

- 1 -

가 가 , 10%

1

:

10% 62 가 2

Dahlin Beabout¹⁾

가 가 (Fig. 1A).

MRI T1WI

T2WI

1 가

가

(Fig. 1B).

:

215-4

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가 (anaplastic) (polymorphous)
 , (nuclear) (Fig. 5).
 atypism) (Fig. 2).
 (conventional) (Fig. 6).
 Enneking IA
 Ender 17 ~ 22%
 (Fig. 3).
 7 가 5
 50% 7).
 10%
 (Fig. 4A), MRI MRI T1WI 가
 T2WI 5 10%
 (Fig. 4B), 5,7).
 Jaffe⁸⁾ 1958 (anaplastic)

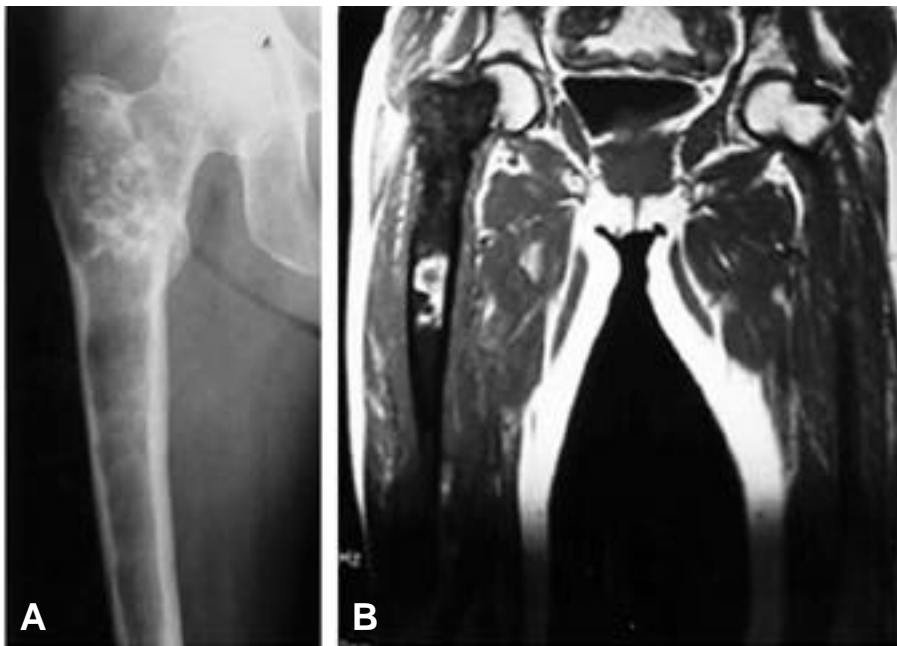


Fig. 1. (A) Plain radiograph shows osteolytic lesion in proximal femur with amorphous calcification in femoral neck and intertrochanteric area. (B) MRI (T1 enhanced sagittal image) shows low SI on T1WI, high SI on T2WI and heterogenous enhancement and non-enhancing components suggesting chondroid or myxoid materials. No extra-medullary mass lesions or cortical disruption are seen.

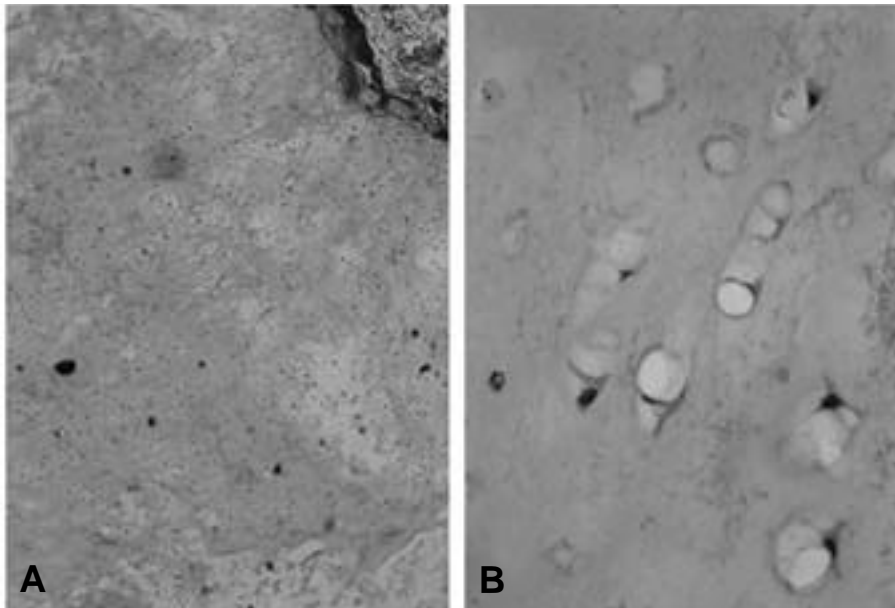


Fig. 2. Microscopically, this lesion shows low grade chondroid lesion with well-differentiated hyaline cartilage matrix and partial enchondral ossification. but there are no malignant osteoid or nuclear atypism. (A) HE stain $\times 40$, (B) HE stain $\times 400$



Fig. 3. Extensive curettage and internal fixation with Ender nails with bone cementation was done. (A) AP view, (B) Lateral view

change) , Dahlin 1986 , Frassica ⁵⁾ Mayo clinic
Beabout⁴⁾ 1971 33 713 78 (11%)
가 ,

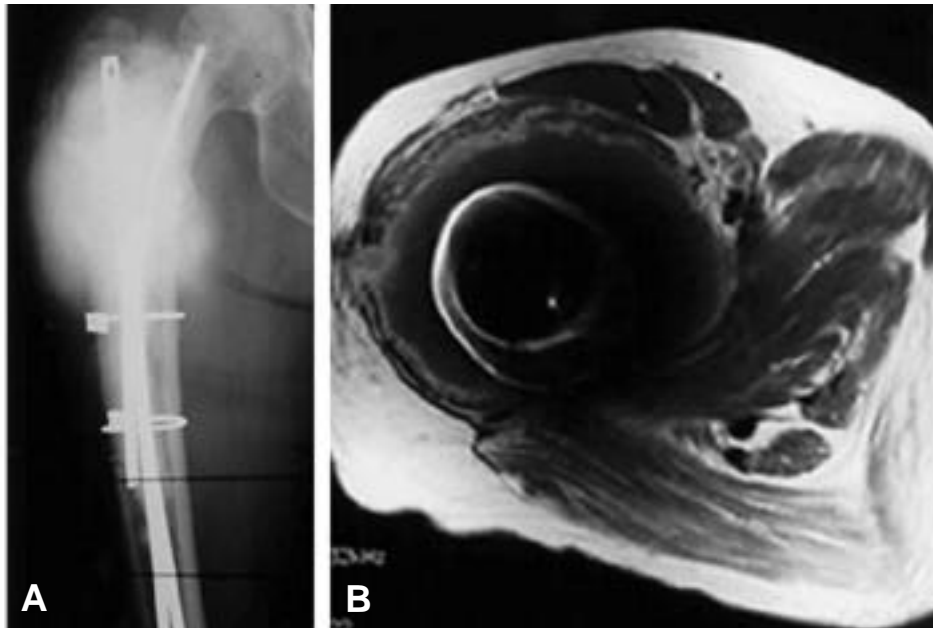


Fig. 4. Plain radiograph and MRI show osteoblastic mass in meta-diaphysis of Right. proximal femur with soft tissue extension.

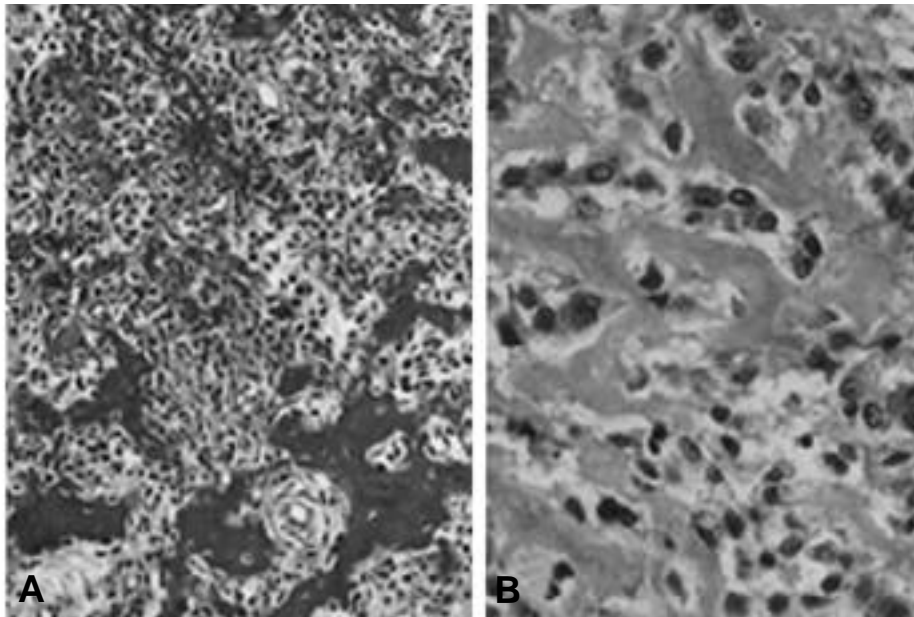


Fig. 5. Microscopically, this lesion shows osteosarcomatous differentiation with abundant osteoid. (A) HE stain $\times 40$, (B) HE stain $\times 400$

54%, 42%, 3%, 1% 가 가

86%, 14% 54.6 (19 ~ 82), 5 10.5% 16% 가 가

(geographic) 10% 가

(permeative) 가

(bipha 가 가

2,4,5) (radical) (wide)

4,5,6) Frassica 4) 50%

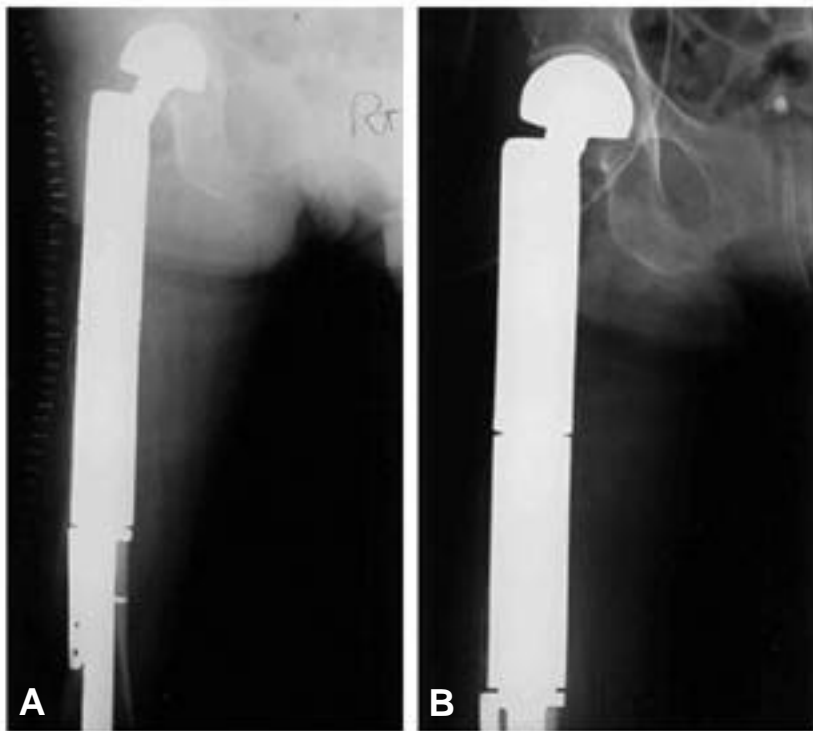


Fig. 6. Wide excision and reconstruction with tumor prosthesis (Howmedica, proximal femur modular resection system) was done. (A) AP view, (B) Lateral view

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Abstract

Dedifferentiated Chondrosarcoma from Low Grade Chondrosarcoma

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Dedifferentiated chondrosarcoma is a most highly malignant variant of chondrosarcoma and approximately 10% of chondrosarcomas dedifferentiated into more anaplastic lesions. In addition to the surgical treatment, adjuvant chemotherapy or radiation therapy has been used but with little success. Thus, the primary treatment remains wide excision and chemotherapy or radiation therapy can be used for palliation. This article shows the case of a dedifferentiated chondrosarcoma occurring in proximal femur after conservative surgical treatment of a low grade chondrosarcoma.

Key Words: Dedifferentiated Chondrosarcoma, Osteosarcoma

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