

1%

1%

T1 , T2

(1, 2).

(1, 3).

14

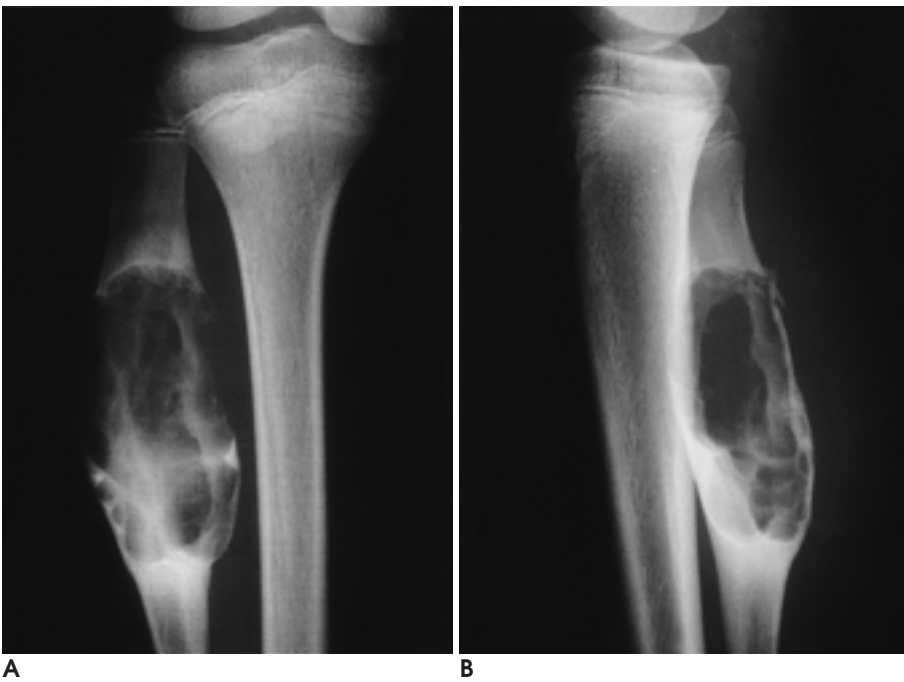


Fig. 1. Anteroposterior (A) and lateral (B) radiographs of the right leg show a large expanded, lobulated osteolytic mass in the metadiaphysis of the fibula. This mass has sclerotic rim and multiple septa.

14 가
(limping gait)
10 cm

가

5x

(Fig. 2).

8x4.5 cm

가

가

(Fig. 1).

, T2

T1

가
가

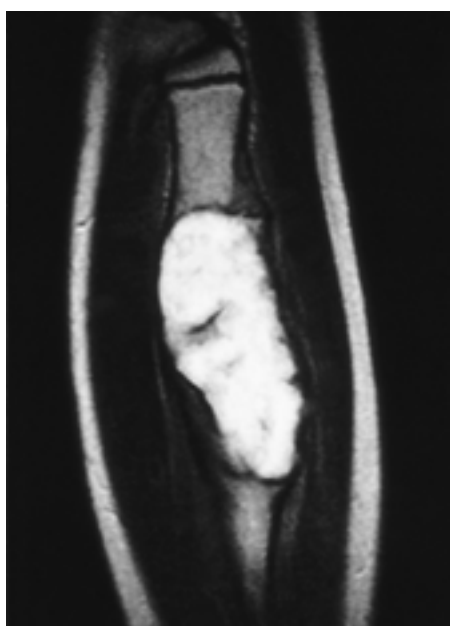
T1

(Fig. 3).

가



A

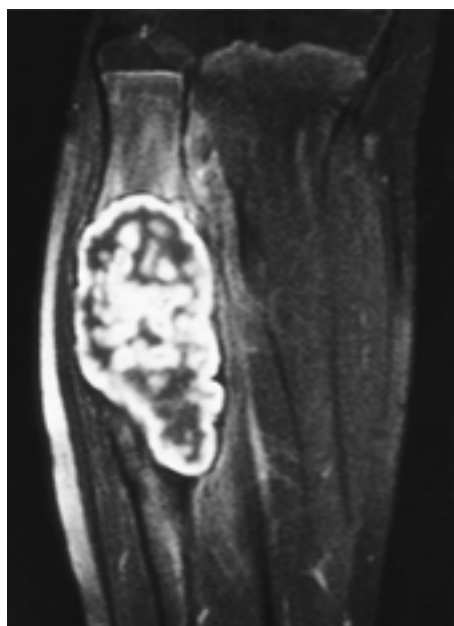


B

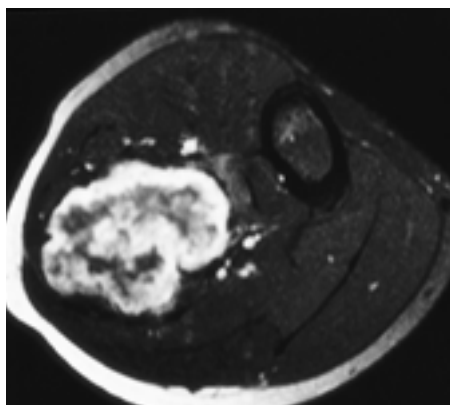
Fig. 2. A. Sagittal T1 weighted image shows an elongated, expanded and lobulated lesion of relatively low signal intensity in the proximal of fibula.

B. This lesion shows diffuse high signal intensity with a thin hypointense rim and multiple hypointense septa on sagittal T2 weighted image.

C, D. Enhanced coronal (C) and axial (D) T1 weighted images show intense and thick marginal enhancement and inner multinodular enhancement.



C



D

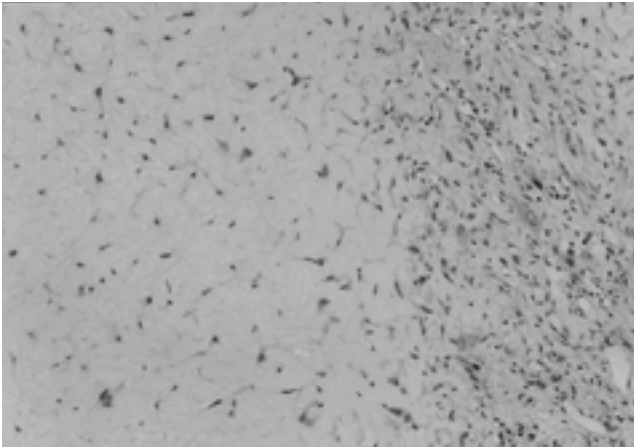


Fig. 3. Photomicrograph shows alternating cellular and hypocellular areas. There are angular, often stellate cells in a myxoid stroma that may appear chondroid. (H and E stain \times 40)

Lichtenstein, 1948 Jaffe (1, 2).
 10-30
 30
 38
 24%, 11%
 가 47%,
 가 26%, 15 1
 (1).
 (3),
 (1).
 (1, 3, 4).
 (1).
 (4).
 (scalloped)
 (5).
 (cortical bite)

가
 (5).
 25-34% 가 ,
 가 (40),
 (6).
 T1 , T2
 ,
 (3).
 (hyalin
 T2
 cartilage)
 (mucopolysaccharide)
 (3).
 가 ,
 .
 ,
 .
 ,
 ,
 ,
 (mineral -
 ization)가
 ,
 -
 ,
 (7).
 10%
 가 (15)
 (5).
 가
 , 10-30
 T2

1. Wilson AJ, Kyriakos M, Ackerman LV. Chondromyxoid fibroma: Radiologic appearance in 38 cases and in a review of the literature. *Radiology* 1991;179:513-518
2. White PG, Saunders L, Orr W. Chondromyxoid fibroma. *Skeletal*

- Radiol* 1996;25:79-81
3. Soler R, Rodriguez E, Suarez I. Magnetic resonance imaging of chondromyxoid fibroma of fibula. *Eur J Radiol* 1994;18:210-211
4. Kenan S, Abdelwahab IF, Klein MJ. Case report 837. *Skeletal Radiol* 1994;23:237-239
5. Beggs IG, Stoker DJ. Chondromyxoid fibroma of bone. *Clin Radiol* 1982;33:671-679
6. Yamaguchi T, Dorfman HD. Radiographic and histologic patterns of calcification in chondromyxoid fibroma. *Skeletal Radiol* 1998;27:559-564
7. Guidici MA, Moser RP, Kransdorf MJ. Imaging of bone and soft tissue tumors. *Radiol Clin North Am* 1993;31:237-259

J Korean Radiol Soc 2000;43:109 - 112

A Chondromyxoid Fibroma of the Fibula: A Case Report¹

Ji Yeoun Lim, M.D., Hong Soo Kim, M.D., Hyung Guhn Lim, M.D.,
Soo Jung Kim, M.D., Myung Jin Joo, M.D.²

¹Department of Radiology, Presbyterian Medical Center, Chounju

²Department of Pathology, Presbyterian Medical Center, Chounju

Chondromyxoid fibroma is the least common benign bone tumor, accounting for less than 1% of all bone tumors. Pathologically, it is composed of varying proportions of chondroid, myxoid and fibrous elements. The most common anatomical site is the metaphyseal region of the long bone, and the typical radiologic appearance is a cortical expansile osteolytic lesion with a lobulated sclerotic margin, and septa.

We report the plain and MRI findings of a relatively typical chondromyxoid fibroma occurring in the proximal fibula.

Index words : Chondromyxoid fibroma

Bone neoplasms

Bone neoplasms, MR

Address reprint requests to : Ji Yeoun Lim, M.D., Department of Radiology, Presbyterian Medical Center,
300, Jungwhasan-dong Wansan-gu, Chunju, 560-750 Korea.
Tel. 82-63-230-8436, 8446 Fax. 82-63-230-8463