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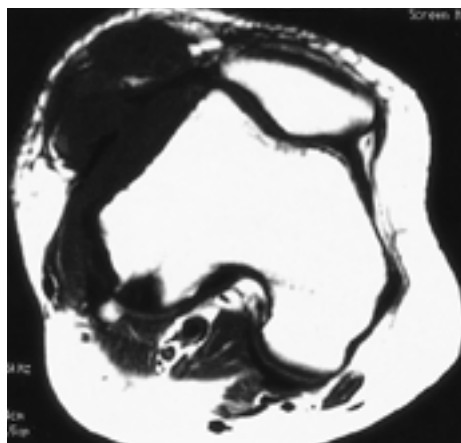
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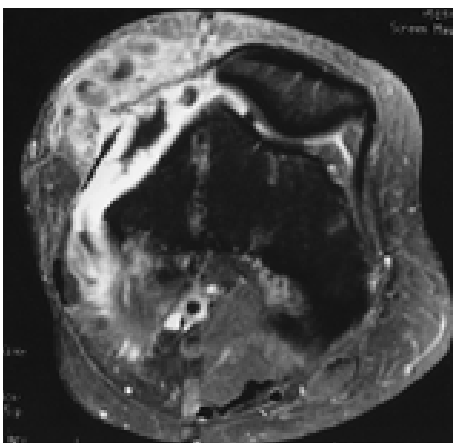
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Fig. 1. A 55-year-old woman with history of rheumatoid arthritis.
 A. Plain radiograph shows soft tissue mass density(arrows) in lateral aspect of right lateral femoral condyle.
 B. T2 weighted image shows multisepated mass(arrows) with central high signal intensities. The mass perforates lateral patellar retinaculum and extends to subcutaneous fat tissue.
 C. T1 weighted image shows isosignal intensity of the mass.
 D. On gadolinium enhanced T1 weighted image, the "cystic" foci of T2 weighted image show little or no enhancement, but lesion is rim enhanced. Synovial thickening and enhancement are well visualized.

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A Rheumatoid Nodule Mimicking Soft Tissue Sarcoma on MR : A Case Report¹

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We report a case of rheumatoid nodule of the right knee in a 55-year-old woman which on the basis of MR images was misdiagnosed as soft tissue sarcoma. Rheumatoid nodules occur in up to 20 % of adult patients with rheumatoid arthritis and most patients with rheumatoid nodules are rheumatoid factor positive. The nodules are most commonly located between the skin and an underlying bony prominence. In this case, the patient had a history of rheumatoid arthritis and a soft tissue mass was present in the lateral aspect of the right knee. T1-weighted images revealed a mass of similar signal intensity to that of muscle, and on T2 weighted images, a central portion of high signal intensity was noted. Enhanced T1 weighted images demonstrated peripheral rim enhancement. The mass extended to subcutaneous tissue, with penetration of lateral patellar retinaculum. Excisional biopsy was performed, and the pathologic diagnosis was rheumatoid nodule. Although its radiologic findings are non-specific, rheumatoid nodule should - in appropriate clinical settings - be included in the differential diagnosis of a predominantly solid or centrally necrotic periarticular soft tissue.

Index words : Arthritis, rheumatoid
Magnetic resonance (MR)

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