

Orthopaedic Pathology

1. Rotation Goals and Objectives by Core Competency

General Goals & Objectives PGY 1 Year

A. Patient Care

There is no direct patient care in this rotation, however, residents are expected to always make the correct diagnosis.

B. Interpersonal and Communications Skills

The resident must be able to accurately discuss various diseases as well as make oral presentations about specific orthopaedic diseases.

C. Professionalism

The resident is expected to be on time every day. He/she is expected to have mastered the daily reading assignment

D. Medical Knowledge

- 1) The resident will be able to compare and contrast the clinical, radiologic, and histopathologic features of the following entities:

Primary vs. Secondary Osteoarthritis

Differential Diagnosis of Synovitis

Pigmented Villonodular Synovitis vs Hemosiderotic Synovitis

Pigmented Villonodular Synovitis Involving Bone vs. Giant Cell Tumor of Bone

Primary Synovial Chondrometaplasia vs. Secondary Synovial Chondrometaplasia.

Primary Synovial Chondrometaplasia vs. Synovial Chondrosarcoma.

Tumoral Calcinosis vs. Calcium Pyrophosphate Deposition Disease

Subcondroral Cysts

The Pathology of Total Joint Failure: Aseptic vs. Septic Loosening

Extra-Articular Pigmented Villonodular Synovitis vs. Epithelioid Sarcoma

The Cytologic Grading Of Cartilage Lesions

Enchondroma vs. Low Grade Central Chondrosarcoma

Osteochondroma vs. Surface Chondrosarcoma vs. Periosteal Chondroma

Chondrosarcoma of the Spine vs. Chordoma

Chondroblastoma vs. Clear Cell Chondrosarcoma

Chondromyxoid Fibroma vs. Medullary Chondrosarcoma

Dedifferentiated Chondrosarcoma vs. Sarcoma Complicating a Bone

Infarct

Dense Periosteal Reactions: Parosteal Osteoma vs. Osteoid Osteoma vs.

Stress Fracture

Osteoblastoma vs. Osteoblastic Osteosarcoma

Parosteal Osteosarcoma vs. Periosteal Osteosarcoma

Intraosseous Well-Differentiated Osteosarcoma vs. Fibrous Dysplasia

Aneurysmal Bone Cyst vs. Telangiectatic Osteosarcoma

Myositis Ossificans vs. Parosteal Osteosarcoma

Distal Femoral Cortical Irregularity Syndrome vs. Osteosarcoma

Bizarre Parosteal Osteochondromatous Proliferation vs. Florid Reactive
Periostitis vs. Osteosarcoma.

Cystic Angiomatosis vs. Epithelioid Hemangioepithelioma vs.
Angiosarcoma

Unicameral Bone Cyst vs. Intraosseous Lipoma

Aneurysmal Bone Cyst vs. Simple Bone Cyst

Giant Cell Tumor vs. Giant Cell Reparative Granuloma

Giant Cell Tumor vs. Malignant Fibrous Histiocytoma

Nonossifying Fibroma vs. Giant Cell Tumor vs. Chondroblastoma

Fibrous Dysplasia vs. Osteofibrous Dysplasia vs. Adamantinoma

Desmoplastic Fibroma vs. Fibrosarcoma

Primary Lymphoma Of Bone vs. Ewing's Sarcoma (And Peripheral
Neuroectodermal Tumor)

Osteomyelitis vs. Eosinophilic Granuloma

Chronic Osteomyelitis vs. Solitary Plasmacytoma

Lytic Paget's Disease vs. Fibrous Dysplasia and Osteoblastoma

Late Phase Paget's Disease vs. Osteoblastic Metastatic Carcinoma

Radiation Osteodysplasia vs. Metastatic Neoplasm

Bone Marrow Edema vs. Osteonecrosis vs. Artifact\

E. Practice Based Learning and Improvement

The resident will learn how to research topics on the internet.

F. Systems-Based Practice

The resident will participate in the weekly interdisciplinary conference as well as the monthly disease conference.

2. Resident Supervision

There is daily interaction with the Professor who helps the resident learn to diagnose bone and joint disease.

Contact Information:

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3. Clinical Activities

None.

4. Required Readings

McCarthy and Frassica: The Pathology of Bone and Joint Disorders

5. Didactic Activities

The residents have required readings each night that take from 2 to 4 hours. They review cases and then discuss the cases with the Professor.

6. Weekly Schedule

The residents meet daily with the Professor from 2 – 3:30. Prior to meeting, residents are required to review and diagnose cases. The remaining portion of the day is devoted to reading and study.