

Post-Traumatic Osteochondromatosis of the Elbow about a Case**A. Lagdid*, O. Ben Hazim, M. Boufettal, R.A Bassir, M. Kharmaz, M.O Lamrani, M. Ouadghiri, A. Bardouni, M.M Ahfoud, M.S Berrada**

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Abstract: Our study reports a case of a post-traumatic osteochondromatosis of the elbow. The surgical procedure took as an approach the internal way and allowed to remove the large ossified mass and release the elbow. Rehabilitation sessions were undertaken postoperatively. On postoperative return of 6 months, the result was excellent, the elbow having found complete mobility with no recurrence. Osteochondromatosis corresponds to ossification of the nodules of synovial chondromatosis, it is a rare affection, which affects especially the man between 20 and 50 years, it is a monoarticular affection. Some authors believe that partial synovectomy associated with excision prevents recurrence, sarcomatous degeneration is possible, and is reported mainly in the knee.

Keywords: osteochondromatosis, ossification, surgical procedure

INTRODUCTION

Synovial chondromatosis is a metaplasia of synovial tissue characterized by the production of cartilaginous intra-articular nodules; when these nodules ossify, we speak of osteochondromatosis. It is a relatively rare affection; the most affected joints are the knee, the hip and also the elbow. We report a case of post-traumatic osteochondromatosis of the elbow in a 36-year-old man.

CASE REPORT

This is a 36-year-old man with a history of a fall with a point of impact in his left elbow 3 years ago, with no initial consequences.

The patient presents with a left elbow swollen, stiff with a 90 degree flexion, and intermittent pains. The X-ray of the elbow made in front and in profile, do not show vicious call, but show a large ossified mass developed behind the humeral head and peri-articular (fig1a-b). This mass is better visualized by a T.D.M of the left elbow which shows a calcified cartilaginous mass engulfing the left elbow joint without a clearly visible image of exostosis (Fig 2 a-b).

The surgical procedures took as an approach the internal way and allowed the excision of the large ossified mass and release the elbow (fig 3a-b). Rehabilitation sessions were undertaken postoperatively. On postoperative return of 6 months, the result was excellent, the elbow having found complete mobility with no recurrence. Anatomopathological examination of the surgical piece confirmed the diagnosis of synovial osteochondromatosis by the presence of lobulated hyaline cartilage fragment with ossification foci, there was no evidence of sarcomatous degeneration.



Fig-1 (a-b): X-ray of Face and profil of the elbow_ shows a large ossified mass developed behind the humeral pallet and periarticular

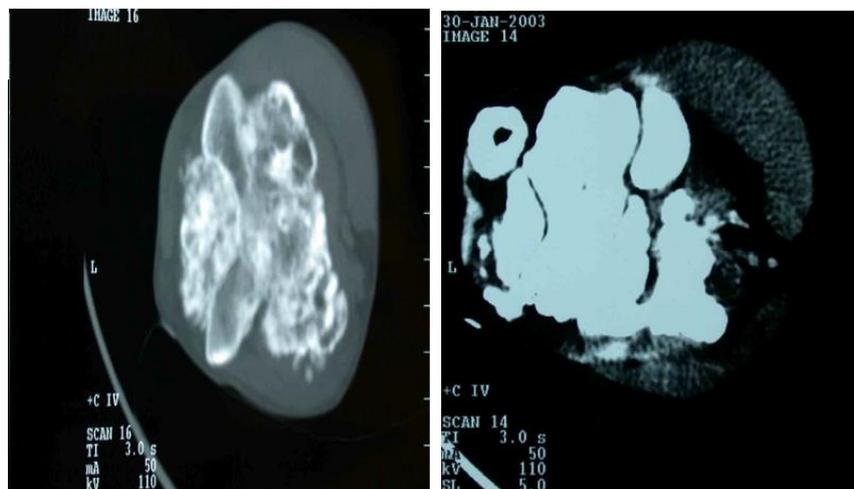


Fig-2 (a-b): T.D.M of the left elbow which shows a calcified cartilaginous mass engulfing the left elbow joint



Fig-3 (a-b): Postoperative X-rays of Face and profil of the elbow showing the exeresis of the ossified mass

DISCUSSION

Osteochondromatosis corresponds to ossification of the nodules of synovial chondromatosis [1-3], it is a rare affection, which affects especially the man between 20 and 50 years [1,3,4], it is a monoarticular affection, the elbow represents a usual localization after the knee [2,4,5,6]. We distinguish the primitive form 10% [1,3,5,6], and the secondary forms (osteoarthritis, osteochondritis, trauma ...). The traumatic antecedent is very rarely found. The etiology of this affection remains uncertain, most authors speak of metaplasia of the synovial tissue [1,7], the clinical forms are numerous, we can quote the pseudotumoral form [1,4,8] as it is the case of our patient.

The confirmation diagnosis is the anatomopathological study of the surgical piece [1,2,8,9,10]. Some authors believe that partial synovectomy associated with excision prevents recurrence [3,8,10], sarcomatous degeneration is possible, and is reported mainly in the knee [1,10].

CONCLUSION

Post-traumatic osteochondrastosis of the elbow is a rare affection whose diagnosis must be documented histologically, and early management avoids the advanced forms that can cause sarcomatous degeneration.

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