

- -

, * , ** , ***

. * . ** . ***

42 가 4 가

10

1999 1 42 4

50%가

가

0.2~2%

³⁾

1,2,4,5,7,8,14)

42

1

30

0

5

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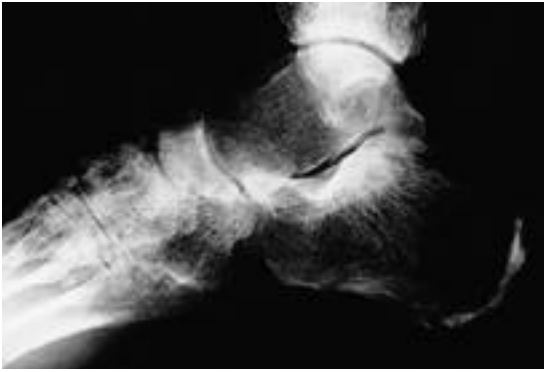


Fig. 1. There is ill-defined osteolytic lesion in the neck of the talus. No definitive cortical violation or soft tissue mass is found. Regional osteoporosis is seen in the forefoot.



Fig. 2. Coronal computed tomographic image shows osteolytic lesion occupying the entire talus. Cortical breakdown is seen in lateral aspect of the talus.

(Fig. 1).

8,100/ μ L (),
 72 Hmm/hr(가),
 70 U/L (), 168/ μ L ()

(Fig. 2).

T1
 , T2
 6×5×4.5 cm
 가

(Fig. 3).

1999 2

(Fig. 4). Enneking
 Stage IIB

(800 mg) (280 mg) 2 (13 g)
 (180 mg) (70 mg)

(Fig. 5). 39

가 1999 12 가

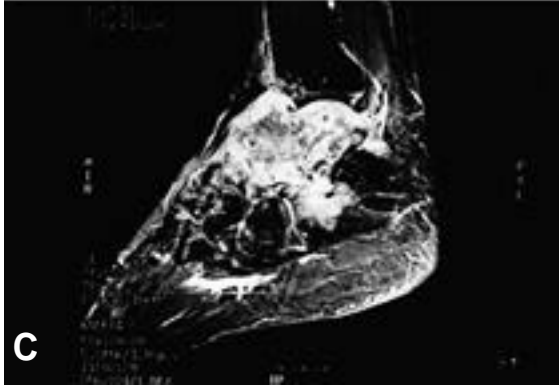
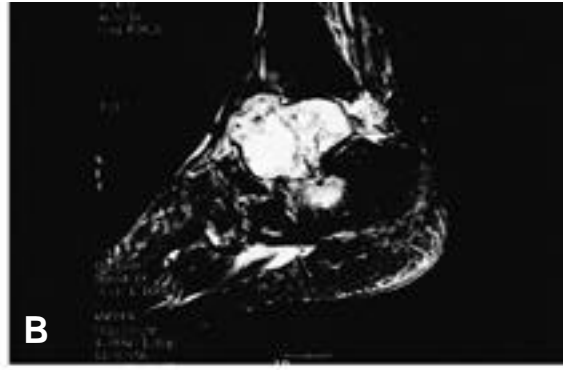
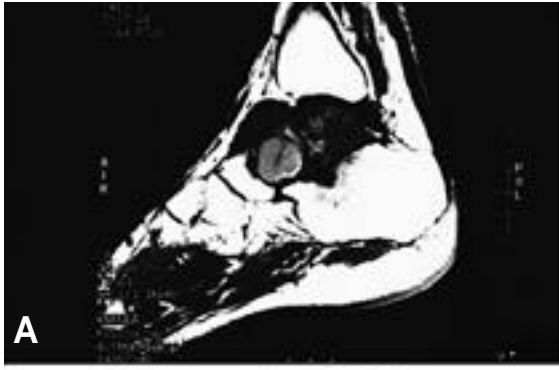


Fig. 3

- A.** T1 weighted sagittal MR image shows low signal intensity mass in the talus. Superior cortex of the talus is broken and the mass is extending upward. Obliteration of fat signal in tarsal sinus is also seen.
- B.** The mass consists of inhomogeneous high signal intensity content implying multiple cystic necrosis on T2 weighted sagittal MR image. High signal change is also seen in the sinus tarsi and calcaneus. Joint effusion is also seen in tibiotalar joint.
- C.** Gadolinium-enhanced fat saturated T1 weighted MR image shows inhomogeneous contrast enhancement in the talus, sinus tarsi, and the calcaneus.

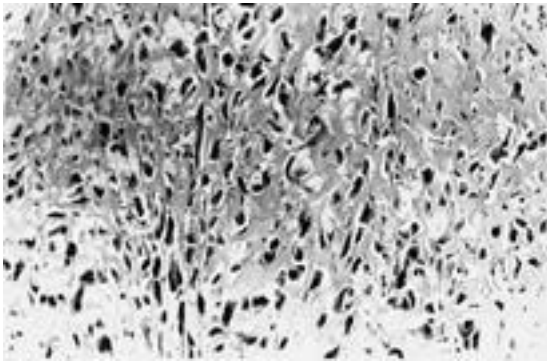


Fig. 4. Histologic feature of high grade osteosarcoma, showing anaplastic spindle cells surrounded by malignant osteoid(H-E, $\times 400$).



Fig. 5. Follow-up plain lateral image shows further aggravation of the lesion; Enlarged osteolytic lesion, nonvisible posterior cortex of the talus.

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**Osteosarcoma of the Talus
- Case Report -**

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A 42 year old male patient complained of increasing pain and mass around the right ankle with 4 months duration. Simple Roentgenogram and CT showed ill-defined osteolysis and cortical perforation in the neck of the right talus. The pathologic findings showed high grade osteoblastic osteosarcoma. The tumor mass of the ankle increased and pulmonary metastasis was found in spite of administrating of two cycles of preoperative chemotherapy. Below-knee amputation and open wedge pulmonary resection were performed for primary lesion and multiple pulmoanry metastasis, respectively. However, the patient died with multiple pulmonary metastasis in spite of three cycles of postoperative chemotherapy at ten months after the operation.

Key Words : Osteosarcoma, Talus

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