Pelvic radiographs of a 20-year-old woman showed a bony mass lesion lateral to the left iliac bone. CT and Tc-99m MDP whole-body scanning were also performed for further assessment. All studies strongly suggested a diagnosis of myositis ossificans; however, a pathologic diagnosis of melanotic schwannoma was made after the mass was excised. Cases of melanotic schwannoma have been reported in different anatomic locations, some of which were reported to be a component of the Carney complex. Further diagnostic work-up in this patient revealed no other signs of this complex.

Key Words: Bone Scan, Carney Complex, Melanotic Schwannoma, Myositis Ossificans.

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References


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Fig. 1. A CT of the left iliac region shows a bilobed, well-defined, heavily calcified mass located lateral to the anterior margin of the iliac wing (arrows). There is no associated soft-tissue component or bone destruction in the adjacent ilium.

Fig. 2. A 4-hour delayed bone scan of the pelvis shows an extraosseous bilobed region of intense radiotracer uptake corresponding to the focus of calcification on the CT (arrows). This intense uptake was interpreted as being a metabolically active phase of myositis ossificans (not yet mature). A pathologic diagnosis of melanotic schwannoma was made after the mass was excised. Melanotic schwannoma is reported to be a part of a condition called the Carney complex. First reported in 1985, it is transmitted as an autosomal dominant trait and features myxomas, spotty skin pigmentation, endocrine tumors, and peripheral nerve tumors (schwannomas) (1,2).