

Chondroblastoma Presented as ACL Injury in a Young Boy

R Pramanik¹, P Das²

A 16-year-boy has been referred to PMR department for rehabilitation. He suffering from left knee pain and swelling for last two months preceded by a fall. After initial assessment and diagnoses of ACL injury his knee were immobilised with POP cast for more than four weeks. Then he was referred for rehabilitation for stiff painful knee. The initial diagnoses at PMR department was ACL injury with a normal looking x-ray of knee joint (Fig 1) and MRI scan was advised.

After the admission initial rehabilitative management for ACL injury like joint protection, exercise regimen and analgesia were started. Surprisingly MRI of knee joint (Fig 2 & 3) picked up a well marginated lobulated SOL of 22×23 mm in size at the upper end of tibial epiphysis. The lesion was hypodense in T2 images and hyperdense in GRE in respect to bone. The SOL showed significant contrast enhancement with surrounding bony oedema of upper end of tibia. The MRI features were consistent and confirmatory of diagnoses of chondroblastoma with bit of weakness around the attachment of anterior cruciate ligament. For academic interest a repeat x-ray picture (Fig 4) was taken which showed a suspicious area of radiolucency at the upper end of tibia. At that stage his chest x-ray (Fig 5) was normal.

The patient was then referred to department of orthopaedics for excision biopsy and bone grafting. After the operation patient is doing well with a comprehensive rehabilitation management.



Fig 1- X-ray Knee



Fig 2- MRI Showing Lobulated SOL



Fig 3- MRI Showing Lobulated SOL



Fig 4- X-ray Showing Trans-lucent Area of Upper Tibia



Fig 5- Chest X-ray (Normal)

Author's affiliations

¹ MD, MRCP(UK), Assistant Professor, Dept. of PMR, IPGMER & SSKM Hospital, Kolkata.

² MD, Associate Professor, Dept. of PMR, BMC, West Bengal