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## **Images in clinical medicine**



## Osteochondroma of rib

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#### Osteochondroma of rib

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## **Image in medicine**

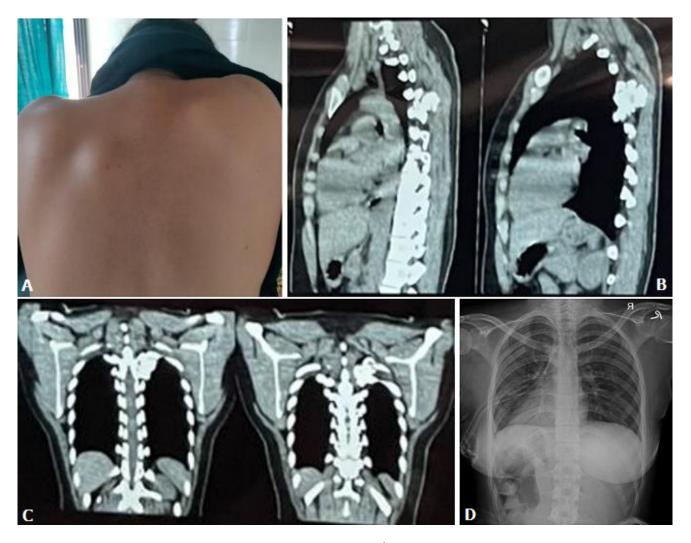
Osteochondroma is also known as exostosis and is a benign bone tumour. It commonly presents in the first 3 decades of life with a male preponderance. The most common site for the development of these tumours is the metaphysis of long bones, with almost 30% of cases originating from the distal metaphysis of the femur. Origin from flat bones like ilium and scapula is rare, while origin from vertebrae and ribs is unheard of. A 21-year-old female presented with a history of swelling over the left upper back since 2 years, pain in the left upper back and shoulder with tingling since 4 months. On examination, a 3 cm by 3 cm, hard, immobile mass was palpable in the left paravertebral region of the

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 $4^{th}$  intercostal space. X-ray and computed tomography (CT) scan of the thorax revealed two irregular lesions arising from the neck of the  $5^{th}$  rib posteriorly and a Fine Needle Aspiration Cytology (FNAC) revealed the lesion to be of chondroid matrix origin, consisting of normal chondrocytes. Through a posterior approach, two pedunculated tumours of size  $3.5 \times 2 \times 1$  cm and  $2 \times 2 \times 1$  cm, along

with the costovertebral junction of the 5<sup>th</sup> rib were resected. Histopathological examination confirmed the mass to be an osteochondroma of the rib. On 6 months follow up, the patient is stable, has no pain or tingling and there is no evidence of recurrence of the tumour.



**Figure 1**: A) clinical picture of the swelling in the left  $4^{th}$  intercostal region; B) sagittal section of CT thorax showing the irregular mass between the  $4^{th}$  and  $5^{th}$  rib; C) coronal section of CT thorax showing the irregular mass between the  $4^{th}$  and  $5^{th}$  rib; D) post-operative X-ray with resected mass and the costovertebral junction of the  $5^{th}$  rib