

# Ulna; diaphysis

♂, 21 yo

1st referral: 12.10.2011

## HPI:

- In july, the patient noticed at the first time a small bump on the right forearm
- A radiograph showed no pathologies
- No increase in size since july
- No night-pain

## PMH:

- No previous surgery or disorders known

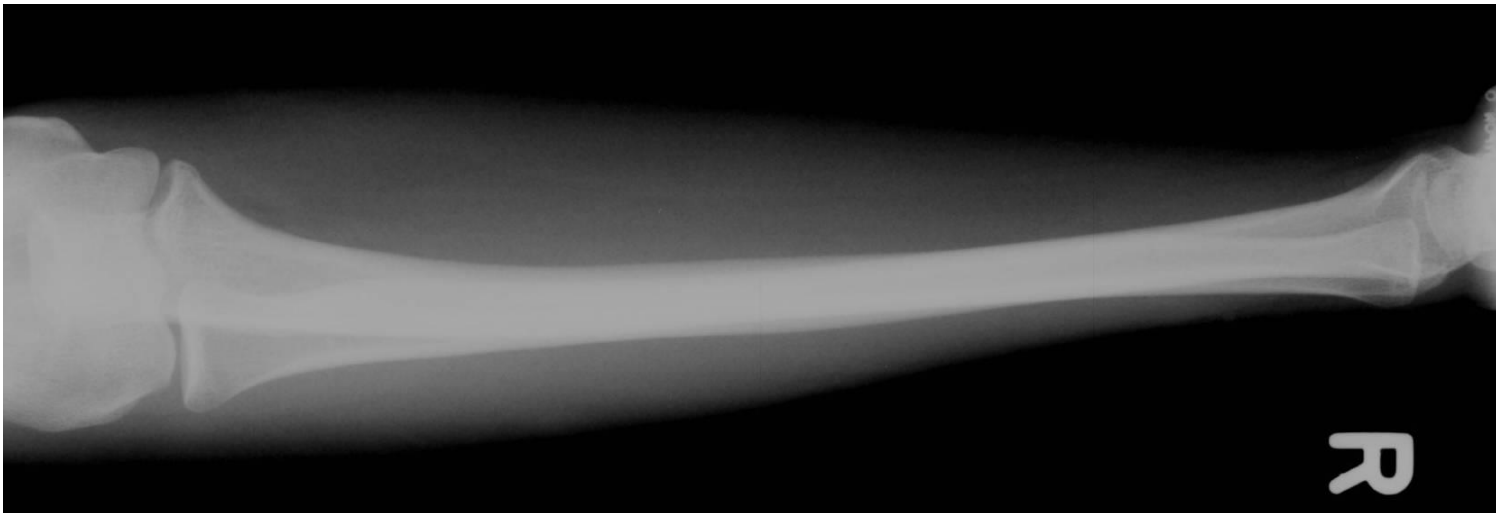
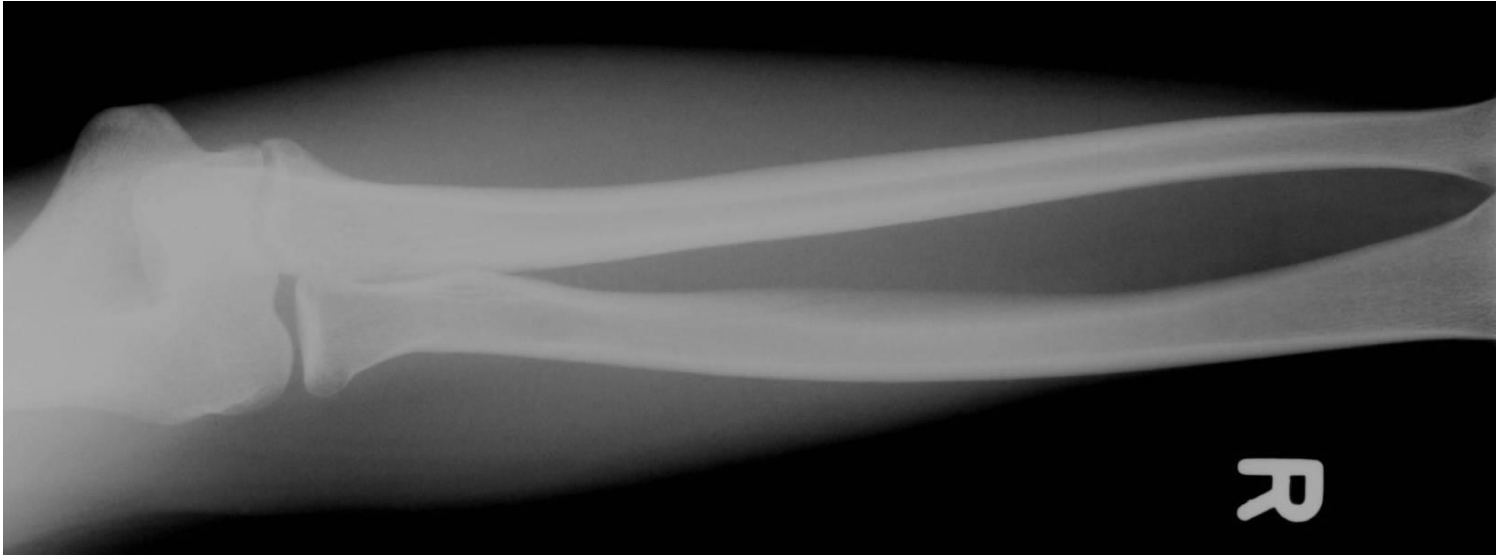
# Ulna; diaphysis

## clinical findings:

- Normal integument
- Tender to palpation over the proximal dorsal ulna
- Immobile
- Surrounding muscles move freely
- Neurovascular intact

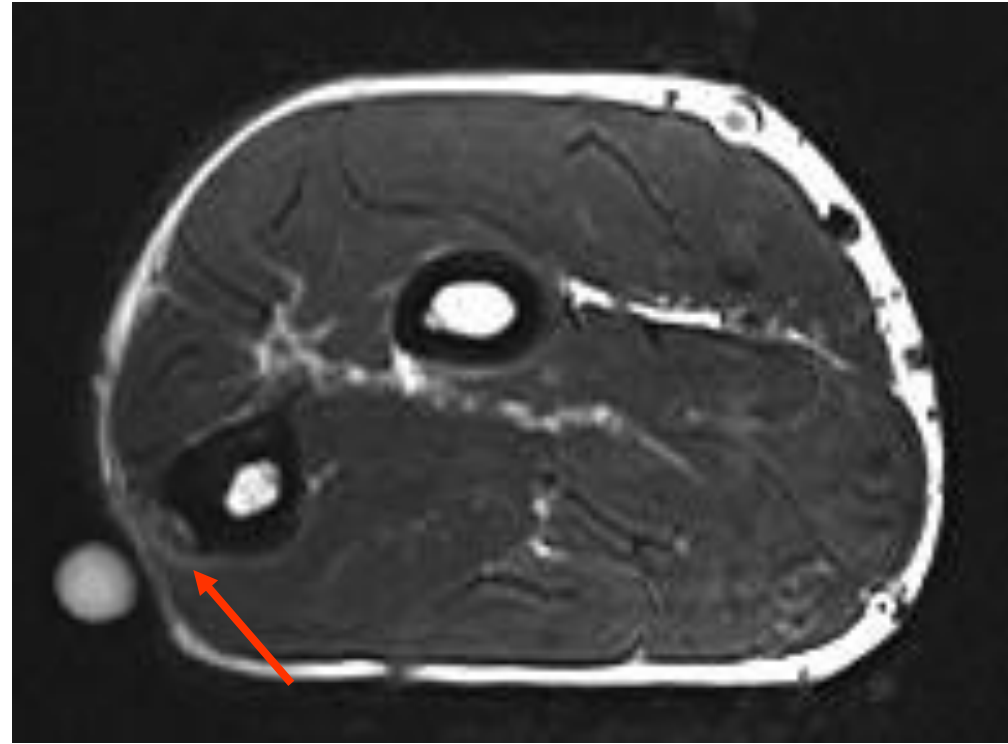
# Ulna; diaphysis

## Xray: June 26th, 2011



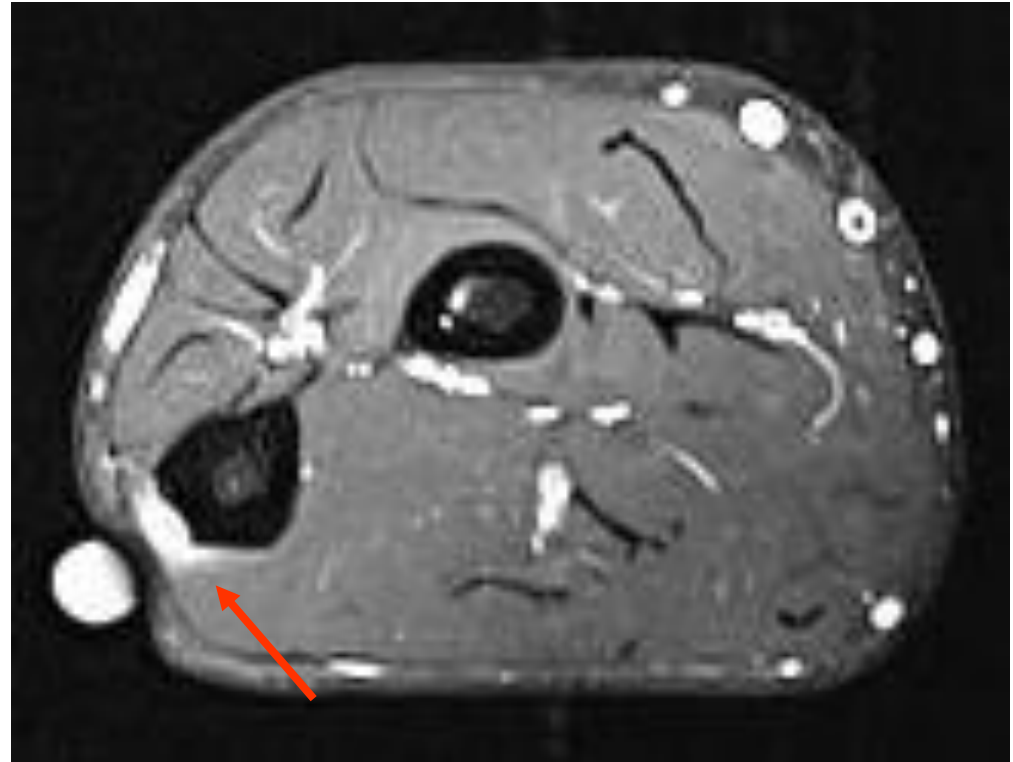
# Ulna; diaphysis

## MRI: September 12th, 2011



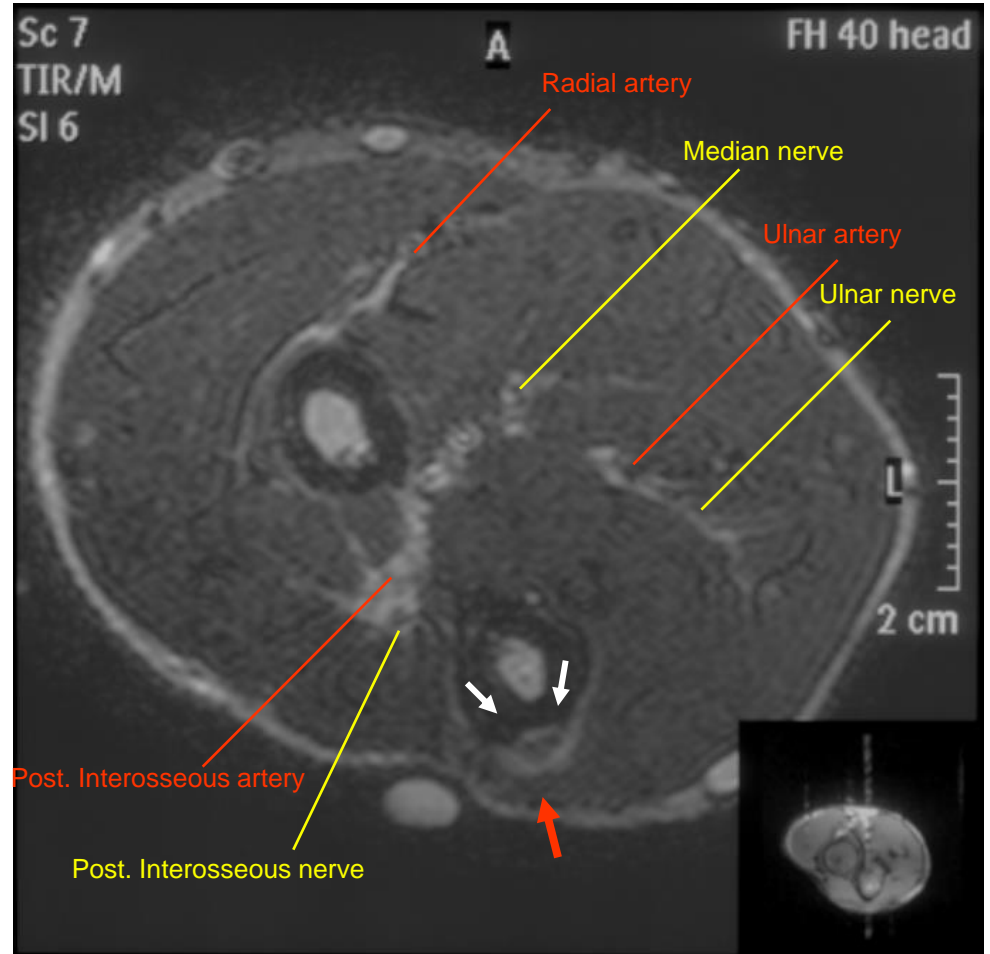
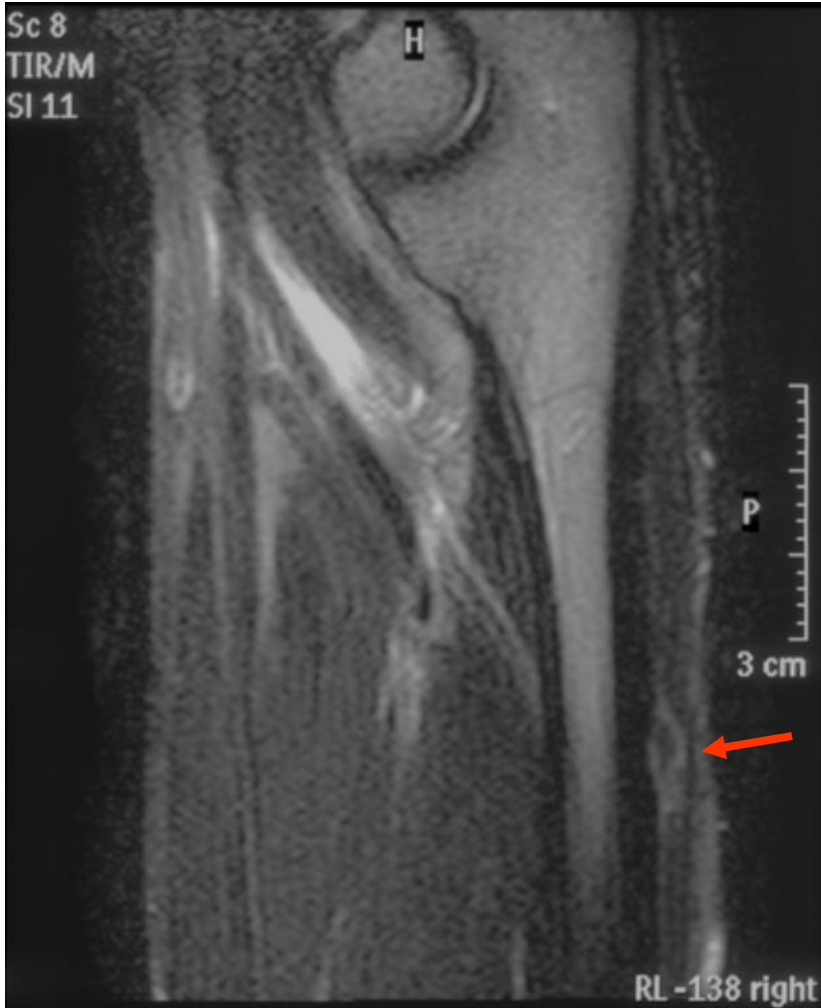
# Ulna; diaphysis

## MRI: September 12th, 2011



# Ulna; diaphysis

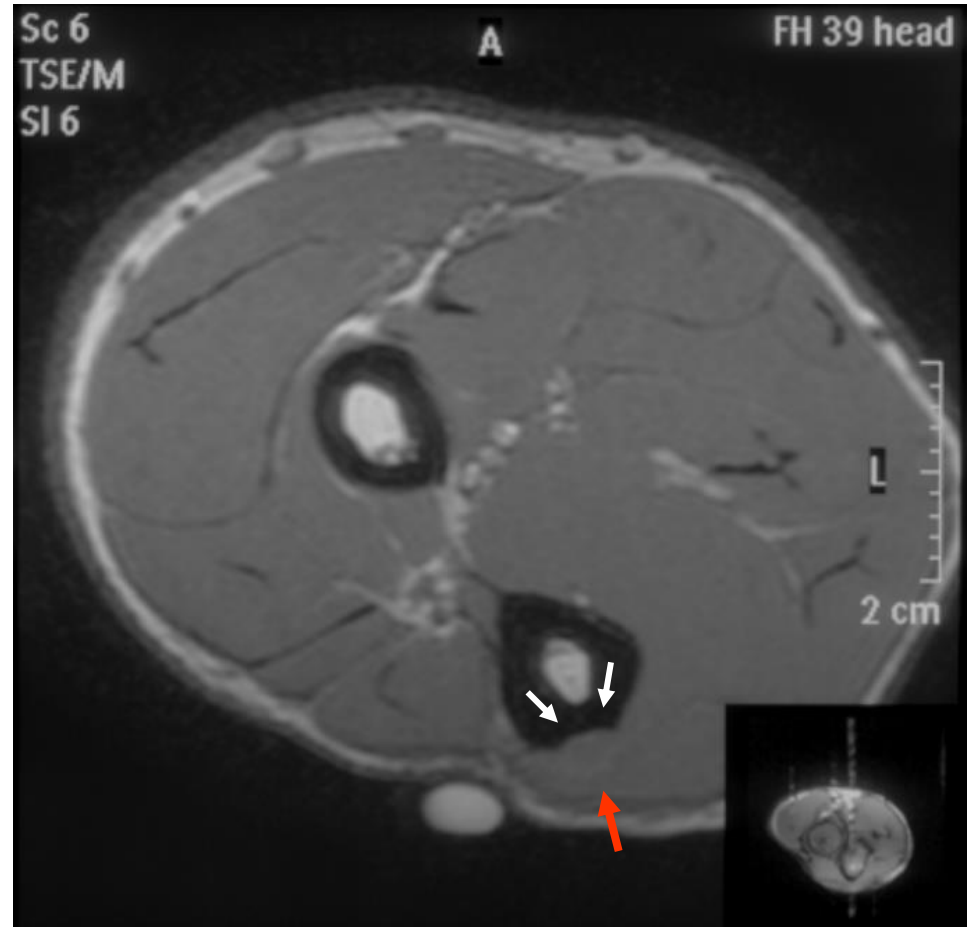
## MRI: October 22nd, 2011





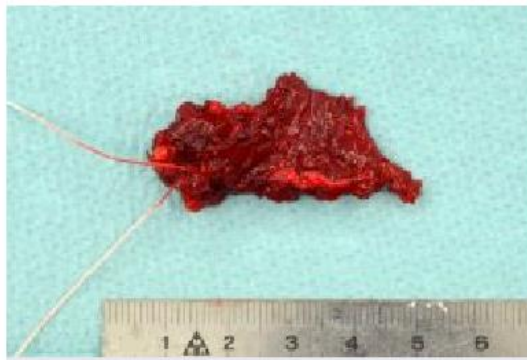
# Ulna; diaphysis

## MRI: October 22nd, 2011

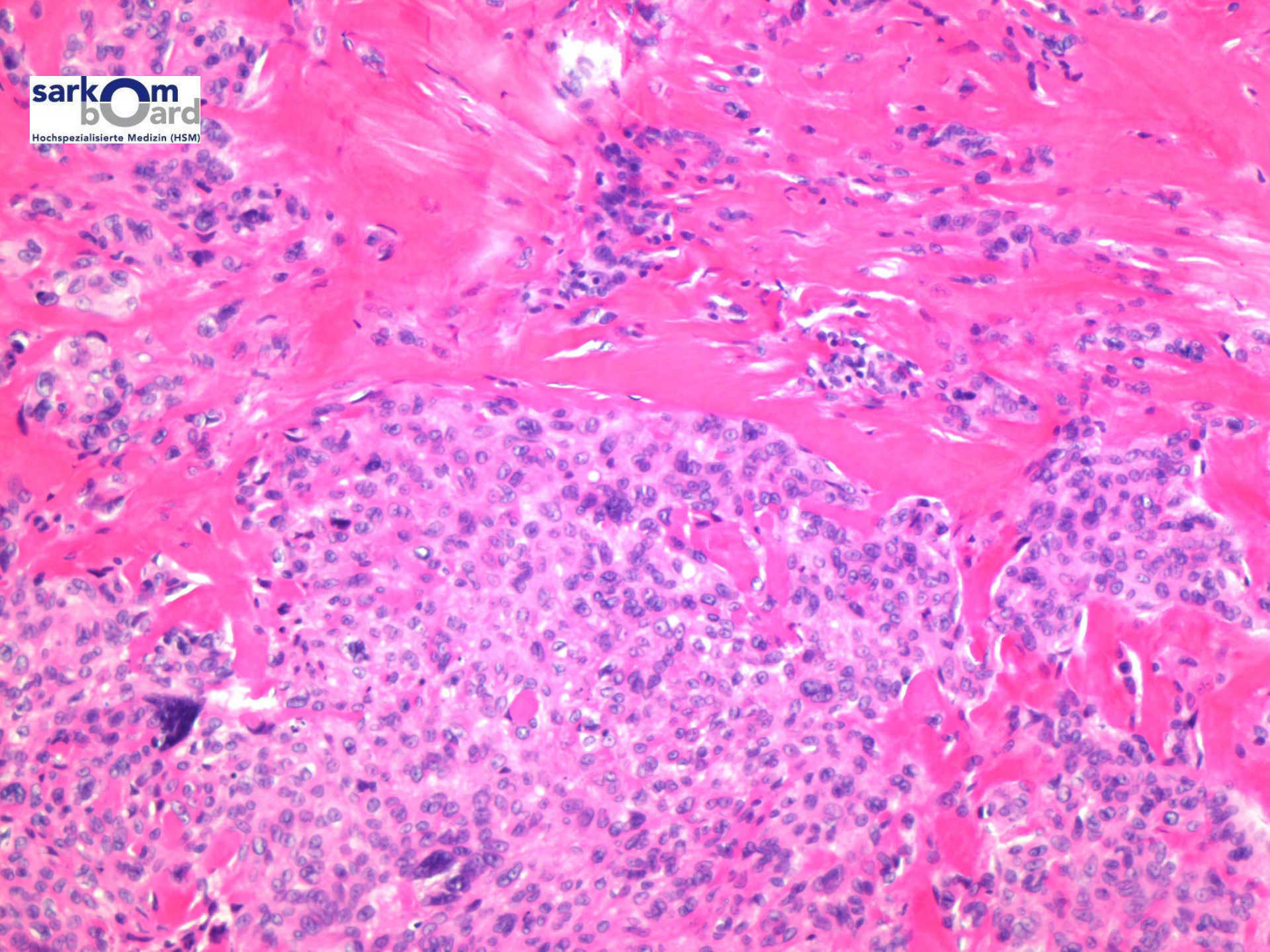


# Ulna; diaphysis

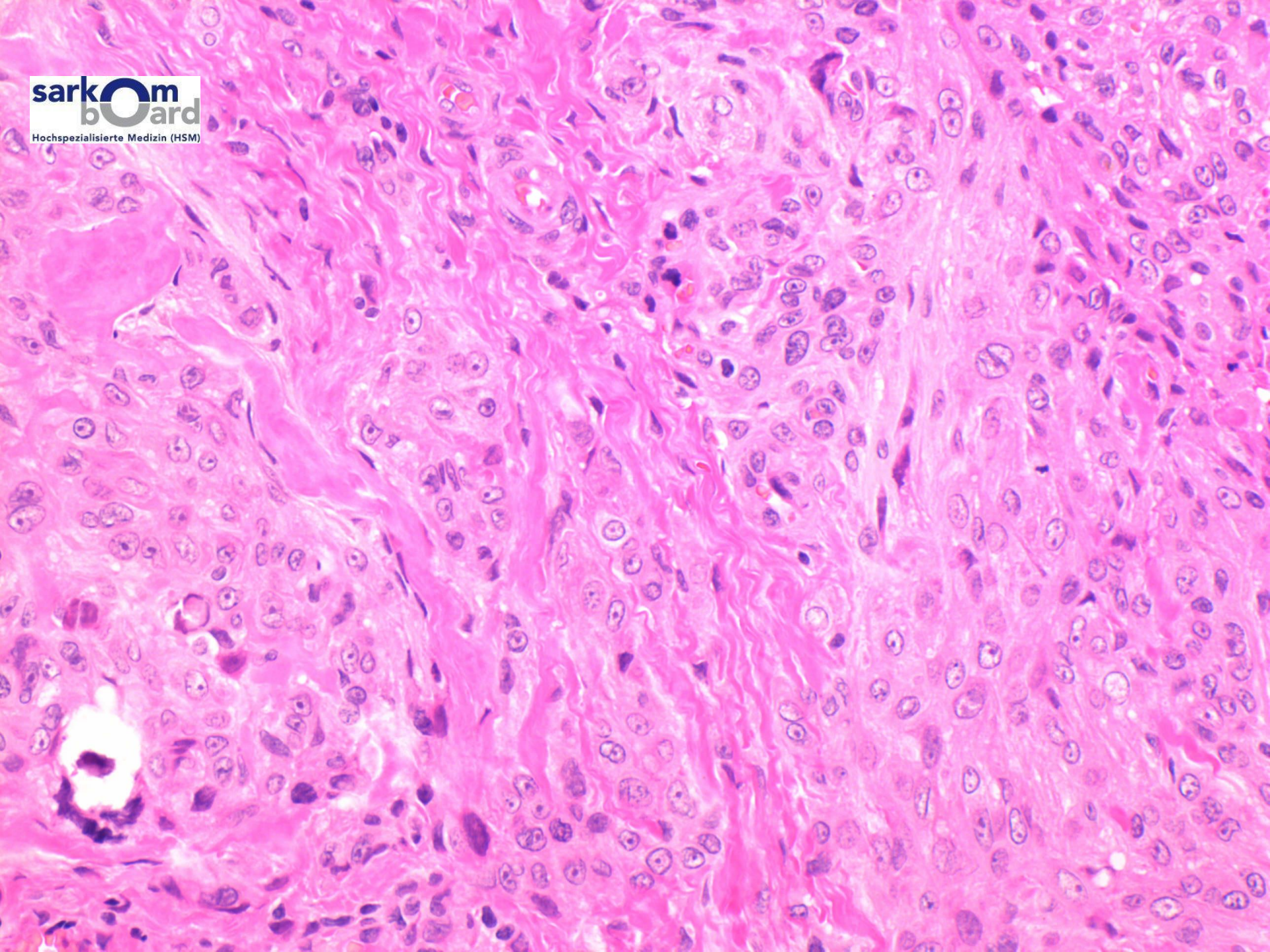
Resection biopsy: December 13th, 2011





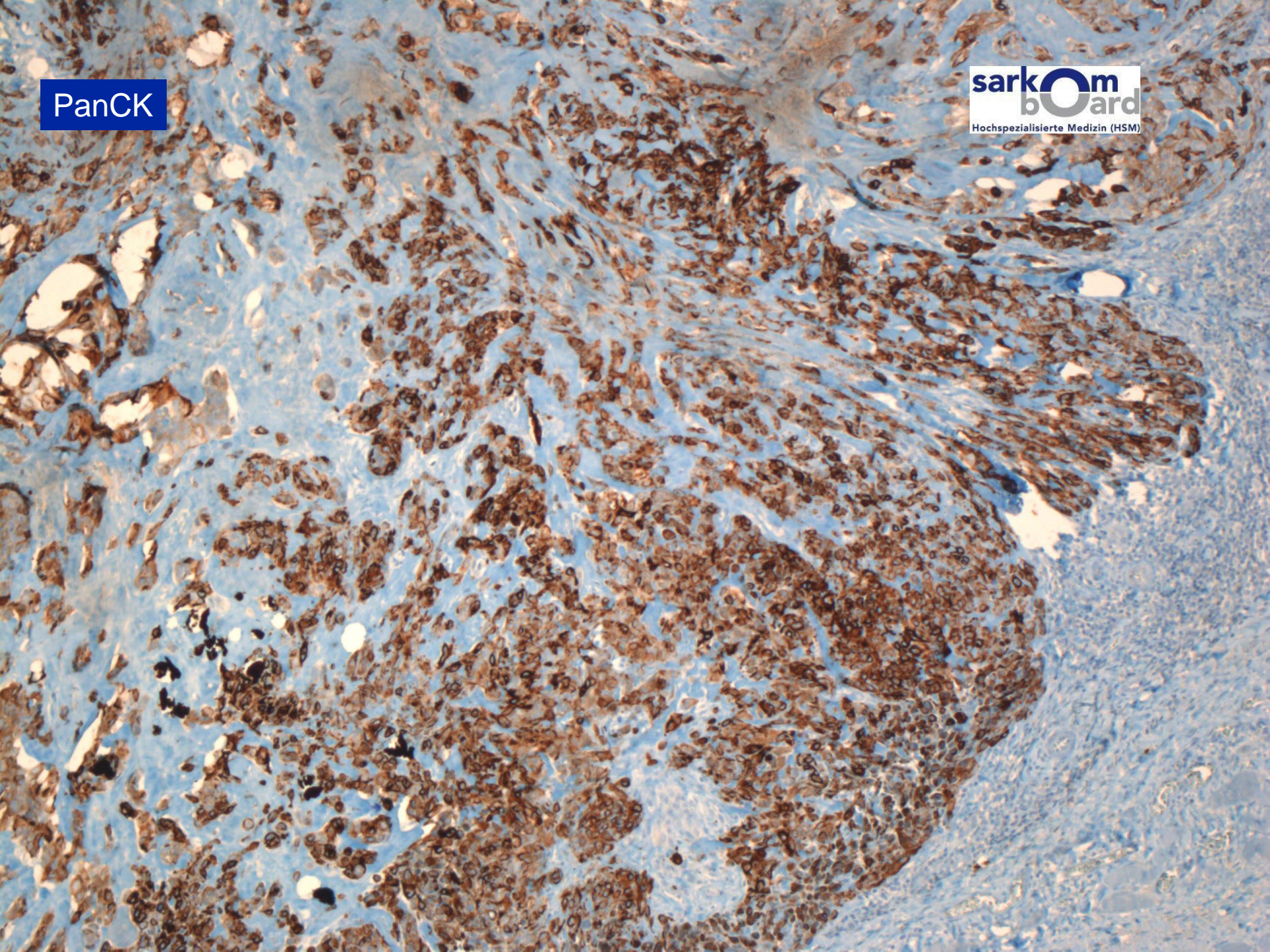






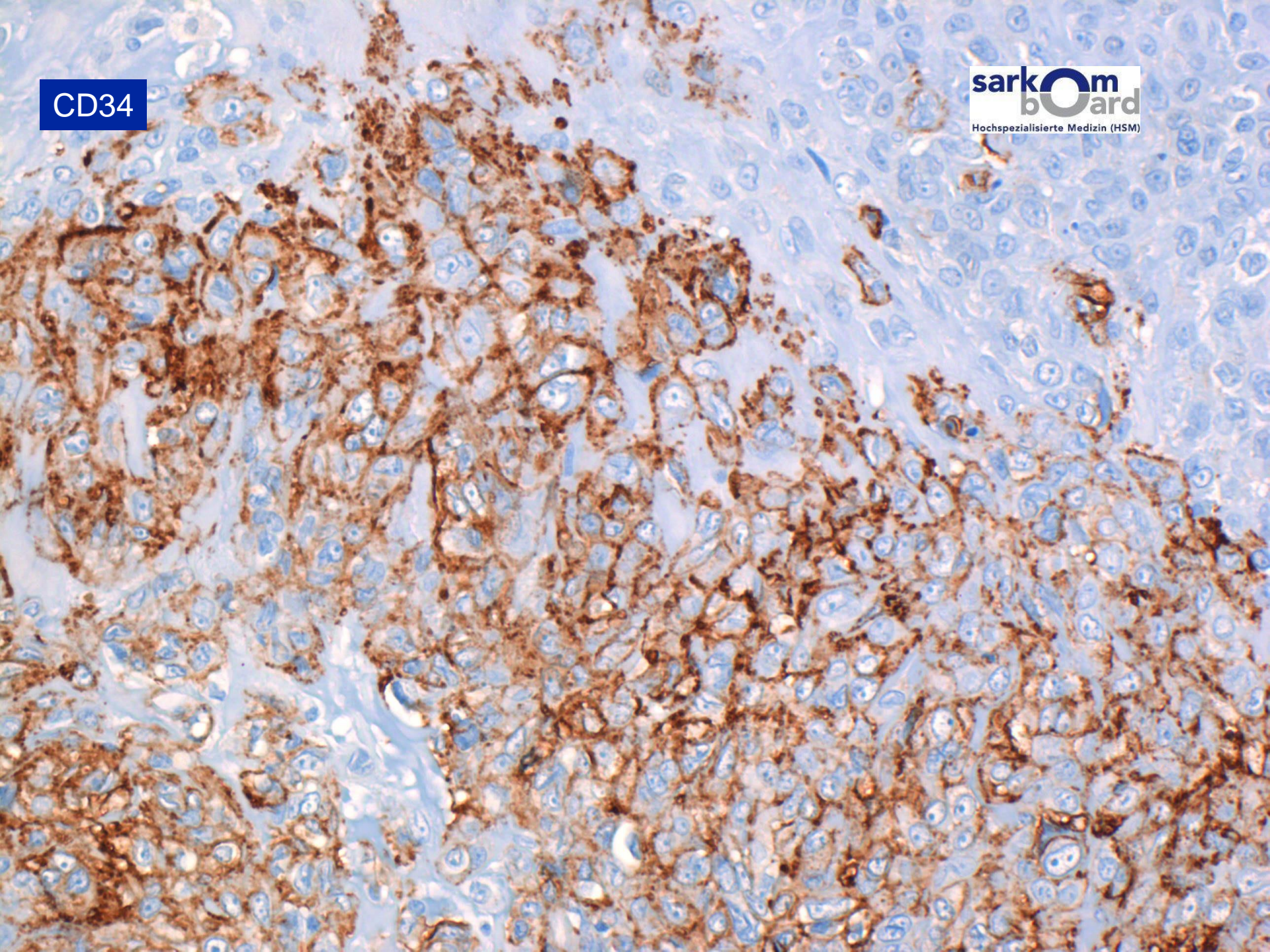


PanCK



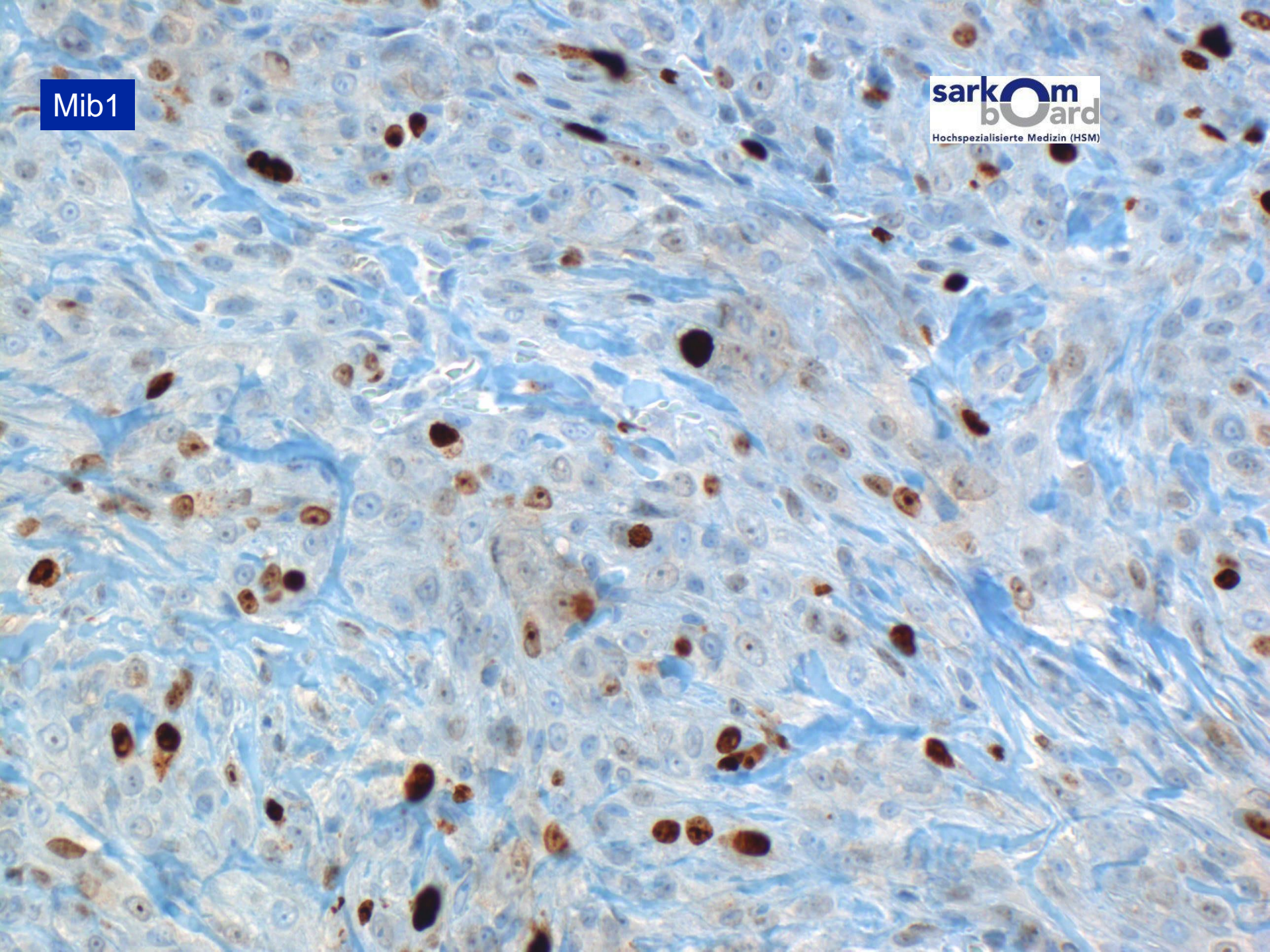


CD34



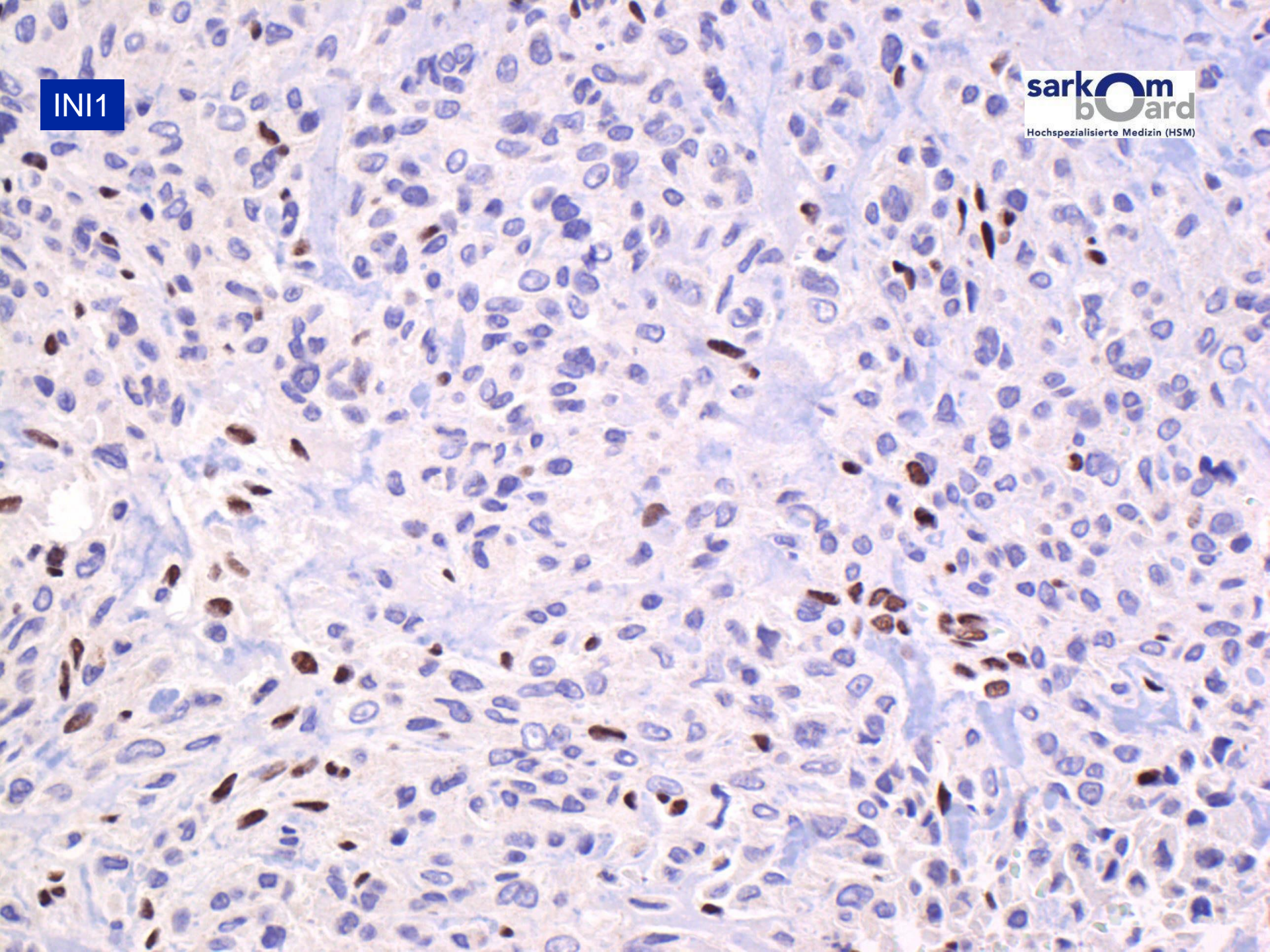


Mib1



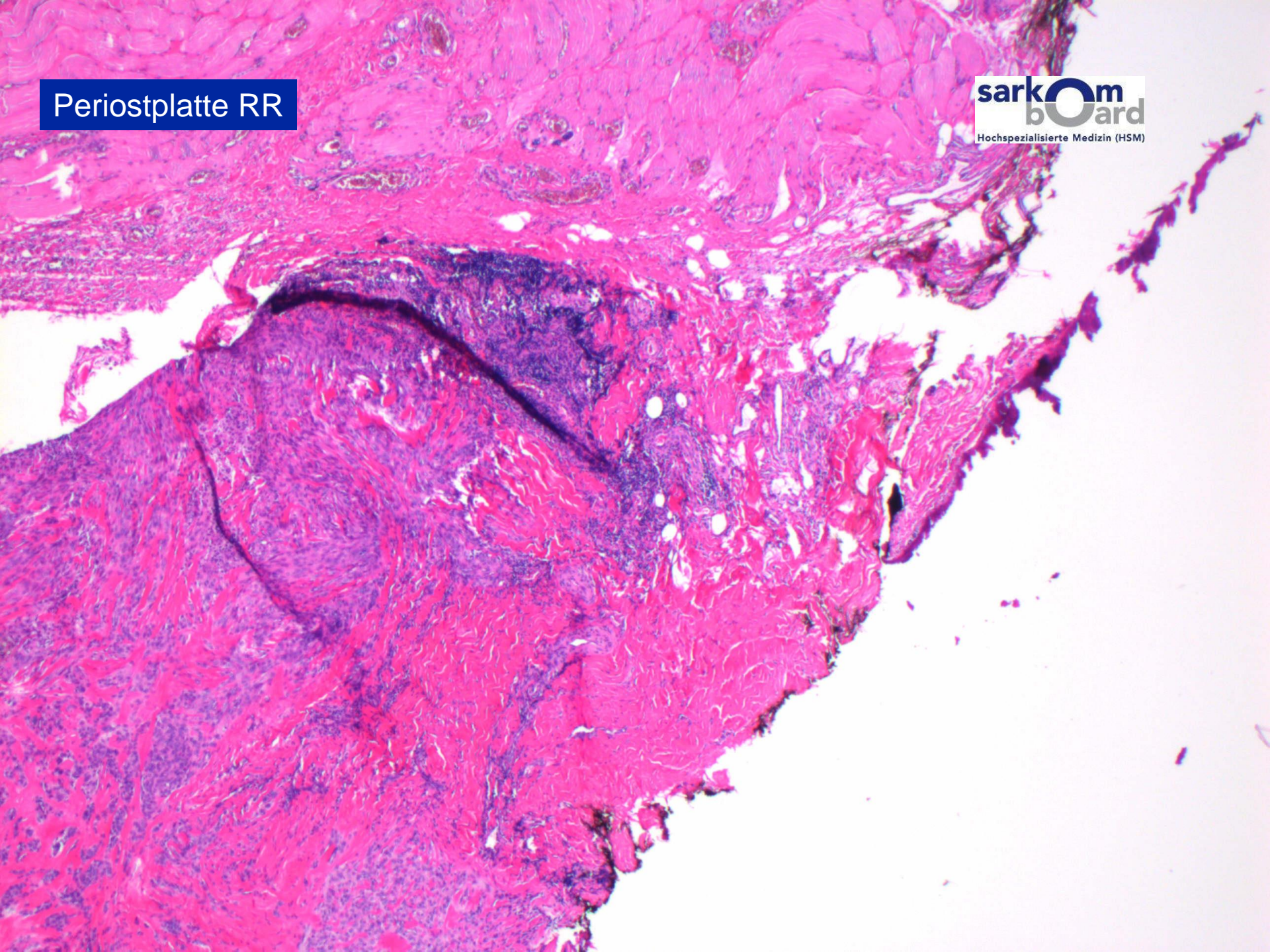


INI1





Periostplatte RR



# Ulna; diaphysis

## Result Biopsy: December 13th, 2011

### *Diagnose*

Exzisionsbiopsiematerial (Ulnadiaphyse rechts) mit einem max. 13 mm grossen Infiltrat eines epithelioiden Sarkoms vom klassischen Typ (vgl. Kommentar).

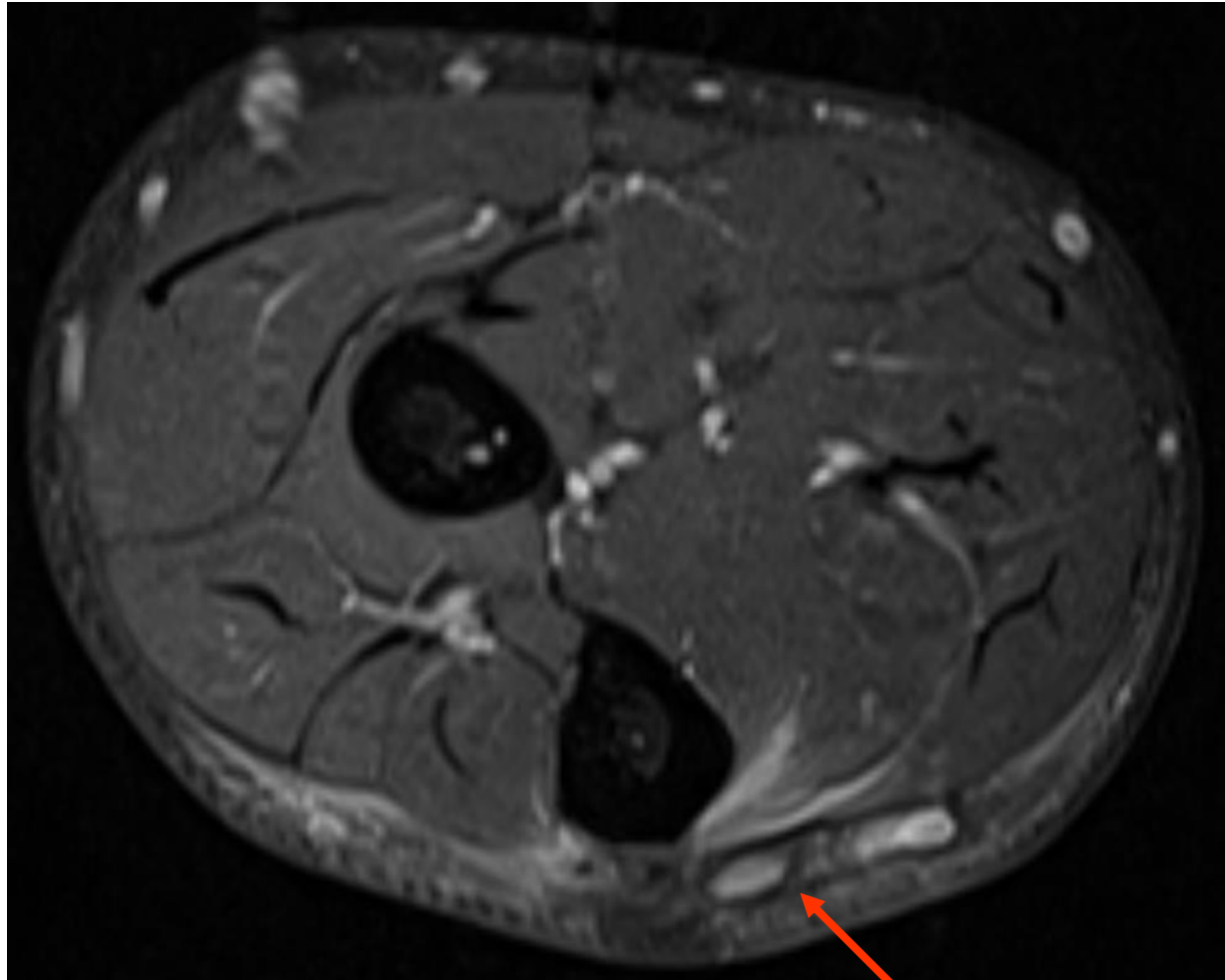
### *Kommentar*

Das Tumorgewebe befindet sich grossflächig im als Periostplatte bezeichneten Resektionsrand, so dass man von einer Knocheninfiltration ausgehen muss.

Epithelioid Sarkome breiten sich häufig diskontinuierlich entlang der Faszien und Sehnen entlang, von distal gelegenen Tumoren Richtung proximal - bestehen klinische / bildgebende Hinweise auf eine weitere Tumormanifestation in der ipsilateralen distalen Extremität (vor allem Hand), welche einen allfälligen Primärtumor darstellen könnte?

# Ulna; diaphysis

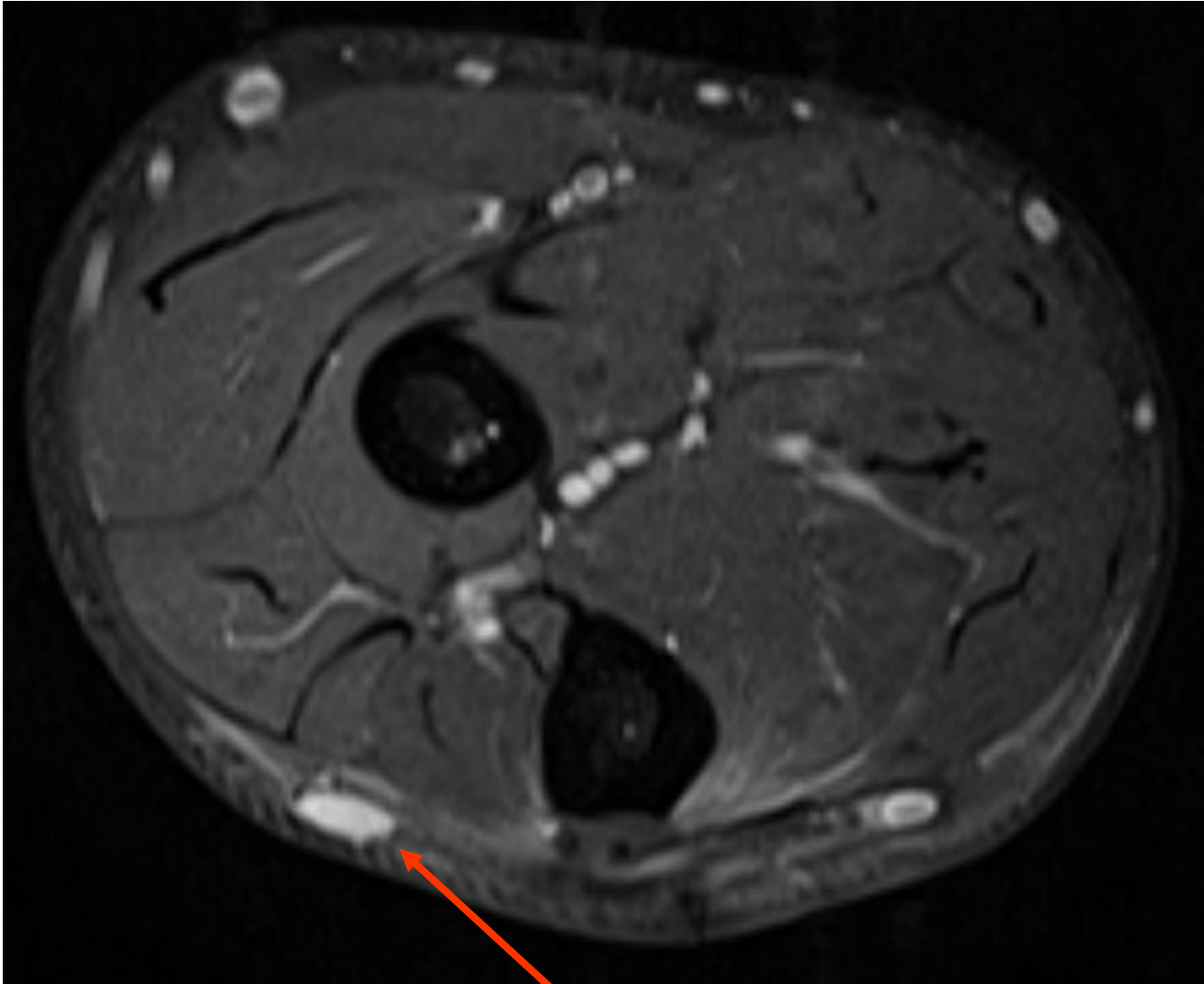
## MRI: January 6th, 2012





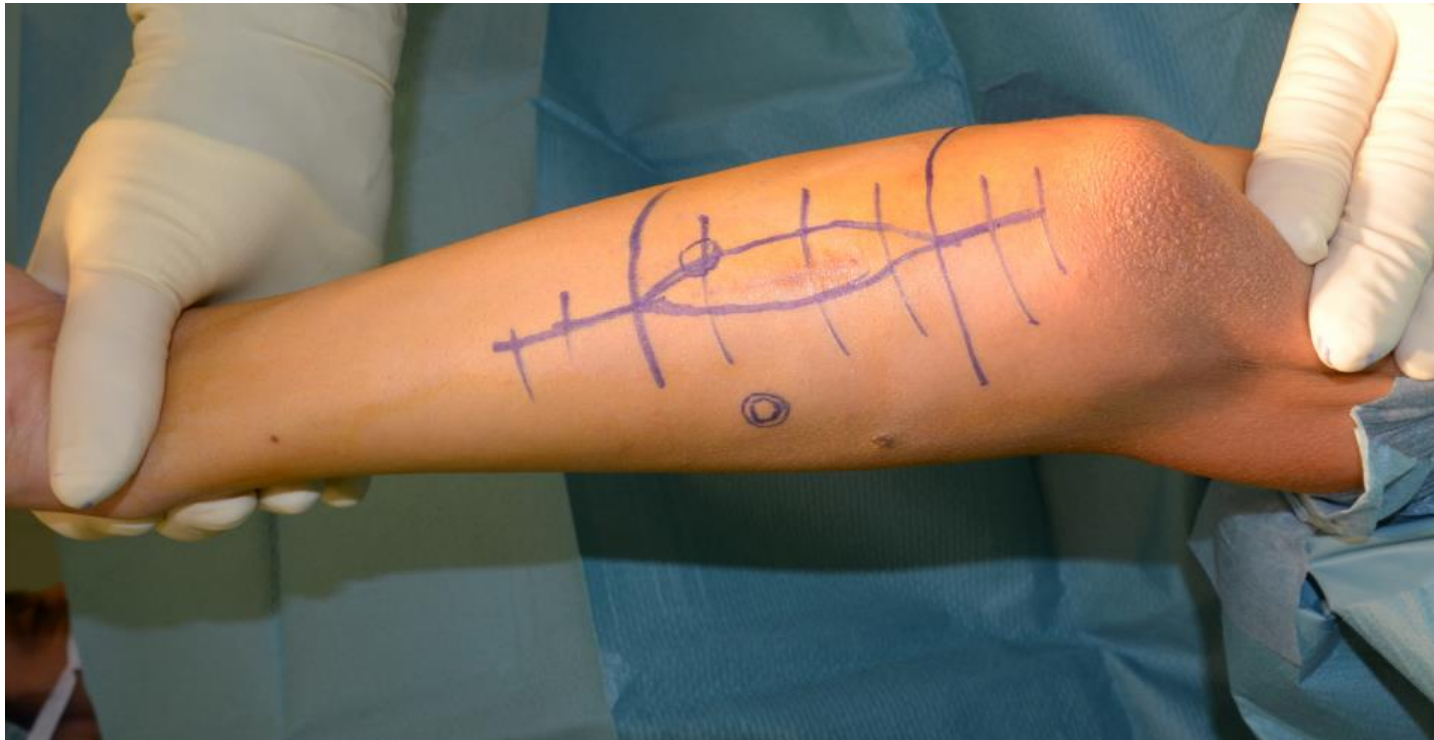
# Ulna; diaphysis

## MRI: January 6th, 2012



# Ulna; diaphysis

## Surgery: February 7th, 2012



# Ulna; diaphysis

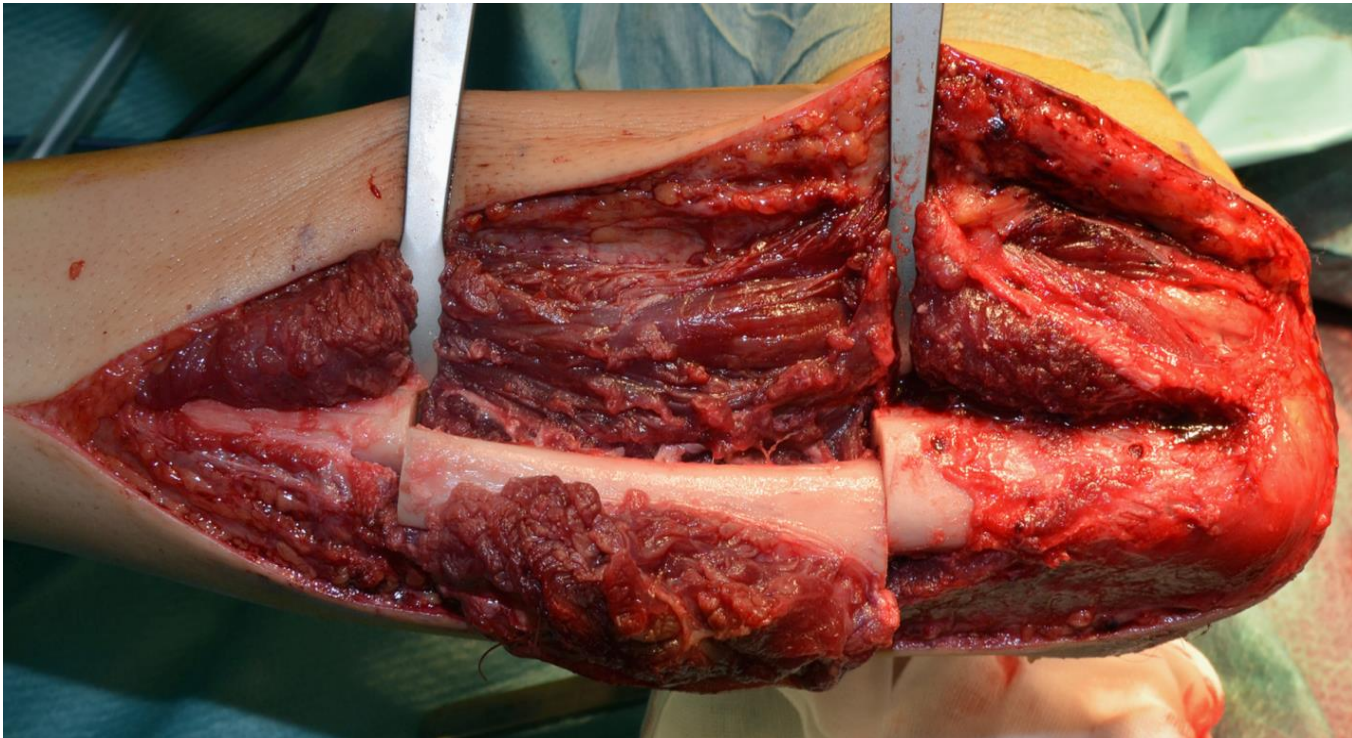
## Surgery: February 7th, 2012





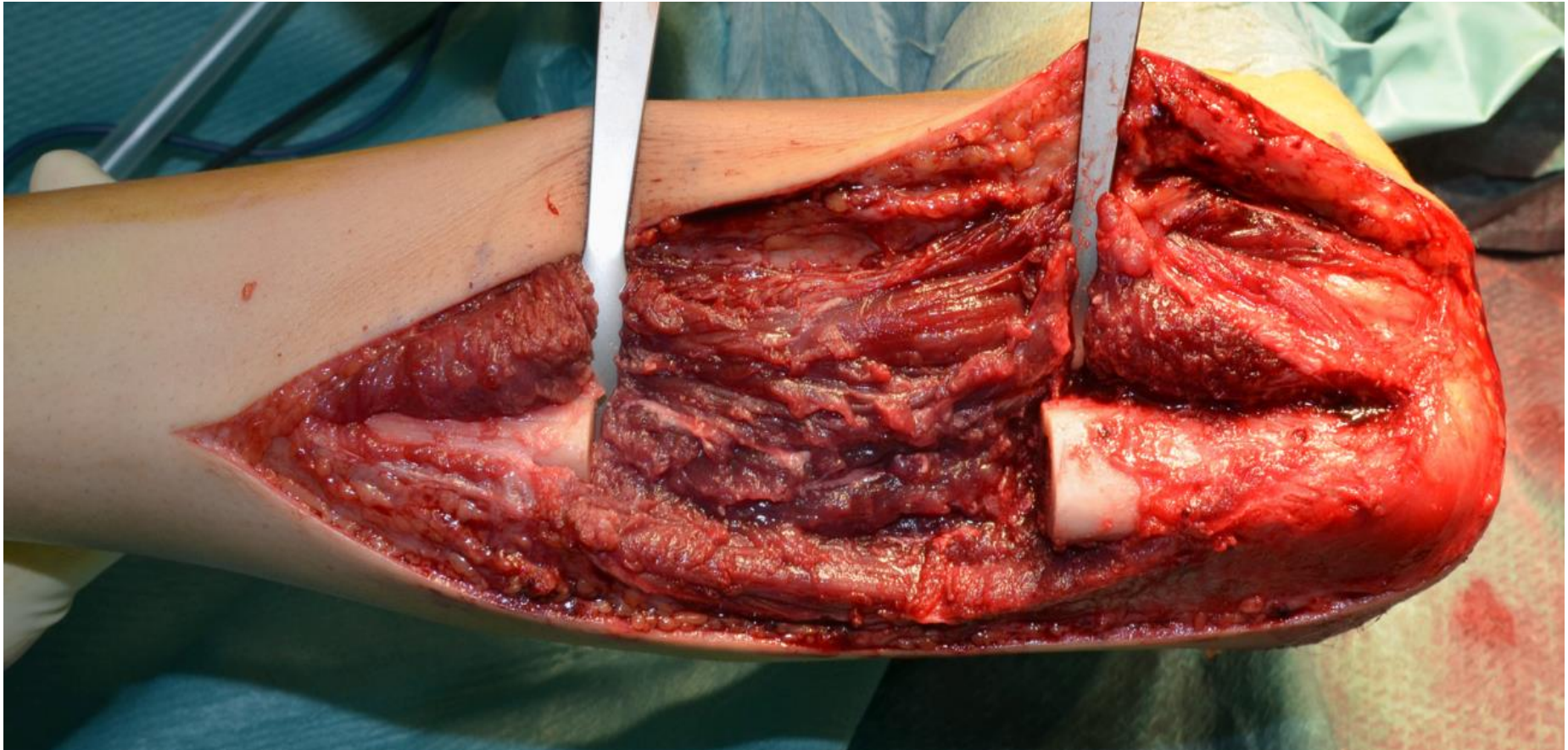
# Ulna; diaphysis

## Surgery: February 7th, 2012



# Ulna; diaphysis

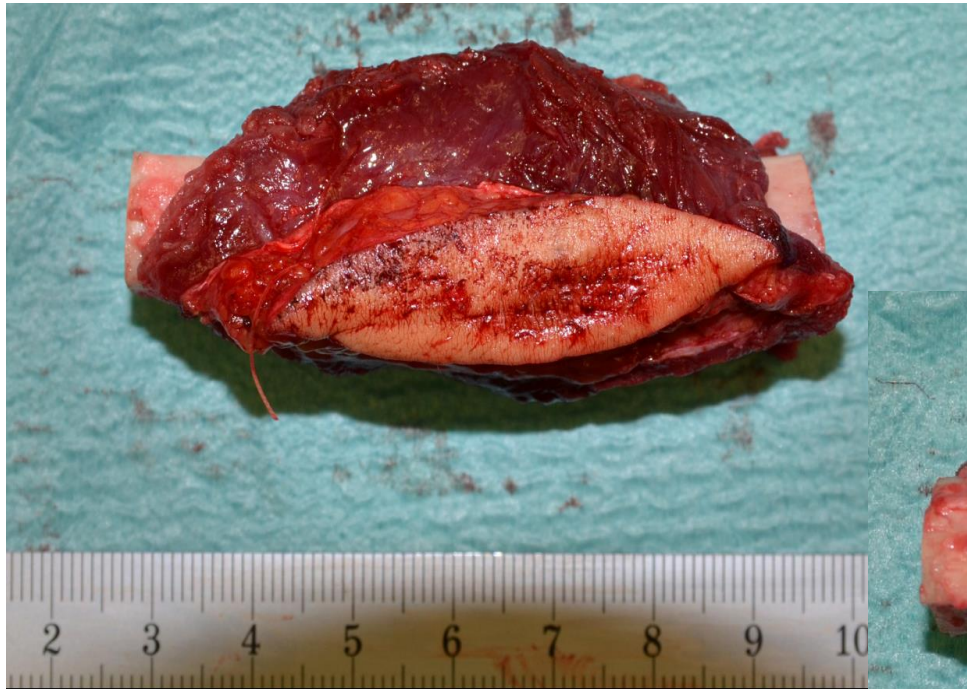
## Surgery: February 7th, 2012





# Ulna; diaphysis

## Surgery: February 7th, 2012



# Ulna; diaphysis

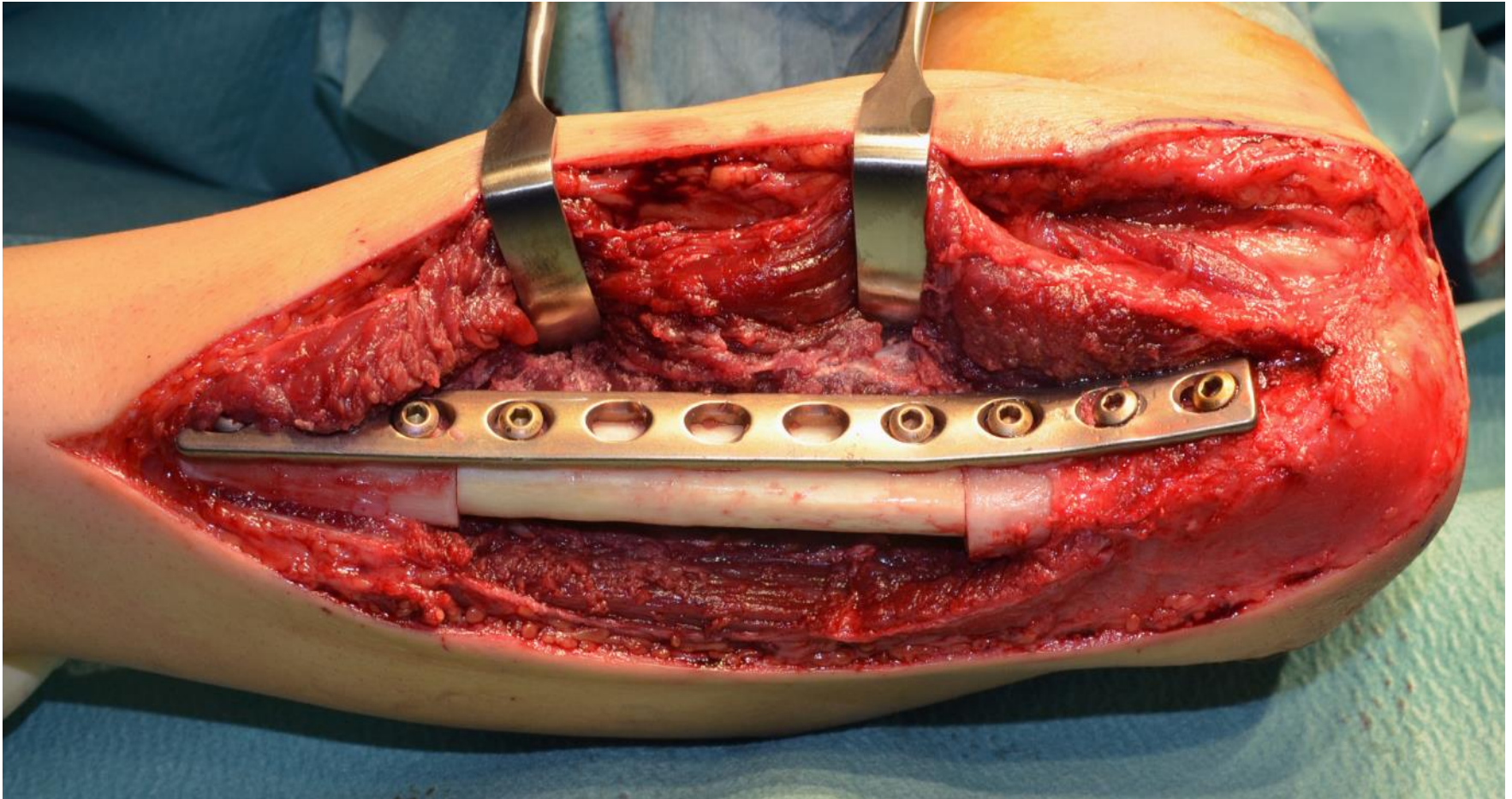
## Surgery: February 7th, 2012





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## Surgery: February 7th, 2012



# Ulna; diaphysis

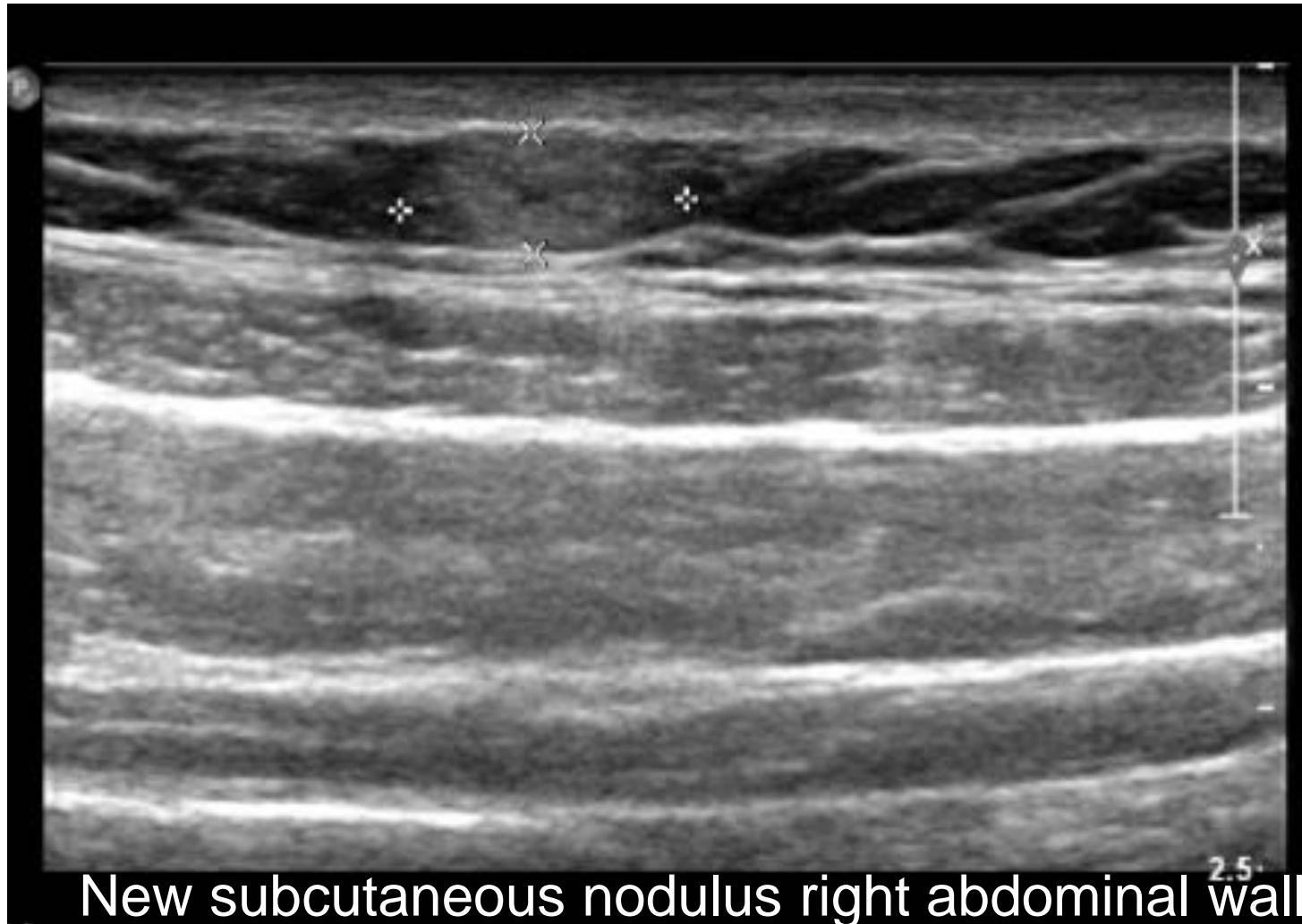
## Surgery: February 7th, 2012





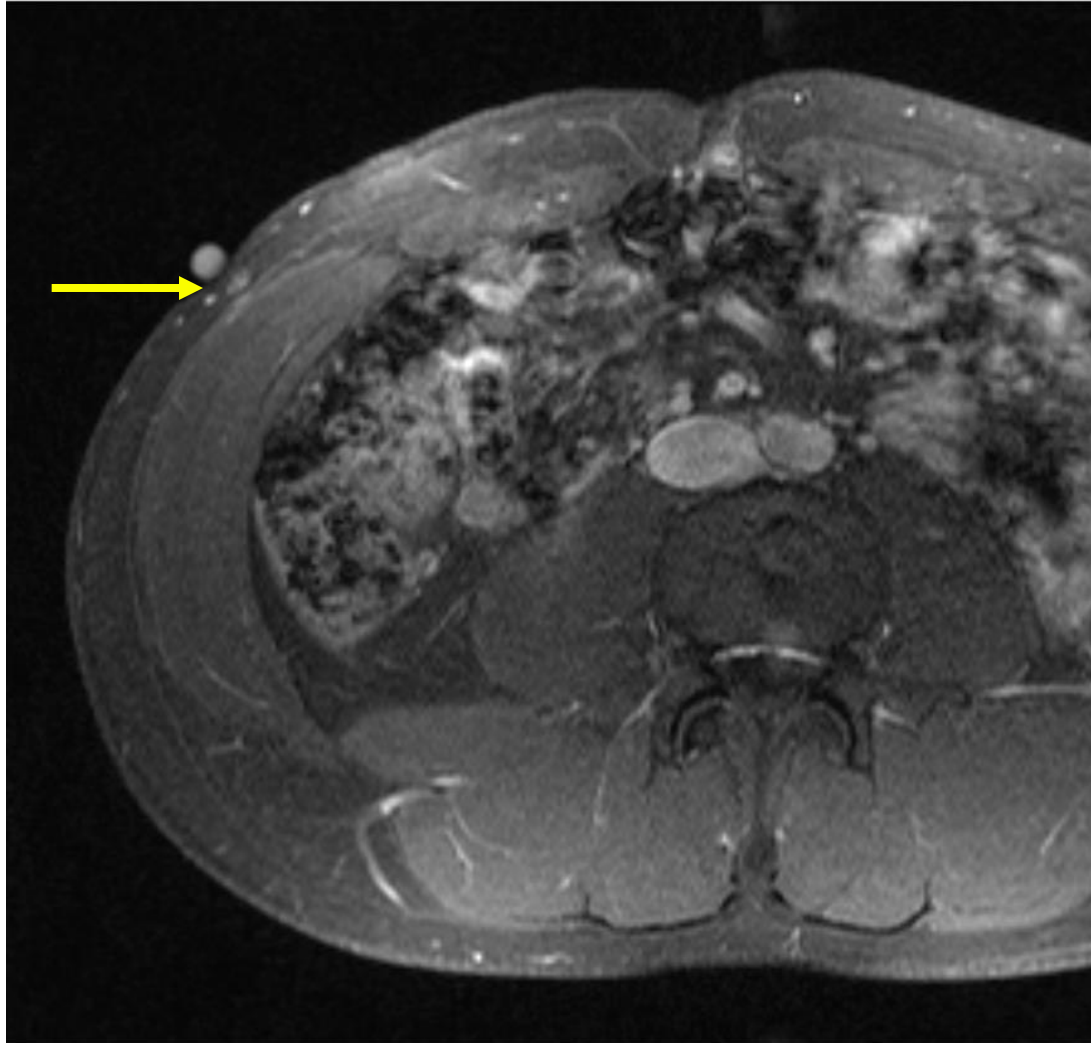
# Ulna; diaphysis

Sonography: February 22nd, 2012



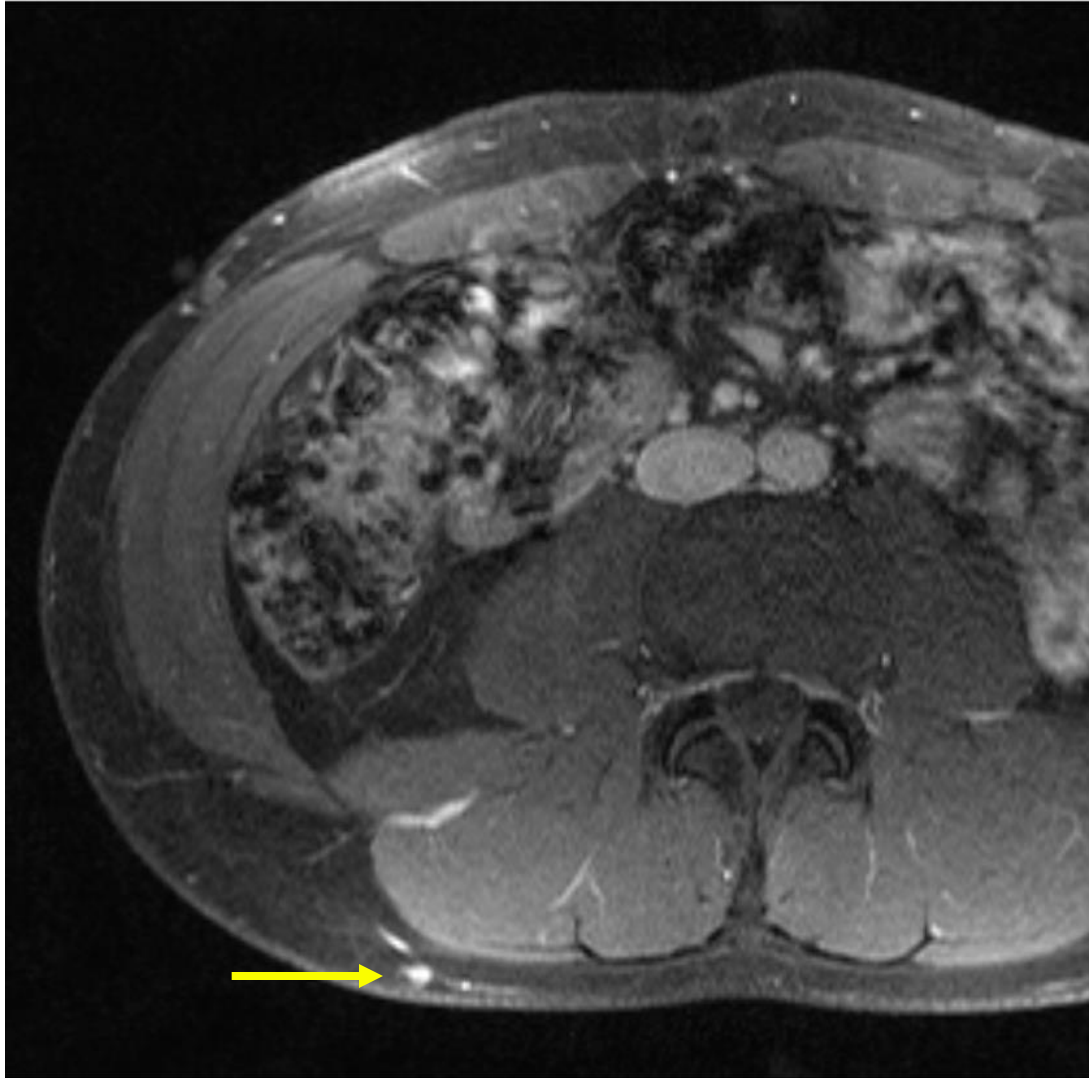
# Ulna; diaphysis

## MRI: February 22nd, 2012



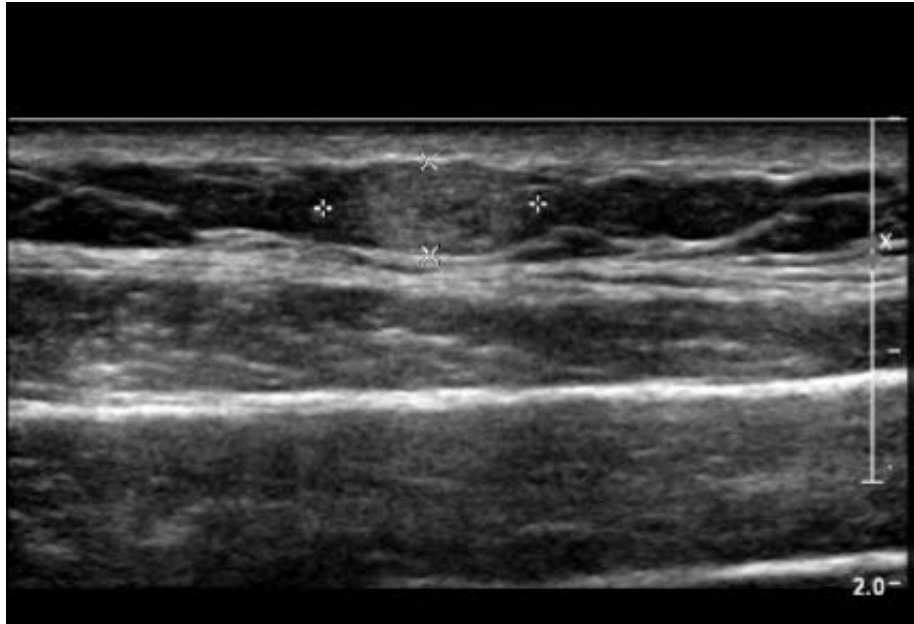
# Ulna; diaphysis

## MRI: February 22nd, 2012



# Ulna; diaphysis

## Sonography: April 2nd, 2012



# Ulna; diaphysis

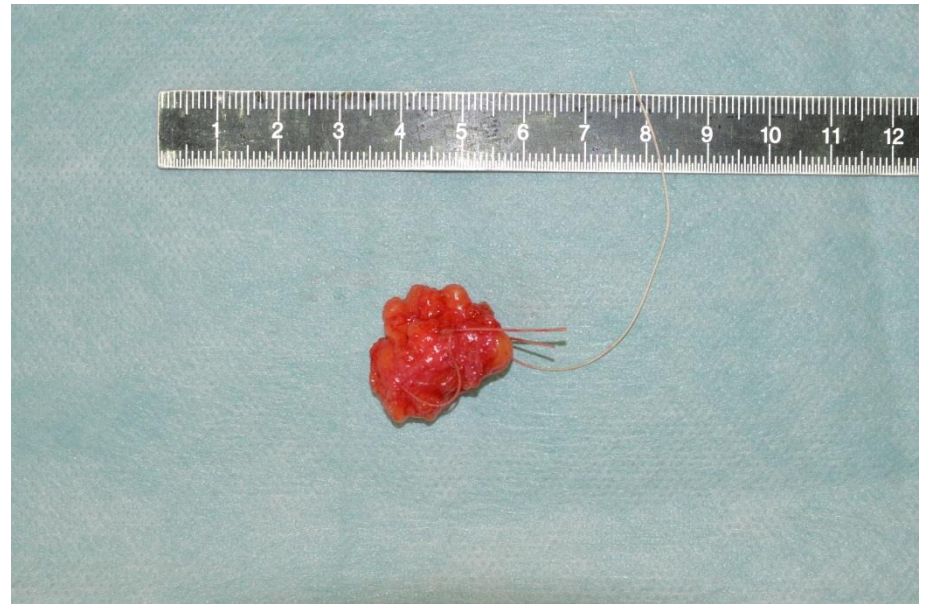
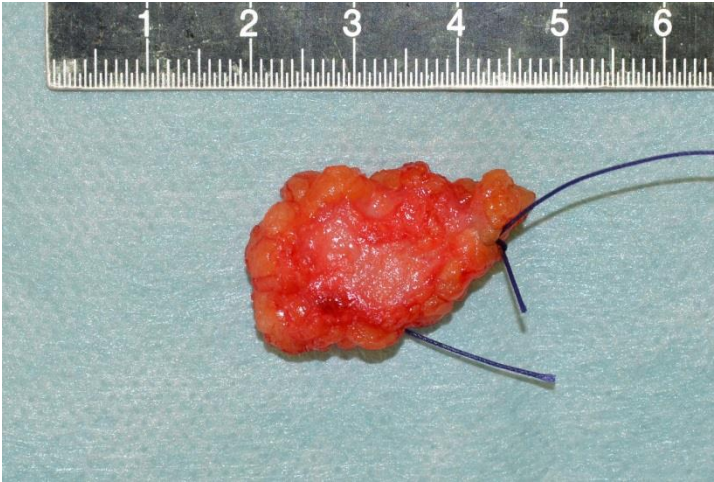
## Xray: April 2nd, 2012





# Ulna; diaphysis

## Surgery: April 3rd, 2012





# Ulna; diaphysis

## Surgery: April 3rd, 2012

### *Diagnose*

B 2012.17576+77: Zwei Weichteilexzisate mit Angiolipomen (2 und 1,7cm im Durchmesser).Keine Malignität (Abdomen, paravertrebral rechts).

# **Ulna; diaphysis**

## **Sarcoma- Board: April 12th, 2012**

### **Diagnosis:**

**Angiolipom, no malignity**

**-Plaining follow-up after discharge the hospital**

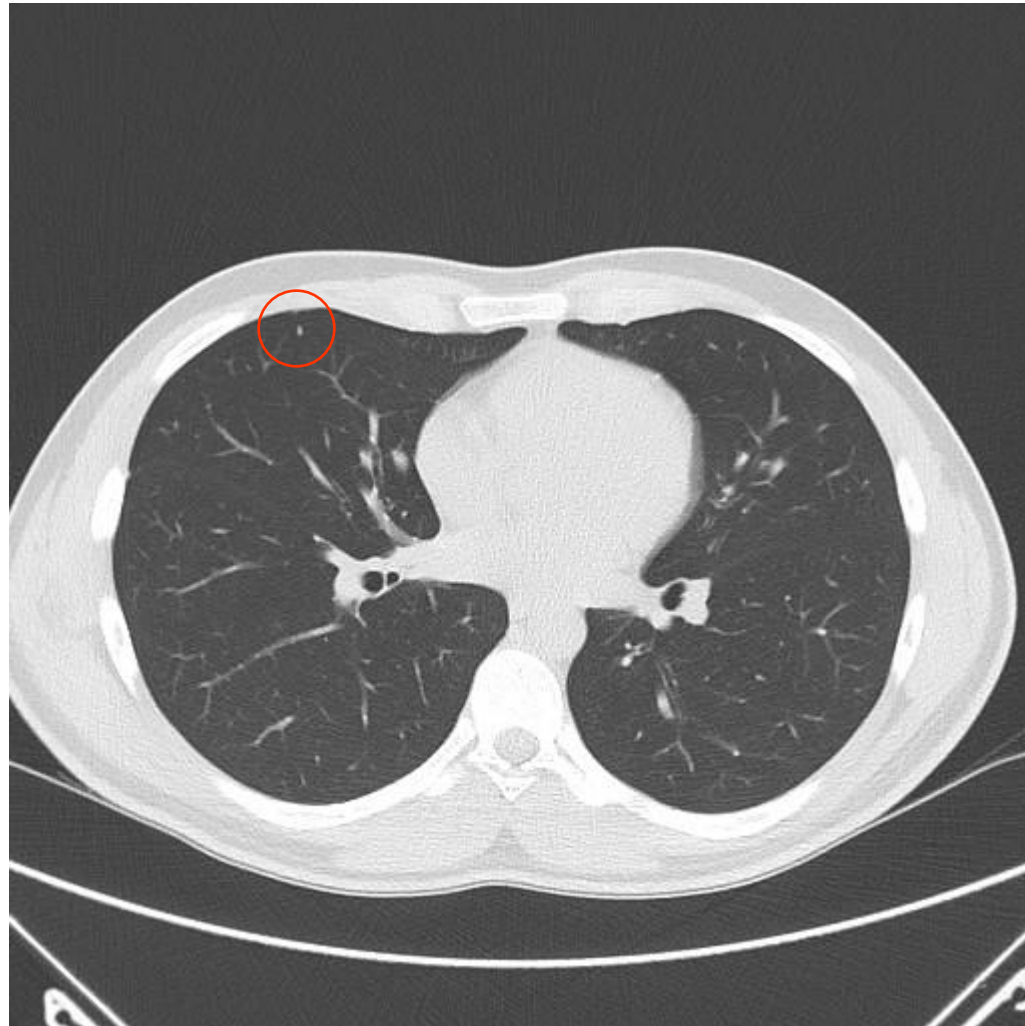
# Ulna; diaphysis

Follow-up RX: June 03, 2013



# Ulna; diaphysis

Follow-up CT- Thorax: June 03, 2013



# Ulna; diaphysis

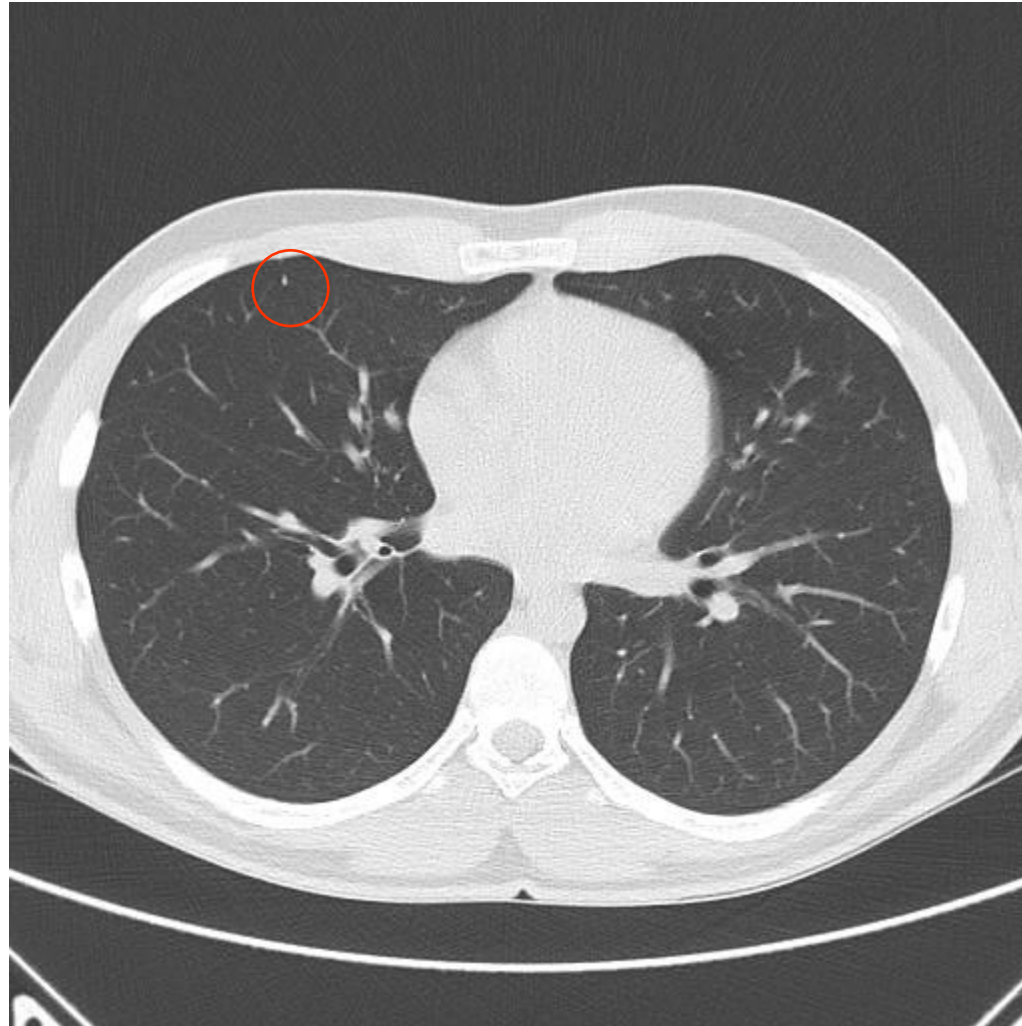
Follow-up RX: September 16, 2013





# Ulna; diaphysis

Follow-up CT- Thorax: September 16, 2013



# Ulna; diaphysis

Follow-up CT- Thorax: May 15, 2017



# Ulna; diaphysis

Follow-up CT- Thorax: May 15, 2017

