MICOD – 20/06/2024
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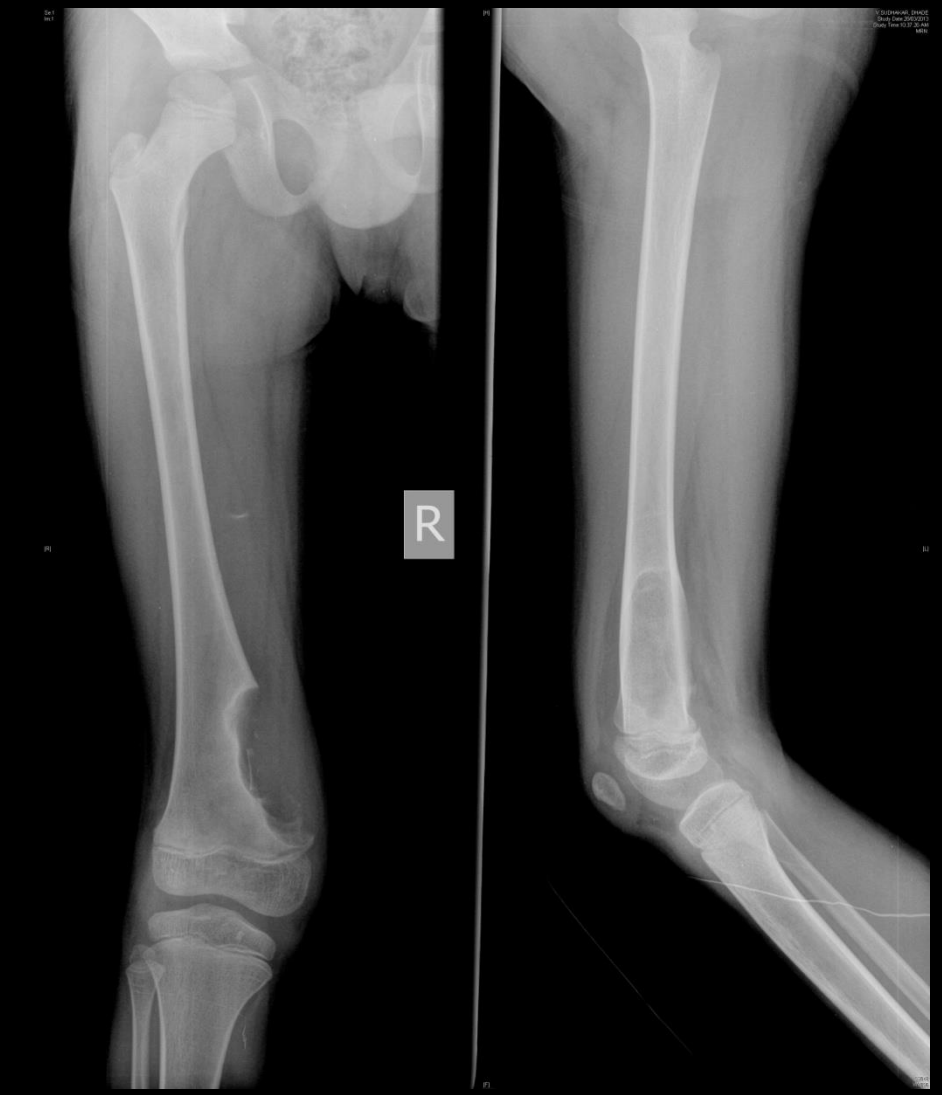
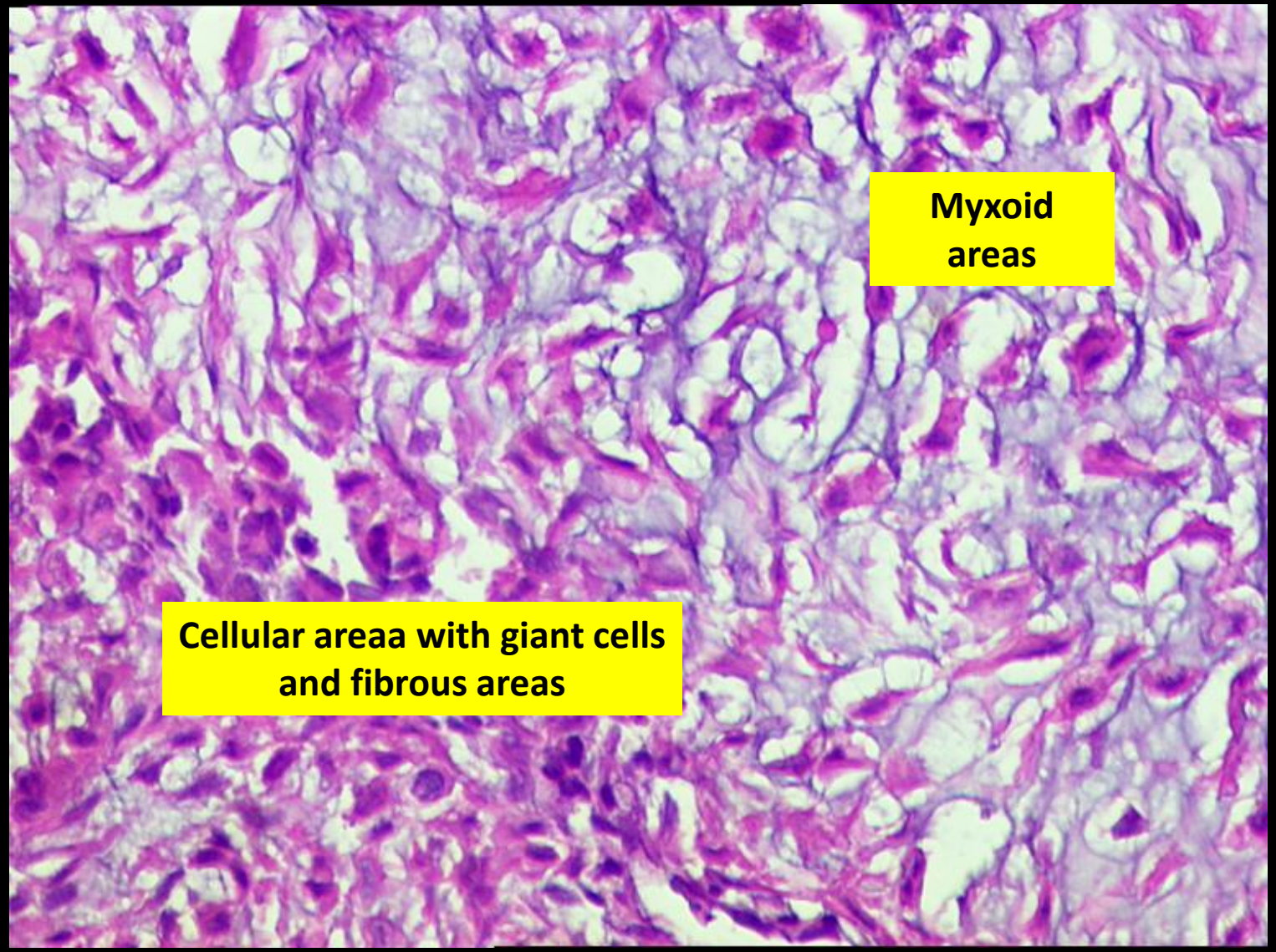
Chondromyxoid Fibroma





Cappelle S, Pans S, Sciot R. Imaging features of chondromyxoid fibroma: report of 15 cases and literature review. Br J Radiol. 2016

Chondromyxoid Fibroma

- Rare entity, representing <1% of all primary bone neoplasms and belongs to the group of benign cartilage tumours
- Frequently diagnosed in the second decade of life and is slightly more frequent in males, with a male : female ratio of 1.28 : 1.
- The final diagnosis is not always easy because of its rarity but also due to the overlap of characteristics with other bone tumours.
- The radiographic features include a well-defined focal bone lesion with geographic bone destruction, a sclerotic rim, lobulated margins and internal trabeculations. Frequently, cortical ballooning and expansion is visible and even complete cortical destruction may be seen in almost one-third of the cases

- Differential diagnosis - aneurysmal bone cysts, giant-cell tumours (GCTs), chondrosarcoma, chondroblastoma, enchondroma and non-ossifying fibroma.
- The diagnostic difficulty also exists in the histopathological similarity of CMF with chondroblastoma and chondrosarcoma.
- CMF has a benign clinical behaviour, with only a few reported cases of malignant transformation. Therefore, it should be correctly differentiated from other lesions.
- A multidisciplinary approach (clinical, radiological and pathological) is recommended to make the final diagnosis and to guide the treatment options


Thank you