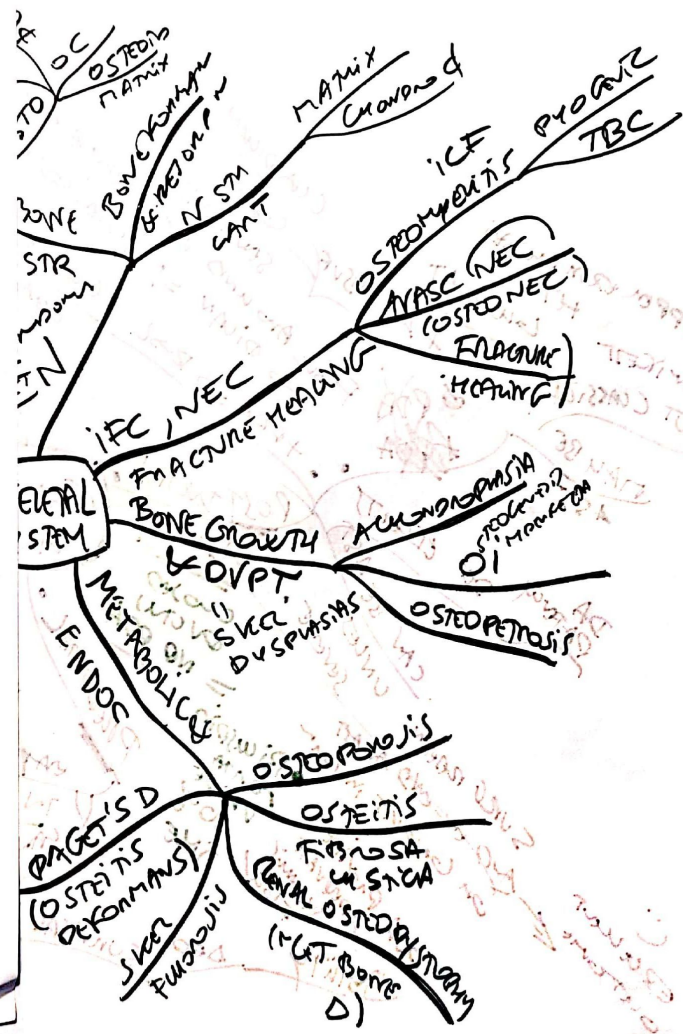
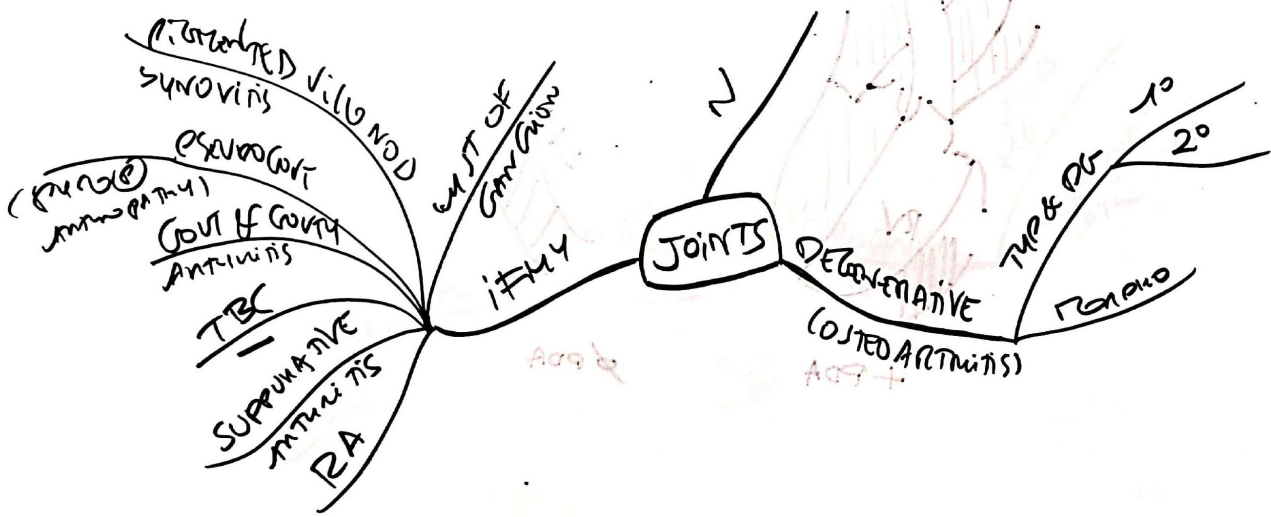


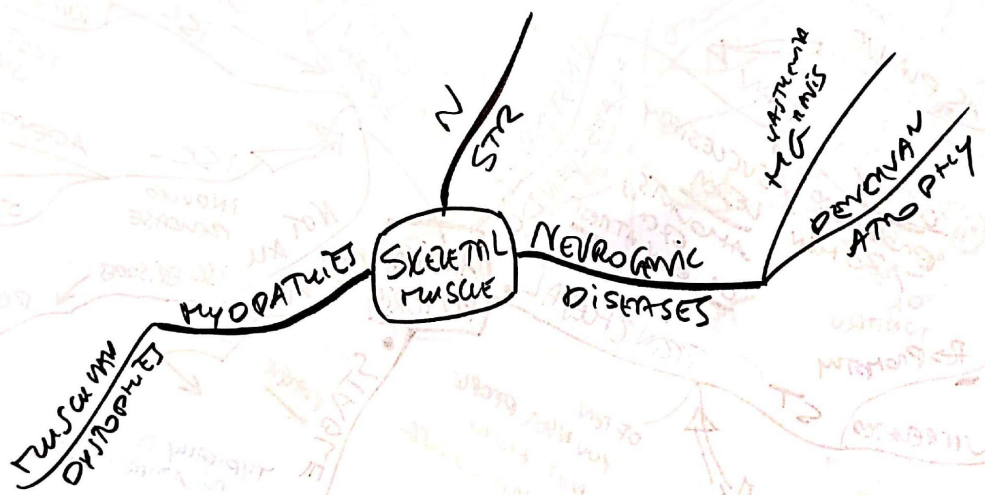
764 SKEL SYST

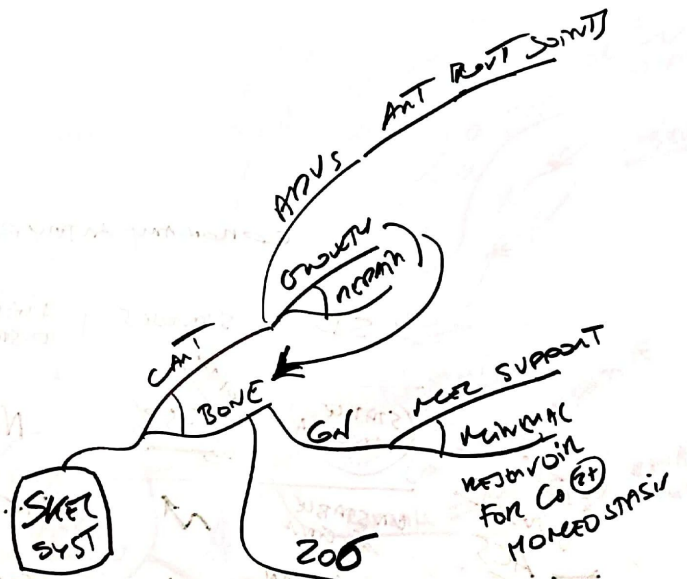




in Joints  
Arthro

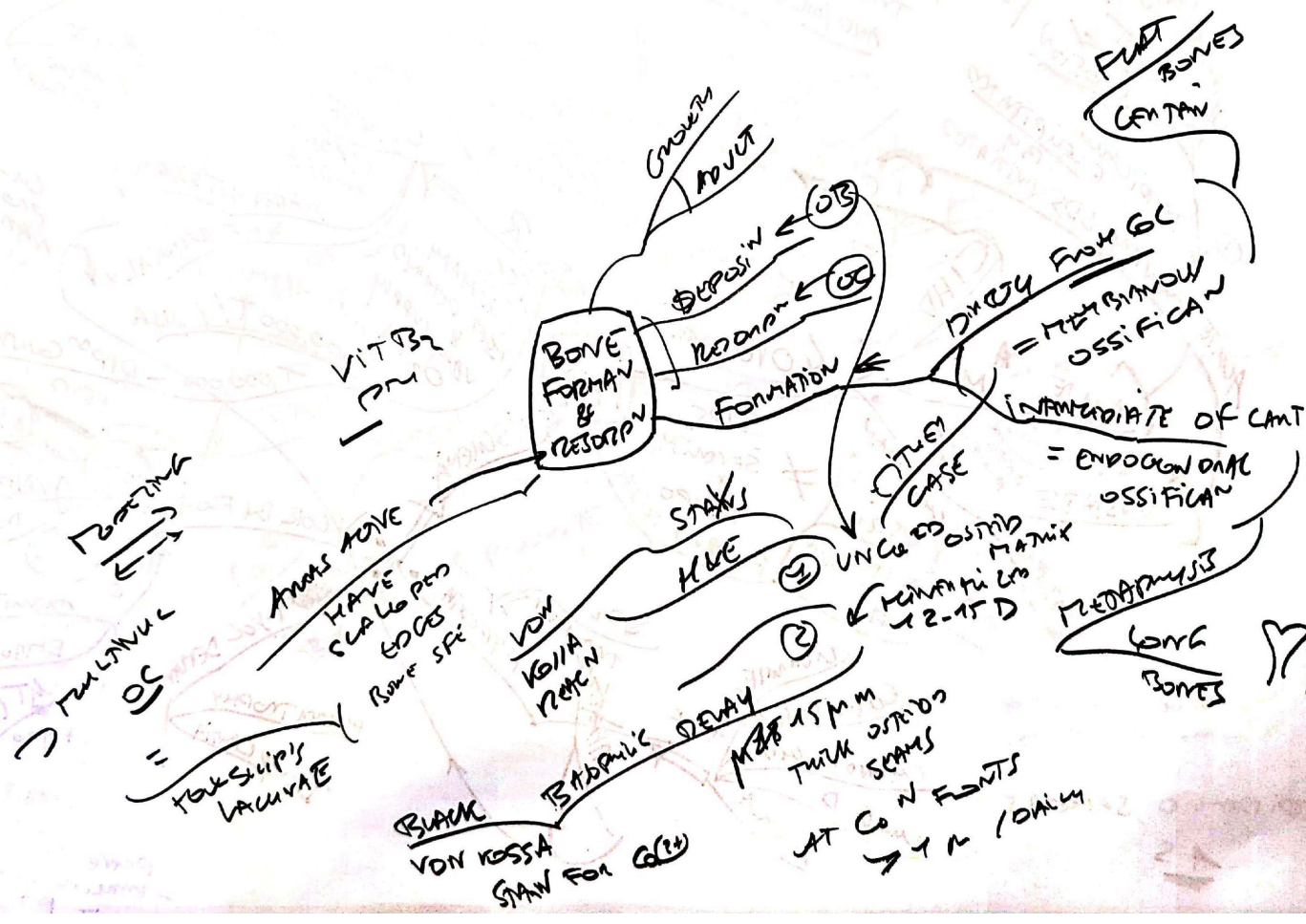






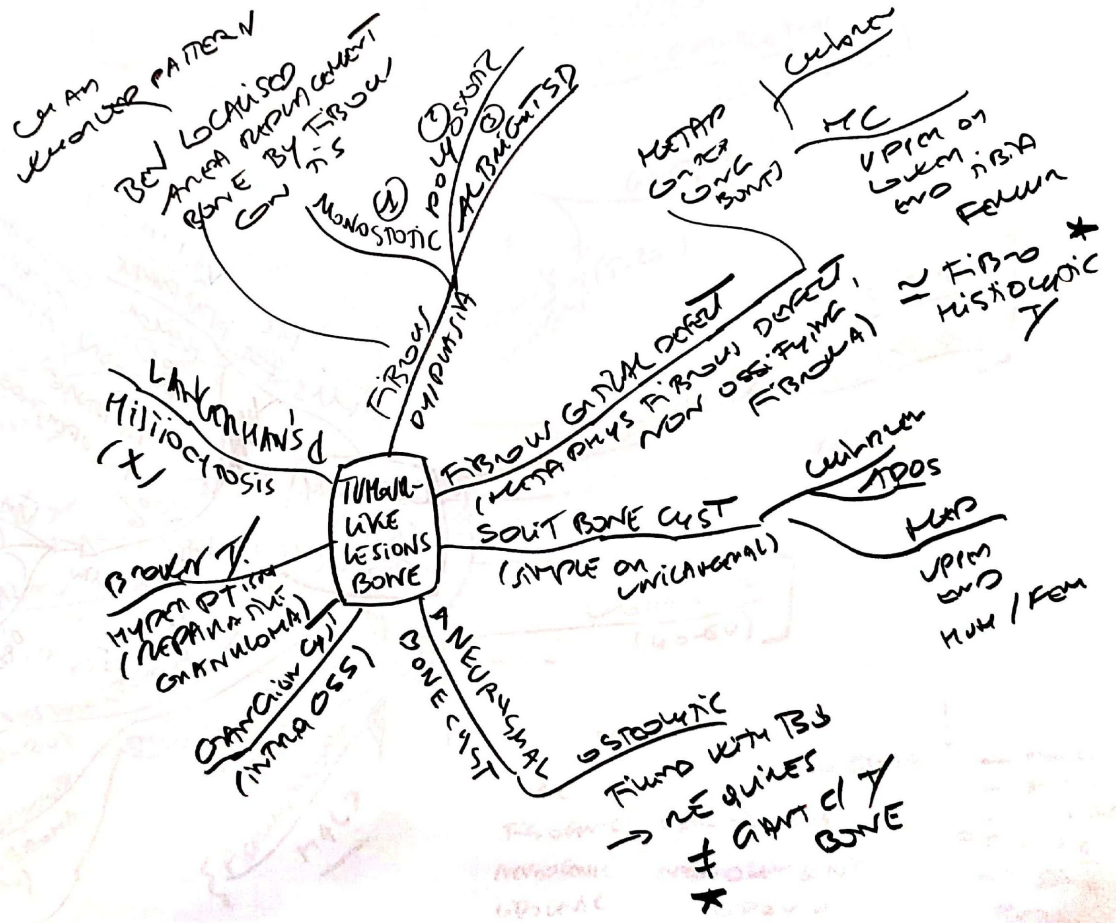








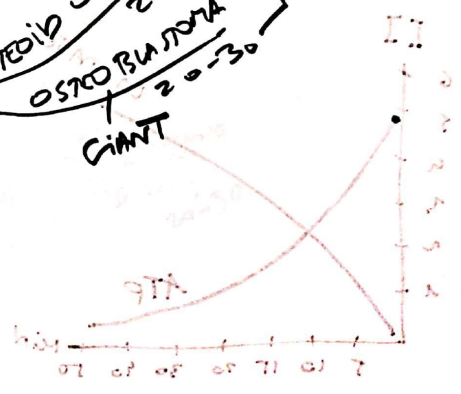
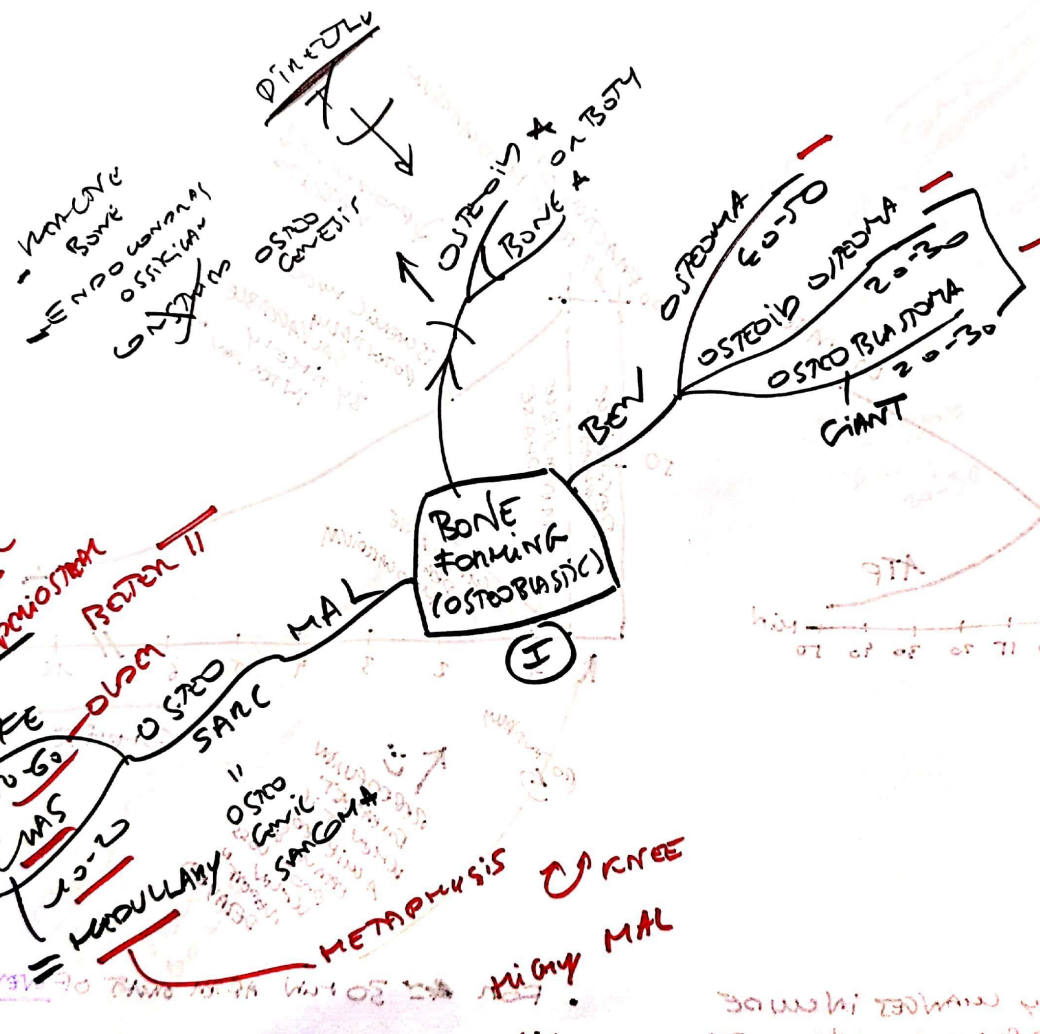




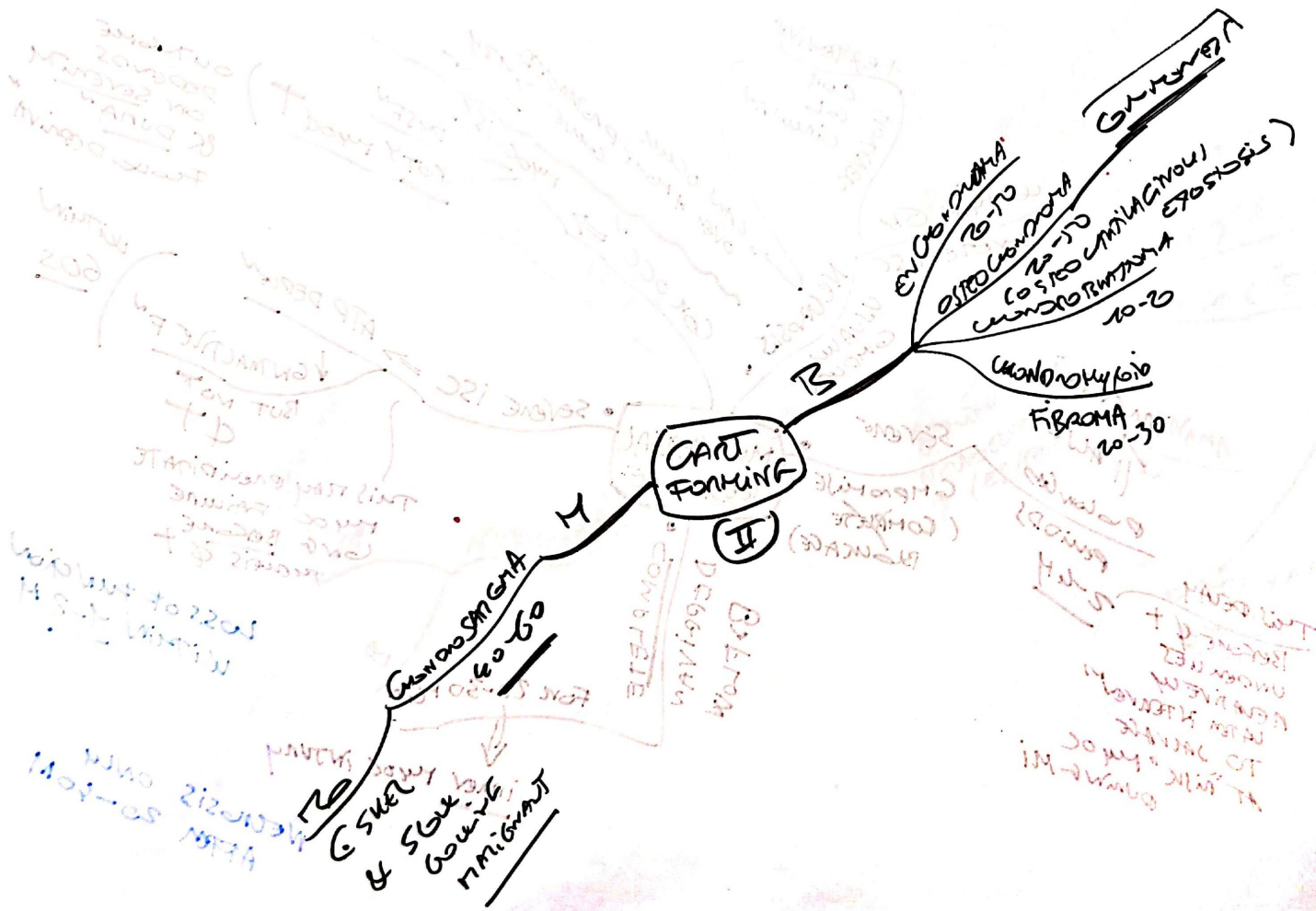


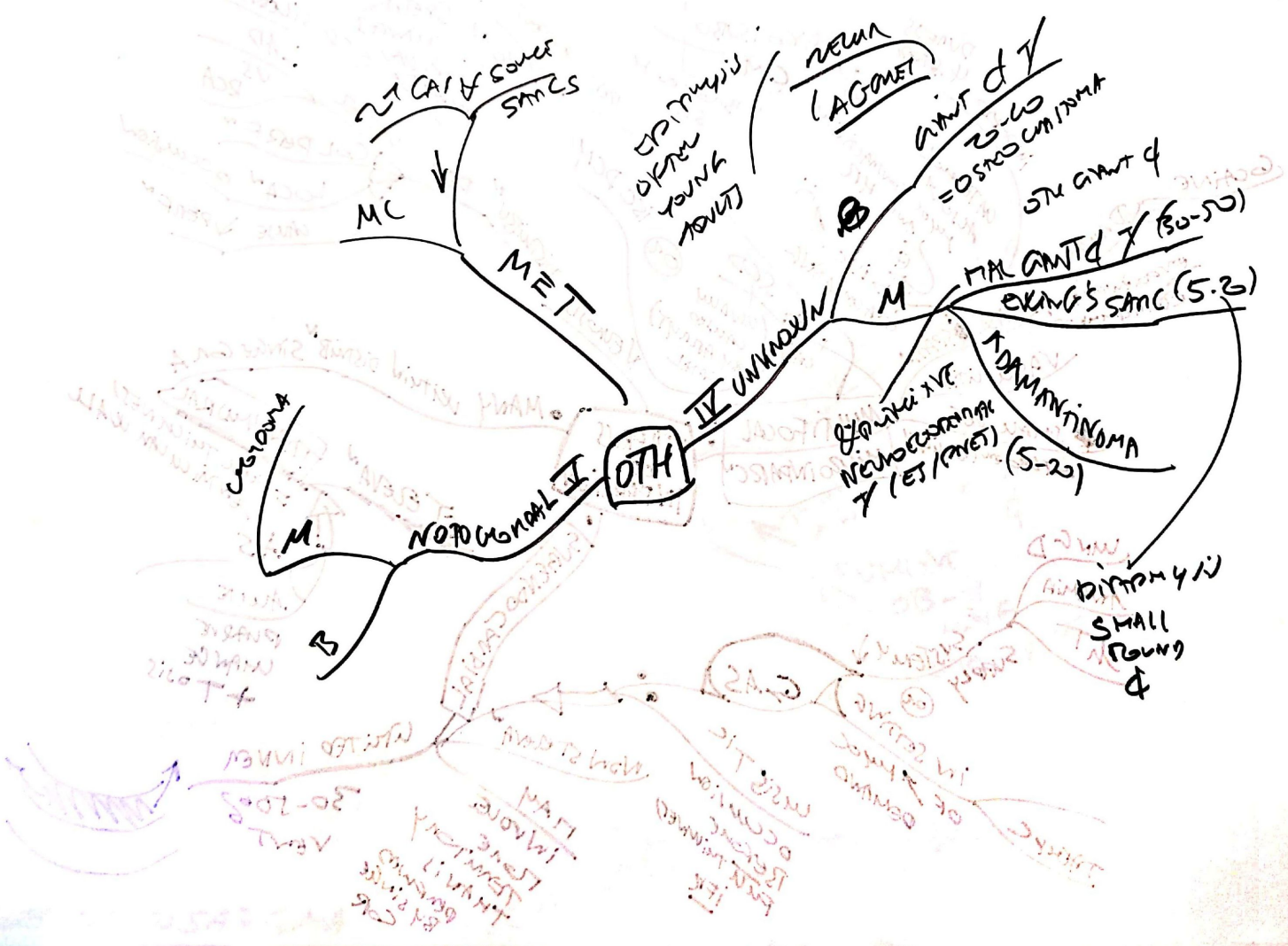


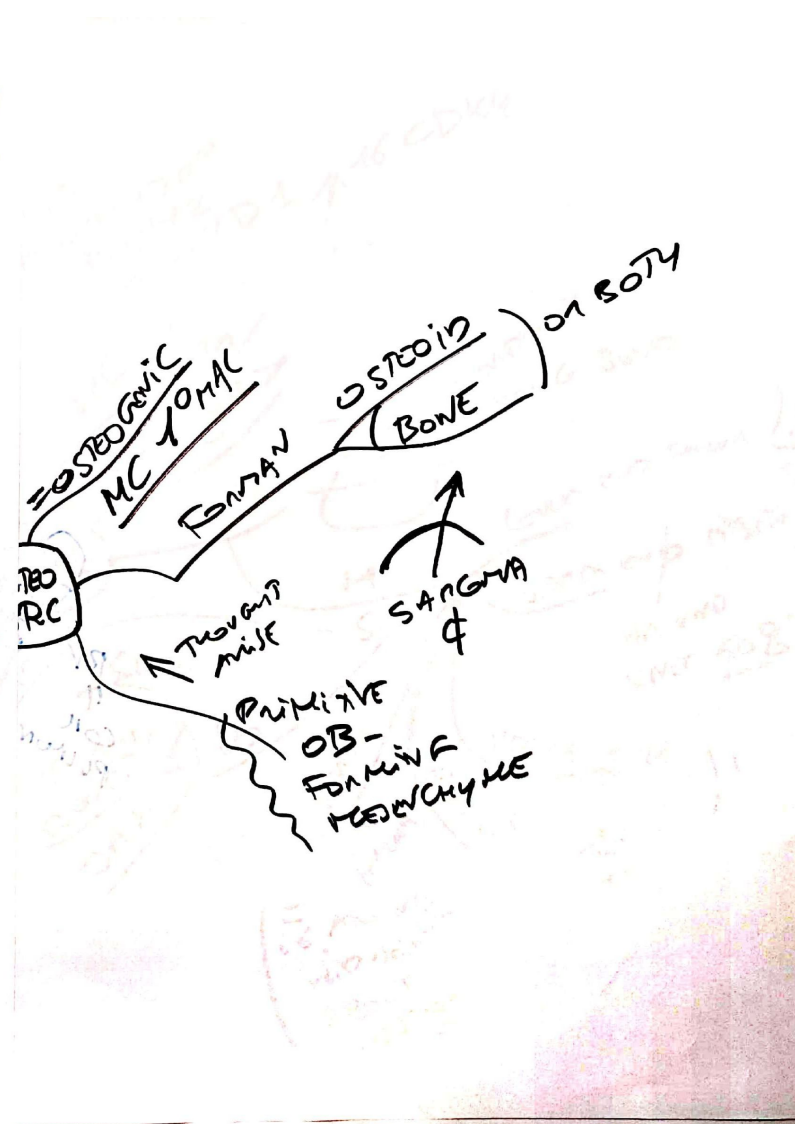
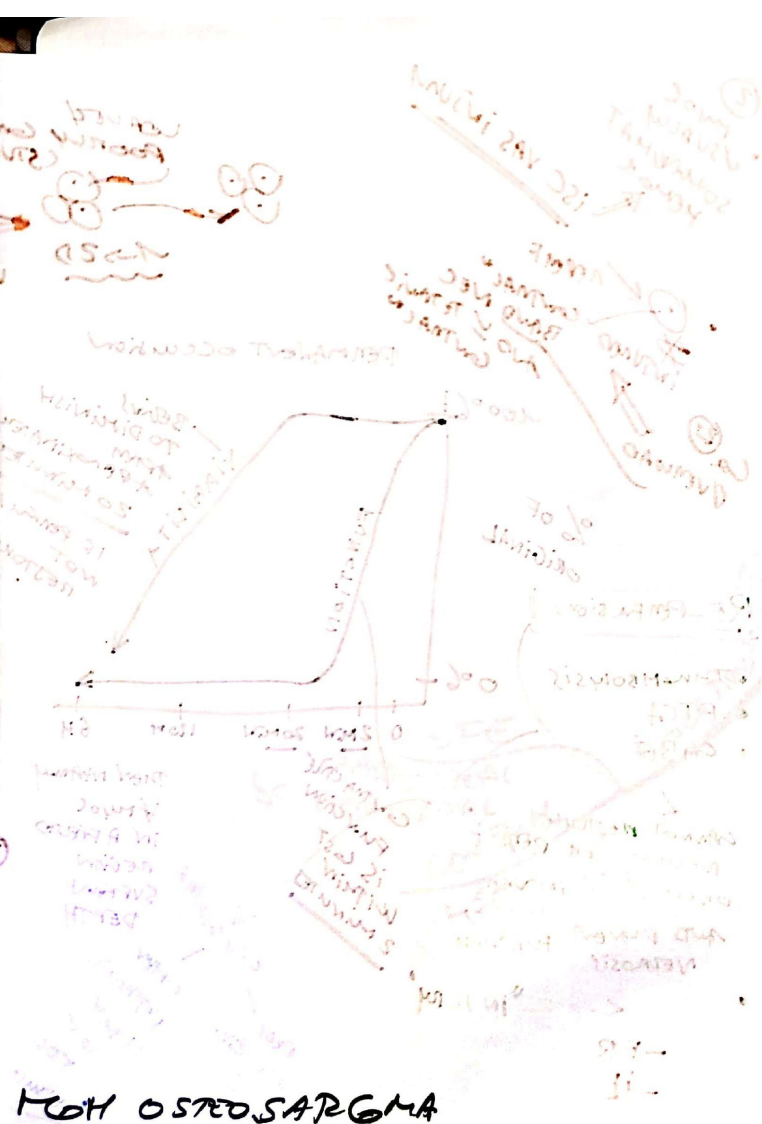
IMPORTANT  
 features of  
 primary  
 hyperparathyroidism  
 of bone  
 are  
 osteoporosis  
 osteitis fibrosa cystica  
 renal calculi  
 peptic ulcers  
 depression of  
 serum calcium  
 and phosphate



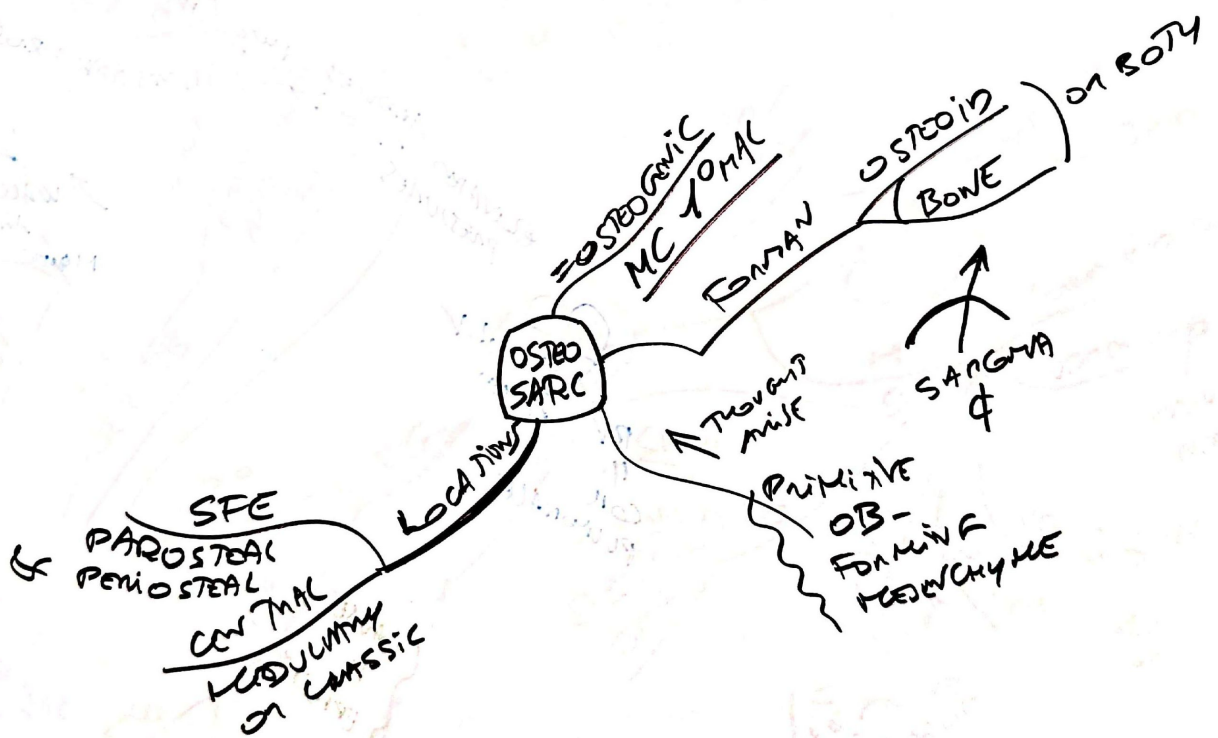
↓ also & commonly in  
 the 1st & 2nd decade

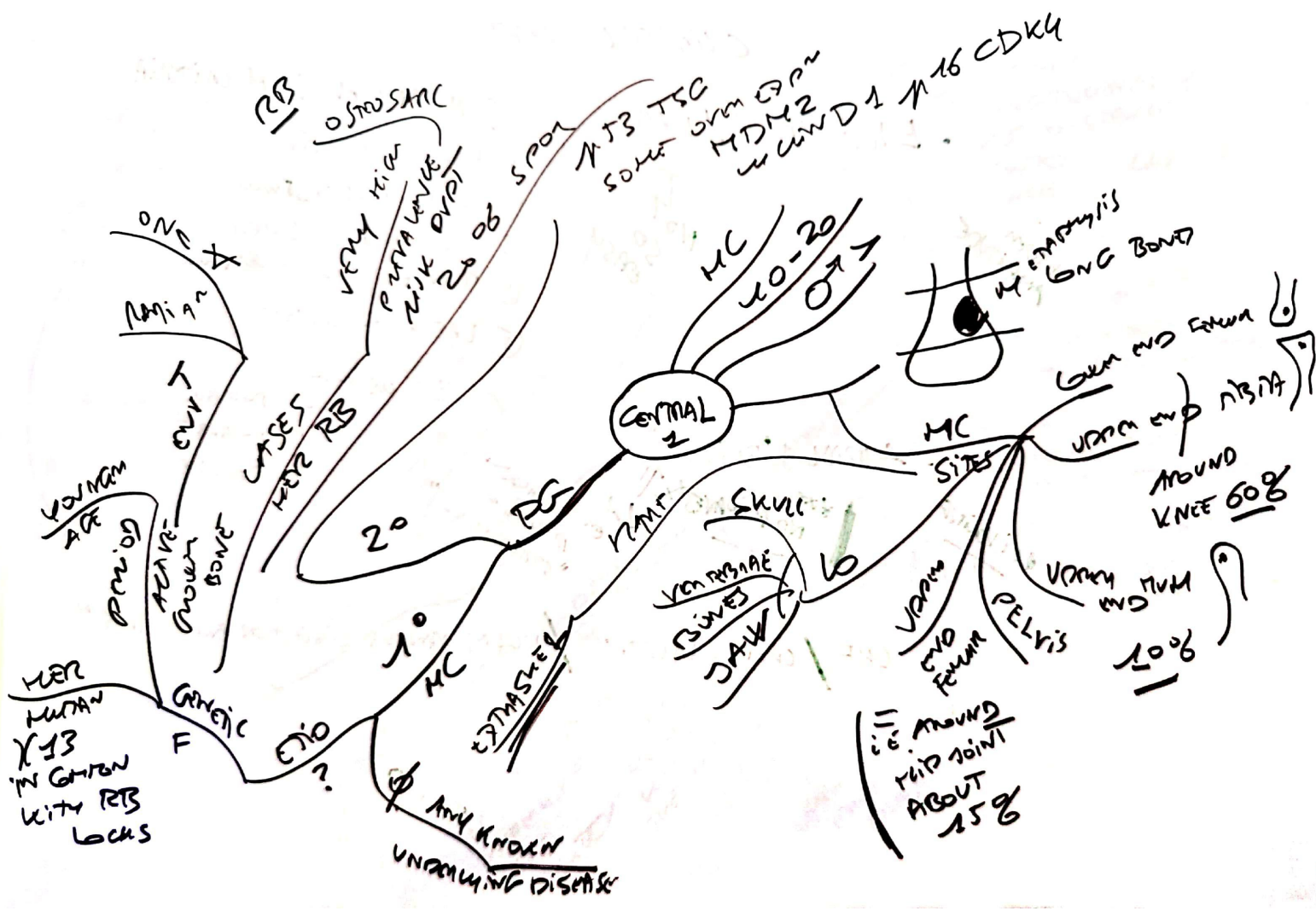












PROLIFERATION



IN M EXTENDS LONGITUDINALLY INTO DISTANCE INTO MEDULLARY CAVITY

EXPANDS LATER

ON TITAN SIDE BREAKING THROUGH GATEX & LIFTING PERIOSTEUM

PERIOSTEUM

GOFFMAN'S THEORY

SUBJECT PATTERN

ONLY MAKE SENSE IN SPINDLE

IF SPINDLE

SWELLING SOFT TISS

UNIONING SKEL GATEX

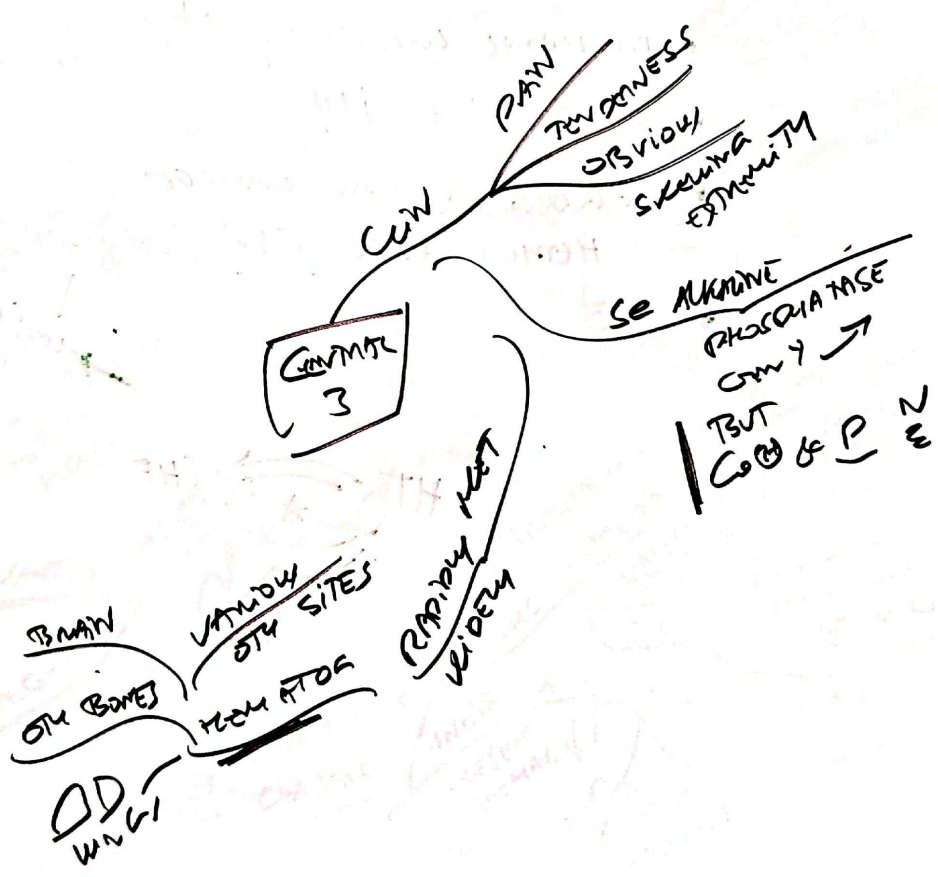
OSTEOCYTES WITHIN THE TUBER

TEMPORARILY CAMOUFLAGE EPIDERMIS / \*

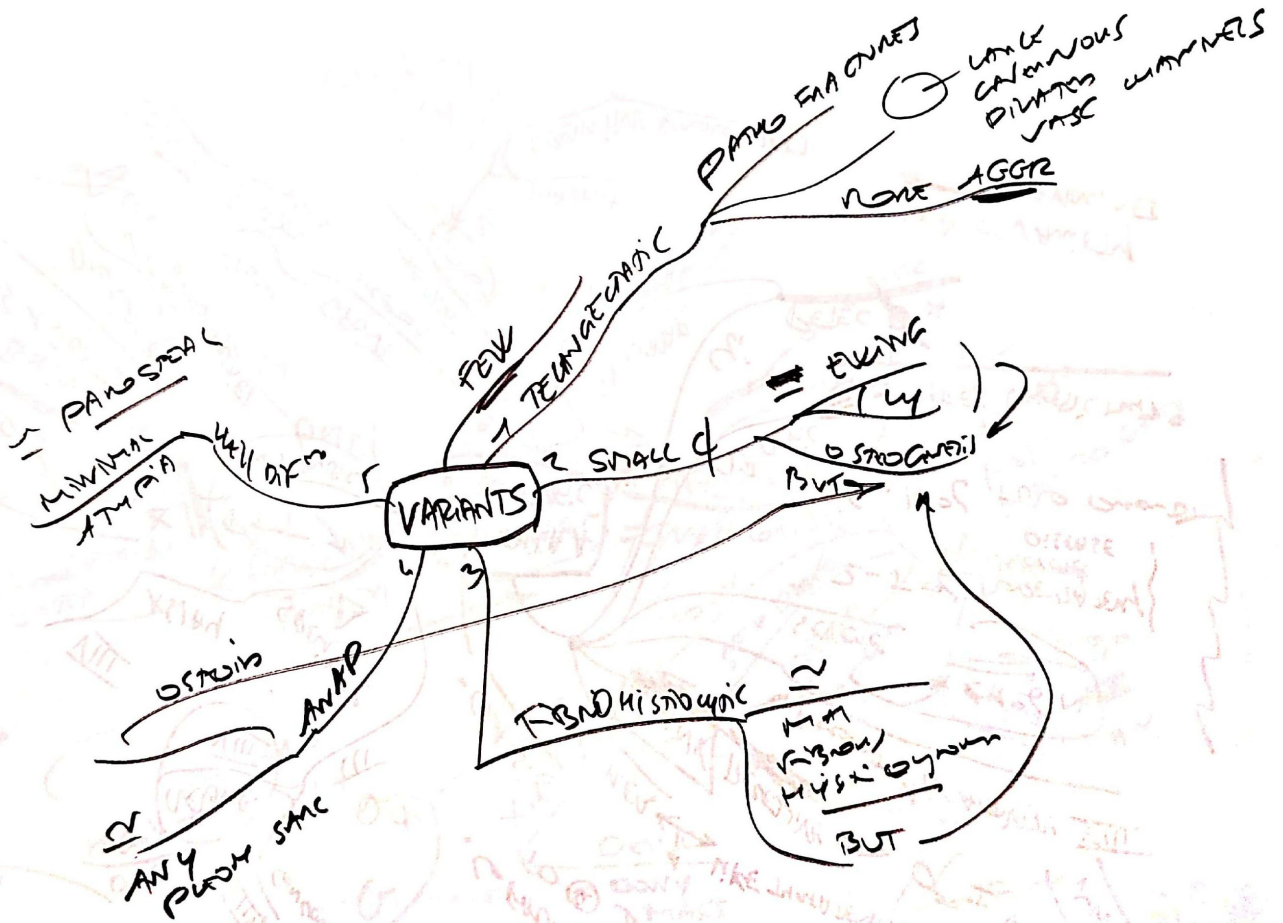
ONLY MAKE SENSE IN SPINDLE

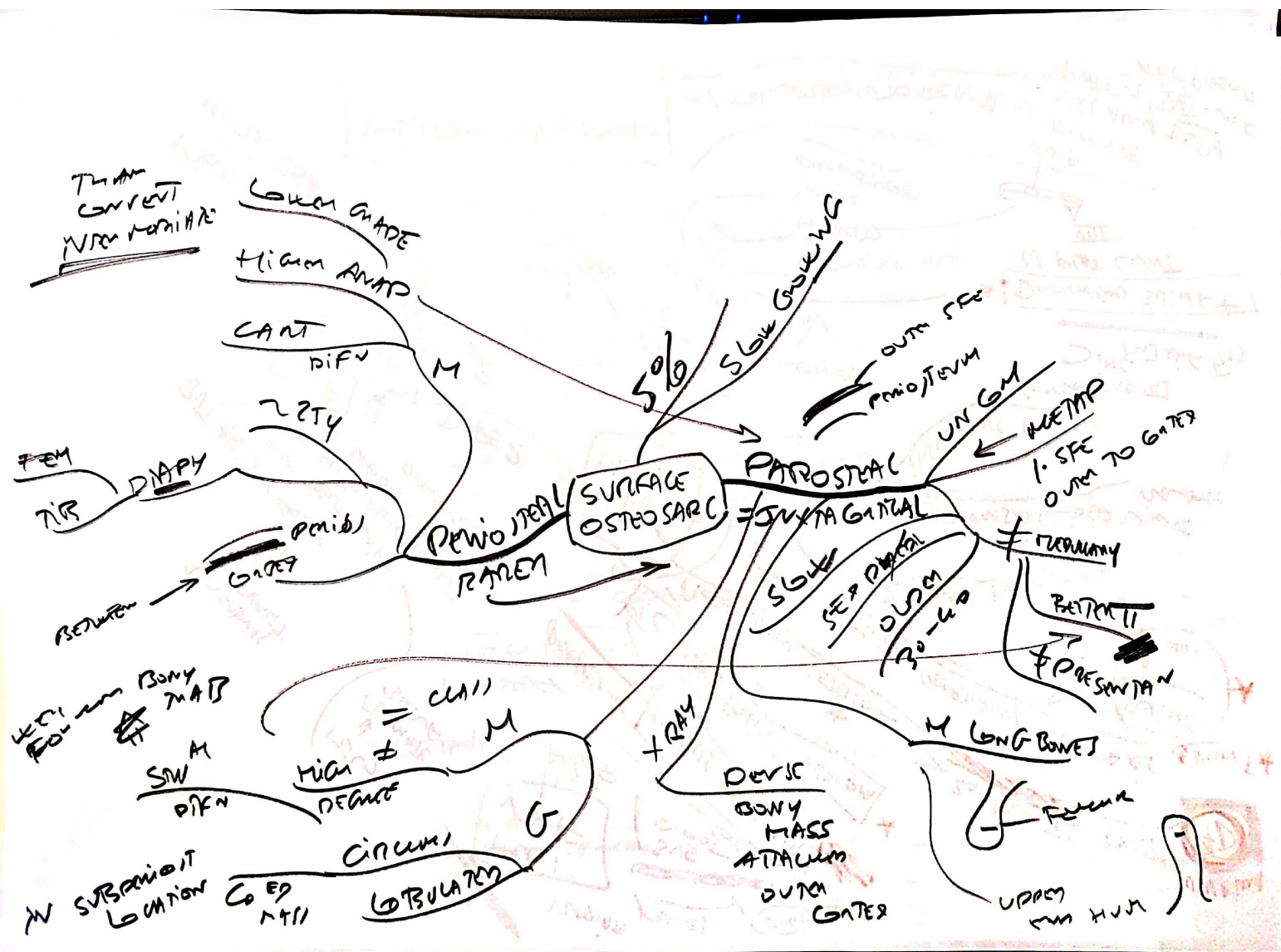
IF SPINDLE

SWELLING SOFT TISS





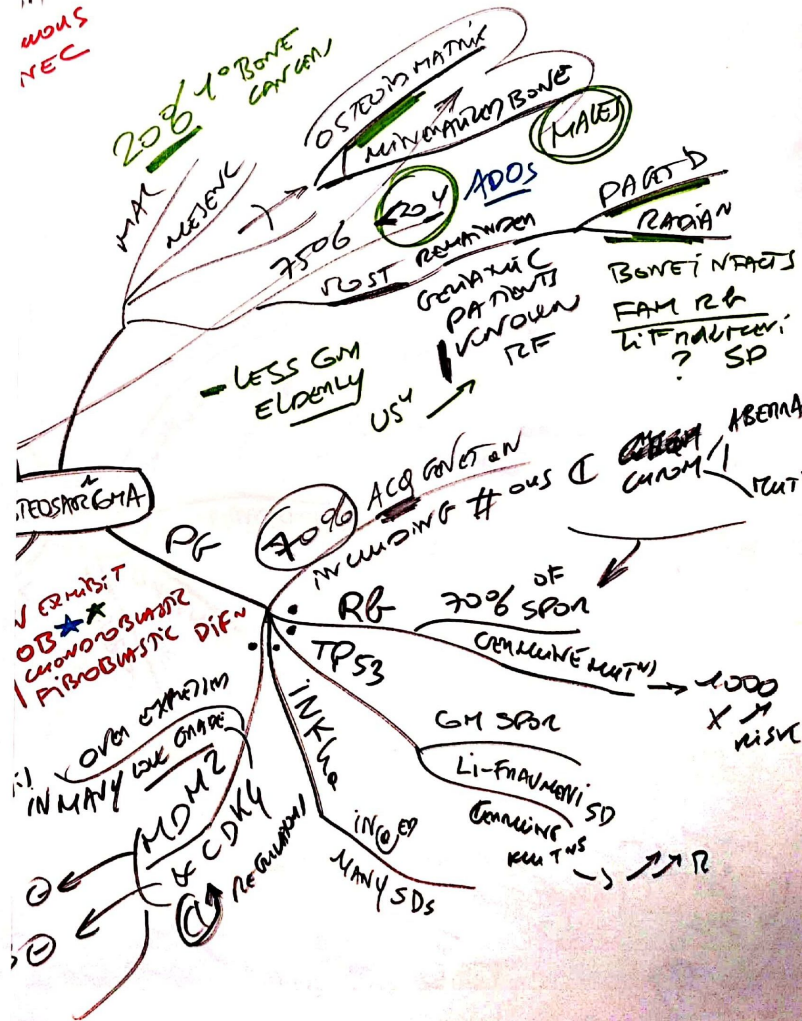




CENTRAL (MODULAR)	SURFACE (PAROSTEAL & PERI)
10-20	OLDER
O →	
METAPH	/ ONAPH
<p>① FLOWN LOW DIBNA UPAN MIP</p> <p>② MUM UPAN MIP</p> <p>③</p>	
<p>1°: GENESIC RE 1/3 MIP/2</p> <p>2°: PADET, FIBRO DYPHIA</p>	<p>→ ARISES OUT TO CANTON</p> <p>— BETWEEN — ↳ PERIOST ←</p>
HIGHLY MAL	SLOW
BULKY NEC COHAN'S TRIANGLE	SMALLER KALI KANTRO BONE PRESENT
<p>1 SANGHAP: POLY &amp; PLEURBATIC</p> <p>2 OSTIIS KALAN</p>	<p>① PARO: FIBROUS STRANG &amp; SUBTE ATWAK</p> <p>② PERI: HIGH GRADE</p> <p>BOTH: BONY TRABECULAE</p>
<p>- TUMORGENSIS</p> <p>- SMALL &amp;</p> <p>- FIBROHISTOCYTIC</p> <p>- KALI DIF ANAP</p>	<p>PARO = SURTA GA PERI</p>
<p>HOMATOG SPERM</p> <p>   ï</p>	<p>REC CUM KUN MAY KAT</p> <p>   CUM ï</p> <p>PARO &gt; PERI</p>

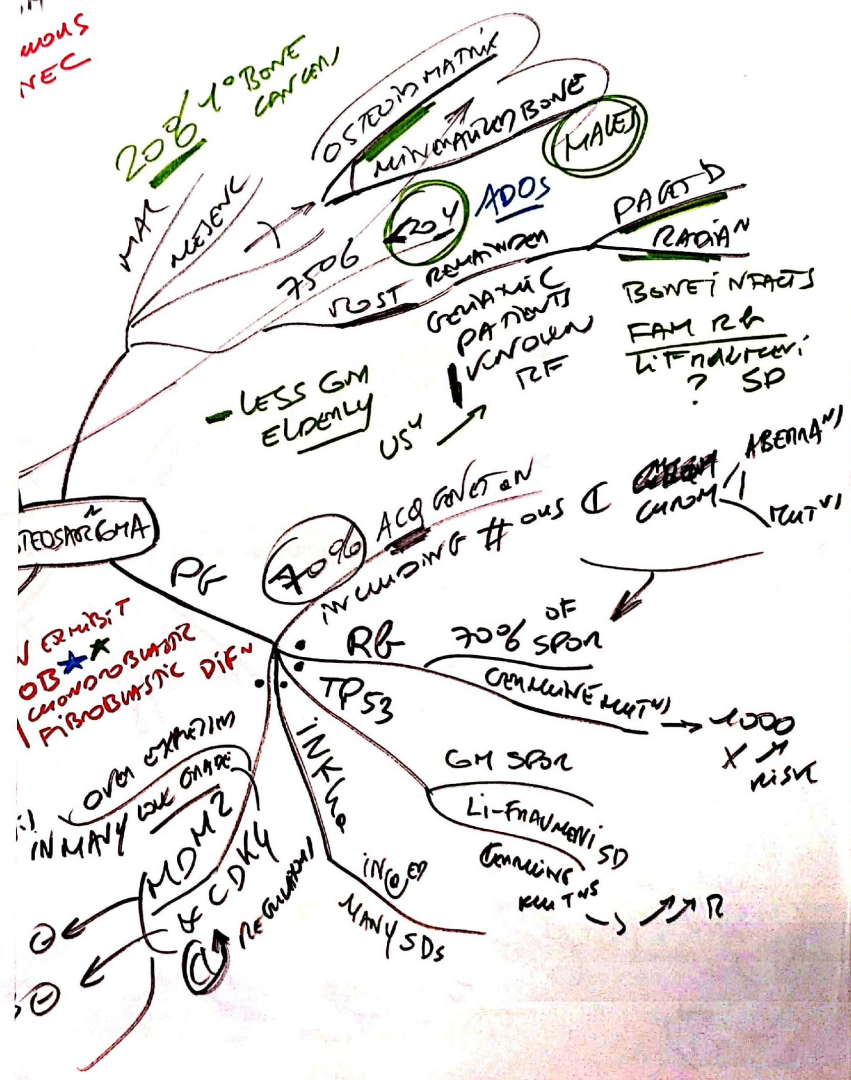


IM  
MOUS  
NEC



~~GENETIC~~ MED DISORDERS BONE

IM  
WONS  
NEC



~~OSTEOPOROSIS~~ BONE



