

## WHOOOP! NOT AN ABSCESS..WHAT TO DO? JUXTACORTICAL CHONDROMYXOID FIBROMA. A RARELY ENCOUNTERED TUMOUR

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**Introduction:** Chondromyxoid fibroma (CMF) is one of the rarest benign bone tumor, representing less than 1% of all bone tumor. It typically affects metaphyseal region of long bones. This pathology was first described by Jaffe and Lichtenstein in 1948. Diagnosis of CMF is rarely made prior to biopsy and it is often confused with other pathology.

**Discussion:** A 10-year old girl presented to us with complaints of progressive and painful swelling over her distal aspect of left thigh. Roentgenography examination reveals an expansile lytic lesion over medial aspect of distal femoral metaphysis. The lesion has narrow zone of transition with associated cortical disruption. MRI showed a well-defined eccentric intramedullary lesion with presence of diffuse hyperintensity in the surrounding marrow to suggests edema. The lesion was diagnosed as Brodie's abscess and she was scheduled for incision and drainage. Intra-operatively, we noted a cartilaginous avascular lesion which appears benign. Curettage was performed and further clearance was achieved with high-speed burr, adjuvant with 100% alcohol and H<sub>2</sub>O<sub>2</sub> to sterilize the tumor bed. Histopathological examination showed benign hypo to hypercellular chondromyxoid tissue forming lobules, consistent with CMF.

**Conclusion:** Initial diagnosis of abscess was given based on heterogeneity of the lesion and significant soft tissue and marrow edema. Sai Gao et.al in his study indicates that incidence rate of edema associated with benign tumors and tumor like disease are 35% and 84% respectively. Intra-operative findings of suspected malignant lesion should prompt biopsy prior to resection, with fresh frozen section remains the best option. Inappropriate surgical procedures based on initial misdiagnosis can have a devastating outcome. Miguel et.al reported increase in local recurrence and poor 10 year survival among patients who had erroneous surgical procedure based on initial misdiagnosis of osteosarcoma. In our case, decision to proceed with the aforementioned procedure was based on radiographic and intra-operative benign appearance.