:

0.3% 52 3×5 cm 가 가 가 (Fig. 1). 가 가 MRI (1.5×2×4.5 cm)가 52 T1 10 가 가가 1

 $\label{eq:co.kr} \textbf{Tel: 033) 252-9970}, \quad \textbf{Fax: 033) 252-9875}, \quad \textbf{E-mail: Totalhip@unitel.co.kr}$

153

105

(Fig. 2). T2



Fig. 1. Plain anteroposterior radiograph of the left tibia shows a "sunray-spicule" appearance surrounded by a radiolucent mass.

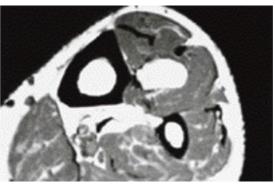


Fig. 2. A transaxial T1-weighted MR image (TR/TE 450/13) showed that the signal intensity of the lipomatous component was identical to that of subcutaneous fat. A low signal intensity rim surrounds the fatty component on the T1-weighted image. There is no discernible abnormality of cortex of the tibia and no communition between the medullary cannal of the tibia and the mass.



Fig. 3. A well-defined pale pinkish mass lay to the medial side of the tibialis anterior.

(Fig. 3). (Fig. 5). 14

0.3% , (Fig. 4). 5).

(lobule) , (, , ,



Fig. 4. Grossly, the mass showed well-defined outer surface, the pale pinkish tissue compromising outer surface of the tumor.

1.7.9) 가 가

7; 5) 5)

(osseous bowing)

2/3



Fig. 5. Microscopically the lesion was similar in structure to a benign lipoma and consisted of mature adipose tissue.

And it showed the thin shell of trabecular-type bone. (H & E stain, x100).

. MRI (bone excres-

cences)
4,10). T1
. , T2

MRI 가 Murrpheŷ⁾

가 , (hyaline cartilage) 가 , T1 , T2 . 가 T1

T2 , フト ^{5,10)}, フト ⁵⁾.

가

- 1
 - 5) Krajewska I, Vernon-Roberts B and Sorby-Adams G: Parosteal lipoma. *Pathology* 1988;Apr;20(2): 179-83.

1994;162:105-10.

Radiol. 1999;9(9):1810-2.

6) Leffert R: Lipomas of the upper extremity. *J Bone Joint Surg.* 1972;54A:1262-6.

4) Kim JY, Jung SL, Park YH, Park SH and Kang YK: Parosteal lipoma with hyperostosis. *Eur*

- 7) **Moon M and Marmor L**: Parosteal lipoma of the proximal part of the radius. *J Bone Joint Surg*. 1964: 464:608-14
- 1964; 46A:608-14.
 8) Murphy MD, Johnson DL and Bhatia PS et al: Parosteal lipoma: MR imaging charachteristics *AJR*.
- 9) **Richmond DA**: Lipoma causing a posterior interosseous nerve lesion. *J Bone Joint Surg*. 1953; 35B:83.
- 10) Yu JS, Weis L and Becker W: MR imaging of a parosteal lipoma. Clin Imaging. 2000 Jan-Feb;24(10):15-8.

REFERENCES

5).

- Fairbank HAT: Parosteal lipoma. J Bone Joint Surg. 1953; 35B:589.
- 2) Fleming R, Alpert M and Garcia A: Parosteal lipoma. Am J Roentgenol 1962; 87; 1075-84 (cited from Yamamoto T, Marui T, Mizuno K: Parosteal lipoma of the distal phalanx: a case report and review of the literature. *Clin Orthop*. 2000 Aug;(389)181-4).
- 3) **Kenin A, Levine J and Spinner M**: Parosteal lipoma. Report of 2cases with associated bone changes.

Abstract

Parosteal Lipoma with Hyperostosis of the Tibia - A Case Report -

Sang-Soo Lee, M.D., Young-Hyun Lee, M.D.*, Young-Gone Youn, M.D.*, Tae-Kyung Yun, M.D., Yong-Wook Park, M.D., Do-Young Kim, M.D.

Department of Orthopedic Surgery, Hallym University College of Medicine, Chuncheon; Department of Orthopedic Surgery, Pohang St. Mary 's Hospital, Pohang, Korea*

The parosteal lipoma is a very rare benign neoplasm of adipose tissue having an intimate relationship to the periosteum. The parosteal lipomas comprise only 0.3% of all lipomas. We have experienced a parosteal lipoma with hyperostosis of the left tibia, in 52 years old male.

We report a case of parosteal lipoma and its clinical feature with review of the literature.

Key Words: Parosteal lipoma

Address reprint requests to

Sang-Soo Lee, M.D. Department of Orthopaedic Surgery, Hallym University Hospital 135 Gyo-dong, Chuncheon-si, Gangwon-do, 200-704, Korea

TEL: 82-33-252-9970, FAX: 82-33-252-9875, E-mail: Totalhip@unitel.co.kr