



Fig. 1. Anteroposterior and lateral radiographs of the right knee showing an expansile, lucent epiphyseal lesion in the medial femoral condyle. The lesion has a thin sclerotic margin, and no obvious periosteal reaction can be found. A soft tissue shadow within the knee joint can also be found.

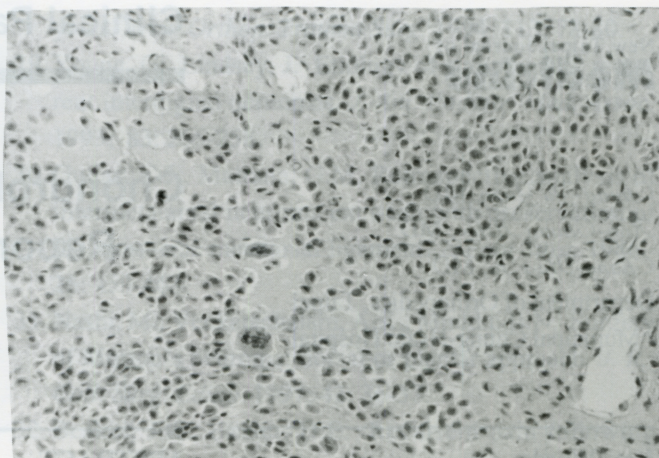


Fig. 3. Histology of the lesion: nodules of closely packed, rounded cells with oval to polygonal nuclei. Numerous multinucleated giant cells are present. Interspersed among the cells are areas of chondroid matrix and mature cartilage.

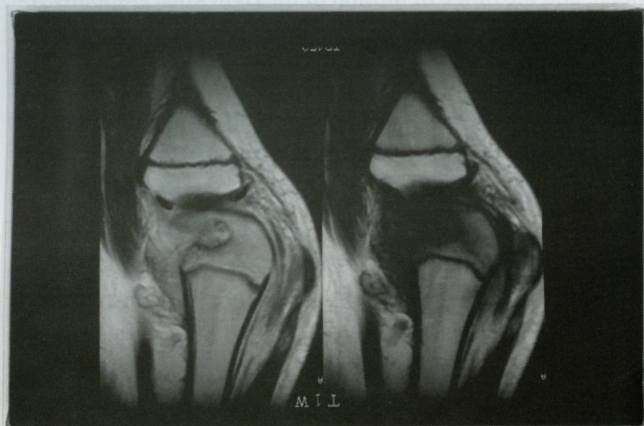


Fig. 2. T1W sagittal image showing a well-defined lesion with mixed signal intensity and a very low signal intensity rim present.

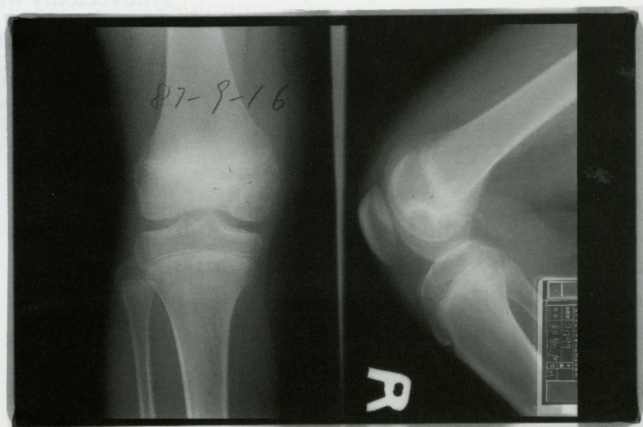


Fig. 4. Anteroposterior and lateral radiographs taken 4 months after surgery. The size of the lesion has shrunk.

parapatellar approach to reach the knee joint. There was much synovial proliferation, and the cystic lesion was found near the insertion of the posterior cruciate ligament. The cystic cavity was separated from the knee joint merely by a thin layer of encroaching cartilage. Some brownish irregular-shaped material with soft consistency was found within the cavity. The synovial proliferation was stripped off, and the cyst

was completely curetted. The histological examination (Fig. 3) of the tissue was consistent with the diagnosis of a chondroblastoma.

The patient's right knee improved rapidly after surgery, and he resumed his usual level of activity. At 3-week follow-up, full range of motion of the knee had almost returned. Radiographs taken 4 months after surgery (Fig. 4) showed that osseous tissue had been in-