

28th Annual Meeting of the European Musculo-Skeletal Oncology Society 16th EMSOS Nurse and Allied Professions Group Meeting

April 29th - May Ist 2015 Athens, Greece



PP-076

The approach to the osteoblastoma

J. Esteves, L. Barros, M. Silva, P. Serrano, P. Neves, P. Cardoso *Centro Hospitalar do Porto, Porto, Portugal*

Introduction: The osteoblastoma is a very rare benign bone tumor. It is more common in adolescents and young adults and usually occurs in the spine or in the long bones. The most common symptom is pain that, unlike osteoid osteoma does not alleviate with NSAID's and is not more common at night. On the imaging exams it usually presents as an osteolytic lesion, well circumscribed, confined by a periosteal shell of reactive bone. Sometimes there can be soft tissue changes, consequence of the exuberant inflammatory process that subsides it. All these characteristics make it hard to distinguish from the osteosarcoma. Histologically it is very similar to osteoid osteoma, being easily distinguished from the osteosarcoma since it shows no cellular atipia. **Methods:** A total of 7 cases were reviewed, with ages between 12 and 42 of which 3 represented axial tumors (1 lumbar, 1 cervical, 1 iliac) and 4 limb tumors (1 humerus, 1 fibula, 1 tibia, 1 talus). In all cases the main symptom was a continuous pain. In the cervical tumor, the patient presented with tetraparesis. On the imaging exams all presented with an osteolytic lesion with periosteal reaction and in 3 cases (fibula, cervical and iliac), there were soft tissue changes. Pre-treatment diagnosis was always possible with a percutaneous needle biopsy. All were treated with curettage and alcohol therapy, except the fibula and the talus where extended excision was applied.

Results: The histology confirmed the diagnosis of osteoblastoma in all cases. Reconstruction or sustaining procedures were applied on the lumbar tumor (2 level instrumentation because of articular destruction), on the tibial one (filling with autograft) and the tallus (calcaneotibial arthrodesis). The pain disappeared in all patients. In the patient with tetraparesis there was full recovery. All patient are disease free so far.

Discussion: Despite being histologically benign, with no cellular atipia, on the imaging exams, the inflammatory reaction that subsides this tumor can suggest local invasion. In these cases the main treatment was curettage, and it presents the advantage of being less traumatic and less invasive than the extended resection. In the more extensive osteoblastomas resection may be the best option.

Conclusion: The osteoblastoma, although being benign, may present as an imagiologically aggressive lesion, with soft tissue changes, simulating local invasion. So, a pre-treatment biopsy allows the confirmation of the diagnosis and allows for a more directed treatment.



Figure 1. Cervical



28th Annual Meeting of the European Musculo-Skeletal Oncology Society & 16th EMSOS Nurse and Allied Professions Group Meeting

April 29th - May Ist 2015 Athens, Greece





Figure 2. Ilium