Pediatric posttraumatic cystic bone lesion, also known as fracture cyst, transient fatty cortical defect, transient post-fracture cyst is an uncommon complication of fractures in children. Approximately 30 cases were reported in the literature. Typically, it occurs in 2-4 months following minor traumatic fractures. It usually occurs at distal radius following a greenstick, buckle or torus fracture.\(^1\) Intramedullary fat leakage through the damaged bone cortex and its capture in subperiosteal area has been proposed in etiology. On radiographs, it is seen as a well-circumscribed, non-expansile, subcentimeter, radiolucent lesion that is located in cortex, close to the former fracture site. Computerized tomography (CT) shows well-defined, intracortical, fatty density and MRI may show signal loss on fat suppressed sequences.\(^2\) It may be seen in multiple locations. These lesions are asymptomatic and do not cause fever or pain. Differential diagnosis may contain unicameral bone cyst, non-ossifying fibroma, eosinophilic granuloma, osteomyelitis. No treatment is required, as they resolve spontaneously in 1 to 3 years.\(^2,3\)

A 4-year-old girl presented to emergency department with left wrist pain after trauma. Radiographs demonstrated a torus fracture of the distal radius (Figure 1). At the third month following the trauma, a control radiograph is obtained. In the radiograph, a radiolucent lesion close to the former torus fracture site is noticed (Figure 2). Then, CT is performed for further examination (Figure 3). CT demonstrated cortical, well-circumscribed non-expansile subcentimeter lesion.
The patient was seen two and a half months later. Radiography showed fading of the lesion. No further follow-up is needed. It is essential to recognize this lesion to prevent unnecessary further diagnostic examinations or even invasive diagnostic procedures.

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**References**

