A 52-year-old man presents with anterior chest pain. A left chest wall mass is seen arising from the anterior aspect of the third left rib without evidence of extension into the lung parenchyma.

**CLINICAL HISTORY**

52-year-old man presents with anterior chest pain.

**FINDINGS**

Figure 1 shows a left chest wall mass arising from the anterior aspect of the third left rib without evidence of extension into the lung parenchyma. A 13-mm stalk (arrow) attaches to the mass at the neck of the third rib with a soft tissue component. Within the mass, there is also heterogeneous calcification. Figure 2 shows increased uptake at the left third anterior rib associated with an exophytic soft-tissue (arrow) uptake. There was no other abnormal uptake to suggest metastasis.

**DIAGNOSIS**

Pathological evaluation revealed a grade 1 (of 3) well-differentiated chondrosarcoma arising in the background of a long-standing calcified enchondroma of the anterior aspect of the left third rib.

**DIFFERENTIAL DIAGNOSIS**

Differential diagnosis of a rib mass includes osteosarcoma, osteochondroma, osteoblastoma, enchondroma, and osteoid osteoma. Other possibilities include Ewing's tumors (pediatric patients), peripheral neuroectodermal tumors, malignant fibrous histiocytoma, Paget's disease, giant cell tumor, aneurismal bone cyst, metastases, multiple myeloma (plasmacytoma), and lymphoma.

**DISCUSSION**

Chondrosarcomas are malignant cartilaginous tumors. They can occur as primary tumors or they may arise from preexisting lesions such as an osteochondroma or enchondroma. They are more common in men and in adults over the age of 50. The most commonly affected sites include long tubular bones, the pelvis, ribs, and vertebrae.

Wide surgical resection is the treatment of choice due to the increased incidence of local recurrence and metastatic lesions with incomplete resection.

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References


Disclosures:

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