A Case Report of Curettage and Kryptonite® use in Proximal Femur Intraosseous Lipoma

Martin Salgado¹², Cecilia Córdova¹, Carolina Avilés¹, Felipe Fernández¹

What to Learn from this Article?
How curettage and Kryptonite® use can be an effective and safe option for the surgical treatment of intraosseous lipoma.

Abstract

Introduction: Intraosseous lipomas are the most infrequent primary bone tumor, lesions are mainly asymptomatic and generally diagnosed incidentally, and there is controversy about the management. Here, we present a surgery solution that has not been described previously in literature.

Case Presentation: A 23-year-old female without previous morbid history consults a general physician because of unspecific left hip pain when walking, not related to any previous trauma or any other symptoms. In her study, radiography of the sore hip showed a radiopaque lesion with lithic aspect at the neck of the left femur.

Conclusion: Intraosseous lipoma, in spite of being a rare condition, can be diagnosed incidentally by its radiologic characteristics. The treatment can be based on observation or surgery in particular cases objectified by clinic and Mirel score.

Keywords: Intraosseous lipoma, bone tumor, Mirel score, kryptonite.

Introduction

Intraosseous lipomas are the most infrequent primary bone tumors, they represent less than 0.1% of all bone tumors and are generally diagnosed between fourth and fifth decades of life [1]. The most frequent localization is large bone metaphysis, mainly low extremities (34% proximal femur, 8% calcaneus, 8% ilium etc.) [1-4]. Lesions are mainly asymptomatic and generally diagnosed incidentally. Radiologic diagnosis has a big correlation with histopathological study, because of highly specific characteristics found at radiography (Rx) and magnetic resonance imaging (MRI) [1-5]. There is controversy about the management [1], there is no consensus between surgery (curettage, biopsy and allograft) or observation, taking into account that most of the cases are asymptomatic or had rather low functional repercussion with low malignancy potential [1, 6]. Here, we present a rare case of a young female patient with an intraosseous lipoma in the proximal femur with surgery resolution.

Case Presentation

A 23-year-old female without previous morbid history consults a general practice physician because of unspecific left hip pain when walking, not related to any previous trauma or any other symptoms. She was referred to traumatology where she was evaluated and no pathological findings were present at physical examination.

As part of the study, she took an anteroposterior pelvis radiograph (Fig. 1), which detected a radiopaque lesion with a lithic aspect at the neck of the left femur. To complete the study she took a MRI with gadolinium (Fig. 2, 3): showing intraosseous lesions at her left femur neck of 4,1x3, 1x2 cm. each, with well defined, irregular and sclerotic limits, with greater thickness in their medial superior aspect. In the inside, it showed heterogeneous signal of adipose tissue in T1 and T2 without reinforcement when contrast was used and irregular calcifications could be seen in the inside of the lesion (Milgram [3] stage 3). The case was discussed by the therapeutic team, concluding the need for an intervention because of symptomatic clinic and high risk of pathological bone

Access this article online
Website: www.jocr.co.in
DOI: 2250-0685.458

Copyright © 2016 by Journal of Orthopaedic Case Reports
Journal of Orthopaedic Case Reports | pISSN 2250-0685 | eISSN 2321-3817 | Available on www.jocr.co.in | doi:10.13107/jocr.2250-0685.458
This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/3.0) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.
Intraosseous lipoma, in spite of being a rare condition can be diagnosed incidentally by its radiologic characteristics and the treatment can be based on observation or surgery in particular cases objectified by clinical and Mirel score. The Kriptonite® use in orthopedic surgery must be evaluated as an effective and safe therapeutic alternative for intreaosseous lipoma’s treatment with better outcomes.

**Conclusion**

Diagnosis of intraosseous lipoma can be done incidentally by its radiologic characteristics despite a bad clinical history and common symptoms. Not every intraosseous lipoma needs to be treated, but by using Mirel’s score and followed up, orthopedic surgery becomes an option that needs to be considered.

**Clinical Message**

Diagnosis of intraosseous lipoma can be done incidentally by its radiologic characteristics despite a bad clinical history and common symptoms. Not every intraosseous lipoma needs to be treated, but by using Mirel’s score and followed up, orthopedic surgery becomes an option that needs to be considered.

**References**

1. Bagatur AE, Yalcinkaya M, Dogan A, Gur S, Mumcuoglu E, Albayrak M. Surgery is not always necessary in intraosseous lipoma. Orthopedics 2010;12;33(5)
2. Murphey MD, Carroll JF, Flemming DJ, Pope TL, Gannon FH, Kransdorf MJ. From the archives of the AFIP: benign musculoskeletal lipomatous lesions. Radiographics 2004;24(5):1433-66.
3. Milgram JW. Intraosseous lipomas. A clinicopathologic study of 66 cases. Clin Orthop Relat Res. 1988;(231):277-302.
4. Milgram JW. Intraosseous lipomas: radiologic and pathologic manifestations. Radiology 1988;167(1):155-160.
5. Mandl P, Mester A, Balint PV. A black hole in a bone -- intraosseous lipoma. JRheumatol. 2009;36(2):434-46.
6. Milgram JW. Malignant transformation in bone lipomas. Skeletal Radiol. 1990;19(5):347-352.
7. Mirels H. Metastatic disease in long bones. A proposed scoring system for impending pathologic fractures. Clin Orthop Relat Res. 1989;(249):256-64.

**How to Cite this Article**

Salgado M, C. Córdova, C. Avilés, F. Fernández. A Case Report of Curettage and Kryptonite® use in Proximal Femur Intraosseous Lipoma. Journal of Orthopaedic Case Reports 2016 April-June;6(2):98-99