This feature provides a forum for the presentation of problematic cases from our readers. Its purpose is to enlist worldwide expertise which may contribute to a diagnosis. Submitted problem cases should include as much information as possible. The editors will collate submitted material and publish helpful results.

Please submit North American cases to:

Dr. T.E. Keats
Department of Radiology
University of Virginia Hospital
Charlottesville, VA 22908, USA

Cases from other areas should be sent to:

Dr. Dennis J. Stoker
Department of Radiology
Royal National Orthopaedic Hospital
45-51 Bolsover Street
London W1P 8AQ, U.K.

Offered solutions should be sent to
Dr. Keats or Dr. Stoker

Help obtained

Help, Skeletal Radiology (1989) 18:598

I believe this case represents an example of a large osteochondroma of the distal ulna which is associated with significant dysplasia and hypoplasia of the ulna. The "pseudarthrosis" may be secondary to a previous fracture.

Lack of normal bone modelling and deformity especially of the distal ulna is often severe in hereditary multiple exostoses [1] but may certainly occur with an isolated osteochondroma.

Reference

1. Shapiro F, Simon S, Glimcher MJ (1979) Hereditary multiple exostoses. J Bone Joint Surg [Am] 61:815

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