



**Fig 3** Local recurrence of the tumour six months after curettage and bone graft. The original cavity has almost disappeared

**Subsequent course:** Six months after operation further radiographs showed that although the original cavity was almost obliterated there had been a recurrence lower down the shaft (Fig 3). The recurrent tumour was found to be lying within and beneath the periosteum which was thickened. The tumour nodules looked like sago seeds and were composed of tissue which was macroscopically similar to and microscopically identical with the original tumour. The tumour nodules were curetted and so far, one year later, there has been no recurrence.

#### *Comment*

This condition has been fully described by Jaffe (1958) who has stated that it occurs typically in the second and third decades of life and is seen most frequently in the region of the knee.

The interest of this tumour lies in its striking radiological appearance, the fact that the histological picture may suggest a malignant tumour, and the high local recurrence rate in the young without showing any tendency to develop malignant features in the majority of patients. (One case undergoing malignant change was reported by Iwata & Coley 1958.)

From reports in the literature it seems that there is local recurrence in about 6% of older patients following curettage and bone graft,

whereas a recurrent tumour develops in about 40% of the younger patients (15 years and under).

Scaglietti & Stringa (1961) have drawn attention to the locally aggressive behaviour of this tumour in the young and have suggested a more radical form of local resection in its treatment. From a review of the reported cases this would seem to be unnecessary in the older age group and in the young the success rate with curettage (even if it has to be repeated) is high.

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#### **Luetic Lumbar Spondylitis**

A C Bingold MB FRCS

The following case is of interest because of its rarity.

Jamaican Negro, male, aged 41

**History and examination:** First seen on May 24, 1961, complaining of pain of four weeks' duration in the small of the back and right lower leg. Lumbar spine was tender but its movements were full. There was a gumma on the right leg just below the knee.

**X-rays:** There was bony bridging between the third and fourth lumbar vertebral bodies (Figs 1 and 2). The right fibula was amorphous. The bone pattern of the right tibia was somewhat disturbed (Fig 3).

**Investigations:** W.R. positive, Hb 65%, E.S.R. 35 mm in one hour (Wintrobe).

**Diagnosis:** The patient's gumma, his abnormal radiographs and the positive Wassermann reaction strongly suggested a diagnosis of luetic lumbar spondylitis.

Ankylosing spondylitis was ruled out by the normal radiographs of his sacro-iliac joints. Yaws

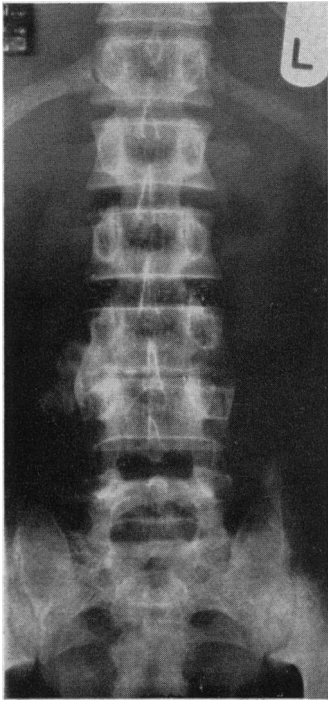


Fig 1 Antero-posterior view of lumbar spine



Fig 2 Lateral view of lumbar spine



Fig 3 Antero-posterior view of upper half of right tibia and fibula

caused some difficulty in the radiological diagnosis but the radiographs published by Goldmann & Smith (1943) and by Helfet (1944) showed unilateral vertebral destruction accompanied by adjoining unilateral bony bridging.

**Progress:** He was given 12 injections of 600,000 units of penicillin at the rate of two a week. By September 22, 1961, he had no pain, his spine was no longer tender and his gumma had disappeared. He did not attend again for follow-up.

**Comment:** Lues of the spine seems to be extremely rare. A thorough search of the literature revealed only the undermentioned cases. Sinding-Larsen (1926) found radiographic changes, similar to those presented here, in the last two dorsal vertebræ of an army officer, aged 31. Krüger (1937) noticed multiple calcified discs in the dorsal spine of a girl aged 14 suffering from lues congenita tarda. Sprung (1937) examined a housewife aged 62, suffering from syphilis and low back pain. There was bony fusion of the first two lumbar vertebræ with areas of rarefaction and sclerosis in the fused mass. Sgalitzer (1941) reported syphilitic changes of the cervical spine in three men aged 47, 36, and 37 years respectively. In the first two cases the changes were somewhat

similar to those reported here, though more extensive. The third patient had the radiographic changes of chronic osteomyelitis of the sixth cervical vertebral body.

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#### Hyperparathyroidism

G N Golden FRCS

Miss D H, aged 49

**History:** Good health until four months before admission. Two years ago she had thrombosis in the right calf, followed by multiple small superficial ulcers, which healed after three months. In 1960, she had a mild normocytic anæmia, from which she recovered well.

Menses started at the age of 16 and were regular until she was 33, when they ceased completely.