EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Volume: 1
Issue: 2
343-346
Year: 2014

CHONDRO MYXOID FIBROMA OF PROXIMAL END OF TIBIA A CASE REPORT

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Article Received on 10/08/2014 **Article Revised on 03/09/2014** **Article Accepted on 26/09/2014**

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ABSTRACT

Chondromyxoid fibroma (CMF) is a rare benign cartilaginous tumour of bone, can occur at any age, most occur in patients 10 – 30 years old. It occurs more often in males than females. representing less than 1% of all bone tumours. Although chondromyxoid fibroma in the proximal tibia is the most common location. Which was noticed in our case. We are presenting a case of CMF of 22 year old male involving proximal end of tibia.

KEY WORDS: Cartilage, Tibia, Tumor, Chondromyxoid fibroma**.**

INTRODUCTION

Chondromyxoid fibroma is found in or near the metaphysis and sometimes crosses the epiphyseal line only rarely and in advanced cases. Radiologically it shows space occupying, and is lytic , eccentric and located in the metaphysis, margins are usually well-defined with surrounding sclerosis with ill defined margins between sclerosis and the host bone Chondromyxoid fibroma & Bone cyst are more common tumors which are differentiated with the benign chondroblastoma, tumors of tendons and synovia Gaint cell tumors are probably granulomata rather than neoplasms.[1,2,3] . Chondromyxoid fibroma are very much in resembalance common with genuine giant-cell tumors which was described by Jaffe and Lichtensteinin 1948. [4] The differential diagnosis includes giant cell tumor, aneurysmal bone cyst, unicameral bone cyst, chondroblastoma, and fibrous dysplasia.[5]

CASE REPORT

A 22 year old male patient presented with complaining of pain at upper end right leg since 2 years, there is history of trauma 2 years back due to fall from bike, since then complaining of pain, which is dull aching type and aggravated on walking uphill and running. It is associated with localised swelling at upper end leg which is relieved by NSAIDS usage for 10 days. There is no history of previous aspiration or pathological fracture or operative procedure at leg or knee. Physical examination revealed bony tenderness at lateral aspect of upper end tibia, without any local rise of temperature, scars,sinuses and dilated veins. Laboratory examination revealed normal CBP,ESR,CRP,ALP,RA factor and normal CT and BT.

Radiograph (FIG.1) shows an well defined eccentric intramedullary lesion with lobulated margins and endosteal sclerosis withno evidence of calcifications at proximal tibial metaphysis showing wide zone of transition. CT scan revealed eccentrically well defined intrameduulary lesion with lobulated margins with endosteal sclerosis and wide zone of transition with matrix showing increased density 65-70hu involving proximal tibial metaphysic with no evidence of clsification in its matrix. From clinical and radiological findings diagnosis of aneurysmal bone cyst, osteoid osteoma and chondromyxoid fibroma were suspected.

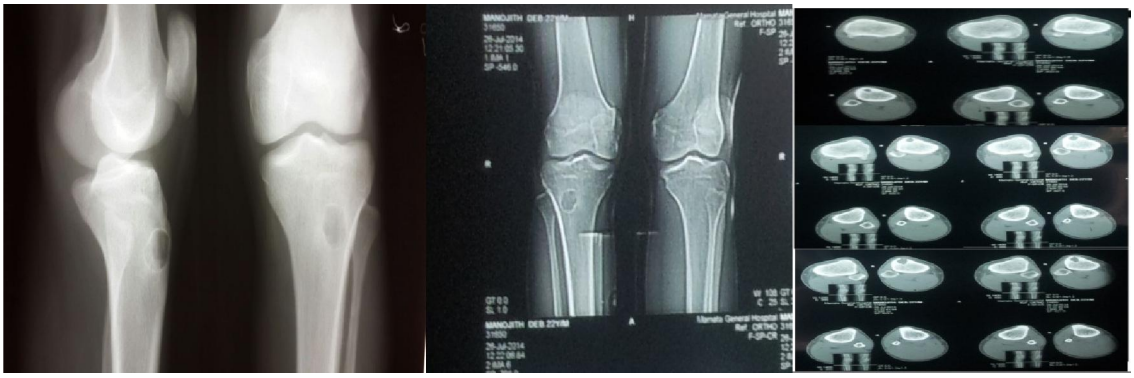

FIG.1 X-Ray & CT Scan Showing Osteolytic Lesion at Proximal Tibia

Under C-ARM guidance FNAC done which revealed osteoma,chondromyxoid fibroma and metaphyseal fibrous defect. Curettage along with cancellous bone grafting was done and sample sent for histopathological examination.

Gross examination revealed multiple grey white cartilaginous bony bits altogether measuring 2 1 0.5. histopathological section studies shows hyaline cartilage, fibrous tissue and peripheral myxoid tissue(FIG.2).

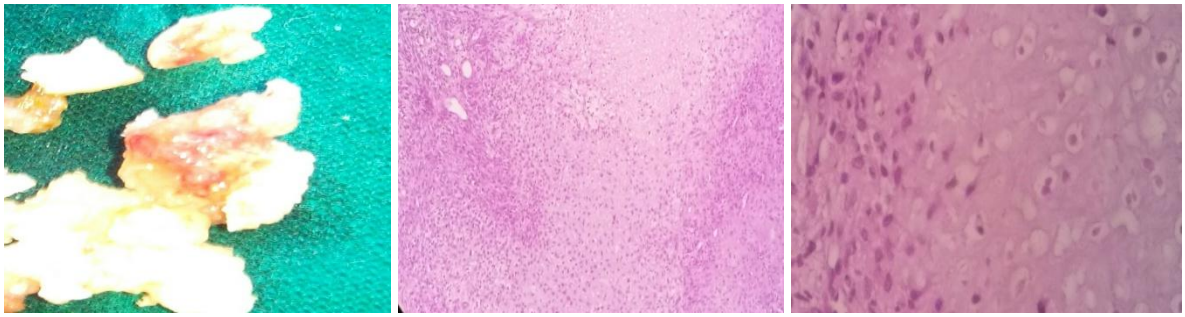

FIG.2.Histopathology showing chondroid and myxoid tissue (Low magnified &

DISCUSSION

Chondromyxoid fibroma is very rare benign tumour and It may be same as chondrosarcoma because of its important to distinguish it by establishing the clinical, radiological and pathological features of Chondromyxoid fibroma World Health Organization defined Chondromyxoid fibroma as "a benign tumour characterized by lobules of spindleshaped or stellate cells with abundant myxoid or chondroid intercellular material separated by zones of more cellular tissue rich in spindle-shaped or round cells with varying number of multinucleated giant cells of different sizes".

In Chondromyxoid fibroma, when treated with curettage with bone grafting has very low rate of recurrence. In our case, patient was treated by curettage along with bone grafting and has no follow up done for recurrance. Gherlinzoni F *et al* reported curettage alone was associated with 80% recurrence rate, but when curettage was combined with bone grafting the recurrence rate decreased to 7%.[7]

CONCLUSION

Chondromyxoid fibroma is very rare tumourand it is benign. Clinically and radiologically its diagnosis is difficult to confirm. Histopathology will give the clear diagnosis of Chondromyxoid fibroma, but Curettage and bone grafting is the choice of treatment.

CONSENT

Patient has given his informed consent for the case report to be published.

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