

## CHONDROSARCOMA UPPER END OF RADIUS IN A 15 YEAR OLD GIRL - A CASE REPORT

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**Abstract :** A 15 year old girl having swelling on left forearm which was found to be chondrosarcoma of upper end of radius on biopsy, has been described. Chondrosarcoma is rare in radius as also in this age group in a female.

### INTRODUCTION

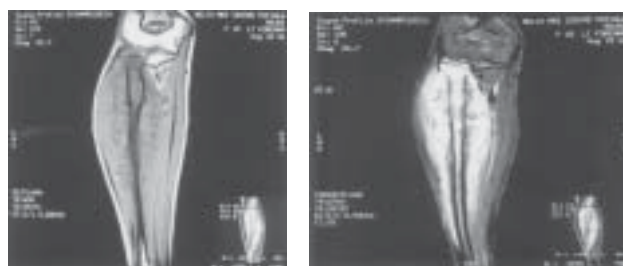
Chondrosarcoma constitutes approximately 20-25% of all bone sarcoma. It is a tumour of adulthood and old age with a peak incidence in the 4 to 6 decades of life. Chondrosarcomas rarely arises before the age of 35 years. Males are affected twice often as females. The common sites include the proximal femoral shaft, proximal humeral shaft, innominate bone, ribs and scapula. Although the great majority arise de novo, some originate from malignant transformation of enchondromas or from osteochondromas. The case presented below is rare in itself because of age, gender and location difference.

### CASE REPORT

A 15 year old school going girl presented with history of insidious onset of swelling and pain in the left forearm near her elbow after an accidental fall. The swelling and pain was gradually increasing and did not get aggravated by



Photograph No. 1: - Plain skiagram left forearm AP and lateral view sclerotic lesion involving the proximal metaphysis diaphysis of the radius. With invasion of the soft tissues and destruction along the shaft .



Photograph No. 2 & 3: - MRI scan of left elbow and forearm T2-weighted demonstrate a hyperintense mass with hypointense transverse septations corresponding to ossification shown on plain x Peritumoral oedema is seen. There is encasement of the radial and ulnar vessels of the forearm.

movements. Pain relieved after taking some painkiller. There was no history of fever, weightless, loss of appetite or generalized weakness.

On *examination*, a diffuse fusiform swelling in the left forearm near elbow on radial side was present with no definite boundaries. There were no scar and sinus. Local temperature was raised. Tenderness was present with normal texture of skin. Movements of elbow joint were normal. The other bones and joints were normal to examination. There was no Lymphadenopathy.

*Investigations:* Haemogram and blood counts were within normal limits. Radiographs taken showed a lesion with a moth-eaten appearance, a speculated periosteal reaction (sunburst appearance) and a cuff of periosteal new bone formation at the tumour-host cortex junction (photograph 4). Predominantly, an extensive sclerotic lesion with invasion of the soft tissues was seen. MRI was done for medullary spread and soft tissue involvement (photograph 2&3). X-ray reports and MRI scans were suggestive of osteosarcoma upper end radius. Radiograph of chest and USG of abdomen was normal. Finally; biopsy was performed to confirm the diagnosis. Histologically the picture was suggestion chondrosarcoma a repeat bigger biopsy was advised. Considering patient's age, gender, X-ray reports, MRI Scan and pathologist report the author decided to re-explore the tumour and took bigger biopsy. Biopsy was sent to two different pathologists; both confirmed the diagnosis of "Chondrosarcoma". Patient was advised amputation at the level of mid-arm.