Case report 726

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**Fig. 1A, B.** Anteroposterior and oblique roentgenograms of the distal end of the left femur show two eccentric osteolytic lesions; one is situated in the lateral femoral condyle and one in the distal metaphysis on the anterior lateral aspect of the bone. A pathological intraarticular fracture is present in the lateral femoral condyle. The lesion in the metaphysis appears to break through the cortex and bulge into the soft tissue, where it is covered by a small bony shell.

**Fig. 2.** This radionuclide bone scan (\(^{99m}\)Tc-MDP) demonstrates an increased uptake of tracer in the two lesions in the distal end of the left femur, in the left trochanteric region, and in the upper portion of the left iliac wing.

**Fig. 3.** A roentgenogram of the left hip and hemipelvis, mainly at the sites with increased uptake of tracer in the left trochanteric region and in the left iliac wing, shows other osteolytic lesions with marked surrounding bone sclerosis.

**Fig. 4.** CT sections through the femoral condyles demonstrate small calcifications within the osteolytic defect in the lateral condyle. A fracture line through the lateral cortex is noted. In the medial condyle fine translucencies arranged in a columnar pattern are observed.

**Fig. 5.** On CT sections through the trochanteric region of the left femur localized sclerosis of the femur and osteolytic lesions are visible. Multiple translucencies are present within the bone.

**Fig. 6.** The left iliac wing in these CT sections shows bony thickening with peripheral osteolytic lesions.

**Fig. 7A, B.** Sagittal MRI of the distal end of the left femur. On the T1-weighted images (A), a low signal intensity and on the T2-weighted images (B), a high signal intensity can be noted within the large osteolytic lesions. Additionally, small streaks with analogical signal features can be seen in the marrow cavity of the femur representing cartilaginous tissue.