

- 1 -

			20%
	1	1	
7			24

20 30 가 27 2 1
 20% , (Fig. 1). MRI T1WI
 27 1 가 1
 7 , T2WI
 2 (Fig. 2A-B).
 1

: 371 7-206

Tel: 032) 890-2380, Fax: 032) 890-3047, E-mail: orthooh@inha.ac.kr

(Fig. 3).

7

(Fig. 4),

8

(Fig. 5).

k-

24

(Fig. 6),

1%

2.5)

20 ~ 30



Fig. 1. A initial radiograph shows lobulated osteolytic lesion with cortical thinning.

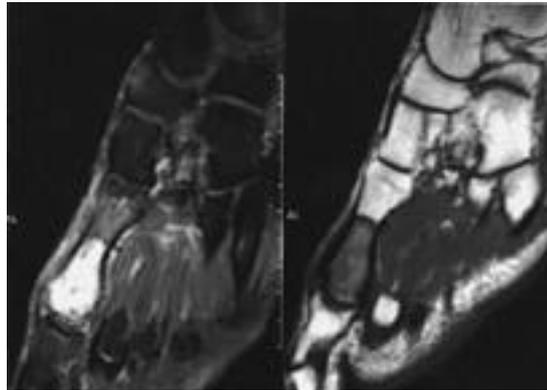


Fig. 2. MRI shows homogeneous low signal intensity in T1WI(Right) and heterogeneous high signal intensity in T2WI(Left).

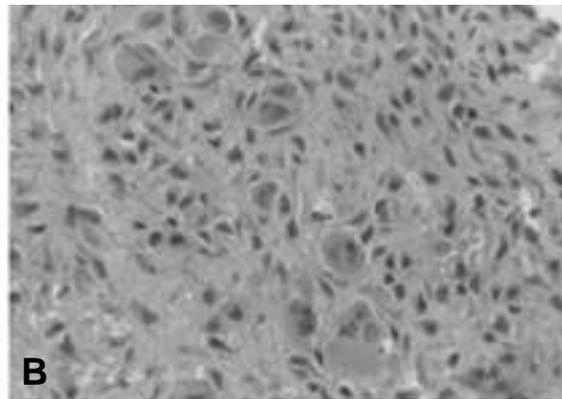
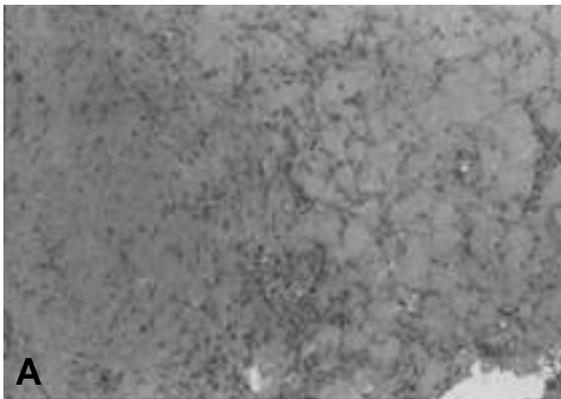


Fig. 3. (A) Low-power photomicrograph shows pseudolobulation with focal high cellularity and hyaline and myxoid stroma(H&E, x100), (B) High-power photograph showed plump, oval, mononuclear cells representing chondroblasts with multinucleated giant cells(H&E, x400).



Fig. 6. Radiographies taken 2 years after the initial operation show complete union both proximal and distal end of graft site without recurrence.

REFERENCES

- 1) **Feit EM and Dobbs BM:** Chondromixoid fibroma of the fourth metatarsal. *Journal of the american pediatric medical association*, 90: 211-216, 2000.
- 2) **Godenhar AS, Neil J, Whittaker S:** Chondromixoid fibroma of a Metatarsal and Cuneiform. *Journal of the american pediatric medical association*, 84: 413-415, 1994.
- 3) **Ghelinzoni F, Rock michael and Picci P:** Chondromixoid fibroma. *J Bone Joint surg*, 65-A: 198-204, 1983.
- 4) **Horn JRV, and Lemmens JAM:** Chondromixoid fibroma of bones. *Acta orthop scand*, 57: 375-377, 1996.
- 5) **Kim YS, Jeon SJ, Cha SH and kim IS:** Chondromixoid fibroma of the distal phalanx of the great toe. A tumor with unusual histological findings. *Pathology international*, 48:739-743, 1998.
- 6) **Mikulowski P and Ostberg G:** Recurrent Chondromixoid fibroma. *Acta orthop scand*, 42: 385-390, 1971.
- 7) **O 'connor PJ, Gibbon WW, Hardy G and Butt WP:** Chondromixoid fibroma of the bone. *Skeletal radiol*, 25:143-148, 1996.
- 8) **Rahimi A, Beabout JW, Ivins JC and Dahlin DC:** Chondromixoid fibroma: A clinicopathologic study of 76 cases. *Cancer*, 30: 726-736, 1972.
- 9) **Ralph LL:** Chondromixoid fibroma of bones. *J Bone Joint surg*, 44-B: 7-24, 1962.
- 10) **Schahowicz F and Aires B:** Chondromixoid fibroma (Fibromixoid chondroma) of bone *J Bone Joint surg*, 65-A: 198-216, 1983.
- 11) **Wu, KK:** Chondromixoid fibroma of bones: *The journal of foot and ankle surgery*, 34: 513-519, 1995.

**Chondromyxoid Fibroma of the First Metatarsal
- A Case Recurred after Curettage and Bone Graft -**

In-Suk Oh, M.D., Myung-Ku Kim, M.D., Sang-Hyeong Lee, M.D.

Department of Orthopedic Surgery, Inha University College of Medicine, Incheon, Korea

Chondromyxoid fibroma is a benign tumor in adolescents and young adults. The most common location of the tumor is the proximal one-third of the tibia. Chondromyxoid fibroma accounts for less than 1% of all bony neoplasms and foot is affected in about 20% of all cases.

The authors have described a case of chondromyxoid fibroma of the first metatarsal which had been recurred 7 months after curettage and iliac bone graft. En bloc resection and reconstruction of the metatarsal with autogenous iliac bone graft were performed. The results were satisfactory and the patient was free of local recurrence at two years follow-up.

Key Words: Metatarsal bone, Chondromyxoid fibroma

Address reprint requests to

In-Suk Oh, M.D.

Department of Orthopaedic Surgery, Inha University Hospital

7-206, 3-ga Shinheung-dong, Jung-gu, Incheon 400-103, Korea

TEL : 82-32-890-2380, FAX : 82-32-890-3047, E-mail : orthooh@inha.ac.kr