

Intraosseous Lipoma of Diaphysis of Femur — A Rare Presentation

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Abstract

Intraosseous lipoma is the rarest benign primary tumour of bone. The incidence is less than one per 1000 bone tumour. It usually arises in metaphyseal and epiphyseal zone but rarely in diaphyseal region. Diagnosis can be derived from X ray examination, CT scan and MRI, and can be confirmed by histological pattern of mature adipose tissue. Operative treatment in the form of curettage and bone grafting is considered as therapy of choice.

Introduction

A rare entity, intraosseous lipoma is considered as the rarest of all primary tumour of bone. The incidence is less than one per 1000 bone tumours. Till now almost 300 cases of osseous lipomas are reported in literature, but lipomas arising from diaphysis are rarely seen.

Case History

A 30 year old lady with no prior illness presented with dull aching pain in left thigh of 5 month duration, persistent throughout day, aggravated on movements and exercises.

X ray of left thigh taken, revealed irregular cortical thickening in the middle 1/3rd of shaft femur with sclerosis (Fig. 1). There was no fracture in femur but thickening and reactionary bone formation was present in middle of femur. Diagnosis of intraosseous lipoma kept and investigated for the evidence of same. Total and differential counts were within normal limits with ESR 28 mm for first hour and aspiration from bony lesion of diaphysis of femur revealed tiny fragment of fat tissue in haemorrhagic background. Curettage of the lesion and bone grafting done and the material sent for histopathological examination which later revealed adipose tissue, confirming the diagnosis of intraosseous lipoma.



Fig. 1 : X-ray femur showing irregular cortical thickening with sclerosis.

Discussion

Intraosseous lipoma a rare fat tumour affect any age group without significant predilection for sex. The most frequent localisation are calcaneus (24%) and the femur (22%). 60% of it arises from long bones, skull and jaws, rest from ribs and pelvis. Most patients come with minor aching pain which may last longer, few of them present with swelling with or without pain. Rarely it is associated with pathological fracture. Radiograph of the lesion shows an oval to wedge shaped, smoothly expansive, centrally lucent lesion surrounded by a border of sclerosis, mainly in metaphyseal and epiphyseal zone than diaphyseal area.

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MRI is very helpful in establishing a pathological diagnosis. MRI will show that lesion had attenuation values and a signal intensity identical to that of adipose tissue. Histological examination reveals mature fat cells with thin bone trabeculae. In order to exclude a malignant transformation and as a prophylaxis of a pathological fracture, the operative removal and bone grafting is considered as therapy of choice.

The prognosis is generally excellent and recurrences have not been reported.

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WHO USES MENTAL-HEALTH SERVICES

'Our results show disturbingly high levels of unmet need for mental-health treatment worldwide, even for people with the most serious disorders'

Mental disorders are major causes of disability worldwide, including in the low-income and middle-income countries least able to bear such burdens. Philip S Wang and colleagues report results from WHO mental-health surveys in 84850 adult respondents using mental-health services for anxiety, mood, or substance disorder in 17 countries. Unmet needs for mental-health treatment are pervasive and especially concerning in less-developed countries. In a Comment, Graham Thornicroft discusses this scandal of undertreatment and weak targeting of treatment for people with mental illness.

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