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20 30 가 27 2 1
20% , (Fig. 1). MRI T1WI
27 1 가 1
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2 (Fig. 2A-B).
1

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(Fig. 3).

7

(Fig. 4),

8

(Fig. 5).

k-

24

(Fig. 6),

1%

2.5)

20 ~ 30



Fig. 1. A initial radiograph shows lobulated osteolytic lesion with cortical thinning.

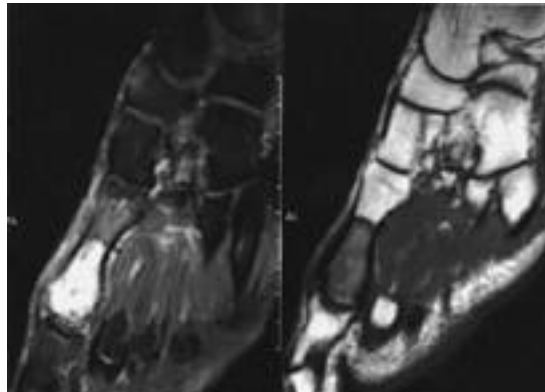


Fig. 2. MRI shows homogeneous low signal intensity in T1WI(Right) and heterogeneous high signal intensity in T2WI(Left).

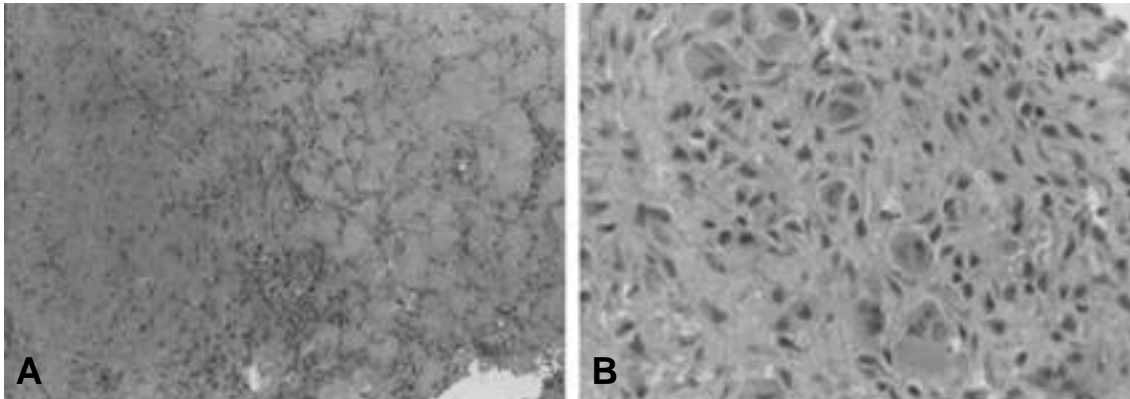


Fig. 3. (A) Low-power photomicrograph shows pseudolobulation with focal high cellularity and hyaline and myxoid stroma(H&E, x100), (B) High-power photograph showed plump, oval, mononuclear cells representing chondroblasts with multinucleated giant cells(H&E, x400).



Fig. 4. The duration from the operation was 7months. A small lobulated, osteolytic lesion with cortical thinning in first distal metacarpal bone.



Fig. 5. Cancellous bone graft from the iliac crest and 4 K-wire fixation were performed.

가 (40%) 2,3,4)

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Ewing 11)

80% 1,6,7)

가 1983 Ghelinzoni

80%

7%

가 Rahimi et al⁸⁾

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24

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가 1

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2

가가



Fig. 6. Radiographies taken 2 years after the initial operation show complete union both proximal and distal end of graft site without recurrence.

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**Chondromyxoid Fibroma of the First Metatarsal
- A Case Recurred after Curettage and Bone Graft -**

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Chondromyxoid fibroma is a benign tumor in adolescents and young adults. The most common location of the tumor is the proximal one-third of the tibia. Chondromyxoid fibroma accounts for less than 1% of all bony neoplasms and foot is affected in about 20% of all cases.

The authors have described a case of chondromyxoid fibroma of the first metatarsal which had been recurred 7 months after curettage and iliac bone graft. En bloc resection and reconstruction of the metatarsal with autogenous iliac bone graft were performed. The results were satisfactory and the patient was free of local recurrence at two years follow-up.

Key Words: Metatarsal bone, Chondromyxoid fibroma

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