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(tumoral calcinosis) 1943

Inclan , 1899 Du-
ret

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(calcific endothelioma)

1935 Teutschlaender

(lipocalcinogranulomatosis) 7),

3, 6, 10)

21 가 1

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94-200

Tel : 02) 2639-5301, Fax : 02) 2631-3897, E-mail : jdchang@www.hallym.or.kr

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(Fig. 1, 2).

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50cm,

43cm



Fig. 1-A. Preoperative plain anterior-posterior radiographs of right femur are showing a huge multinodular calcified mass in the posterior and lateral muscle group of thigh region.
B. Preoperative plain lateral radiographs of right femur are showing a huge multinodular calcified mass in the posterior and lateral muscle group of thigh region.
C. Preoperative plain radiographs of right knee are showing a large multinodular calcified mass in the posterolateral side of the knee.



Fig. 2. Preoperative MRI of right thigh is showing low signal on affected site.

. 24
 223mg/d(, 70~80),
 301mg/d(, 0.4~1.3), creatinine 1299mg
 /d(, 0.8~1.8) 가 .

가

(Fig. 3).
 hematoxylin-eosin

(dens
 fibrous septa)
 cell) 가 (epitheloid

(Fig. 4).

24



Fig. 3-A. Postoperative plain radiographs of right femur are showing remained scattered calcific mass around the sciatic nerve.
B. Postoperative plain radiographs of right knee are showing no visible calcific mass.

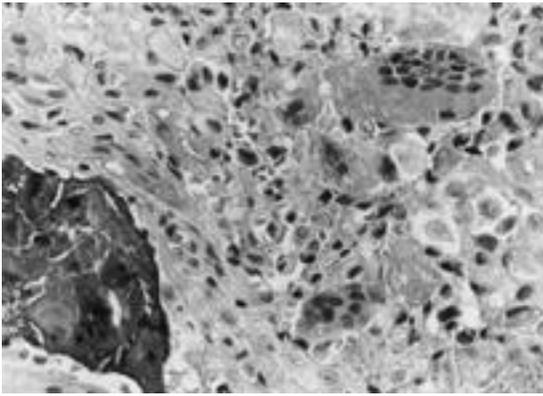


Fig. 4. Amorphous deposits of calcium, multinucleated giant cells, chronic inflammatory cells are infiltrated in the surrounding dense fibrous tissues (H-E, x400).

fluid-calcium level

1-4). Technitium 99m

1/3

1,3,4,6,8-10)

1,3,9)

D milk alkaline syndrome

1,3,6)

2)

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2-4,6,8-10)

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1,3,9)

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1-6,8)

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1-3,6,8,9)

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10 20
2-6,8) 가 (autosomal recessive trait)
1-6,8)

Suzuki 11)

1/3 ~ 1/2

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1,3,4,6,8)

2-4,6,10)

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Recurrent Tumoral Calcinosis

– A Case Report –

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Tumoral calcinosis is a disease of unclear etiology which presents with periarticular and intramuscular calcification without the disorder of calcium and phosphorus metabolism. The incidence is very rare but the rate is higher among the blacks than whites. There has been no report on the recurrent occurrence on the asian race. We report a case that recurred several times with tumoral calcinosis of both knee and thigh.

A 21-year-old woman visited to our department with masses in both right thigh and knee. She had a history of local excisions and biopsies(4 times at other hospital) and showed prompt recurrences. The complete marginal excision was performed for the treatment. The histological examination showed the findings that are compatible with tumoral calcinosis. There has been a free of recurrence over the past two years.

Key Words : Thigh, Knee, Tumoral calcinosis, Recurrence, Excision

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