

DİZDE SİNOVİYAL KONDROMATOSİZ (Olgu Bildirisi)

SYNOVIAL CHONDROMATOSIS OF THE KNEE: A CASE REPORT

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Özet

Eklem dışı sinoviyal kondromalar nadir görülen benign tümörlerdir. Düz radyografi, ultrasonografi ve manyetik rezonans görüntüleme bu hastalığın tanısında önemlidir.

Anahtar kelimeler: Kondromatosiz, Diz, Tümör

Summary

Extraarticular synovial chondromas are rare benign tumors. The plain radiograph, ultrasonography and magnetic resonance imaging may aid in the diagnosis of this disease.

Key words: Chondromatosis, Knee, Tumor

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Introduction

Synovial chondromatosis is also known osteochondromatosis. This disease is an uncommon condition, mono-articular disorder of unknown etiology, benign, consisting of synovial metaplasia and hyperplasia (1). The present case was of interest, because it was extraarticular synovial chondromatosis.

Case Report

A 45-year-old man presented with progressively increasing pain and swelling of the left knee. He had progressive difficulty walking and pain in his knee for approximately 10 years. Physical examination during admission revealed apparent

joint effusion and a mass in popliteal region. Diagnostic imaging studies included plain radiograph of the knee, ultrasonography (US) and magnetic resonance imaging (MRI). The plain radiograph showed multiple calcified or ossified bodies in the popliteal region and radiopaque bodies lying in the knee joint. Degenerative arthritis of the joint was also evident. There is acoustic shadow in distal of the mass in ultrasonogram because of calcification or ossification. The signal intensity of the cartilaginous nodules is low on T1-weighted image. T2-weighted image shows hyperintense lesions and joint effusion. The pathologic diagnosis was synovial chondromatosis.

Figure 1. Lateral X-ray Film Demonstrates Radiopaque Bodies in or Behind of the Knee Joint

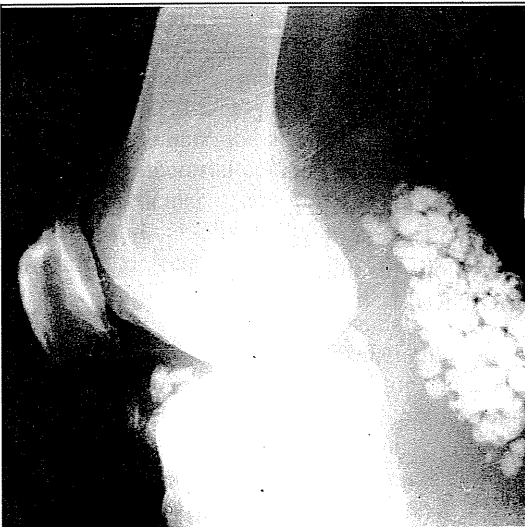


Figure 2. There is Acoustic Shadow in Distal of the Mass in Ultrasonogram



Figure 3. *The Signal Intensity of the Cartilaginous Nodules is Low on T1-weighted Image*

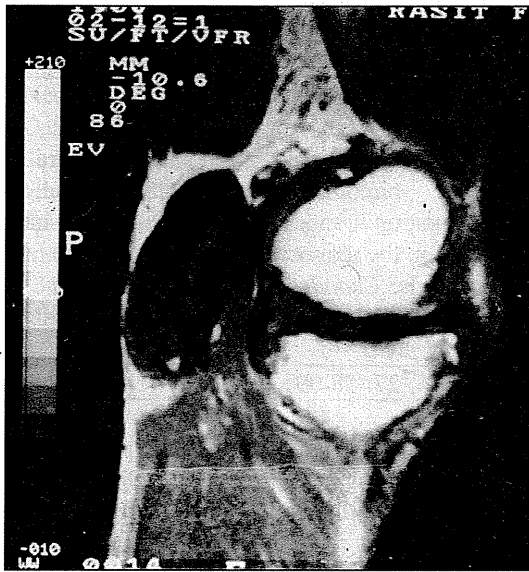
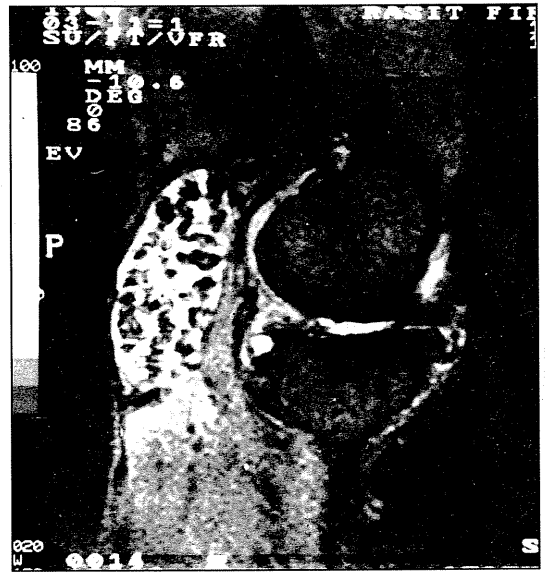


Figure 4. *T2-weighted Image Shows Hyperintense Lesions and Joint Effusion*



Discussion

Synovial chondromatosis presents as multiple intraarticular nodules arising from the synovium. The metaplasia produces cartilage nodules within the synovium and diffuse synovial hyperplasia. The nodules can grow as large as 2 to 3 cm. They are not calcified or ossified in about 15 % of cases (1,2). Synovial chondromatosis is more common among men and is seen in the third to fifth decades of life. It often affects the knee, hip, or elbow, but rarely occurs in the hand. Intraarticular loose bodies may result from synovial chondromatosis (1,3). Extraarticular synovial chondromatosis that is extremely rare are multinodular and arise from bursa or tendon sheath in the vicinity of the joints. Chondrosarcoma arising in synovial chondromatosis is very rare. This disease should be differentiated radiologically from tumoral calcinosis, calcified synovial sarcoma, intracapsular and paraarticular chondromas (1,2,4). The radiological methods such as plain radiograph, US, computed tomography (CT) and MRI may aid in the diagnosis and in demonstrating the extent of the disease. If the nodules are not calcified or ossified, radiolucent nodules can be well demonstrated by arthrography, although CT and MRI are proving more accurate for diagnosis and assessment of synovial osteochondromatosis (5). The treatment of choice is generally total synovectomy and removal of the cartilaginous loose bodies from the joint (1,3).

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