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## **Xanthogranulomatous osteomyelitis of the sternoclavicular joint in kidney transplantation patient**

**Jong In Choi**, Da Yeong Kang, Byung Chul Shin, Hyun Lee Kim, Jong Hoon Chung  
Department of Internal Medicine-Nephrology, Chosun University Hospital, Korea, Republic of

### **Case Study: Abstract**

Xanthogranulomatous osteomyelitis (XO) of chest wall in kidney transplantation patient is very rare. A 41-year-old man with end-stage renal disease due to diabetic nephropathy underwent deceased donor kidney transplantation on 4 years ago. He complained of chest wall mass on 2 weeks ago at admission. A computed tomography (CT) scan revealed that the periosteal heterogeneously enhancing soft tissue mass (7.8 x 4.2 cm) with aggravated focal osteolytic bone lesion in adjacent sternal end of left clavicle and irregular and destructive osteolytic bone lesion in left side of sternal manubrium. Microscopic examination obtained from a percutaneous biopsy specimen demonstrated the fibrocollageous tissue showing dense histiocytic infiltration and diffuse inflammatory cells infiltration. The Inflammatory myofibroblastic tumor was initially diagnosed. A total mass resection with clavicle and sternum partial resection were done. Microscopic examination obtained from a surgical specimen demonstrated the xanthogranulomatous inflammation. The patient and graft successfully treated to the mass with surgical resection of XO lesion.

Fig 1. A computed tomography (CT) scan revealed that the periosteal heterogeneously enhancing soft tissue mass (7.8 x 4.2 cm) with aggravated focal osteolytic bone lesion in adjacent sternal end of left clavicle and irregular and destructive osteolytic bone lesion in left side of sternal manubrium.



Fig 2. Bone scan

