

, T2 (CRP) 가

가 (Fig. 1B). (Fig. 2C),

가 가 (osteoblastic osteosarcoma)

(ESR) C- (CRP) 가

3. 3

15

(Fig. 1C)

(Fig. 3A)

2

. 5

(Fig. 3B)

(large cell

T1

lymphoma)

, T2

3

2. 2

(Fig. 3C).

(osteoblastic osteosarcoma)

15

ma)

2

MRI

(Fig. 2A)

(Fig. 2B)

가

(pasteuriza

(Autograft-pros

tion) 가 -
thetic composite)

(Fig. 3D).

3

가 4. 4

(ESR) C-

14

2

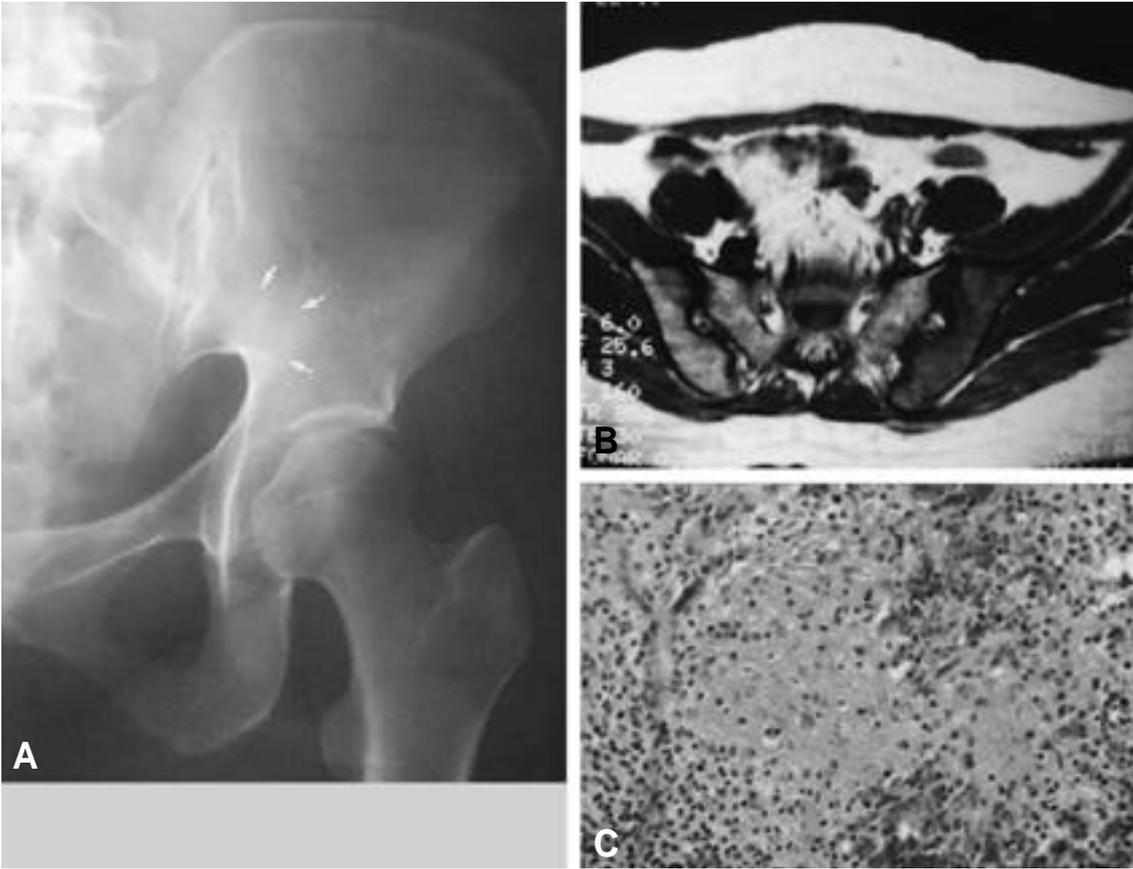


Fig. 1. 34 year-old female patient with left buttock pain for a month.

A: Anteroposterior radiograph showing bony erosion on left pelvic bone.

B: T1 weighted axial MRI showing low signal intensity lesion.

C: Photomicrograph of the lesion demonstrating focal granulomatous inflammation (H-E stain x200).

4A) T1 (Fig. 4B) ple small round cell (Ewing sarcoma) (Fig. 4D)

1,2

1

1,2,3 (Fig. 4C)

가 (multi



Fig. 2. 15 year-old girl with left hip pain for 2 month.

A: Hip anteroposterior radiograph showing sclerotic lesion on inferior portion of left femur neck.

B: T1 weighted coronal MRI showing low signal intensity lesion on left femur neck area.

C: Plain radiograph taken 3 month after operation showing cortical erosion and radiolucent lesion on femur neck area.

가 . 가 . 가 . 가 .
 가 . 가 . 가 . 가 .
 가 가 7), 가 .
 가 가 가 가
 가 1,2,6,7), 가 . 가 가
 (mass) , 가 , biphosphate 가 가
 가 3,4).

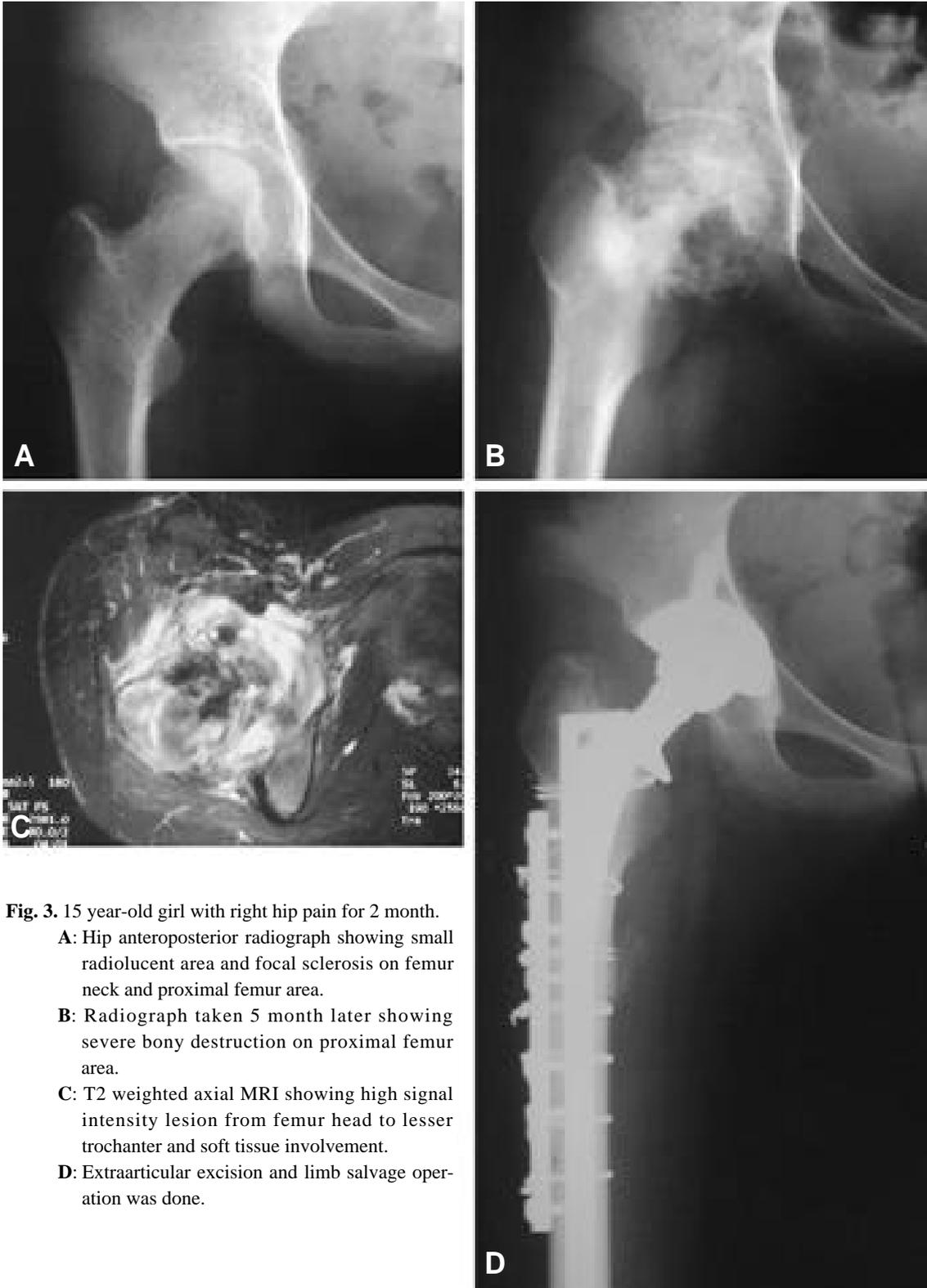


Fig. 3. 15 year-old girl with right hip pain for 2 month.
A: Hip anteroposterior radiograph showing small radiolucent area and focal sclerosis on femur neck and proximal femur area.
B: Radiograph taken 5 month later showing severe bony destruction on proximal femur area.
C: T2 weighted axial MRI showing high signal intensity lesion from femur head to lesser trochanter and soft tissue involvement.
D: Extraarticular excision and limb salvage operation was done.



Fig. 4. 14 year-old boy with low back and left hip pain for 2 month.

- A:** Hip anteroposterior radiograph showing no abnormal findings.
- B:** T1 weighted axial MRI showing low signal intensity mass and wall enhancement.
- C:** Follow up T1 weighted axial MRI showing low signal intensity lesion with bony destruction and mass bulging to around soft tissue.
- D:** Follow up T2 weighted axial MRI after 2 year follow up showing decreased size in tumor mass and soft tissue involvement.



가
 , 가
 .
 가 , 가
 5).
 가

**Malignant Tumor Mistaken for Infection or Stress Fracture
- 4 cases report -**

Chung-Soo Han, M.D., Young-Ho Lee, M.D., Jeong-Han Ha, M.D.

*Department of Orthopaedic Surgery, School of Medicine,
Kyung Hee University, Seoul, Korea*

Clinical outcome of malignant tumor heavily depends on early diagnosis and proper management of the patient. But it's very difficult to diagnose malignant tumor in early stage because of its vague symptoms and inadequate evidences of malignancy in radiologic studies and biopsy. Malignant tumor mistaken for infection or fracture initially will undergo inadequate treatment and that will influence on its prognosis. So it's very important to rule out the possibility of malignancy by repeated evaluation if its diagnosis is not definite. We report 1 case of osteosarcoma initially mistaken for stress fracture and 3 cases of osteosarcoma, malignant lymphoma and Ewing's sarcoma initially mistaken for tuberculosis and review the literature.

Key Words: Malignant tumor, Infection, Fracture

Address reprint requests to

Chung-Soo Han, M.D.
Department of Orthopaedic Surgery, School of Medicine, Kyunghee University
#1 Hoegi-dong, Dongdaemun-gu, Seoul 130-702, Korea
TEL : 82-2-958-8346, FAX : 82-2-964-3865, E-mail : cshan@netsgo.com