Case Report 125

Georges Y. El-Khoury, M.D., and Robert W. Seaman, M.D.
Department of Radiology, The University of Iowa Hospitals and Clinics, Iowa City, Iowa, USA

Fig. 1A and B. Posteroanterior and lateral views of the right first toe show an expanding, lytic lesion affecting almost the entire terminal phalanx distal to the epiphyseal plate. The cortex is absent over the posterior aspect of the phalanx and markedly thinned in the remaining areas. No mineral deposits are observed in the lesion.

History

This 9-year-old girl presented with a chief complaint of pain and swelling of the right first toe of approximately 2 months duration. Physical examination demonstrated a tender, red and swollen right first toe, with no restriction of motion.

Radiological examination was performed (Fig. 1A and B).

A biopsy was carried out and surgical curettment of the lesion was performed 2 days later.
Pathological Studies

![Fig. 2A and B. Photomicrographs of the histological sections from the lesion (H and E stain – low and high power magnifications) show fibrous granulation tissue which contains several multinucleated giant cells. In A a large space is observed, lined with endothelial cells]

Diagnosis: Aneurysmal Bone Cyst Terminal Phalanx of the First Toe

The differential diagnosis includes enchondroma, giant cell tumor at an unusual age, implantation dermoid cyst, eosinophilic granuloma and possibly cystic osteomyelitis.

The report of the histological sections was that of an aneurysmal bone cyst without any underlying lesion.

The term ‘aneurysmal bone cyst’ was coined by Jaffe and Lichtenstein in 1942; before that report the lesion was considered a variant of giant cell tumor.