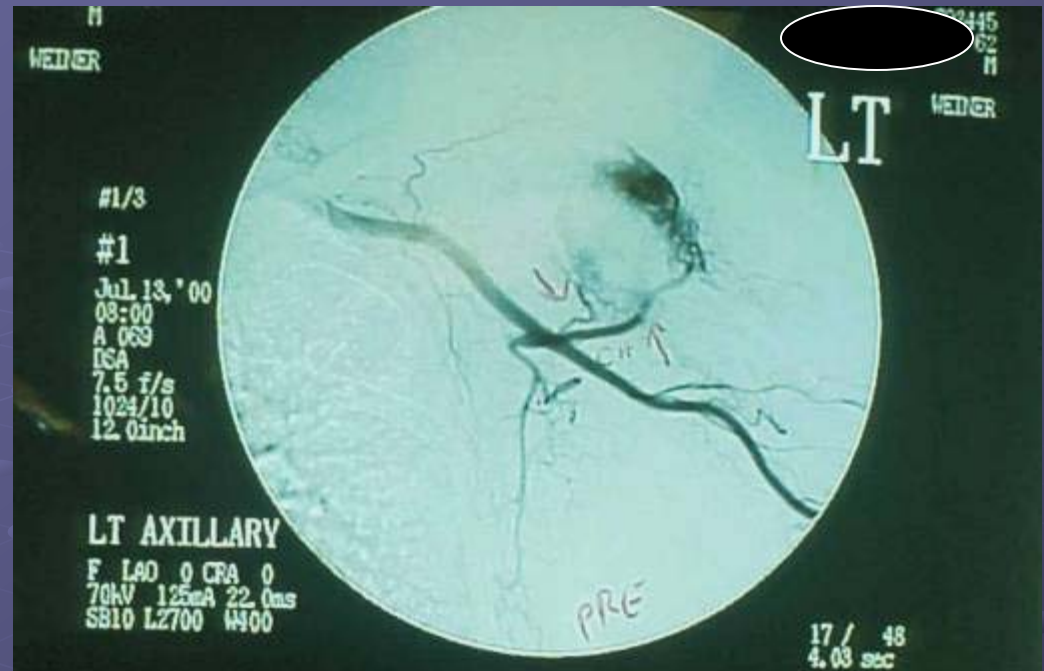
WL = 40
WW = 400

30512:37
OPT.320/SALINE CHAS.
GASTROVIEW + H2O
P

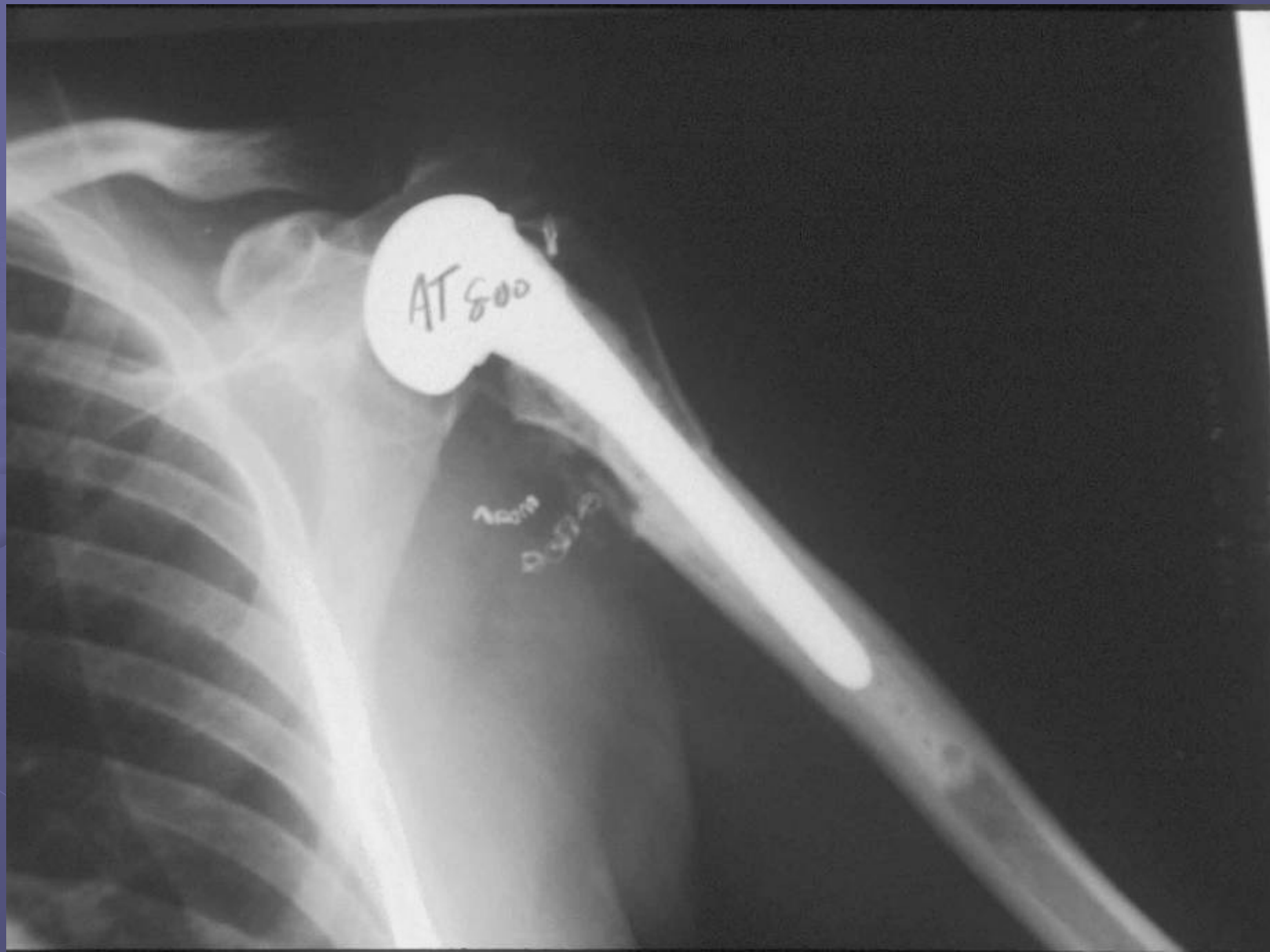
1.
LL/
SU/FF/U
FC01/OR
ST. THOMAS HOSPIT



PRE- EMBOLIZATION



POST- EMBOLIZATION

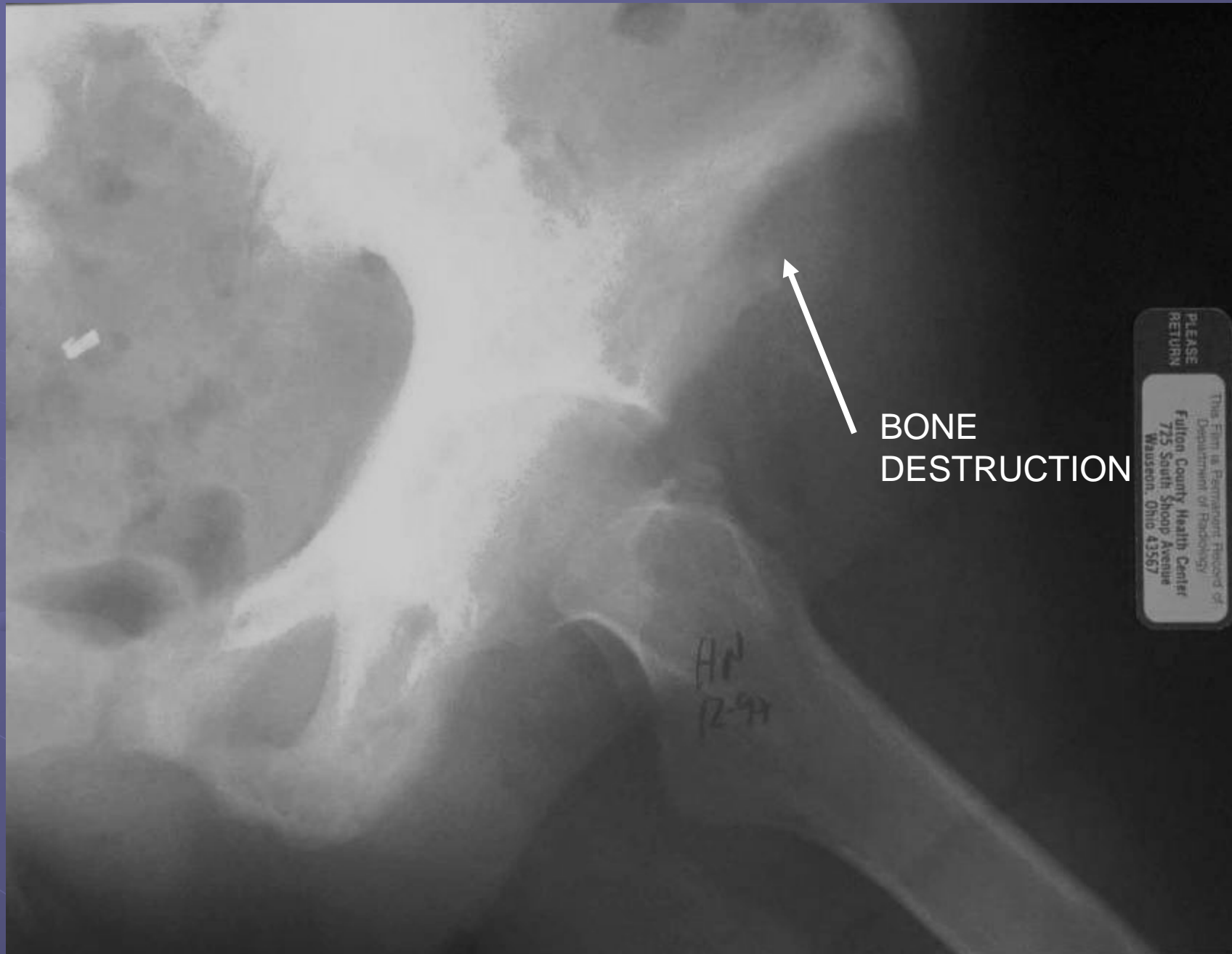


HN

- 70 YO FEMALE
- LONG-STANDING PAGETS DISEASE
- ACUTE ONSET OF SEVERE PAIN
- SOFT TISSUE SWELLING



PAGET'S



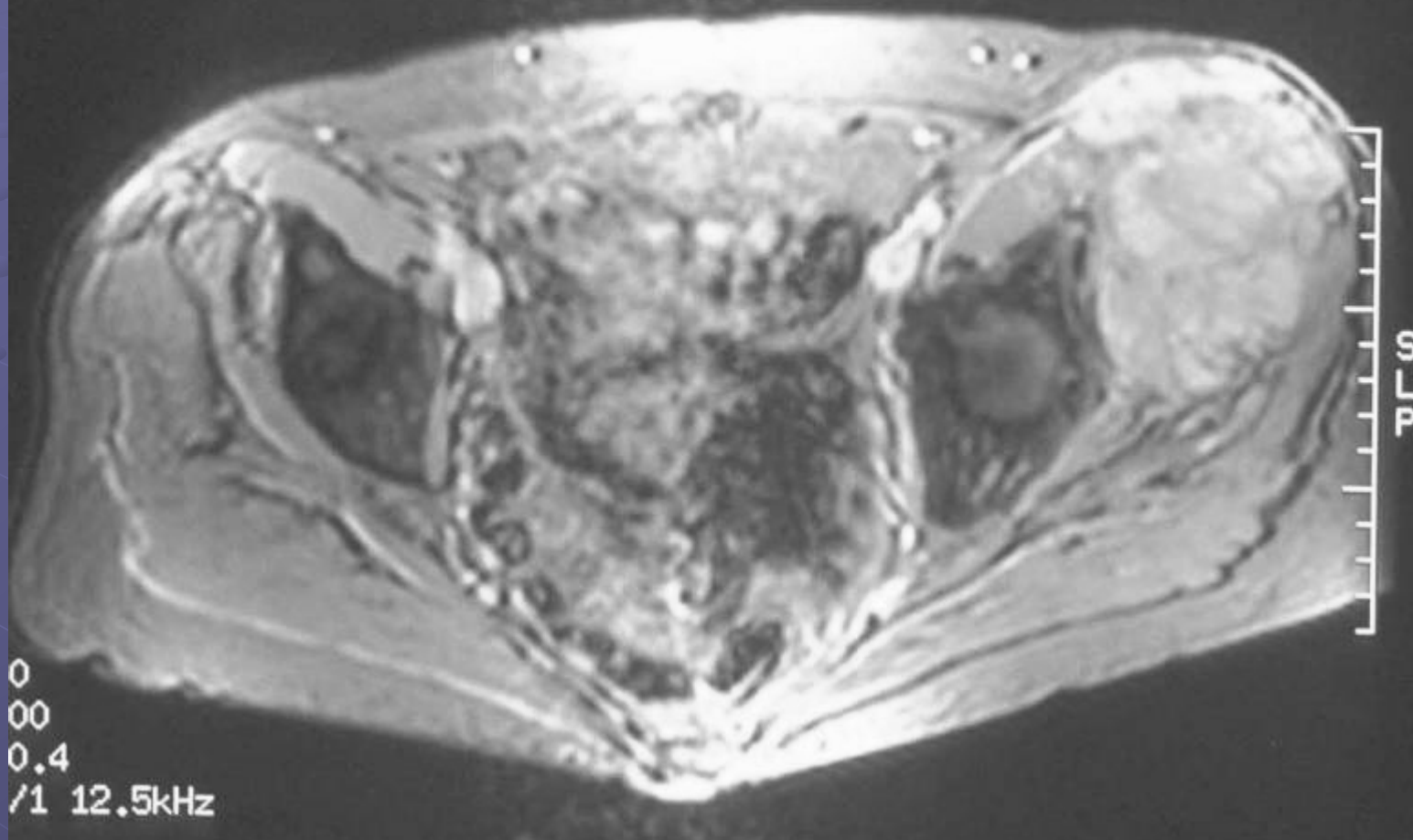
BONE
DESTRUCTION

PLEASE
RETURN

This Film Is Permanent Record of
Department of Radiology
Fulton County Health Center
775 South Shoop Avenue
Wauseon, Ohio 43567

16
I2.9

P 75 212-22-9696
Nov 22 97
12:20:59 PM
Mag = 2.0



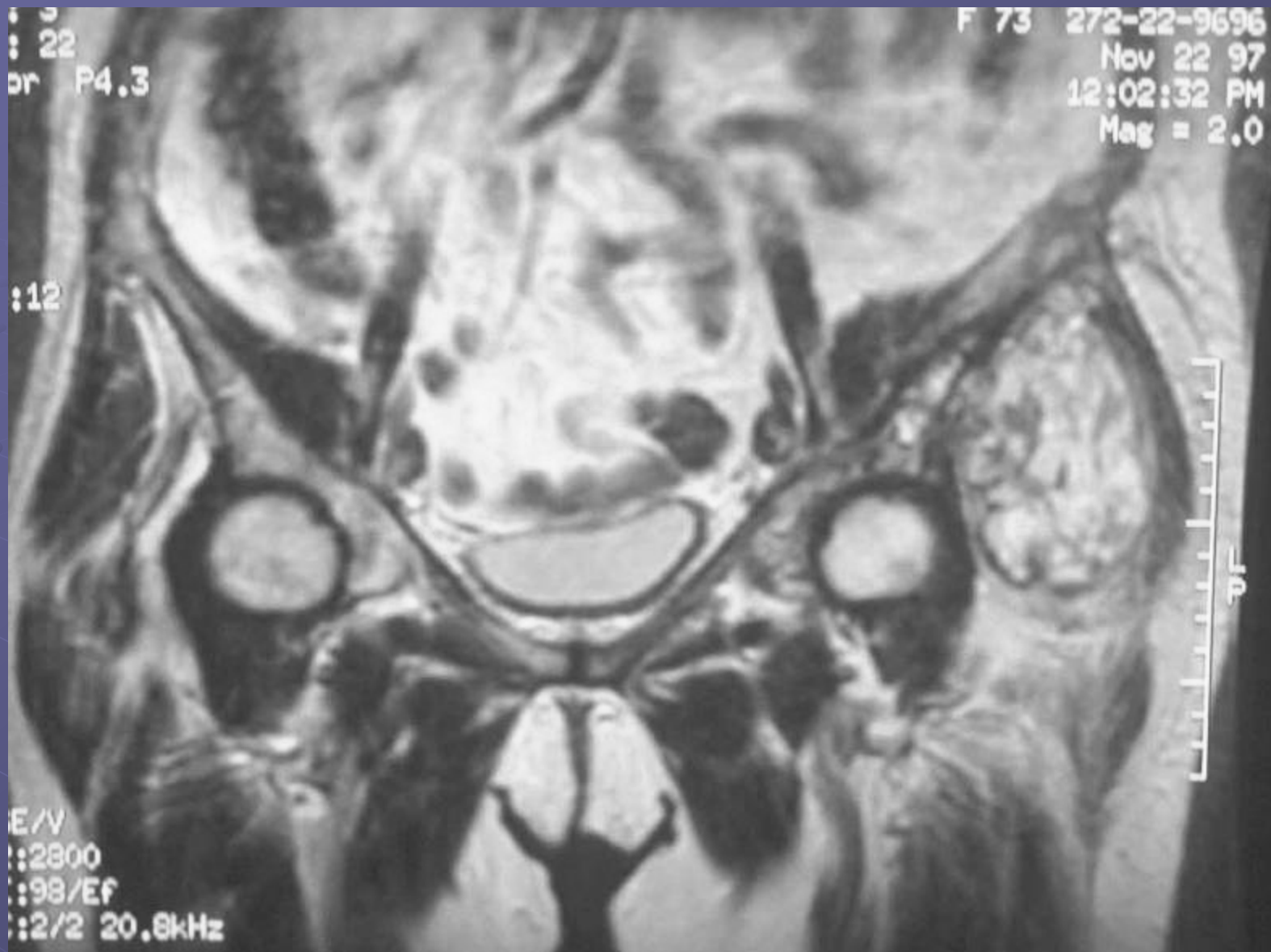
0
00
0.4
/1 12.5kHz

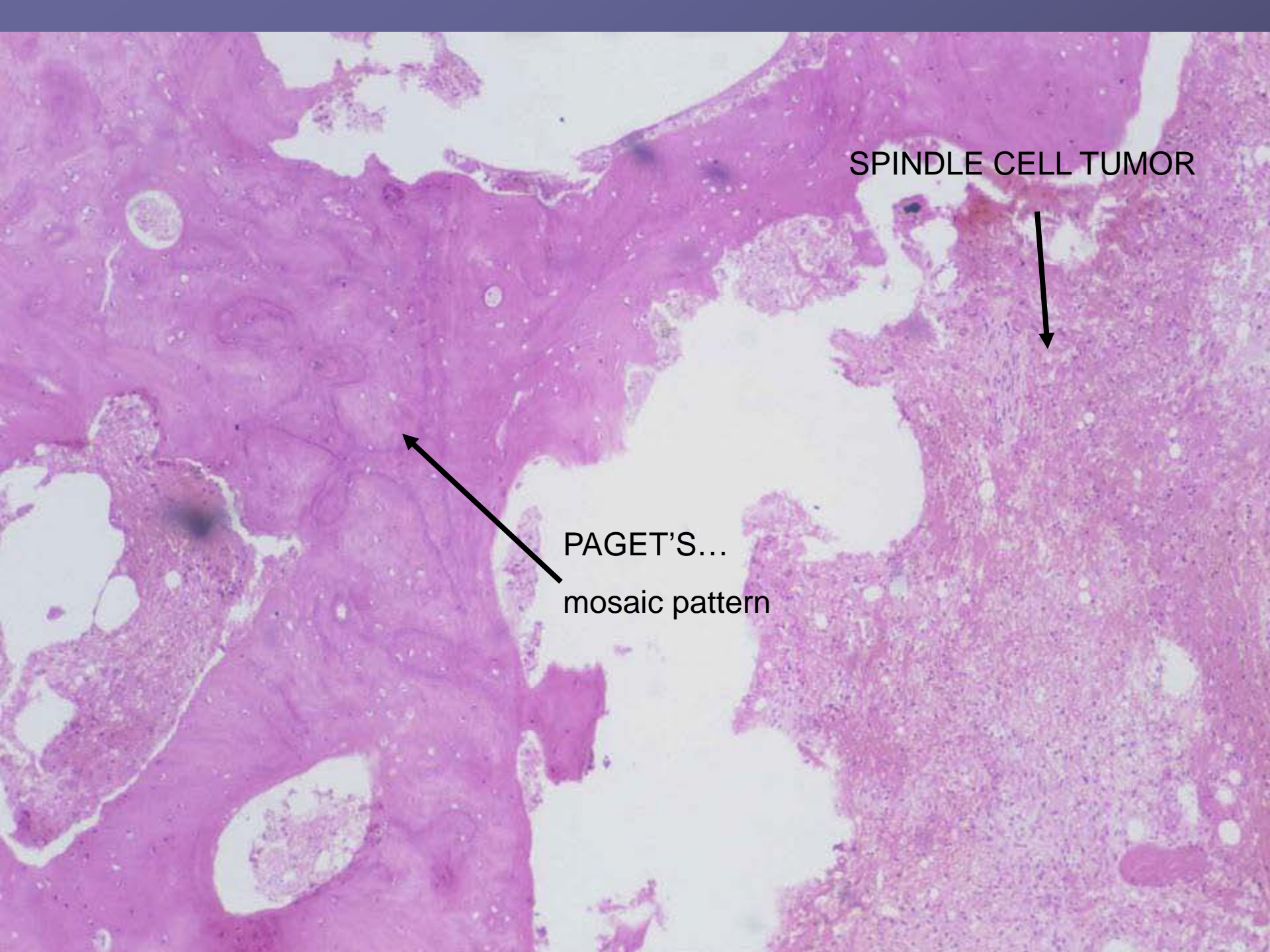
: 5
: 22
or P4.3

F 73 272-22-9696
Nov 22 97
12:02:32 PM
Mag = 2.0

:12

E/V
:2800
:98/Ef
:2/2 20.8kHz

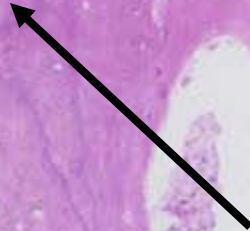




SPINDLE CELL TUMOR



PAGET'S...
mosaic pattern



OP

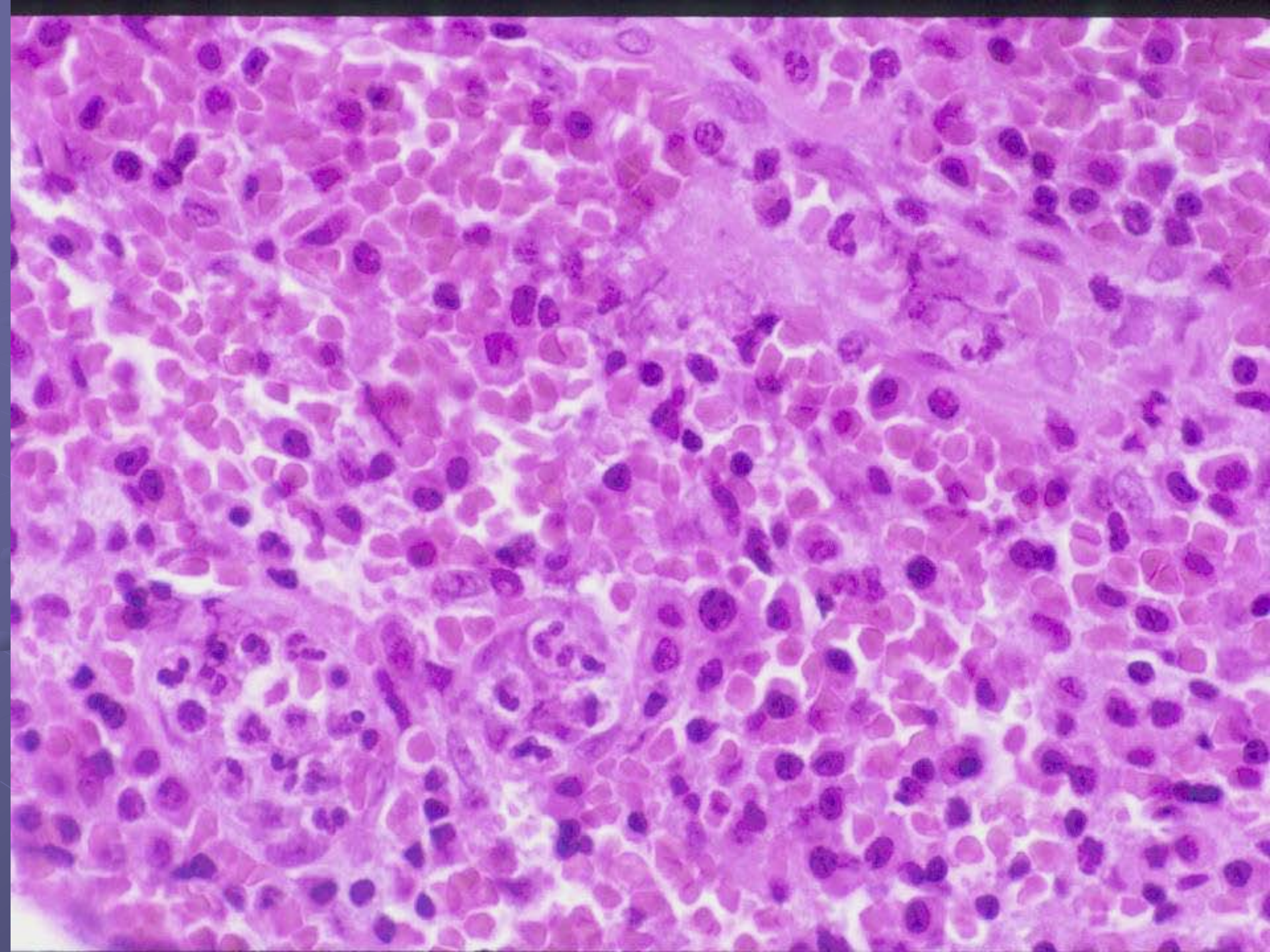
- 50 YO MALE FARMER
- ACUTE ONSET OF ATRAUMATIC PAIN
- GENERAL MALAISE

- Shoulder pain,
- Normal x-rays



● THREE WEEKS
LATER





- 40 YO MALE
- MASS PLANTAR FOOT
- PAIN TOPALPATION
- NO OTHER MASSES

06-FEB-2001
IMAGE 121
SER 1-6

AR

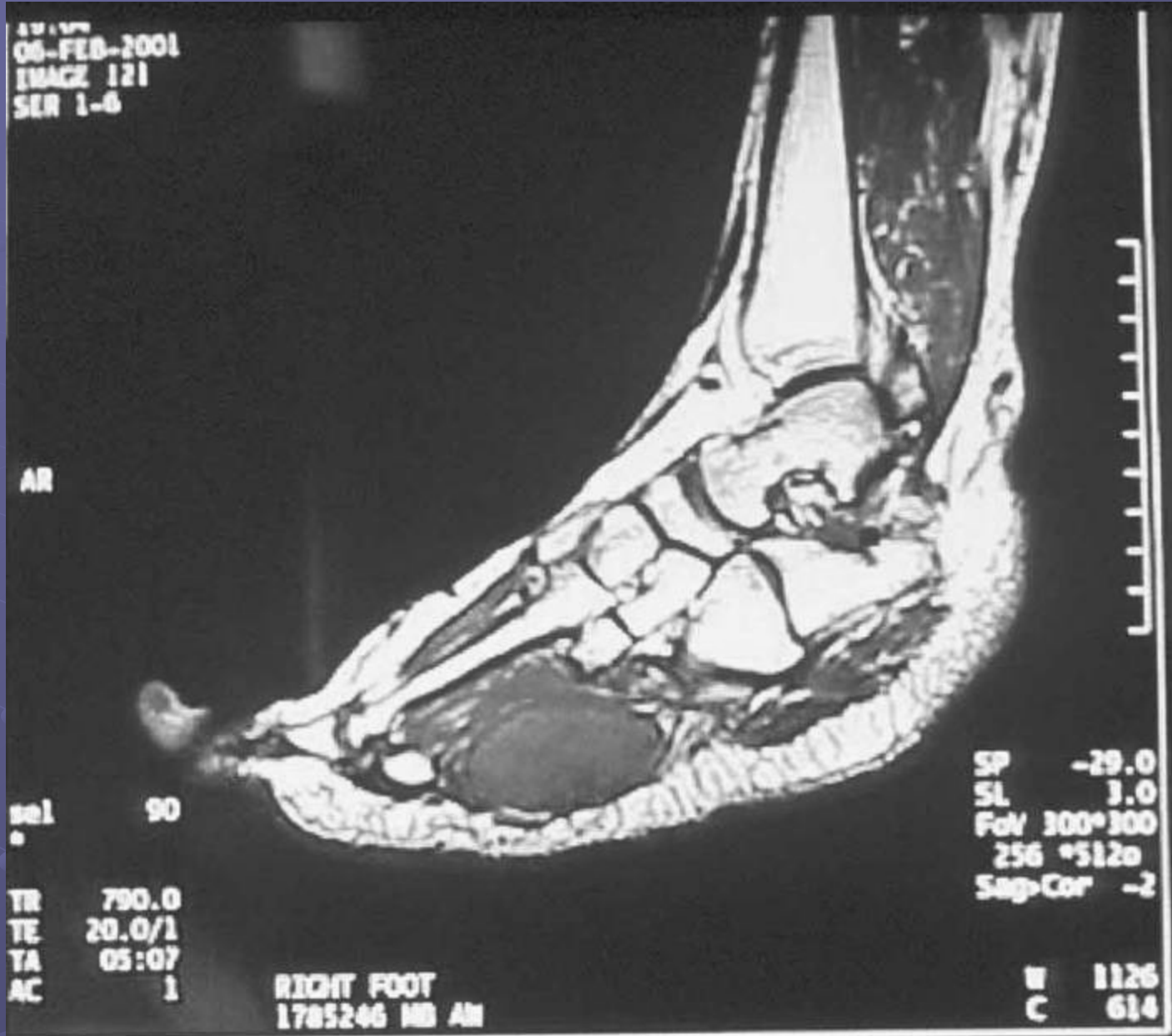
sel 90
•

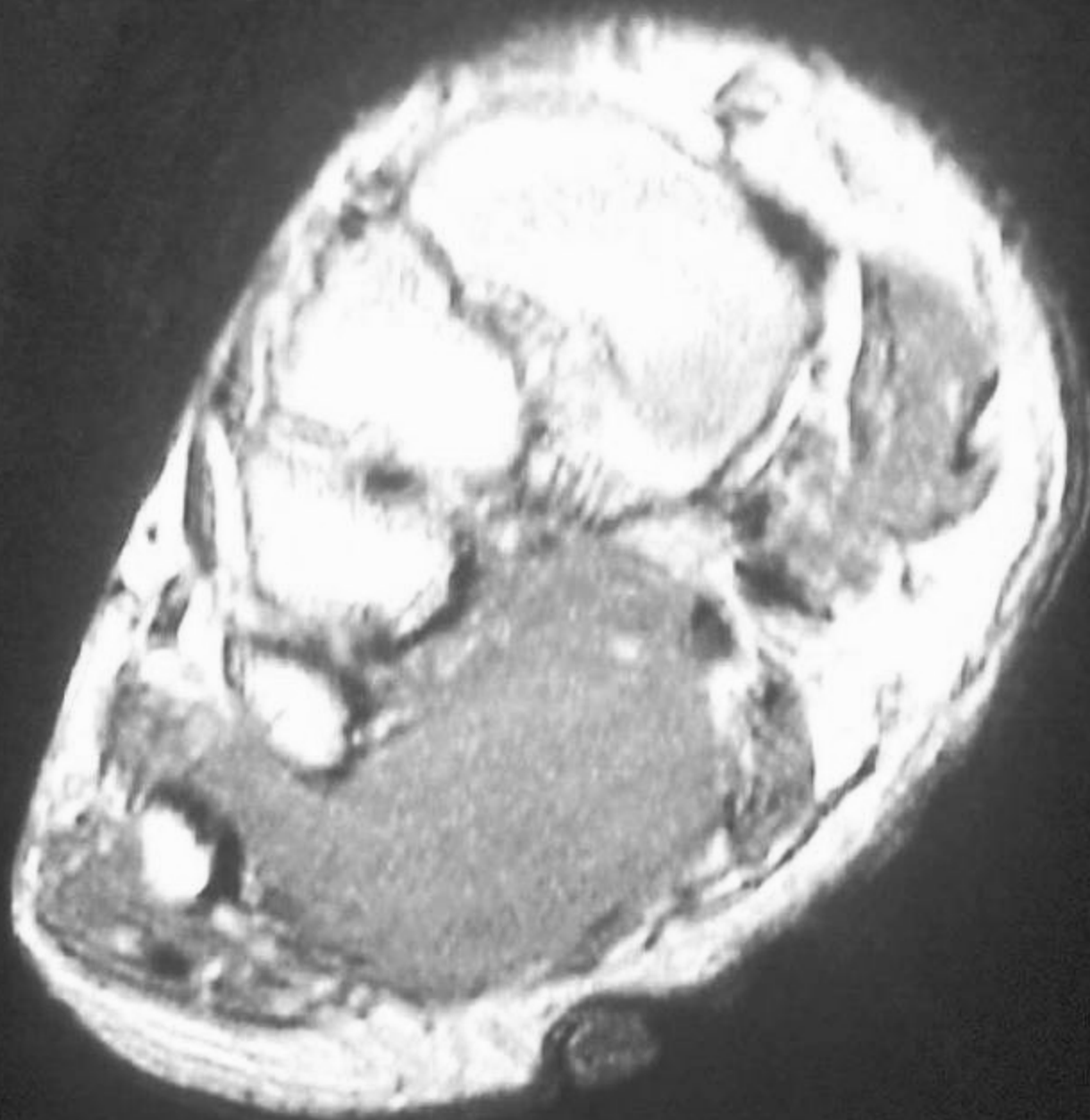
TR 790.0
TE 20.0/1
TA 05:07
AC 1

RIGHT FOOT
1705246 MB AM

SP -29.0
SL 3.0
FoV 300*300
256 *512
Sag-Cor -2

W 1126
C 614





90

SP
SL

078547
21-MAY-1952
19:10
06-FEB-2001
IMAGE 147
SER 1-7

F-SP VALDE
FAL

AR

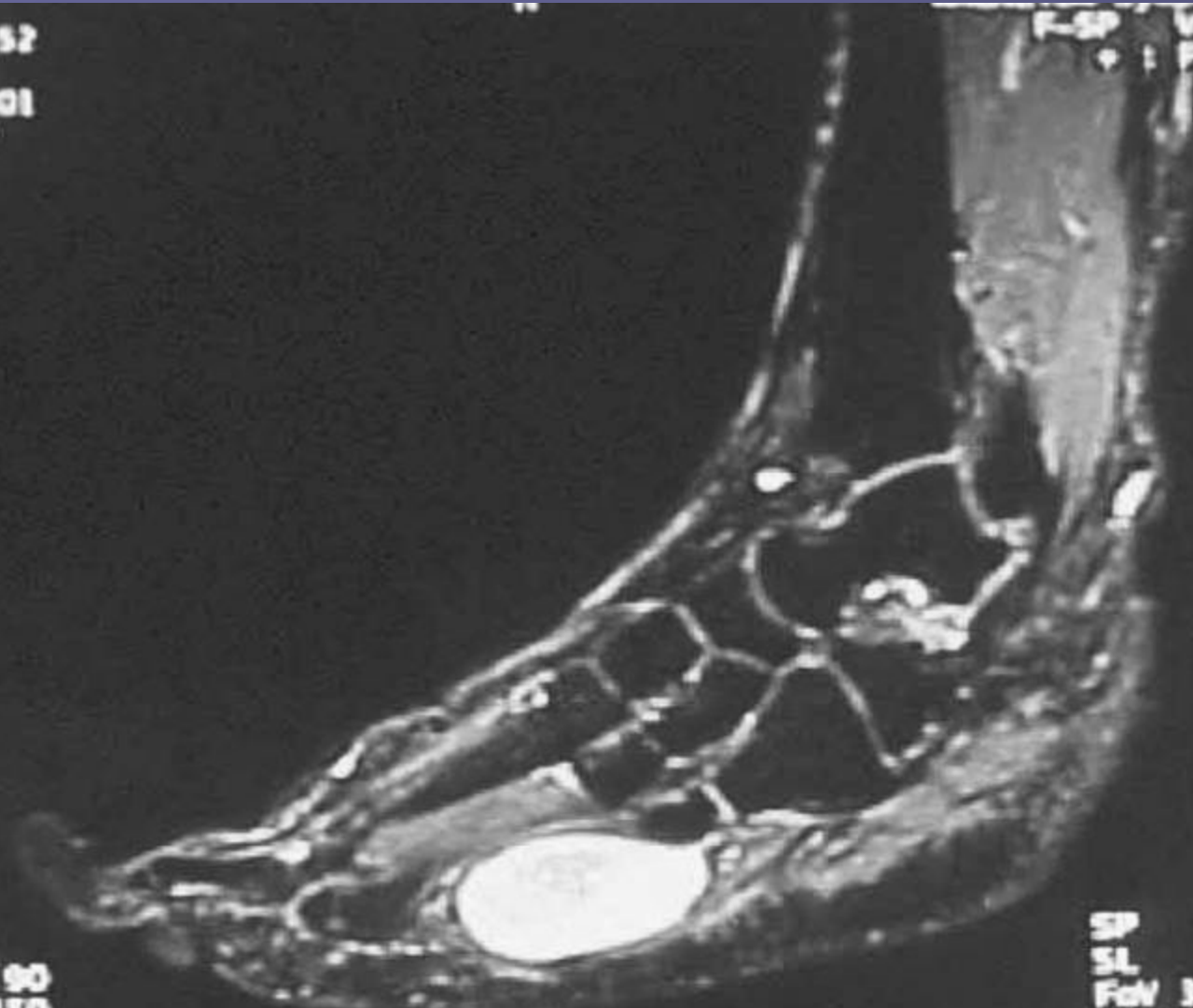
17m1 90
150

TR 3600.0
TE 20.0/1
TA 09:26
AC 1

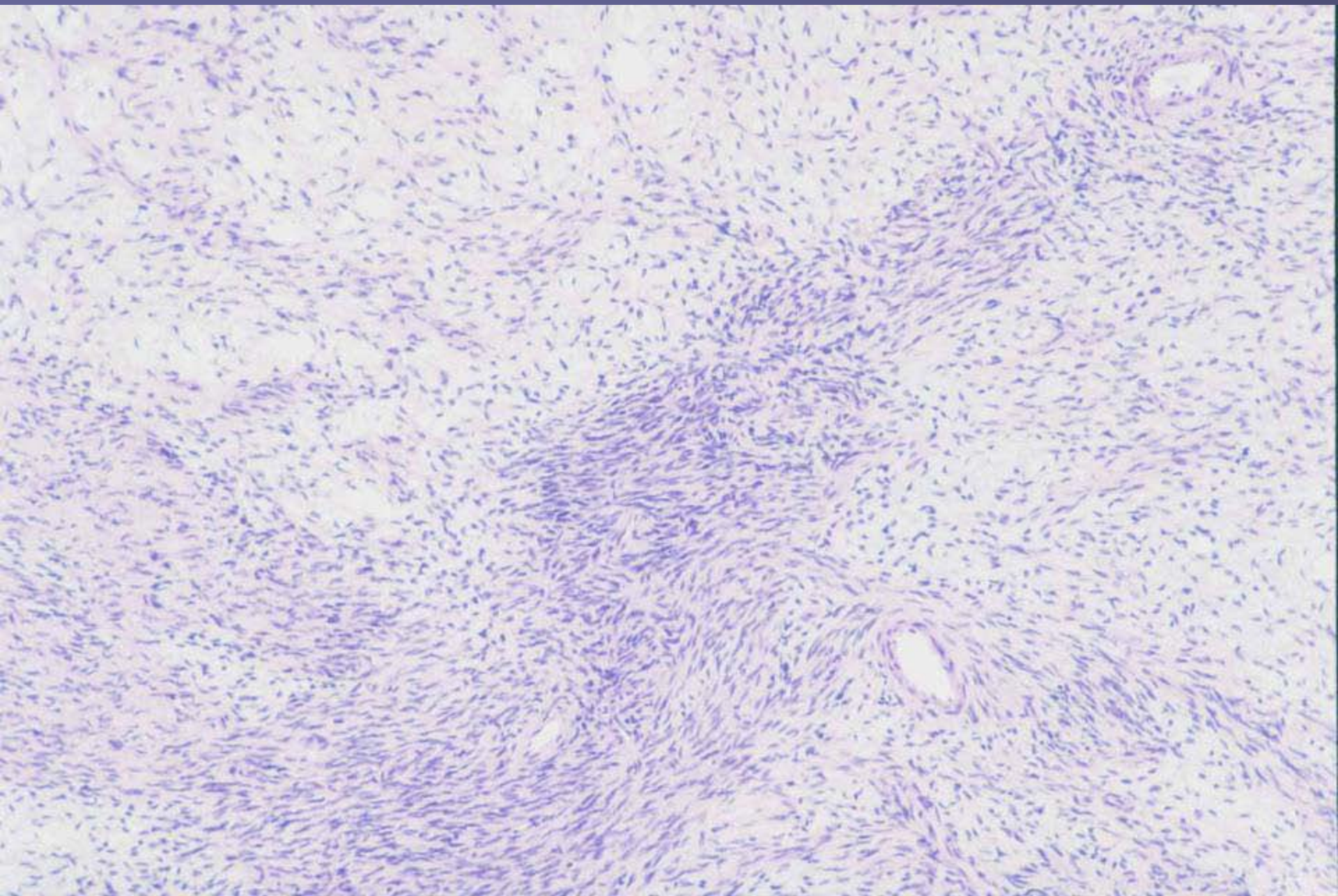
RIGHT FOOT
1785246 MB AM

SP -51.1
SL 1.0
FoV 300*300
192h*256v
Sag-Cor -2

W 806
C 394







NERVE SHEATH TUMORS

- Neurilemmoma, neurofibroma
- Antoni A and B, Verocay bodies, wavy cells
- Fusiform on longitudinal images, round on axial
- Check for NF1
- Biopsy for enlarging lesions in mature
- Marginally resect painful lesions
- Neurosarcomas are high grade... XRT with wide resection

ID: 293-66-61
03 JUN 99 12
7583

P: +0.0 cm
+0.4 cm

R
SE.
PHASE RAY

TE: 14
TR: 51
FOV: 16
THICK: 9
GAP: 0
RES: 19
PS: 1.47
FLIP: 90
00:04:53
NSA: 2
CONTRAST OMNISCAN
SAR: 0.6

R
P
F
/1
20

FA

141.1 R
71.9 P
3.0 F
ECHO: 1/1
SLICE: 7/20









- 30 YO FEMALE
- MVA WITHOUT FRACTURE 3 YEARS AGO
- FIRM HARD TENDER MASS

10/27/00
09:27

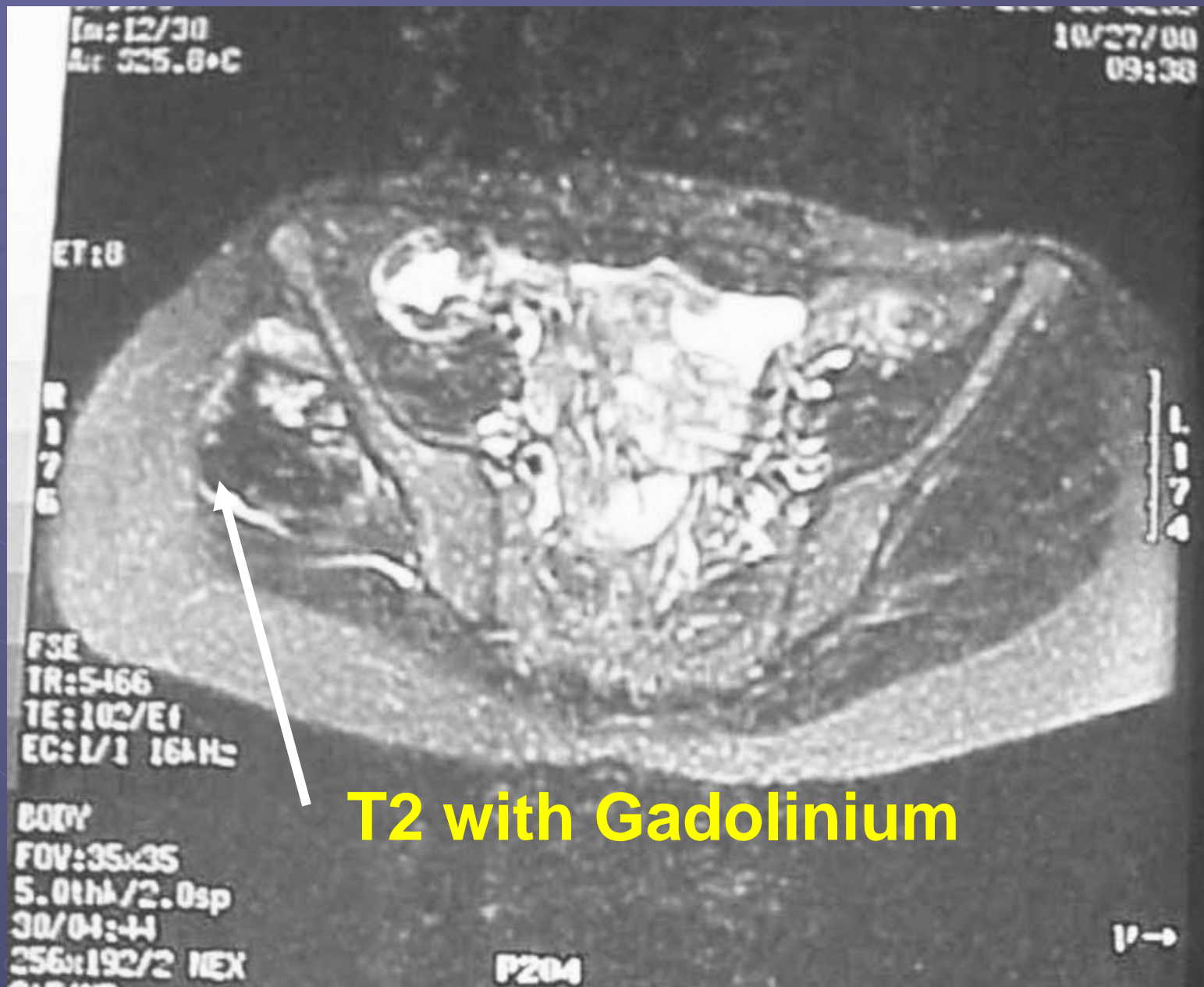


E/c
R:050
E:16
C:1/1 16Hz
XY
W:35x35
0th/2.0sp
V/04:15
6x192/1.5 NEX
/cs
1.213

T1 weighted

P204

10-0



T2 with Gadolinium

12/21
P40.5+6

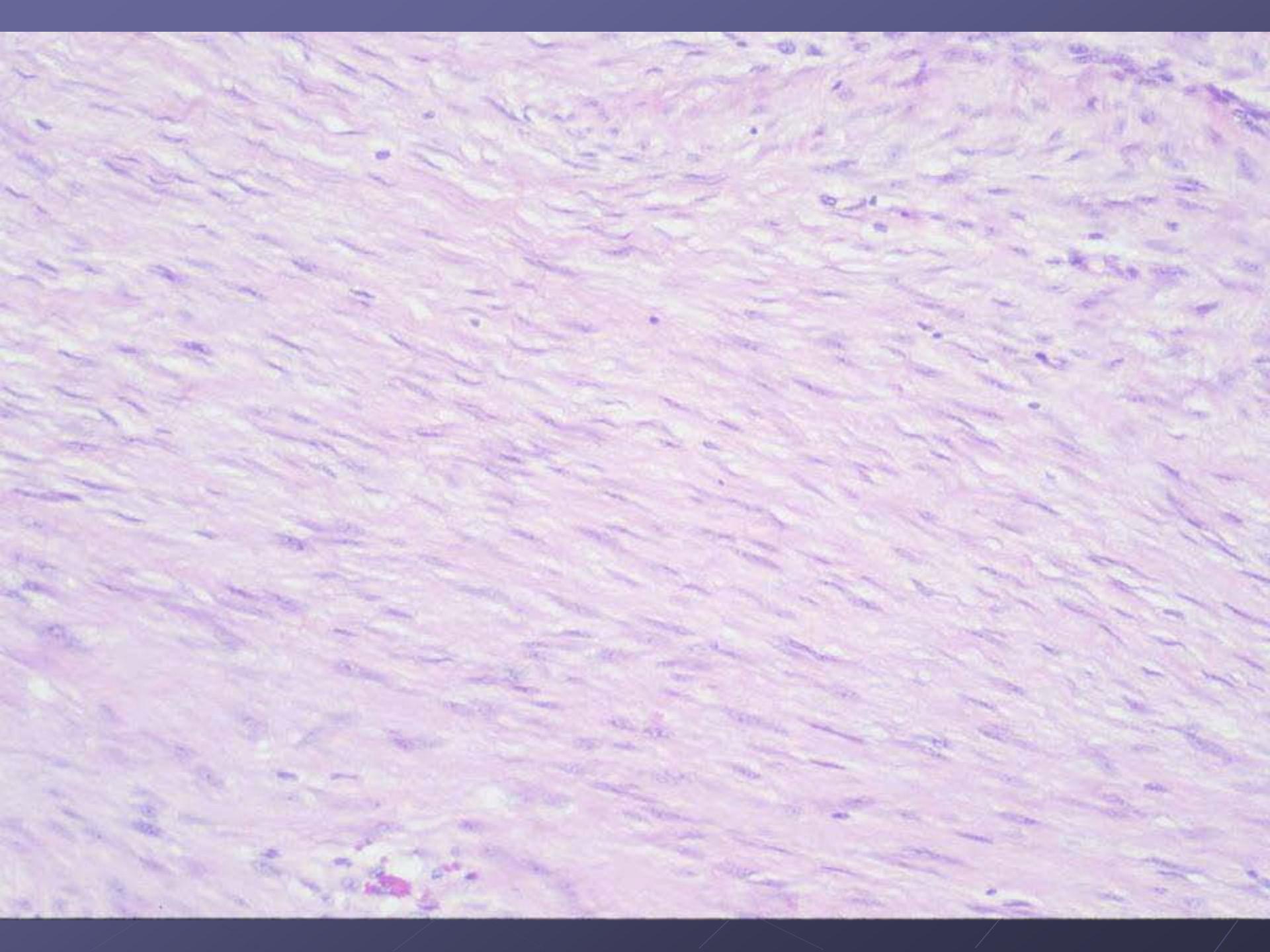
201-294-225
10/27/0
0612

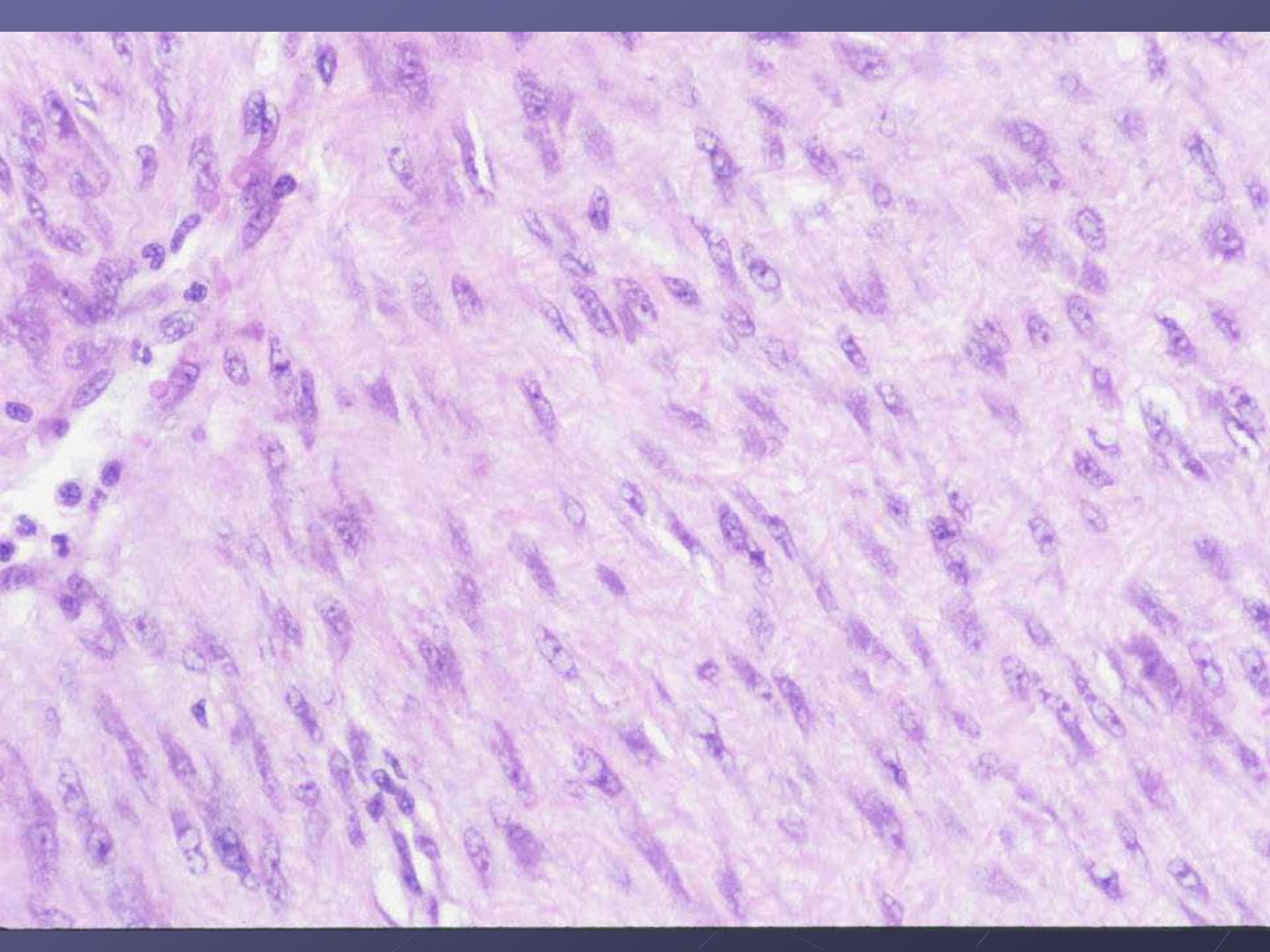
CS
C00
1E
1/1 100Hz

77
7: 25:03
1000/1.0sp
/00: 50
1000/2 NEX
100

1175

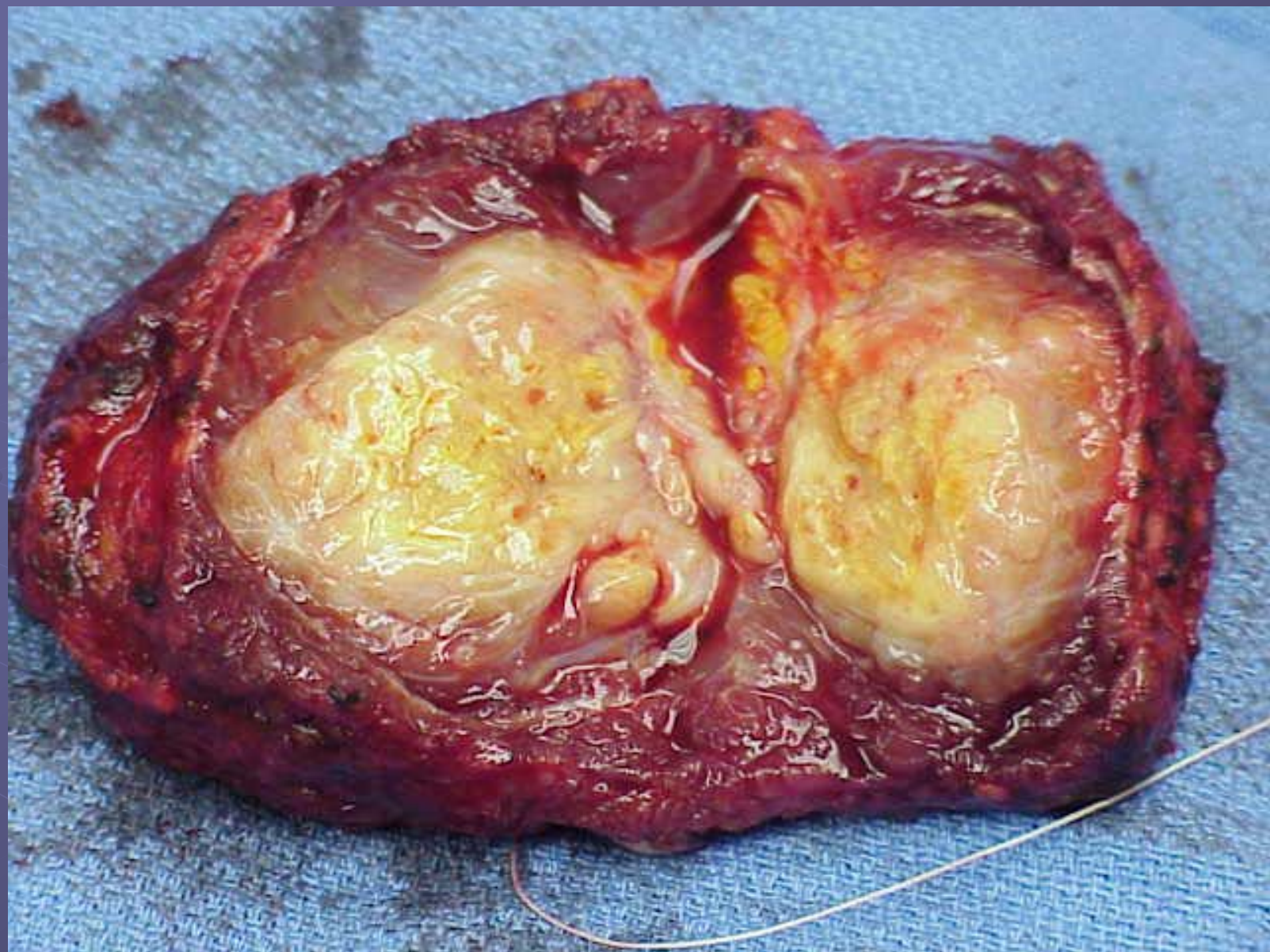
VP





AGGRESSIVE FIBROMATOSIS

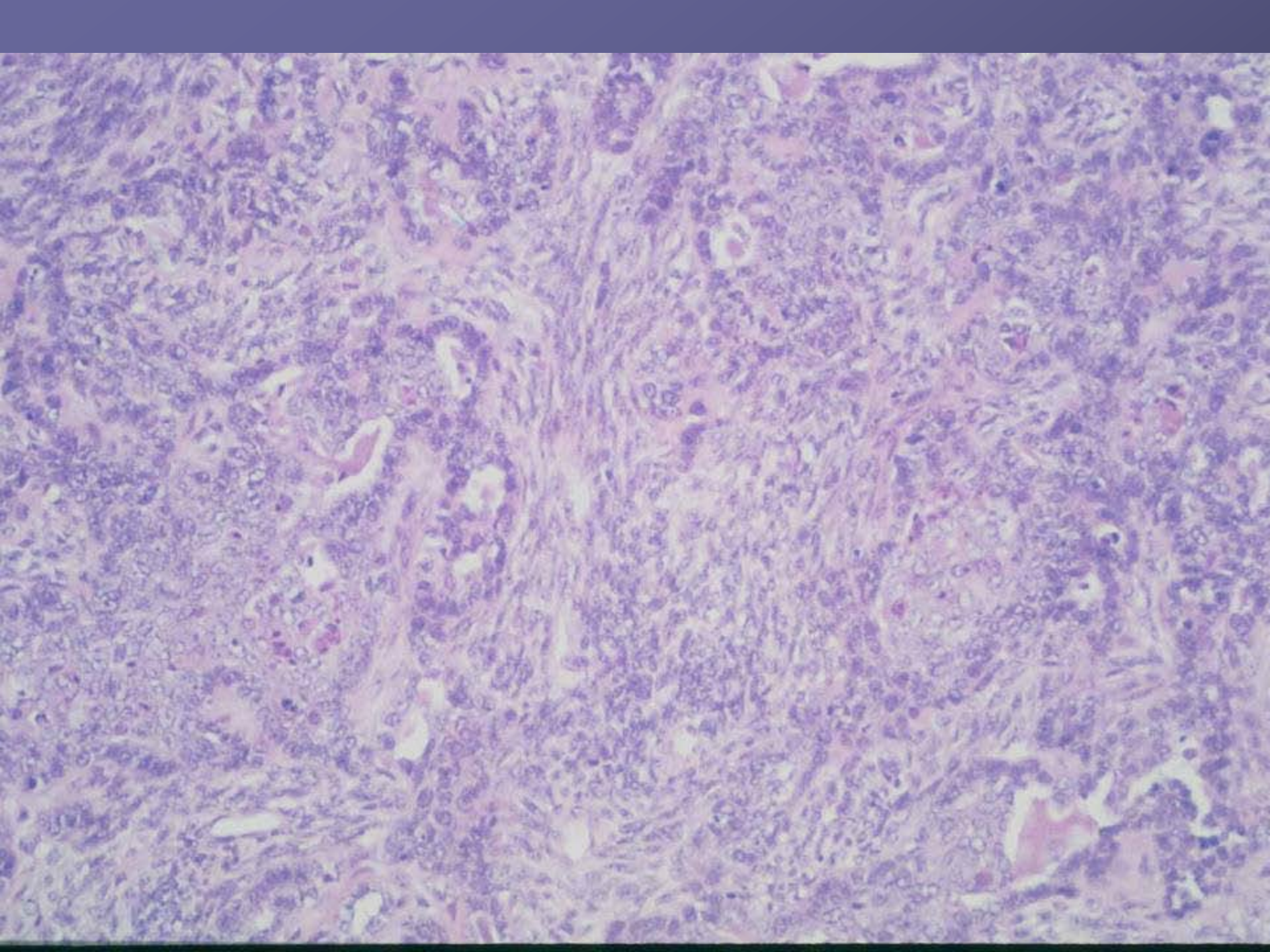
- Young adult, ?trauma, ?hormonal
?pregnancy
- Rock-like feel, slow relentless growth
- MRI.. Low intensity on T1 and T2,
enhances with gad
- Histo.. Bland myofibroblasts, no mitoses
- Rx.. Wide resection, XRT if +or close
margins, ?low dose chemo



KO

- 35 YO MALE WITH NO TRAUMA
- MASS ENLARGING IN FOREARM

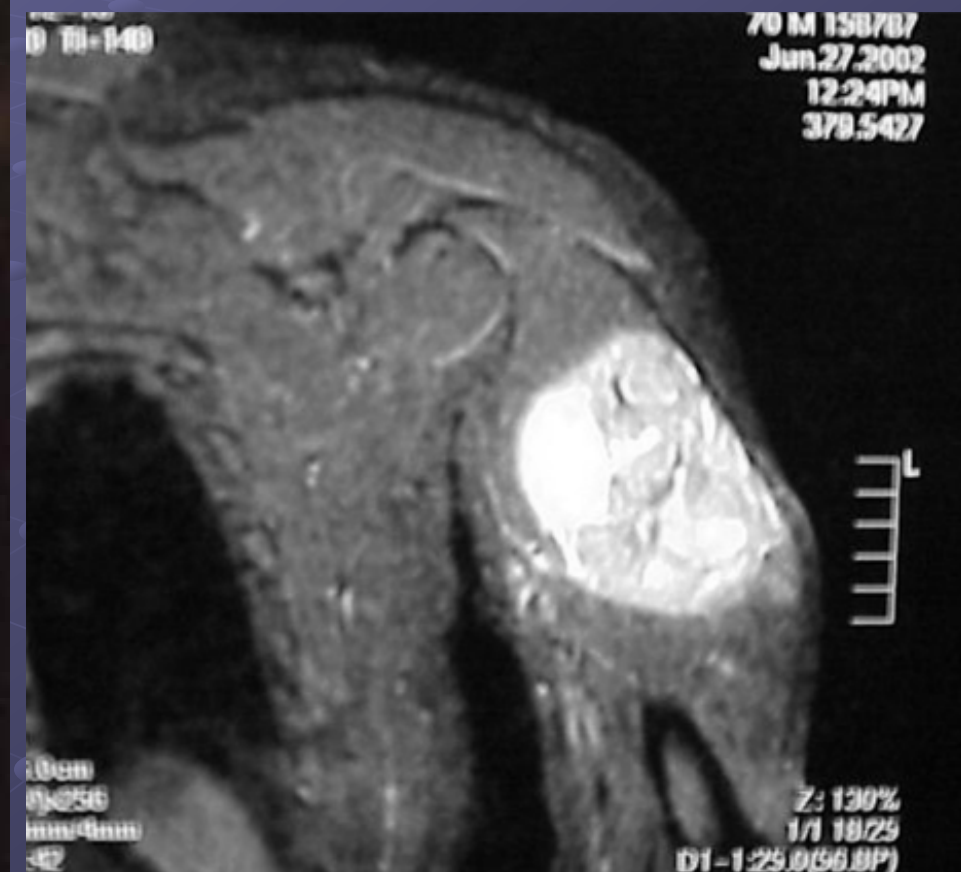


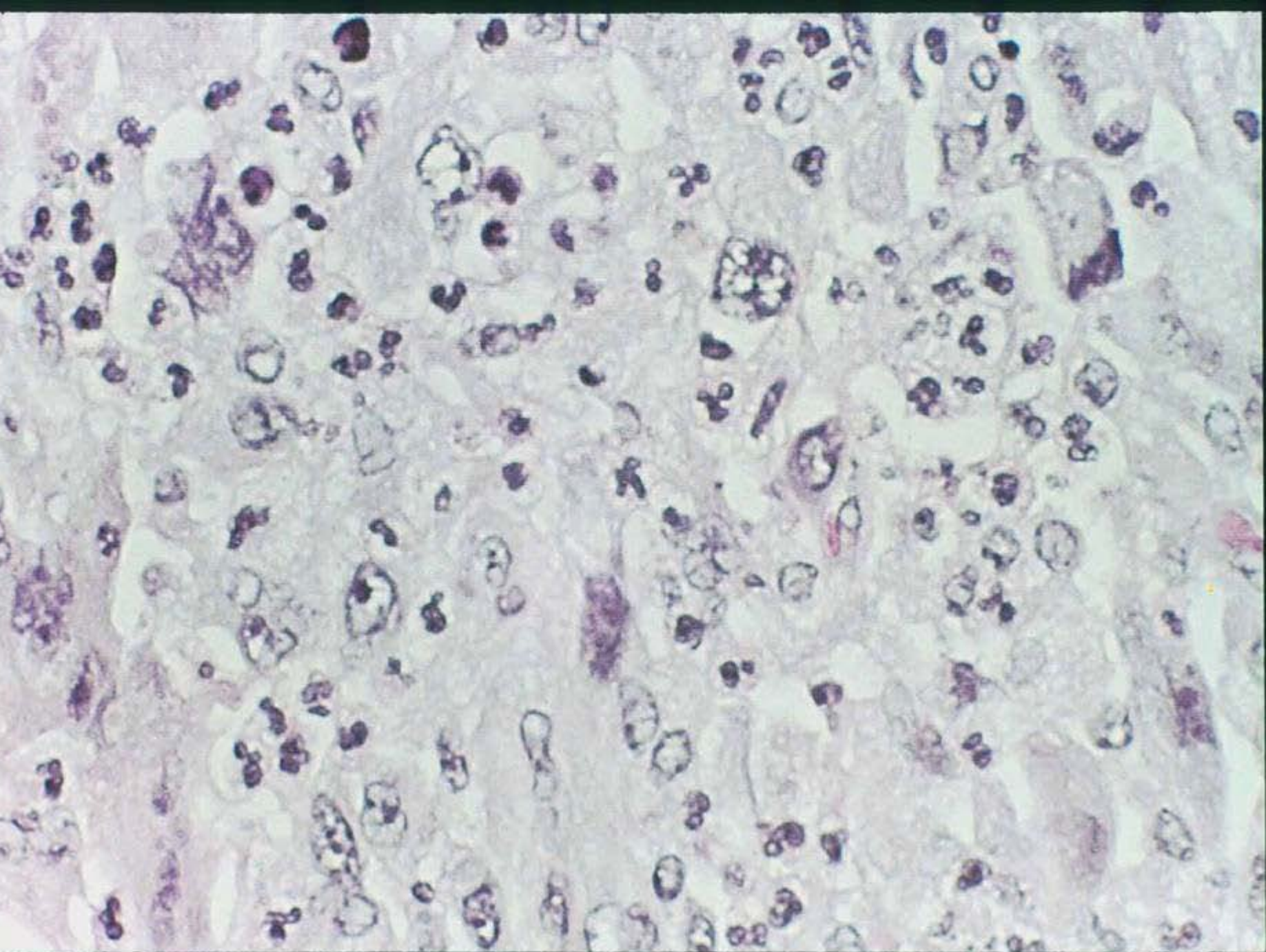


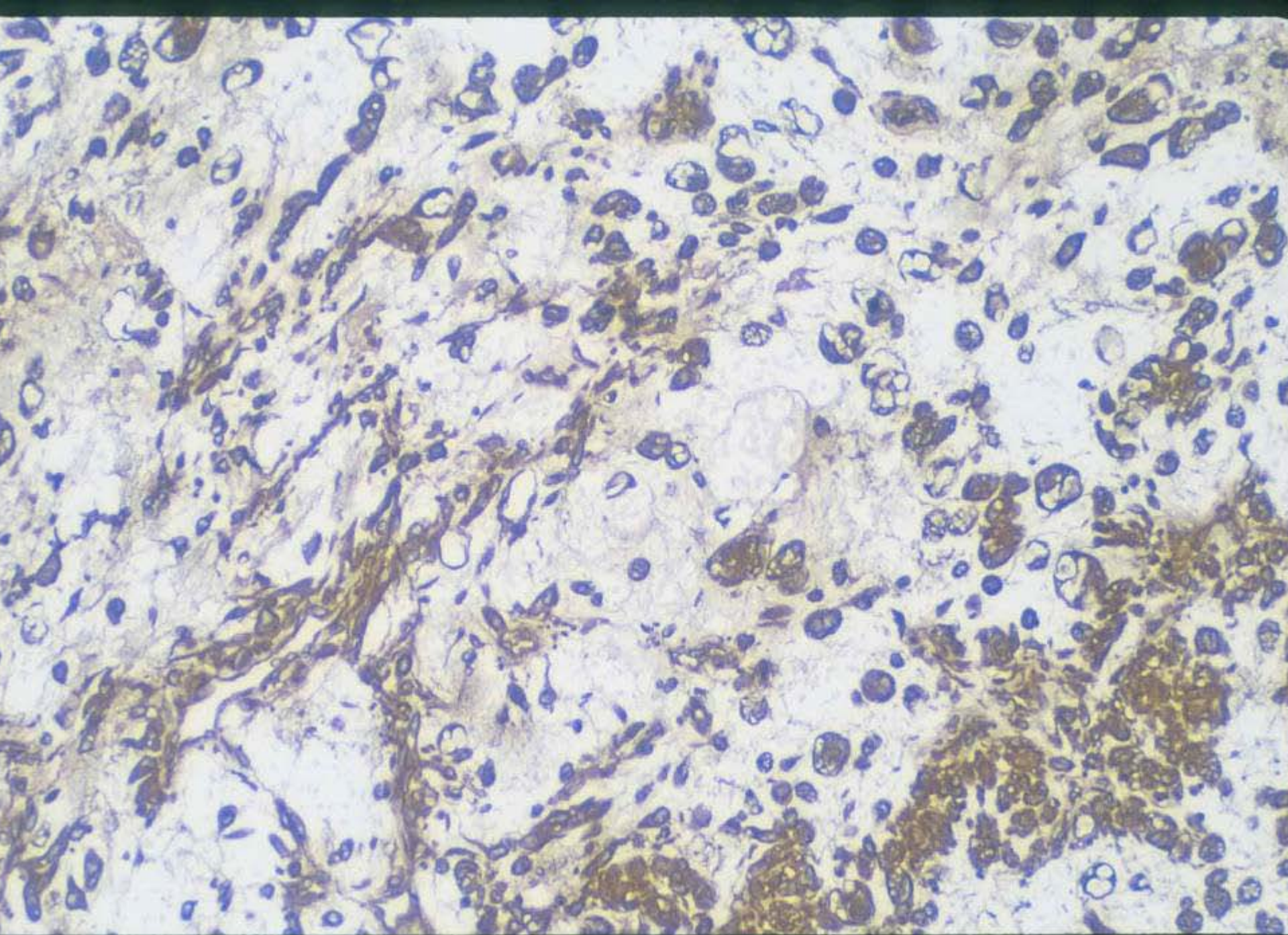
SYNOVIAL SARCOMA

- Biphasic vs. monophasic... spindle cells and pseudo-glandular
- Often around joints but not from synovium, foot common
- Younger age than most soft tissue sarcomas
- Calcifications
- Rx.. XRT and wide resection

- 70 YO MALE WITH ENLARGING MASS
POSTERIOR ARM
- PAINLESS



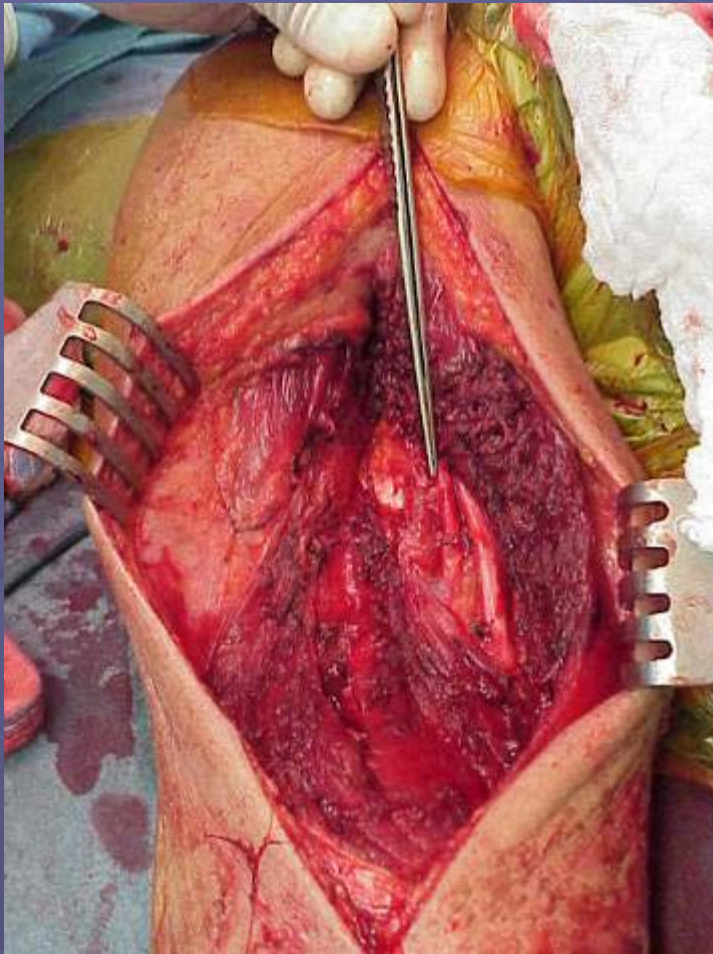




SOFT TISSUE SARCOMA

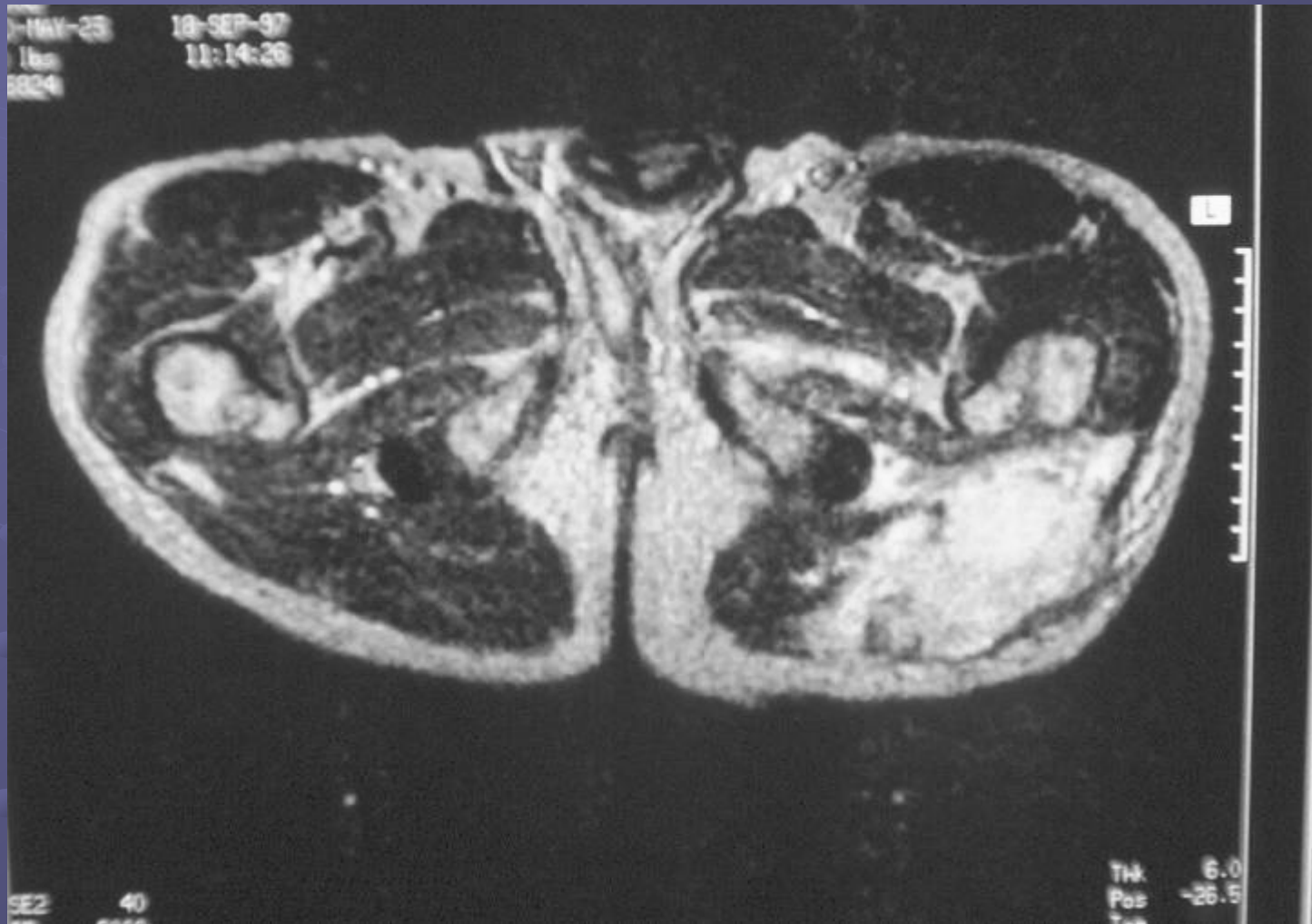
- Histology less important than histologic grade (mitoses, necrosis, anaplasia)
- All look alike on MRI
- Rx..
 - XRT and wide surgery (can save NV bundles)
 - Pre or post-op radiation
 - Chemo controversial

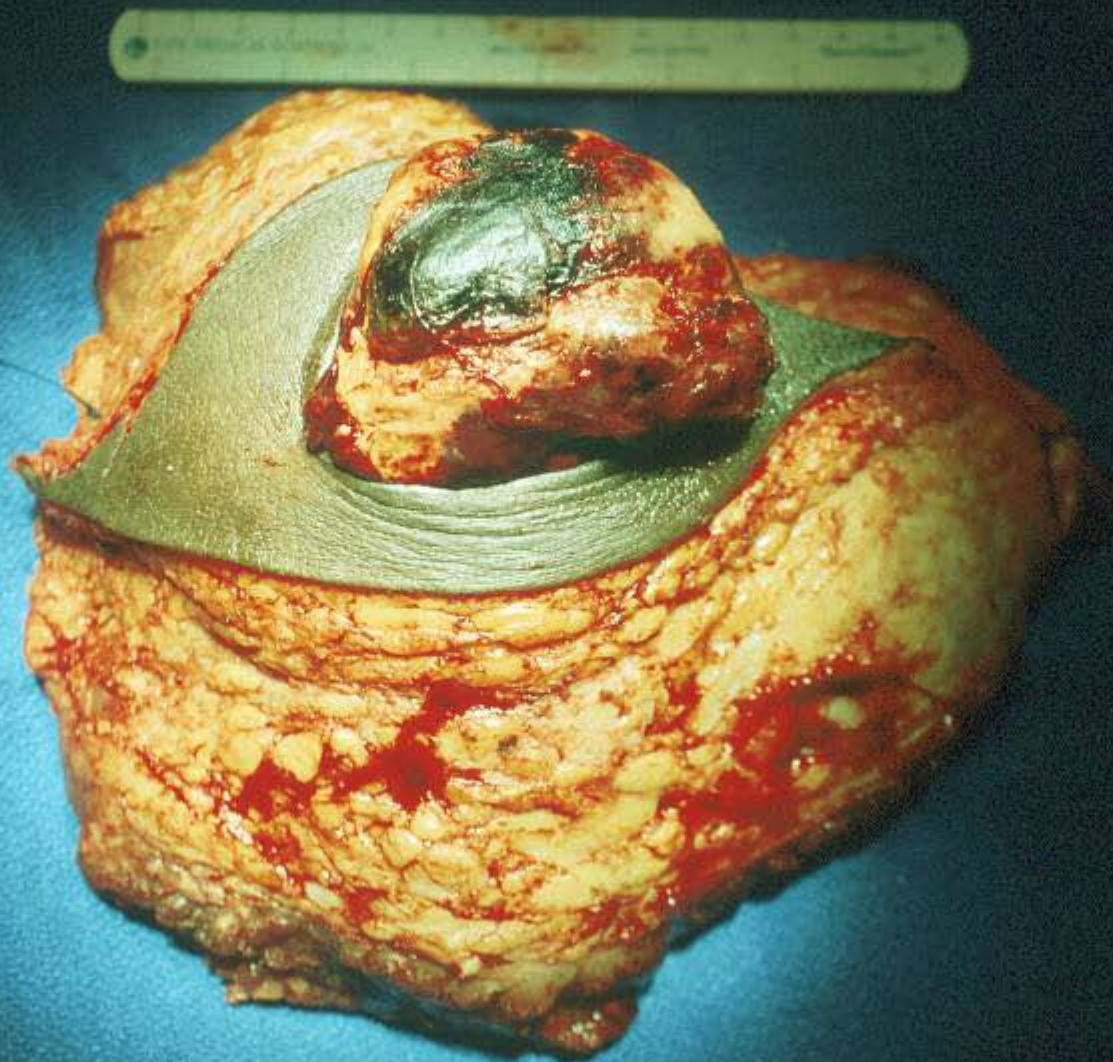






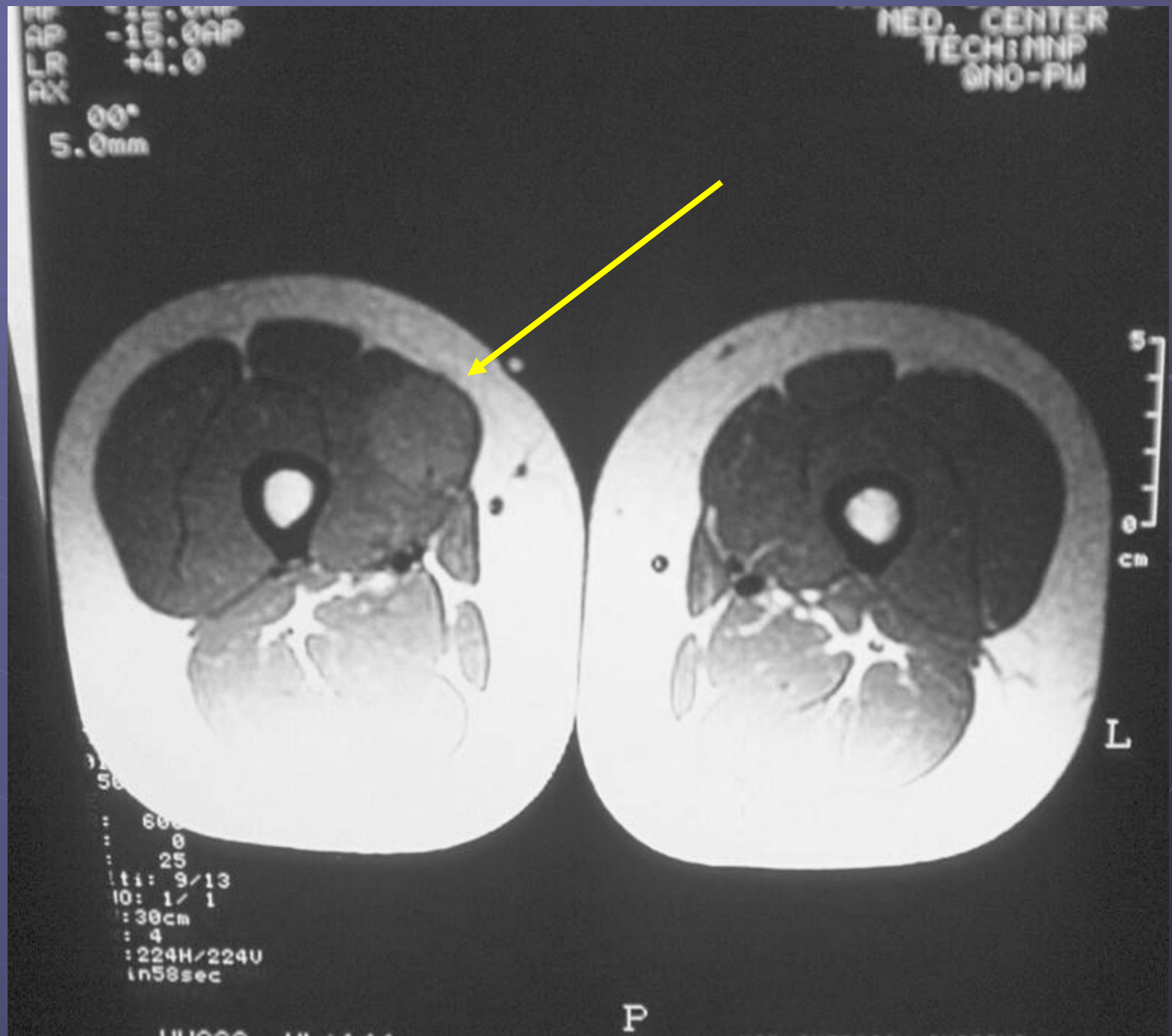


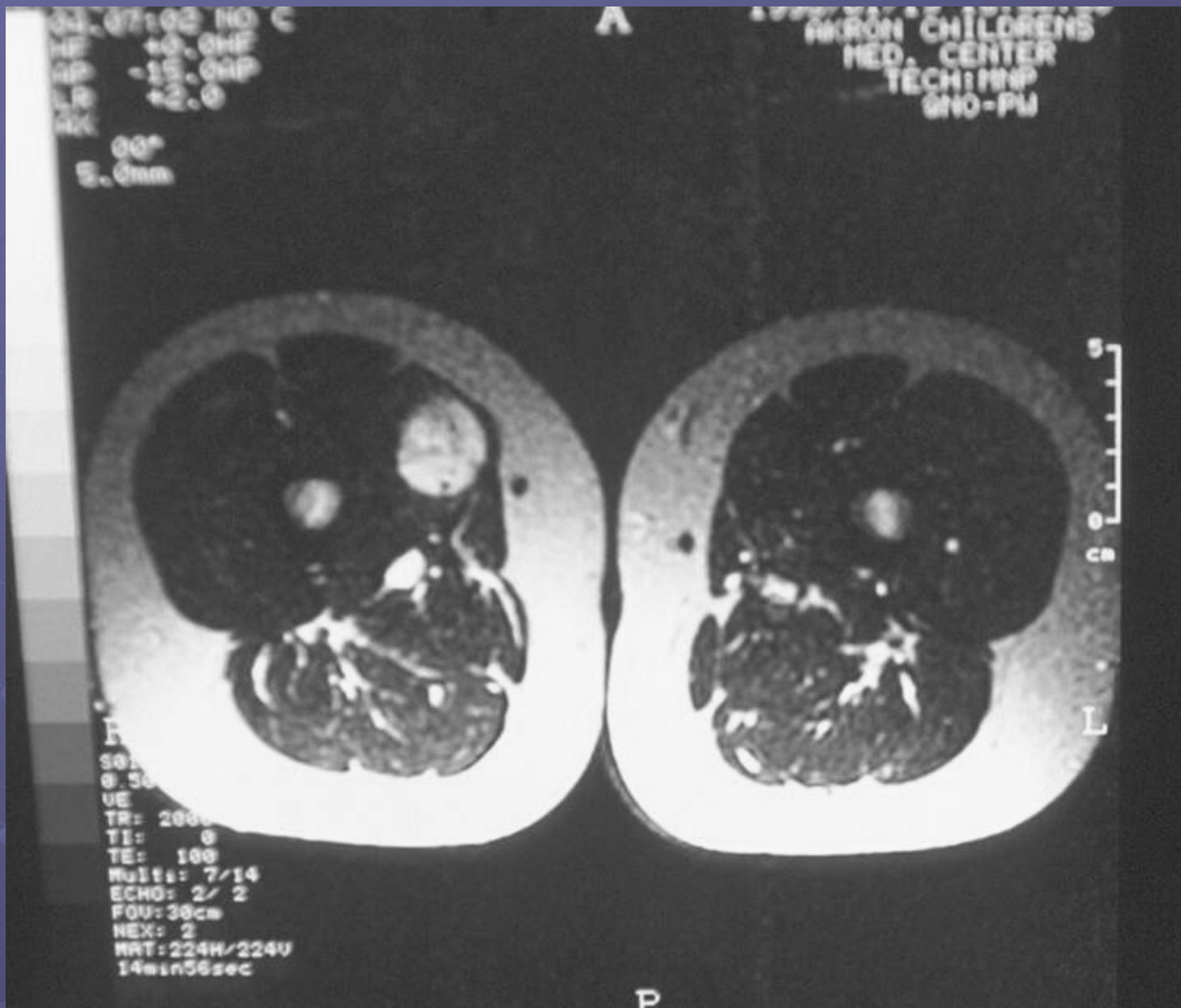


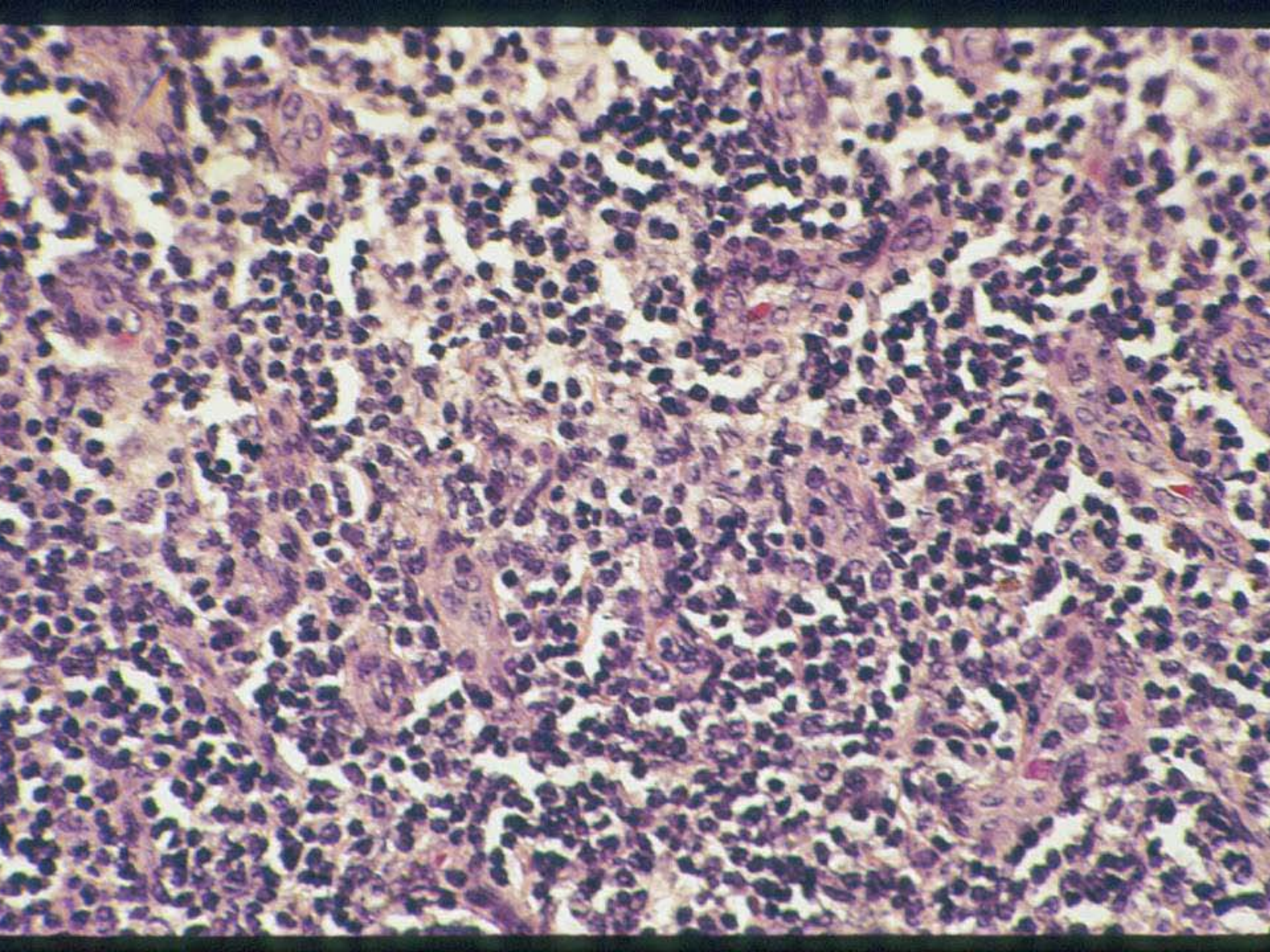


EC

- 14 YO FEMALE
- PAINLESS MASS THIGH
- ENLARGING







RHABDOMYOSARCOMA

- Most common soft tissue sarcoma in a young patient
- Histo.. small round blue cells, immunohistochemical staining, electron microscopy
- CHEMO (unlike other STS), wide surgery, XRT if margins positive



- 45 MALE

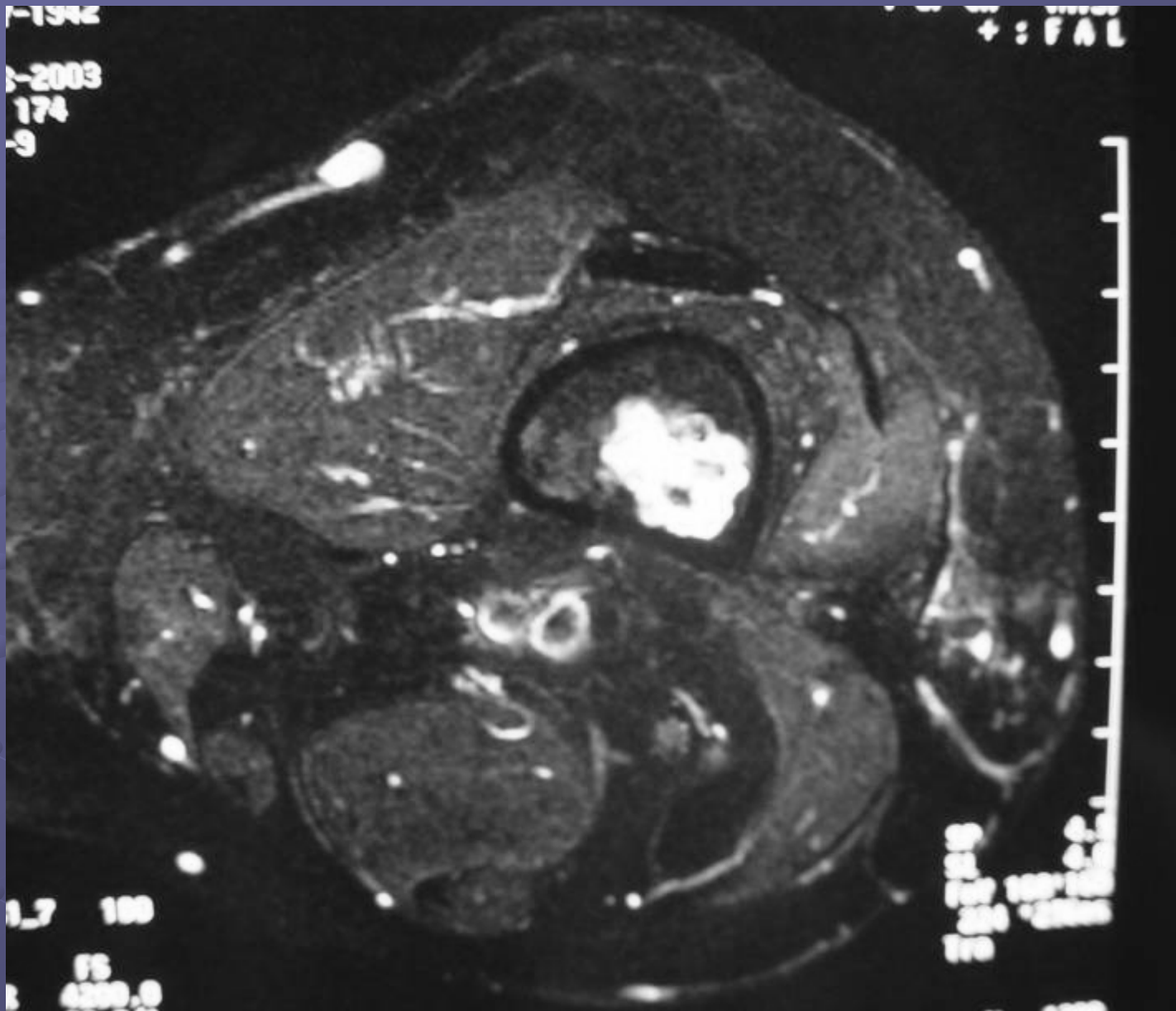
- PAINLESS LESION FOUND
INCIDENTALLY



LT. FEMUR
04-MAY-1942
10:14
06-FEB-2003
IMAGE 42
SER 1-3

Med1coach # 6327
MAGNETOM Harmony
F-SP VA13F
+ : F A L

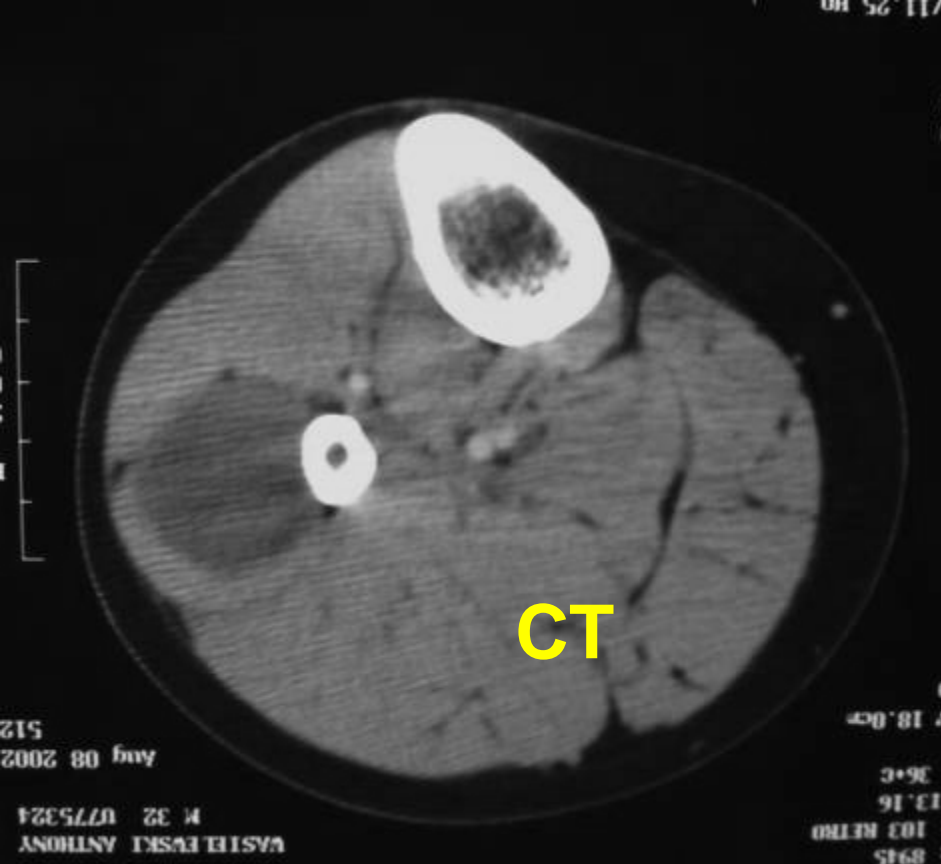




ENCHONDROMA

- Metaphyseal central, hand/feet
- Heavy calcification, bone scan not helpful
- Non-painful, look for other causes
- Rx... observe, follow-xrays
 - ? painful enchondroma vs. grade ½ chondrosarcoma (I follow at least 6 mos before considering treatment)

- 43 YO WITH CALF PAIN
- INCREASING AND DECREASING SIZED MASS



SV

- 30 YO WITH LIMITED HIP ROM
- MINIMAL PAIN
- NO TRAUMA



Img: 27
I172.0
DFOV 36.0cm
STND /P

4498
10/02/91 09:03:52
5

R
1
7
1
·
8

kV 120
mA 120
2.0 sec
Large
3.0mm

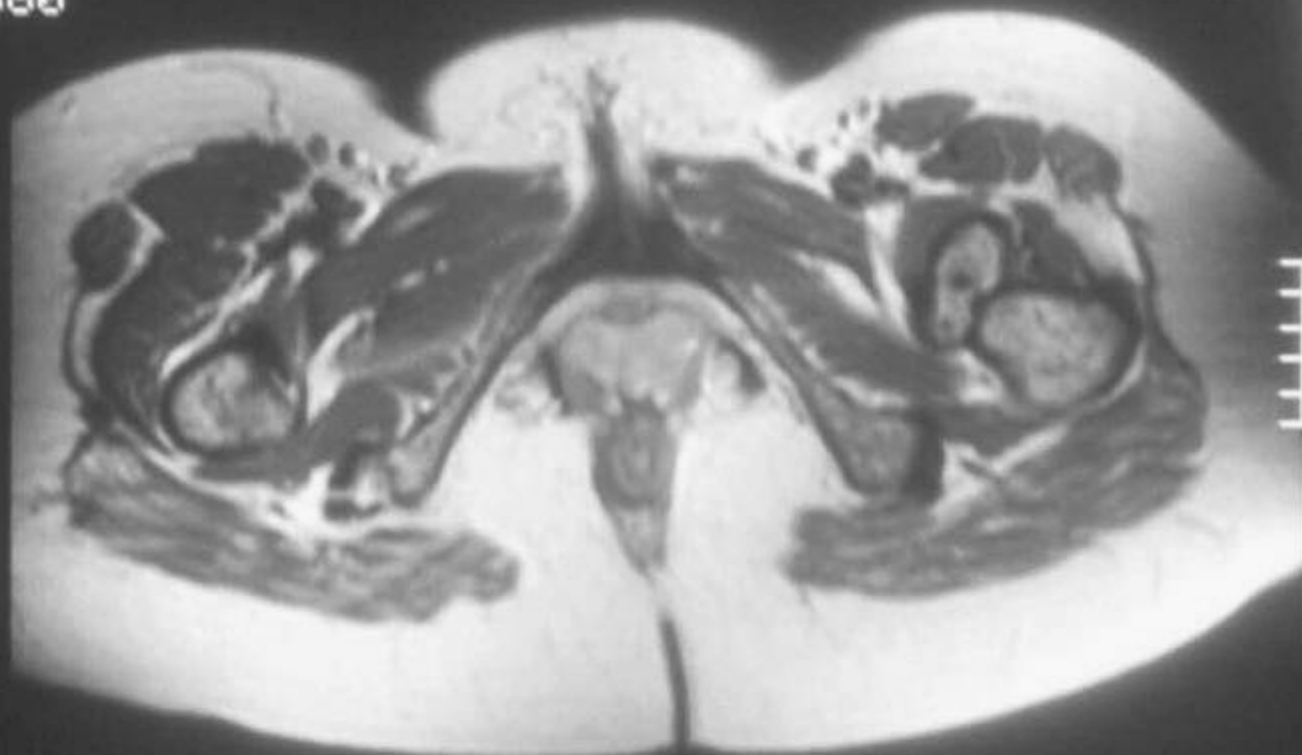


449841
26416-010-1A
45.F
BADDOUR

C1 -628
W1 880

2.0 T
SP 45.9
SW 8.0

ZOOM
1.08



R

L

-999

449841
26418-009-2A
45.F
BADDOUR

C1 -715
W1 993

SP 2.0 T
SW 17.6
5.0

ZOOM
1.10

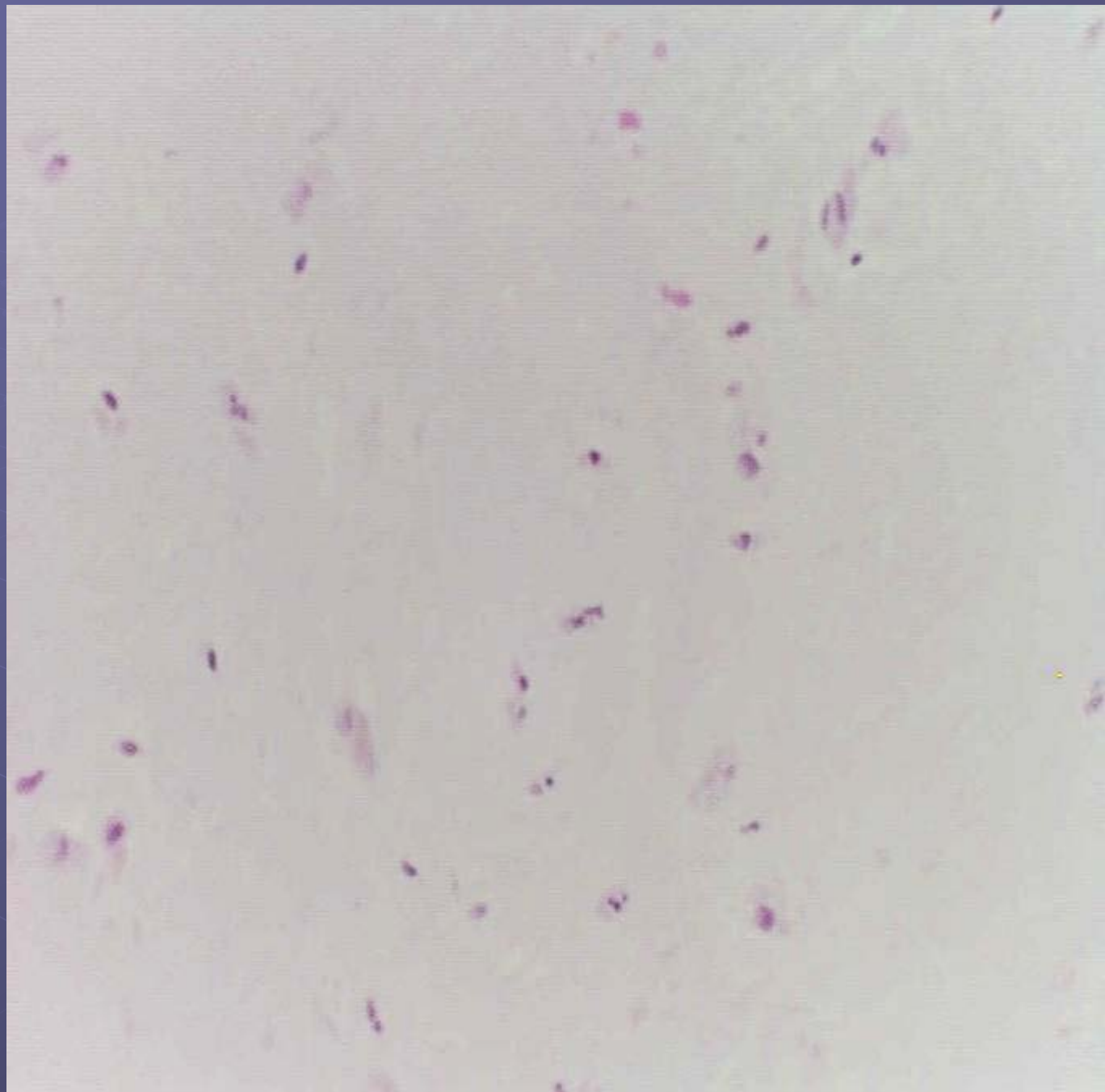
11111

R

L

-999





PERIOSTEAL CHONDROMA

- Usually deltoid insertion
- Shark bite lesion from cortex with 'benign' Codman's triangle
- May cause 'soreness' (stage 1 or 2)
- Curettage only if painful
- XR mimics periosteal osteosarcoma

RETURN
TO
MENU