Question 1. Intraosseous lipomas:
(a) Are commonly asymptomatic.
(b) Can undergo calcification and haemorrhage, and form cysts.
(c) Have lipomatous areas that, unlike fat, are hypointense on T1-weighted magnetic resonance (MR) imaging.
(d) Commonly show resorption of bone trabeculae and prominent expansion of the bone.

Question 2. Liposclerosing myxofibrous tumours:
(a) Have typical lipomatous characteristics on computed tomography and MR imaging.
(b) Commonly occur in the femur.
(c) Can undergo malignant transformation into osteosarcoma.
(d) Can appear lucent with a sclerotic margin.

Question 3. Lipoma arborescens:
(a) Are often associated with effusion and degenerative changes.
(b) Are often polyarticular.
(c) Enhance in the postcontrast phase on MR imaging.
(d) Can be differentiated from pigmented villonodular synovitis on MR imaging.

Question 4. Intra-articular lipomas:
(a) Have a villous appearance on imaging.
(b) Are hyperintense on T1- and T2-weighted sequences.
(c) Mostly occur in the knee joint.
(d) Commonly ossify.

Question 5. Benign periarticular, bone and joint lipomatous lesions:
(a) Tend to affect the elderly.
(b) May be incidentally discovered on imaging that is performed to look for another pathology.
(c) Always require a biopsy.
(d) Have an absence of radionuclide uptake.