

Dear Editors,

First, we would like to thank you for the attention and interest in our case report and for bringing it to discussion (a case of villonodular synovitis of the shoulder in an adolescent): imaging and pathological diagnostic. *Rev Bras Reumatol* 2009; 1(49):70-80.

At the time of diagnosis, arthroscopy of the patient's shoulder was performed and we identified macroscopic findings of synovium nodules near the joint portion of the biceps (Figure 1). These findings were suggestive of pigmented villonodular synovitis with villous and nodular exuberant proliferation projecting into the joint space, showing round and oval cells of synovial pattern, or even histiocytic without nuclear atypia, and frequent multinucleated giant cells interspersed without forming granulomas, along with discrete hemosiderotic

deposits and areas of stromal collagen (Figures 2A, 2B, and 2C). It was not observed collagen necrobiosis or palisading granulomas. There was no presence of inflammatory elements or pannus. All these findings speak against rheumatoid arthritis.

It is noteworthy that the patient remains asymptomatic and with normal laboratory tests at follow-up. Actually, juvenile rheumatoid arthritis may start with a monoarticular problem and show positive antinuclear factor, but the arthroscopic and pathological findings and clinical outcome, together, justify the diagnosis of pigmented villonodular synovitis.

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Figure 1
Images of arthroscopic procedure on shoulder of the patient JCM, showing thickening and synovial nodules (arrowhead) near the joint portion of the biceps.

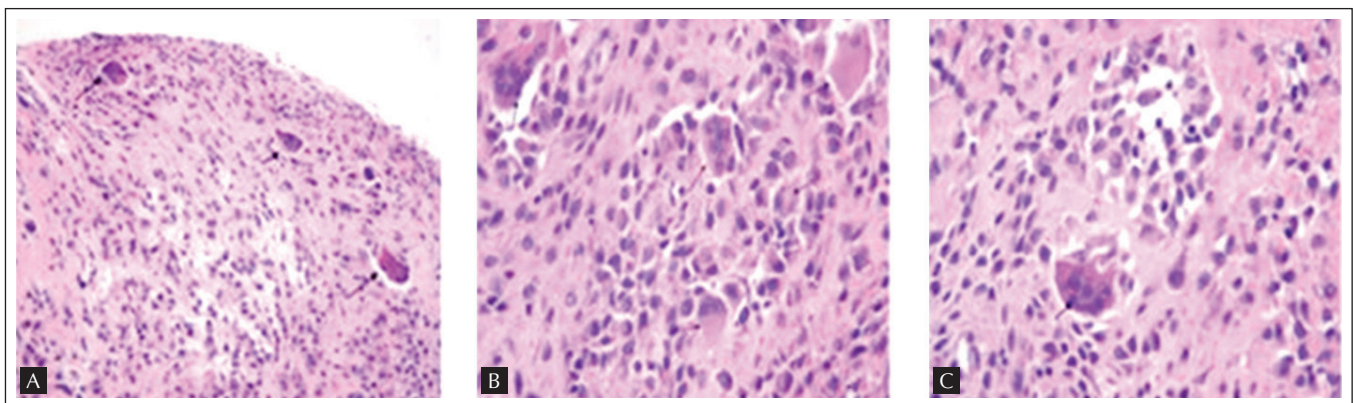


Figure 2
Pigmented villonodular synovitis: A monotonous proliferation of oval cells with synovial or histiocytic pattern can be observed, without nuclear atypia, and with interspersed multinucleated giant cells (arrows) on collagenized stroma.