MYOSITIS OSSIFICANS
SIMULATING PAROSTEAL OSTEOGENIC SARCOMA
CASE-REPORT

骨肉腫に類似する像を呈した
化骨性筋炎の一例

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ATOMIC BOMB CASUALTY COMMISSION

国立予防衛生研究所 原爆傷害調査委員会
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本症例は，日本臨床病理学会九州地方会スライドカンファレンス部会（1968年）において発表した。

A paper based on this report was published in the following journal.
本報告に基づく論文は下記の雑誌に発表した。

MYOSITIS OSSIFICANS SIMULATING PAROSTEAL OSTEOGENIC SARCOMA
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INTRODUCTION

Cases of myositis ossificans at times show an aggressive histological picture which may simulate an osteogenic sarcoma especially if located adjacent to a long bone. The case to be reported showed the above features.

CASE REPORT

An 8-year-old Japanese boy (68-SN-116) complained of pain in his left leg in November 1967. This was followed by severe pain in his left knee associated with difficulty in walking. An anteroposterior roentgenogram of the left knee (Figure 1) on 25 November 1967 was interpreted as disclosing no abnormality; however further review of this film showed flecks of calcium in the distal one-third of the thigh adjacent to the femur. The pain subsided and a diagnosis of neuralgia was made. There was no history of contusion or other trauma. In January 1968 severe pain recurred in his left leg, about 10 cm above the knee followed by a febrile feeling, slight swelling, and marked tenderness. A repeat anteroposterior roentgenogram of the left knee on 8 January 1968 (Figure 2) showed what was described as a "tumorous density above the knee and adjacent to the femur." Under local anesthesia a firm tumor the size of a small hen's egg was noted. The surface was coarsely uneven and appeared to be closely adherent to the femur and surrounding tissues. The entire tumor was resected. The postoperative diagnosis was osteoma.

Pathological Description Six fragments of bony-hard tissue fixed in formalin were received at the ABCCC. The largest fragment measured 3.0 x 2.0 x 2.0 cm. On sectioning, tissue resembled cancellous bone.

緒言

化骨性筋炎の症例は、時には侵害性の組織像を示すことがあり、特に有骨に隣接した部位に生じた場合は、骨肉腫に酷似した像を呈することがある。ここに報告する例も上記の特徴を示した。

症例報告

8歳の日本人少年。1967年11月、左膝に疼痛を訴えた。ついで左膝関節部に激痛が起こり、歩行困難があった。1967年11月25日に行なわれた左関節部側面レントゲン検査では（図1）異常はないと考えられたが、このレントゲン写真をさらに検討した結果、大脛骨下部3分の1の大脛骨に隣接した部位にカルシウム片を認めた。疼痛は次第に著し、神経痛の診断が下された。打撲傷やその他の外傷の病歴はなかった。1968年1月、左膝の膝関節から約10cm上方に激痛が再発し、次いで敏感、動悸の障害および顕著な圧痛が生じた。1968年1月8日に行なわれた膝関節部の側面レントゲン再検査では（図2）「膝関節上部の大脛骨に隣接した腫瘍性陰影」と形容された所見が認められた。局部麻酔のもとで再検をしたが、小腸を含む軟かい腫瘍を認め、その表面は粗雑不整で、大脛骨や隣接組織に密着してい るようであった。腫瘍全体を摘出した。術後診断は骨腫であった。

病理学的所見 フィルマリンに固定した骨様硬度の組織片2枚がABCCCに送られてきた。最も大きな組織片の大きさは3.0×2.0×2.0cmであった。組織の切片面は、網状構造の骨に酷似していた。
The histologic sections of the decalcified tissue showed proliferation of fibrous tissue and fibroblastic cells with prominent nuclei. These areas frequently were surrounded by trabeculae of newly formed bone (see Figure 3) lined by osteoblasts. Occasionally there was an area of cartilage and osteoid tissue (see Figure 4). The periphery contained trabeculae of bone and groups of degenerated striated muscle fibers (see Figure 5).

**DISCUSSION**

The majority of the cases of myositis ossificans are usually related to trauma, however this case gave no history of trauma. The undifferentiated pattern that one usually sees in the central portion of the lesion may occasionally be confused with an osteogenic sarcoma. Thus adequate material should be obtained for a definitive final diagnosis.

Local excision of the mass is usually adequate since it is doubtful if myositis ossificans ever undergoes malignant changes.¹

The presence of cartilage and the localized compact cellular areas may suggest a more aggressive type of lesion and occasionally suggest malignancy. However, the above changes are usually a manifestation of myositis ossificans.

**CONCLUSION**

A case report of myositis ossificans near the lower end of the femur in an 8-year-old boy clinically suggesting an extra osseous osteo sarcoma is described. Sections of the lesion were reviewed by the Los Angeles Tumor Registry and the Armed Forces Institute of Pathology,² and each diagnosed the case as myositis ossificans.

REFERENCES


2. Personal communication

（参考文献）


2. Personal communication

（私信）
FIGURE 5  PHOTOMICROGRAPH OF DECALCIFIED TISSUE
図5 組織分けての顕微鏡写真