



Canadian Residents' Corner / Coin canadien des résidents en radiology

Case of the Month #149

Emily Ward, MB, FFRRCSI, Orla Doody, MB, Charles d'Adhemar, MB, Niall Swan, MB, MCh, BAO(NUI), FFPATH(RCPI), William C. Torreggiani, MB, FFRRCSI*

Department of Radiology, The Adelaide and Meath Hospital, Tallaght, Dublin, Ireland

Clinical Presentation

A 39-year-old man presented to the emergency department with a 2-week history of a dry cough that was unresponsive to a course of antibiotics. He also suffered from fatigue and believed he had lost some weight over the past 3 months. He had no other specific symptoms and had no significant past

medical or surgical history. He was on no medications and was a nonsmoker. On examination, he was afebrile and his general physical examination was normal apart from the presence of a soft-tissue mass behind his left knee. A full blood count as well as routine serum biochemical analysis was normal. A chest radiograph was performed (Figure 1) as well as a magnetic resonance image (MRI) of the left knee (Figures 2 and 3).



Figure 1. Posteroanterior chest radiograph.

* Address for correspondence: William C. Torreggiani, MB, FFRRCSI, Consultant Radiologist, Department of Radiology, Adelaide and Meath Hospital, Tallaght, Dublin 24, Ireland.

E-mail address: william.torreggiani@amh.ie (W. C. Torreggiani).

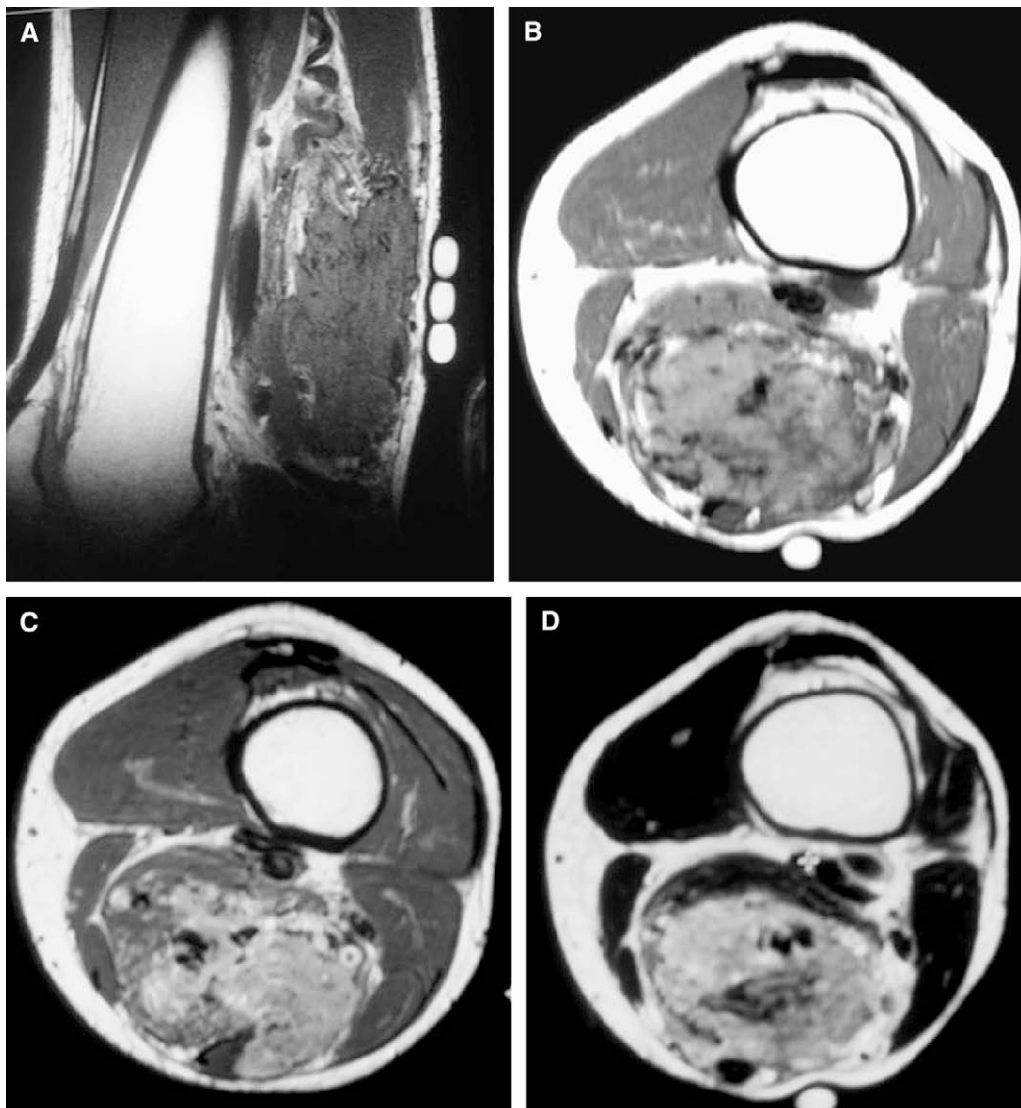


Figure 2. (A) Sagittal T1-weighted image through the left distal femur. (B) Transverse T1-weighted image through the left distal femur. (C) Transverse contrast-enhanced T1-weighted image through the left distal femur. (D) Transverse T2-weighted image through the left distal femur.

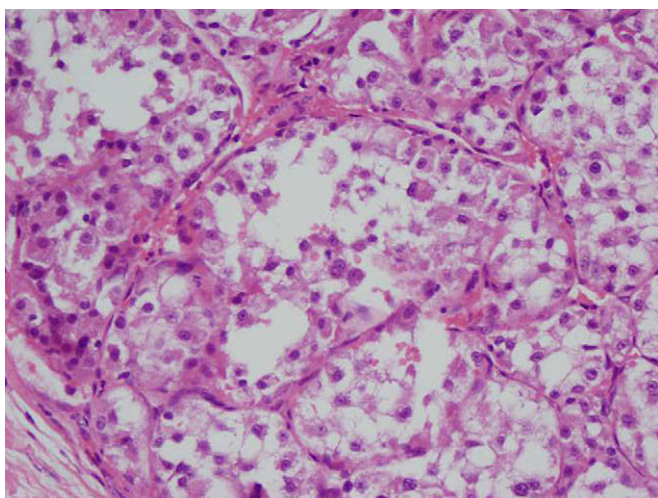


Figure 3. Core biopsy of the mass.

Case #149

Diagnosis:

Radiologic Findings:

Discussion:
