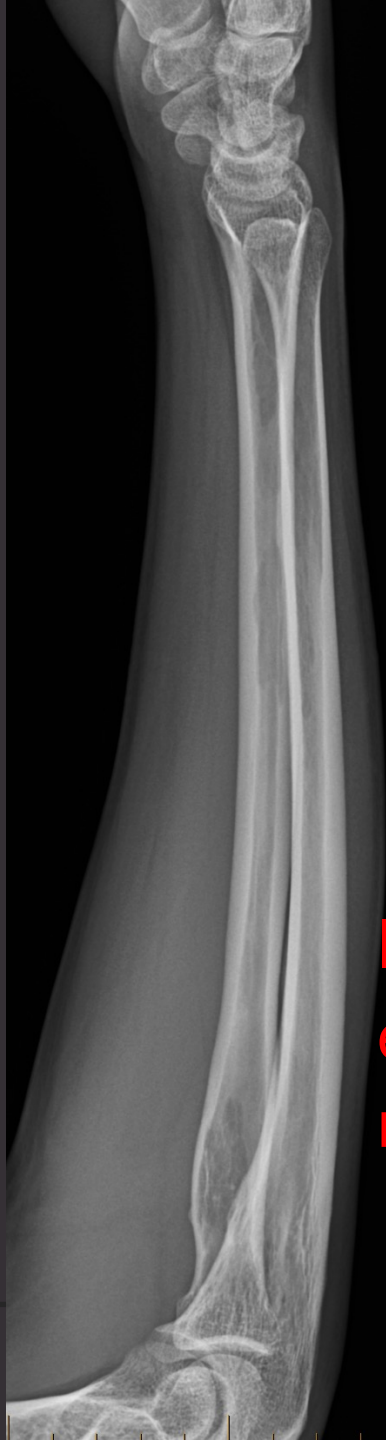


- 36 yo male with fall and pain to wrist and forearm 3 months prior.
 - Wrist and forearm xray negative for fracture
 - But had scattered lucencies throughout the radius and less so the ulna (somewhat endosteal thinning)
 - No prior medical history, except for “strange demeanor”
-



Initial ER
exam - 3
months prior





Initial (close-up)

Described as cortical
lucencies, could be artifact
vs lytic process



Did not follow-up for 6 weeks but stayed in splint during that time, nonetheless

Here is repeat 6 weeks later

R

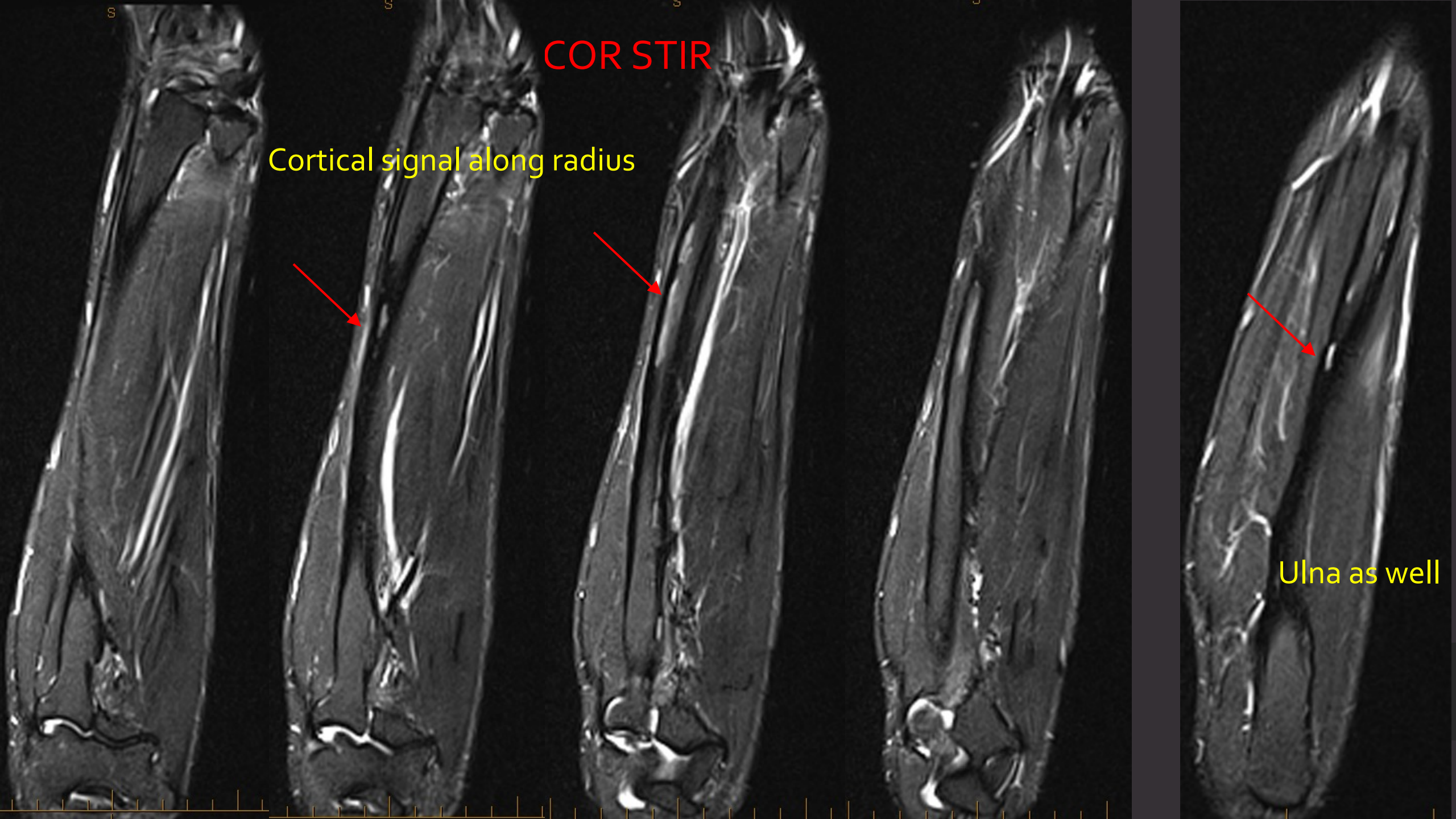
Described as lucencies with endosteal scalloping with large ddx given. C+ MRI recommended

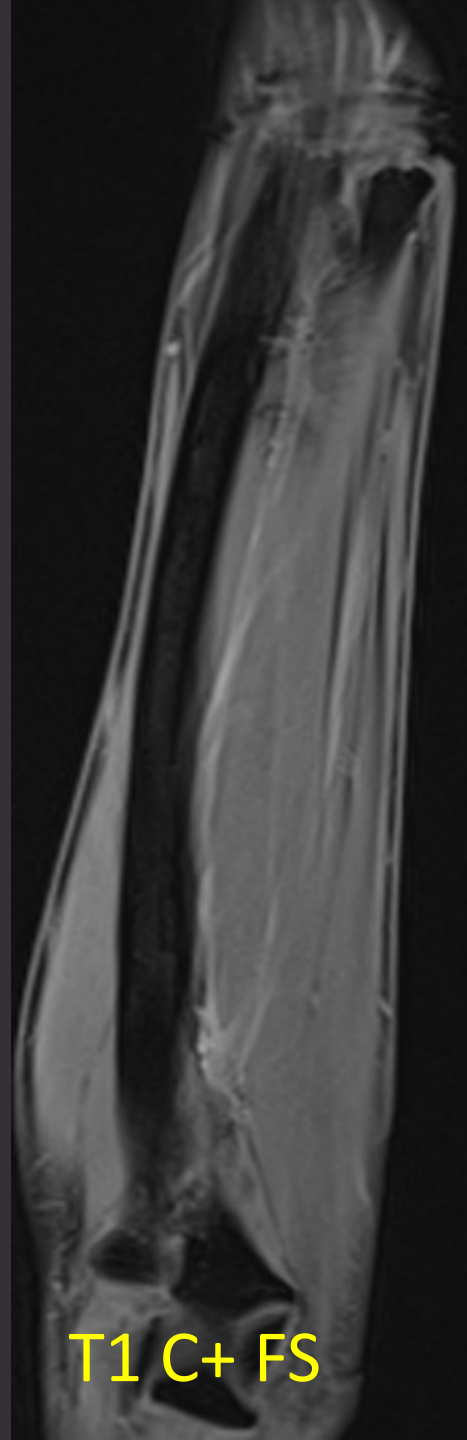
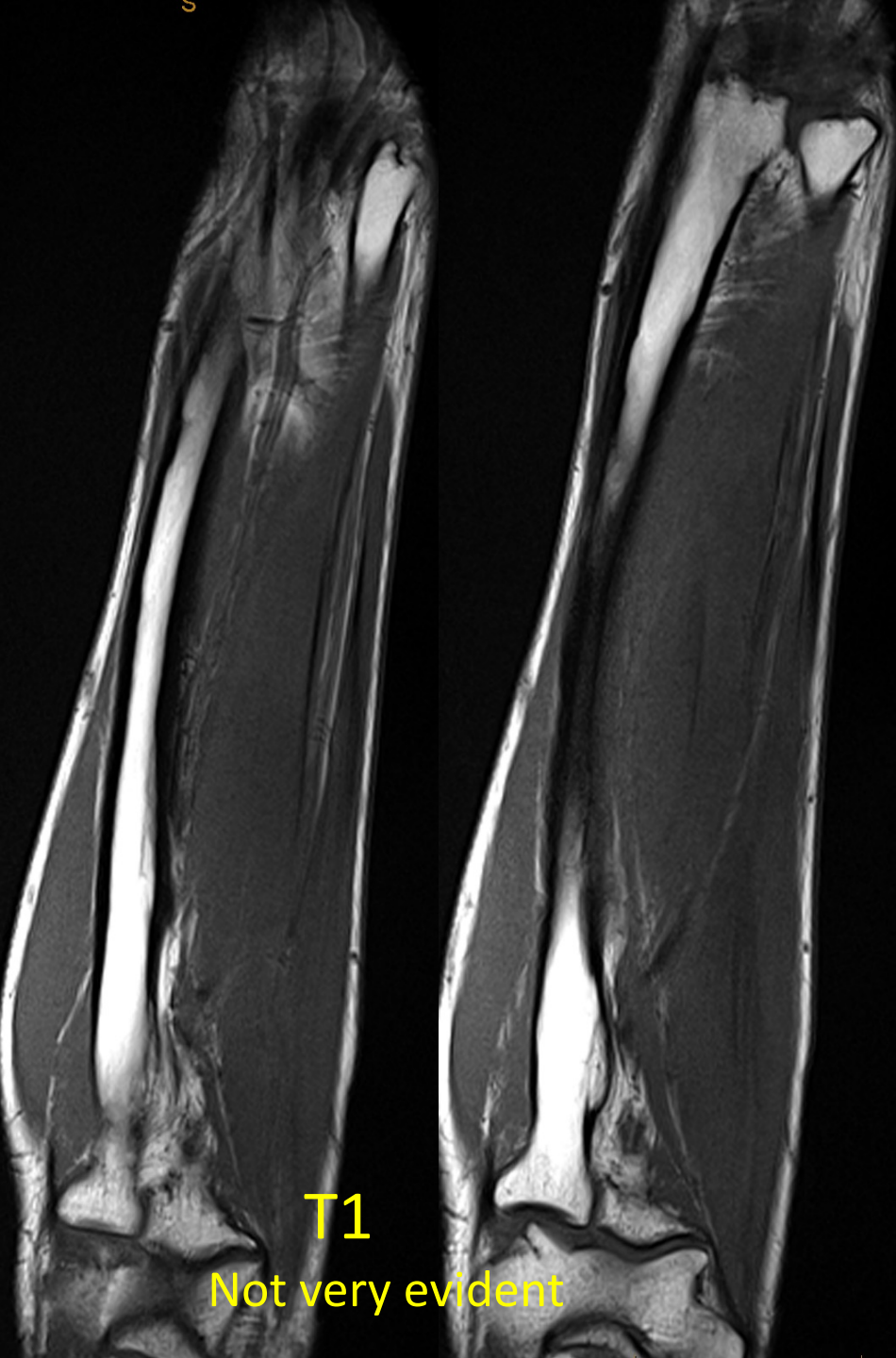
COR STIR

Cortical signal along radius

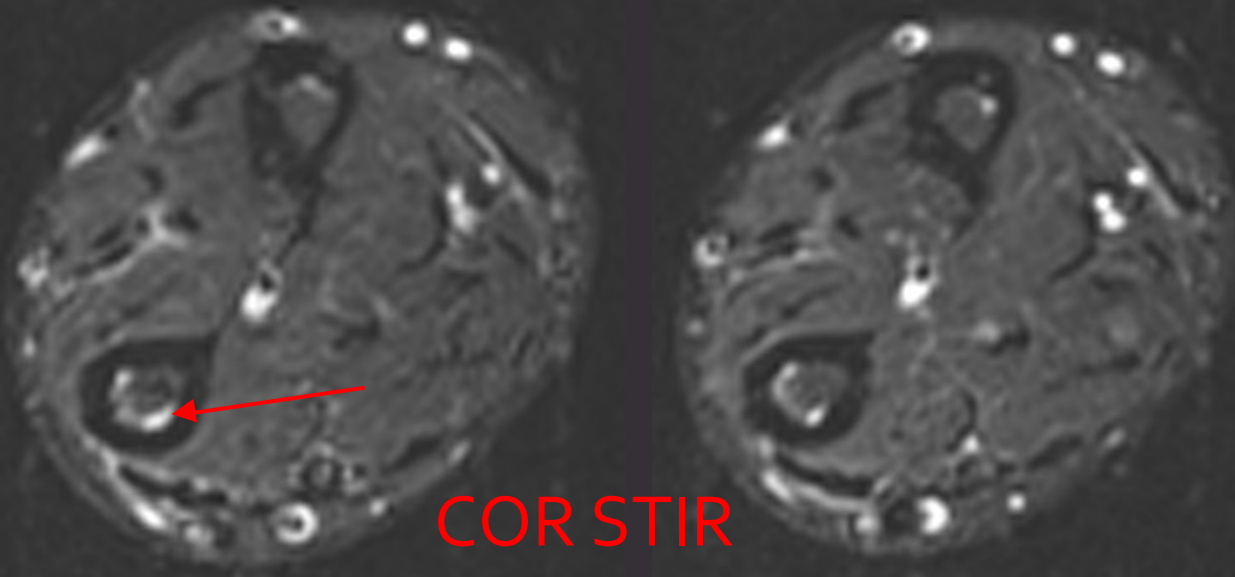


Ulna as well

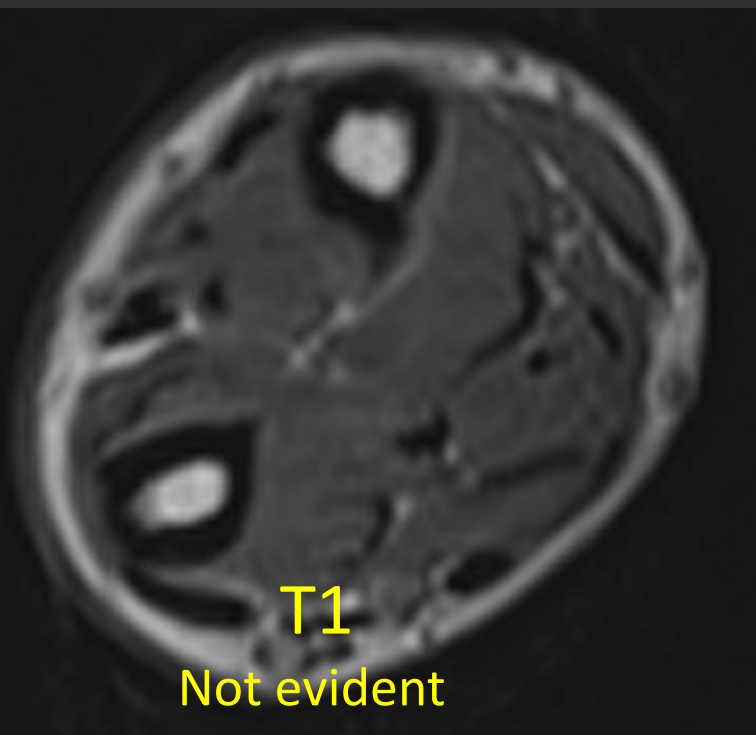




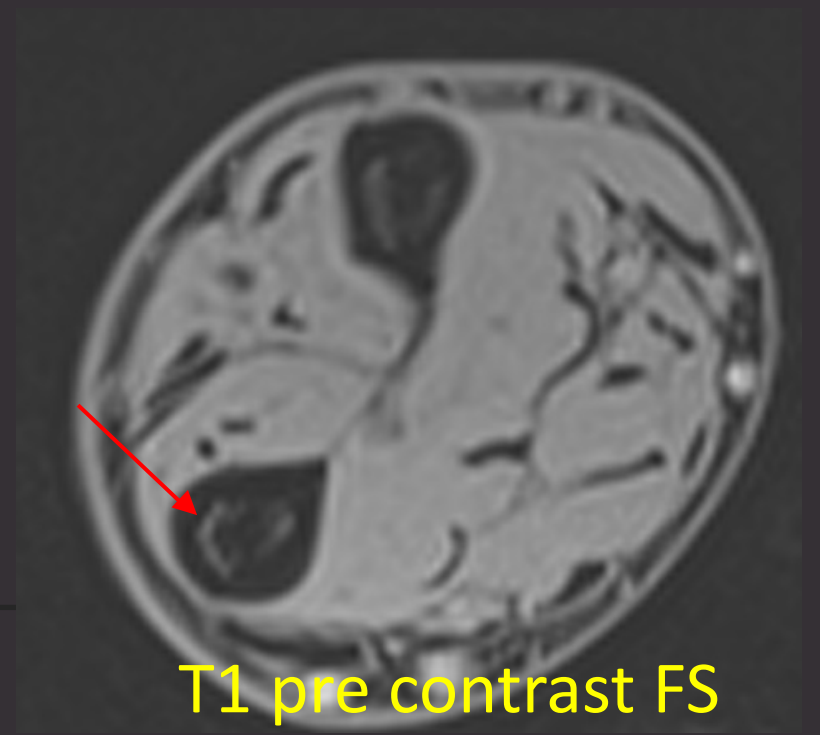
No substantial
enhancement



COR STIR



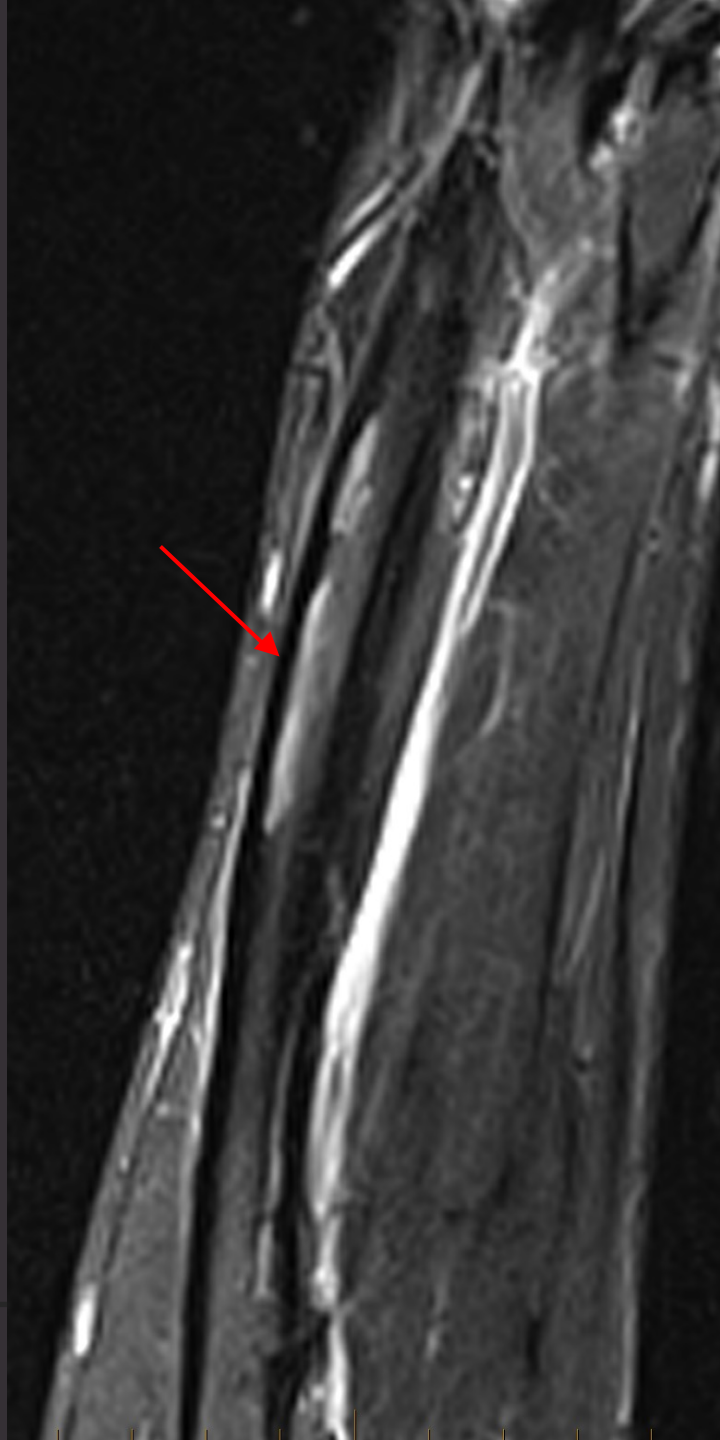
T1
Not evident



T1 pre contrast FS



T1 C+ FS
No appreciable enhancement



- Not convinced this is a pathology
 - Dilated vascular channels? Not penetrating through the cortex
 - No identifiable enhancement
 - Imaging appearance similar to osteoclastoma (hyperparathyroidism) with no periosteal reaction or matrix
 - Far too young for multiple myeloma
 - Too old for Langerhans cell histiocytosis (and no periosteal reaction or surrounding edema)
 - Metabolic process?
-