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22 , 34

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가 40 ¹⁰⁾

,
 22 34

(aggressive
 fibromatosis)

150 가 , 1
 0.1% , 2

³⁾

가

1

1 70 22 가 6
 , 78%

:

¹
 Tel : 02) 958-8742, Fax : 02) 957-0489, E-mail : damia@chollian.net



Fig. 1. Plain radiograph of the scapula shows a large, expansile osteolytic lesion along the lateral border with prominent bony trabeculae.

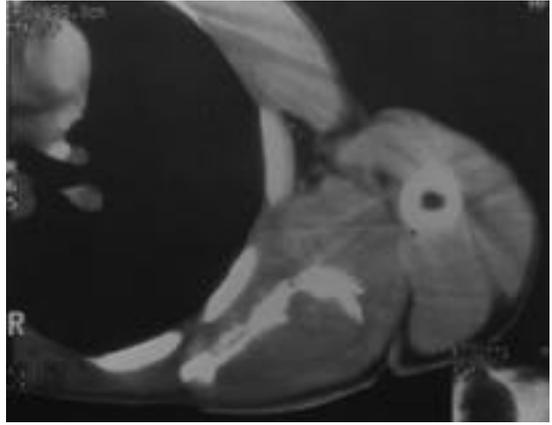


Fig. 2. CT shows cortical destruction at the anterior and posterior margins, and prominent bony trabecular formation at the lateral border. The lesion shows prominent soft tissue mass at the posterior aspect of the scapula with sharp margin.

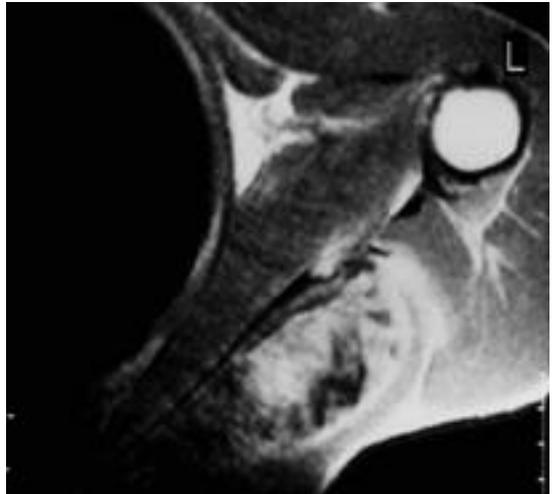


Fig. 3. T1-weighted enhanced axial image shows a large mass formation along the posterior border of the scapula with heterogeneous enhancement. Non-enhanced portion is noted at the peripheral portion of the lesion.

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 가 ,
 X-
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 가 (Fig. 1).

가
 (Fig. 2). T1

(Fig. 3).

2

34

2

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Fig. 4. Plain radiograph of the pelvis shows a large, expansile lesion at the right pubic bone with periosteal reaction of continuous type. There are multiple bony septa-like structures within the lesion.

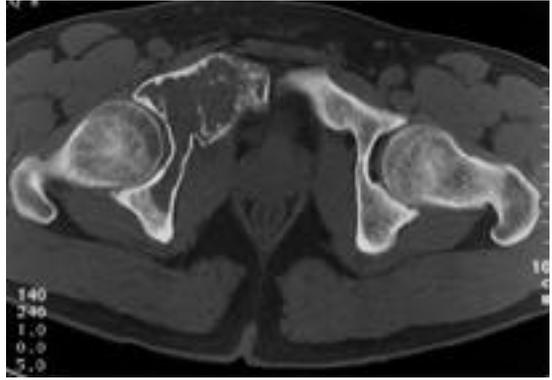


Fig. 5. CT shows low density lesion with periosteal reaction of continuous type. The matrix of the lesion shows lower density than the adjacent muscles.

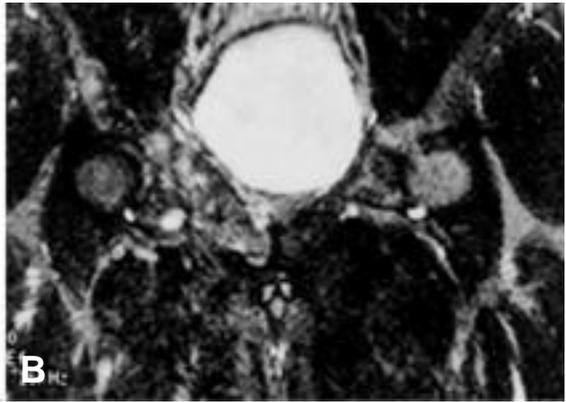
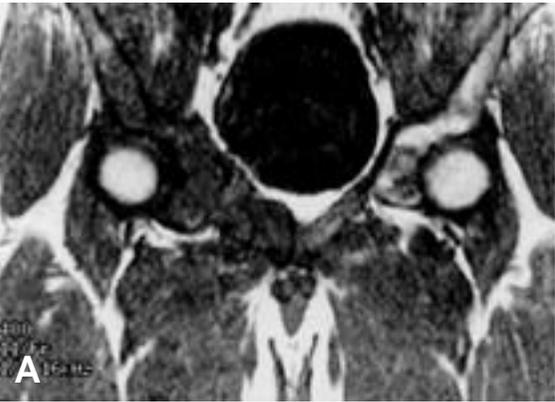


Fig. 6-A. T1-weighted coronal image shows diffuse low signal intensities.
B. T2-weighted coronal image shows heterogeneous low signal intensities, and a focal high signal area is noted at the lower portion of the lesion, indicating the cystic change.

가 가

X-

(Fig. 6B).

(Fig. 4).

가

X-

(Fig. 5).

1 2

T1

(Fig. 6A), T2

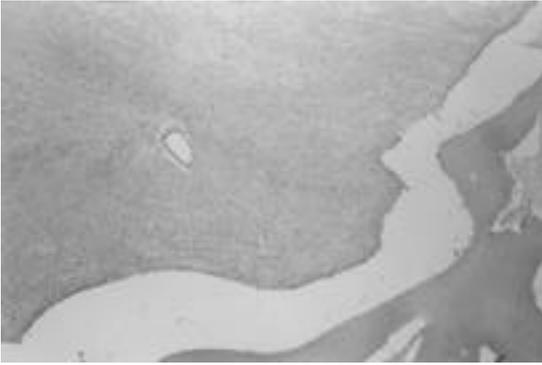


Fig. 7. The lesion shows diffuse proliferation of spindle cells and abundant collagen laydown between tumor cells. The lesion infiltrates between the trabecular bones(Hematoxylin-Eosin, × 40).

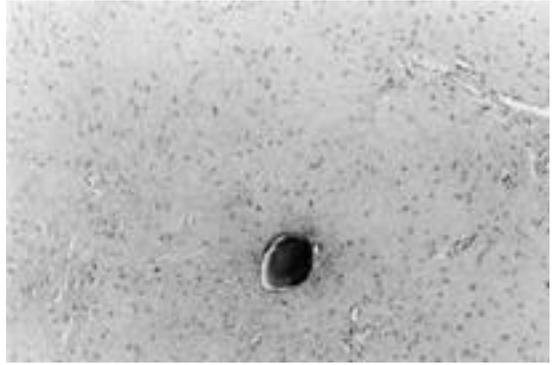


Fig. 8. Higher magnification of the lesion shows bland looking spindle shaped tumor cells with abundant collagen matrix. Also noted is a bony trabeculae(Hematoxylin-Eosin, × 200).

(Fig. 7).

(Fig. 8).

clinic
가 11087 Mayo 12
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desmoid
desmoplastic
(nonossifying fibroma),
(chondromyxoid fibroma)
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8,12)

desmoid 2)
desmoid가
7)
20 가
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1 30
가
2
desmoid
가 1:1.8
9)
가
가
5,6). Inwards 3) 26%
1984 Bertoni
1)
2 가 가

- 303,1958.
- 5) **Kown PH, Horswell BB, Gatto DJ** : Desmoplastic fibroma of the jaws: Surgical management and review of the literature. *Head and Neck* 11:67-75, 1989.
 - 6) **Makek M, Leoo GE** : Desmoplastic fibroma of the mandible: Literature review and report of three cases. *J Oral Maxillofac Surg* 44:385-391, 1986.
 - 7) **Mirra JM** : Desmoid tumor of bone(desmoplastic fibroma or “aggressive fibromatosis”). In Mirra JM, ed. Bone tumors: clinical, radiologic and pathologic correlation. Vol. 1. Philadelphia, Lea & Febiger: 735-747, 1989.
 - 8) **Rabhan WN, Rosai J** : Desmoplastic fibroma: Report of ten cases and review of the literature. *J Bone Joint Surg*, 50-A:487-502, 1968.
 - 9) **Rock MG, Pritchard DJ, Reiman HM, Soule EH, Brewster RC** : Extraabdominal desmoid tumors. *J Bone Joint Surg*, 66-A:1369-1374, 1984.
 - 10) **Sugiura I** : Desmoplastic fibroma. Case report and review of the literature. *J Bone Joint Surg*, 58-A:126-130, 1976.
 - 11) **Unni KK** : Dahlin’s bone tumors. General aspects and data on 11,087 cases, 5th ed. Philadelphia, Lippincott-Raven, 206,1996.
 - 12) **Whitesides TE Jr, Ackerman LV** : Desmoplastic fibroma: A report of three cases. *J Bone Joint Surg*, 42-A:1143-1150, 1960.

Abstract

Desmoplastic Fibroma - 2 Cases Report -

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Desmoplastic fibroma is a rare primary tumor of bone that histologically and biologically mimics the extra-abdominal desmoid tumor of soft tissue. This report is dealt with two cases of desmoplastic fibroma occurring in a 22-year-old male, scapular lesion and 34-year-old male, pubic lesion. Radiologically, the tumors were lucent and expansile lesions. Histologically, they contained slender spindle cells and various amounts of collagen fibers. Radical excision was done on both cases and no recurrence was reported. Because of its rarity, we report two cases of desmoplastic fibroma.

Key Words : Scapula, Pubis, Demosplastic fibroma

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