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EWING SARCOMA

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Introduction: Ewing sarcoma is an uncommon, highly malignant, primary bone tumor, which is derived from the red bone marrow and it is composed of small blue round cells. Males are affected more frequently than females (1, 5: 1).

The peak ages are between 10 and 20, it is less common before the age of 5 and after the age of 30.

The femur and the pelvis are the most frequently involved, but any bone can also be affected (scapula - 4, 7%). The annual incidence average rate is less than two cases per million.

Case report: We are presenting a case of a thirty year old male patient with anamnesis of non-specific intermitent pain in the shoulder lasting two years and local swelling two weeks prior to the examination. The patient underwent: US, plain radiography, bone scanning, CT, MRI and core biopsy.

The US findings showed a soft tissue mass with central bone destruction which was confirmed on plain radiography of scapula with obvious disruption of the cortex of the apex and margo medialis. The US done for the abdomen pointed to non-existence of focal lesions.

No secondary deposits were detected on plain radiography of the vertebral spine.

The CT of the lungs and the mediastinum displayed neither parenchimal lesions nor enlargements of the lymph nodes.

MRI provided information about the true extent of the lesion as well as the involvement of the adjacent structures.

Distant metastases on ribs and spine were detected by bone scanning. These were confirmed by MRI of the spine.

The core biopsy and pathohistological findings proved the existence of Ewing sarcoma.

Conclusion: Due to delayed symptoms, Ewing sarcoma hidden in an uncommon location was diagnosed late when there were already formed distant metastases.

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SYNOVIAL OSTEOCHONDROMATOSIS

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INTRODUCTION

Synovial osteochondromatosis is proliferative disease with numerous metaplastic formations of cartilaginous or osteocartilaginous nodules attached to the synovial membrane of joints, bursae, or tendon sheaths. The nodules often detach and form loose bodies in the joint space, whereat two thirds of them calcify or ossify.

MATERIAL AND METHODS

This year we are reporting on two cases of patients suffering painful and limited motion of the elbow (the patent aged 20) and hip (the patient aged 13). The methods used for diagnosis of both cases were plain film and CT. In addition to these, MRI was also done for the patient with the painful hip.

RESULTS

Plain radiography and CT easily demonstrate calcified or ossified nodules of osteochondromatosis. The MRI findings in one of the patients show increased amount of joint fluid and lobular intra- articular mass. The calcified lesions are best seen on T2 weighted images as small, round signal voids relative to the hyper signal fluid.

CONCLUSION

The diagnosis of osteochondromatosis is mostly made by plain radiography or CT.

However, high-resolution MRI may become a competitive imaging technique due to its noninvasive nature.

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RADIO & IMAGING DIAGNOSIS OF THE ORBITAL TUMORS

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BACKGROUND: The orbital tumors may involve or arise from any of the orbital structures (ocular globe, muscles, optic nerve and orbital cranial nerves, blood vessels). Their incidence is increasing, requiring a multidisciplinary approach (ophthalmologic, radio- imaging, neurosurgery).

OBJECTIVE: The purpose of this study was to evaluate the contribution of the radio-imaging investigations at diagnosis of the orbital tumors and to establish clinical-radio-imaging and histopathological correlations.

MATERIALS AND METHODS: We studied 71 patients (41 female -57.74% and 30 male-42.25%), patients with age between 1- 82 years old, which were diagnosticated with orbital tumors and were admitted in the Clinic of Neurosurgery, County Hospital Timisoara, during January 1998 until June 2004.

The patients were examined clinic, fundoscopic and using ultrasonography, computerized tomography and magnetic resonance imaging with and without contrast material. Postoperative, histopathological examinations was evaluated.

RESULTS AND DISCUSSIONS: The left orbital tumors was more predominant in 38 cases (53.52%) and the right orbital tumors in 27 cases (38.02%).

Exophthalmia was the most important clinical symptom found in 55 cases (77.46%).

Left exophthalmia was found in 34 cases (61.81%) and right exophthalmia in 21 cases (38.18%).