Case Report 104

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History

This 53-year-old woman was admitted to the hospital with a complaint of epigastric discomfort of several months' duration. Physical examination demonstrated a right upper quadrant mass which moved with respiration and was non-tender to palpation. Her past medical history was unremarkable.

An admission roentgenogram of the chest and an oral cholecystogram incidentally demonstrated an expanded and abnormally dense anterior segment of the right seventh rib (Fig. 1). The oral cholecystogram and laboratory data were otherwise normal.

Surgical resection of the anterior segment of the right seventh rib was performed.

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Pathological Studies**

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Fig. 2. A gross specimen of the resected anterior aspect of the right seventh rib shows the surface contour of the lesion to be smoothly expanded, while tapering superiorly toward its junction with the uninvolved segment (arrow)

Fig. 3. A transverse cross section of the gross specimen shows numerous dark areas within the expanded but intact cortical confines, representing soft, bloody compartments of the lesion within the medullary cavity. Irregular bony trabeculae, which traverse the lesion, are faintly visualized

Fig. 4. A roentgenogram of the gross specimen illustrated in Fig. 3 demonstrates a lattice-like pattern of small central radiolucencies separated by well defined bony septa. The radio-opaque periphery reflects a profound endosteal and periosteal reaction