

Images in clinical medicine



A case of eosinophilic granuloma of lateral end of clavicle

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A case of eosinophilic granuloma of lateral end of clavicle

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Image in medicine

Primary clavicular bone tumors account for 0.45 to 1.01% of all primary bone neoplasms. Neoplasm, infection, traumatic injury, and developmental anomalies are the most frequent causes of non-traumatic lesions of the clavicle in children in their first ten years. The majority of neoplasms in the clavicle are cancerous. A 4-year-old girl was brought in by her parents who had noticed a painful swelling above the right lateral end of the collarbone for the previous two months. The child received intermittent painkillers over the course of two months, but there was minimal investigation into the reason of the child's pain and swelling. The discomfort was ongoing and dull hurting. Physical examination revealed a single, isolated soft tissue

swelling that measured 3x3 cm, was firm but not erythematous, and did not fluctuate. A plain radiograph was taken, and it showed that the lateral clavicle had a lytic, expansile lesion. Magnetic resonance imaging (MRI) imaging was done which showed an abnormal lesion on lateral end of clavicle. When the cytological results of the ultrasound-guided (USG) fine needle aspiration (FNA) were analyzed, the smear showed a diffuse population of eosinophils with multinucleated histiocytic giant cells. We were able to make the

diagnosis of a solitary eosinophilic granuloma of the lateral end of the clavicle with the aid of imaging investigations and a histologic image. Patient was treated with intralesional infiltration methylprednisolone injection at local site every 6 months. At regular follow - up it was observed that the lesion size was reduced and the patient had a pain free lateral end of clavicle at the end of 2 years.

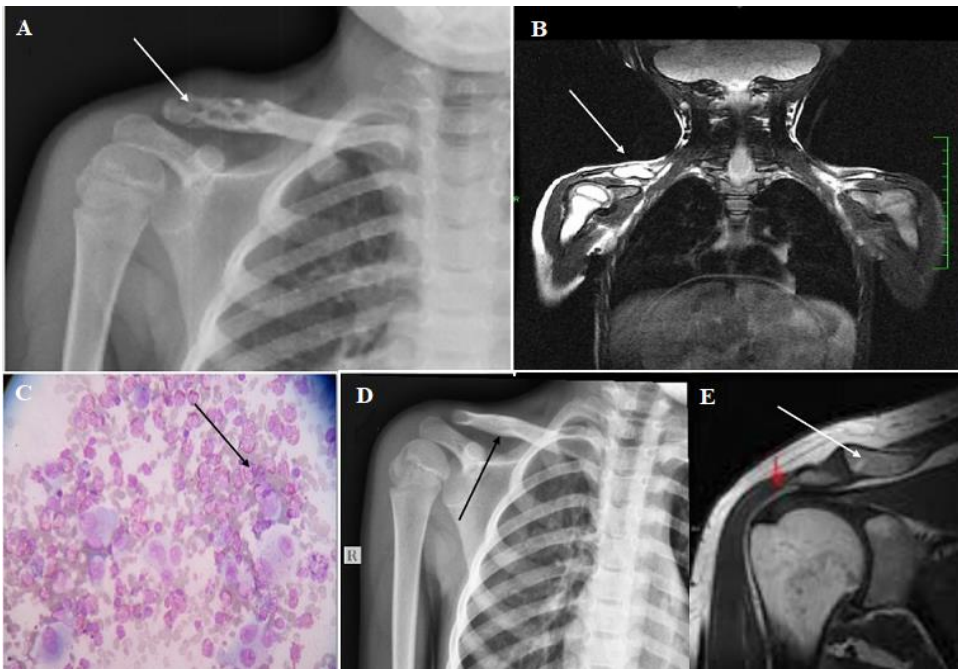


Figure 1: A) a lytic, expansile lesion is visible on the right clavicle's anteroposterior radiograph in the clavicle's lateral region; B) magnetic resonance imaging of lateral clavicle shows moderate cortical growth and anterior and superior clavicular cortex erosion; there was tissue edema in the vicinity; C) smear shows cellular multinucleated histiocytic giant cells, uncommon osteoblastic giant cells, sporadic mast cells; background hemosiderin macrophage, plasma cells, and lymphocytes are also present; D) after two years, an X-ray shows that the lesion is completely resolved; E) magnetic resonance imaging after two years, shows that the complete resolved of the lesion