

KNEE SYNOVIAL OSTEOCHONDROMATOSIS

Jozélio Freire de Carvalho*

A 58-year-old white man previously healthy noticed a painless mass on the anterior and lateral regions of his left knee and asked for medical assistance. Radiography showed radiopaque bodies with regular borders in suprapatellar left side about 4 cm, and another 0.5 cm in the pretibial region ipsilateral and lower right peripatellar. All of these radiopaque bodies had the same radiographic bone density of the bone, compatible with osteochondromatosis (Figures 1 and 2). He denied pain, as well as limitation of knee movements, and the physical examination demonstrated a hard tumoral lesion of about 4 cm on the left knee; this joint had full range of motion. The patient refused surgery, and currently he is under clinical and radiological surveillance.



Figure 1. Knee x-ray showing suprapatellar and pretibial radiopaque bodies with the same bone density compatible with synovial osteochondromatosis.

Rheumatology Division, Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo, São Paulo-SP, Brazil

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Synovial osteochondromatosis is an uncommon progressive and indolent disease that mainly affects men in the 3rd and 4th decades of life. The joints most affected are knees, hips, elbows and shoulders, though the involvement usually affects only one joint. Patients usually complain of pain or swelling mass location, and also reduced range of motion or joint blockage. Very rarely, osteochondromatosis may progress to malignancy (synovial chondrosarcoma). The differential diagnoses include intra-articular chondroma, synovial sarcoma and free osteochondral bodies, usually secondary to osteoarthritis. Usually, the treatment of synovial osteochondromatosis is through surgical procedure, however with a recurrence rate of 25%.

Correspondence to

Jozélio Freire de Carvalho
Disciplina de Reumatologia da Faculdade de Medicina da USP
Av. Dr. Arnaldo, 455, 3º andar, sala 3190,
Cerqueira César, São Paulo-SP, Brasil. 01246-903
E-mail: jotafo@gmail.com
Tel./Fax.: 5511-30617490

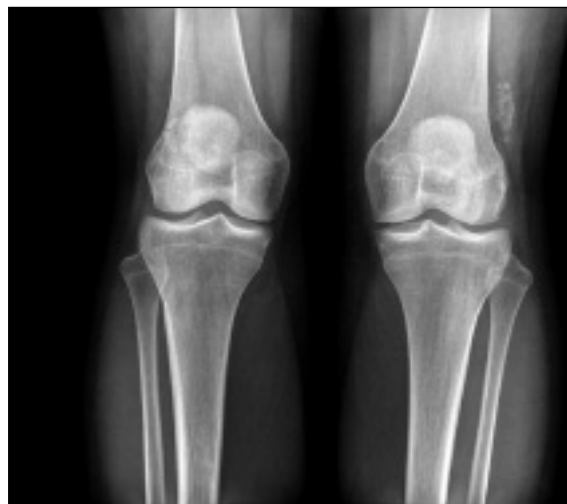


Figure 2. Knee x-ray of demonstrating left suprapatellar and right peripatellar radiopaque bodies with the same bone density compatible with synovial osteochondromatosis.

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