

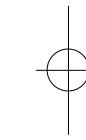
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Vol.15, No.3, July, 2002

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, steroid

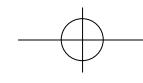


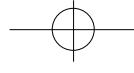
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(Neurofibromatosis) cafe-au-lait spots^{1,4)}
, 29%
, von Recklinghausen1) 50% 10%
. 41% 가 3,7,8)
2), 3,7,8), 4)
, 1
가

374-5

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(Fig.6).

43

1

,
Neurofibromatosis
,
(Fig.1),
, Patrick test
,
, ,
3X4cm
가 (Fig.2).
T1
(Fig.3A), T2
,
(Fig.3B).
(Fig.4),
(Fig.5).
,

6
가
Recklinghausen¹⁾
cafe-au-lait spot
syncytium
Brooks Lehman²⁾
Wright⁷⁾
가 29%, Hunt Pugh⁸⁾ 51%
가
Holf
Brooks Lehman²⁾
Neer⁶⁾

von
Schwann
Brooks Lehman²⁾
Holf
Brooks Lehman²⁾
가
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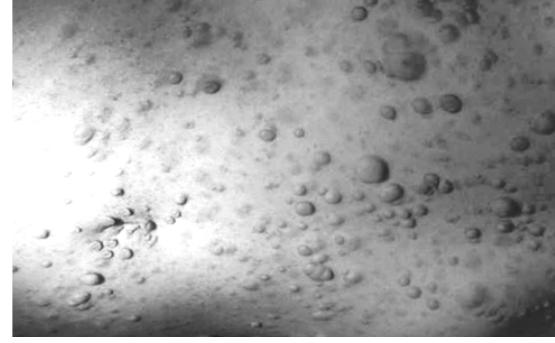
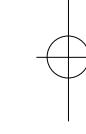
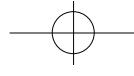


Fig. 1 Multiple cafe-au-lait spots are seen on patient's chest and abdomen

Fig. 2 Preoperative anteroposterior and lateral X-rays of the right femur demonstrates a bony cystic changes in femoral head and neck with femoral head fracture.



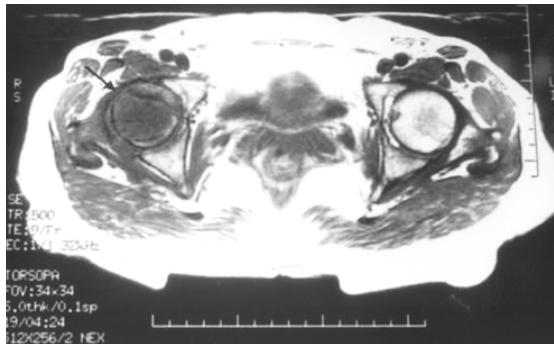
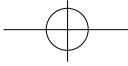


Fig. 3 Preoperative MRI shows that (A) femoral head low signal changes and acetabular abnormal change on T1-weighted image, (B) high signal changes on T2-weighted images with acetabular abnormal changes (arrows).

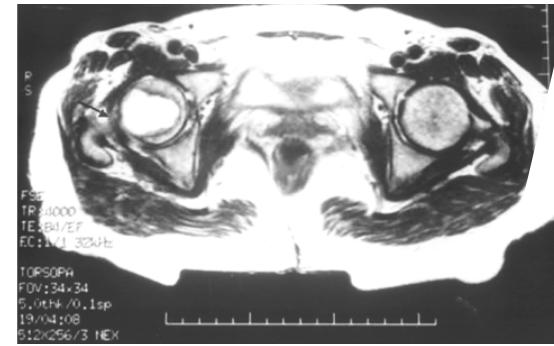


Fig. 4 Intraoperative photograph demonstrate on femoral head with simple bone cystic changes.

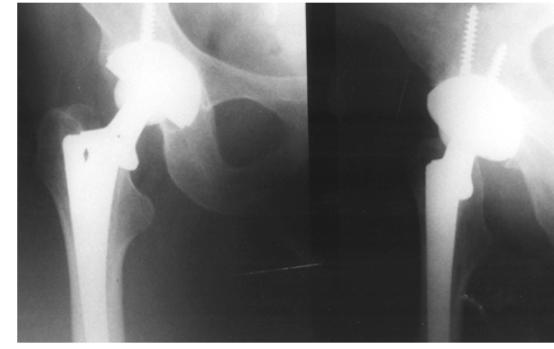
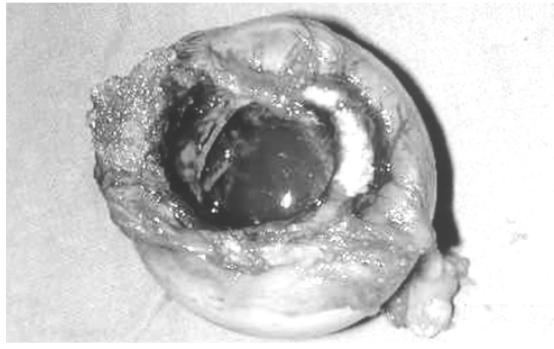
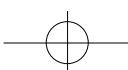


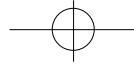
Fig. 5 Postoperative anteroposterior and lateral X-rays shows that total hip arthroplasty was done right hip jont.

Fig. 6 Pathological findings showed granulation tissue, foci of new bone formation and absorption with osteoclasts, hemosiderin deposita and scattering of inflammatory cells. (X400, H-E stain)



Fig. 5 Postoperative anteroposterior and lateral X-rays shows that total hip arthroplasty was done right hip jont.



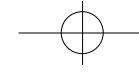
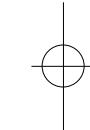


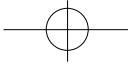
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**Abstract**

Treatment of bone cystic change with femoral head fracture in Neurofibromatosis patient

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Cystic change on femoral head and neck in neurofibromatosis patient is rare case. Scoliosis is the most common bony lesion. Others are appeared at changes of out feature in long bone shaft. Bone cyst with bone fracture are treated with non operation or external fixation, osteotomy, curettage, partial and complete excision of cyst capsule, steroid injection therapy, bone graft, internal fixation, arthroplasty. We have experienced a case of bone cystic change on femoral head and neck with femoral head fracture and acetabular lesion in neurofibromatosis patient treated with total hip arthroplasty who was acceptable result.

Key Words : Neurofibromatosis, Cystic change on femoral head and neck, Femoral head fracture, Total hip arthroplasty

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