

Common Benign Bone Lesions

Carl Weinert MD

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| | Metaphyseal Fibrous Defects, Fibrous cortical defect, non-ossifying fibroma Usually incidental finding, rarely fx | Osteochondroma Exostosis Mass +/- pain from overlying tissues | Unicameral Bone Cyst | Osteoid Osteoma |
| Presentation | | | Pain when fracture occurs | Pain, usually constant |
| Demographics | 1-2 Decades | 1-2 decades 2/3 male | 1-2 decades 2-3 male | 1-3 decades 2/3 male |
| Location in Bone | Metaphyseal | Metaphyseal | Metaphyseal | Variable, metaphyseal diaphyseal |
| Location in Body | Variable, distal femur proximal tibia | Variable, distal femur proximal tibia | Proximal humer, Proximal femur | Variable, hip, knee, ankle |
| X Ray Appearance | Eccentric, lucent, sometimes, "bubbly", not wider than physis | Sessile, polypoid trabeculae of parent bone extend into lesion | Lucent, no internal matrix, well marginated not wider than physis | < 1cm lucent nidus surrounded by sclerotic bone |
| Other Imaging | Plane xrays diagnostic additional imaging seldom indicated | Plane xray +/- tangential CT sometimes helpful for surgical planning | Xray often diagnostic, MRI shows single fluid-filled chamber | X ray often diagnostic CT best to locate nidus, Bone Scan MRI not helpful |
| Treatment | Observation if asymptomatic, curettage/ grafting | Observation if asymptomatic, Resection | Observe if small, asymptomatic Fx occasionally results in cyst healing. "mini-open" curettage + prodense graft, steroid injection | NSAIDS, Burr or drill/ curettage, RFA |