

# CASE OF THE WEEK

A CASE OF FIBROUS DYSPLASIA OF LEFT FEMUR

A 30 years old lady came with history of self fall at home and complains of pain in the left hip and around left knee aggravated on standing and movements were restricted

No significant past /medical/family history

# On examination

Patient examined in supine position

Attitude of limb-straight

Inspection: No deformities, scars, sinuses

Palpation: Tenderness over left hip –lateral aspect, swelling noted over left hip

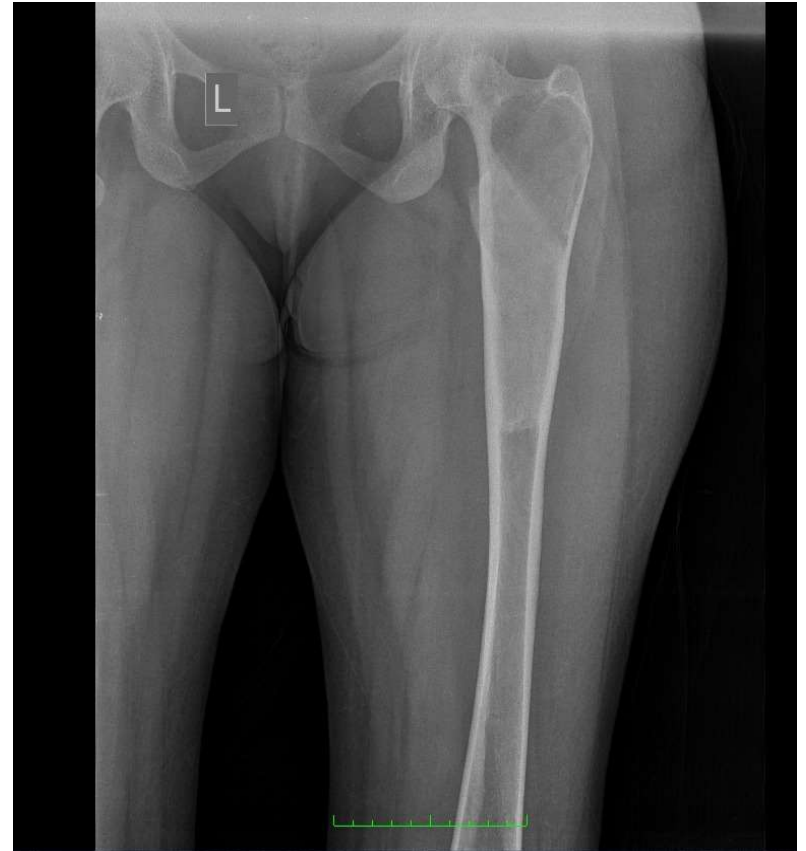
Movements: SLRT –Left leg  $15^{\circ}$ , Right leg  $90^{\circ}$

Xray of left hip and leg was taken



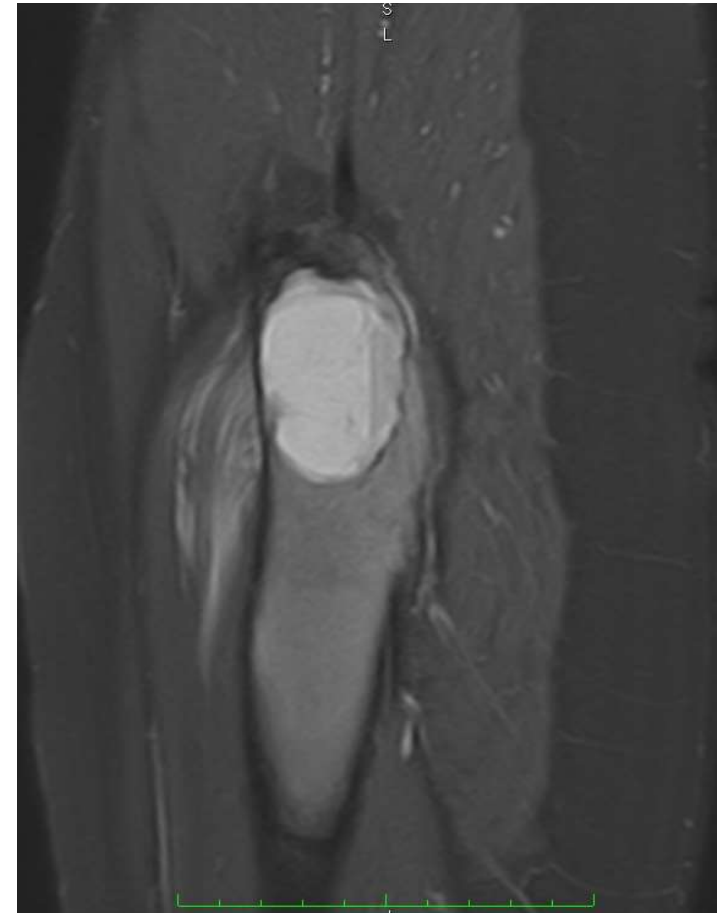
# X ray findings

- Bony expansion of proximal femur with sclerotic rind around femoral head.
- Ground glass density seen with expanded femoral shaft
- Cyst formation at intertrochanteric region of femur ?Fibrous dysplasia of proximal femur

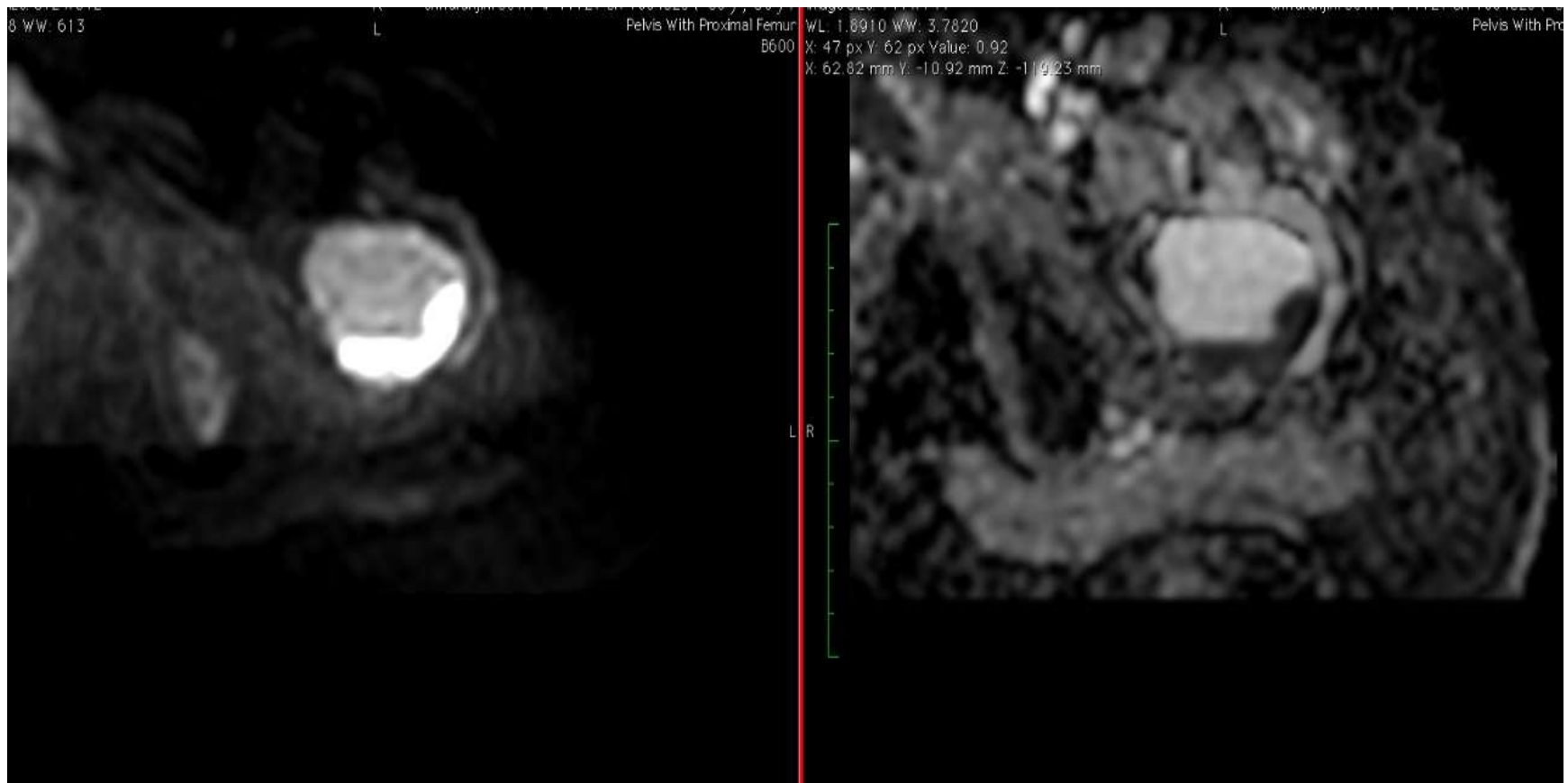


Following Xray, MRI and correlative CT  
of pelvis was done

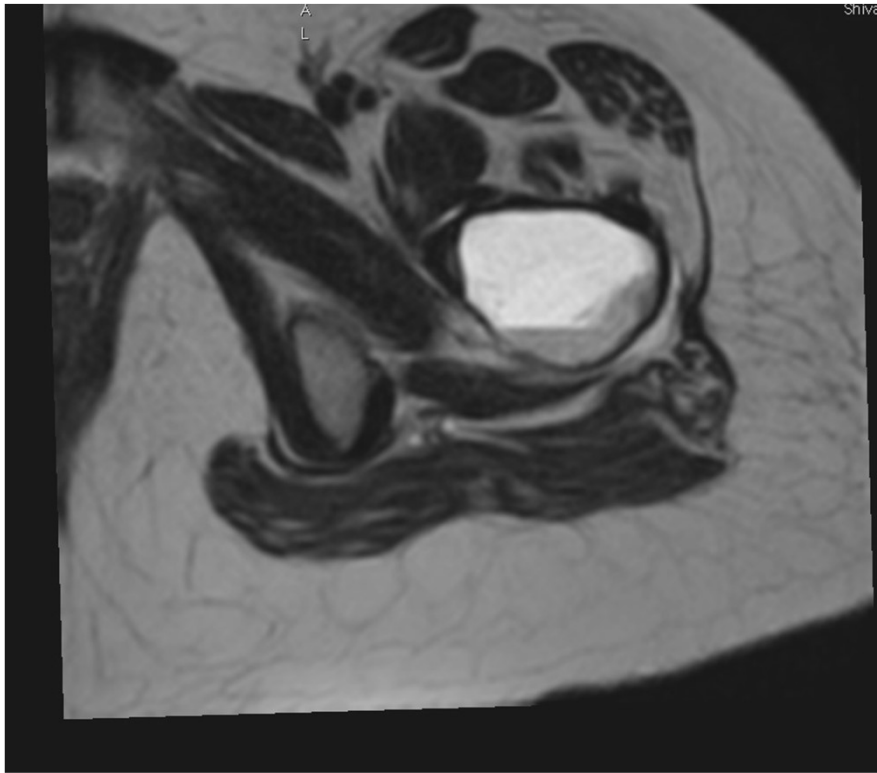
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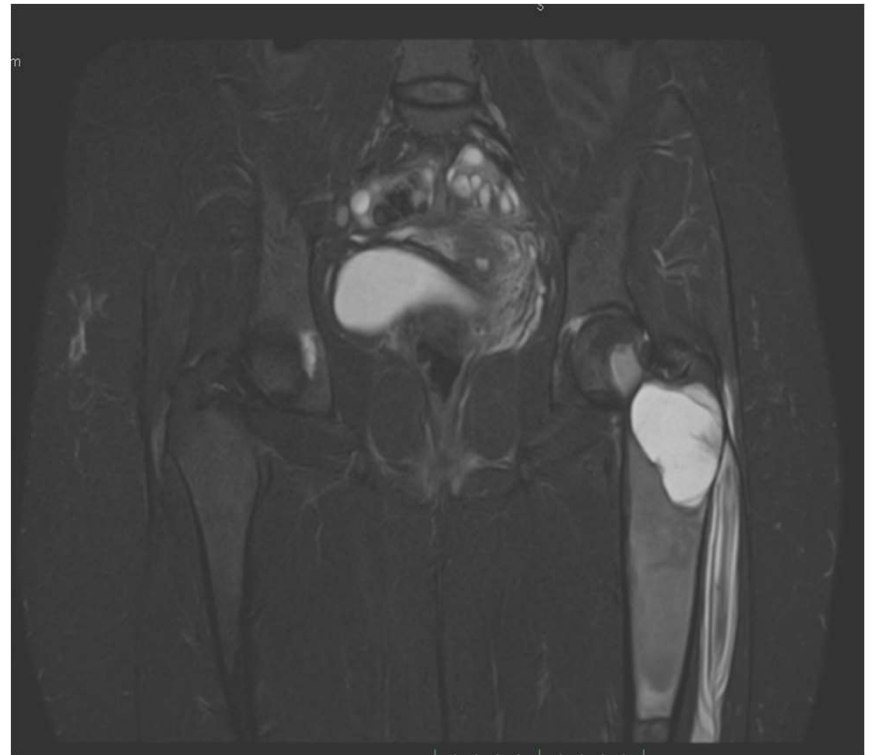
# DWI and ADC sequence



**eT2W**



**eSTIR**





# MRI impression

- Features of fibrous dysplasia of proximal femur with abnormal signal intensity lesion with cortical breach in the posterior cortex of greater trochanter of left femur; showing restriction on DWI sequences –Suspicious of malignant transformation.

# CONTRAST MRI

Homogenous enhancement was seen throughout the lesion except for abnormal signal intensity lesion in the greater trochanter of left femur, No evidence of abnormal enhancement in the region of restriction diffusion.



# BIOPSY SPECIMEN



# BIOPSY REPORT

- Sections showed a fibro-osseous lesion composed of irregular curvilinear trabeculae of woven bone with central osteoblast and absence of rimming. Interspersed loose fibrous tissue shows haphazardly arranged fibroblasts ,focally in vague storiform pattern along with thin walled vessels,scattered lymphocytes and form cells.
- Features are consistent with fibrous dysplasia.
- Histopathology specimen revealed no evidence of malignancy.

# Fibrous dysplasia

- Fibrous dysplasia is a disorder where normal bone and marrow is replaced with fibrous tissue ,resulting in formation of weak bone.
- Can be monostotic / polyostotic /panostotic
- Pathological fracture is a complication
- Bone deformity following repeated fractures
- Bones commonly affected are ribs>femur>tibia>humerus>pelvis.

## Treatment

- Observation: If lesion do not cause symptoms
- Medications: Bisphosphonates decrease the activity of cells that dissolve bone.
- Bracing: Done to prevent fracture.
- Surgical: Curettage is commonly done followed by bone grafting if necessary