



Knee pain and swelling

Richard D. J. Smith^{1,2} · Katherine Nabel Smith³ · Vignesh Shanmugam⁴ · Luis S. Beltran⁵

Received: 23 January 2023 / Revised: 5 March 2023 / Accepted: 10 April 2023 / Published online: 18 April 2023
© The Author(s), under exclusive licence to International Skeletal Society (ISS) 2023

Question

A 23-year-old male presented to orthopedic clinic with a 6-week history of intermittent pain and increasing swelling in his left popliteal fossa. Physical exam was notable for a firm mobile mass that was mildly tender to palpation (Figs. 1, 2, 3, 4, 5 and 6).

The diagnosis can be found at <https://doi.org/10.1007/s00256-023-04345-0>.

✉ Richard D. J. Smith
rsmith21@partners.org

¹ Department of Orthopaedic Surgery, Massachusetts General Hospital, Boston, MA, USA

² Department of Orthopaedic Surgery, Brigham and Women's Hospital, Boston, MA, USA

³ Harvard Medical School, Boston, MA, USA

⁴ Department of Pathology, Brigham and Women's Hospital, Boston, MA, USA

⁵ Department of Radiology, Division of Musculoskeletal Imaging and Intervention, Brigham and Women's Hospital, Boston, MA, USA

Fig. 1 AP (A) and lateral (B) radiographs of the left knee

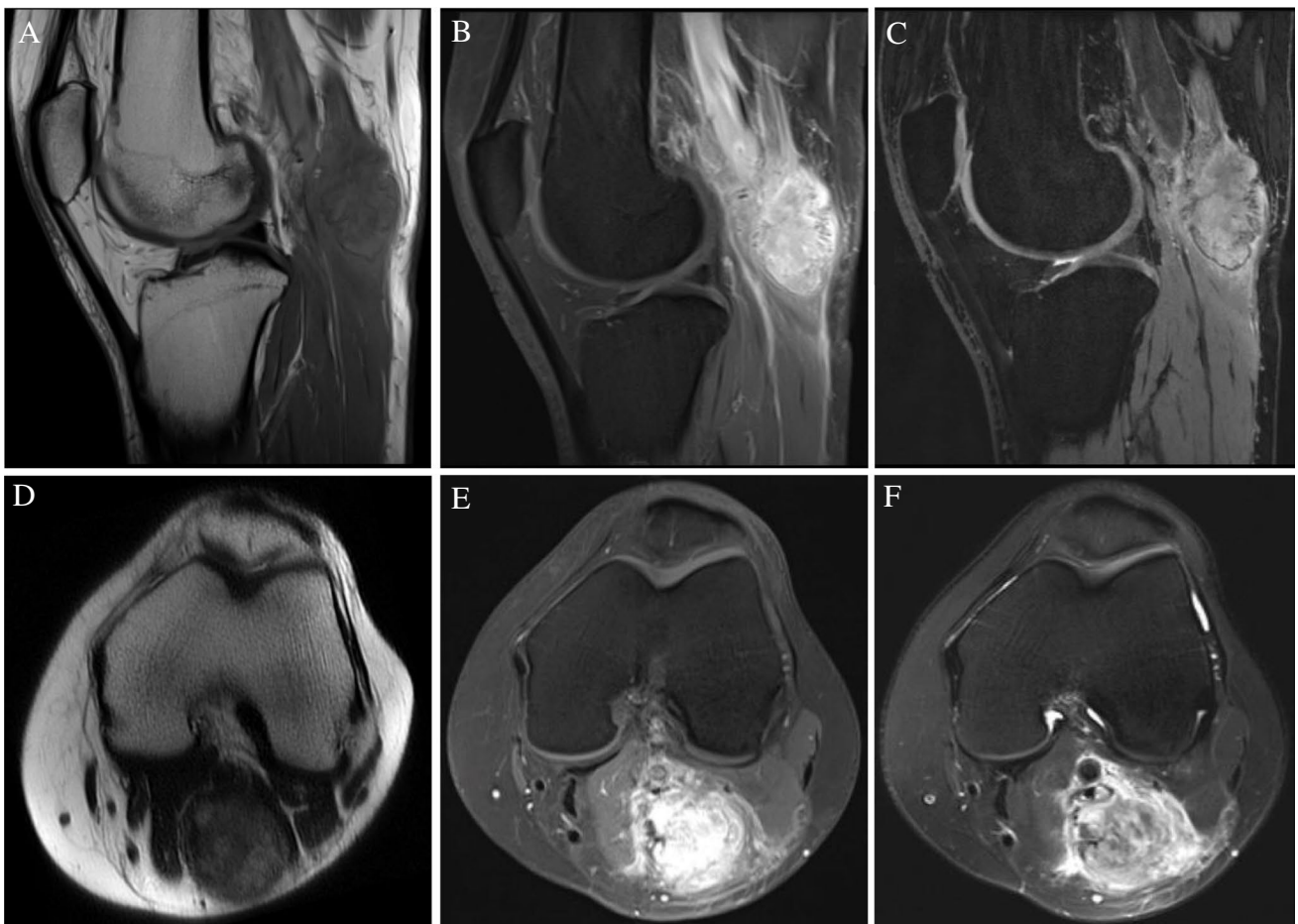
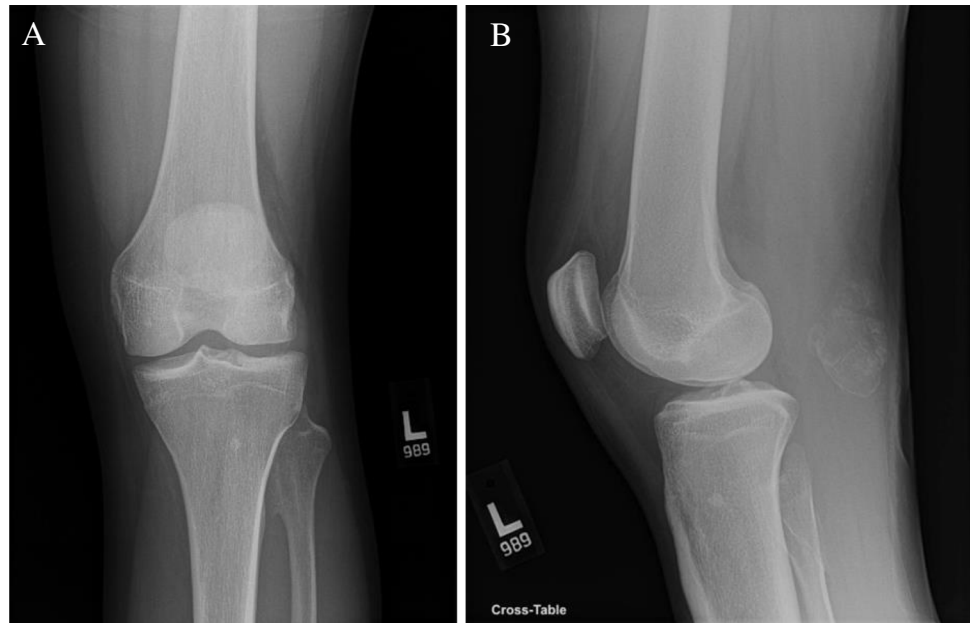


Fig. 2 Sagittal and axial MRI images proton density-weighted (A, D), T1 fat-suppressed post-contrast (B, E), and T2 fat-suppressed post-contrast (C, F)

Fig. 3 Ultrasound-guided biopsy of mass in left popliteal fossa

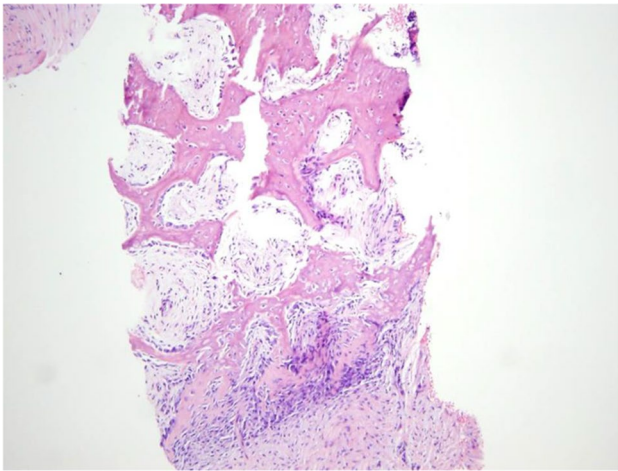
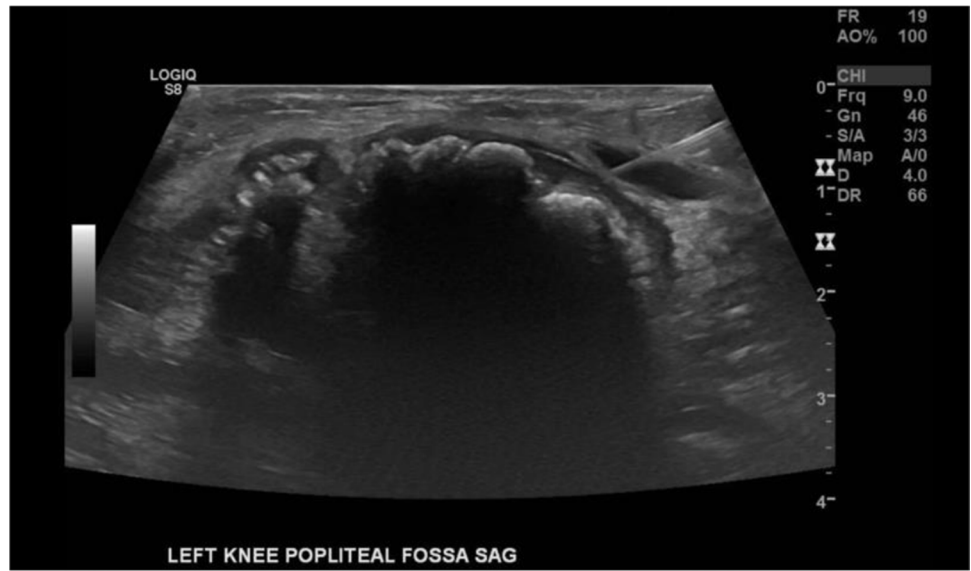


Fig. 4 Hematoxylin and Eosin (H&E), 10X

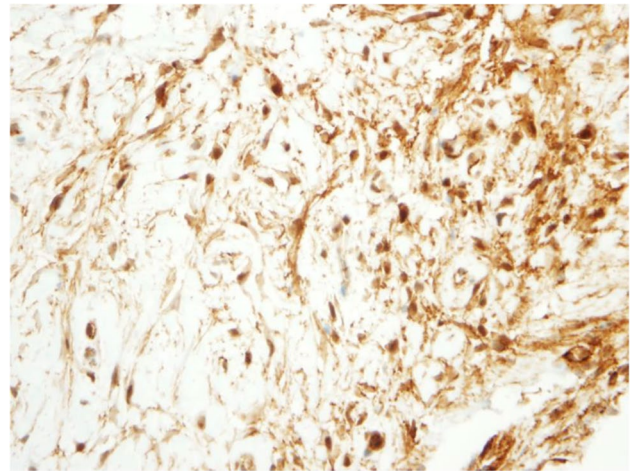


Fig. 6 Immunohistochemical stain for beta-catenin, 40X

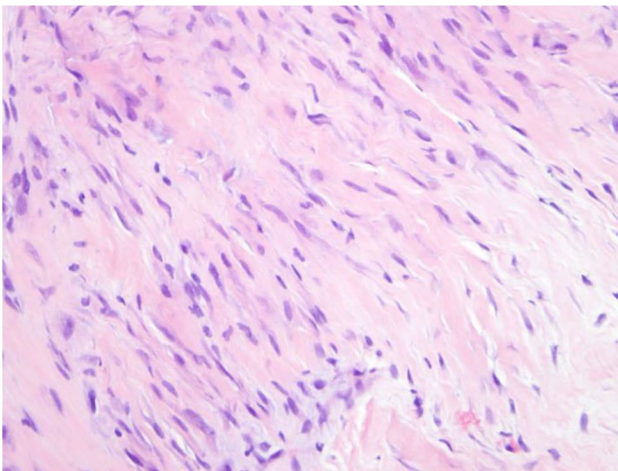


Fig. 5 Hematoxylin and Eosin (H&E), 40X

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.