

**PP-093****Atypical locations of osteoid osteoma. Treatment by thermoablation**

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**Introduction:** Osteoid osteoma is a benign lesion that usually occurs in young people, especially in the second decade of life, with a predominance on males. According to some data series it represents 10% of benign bone tumors. Its most common presentation involves long bones, especially tibia and femur. Its main symptom is pain that characteristically increases during the night and responds to anti-inflammatory drugs, particularly aspirin. The diagnosis is usually reached by clinical picture and radiology. Simple radiology shows a radiolucent nidus surrounded by reactive sclerosis. The CT is the most informative technique. Differential diagnosis includes: osteoblastoma, osteomyelitis, stress fracture, etc. The classic treatment has been surgery, though nowadays the treatment of first choice is TAC-guided thermoablation.

**Methods:** We present several cases of atypical-location osteoid osteoma, such as hand finger phalanx, elbow, distal radius, posterior vertebral arch, etc. We analyze its clinical diagnostics and imaging, treatment by thermal ablation and its results in the short and long term.

**Results:** We review our series of cases of atypical-site osteoid osteoma, including cases located in posterior arches and lumbar spine, finger phalanx of hand, elbow, distal radius, etc. In these locations, as it is most common, pain has been the lead symptom, although in this atypical sites the time between onset of symptoms and diagnosis is almost double as in patients with usual locations. Diagnosis was made with simple x-ray and CT. All cases underwent thermoablation treatment. Routinely biopsy in the same act but prior to thermoablation allowed histopathological confirmation. All cases except one have been resolved with a single session. None of the injuries has relapsed.

**Conclusions:** Osteoid osteoma is an injury to consider even if it is not presented in its usual form. Today, conventional surgery should not be the first option, but CT-guided thermal ablation with radiofrequency should be the treatment of choice, as it allows injury resolution in almost all cases. This technique has the additional advantage of not requiring admission and presenting few complications.