

CHONDROMYXOID FIBROMA OF THE ETHMOID BONE: A RARE NEOPLASIA IN AN UNUSUAL LOCATION.

Paixão-Becker, ANP; Tarelho, RS; Cruz AAV, Veríssimo F, Peres, LC.

INTRODUCTION: Chondromyxoid fibroma is an unusual benign cartilagenous bone tumor usually occurring in long bones - about 1% of all bone tumors. It is more frequent in the second and third decades, with a M:F rate of 2:1. Radiological images show a lytic lesion, with sclerotic borders and integral cortical limits. There only few cases related of CF in flat bones of the head and neck region. **AIMS:** To report a case of CF in the ethmoid bone of a 10 y-o girl. **METHODS:** Computed Tomography showed a well-limited lytic lesion in the ethmoid bone that invaded the ethmoidal sinus and the orbit. Histopathology was accessed by H&E stain of surgical samples obtained from biopsy and gross total resection. Immunohistochemistry study was carried out to exclude possibility of malignancy. **RESULTS:** A 10 year-old white female presented left exophtalmos with normal visual acuity for 6 months before biopsy. No other symptoms were referred. At the surgery, gross appearance was of a well delimited cartilagenous tumor. Histopathological exam showed a lobulated lesion, with moderate celularity, represented by bipolar and multipolar cells, with myxoid and chondroid background and focal mild pleomorfism. The respiratory epithelium was intact. Mitotic activity was low and there was no necrosis. The neoplastic cells were immunoreactive only to Vimentin, S-100 protein and CD34. No immunostains were observed with anti-sera against muscle markers and citokeratins. The proliferative index was less than 5%, evidenced by Ki-67 reaction. The girl was submitted to gross total removal of the lesion and presents well after a short follow-up. **CONCLUSIONS:** CF is an uncommon benign, although sometimes locally aggressive, cartilagenous bone tumor, rarely reported to arise in skull bones. Treatment is with *en bloc* excision - no adjuvant therapy is necessary, so it is imperative to avoid misinterpretation with malignancy.

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