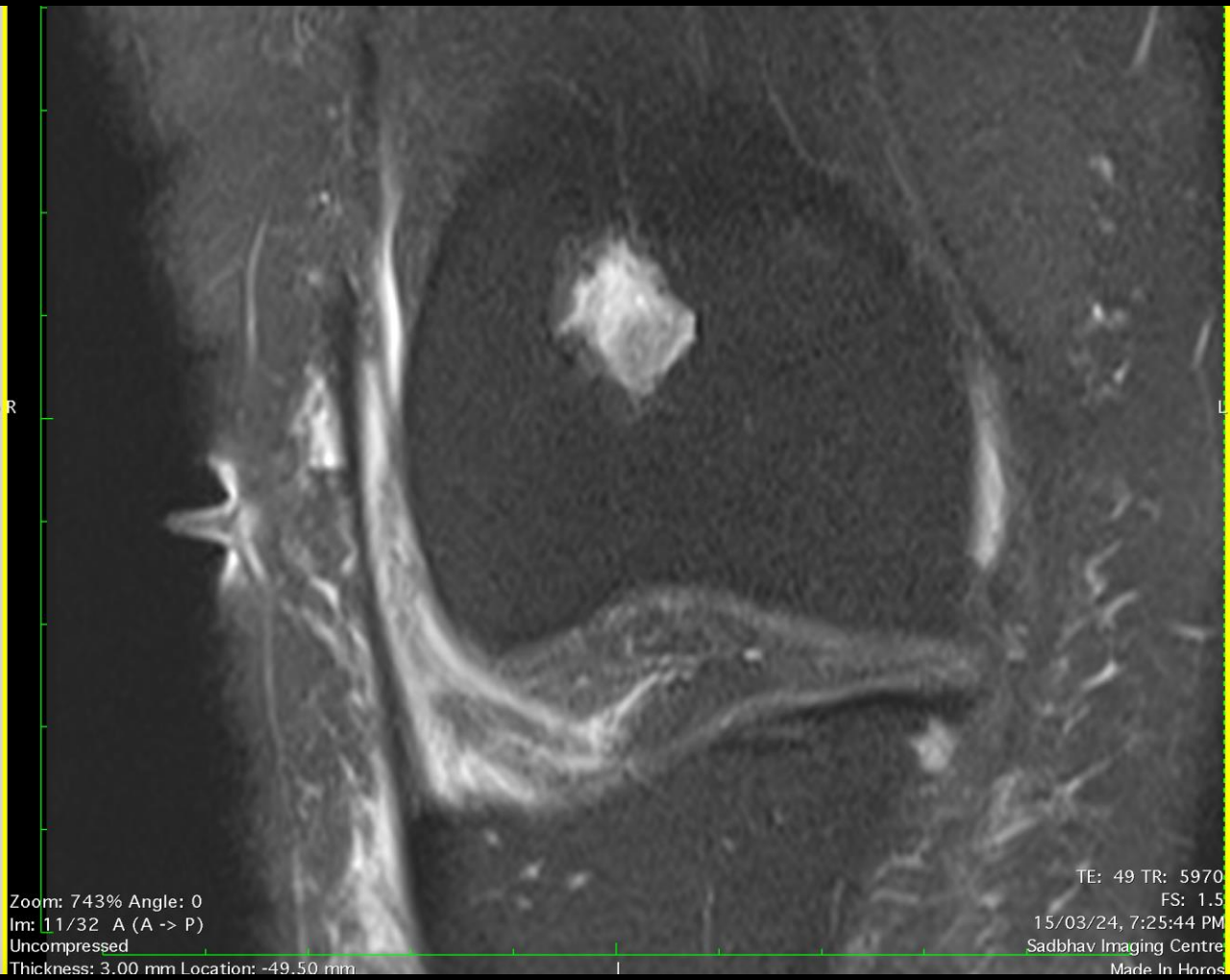
MICOD –11/06/2024
Case contributor – Dr. Ankur Shah


R
L
TE: 12 TR: 495
FS: 1.5
15/03/24, 7:35:34 PM
Sadbhav Imaging Centre
Made In Horos
Zoom: 716% Angle: 0
Im: 11/33 A (A -> P)
Uncompressed
Thickness: 3.00 mm Location: -50.36 mm
I


R
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Sadbhav Imaging Centre
Made In Horos
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Uncompressed
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I

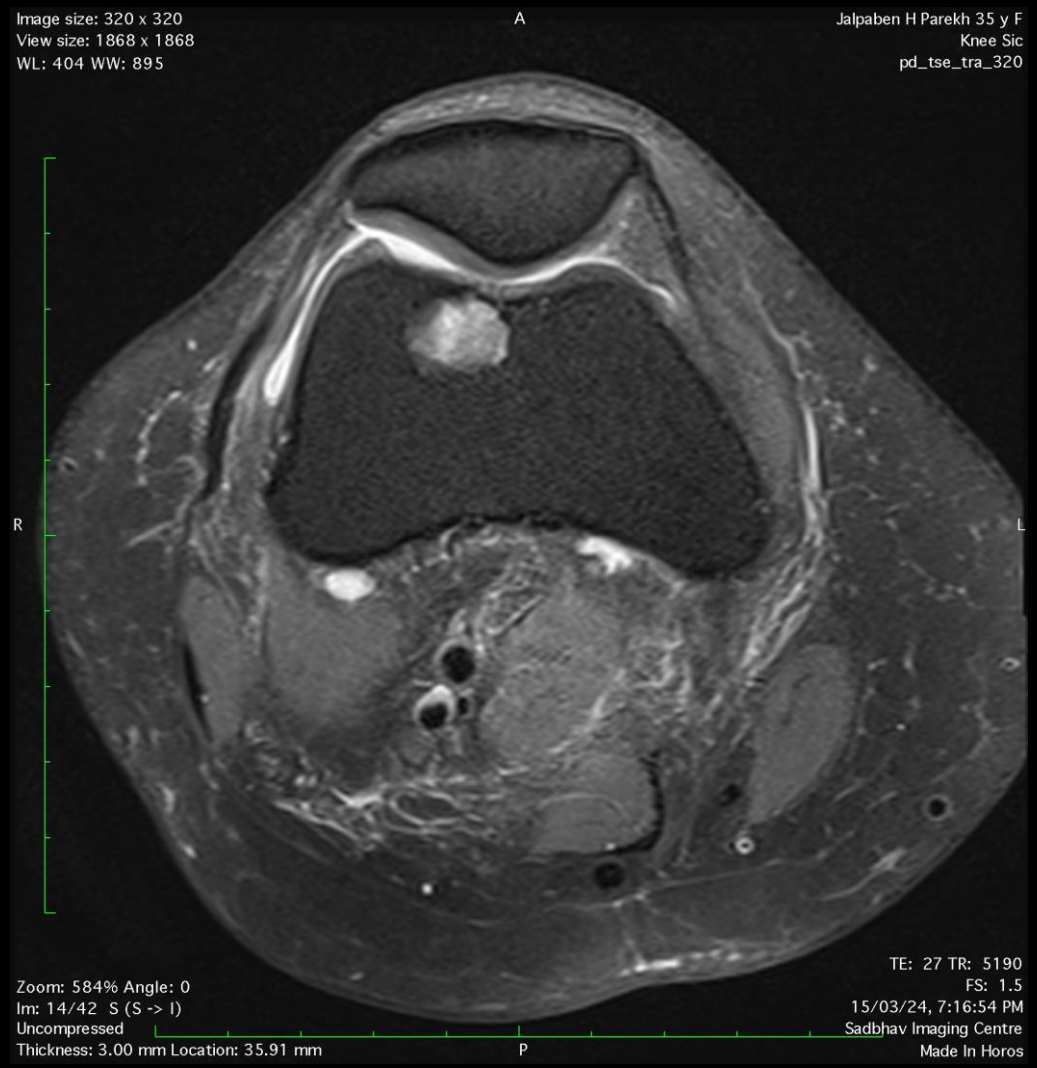
Image size: 320 x 320
View size: 1868 x 1868
WL: 404 WW: 895
A
Jalpaben H Parekh 35 y F
Knee Sic
pd_tse_tra_320
R
L
Zoom: 584% Angle: 0
Im: 14/42 S (S -> I)
Uncompressed
Thickness: 3.00 mm Location: 35.91 mm
P
TE: 27 TR: 5190
FS: 1.5
15/03/24, 7:16:54 PM
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Image size: 320 x 320
View size: 1985 x 1868
WL: 889 WW: 1582
S
Jalpaben H Parekh 35 y F
Knee Sic
pd_tse_sag
A
P
Zoom: 621% Angle: 0
Im: 20/32 (L -> R)
Uncompressed
Thickness: 3.00 mm Location: -13.68 mm
I
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FS: 1.5
15/03/24, 7:29:38 PM
Sadbhav Imaging Centre
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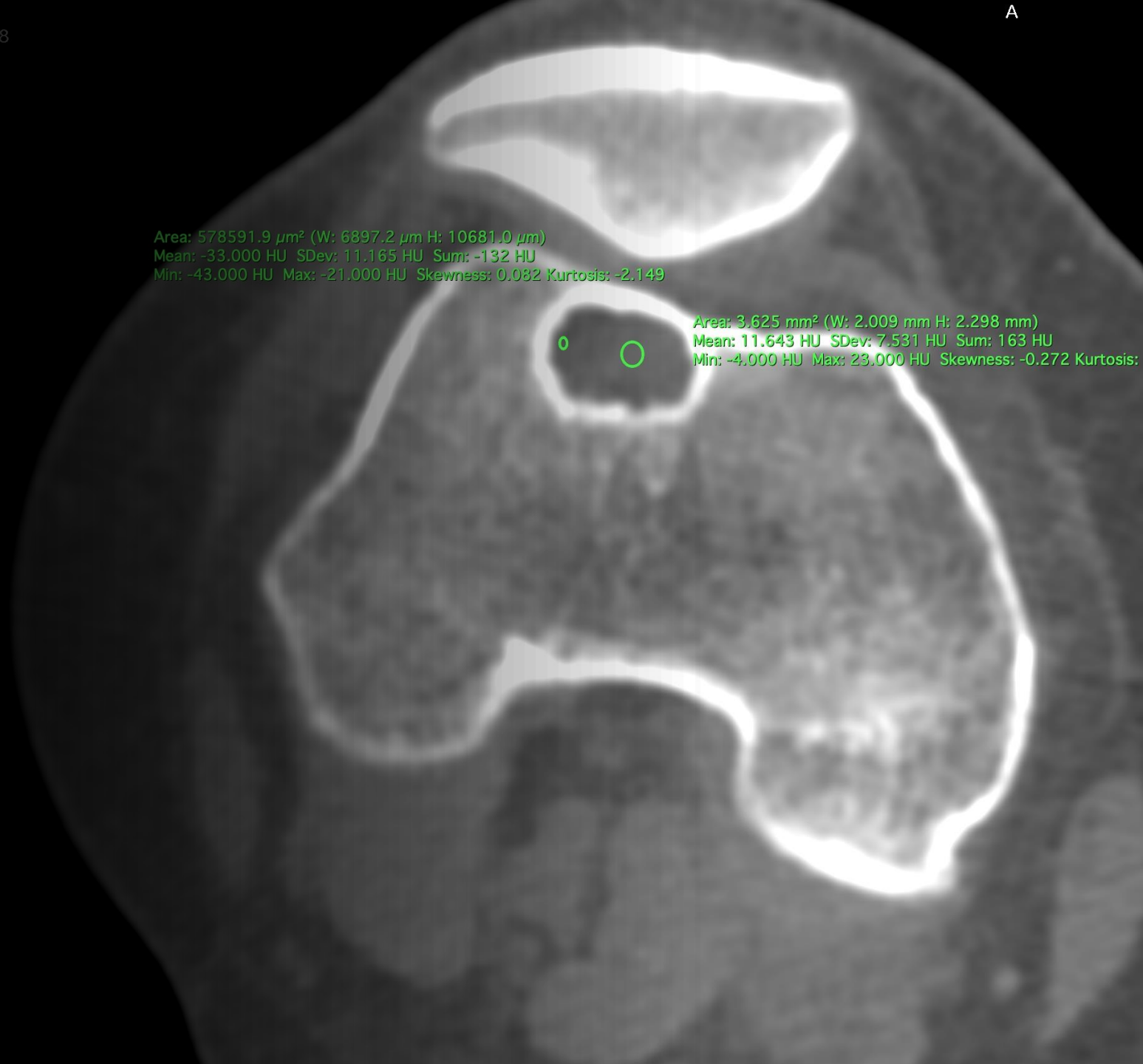
Image size: 320 x 320
View size: 1868 x 1868
WL: 453 WW: 945
S
Jalpaben H Parekh 35 y F
Knee Sic
pd_tse_fs_sag
A
P
Zoom: 584% Angle: 0
Im: 19/32 (L -> R)
Uncompressed
Thickness: 3.00 mm Location: -10.69 mm
I
TE: 27 TR: 3820
FS: 1.5
15/03/24, 7:20:50 PM
Sadbhav Imaging Centre
Made In Horos

DIAGNOSIS?


A
Area: 578591.9 µm² (W: 6897.2 µm H: 10681.0 µm)
Mean: -33.000 HU SDev: 11.165 HU Sum: -132 HU
Min: -43.000 HU Max: -21.000 HU Skewness: 0.082 Kurtosis: -2.149
Area: 3.625 mm² (W: 2.009 mm H: 2.298 mm)
Mean: 11.643 HU SDev: 7.531 HU Sum: 163 HU
Min: -4.000 HU Max: 23.000 HU Skewness: -0.272 Kurtosis:

INTRAOSSEOUS LIPOMA WITH CYSTIC DEGENERATION.

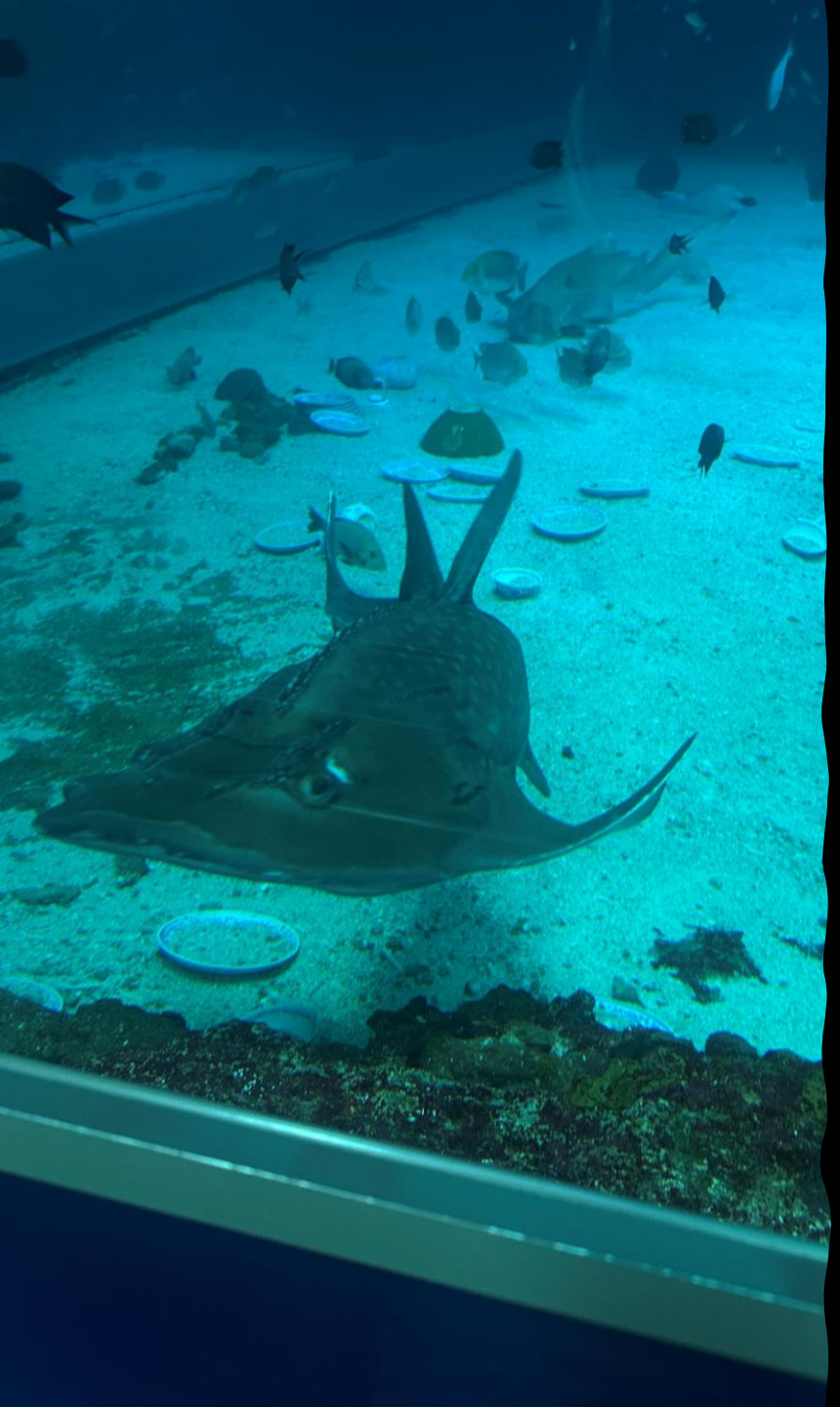
- The intraosseous lipoma is the most common lipogenous lesion of bone.
- Intraosseous lipoma is found most frequently in the intertrochanteric region of the proximal femur (34%), with the calcaneal intraosseous lipoma being the next most prevalent, found in 8-15% of cases.
- The high incidence of proximal femoral and calcaneal sites is considered to be a function of the relative paucity of trabecular bone in both of these locations, a characteristic that is also responsible for the “pseudolesion” appearance seen on radiographs at these sites.

- The symptoms may result from remodeling of bone due to expansion, or due to intralesional ischemia, noted to be a common pathogenetic consequence of a long-standing calcaneal intraosseous lipoma.

- Milgram devised a staging system in 1988, reflecting three clinical patterns:

- Stage 1- absence of necrosis
- Stage 2- partial necrosis and dystrophic calcification
- Stage 3- near complete/complete necrosis, cysts, calcification, and reactive new bone.

- The radiologic appearance of intraosseous lipoma depends on the histologic composition of the lesion.
- Intraosseous lipomas can contain varying amounts of fat, bone, fibrous tissue, and cystic degeneration, resulting in a range of radiographic manifestations.
  - Intraosseous lipomas composed solely of fat (Milgram stage 1 lesions) are radiolucent, well-circumscribed lesions that frequently are associated with mild, focal, expansile remodeling. On MRI, the lesion is geographic, rounded, without cortical interruption, with a peripheral rim of high signal intensity on T1- weighted images. Homogeneous fat suppression should occur on fat-suppressed T2-weighted or inversion recovery-weighted images.
  - In Milgram stage 2 or 3 lesions, the ossifications and calcifications may produce a distinctive radiographic appearance.



- THANKYOU