

- 1 -

, *

* .

1983 Nora 가 가
가 가
14
가 4x3 cm 가 ,
가
:

^{5,7)} Nora

(Bizarre parosteal
osteochondromatous proliferation)

가 가 , ,
1983 Nora ⁶⁾ 14
Nora . Nora
35 가

:

40-12

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14

2
가 가

2

가

가 4×3 cm

가

가

가

(Fig. 1).

T2

. Gadolinium

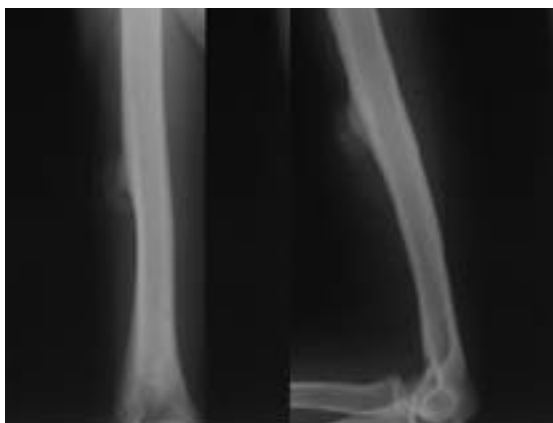


Fig. 1. Anteroposterior and lateral radiographs of the right humerus showing broadly based osseous excrescence in the humeral shaft. Definable plane separated from underlying cortex is also seen.

2).

(Fig.

(Fig. 3).

가

(Fig. 4).

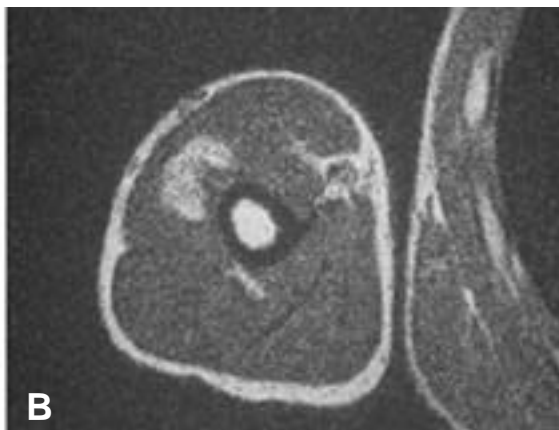
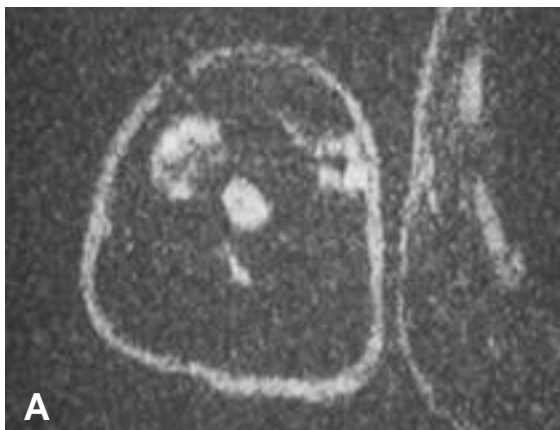


Fig. 2. (A) Axial image showing high T2 weighted signals suggests a tumor of hyaline cartilage origin. (B) After gadolinium-enhancement of axial image demonstrates enhancement of the mass. There is no connection between the medullary canal and the lesion.

(12
) (cortical
 flaring)
 6,8)
 (Biarre parosteal
 osteochondromatous proliferation)
 가
 25%
 5,6)
 2)
 가 1)
 1)
 (parosteal osteosarcoma),
 (heterotopic chondro-ossification),
 20 30
 (myositis ossificans), (reactive
 1/4 periostitis) 1,5,8)
 5,7)
 가 가
 가 5)
 가 가 2)
 가 가

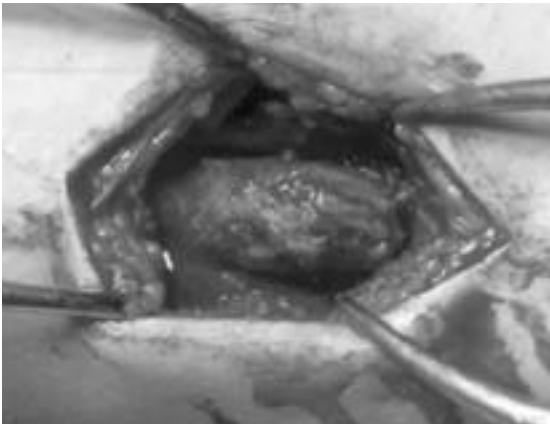


Fig. 3. Intraoperative findings showing a calcified mass without connection to adjacent soft tissue, firmly attached to the surface of the medial cortex.

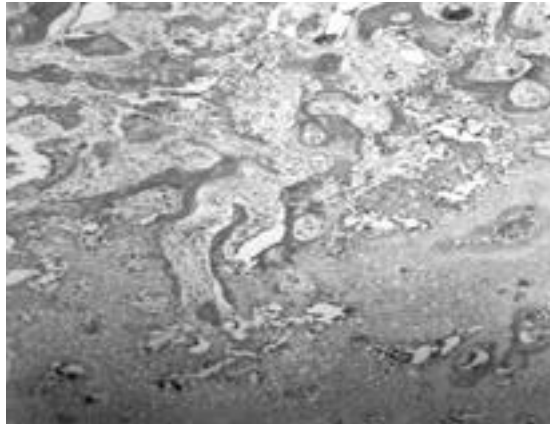


Fig. 4. Histologic features of hypercellular cartilage with maturation to trabecular bone, a process of enchondral ossification. The hypercellular cartilage shows enlarged nuclei, and the blue tinctorial quality is noted in the interface of cartilage and the trabecular bone. Spindle cell stroma without cytological atypia is also found (H&E, × 100).

Abstract

**Bizzare Parosteal Osteochondromatous Proliferation
(Nora's lesion) which affects Humeral Shaft
-A Case Report-**

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Bizzare parosteal osteochondromatous proliferation is a rare lesion, tends to frequently recur. It was first described in 1983, when Nora and his colleagues reported 35 examples of a proliferative lesion involving small bones of the hand and the feet. It was regarded as occurring only in the small bones of the hand and the feet initially, but from then on, other authors have been reported cases including those involving long bones, skull and maxilla. We experienced a case of bizzare parosteal osteochondromatous proliferation which affects the humeral shaft in a 14-year-old male patient. Radiographs showed calcified mass measuring 4 × 3 cm in size and attached to the underlying cortex, which had a broad stalk base. Histologically, it showed hypercellular cartilage maturation to the trabecular bone and plump amount of fibrous stroma in the spaces around the bony trabeculae. Bizzare parosteal osteochondromatous proliferation is a relatively rare lesion, but has a recurrent behavior and histologically tends to be mistaken for malignancy. It can be treated by excision.

Key Words: Humerus, Bizzare parosteal osteochondromatous proliferation

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