

Phalangeal Osteoid Osteoma: Rare Location and Difficult Management (About 9 Cases)

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Abstract

Osteoid osteoma is a benign osteoblastic tumor affecting all age groups with a predilection for the second decade. The aim of this work is to identify the different particularities of phalangeal osteoid osteoma, which remains a relatively rare condition that can have an atypical clinical and radiological presentation, which delays the diagnosis.

Keywords: Osteoid osteoma • Osteoblastic tumor

Introduction

This is a retrospective study carried out in the orthopedic trauma department 1 of the HMIMV over a period of 07 years, from January 2012 to January 2019, with a minimum follow-up of 12 months. The average age of our patients is 28 years old with a sex ratio of seven men for two women. The duration of symptoms varied in our study between 09 and 18 months with an average of 13 months [1].

Case Presentation

Pain was present in 100% of cases, swelling in 50%, joint limitation in 75%. All our patients benefited from a standard X-ray, 06 from a bone scintigraphy and 02 from a CT scan. Medical treatment based on acetylsalicylic acid was administered to all our patients with a good response. The surgical act consisted of an open resection under general anesthesia: 06 cases by block excision and 02 cases by curettage [2].

Results

The evolution was marked by a total disappearance of pain in an immediate postoperative period. All the anatomic-pathological results were in favor of osteoid osteoma. Over a 12-month follow-up, no local recurrence was objectified [3].

Discussion

Osteoid osteoma represents 05% of all bone tumors and 11% of benign bone tumors. It mainly sits in the long bones (75%), its location in the phalanges remains rare. Local pain with nocturnal recrudescence and sensitive to salicylates is characteristic of the lesion. On standard radiographs, the nidus is sometimes difficult to highlight. When the symptomatology is evocative and

the x-rays are not very explicit, a bone scintigraphy will be very useful, showing a spot of hyper fixation. The computed tomography centered on this area will then make it possible to see the nidus. The reference treatment is open surgery with bloc mini excision removing the nidus and the peripheral condensation zone. Radiofrequency thermo coagulation and laser photocoagulation are very promising minimally invasive techniques given their moderate cost and very satisfactory results [4].

Conclusion

Osteoid osteoma is a benign tumor that preferentially affects the long bones and its location in the phalanges remains very rare, with a predilection in young adults. The therapeutic test with acetylsalicylic acid is in favor of the diagnosis.

References

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