

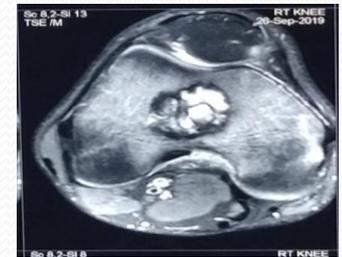
Introduction & Aim

- **A Case Of Lytic Lesion Of Distal End Femur**
- **By:- Dr. Naveen Taxak; SGT Medical college**
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- Chondroblastoma is an uncommon benign bone tumour, involving the epiphysis of long bones.
- A 18-year-old male presented with complains of pain and swelling in the right knee joint for the last one year. On clinical and radiological examination a differential diagnosis of the following benign tumors were considered chondroblastoma, Simple/Aneurysmal Bone Cyst, Epiphysial Giant Cell Tumor.

Method

- A 18-year-old male presented to us in the department of orthopaedics with the complains of pain and swelling in the right knee joint for the last one year
- Patient was apparently all right till one year back when he developed pain in right knee which was insidious in onset, dull aching , continuous , gradually progressive in nature, non radiating and pain used to get relieved on taking analgesics .He also had progressively increasing swelling and restriction of movements of the knee joint

- Clinical examination showed diffuse swelling around the knee, no synovial thickening /synovial effusion, atrophy of thigh muscles , tenderness over the anterior aspect of knee , local temperature was not raised and there was no regional lymphadenopathy.
- The knee movements were restricted and painful – range from 10° flexion to 100° flexion.
- X ray right Knee shows a well-demarcated epiphyseal lytic lesion in the distal femur antero posterior and lateral views.
- MRI showed Cystic lesion (3x2x2 cm) in lower end femur with marginal calcification and internal chondroid matrix; suggestive of chondroblastoma



Results and Conclusion

- On clinico-radiological correlation a provisional diagnosis of chondroblastoma was considered. Curettage and autologous bone grafting was done. Per operatively a boggy cavity was found in the lower end of femur with haemorrhagic mass and some solid areas

Microscopic examination revealed highly cellular tumor interspersed giant cells and few areas of amorphous pink chondroid, and also some section revealed cyst like spaces lined by thin fibrocellular septae with few giant cells, filled with hemorrhagic material.

A final histopathological diagnosis of aneurysmal bone cyst was made.

The patient was followed for one year and there were no signs and symptoms of recurrence.

