



Revista de Osteoporosis y Metabolismo Mineral

ISSN: 1889-836X

ISSN: 2173-2345

Sociedad Española de Investigaciones Óseas y
Metabolismo Mineral

Moreno-Ballesteros, A; García-Gómez, FJ; De la Riva-Pérez, PA; Calvo-Morón, MC

Caso inusual de proliferación ósea: lesión de Nora

Revista de Osteoporosis y Metabolismo Mineral, vol. 13, no. 1, 2021, pp. 39-40

Sociedad Española de Investigaciones Óseas y Metabolismo Mineral

DOI: <https://doi.org/10.4321/S1889-836X2021000100007>

Available in: <https://www.redalyc.org/articulo.oa?id=360966808007>

- How to cite
- Complete issue
- More information about this article
- Journal's webpage in [redalyc.org](https://www.redalyc.org)

redalyc.org

Scientific Information System Redalyc

Network of Scientific Journals from Latin America and the Caribbean, Spain and
Portugal

Project academic non-profit, developed under the open access initiative

Unusual case of bone proliferation: Nora's lesion

DOI: <http://dx.doi.org/10.4321/S1889-836X2021000100007>

Moreno-Ballesteros A, García-Gómez FJ, De la Riva-Pérez PA, Calvo-Morón MC
Nuclear Medicine Clinical Management Unit. Virgen Macarena University Hospital. Sevilla (Spain)

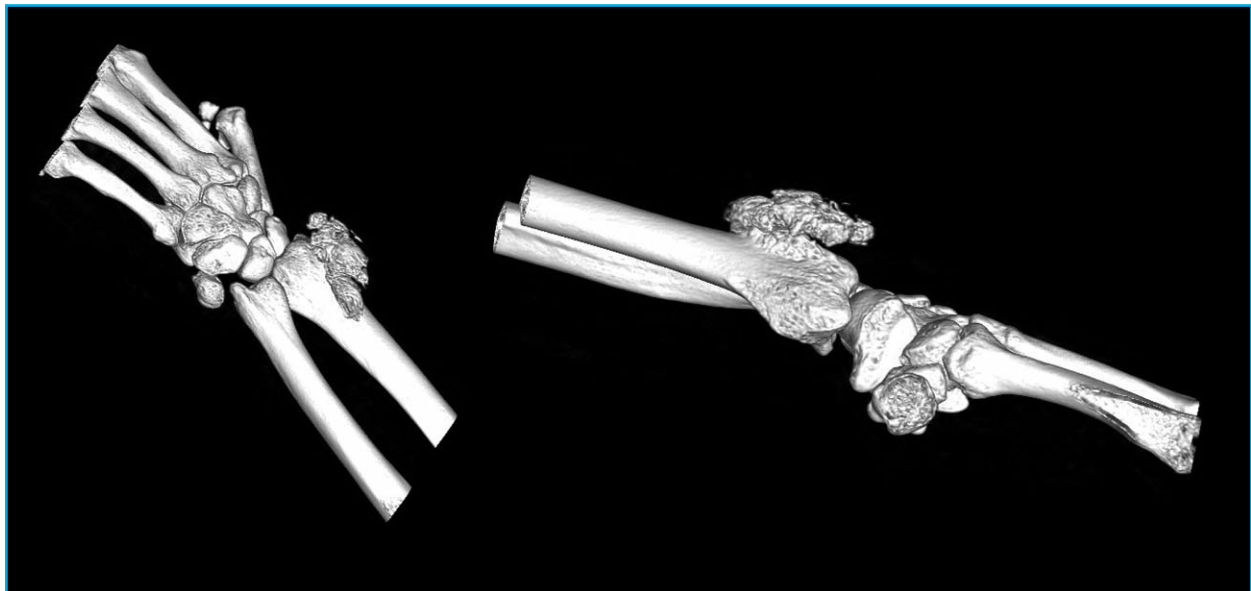
Date of receipt: 26/01/2021 - Date of acceptance: 27/02/2021

We present the case of a 43-year-old man who presents pain and functional impotence in the left wrist of one year of evolution. Upon examination, an indurated tumor adhered to deep planes is found in this location. Following findings on computerized axial tomography (CT) of images consistent with osteochondroma versus peripheral chondrosarcoma (Figure 1), a bone scan was requested. This bone scintigraphic study in three phases of the upper limbs and a subsequent full-body image (Figure 2), showed the early arrival of the tracer with an increase in the vascular pool of slight-moderate intensity in the distal portion of the left radius (arrow), which persisted with greater intensity in late images. No other diseased findings were observed in the rest of the skeleton. These findings

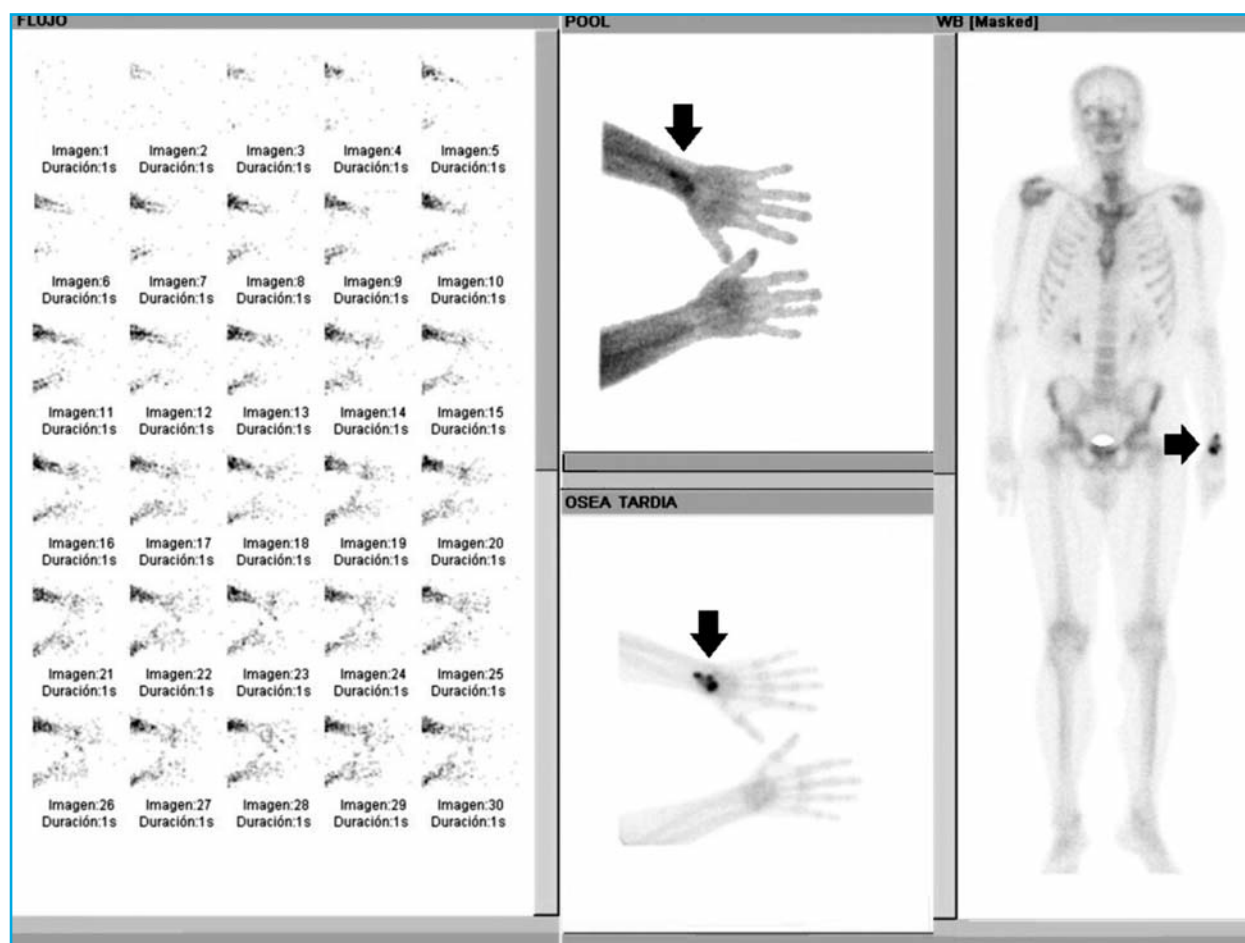
revealed increased vascularity and osteoblastic activity at the distal end of the left radius.

A biopsy was carry out, with a pathological result of osteochondromatous proliferation compatible with Nora's lesion, confirming this diagnosis after surgical resection. Nora's lesion occurs predominantly in the second or third decade of life^{1,2}, without gender differences³, mainly affecting the extremities. Of uncertain etiology^{4,5}, it consists of an excretory and exophytic lesion that originates in the bone cortex, formed by bone, cartilaginous and fibrous tissue, with nuclear atypia^{6,7}. Bone scan allows us to know the metabolic characteristics of this lesion. Given its aggressive nature, a differential diagnosis should be made with malignant lesions such as osteosarcoma⁸.

Figure 1. 3D reconstruction of the left wrist using CT



Correspondence: Ana Moreno-Ballesteros (anamoreno_ballesteros@hotmail.com)

Figure 2. Tc99m-diphosphonates three-phase upper limb and late full-body bone scan

Conflict of interests: The authors declare no conflict of interest.

Bibliography

1. Nora FE, Dahlin DC, Beabout JW. Bizarre parosteal osteochondromatous proliferations of the hands and feet. *Am J Surg Pathol.* 1983;7:245-50.
2. Meneses MF, Unni KK, Sweet RG. Bizarre parosteal osteochondromatous proliferation of bone (Nora's lesion). *Am J Surg Pathol.* 1993;17:691-7.
3. Mahajan S, Chandra R, Mohan Lal Y. "Nora lesion" - Bizarre parosteal osteochondromatous proliferation. *J Clin Orthop Trauma.* 2012;3:119-21.
4. Matsui Y, Funakoshi T, Kobayashi H, Mit-
5. suhashi T, Kamishima T, Iwasaki N. Bizarre parosteal osteochondromatous proliferation (Nora's lesion) affecting the distal end of the ulna: a case report. *BMC Musculoskelet Disord.* 2016;17:130.
6. Joseph J, Ritchie D, MacDuff E, Mahendra A. Bizarre parosteal osteochondromatous proliferation. A locally aggressive benign tumor. *Clin Orthop Relat Res.* 2011. 469:2019-2027.
7. Gruber G, Giessauf C, Leithner A, Zacherl M, Clar H, Bodo K, et al. Bizarre parosteal osteochondromatous proliferation (Nora lesion): a report of 3 cases and a review of the literature. *Can J Surg.* 2008;51:486-9.
8. Cobo CE, Navarro R, Aracil EI, Velasco JA. Enfermedad de Nora: una entidad clínica infrecuente. *Rev Pie Tobillo.* 2018;32(1):43-6.
9. Berber O, Dawson-Bowling S, Jalgaonkar A, Miles J, Pollock RC, Skinner JA, et al. Bizarre parosteal osteochondromatous proliferation of bone. Clinical management of a series of 22 cases. *J Bone Joint Surg.* 2011;93-B:1118-21.