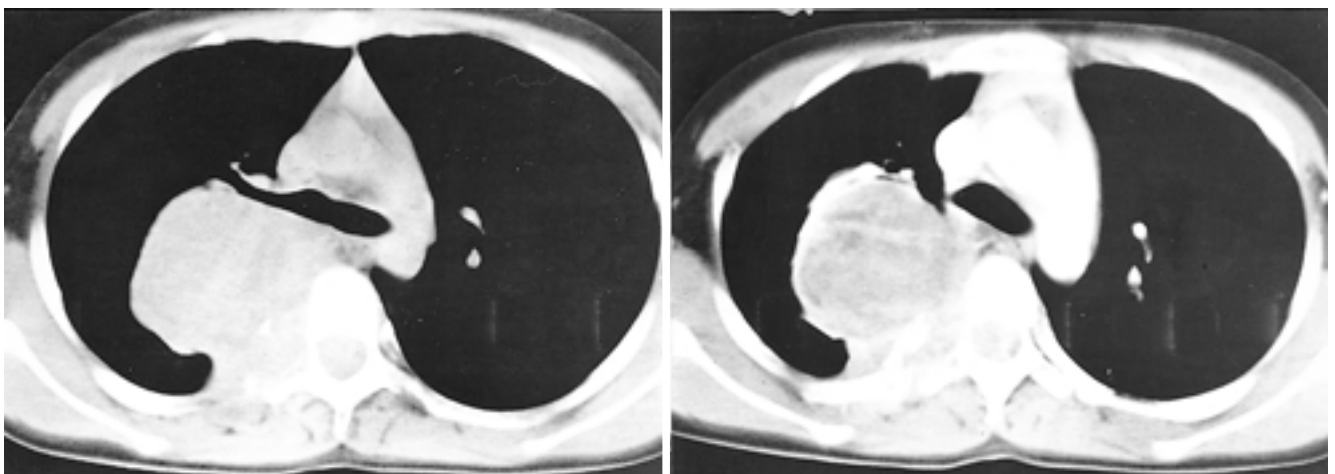


가 . 1% 1 12
 가 1
 가 4
 CT
 T1, T2
 T1
 50% (Fig. 1). (conventional
 , 80% computed tomography, CT
 1% (1). , 7×7×7 cm 가
 3.3% (2), 가
 12 (3). 가 (Fig. 2A). CT ,
 1
 12 가 1 2
 가 가
 5 - 30 mm (cafe au lait spot)
 10 (freckling)가
 1 가 가 ,
 가 4
 가



Fig. 1. Chest PA shows well margined round mass at right paraspinal area. Widening of right 4th, 5th intercostal space, narrowing of 4th rib proximal portion and destruction of posterior arc of 5th rib are also seen.

가 6 2 (neurofibroma)
(freckling) 2
(Fig. 2B). 5 Lisch nodules() 1
, T1 가 2
(neural foramen) 가
(Fig. 3A), T2 1
, T1 1
(Fig. 3B). 7 - 24% (nerve sheath tumor) 가
4 - 6 (4, 5).
(Fig. 3C). 1 90%
5 8×7×5 cm
4, 5, 6 가 가 CT
가 , 90%
가 가 T2
(Fig. 4A) myoglobin, desmin
(Fig. 4B)
3.6%
2 - 29% (6).
1 3000 - 4000 1
100%
1 5 - 15mm (4).
50%



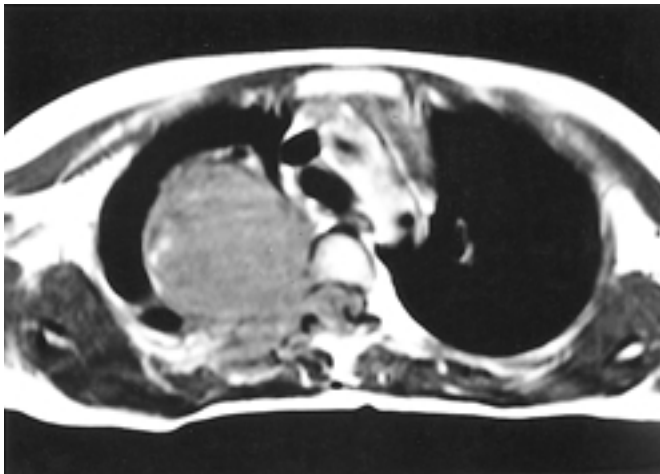
A
Fig. 2. A. Precontrast CT scan shows isodense mass to the adjacent muscle in the posterior mediastinum with destruction of posterior arc of rib, vertebra body.
B. Enhanced CT shows heterogeneous enhancement and invasion into thoracic spine, spinal canal, right posterior rib and thoracic wall.

(1),

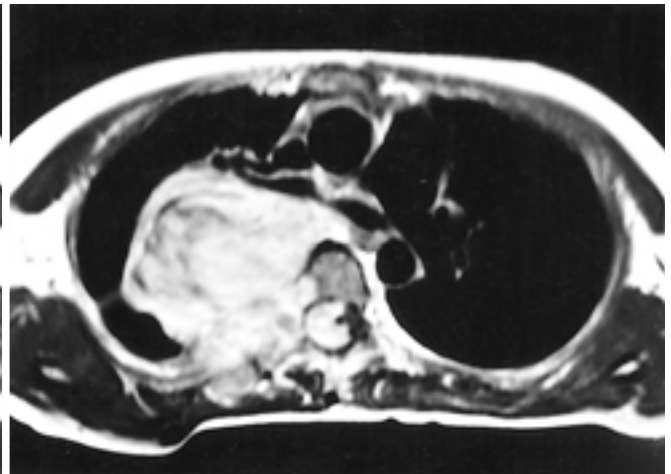
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가 가 12

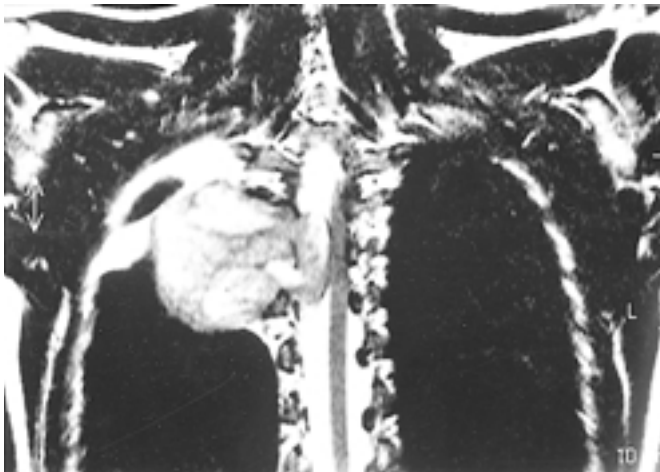
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A



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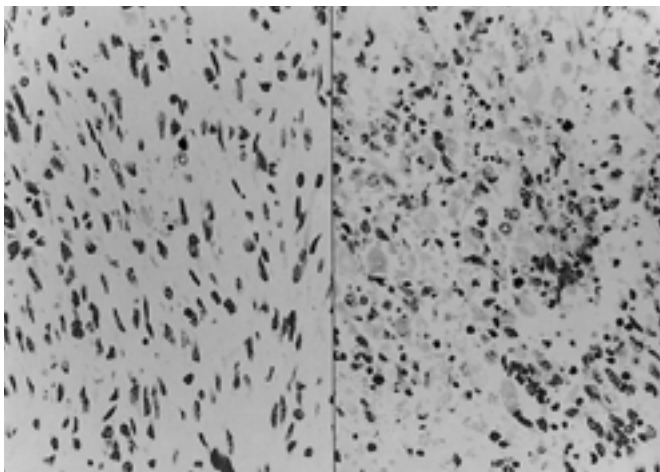


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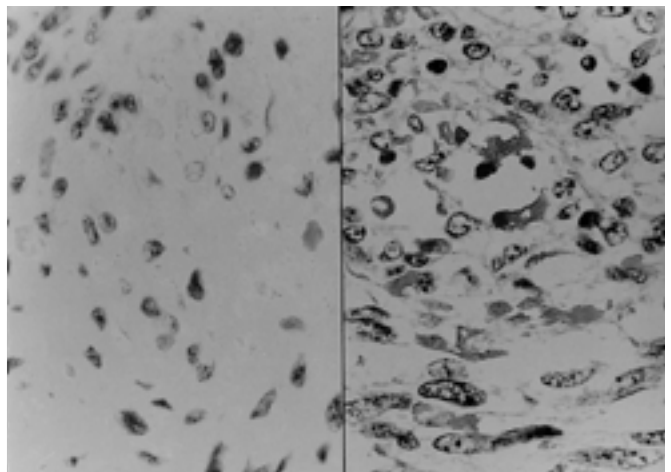
Fig. 3. A. T1 weighted axial image of chest MRI shows inhomogeneous round posterior mediastinal mass with slightly hyperintense relative to muscle. Also invasion of posterior chest wall and intraspinal canal extension are noted.

B. T1 weighted-Gd axial image shows heterogeneous enhancement with invasion of posterior chest wall, vertebral body and extension into spinal canal.

C. T2 weighted coronal image shows inhomogeneous high signal intensity mass with destruction of vertebral body.



A



B

Fig. 4. A. The tumor shows cellular pleomorphism, necrosis and varying degree of cellular differentiation including myxoid undifferentiated spindle cells(left) and rhabdomyoblast like polygonal to spindle cells with eosinophilic abundant cytoplasm(right)

B. The tumor cells shows diffuse strong positive immunostaining for myoglobin(left) and desmin(right)

0.4 - 2% 1 (Fig. 3),

1 - 6% , 1

0.03 - 0.4% (5). 가 ,

가 Horn

Enterline (embryonal), (botryoid),

(alveolar), (pleomorphic) 4가 ,

WHO Intergroup Rhabdo -

myosarcoma Study(IRS) . IRS I - III

4가 (undiffer -

entiated) 가

2 가 (8).

가 ,

T1 ,

(loose stromal network)

T2 ,

(9).

(bubbly)

(10).

CT

(Fig. 1 - 2),

T2

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Embryonal Rhabdomyosarcoma of the Posterior Mediastinum: A Case Report¹

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A rhabdomyosarcoma originating during childhood is an easily-detected soft tissue sarcoma which frequently occurs in the head, and neck, or genitourinary system. It has been reported that in the mediastinum its rate of occurrence is 1 percent, though the rate at which it occurs in the posterior mediastinum has not been reported. We recently encountered a case of embryonal rhabdomyosarcoma of the posterior mediastinum in a 12-year-old girl with neurofibromatosis type 1. Initial chest X-rays revealed a well-marginated round mass, with destruction of the right posterior rib. CT scans indicated the presence of an iso-dense mass which after contrast infusion showed heterogeneous enhancement. T1- and T2-weighted MR images showed, respectively, slight and heterogeneous hyperintensity, with invasion of the thoracic spine and compression of the spinal cord. After surgery, embryonal rhabdomyosarcoma of the posterior mediastinum was pathologically confirmed.

Index words : Neoplasms, in infants and Children
Mediastinum, neoplasms
Neurofibromatosis

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