

Points

- Osteoid osteomas are common benign tumors of childhood that cause severe pain.
- Radiofrequency (RF) ablation is the gold standard treatment modality. It is most commonly performed under CT guidance.
- It is possible to ablate unusually located lesions apart from the common locations such as the femoral neck, mid-tibia, etc.

Radiofrequency Ablation (RFA) of Unusually Located Osteoid Osteomas

Radiofrequency ablation is today the gold standard for treating osteoid osteomas. As we have covered in previous newsletters, an osteoid osteoma is a benign neoplasm that occurs mainly in young individuals in the age group of 5-20 and causes intense pain. The reason for treating an osteoid osteoma is to relieve the pain and to stop growth disturbances that may occur in patients with unusually located or intracapsular lesions.

The common sites for an osteoid osteoma are the femoral neck, mid-tibia and the diaphyses of long bones. Though the tumor may occur in virtually any bone in the body, the other locations are quite uncommon.

Here are three unusual cases treated recently using CT-guided RF ablation; in the ulna (Fig. 1), patella (Fig. 2) and the spine (Fig. 3).



Fig. 1

Figure 1 (A-D): Osteoid osteoma ulna. Axial (A) and sagittal (B) CT scans show an osteoid osteoma (arrows) involving the posterior cortex of the distal right ulna, in this 18-year old with severe wrist pain. The RF electrode was inserted into the lesion using an anterior approach (arrow in C) and the osteoid osteoma was ablated. The residual track following the procedure is noted (arrow in D).

The online version is up at <http://www.jankharia.com/innerspaces/current.htm>



Fig. 2

Figure 2 (A-C): Osteoid osteoma patella. Axial CT scan (A) shows a patellar osteoid osteoma in an 11-year old girl. The distance between the osteoid osteoma and the skin surface was less than 7mm. We injected distilled water into the subcutaneous fat to increase the distance between the lesion and the skin (arrow in B) and then inserted the RF electrode through the lesion (arrowhead in B) for a successful ablation. The residual tract following the ablation is noted (arrow in C).

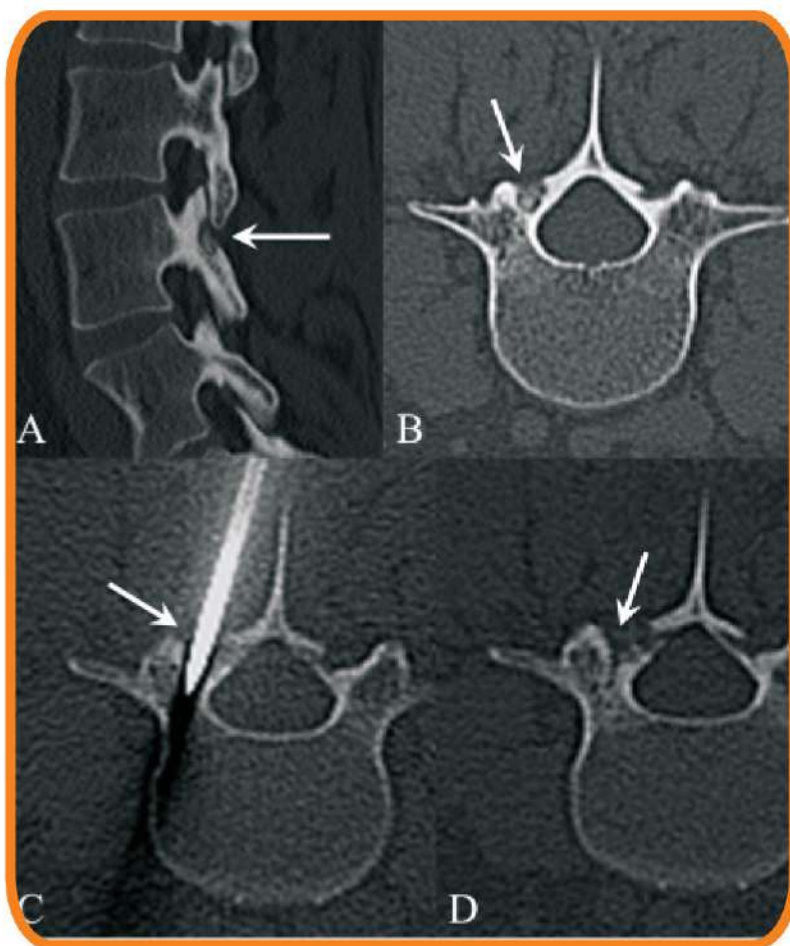


Fig. 3

Figure (A-D): Osteoid osteoma spine. Sagittal (A) and axial (B) CT scans show an osteoid osteoma (arrows) involving the pedicle and pars interarticularis of the L3 vertebra. The RF electrode (arrow in C) was inserted through the osteoid osteoma into the pedicle. After a successful ablation, the residual tract (arrow in D) is noted.

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