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# Chondromyxoid Fibroma of Lumbar Vertebrae: A Case Report

## *Lomber Omurganın Kondromiksoid Fibromu: Olgu Sunumu*

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**Anahtar Kelimeler:** Kondromiksoid fibroma, lomber omurga, MRG

**Dear Editor,**

A 56-year-old female was admitted to our clinic with difficulty of walking. She described neither neurologic claudication nor radicular pain. Her symptoms progressively had worsened for the last 6 months. A neurologic examination revealed right Laseque positivity at 30 degrees, right extensor hallucis longus muscle weakness, and right L5 dermatomal hypoesthesia. There was no urinary incontinence. Plain X-ray of lumbar vertebra showed degenerative changes (Figure 1). Magnetic resonance imaging (MRI) scans showed a lesion adherent to the right L4 lamina, T2-weighted images showed a high signal lesion with a low signal intensity rim, which was very similar to the neighboring bony structure (Figure 2). In our case, we preferred en block resection and curettage. A soft purple-colored mass under the right L4 laminae pressing the L5 root was substracted and bony margins were curated. Histopathologic diagnosis was confirmed as chondromyxoid fibroma. The patient was followed for 6 months with full recovery of sensory and motor symptoms and with no recurrence.

Chondromyxoid fibroma is a benign tumor of long bone metaphysis-derived from cartilage precursor elements (1). Spinal involvement is extremely rare. Conventional radiographs show a well-marginated, expansile, lucent, eccentric, medullary lesion (2). Lesion margins usually appear sclerotic and rarely contain visible calcification (3). Computed tomography provides more detailed information about chondromyxoid fibroma; scans display a sclerotic calcification margin and trabeculation better than conventional radiography (4). The MRI features of chondromyxoid fibroma of the vertebral column are a peripheral intermediate signal

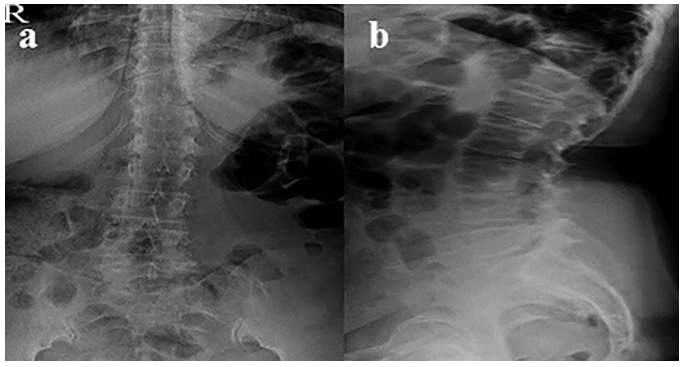


**Figure 1.** Plain X-ray revealed no significant indication of chondromyxoid fibroma because of adherent structures and superposition of multiple layers (a, b)


**Figure 2.** Magnetic resonance myelogram showed cerebrospinal fluid flow obstruction on L4-5 disc space (a). T1-weighted images showed low signal intensity lesion adherent to right L4 lamina and foraminal stenosis (b). T2-weighted images showed a high signal lesion with a low signal intensity rim, very similar to neighboring bony structure (c, d)

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band, central high signal intensity on T2-weighted images, and peripheral nodular enhancement or central non-enhancing focus on contrast-enhanced T1-weighted images (5). Surgical resection has been the mainstay of treatment for spinal chondromyxoid fibroma because malignant transformation is possible, thus radical removal is the treatment of choice.

### Ethics

**Informed Consent:** Patient's consent was received.
**Peer-review:** Externally and internally peer-reviewed.

### Authorship Contributions

Surgical and Medical Practices: D.A., Concept: D.A., Design: D.A., Data Collection or Processing: H.B., Analysis or Interpretation: D.A., Literature Search: H.B., Writing: D.A., H.B.

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