



(Fig. 4).



**Fig. 1.** Initial radiography (ulnar deviation anteroposterior view) of right hand. Initial radiogram revealed cystic bone lesion in the scaphoid, narrowing of radiocarpal joint.

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 , Dally<sup>4)</sup>  
 Springfield<sup>9)</sup>  
 , Menon<sup>6)</sup>

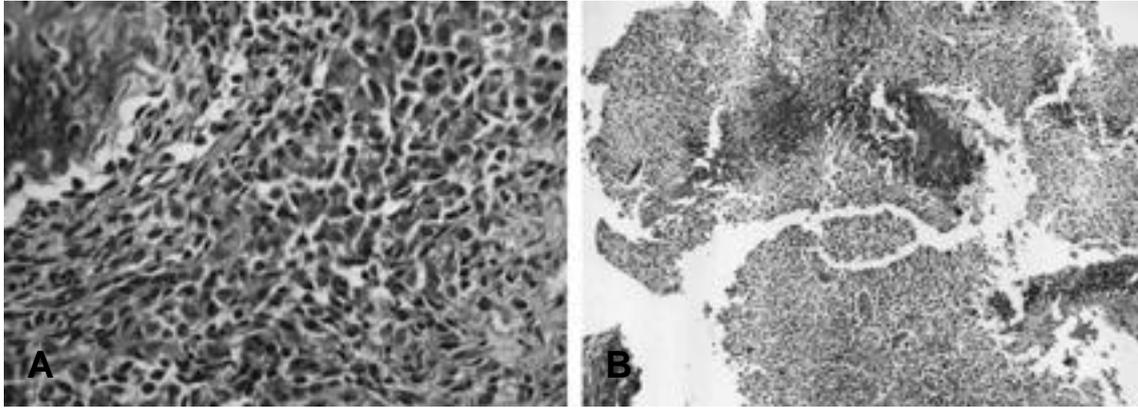


**Fig. 2.** Magnetic resonance image of right hand. Magnetic resonance image of the wrist showed high signal intensity of the lesion on T2 weighted image (A) and diffuse strong enhancement of lesion on postcontrast T1 weighted image (B).

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**Fig. 3.** Photomicrograph. (A) The individual chondroblasts are round to polygonal appearance with sharply defined cytoplasmic borders and have round to ovoid nuclei and occasional small nucleoli. Nuclear grooves and indentations are seen (H-E × 200 ). (B) Chondroblastoma with sheets of mostly uniform-appearing chondroblasts and scattered osteoclast type giant cell (H-E × 40).



**Fig. 4.** There was no evidence of recurrence at the 5-year follow-up examination

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**Abstract**

**Chondroblastoma of the carpal scaphoid  
(A Case Report)**

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Chondroblastoma is relatively rare benign neoplasm with predilection for the epiphysis of long bones. Benign chondroblastomas of bone comprise approximately 1% of benign bone tumors in several reported series. Chondroblastoma in the carpus is extremely rare in english literature. We report the case of a chonroblastoma in the carpal scaphoid.

**Key Words:** Chondroblastoma, Scaphoid, Hand

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