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Clinical images of interest

Misleading Trauma: The Hidden Aggressor

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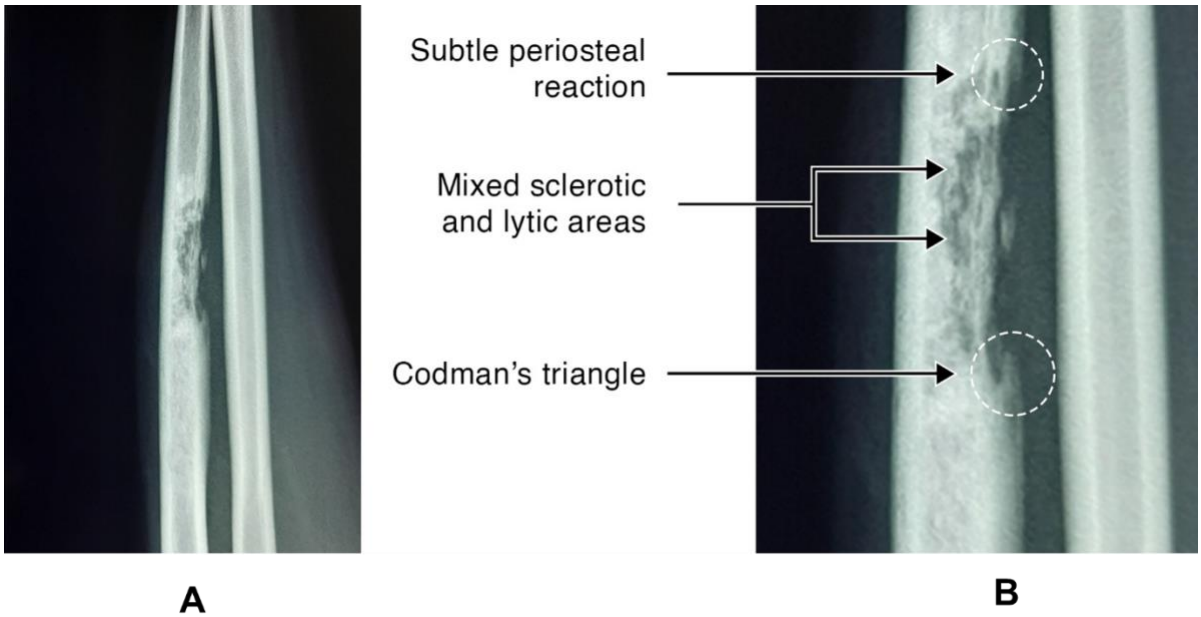

A 21-year-old previously healthy female university student presented with persistent left forearm pain, continuing at night for two months. There was no history of fever. She was treated with painkillers on a few occasions, as there was a history of trivial trauma to the forearm. Examination revealed a slightly tender bony swelling in the left radius with normal overlying skin. An X-ray of the forearm bones is shown (A).

The image demonstrates poorly defined mixed lytic and sclerotic lesions with a broad transition zone in the mid-diaphysis of the skeletally mature left radius. There is evidence of cortical destruction with extension into the marrow. A periosteal reaction is present, including a small Codman's triangle, a triangular ossification pattern at the edge of an aggressive bone lesion that forms when the periosteum is lifted away from the cortex (B). No associated soft-tissue mass is visible.

These radiological findings are suggestive of an aggressive bone lesion. The differential diagnosis includes osteosarcoma, Ewing sarcoma, and osteomyelitis. Histological examination confirmed the diagnosis of Ewing sarcoma.

Persistent bone pain without a clear traumatic cause, particularly when it exceeds one month in duration, occurs nocturnally, or is accompanied by atypical characteristics, should prompt timely diagnostic imaging.

Consent statement

Informed written consent was obtained from the patient for the publication of clinical details and images.