

:
 : 6 7
 : 6
 7 1 - 2 cm
 가 가 가
 :

(osteoblast)가
 (retinal pigmented epithelium)
 10 20
 (1 - 4).
 (juxtapapillary 20 40
 75% 가 1 , 4 , 29
 CT) (2 1 6.6
 가 가 , (laser pho -
 tocoagulation therapy) 2
 . 6 3
 CT

CT
 Model P37 AB (Paradigm Medical Industries, Inc.,
 U.S.A.) B - Scan Compact (B.V. International, France)
 (probe) 10 MHz A - B -
 가
 (Optic disc) (mac -
 B - (Fig.
 1A).
 2002 7 23 2002 10 14
 121

, A -
(Fig. 1A). CT High - Speed Advantage (General Electric Medical System, Milwaukee, U.S.A.) (7), (serous
3 mm (slice thickness), 75%
(table speed) 3 mm, (pitch) 1
(Fig. 1B).
CT CT 가
(depigmen -
tation) (thinning) (8, 9).
2 - 22 mm
(pseudopod - like projections)
(1 - 3).
6
7
CT 가
(Table 1). (5, 6, 10 - 14).
가 가 가
1 - 2 cm
CT 가 (optical coherence tomography),
CT (15, 16).
A -
B -
1978 Gass (1)
가
(choristoma) CT
10 20
, 30
orescein angiography)
(Fig. 1C, D) (laser photocoagulation)
가 (5, 6). T1 -
T2 -

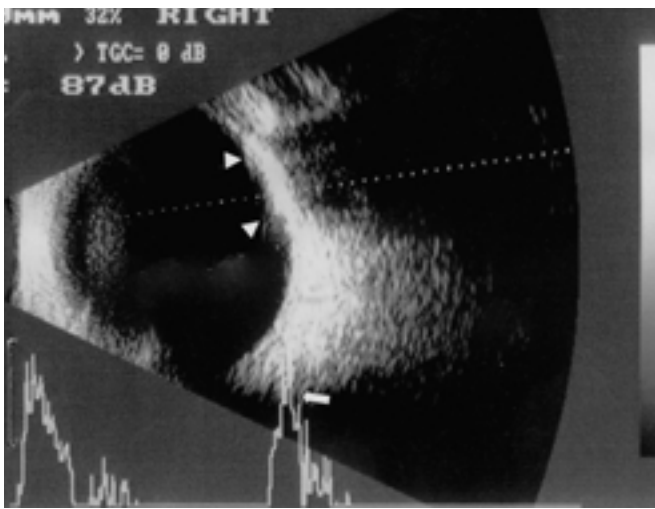
Table 1. Clinical Data and US / CT Findings in Six Patients with Choroidal Osteoma

Patient No	Age/ Sex	Involved eyeball	Duration present at Initial ophthalmic evaluation	US findings (n = 7)	CT findings (n = 3)	Size, shape & location of ocular calcification	Treatment
1	30/M	Right	2 months	Hyper / PS	Thick choroid/Cal CE (-)	10 mm, linear, posterior	Photocoagulation
2	20/F	Right	2 weeks	Hyper / PS		18 mm, linear, posterior	Conservative
3	40/F	Both	1 year	Hyper / PS		12 mm, linear, posterior	Conservative
4	31/M	Right	1 year	Hyper / PS	Thick choroid/Cal CE (-)	14 mm, linear, posterior	Conservative
5	28/F	Right	8 months	Hyper / PS		10 mm, linear, posterior	Conservative
6	25/F	left	4 months	Hyper / PS	Thick choroid/Cal CE (-)	8 mm, linear, posterior	Conservative

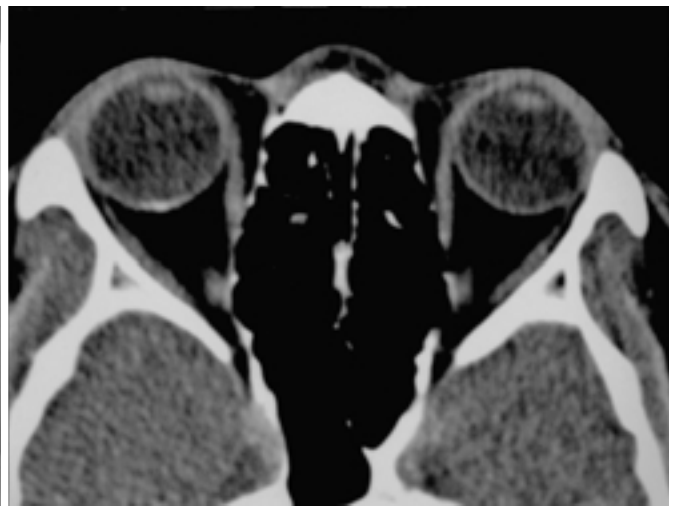
Hyper = hyperechoic, PS = posterior shadowing, Cal = calcification, CE = contrast enhancement

가 (17).

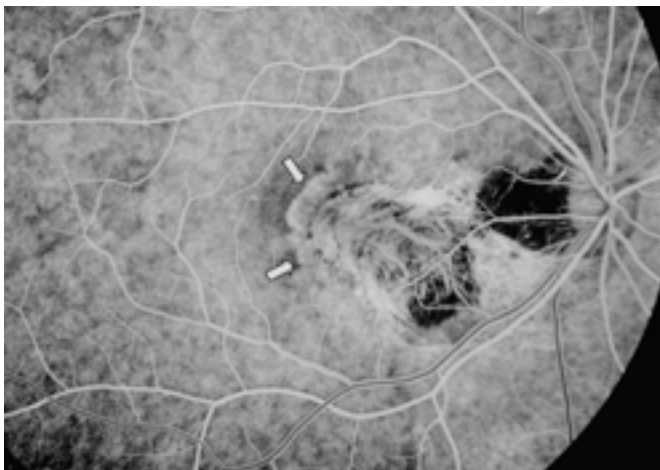
(laser
(me - photocoagulation) (23),
tastatic/dystrophic calcification) (18 - 22). (24).
가 CT
(idiopathic
sclerochoroidal calcification)
가



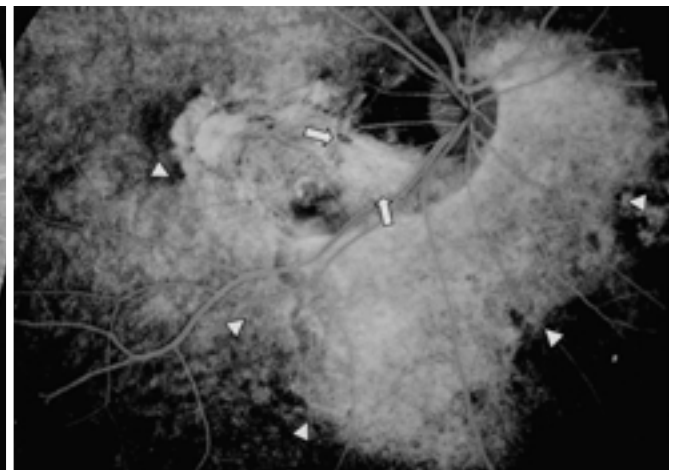
A



B



C



D

Fig. 1. A 30-year-old man with choroidal osteoma.

A. B-scan ocular ultrasonogram demonstrates a highly reflective, slightly elevated mass with posterior acoustic shadowing at the posterior pole of the eye (arrowheads). A-scan ocular ultrasonography shows a typical high spike corresponding to calcification within choroidal osteoma (arrow).

B. CT scan of the orbit shows the plate-like thickening containing bone density plaque in the posterior wall of the right eye.

C. Early to midphase fluorescein angiogram of right eye shows patch hyperfluorescence involving the macula (arrows).

D. Late-phase fluorescein angiogram demonstrates extension of the choroidal tumor inferior to the disc and toward the macula (arrows). Diffuse staining of the osteoma can also be observed (arrowheads).

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Choroidal Osteoma: US and CT Findings¹

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Purpose: The purpose of this study was to evaluate US and CT features of choroidal osteoma.

Materials and Methods: US and CT scans of seven cases of choroidal osteoma occurring in six patients were retrospectively analyzed. We analysed US and CT findings with particular attention to the location, size, and shape of calcification associated with choroidal osteoma, and sought the possible cause of the tumor, if any.

Results: None of six patients had any possible cause related to choroidal osteoma. All of seven cases of choroidal osteoma were manifested as calcified mass which were located in the posterior wall of the eyeball near the juxtapapillary region. Calcification ranged in size from 1 to 2 cm and had curvilinear shape. Both US and CT were equally useful to evaluate choroidal osteoma.

Conclusion: By depicting the characteristic calcification, US and CT are useful imaging modalities in evaluating choroidal osteoma.

Index words : Orbit, CT
Orbit, US
Orbit, neoplasms

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