

: 1 1

. 5 , 27
CT 가 가
. MR T1- , T2-
가 T1 T2-

0.16%

(Fig. 1D). 가

가 (1).

가

5.0 x 3.0 cm

(Fig.

1E).

(Fig. 1F).

27 가 5

CT

가 가

(Fig. 1A). MR

T1-

Lichenstein Bernstein

1959

가

(Fig. 1B)

가

(Fig. 1C)

가

(1, 2).

2-6

2

T1-

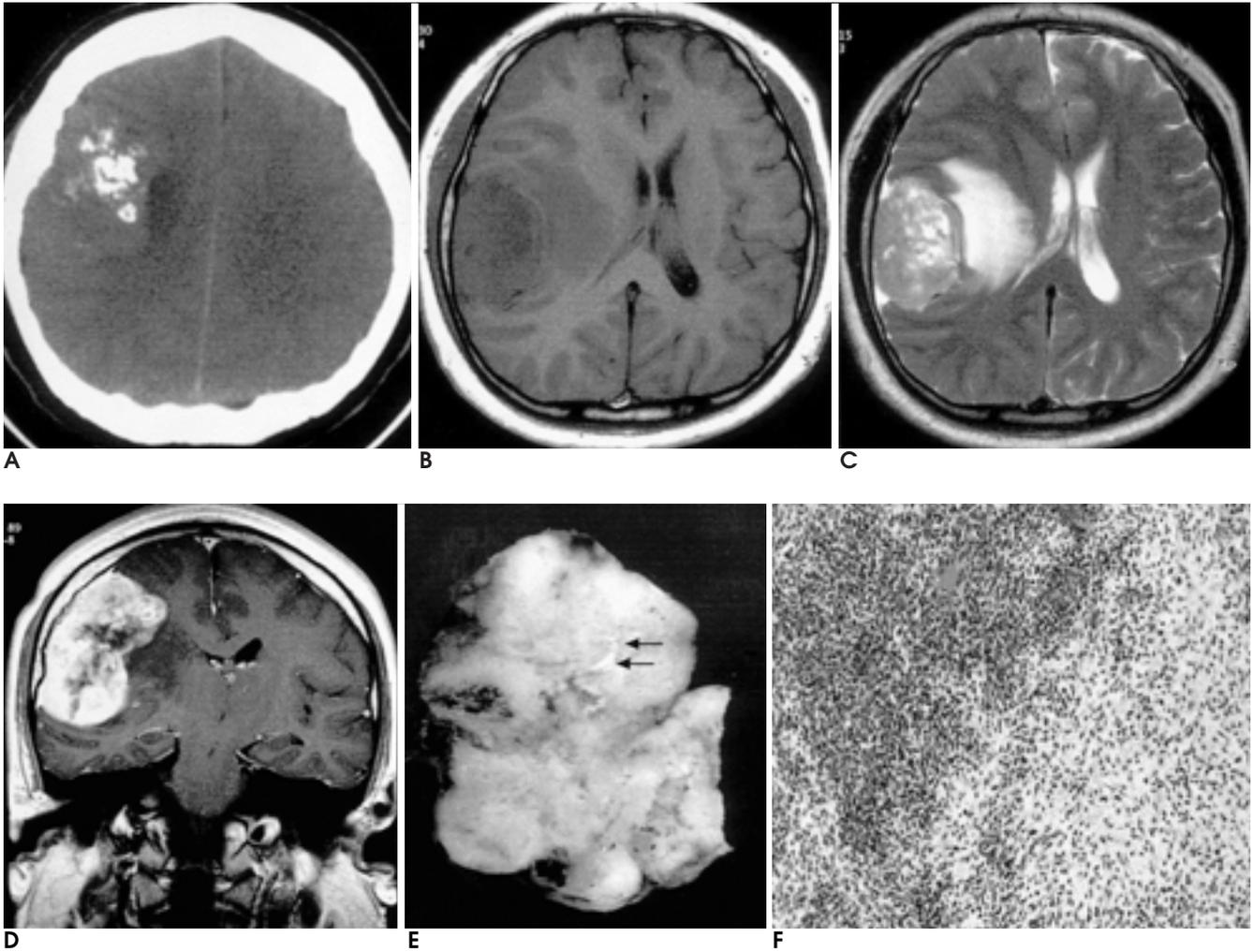


Fig. 1. Intracranial primary mesenchymal chondrosarcoma in 27-years-old male.
A. Pre-enhanced CT shows a well-marginated isodense mass with dense calcifications in right fronto-parietal convexity.
B-D. On axial T1-(B) weighted image, the mass is slightly hypointense and on axial T2-(C) weighted image, heterogeneous high signal intensity. Low signal area representing calcification within mass is seen on T1- and T2-weighted images. On contrast enhanced coronal (D) image, the mass shows heterogeneous enhancement. The mass is a lobulated, extra-axial mass with surrounding edema in right fronto-parietal convexity. Midline shifting due to mass effect is also seen.
E. Cut specimen shows grayish, white, rubbery soft tissue mass with focal calcifications representing cartilage structures (arrows).
F. Light microscopy shows both hemangiopericytoma-like proliferation (left upper) and an island of atypical chondroid. There is abrupt transition in between them (H & E stain $\times 100$).

(1 - 3).
 Dahlin Henderson
 30 가 (1).
 40
 (4, 5).
 가
 1964
 Evans
 가
 , 10 - 20
 가
 50
 가 I - III
 가
 (1, 6).

(9).

20% (10 8)

. 5 42 - 68% , 10
28 - 32% (1, 2).
가 가

CT MR

가

(5).

CT MR

CT 가

MR T2 -

, T1 -

T1 T2 -

가 (2, 3, 7, 8).

, MR CT 가

1. Bingaman KD, Alleyne CH Jr., Olson JJ. Intracranial extraskelletal mesenchymal chondrosarcoma: case report. *Neurosurgery* 2000;46: 207-211
2. Korten AG, Ter Berg HJ, Spincemaille GH, Van der Laan RT, Van der Wel AM. Intracranial chondrosarcoma: review of the literature and report of 15 cases. *J Neurol Neurosurg Psychiatry* 1998;65(1):88-92
3. Chhem RK, Bui BT, Calderon-Villar H, Fontaine, S. Case report: Primary mesenchymal chondrosarcoma of the brain. *Clin Radiol* 1992;45:422-423
4. Cho BK, Chi JK, Wang KH, Chang KH, Choi KS. Intracranial mesenchymal chondrosarcoma: A case report and literature reveiw. *Childs Nerv Syst* 1993;9:295-299
5. Scheithauer BW, Rubinstein LJ. Meningeal mesenchymal chondrosarcoma: Report of 8 cases with review of the literature. *Cancer* 1978;42:2744-2752
6. Oruckaptan HH, Berker M, Soylemezoglu F, Ozacan OE. Parafalcine chondrosarcoma: an unusual localization for a classical variant. Case report and review of the literature. *Surg Neurol* 2001;55(3):174-9
7. Marshman LA, Gunasekera L, Rose PE, Olney JS. Primary intracerebral mesenchymal chondrosarcoma with rhabdomyosarcomatous differentiation: case report and literature reveiw. *Br J Neurosurg* 2001;15(5):419-24
8. Nokes SR, Dauito R, Murtagh FR, Love LC, Arrington JA. Intracranial mesenchymal chondrosarcoma. *AJNR Am J Neuroradiol* 1987;8:1137-38
9. MR : 1998;39:625-631

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Intracranial Primary Mesenchymal Chondrosarcoma: A Case Report¹

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We report a case of dural-based intracranial primary mesenchymal chondrosarcoma, initially thought to be a meningioma. This rare tumor should be included in the differential diagnosis of an aggressive dural-based lesion occurring in a young adult.

A 27-year-old man presented with headache, nausea and vomiting, first experienced months earlier. Pre-enhanced CT revealed the presence of a well-marginated isodense mass with dense calcifications in the frontoparietal convexity, while MR images depicted a lobulated extra-axial mass with peritumoral edema. At T1-weighted imaging, the signal intensity of the mass was slightly lower than that of gray matter, while T2-weighted imaging demonstrated heterogeneous high signal intensity. Some portions of the tumor showed low signal intensity at all sequences, suggesting the presence of calcification. After the injection of contrast medium, heterogeneous enhancement was observed.

We report the radiologic findings of an intracranial primary mesenchymal chondrosarcoma, confirmed pathologically.

Index words : Chondrosarcoma
Brain neoplasms, CT
Brain neoplasms, MR

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