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* .

1983 Nora 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

Tel: 02) 966-1616, Fax: 02) 968-2394, E-mail: kktkimos@hanmail.net

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

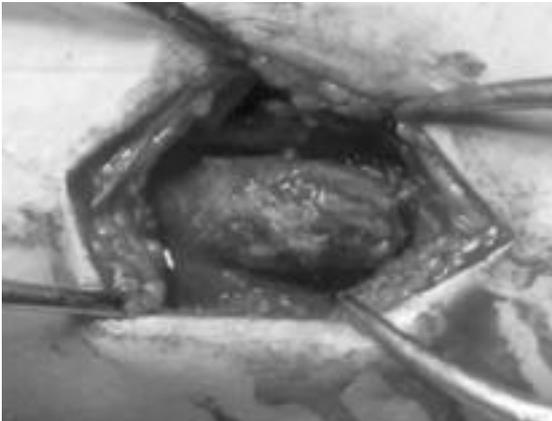


Fig. 3. Intraoperative findings showing a calcified mass without connection to adjacent soft tissue, firmly attached to the surface of the medial cortex.

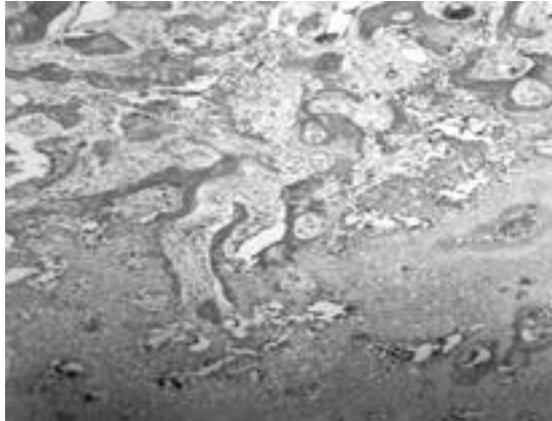


Fig. 4. Histologic features of hypercellular cartilage with maturation to trabecular bone, a process of enchondral ossification. The hypercellular cartilage shows enlarged nuclei, and the blue tinctorial quality is noted in the interface of cartilage and the trabecular bone. Spindle cell stroma without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

Abstract

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

**Kyung Tae Kim, M.D., Song Lee, M.D., Jin Hak Kim, M.D.,
Mi Kyung Ji, M.D.*, Joon Seong Park, M.D., Kwan Young Park, M.D.**

Department of Orthopedic Surgery and Pathology, Seoul Sacred Heart General Hospital, Seoul, Korea

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

Address reprint requests to

Kyung Tae Kim, M.D.

Department of Orthopedic Surgery, Seoul Sacred Heart General Hospital

40-12 Chungryangri-dong, Dongdaemoon-gu, Seoul 130-011, Korea

TEL: 82-2-966-1616, Fax: 82-2-968-2394, E-mail: kktkimos@hanmail.net