

**PP-053****A rare tumor at a rare location at a rare age: adamantinoma****B.K. Aydin¹**, T. Er², M.A. Acar¹, H. Senaran¹, S. Ugras¹, P. Karabagli¹¹ *Selcuk University, Konya, Turkey*² *ISOM, Istanbul, Turkey*

Adamantinoma is a rare low grade malignant bone tumor accounting for less than 1% of all primary bone tumors. It is often clinically, radiologically and histologically mistaken for many other tumors like synovial sarcoma, metastatic carcinoma, fibrous cortical defect. Most patients with adamantinoma are adolescents and young adults, and 90% of reported long bone cases have arisen from tibia. We report a case of adamantinoma of distal femur.

A 77 years old man presented a nearby hospital in October 2011 with a 6 months history of pain and mass of his right femur. Metastatic bone tumor of femur diagnosed according to his age, clinical findings and radiological images. He was treated with open biopsy and intramedullary nailing in November 2011. The histology was reported metastasis of adenocarcinoma according to the local pathologist. Adenocarcinoma of prostate was detected during the evaluation of the primary lesion. He had total prostate resection operation and medical oncologic treatment for this diagnosis. But the pain and mass complaints recurred in August 2012.

He referred to our clinic in September 2012. We planned an operation of biopsy, curettage of the lesion and cement application due to his previous diagnosis and complaints. The operation was done in October 2012. But the histopathology showed findings indicating adamantinoma. The specimens were verified by another two different pathology units and the diagnosis of adamantinoma was confirmed. The lung CT showed no metastatic lesion. Due to the diagnosis of adamantinoma of femur with no metastasis, hip disarticulation surgery was recommended to the patient. He refused to have an amputation and had radiotherapy to the surgical site. He had 3 monthly clinical examinations with chest x ray and 6 monthly femur X ray+ chest CT for 2 years.

He has no evidence of recurrence or lung metastasis so far after a period of 28 months.

Although the wrong diagnosis and wrong management are going well for this patient, the steps of exploration of bone lesions should not be violated in any patient. So this is an interesting case with the rare diagnosis, rare location, rare age and also inadequate treatment. Adamantinoma is a rare low grade malignant bone tumor accounting for less than 1% of all primary bone tumors. It is often clinically, radiologically and histologically mistaken for many other tumors like synovial sarcoma, metastatic carcinoma, fibrous cortical defect. Most patients with adamantinoma are adolescents and young adults, and 90% of reported long bone cases have arisen from tibia. We report a case of adamantinoma of distal femur.

A 77 years old man presented a nearby hospital in October 2011 with a 6 months history of pain and mass of his right femur. Metastatic bone tumor of femur diagnosed according to his age, clinical findings and radiological images. He was treated with open biopsy and intramedullary nailing in November 2011. The histology was reported metastasis of adenocarcinoma according to the local pathologist. Adenocarcinoma of prostate was detected during the evaluation of the primary lesion. He had total prostate resection operation and medical oncologic treatment for this diagnosis. But the pain and mass complaints recurred in August 2012.

He referred to our clinic in September 2012. We planned an operation of biopsy, curettage of the lesion and cement application due to his previous diagnosis and complaints. The operation was done in October 2012. But the histopathology showed findings indicating adamantinoma. The specimens were verified by another two different pathology units and the diagnosis of adamantinoma was confirmed. The lung CT showed no metastatic lesion. Due to the diagnosis of adamantinoma of femur with no metastasis, hip disarticulation surgery was recommended to the patient. He refused to have an amputation and had radiotherapy to the surgical site. He had 3 monthly clinical examinations with chest x ray and 6 monthly femur X ray+ chest CT for 2 years.

He has no evidence of recurrence or lung metastasis so far after a period of 28 months.

Although the wrong diagnosis and wrong management are going well for this patient, the steps of exploration of bone lesions should not be violated in any patient. So this is an interesting case with the rare diagnosis, rare location, rare age and also inadequate treatment.