Two Case Reports of Benign and Tumor-like Lesions of Bone

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The e-publishing section of orthopedic oncology in this issue of *The American Journal of Orthopedics* consists of 2 case reports of rarely seen benign and tumor-like lesions of bone. These case reports are important for they teach the principles, strategies, and surgical options in treating patients with musculoskeletal neoplasms. These 2 cases exemplify the need to follow the principles of musculoskeletal oncological surgery. The process of following a systematic approach in the workup, imaging evaluation, and surgical approach are illustrated in each case. Resection and reconstruction options were based upon the aggressiveness of the tumor, taking into consideration anatomical constraints and purposed functional outcome.

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"Subungual Extraosseous Chondroma in a Finger" by Rottgers and colleagues is a case report of a cartilaginous tumor presenting in a subungual location and obliterating the nail bed and nail plate. These aggressive features raised the concern of a potentially malignant neoplasm. Resection of the neoplasm was accomplished by a disarticulation of the distal phalanx, though a benign condition was the ultimate diagnosis. Chondromas are benign cartilage-producing tumors that occur in multiple locations in the bone. Juxtacortical chondromas are usually adjacent to tubular bones, most commonly in the metaphyseal region. This case was unusual for the fact that the lesion presented in the subungual location. This tumor could be classified as supraperiosteal or even a chondroma of soft parts. The typical radiographic features of bony erosion and sclerosis as usually seen in the juxtacortical location were not present.

"Tumoral Calcinosis Presenting as Neck Pain and Mass Lesion of the Cervical Spine" by Tuy and colleagues is an interesting case report that reviews the approach to a calcific mass in the cervical spine. The differential diagnosis in this patient included both benign and malignant tumors as well as a process secondary to a metabolic or connective tissue disorder that was present in the patient. The presentation was that of a growing calcific mass in the soft tissue surrounding the cervical spine without associated bone erosion and destruction. There was a mass effect on the neurovascular structures. The diagnosis of tumoral calcinosis was made after biopsy.

The literature divides tumoral calcinosis into either primary or secondary. The primary form is also known as idiopathic tumoral calcinosis or familial tumoral calcinosis, which is a hereditary disease of phosphate metabolic dysfunction. Secondary tumoral calcinosis may represent a local response or a manifestation associated with an identifiable condition, such as lupus or scleroderma. The most common of these identifiable conditions is chronic renal failure. Because there are many conditions with similar-appearing lesions, diagnosis is difficult with diagnostic imaging alone. This paper reports these associated conditions and gives a concise review and discussion. ■

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