



PP-001

Reconstruction of pathological fracture due to aneurysmal bone cyst by curretage, allograft, locking compression plate M.A. Ali

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Introduction: A study of 15 cases of pathological fracture due to aneurysmal bone cyst treated by curretage and bone graft, locking plate fixation.

Material and Methods: The lesions were principally located in the tibia, femur, humerus, and, in most cases, presented the imaging appearance originally described by Jaffe and Lichtenstein as a blowout with thin cortices. **Results:** The patients were treated primarily with curettage and implantation of allograft chips, locking plate fixation. The local recurrence rate was 20%. Toronto Extremity Salvage Score (TESS) is 90.8.

Conclusion: Aneurysmal bone cysts are enigmatic lesions of unknown cause and presentation and are difficult to distinguish from other lesions. Overall, the treatment is satisfactory by curretage and bone graft, locking plate fixation.



Figure 1.