Case Report 305

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Radiological studies

Fig. 1 A, B. Anteroposterior and lateral roentgenograms of the left ankle show a well-defined, lobulated bony mass approximately 3 cm in diameter situated posterolaterally in the joint. No erosion or deformity of the bony structures or architecture of the joint is noted, except for a suggestion of minimal irregularity of the superomedial surface of the talus (noted retrospectively).

Clinical Information

This 15-year-old, generally healthy Hispanic male, presented with a bony hard swelling on the inner aspect of his left ankle. He had noticed a small lump, approximately six months earlier after a minor trauma: the lump had increased progressively in size. Minimal pain was present while running, but no other symptoms.

On physical examination a slightly tender, bony, 3 x 4 cm mass was palpable, posterior to the medial malleolus of the left ankle. A full range of motion without deformity or joint effusion was noted.

Roentgenograms of the left ankle were obtained (Fig. 1A and B). Tomography and double-contrast arthrography completed the radiological evaluation Figs. 2A and B; Fig. 3).

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Fig. 2A, B. Anteroposterior and lateral tomograms of the ankle show the bony mass to be lying posterior to the talus. A pedicle on the anterior aspect of the mass is present, but its attachment is not well delineated. Also observed is an elliptical lucency separating a bony fragment on the medial aspect of the superior articular surface of the talus, strongly suggesting an osteochondral fracture. A contour defect (concavity) of the medial aspect of the distal articulating surface of the ossification center of the tibia is present. The appearance is suggestive of a pressure defect from an extrinsic mass.

Fig. 3. A lateral view of the ankle during an arthrogram suggests strongly the intrarticular location of the bony mass described in Figs. 1 and 2.