

AN UNUSUAL ECCHONDROMA SCAPULAE

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The solitary chondroma arises in islets of cartilage near the ends of the long bones, from ribs and more rarely the ilium and scapula. Virchow taught that the cartilagenous cell nests had been separated from the epiphysis during growth. These tumours are noticed in adolescence and youth, steadily growing in size to become an encumbrance. After several years of growth degenerative changes occur in the form of liquefaction, necrosis and cyst formation. Not infrequently after thirty five years of age sarcomatous changes occur. (Mercer).



Fig. 1.

This tumour was removed from a Chinese woman seventy three years of age (Fig. 1). "It was not noticed until the patient was sixty five years of age". It grew slowly but constantly for eight years attaining an enormous size (Ten pounds four ounces weight after excision). It had been painful for four months before operation, although shoulder movement was limited for the last year or so. The tumour

was adherent to the scapula and moved with it. The skin was stretched tightly over the tumour and was not adherent except in one area. There was a forward projection of the tumour in the axilla which held the humerus in abduction. Thirty degrees of flexion and abduction were present at the gleno-humeral joint.

A radiograph showed only the glenoid fossa surrounded by a portion of bone. The tip of the acromion was visible but there was no sign of a scapular outline. The ribs beneath the tumour were depressed.

The tumour was removed under a pethidine, phenergan, largactil 'cocktail' given intravenously, supplemented by gas and oxygen. The dissection was not difficult as it was well encapsulated. The whole tumour together with the remains of the glenoid was removed (Fig. 2). The tips of the acromion and coracoid were left behind. Repair was effected by anchoring the loose tip of the coracoid and the long head of triceps to the second rib. The deltoid remains was sutured to the trapezius muscle.

On section the tumour showed areas of cystic degeneration, with little ossification or calcification resembling an early growth period in its benignity. Twenty sections in various parts of the tumour showed hyaline cartilagenous matrix with irregularly arranged cells typical of chondroma with no signs of malignancy (Figs. 3 & 4). The patient made a good recovery. She sat up for breakfast the day after operation. She was out of bed on the second day making her bed and went home on the tenth postoperative day. A simple loop and sling were used to support the arm weight, but the patient took it off a month later.

Six months after operation there was complete function in the forearm and hand, together with thirty degrees flexion of the humerus. There were no signs of recurrence. Two years later I saw this patient in the market shopping. She moved her arm about and her shoulder, showing me how strong it was by carrying her bag with it.

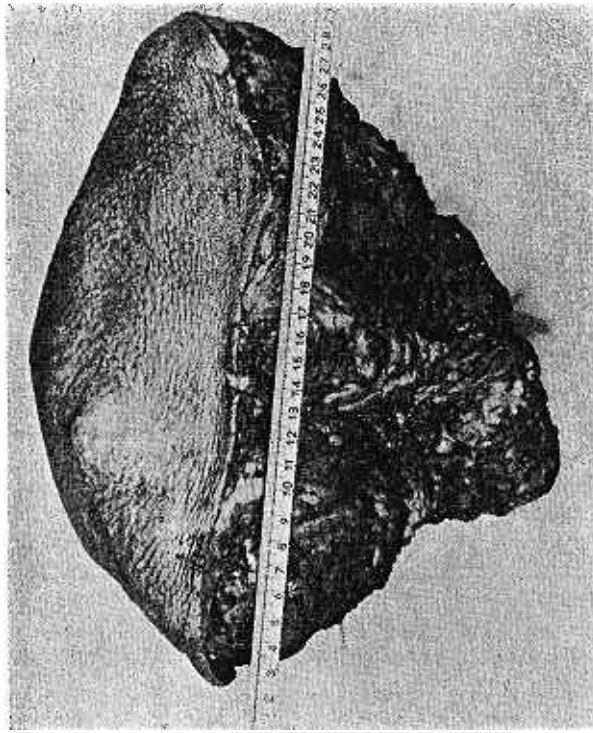


Fig. 2.

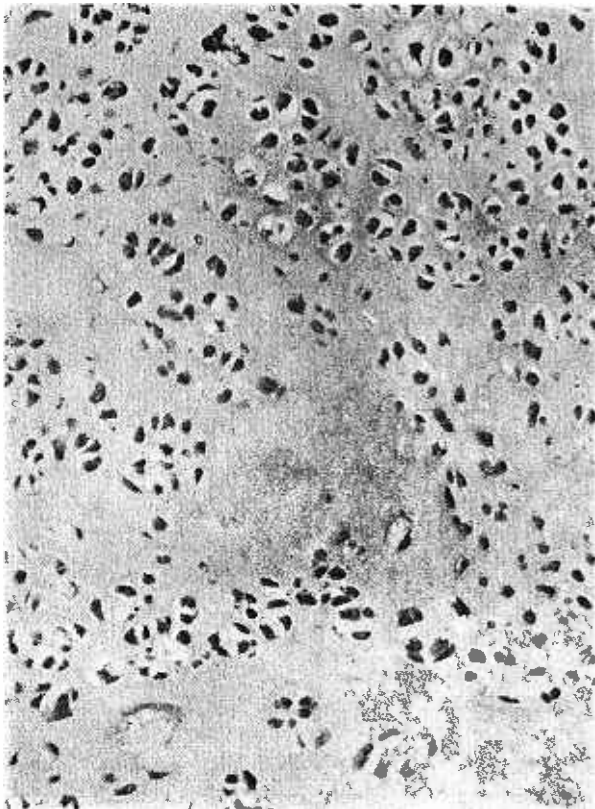


Fig. 3.



Fig. 4.