Case report 843

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Fig. 1A, B. Conventional films of the femur demonstrate cortical hyperostosis (vertical arrows) and lytic components (horizontal arrows) due to tumor of the proximal femur (A) and cortical thickening and subperiosteal hyperostosis of distal femur (B).

Fig. 2A–C. There is an osteolytic lesion in the proximal femur (arrows) and hyperostosis of the right ilium (A), the distal femur (B), and the fibula (C).
Clinical information

A 59-year-old woman had had pain in her right hip for 4 months. There was no history of trauma or unusual exertion. She had experienced no fever or weight loss. Results of laboratory studies, including serum calcium, phosphate, and alkaline phosphatase concentrations, were within normal limits. The patient was referred to The University of Texas M.D. Anderson Cancer Center with a diagnosis of possible osteosarcoma of the right femur.

Plain radiographs showed a lytic lesion involving the proximal shaft and intertrochanteric area of the right femur (Fig. 1). There was also extensive cortical thickening and subperiosteal hyperostosis deforming the right ilium, right femur, and right proximal tibia and fibula (Fig. 2). A computed tomographic (CT) scan demonstrated a soft tissue mass extending posteriorly at the level of the trochanter (Fig. 3).

Angiography showed the tumor to be moderately hypervascular with most of its blood supply deriving from the right femoral artery. Fine needle aspiration and true-cut needle biopsies of the soft tissue component of the femoral mass were performed.

Fig. 3. Computed tomogram demonstrates a soft tissue mass at the level of the trochanter (arrows).