

# **Pelvic fibromatosis with massive ossification**

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摘要

## **Abstract**

A 56-year-old woman presented with a 3- year history of right hip pain. She had no history of trauma or of renal, metabolic, or systemic diseases. An anteroposterior radiograph of the right hip showed a calcified or ossified mass in the right lower pelvic cavity adjacent to the inner wall of the right acetabulum (Fig. 1A). A computed tomogram revealed a soft-tissue mass with internal calcified or ossified plaques and nodules adjacent to the inner wall of the right acetabulum, involving the iliopsoas muscle (Fig. 1B). Infiltrative foci were present at the margin of the soft-tissue mass. There was no evidence of involvement of the adjacent right acetabulum and iliac bones. At that time, the lesion was thought to be a parosteal or soft-tissue osteosarcoma, pseudosarcomatous lesion of the soft-tissue part, nodular fasciitis or some other benign or malignant fibrous tumor, or some other soft-tissue malignancy. Histologic examination of specimens obtained from the surgically removed mass revealed interlacing fascicles of spindle-shaped fibroblasts (Fig. 1C) characteristic of fibromatosis. A large area of mature bone formation within the lesion was noted (Fig. 1D). Mitotic figures and nucleic pleomorphism were not evident. Appropriately, the final diagnosis was pelvic fibromatosis with ossification. A recurrence prompted repeated surgery 2 years later. This operation alleviated the symptoms, and no recurrence had developed in a 5-year follow-up.