

# steroid

- -

. . .



, , , 가 , ,  
17 steroid  
3 2 가 11 가 가  
, 가 , T2  
, 2 8  
.  
: , , , Steroid



(osteolytic)

(Fig.1.).

17 가 1 , T1 (A)  
, T2 (B)

(Fig.2.).

, 가 , 가 , ,

:

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2002

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가 (Fig.3.).

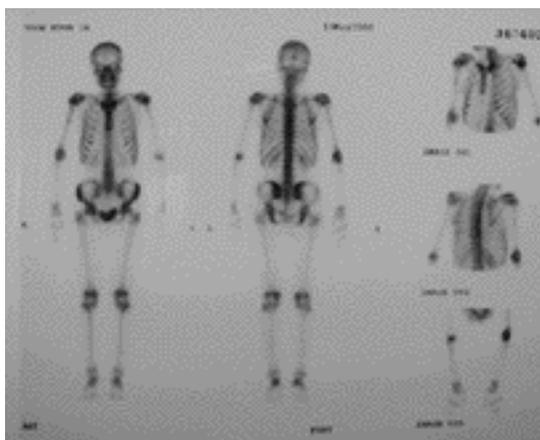


**Fig. 1.** Initial anteroposterior and lateral radiography of right humerus shows relatively well margined osteolytic lesions on proximal, distal and shaft of humerus, and cortical thinning.

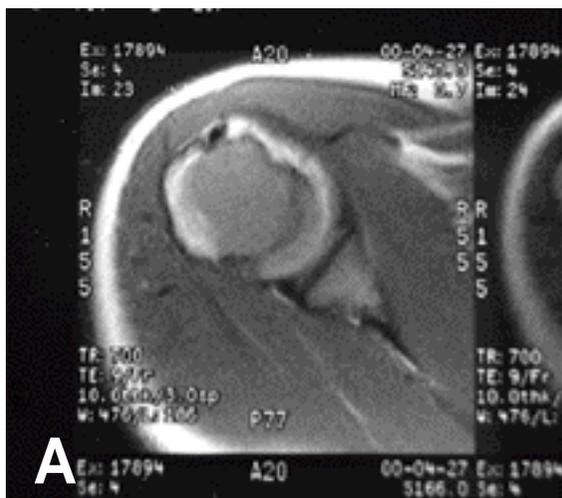
(woven bone) ,  
가 'C' 'S'  
'chinese letter appearance'  
(Fig.4.). 8

(Fig.5.).

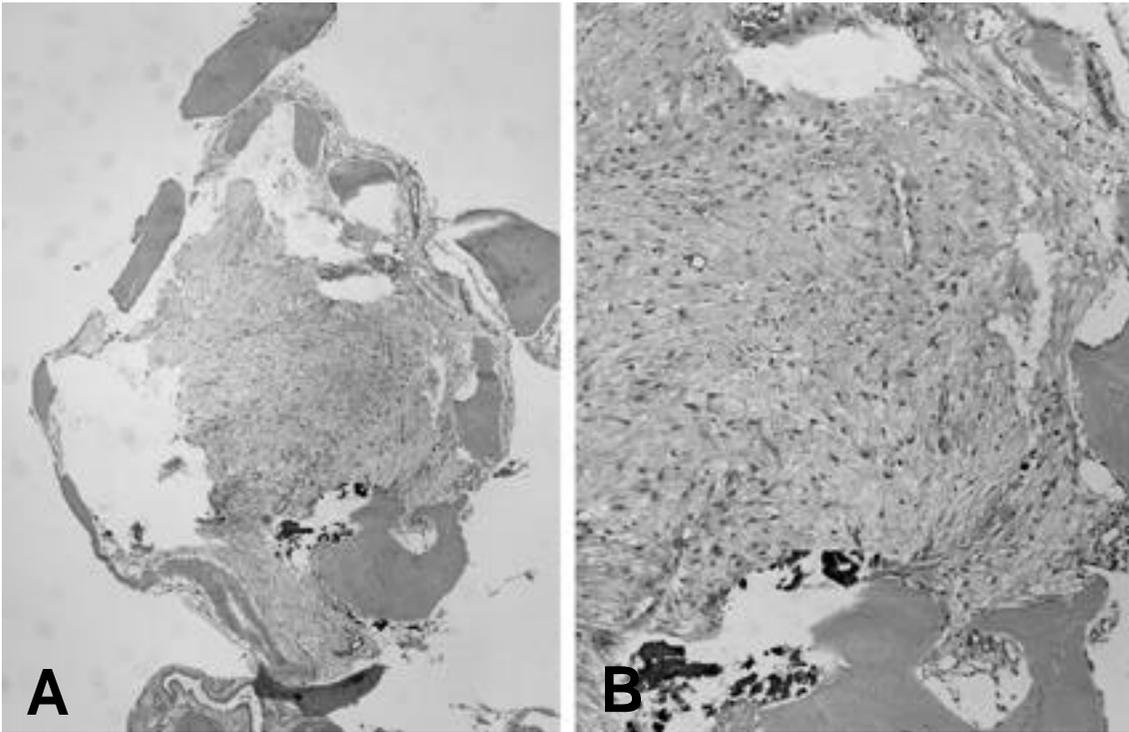
, 80 mg, 60 mg, 60 mg  
(methylprednisolone acetate, Depo-  
medrol) .



**Fig. 3.** Whole body bone scan shows irregular increased at both shoulder, elbow, knee, and ankle joints.



**Fig. 2. A-B.** Initial MRI of right humerus shows well defined round lesion at proximal humerus with the signal intensity of low in T1(A), and high in T2(B)



**Fig. 4.** The lesion tissue is composed of curvilinear trabeculae of woven bone surrounded by a moderately cellular fibroblastic proliferation. The shapes of the trabeculae mimic 'chinese letters'. (Hematoxyline and Eosin stain. A.  $\times 40$ , B.  $\times 100$ ).

3 mg 240 mg 11 60 .

가 1932 Weil<sup>1)</sup>, 1937 Albright<sup>2)</sup>, 1942 Albright Lichtenstein<sup>3)</sup> . Lichtenstein<sup>3)</sup> 3 group (monostotic), (polyostotic), 가 Albright's disease .

(Fig.6.) 가 T1(A) Lichtenstein<sup>3)</sup> (mesenchymal cell)

T2(B) , T2 가 가

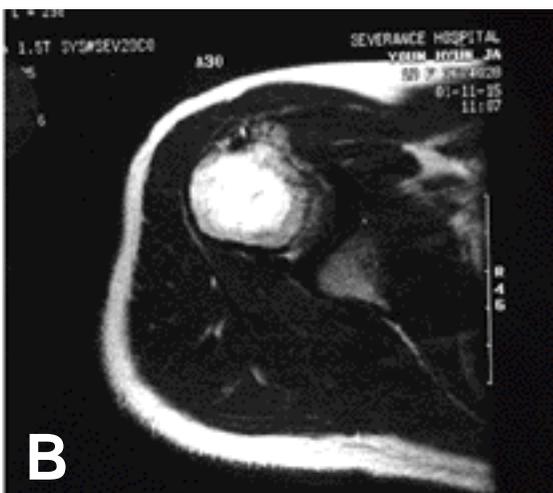
(Fig.7.)



**Fig. 5.** Anteroposterior and lateral radiography of 8 months later shows more prominent osteolytic lesions on proximal and shaft of humerus.



**Fig. 6.** Anteroposterior and lateral radiography of right humerus 11 months after first steroid injection shows that the size of lesion was decreased in proximal and shaft of hmerus, and the bone density was increased. Cortex thickening was noted in shaft and distal humerus.



**Fig. 7.** MRI of 11 months after first steroid injection shows that the size of lesion was decreased in T1(A) and T2(B), and the signal intensity was somewhat decreased and like to normal bone marrow signal intensity in T2(B).

30 , 45%

Berliner <sup>9)</sup> in vitro 가  
 (fibroblast)  
 , Scaglietti <sup>8)</sup> (con-  
 nective tissue lining)  
 Schlumberger <sup>4)</sup> (osteogenic repair)

Scaglietti <sup>8)</sup> (: methylpred-  
 nisolone acetate, Depomedrol )  
 (ground glass) 80~120 mg , 2~3

(woven bone)  
 가 T1 , T2  
 'S' 'chinese letter appear-  
 ance)

(curet- 80  
 tage) (bone graft), (excision) mg, 60 mg, 60 mg  
 (coxa vara) 가

3  
 가 <sup>5)</sup> 60 mg 240 mg  
 (40%) (71%) 가 11  
 가 가 가 ,

<sup>6)</sup> 가 가 가 ,  
 Kitch <sup>7)</sup> 1 , T1 T2 가  
 가 , T2  
 가  
 , Kitch  
 2 8 가

가

Scaglietti <sup>8)</sup> (simple bone  
 cyst) (aneurysmal  
 bone cyst), (eosinophilic granulo-  
 ma), (nonossifying fibroma)  
 55%

가 가 ,  
 10) 가 ,  
 가 ,  
 가 .

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**Abstract****The effect of steroid for fibrous dysplasia of the humerus combined with multiple cystic lesion**

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Fibrous dysplasia is a benign pathologic condition in which the normal cancellous bone is replaced by the fibro-osseous tissue. It is found mostly in the femur, tibia, skull, rib, and humerus. Clinically it may develop pain, progressive deformity, and pathologic fracture. Curettage with bone graft has been the most popular treatment method these days. A 17-year-old female who had fibrous dysplasia of the humerus combined with multiple cystic lesion was treated by intralesional steroid injection into the lesion total 2 times. The follow-up plain X-ray which was taken 11 months after steroid injection reveals decrease in size and increase in bone density and cortex thickness. The follow-up MRI reveals significant decrease in size and signal intensity. The signal intensity was decreased to that of normal

bone marrow in T2 weighted image. She complains no pain and lives symptom free in last follow-up at 2 years and 8 months after steroid injection.

**Key Words :** Humerus, Fibrous dysplasia, Cystic lesion, Steroid

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