Chondroma is the most common primary bone tumour of the hand, but carpal chondroma has, as far as we know, been reported only twice previously in the English language literature: in one report by Dahlin (1957), no localisation was mentioned; the other, by Takigawa (1971) described a patient with a chondroma in the scaphoid and lunate of the right wrist. We report two patients each with a chondroma in the scaphoid as well as a pathological fracture of the bone.

**Case 1.** A 23-year-old male carpenter visited the Hand Clinic at the Iwaki Hospital, complaining of intermittent pain in the right wrist since a fall on the palm six months previously. Pain was present after strenuous work, especially on hyperextension. Examination showed slight swelling and tenderness of the dorso-radial aspect of the wrist. Movements were slightly restricted by pain. Laboratory findings were within normal limits. Radiography revealed a cystic lesion with stippled calcification in the scaphoid and what looked like a pathological fracture; no other carpal bones were found to be affected (Fig. 1). A biopsy revealed a typical chondroma with moderate cellularity but no evidence of double nuclei. Curettage and bone grafting using iliac bone were performed. Bone union was complete and the patient returned to his previous work without difficulty six months later.

**Case 2.** A 35-year-old male plasterer, came to the Hand Clinic at the Iwaki Hospital complaining of pain in the left wrist. He had fallen on the palm four years previously and been to another hospital where radiographs were taken and a scaphoid fracture diagnosed; he wore a plaster cast for six weeks. Over the next four years the pain had almost subsided until he sprained his wrist.

Radiographs now revealed cystic changes in the scaphoid as well as the fracture (Fig. 2). Biopsy revealed a typical chondroma and curettage and grafting were performed. Complete bony union followed and he returned to his previous work.

**Discussion.** Dahlin (1957) has stated that more than 60% of chondromas occurred in the hands and feet, chiefly in the phalanges, and 90% of these were in the hands. Carpal chondroma was, however, rare and he reported only one, without specifying the particular bone. Takigawa’s (1971) case is the only definite chondroma of the scaphoid we have seen reported.

Our two cases of scaphoid chondroma both had pathological fractures. Despite its rarity the diagnosis was strongly suspected even before operation because the radiographs revealed the cystic appearance with slight stippling or mottled calcification characteristic of the tumour.

No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

**REFERENCES**
