CLINICAL HISTORY
Patient presented to the orthopedician with 4 months of swelling and pain in left wrist.

PROTOCOL
Multiplanar and multi-echo MRI of the left knee was performed without administration of intravenous contrast.

FINDINGS
There is evidence of a well-defined mixed solid-cystic mass lesion, eccentric in location, lytic expansile in morphology (on radiographic correlation), involving the distal lower end of radius abutting the articular surface.

The lesion measures 34 mm (SI) x 22 mm (ML) x 19.8 mm (AP) at its maximum dimension with solid component showing low to intermediate signal on T1W images, showing significant enhancement on postcontrast images with a thin linear branching predominantly peripheral distribution.

The proximally located semi septated cystic component measures 13 mm x 12.7 mm in size with regular margins.

The lesion per se shows a nodular non-infiltrative margin with a narrow zone of transition and an intact cortex.

No associated enhancing intramuscular or soft tissue focal mass lesion seen. Surrounding neurovascular bundle appears intact.

Rest of the visualized bones and joints are normal in morphology and signal intensity. No evidence of cortical break is seen.

No evidence of joint effusion is seen.
The muscles and tendons reveal normal parenchymal signal intensity. The ligaments are normal in morphology and single intensity.

**IMPRESSION**

1. Eccentric, well defined solid-cystic mass lesion distal aspect of radius with a narrow zone of transition, abutting the articular surface with peripherally enhancing solid component and coexisting semiseptated cystic component as described.
   
   Findings suggestive of Giant Cell Tumor with coexisting Aneurysmal Bone Cyst, likely Benign.

2. No associated locally malignant soft tissue component seen.

**DIFFERENTIAL DIAGNOSIS**

Giant cell Tumor with probable coexisting Aneurysmal Bone Cyst.