

BENIGN BONE TUMOURS

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CHONDROMYXOID FIBROMA

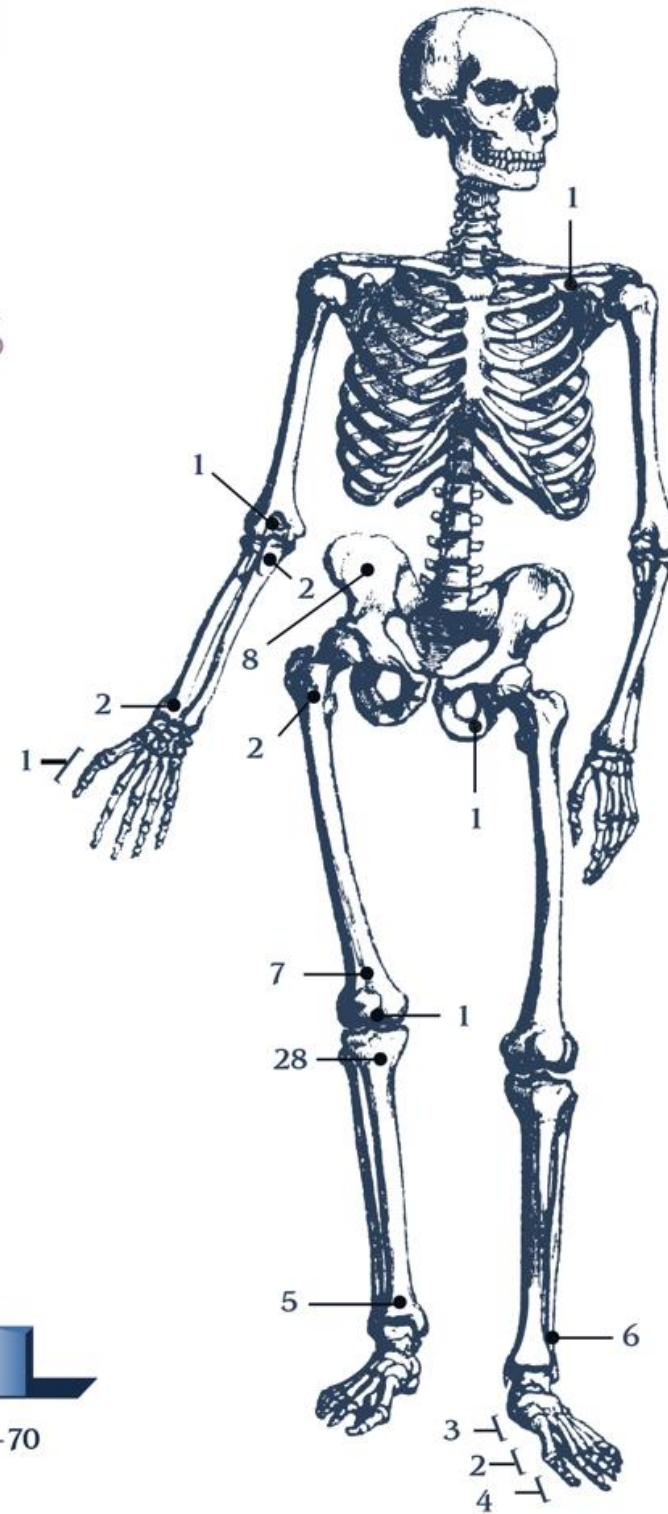
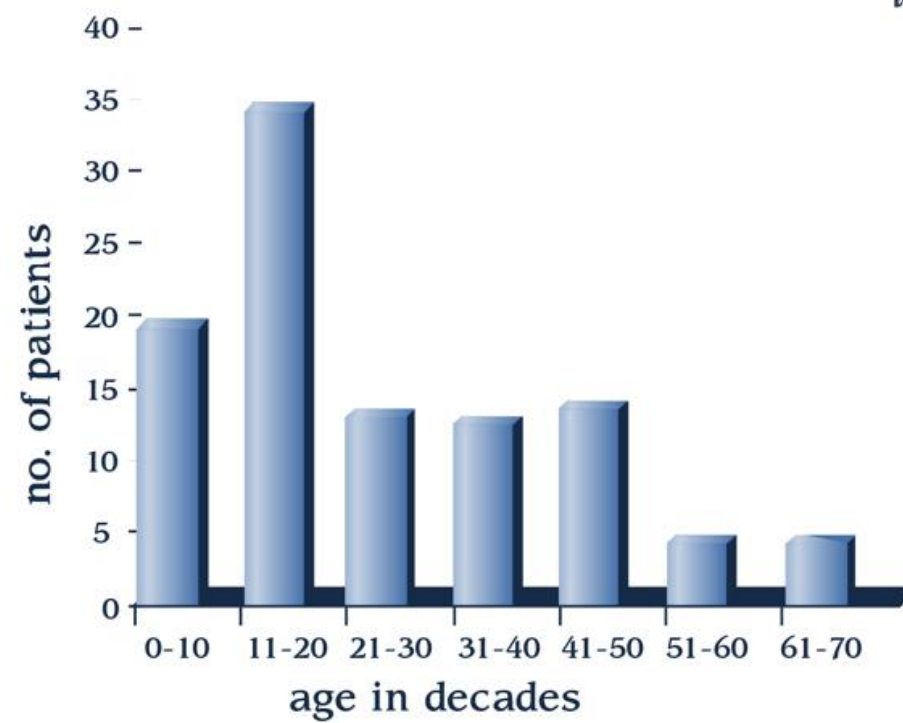
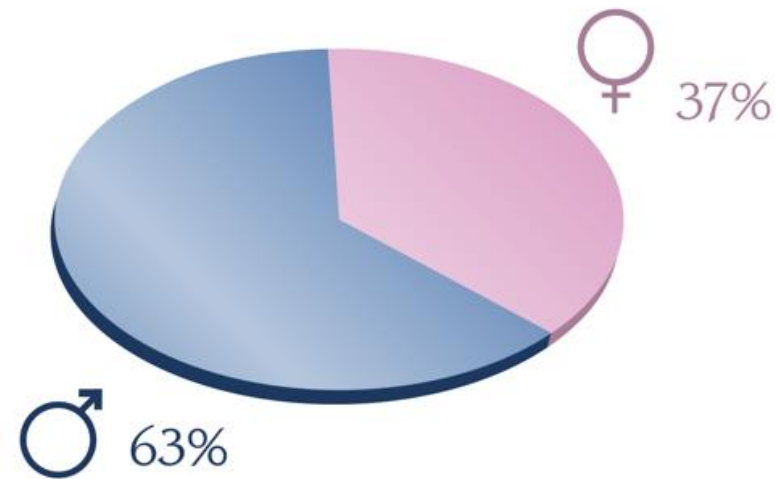


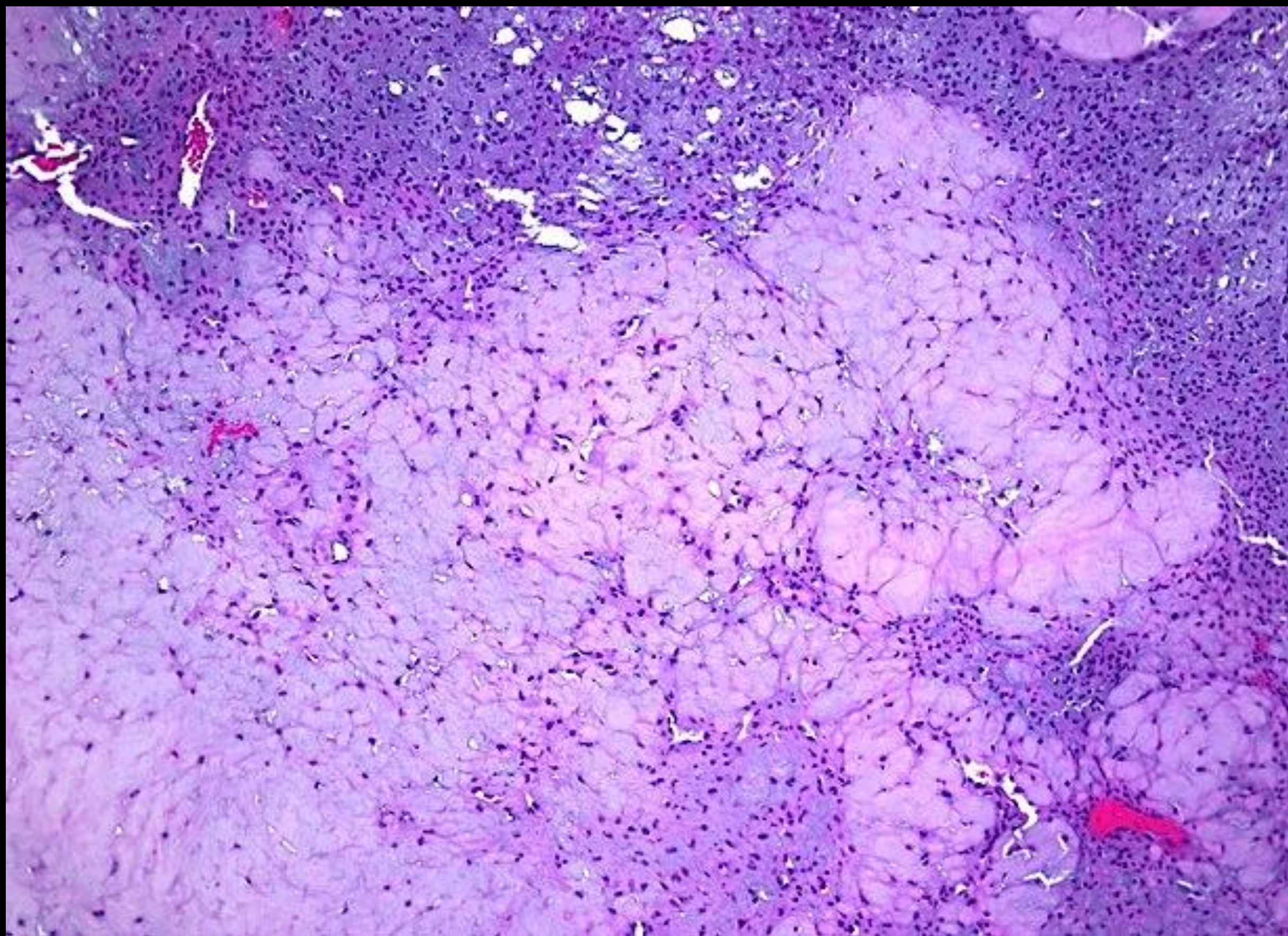


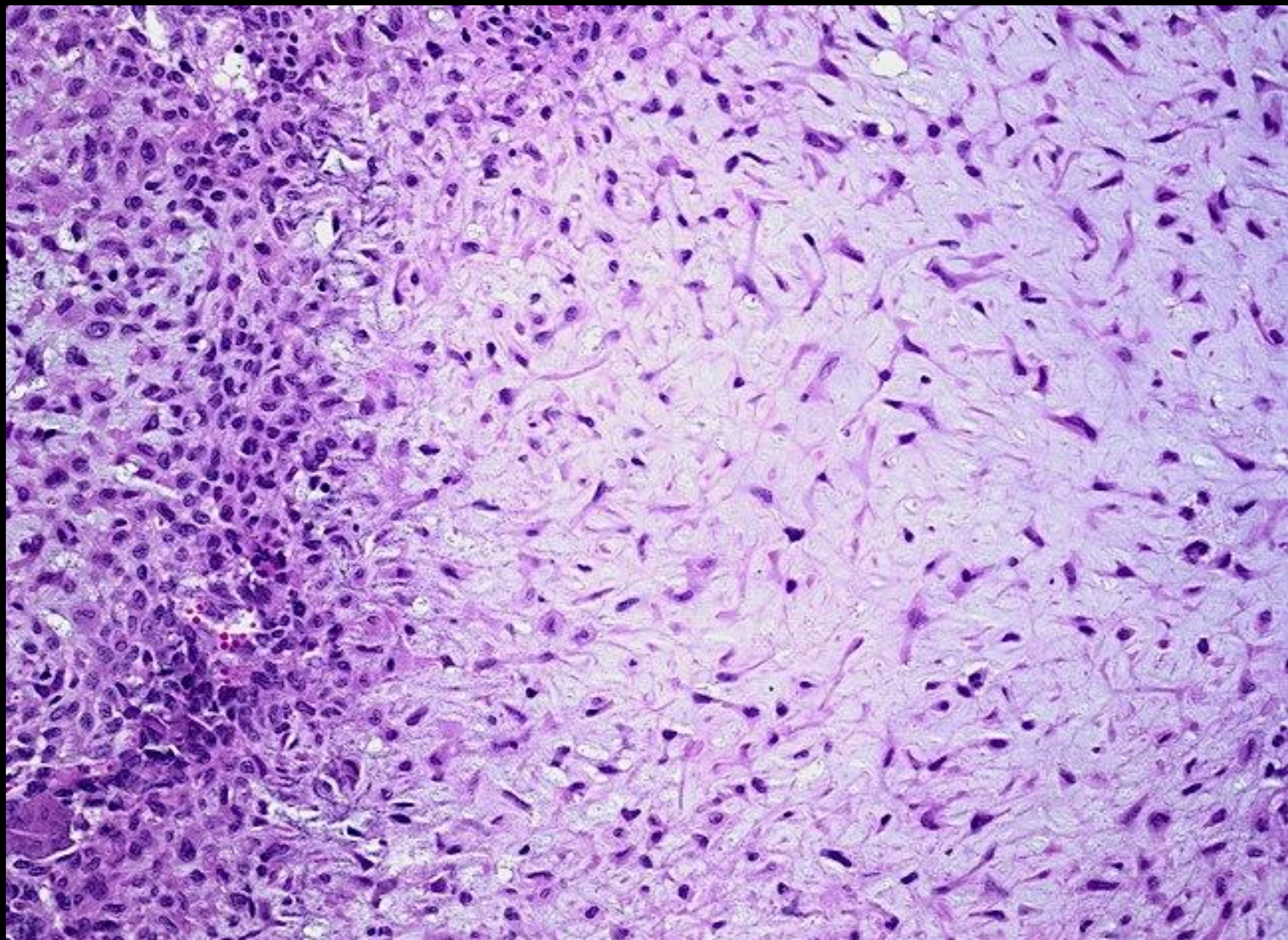


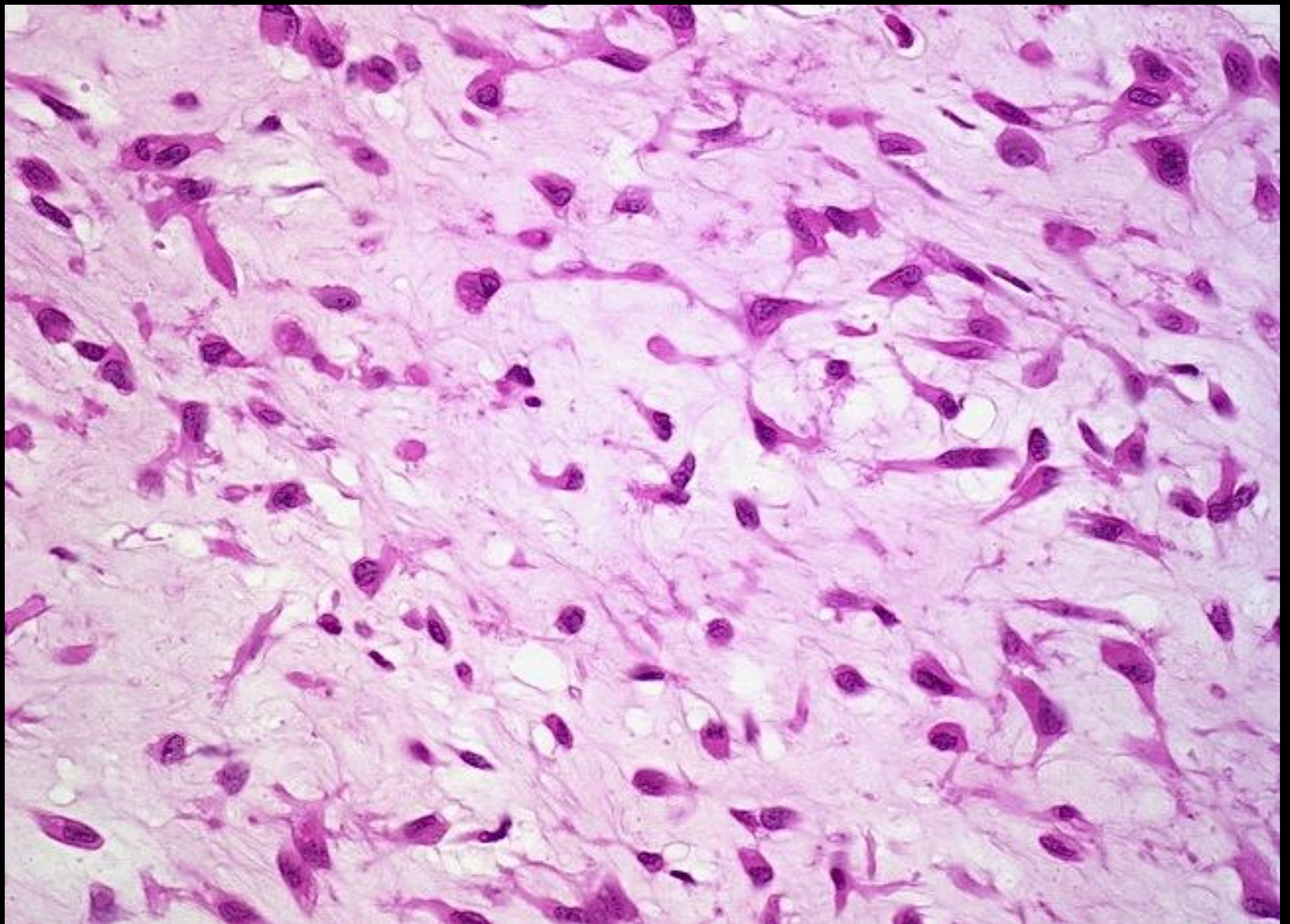
CHONDROMYXOID FIBROMA

Data from Campanacci / Istituto Rizzoli 2000









DDx: Enchondroma, Chondrosarcoma, Giant Cell Tumour & ABC (radiologically)

Tx: En bloc excision or curettage for smaller bones

(1) S100 (+)

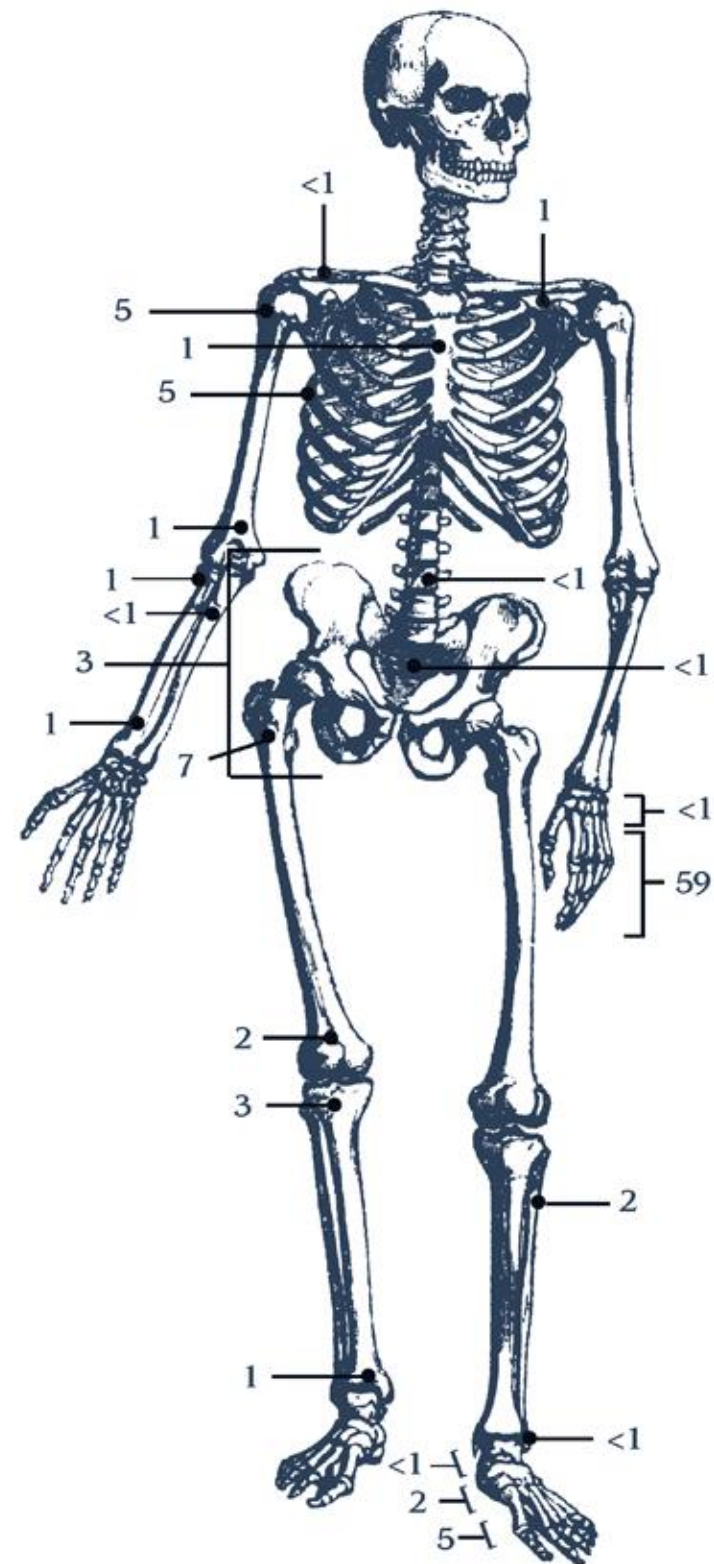
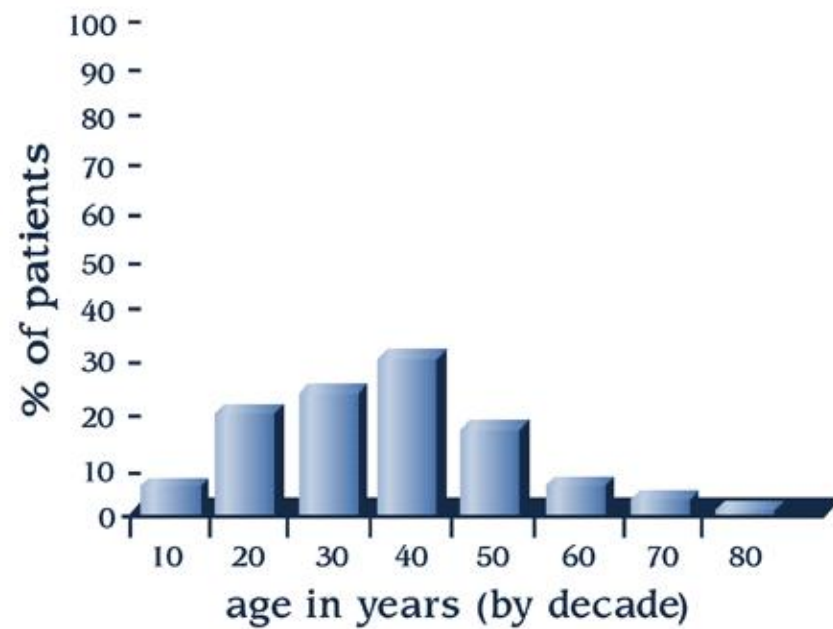
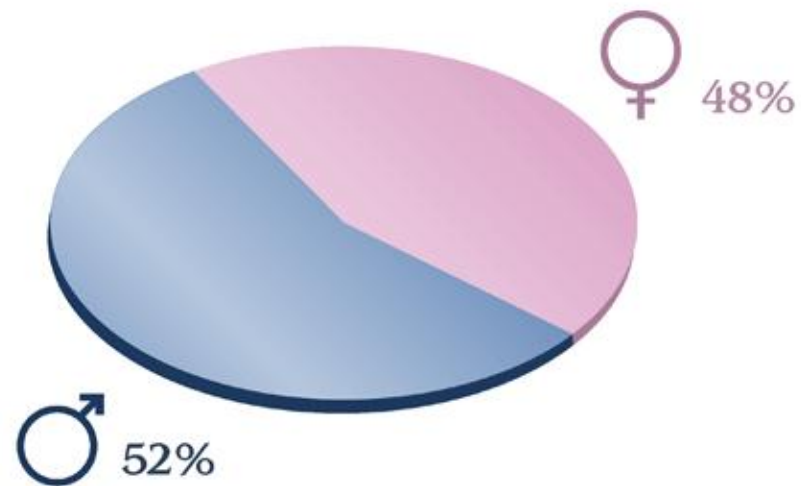
(2) Histologically can resemble cartilaginous tumor (see ddx)---radiology to differentiate

ENCHONDROMA

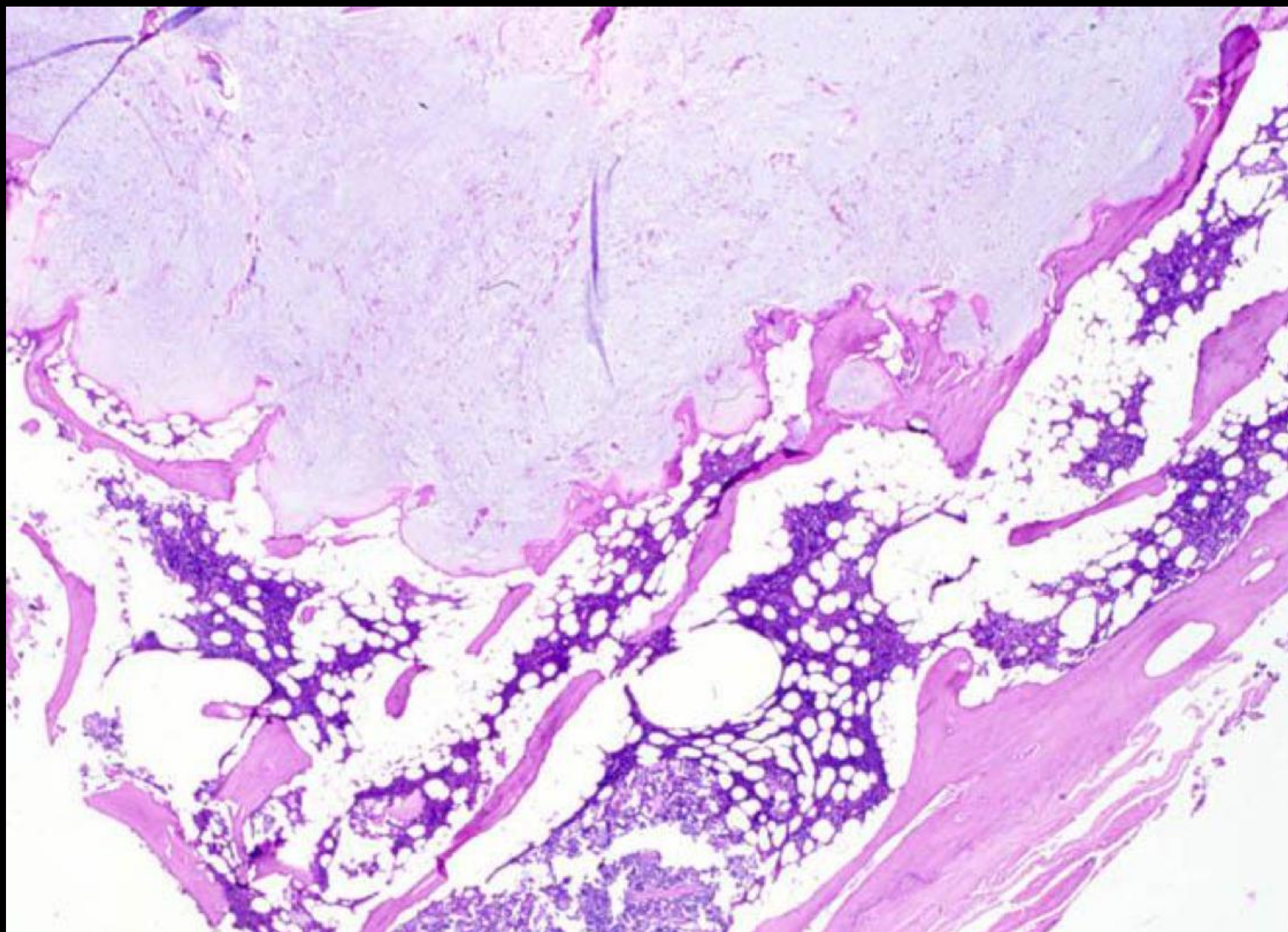


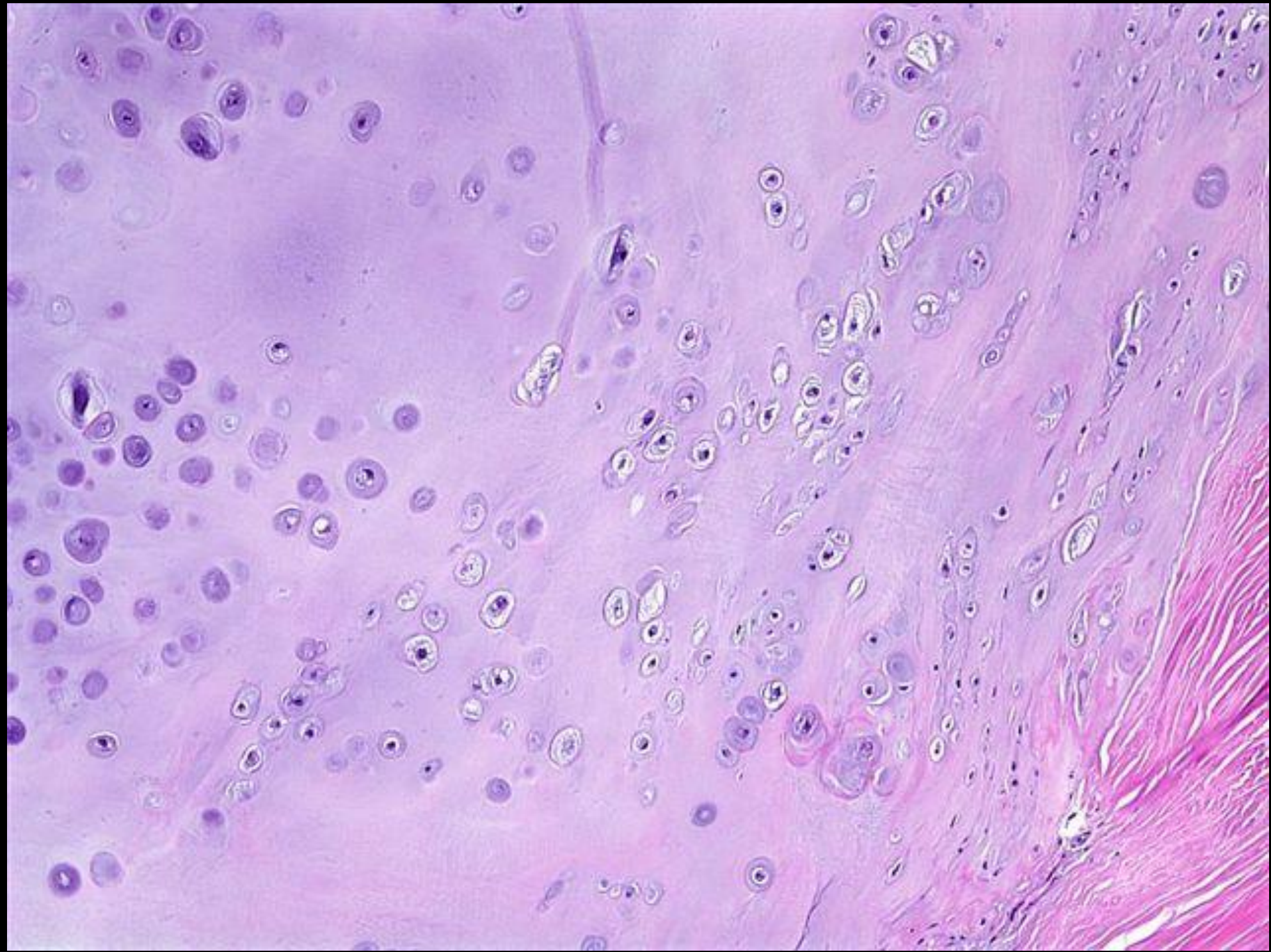
ENCHONDROMA

Data from Campanacci / Istituto Rizzoli 2000









Text:

- Intraosseous benign cartilage growth**
- Calcifications on x-ray/imaging**
- Non-aggressive**
- If aggressive imaging? ---- Low Grade Chondrosarcoma**
- May present with fracture; still may be benign**
- Most common in hands/feet and arm/leg long bones**
- Treated by curettage**

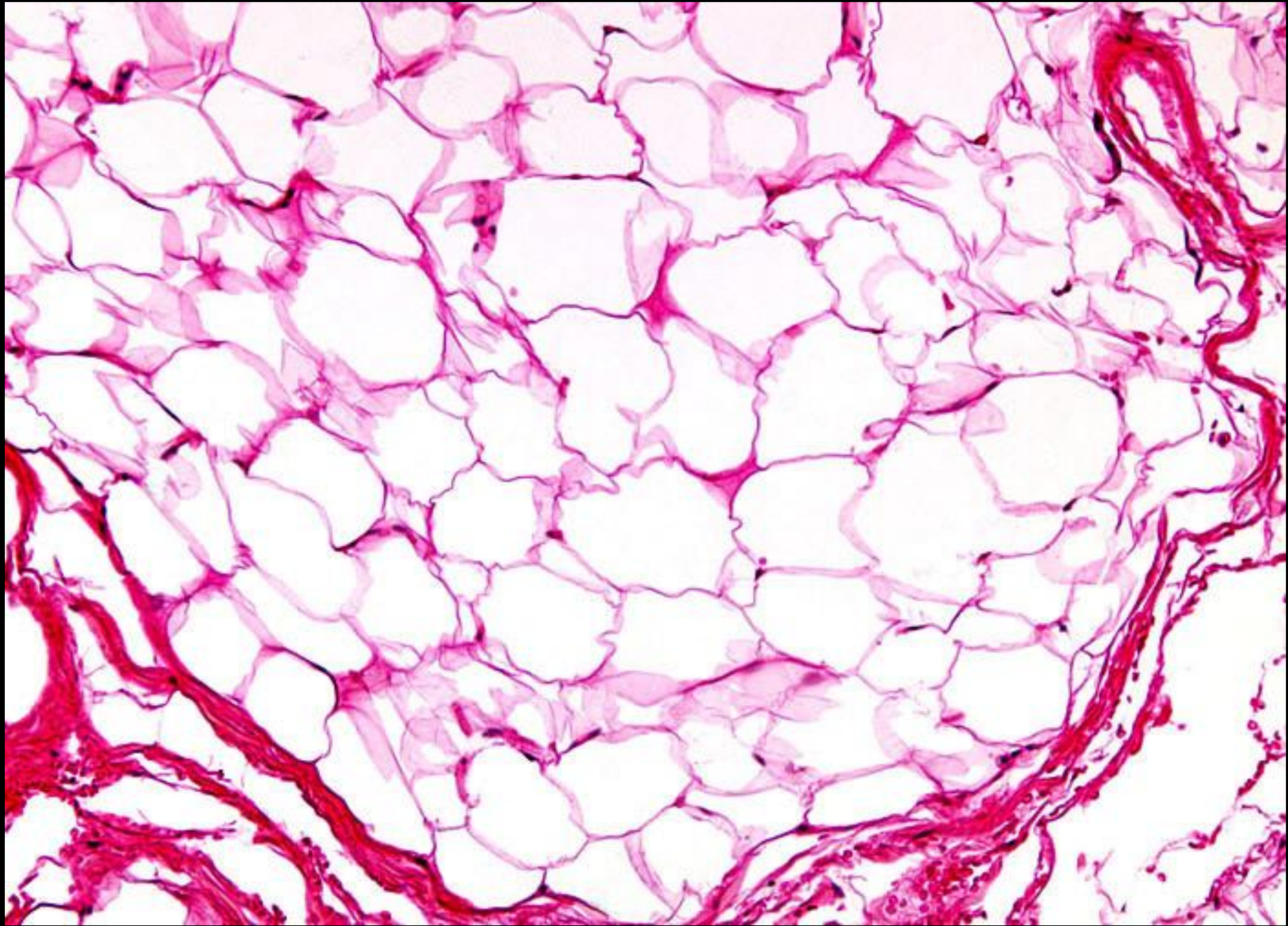
Bonus:

- If multiple Enchondromas: “Ollier Disease”**
- Higher CUMULATIVE risk of malignant change**

LIPOMA OF BONE



Z: 1.87
C: 733
W: 1429



TEXT:

Tx: Observation, curettage only if disruptive, enlarging, or symptomatic

BONUS:

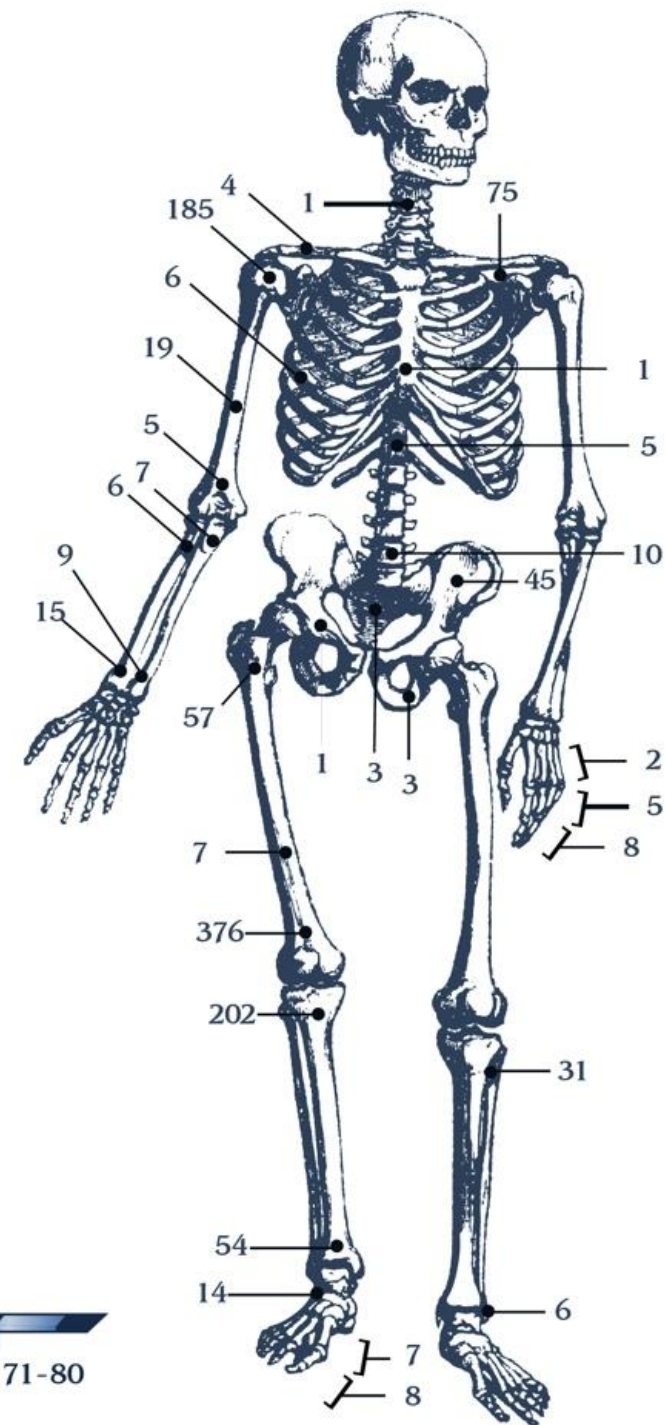
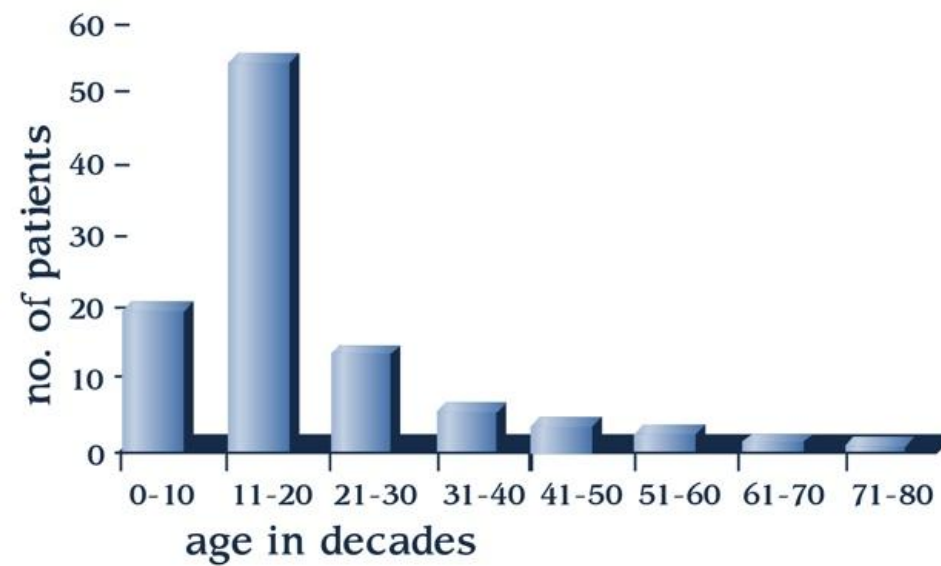
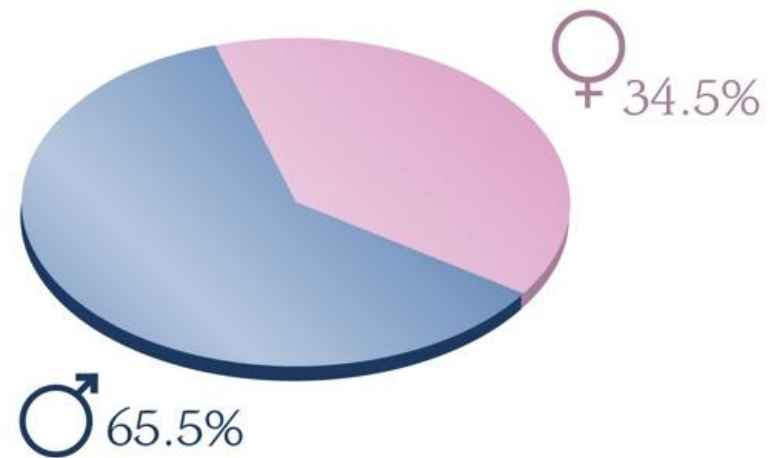
(1) Often an incidental finding

OSTEOCHONDROMA

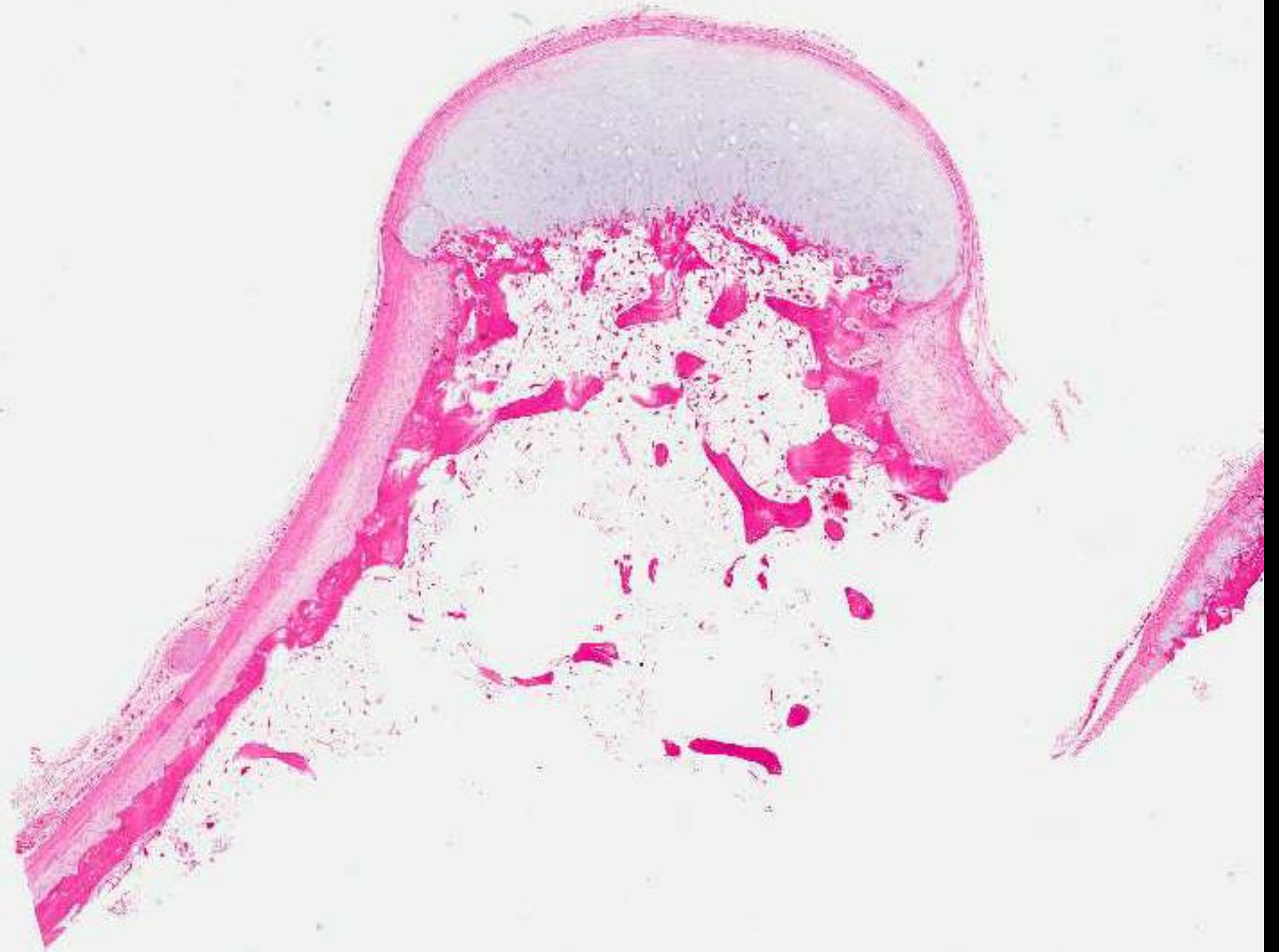


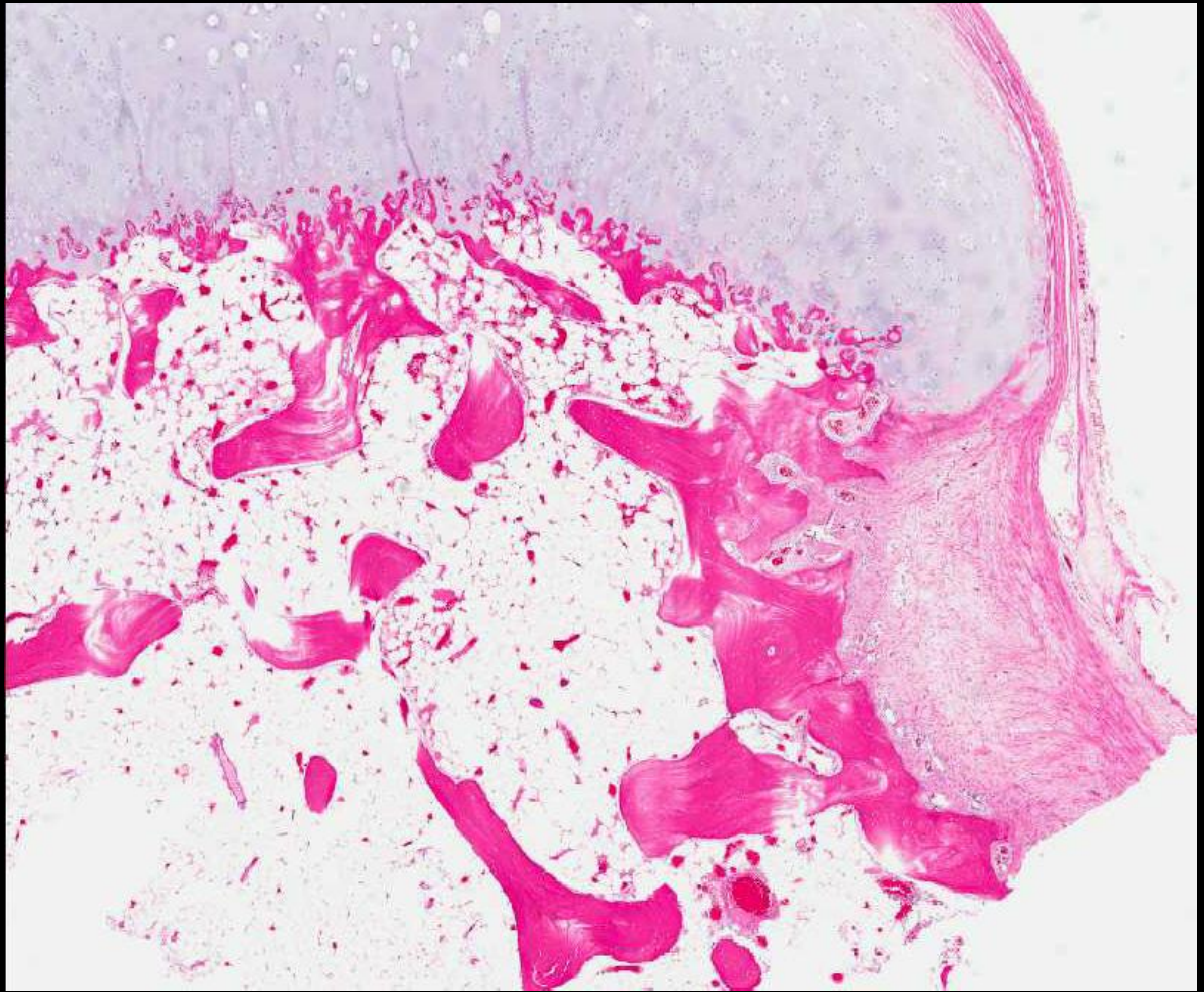
SOLITARY EXOSTOSIS

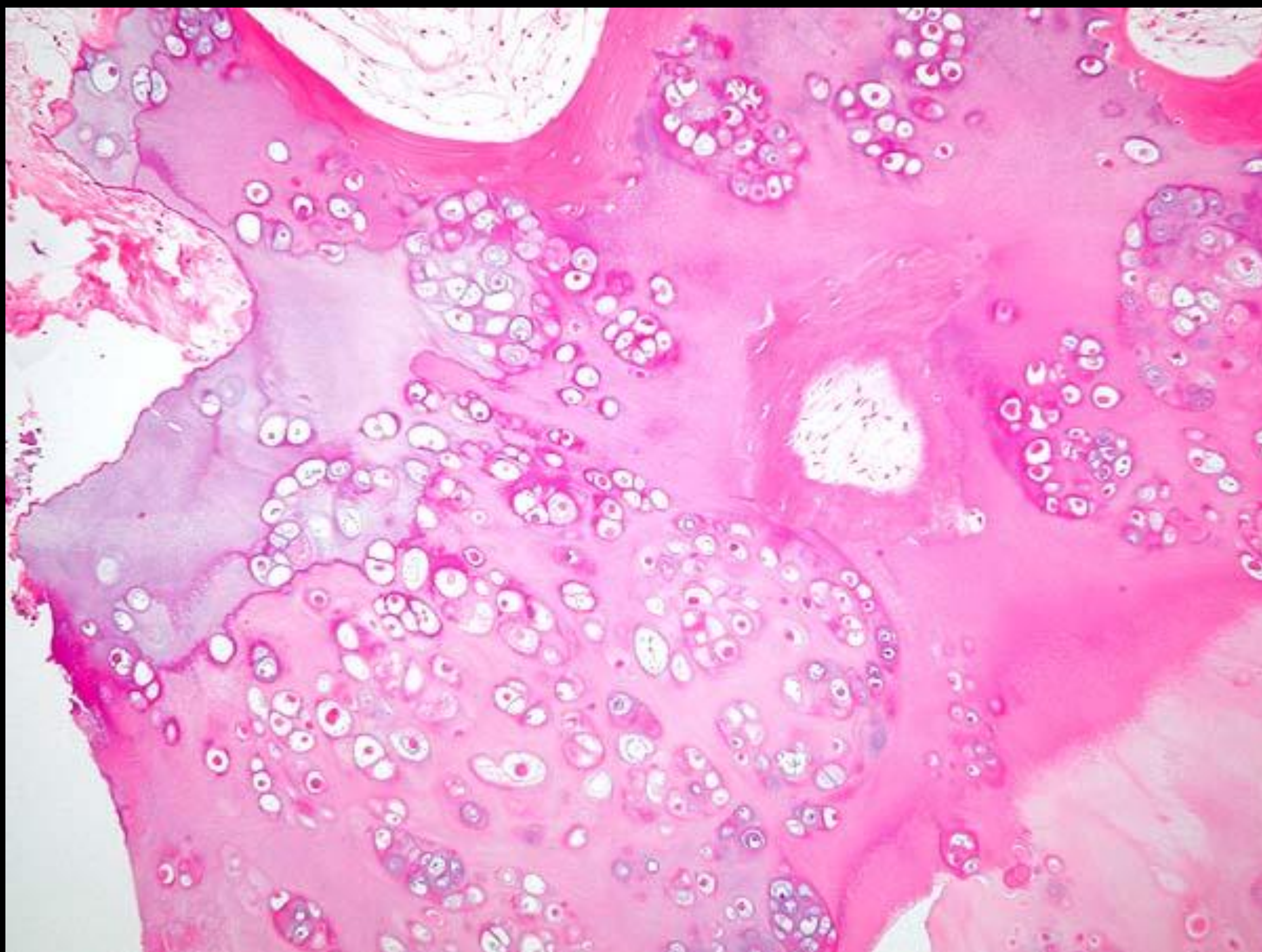
Data from Campanacci / Istituto Rizzoli 2000











DDx: Readily identified by Radiology; Juxtocortical chondroma,

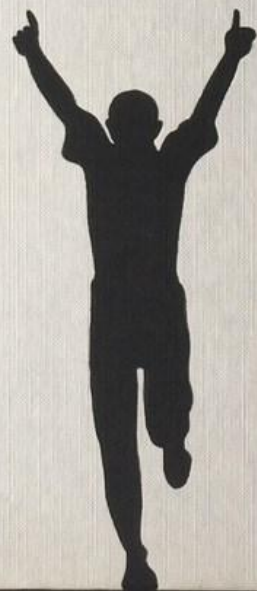
Tx: Observation, excision at the base of the tumour

(1) If multiple: Osteochondromatosis

(2) Increased risk of malignancy if cap > 2 cm or recurrence or trauma (?)

---malignancy arises out of the cartilage (Chondrosarcoma)

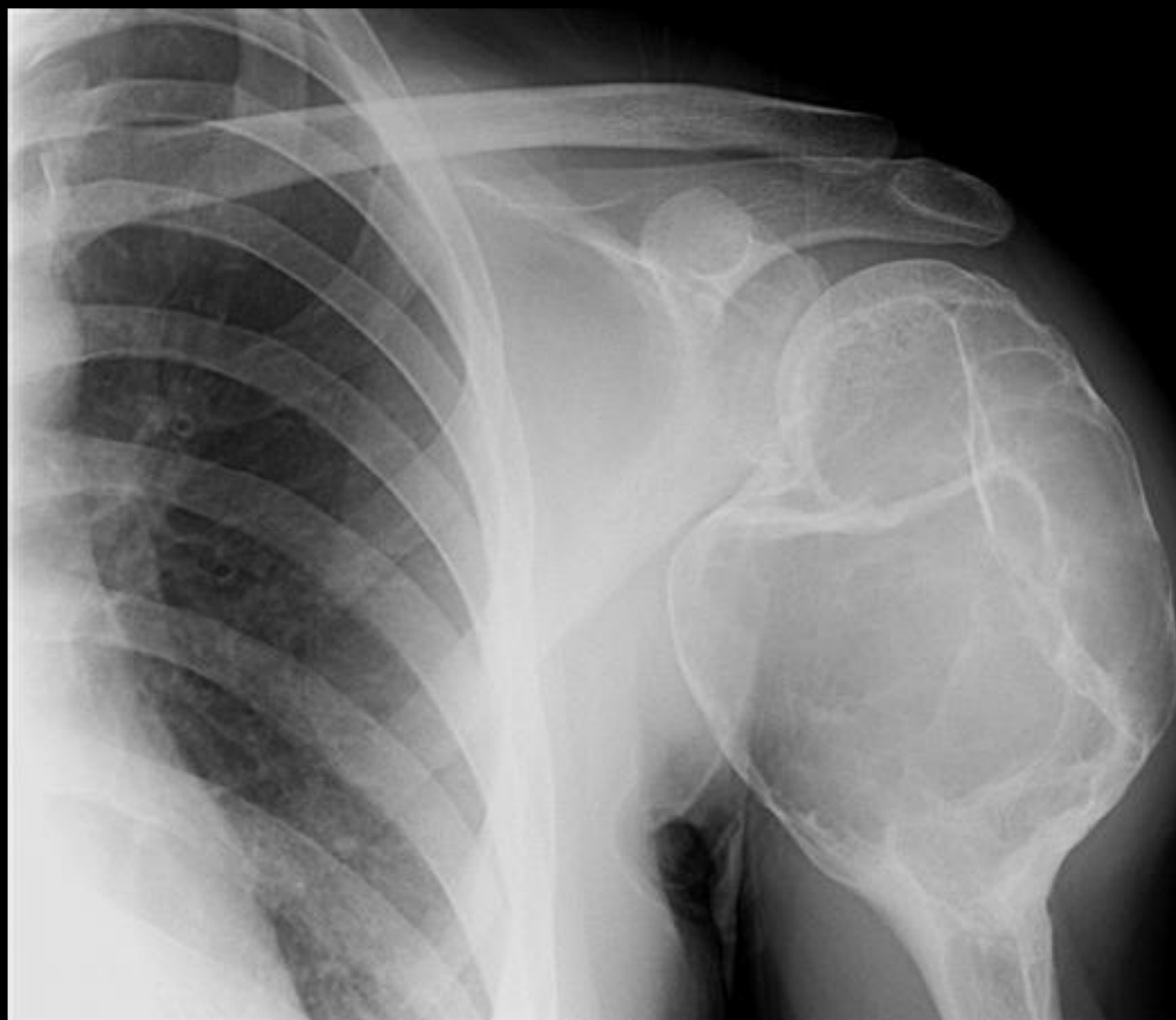
**How to be so far
behind that it feels
like you are the first**



**How to pretend
to be normal**

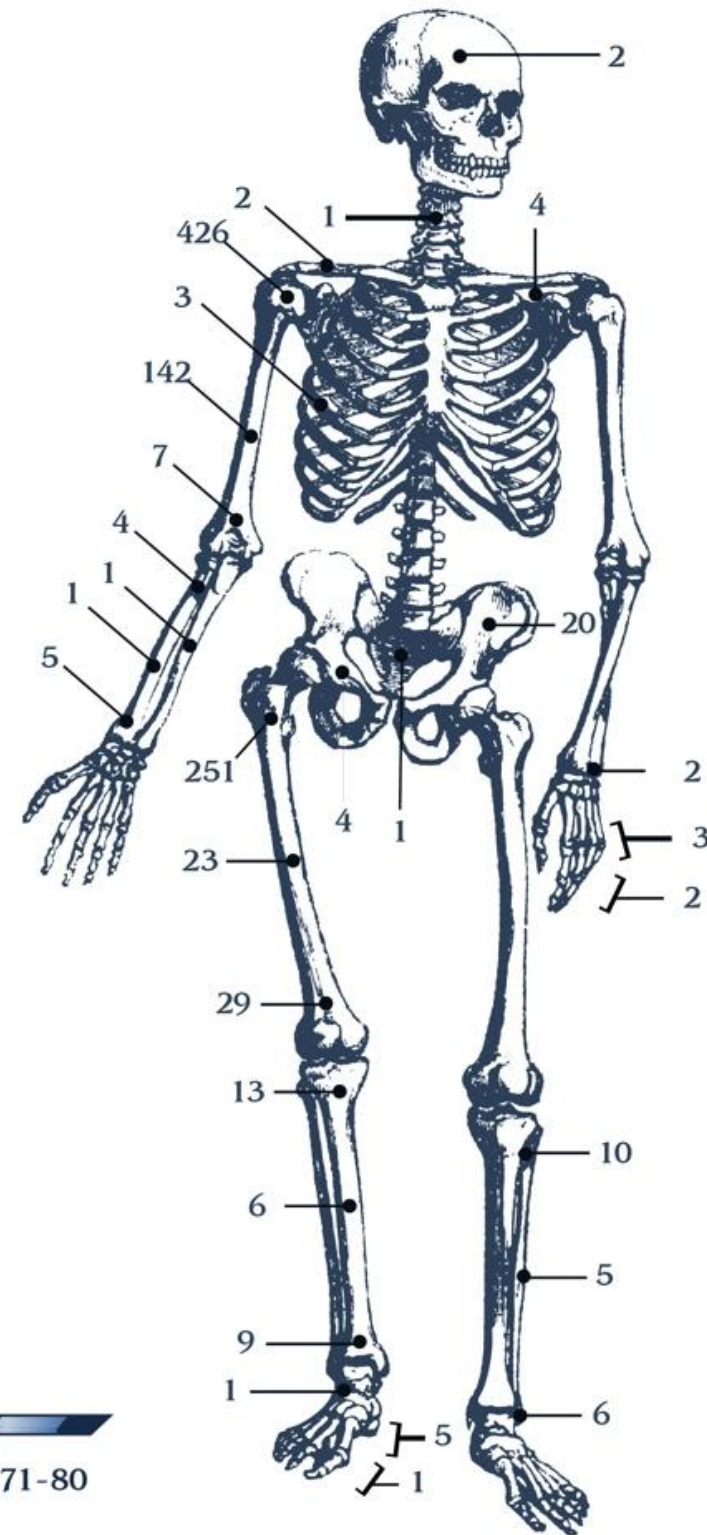
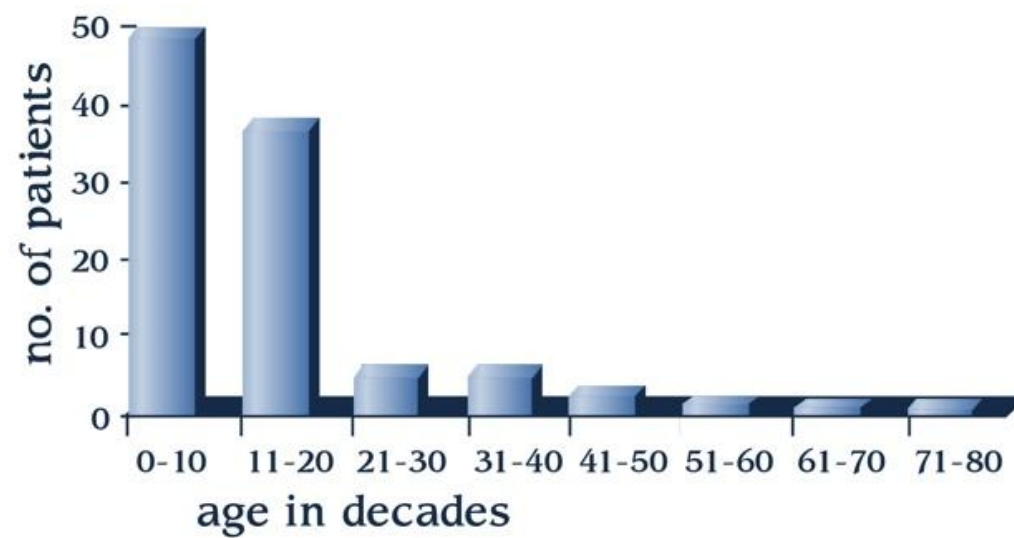
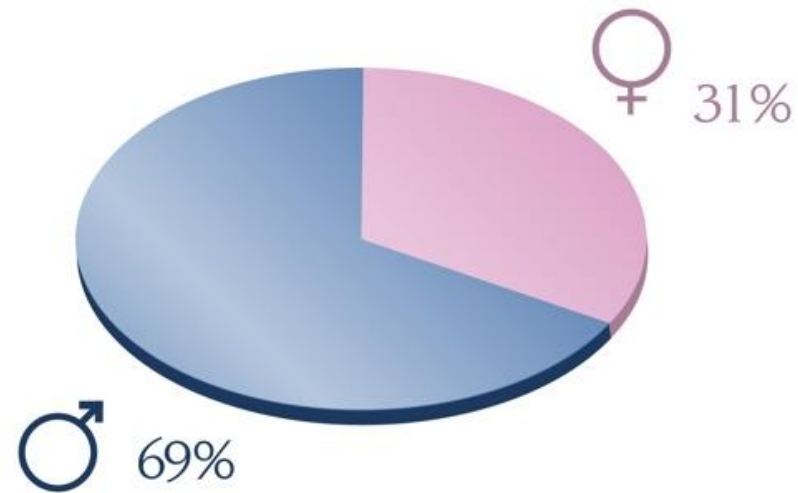
By Johan Deckmann

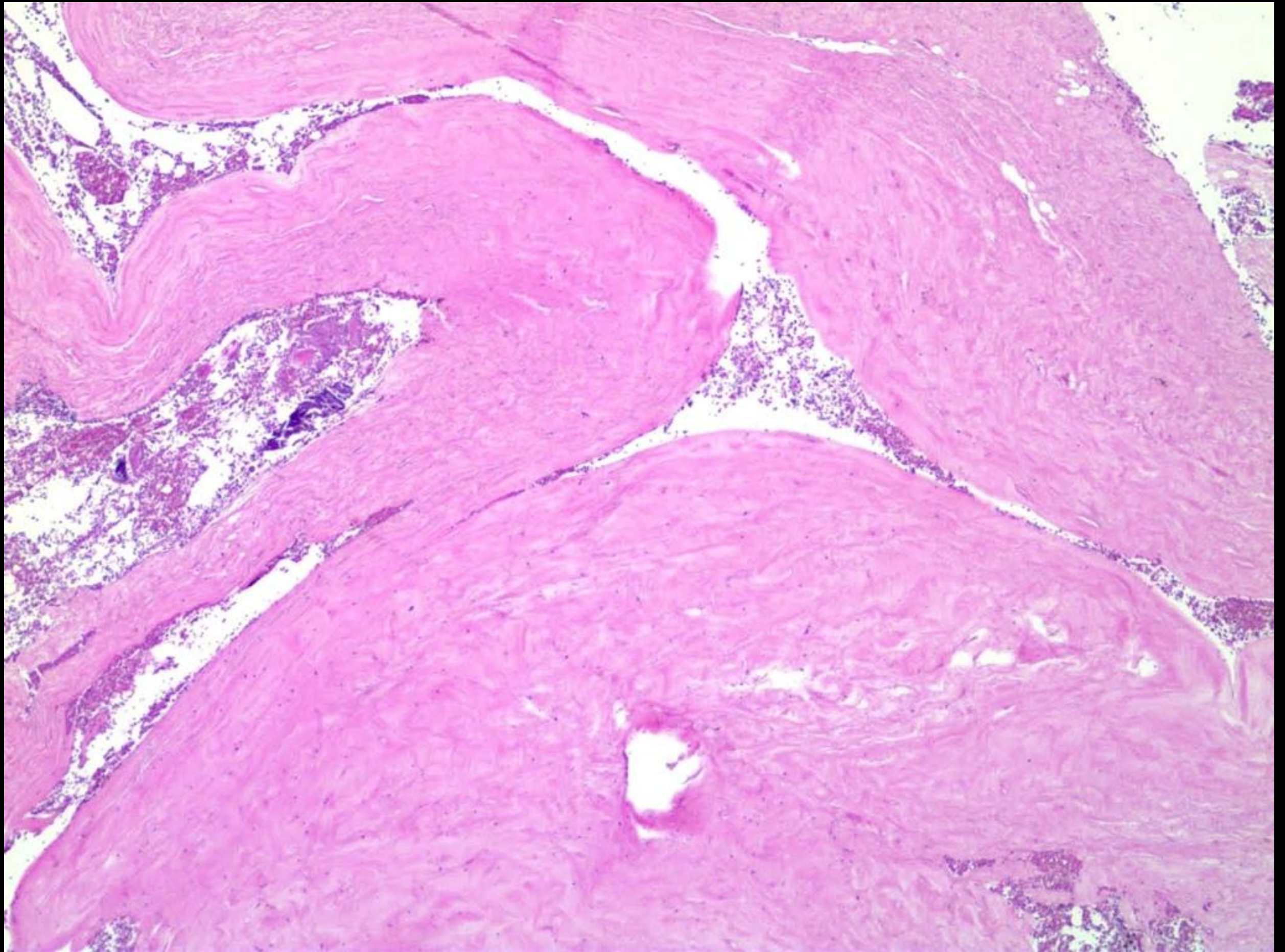
UNCAMERAL (SIMPLE) BONE CYST



SIMPLE BONE CYST

Data from Campanacci / Istituto Rizzoli 2000





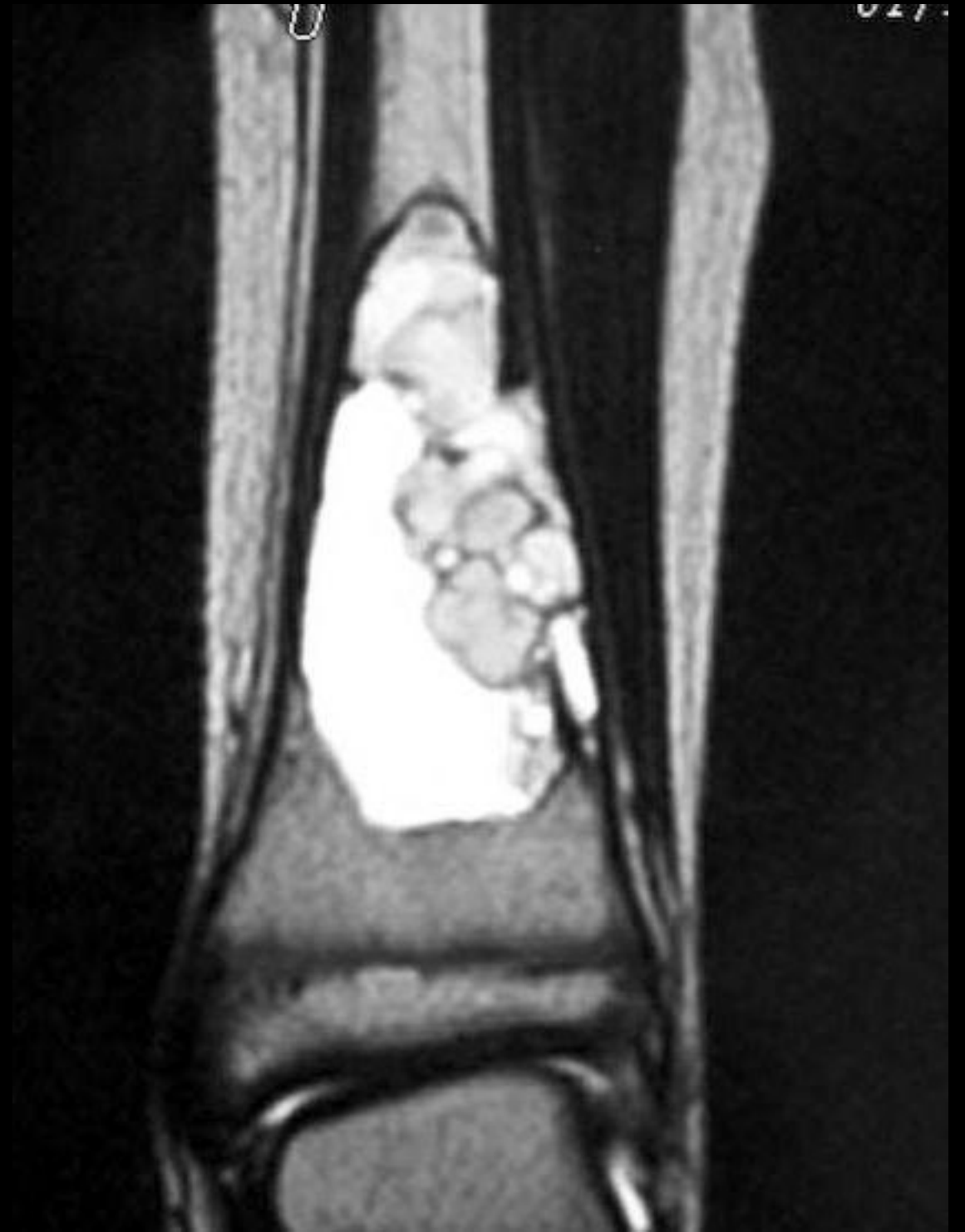
DDx: Aneurysmal bone cyst, lipoma

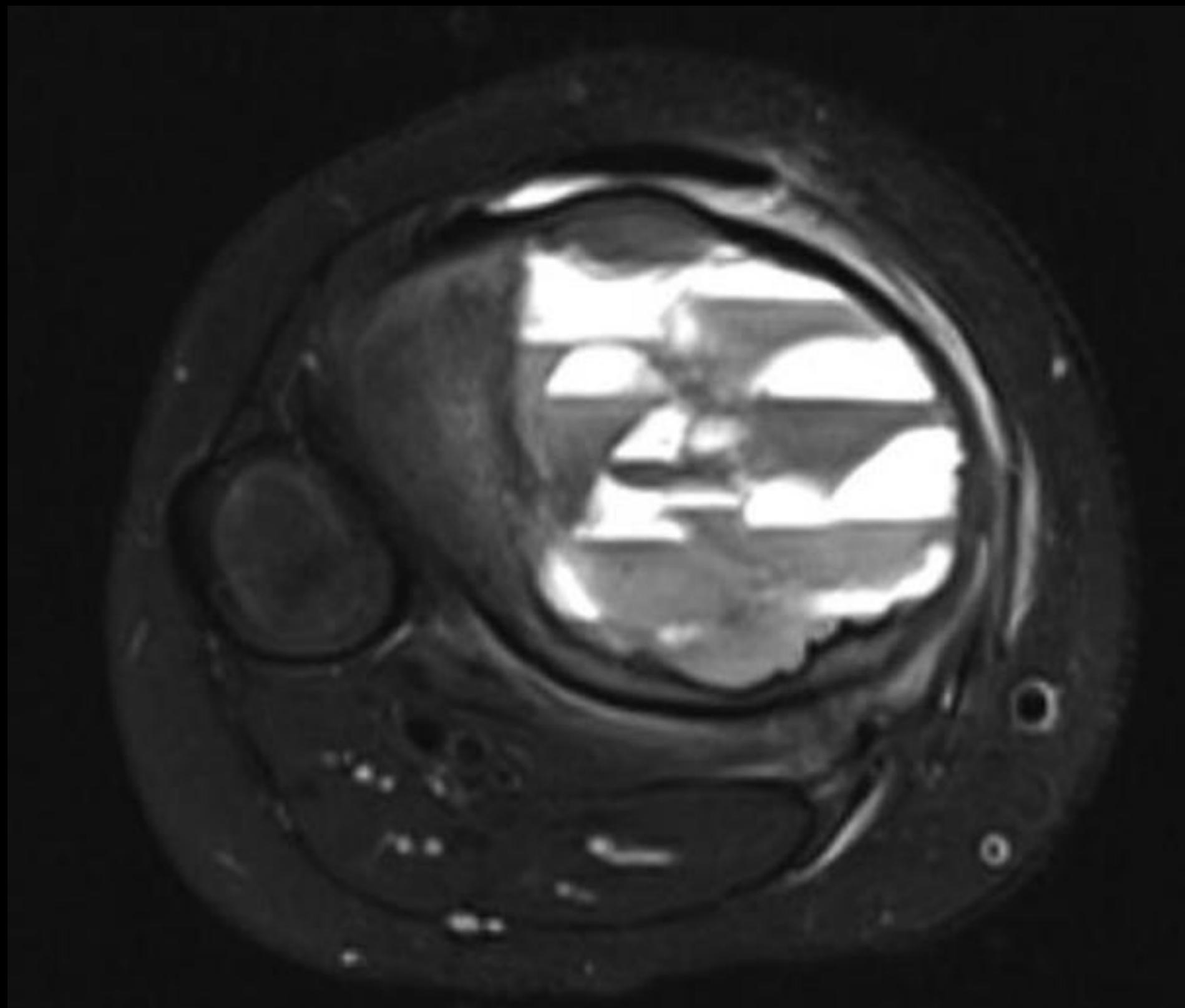
Tx: Mostly observation, Curettage and repair if secondary fracture

(1) Biopsies can be very uneventful under the microscope

(2) Thought to arise secondary to local trauma

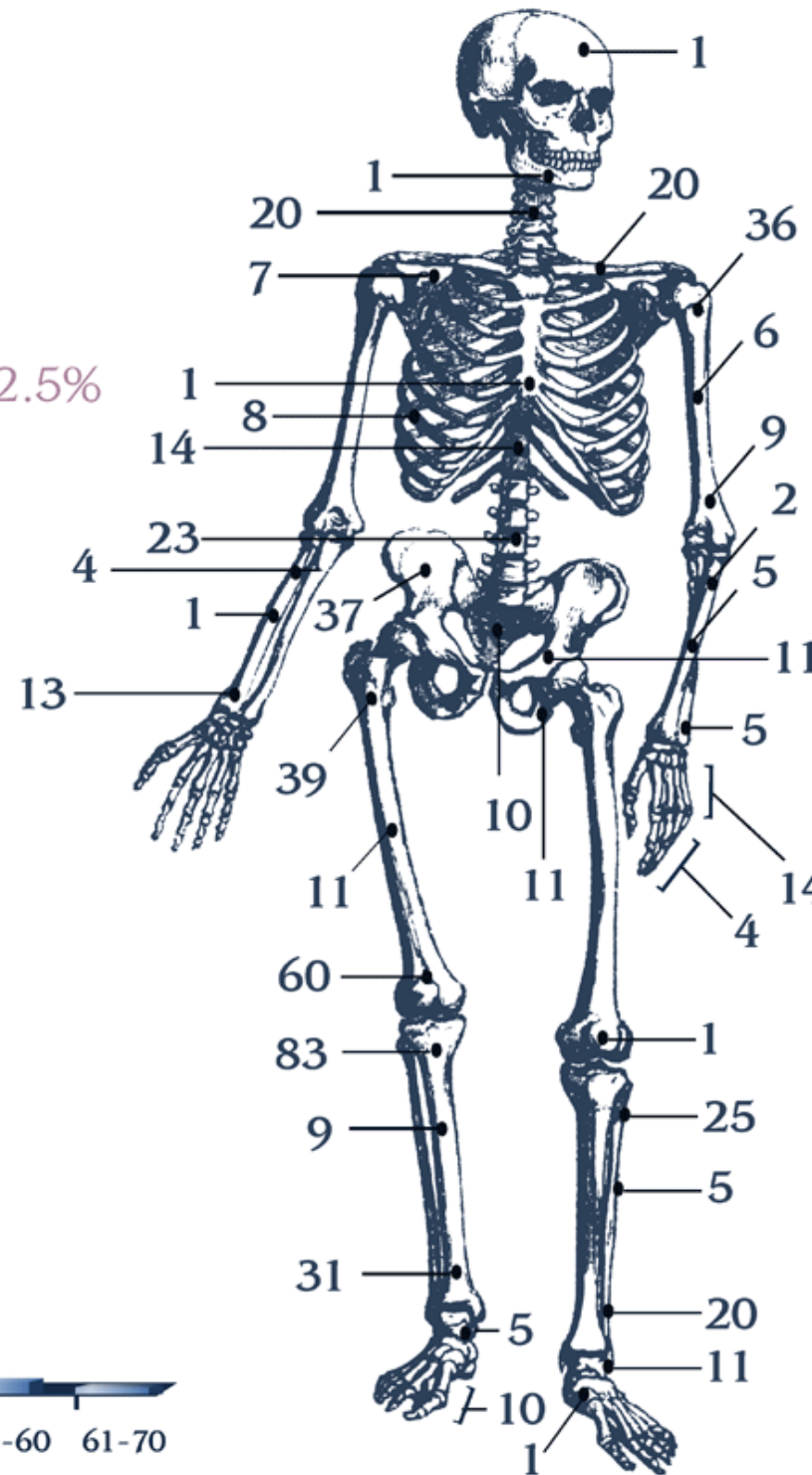
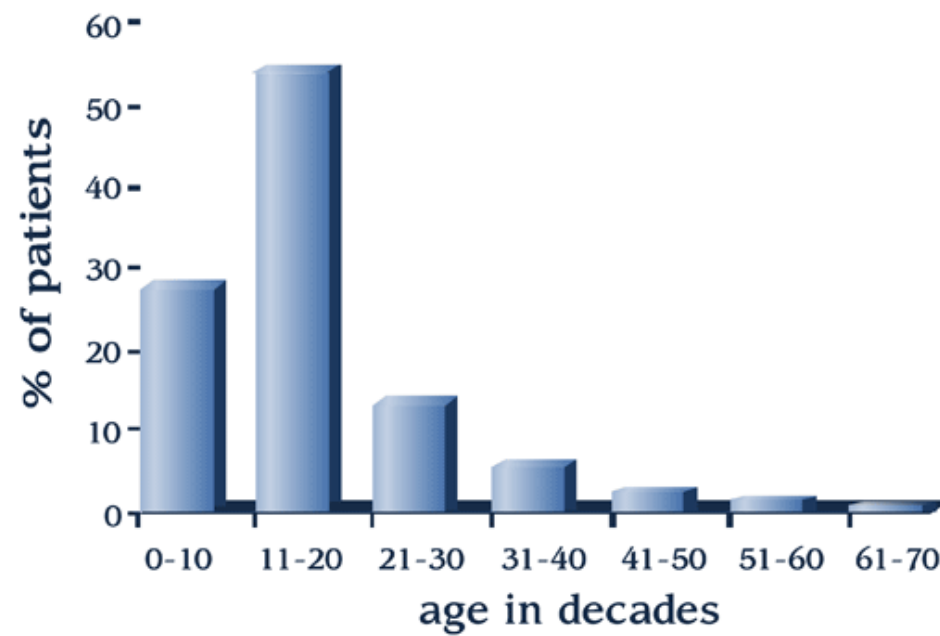
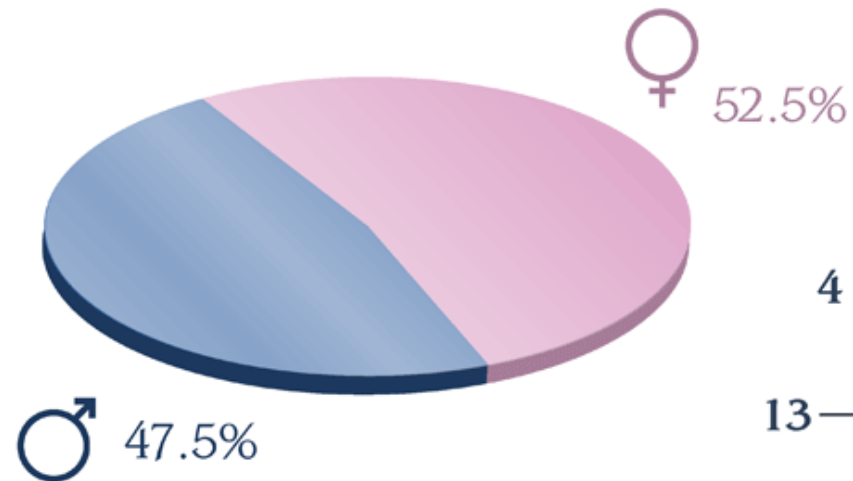
ANEURYSMAL
BONE
CYST

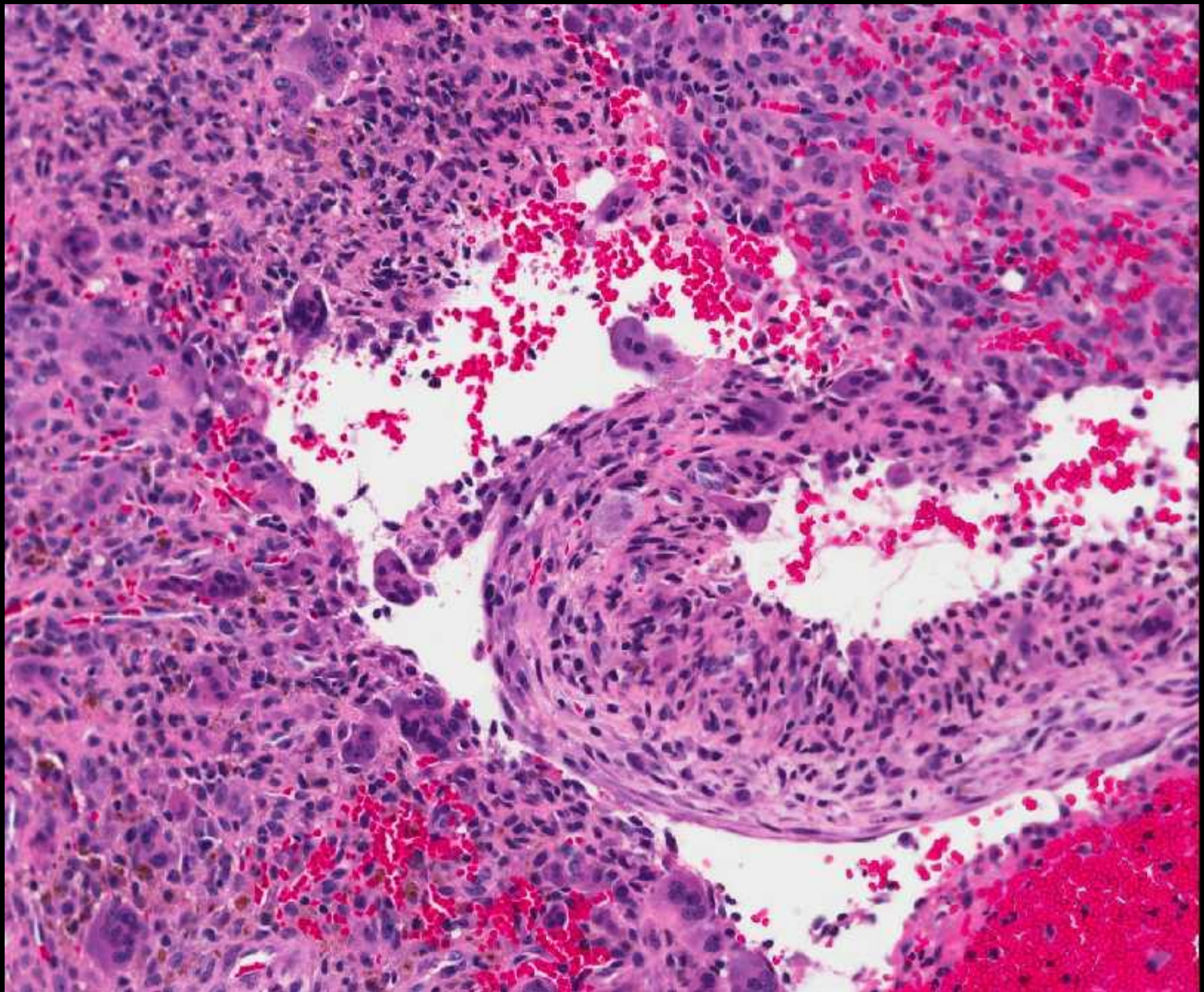




ANEURYSMAL BONE CYST

Data from Campanacci / Istituto Rizzoli 2000

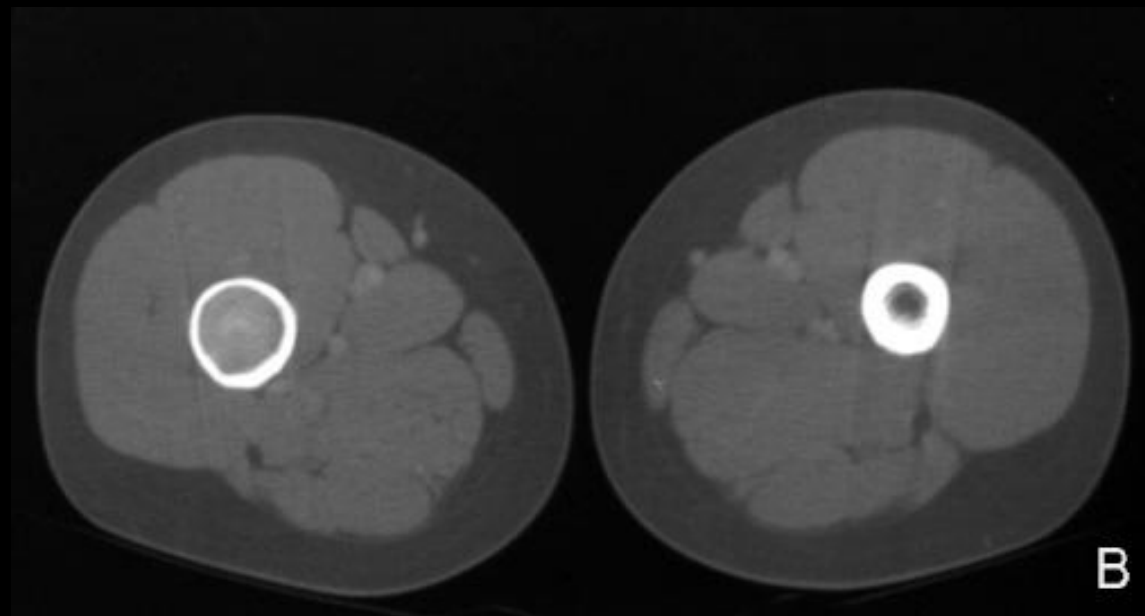




- Thought to be reactive rather than neoplastic; BUT
 - USP6 (oncogene) association suggest neoplasm*
 - Can be locally aggressive and recurrent
 - No malignant transformation
 - Treated by curettage; en bloc resection if needed
-
- Ddx: Giant cell tumour, Telangiectatic Osteosarcoma

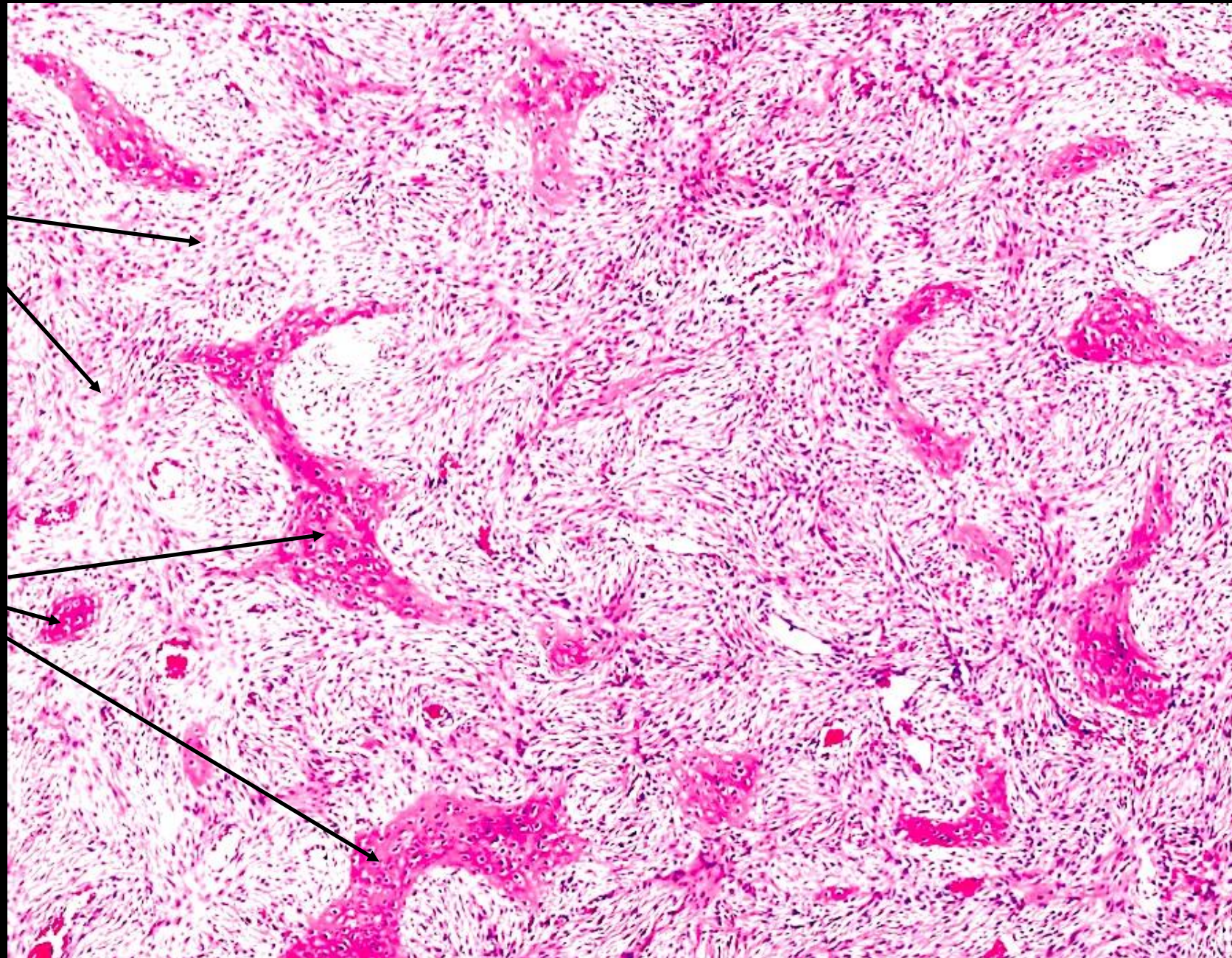
FIBROUS DYSPLASIA

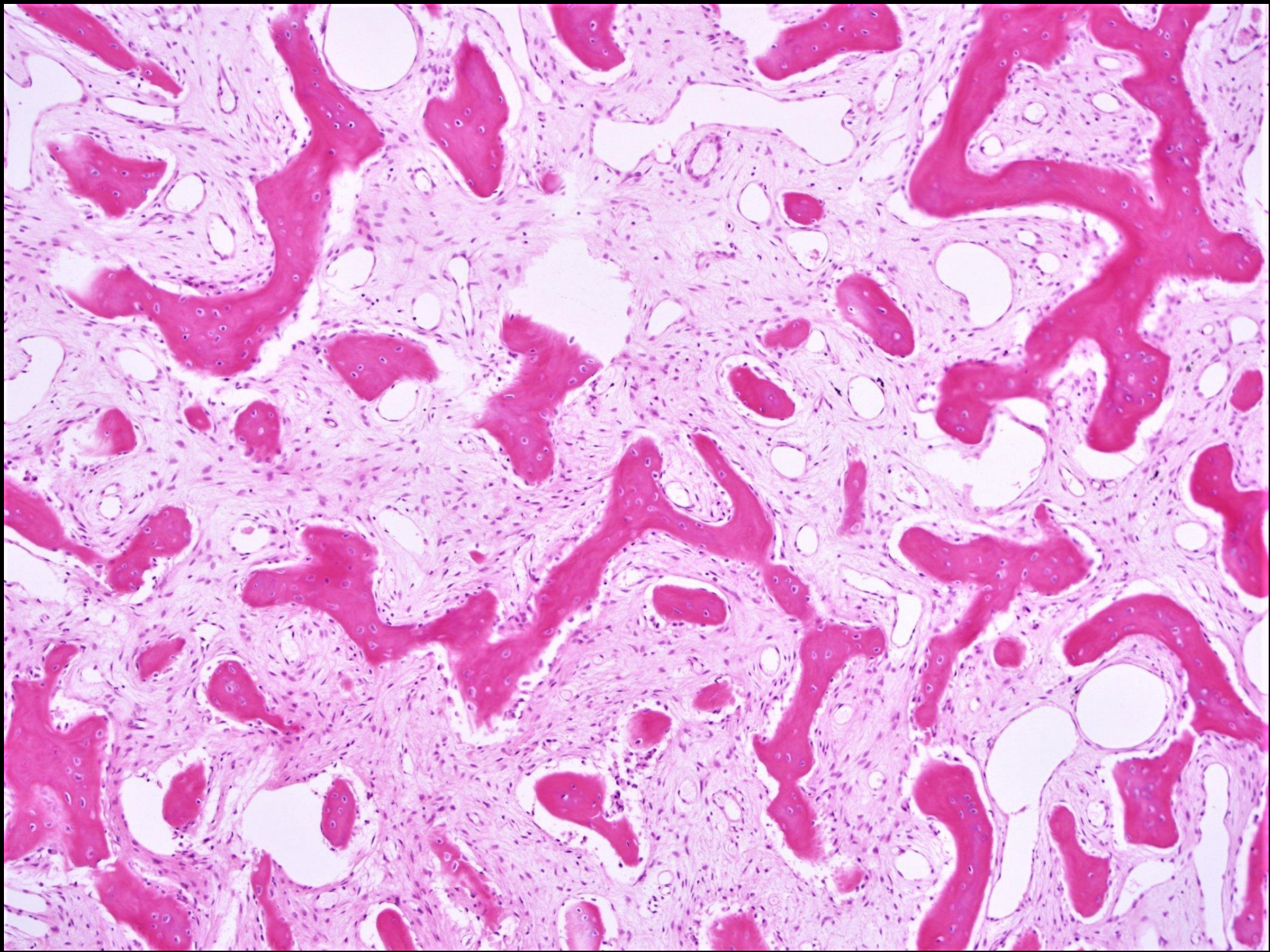
Lytic & expansile

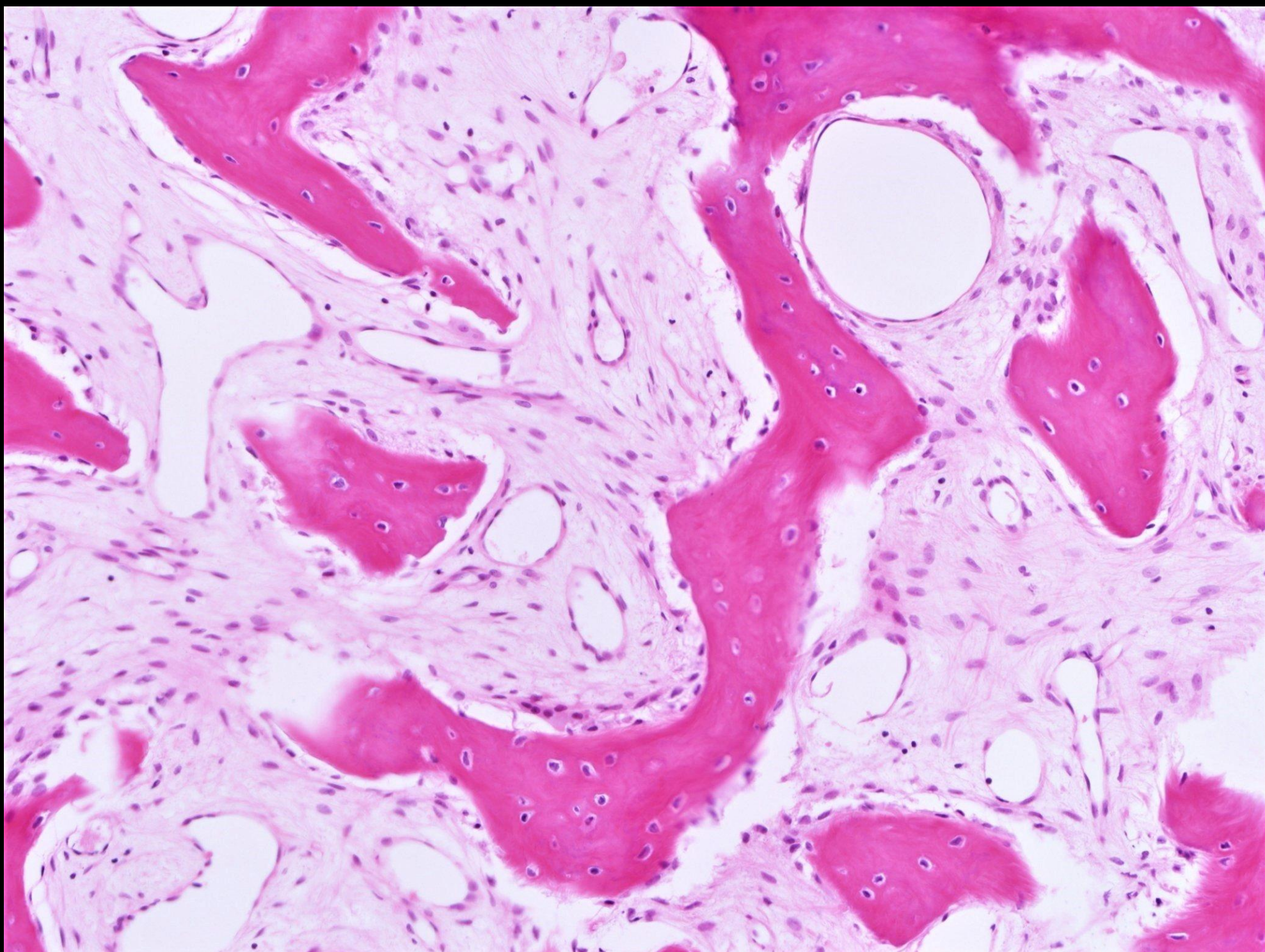


**Fibrous
stroma**

woven bone







- Fibro-osseous bone tumour
- *Fibro*: fibrous tissue (scar-like tissue)
- *Osseous*: woven (new) bone production

- Highest incidence: 5-15 years-old
- Most common: Long bones (femur, tibia)

- Monostotic: one bone involved
- Polyostotic: multiple bones involved

- May be seen in McCune-Albright Disease

Treatment for Fibrous Dysplasia

- Monitor clinically, no treatment (if asymptomatic)
- Surgery (if symptomatic or if there is fracture risk)

McCune-Albright Disease

- Polyostotic Fibrous Dysplasia
- Cafe Au Lait spots
- Endocrine imbalances (preco

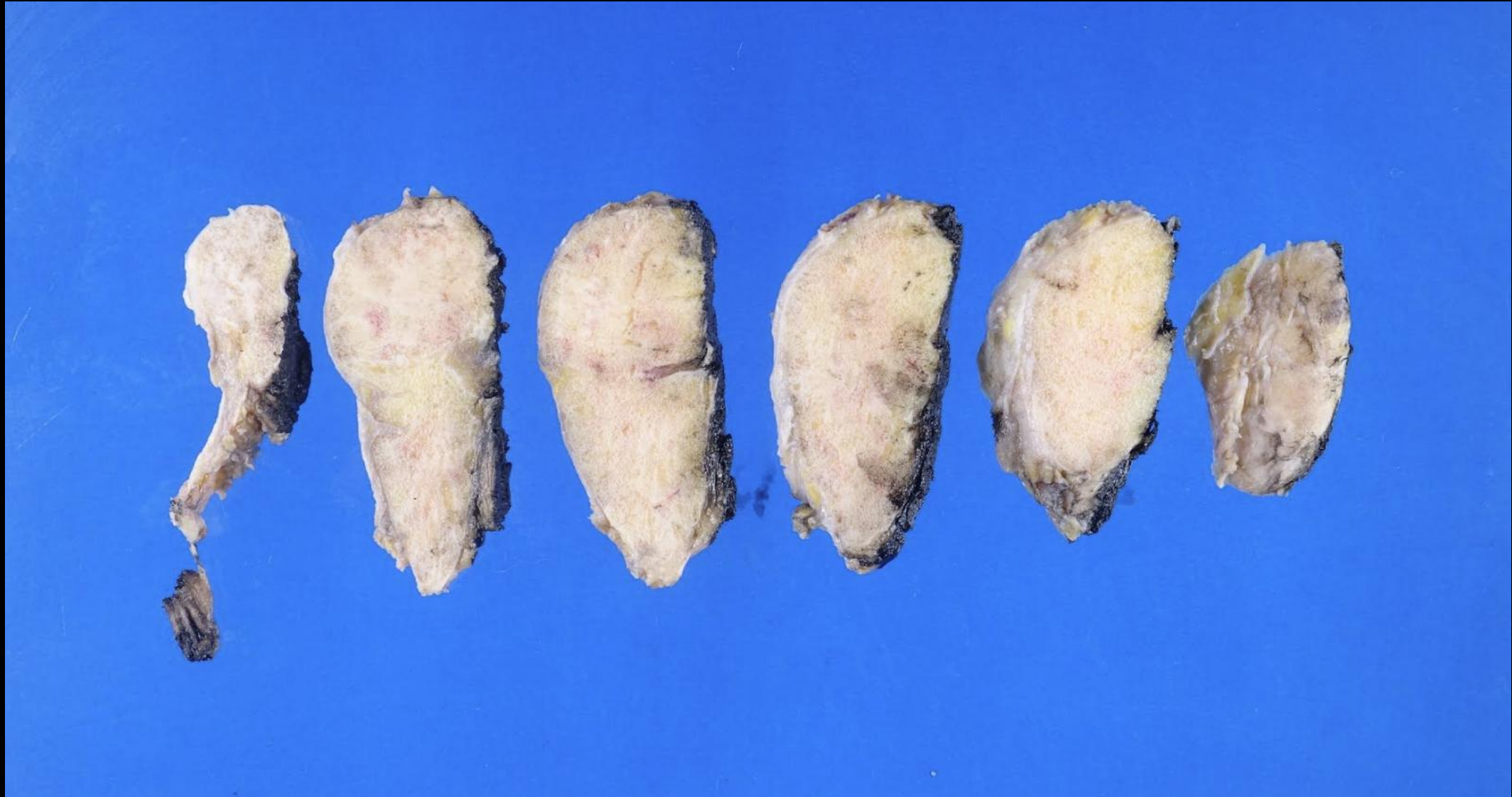


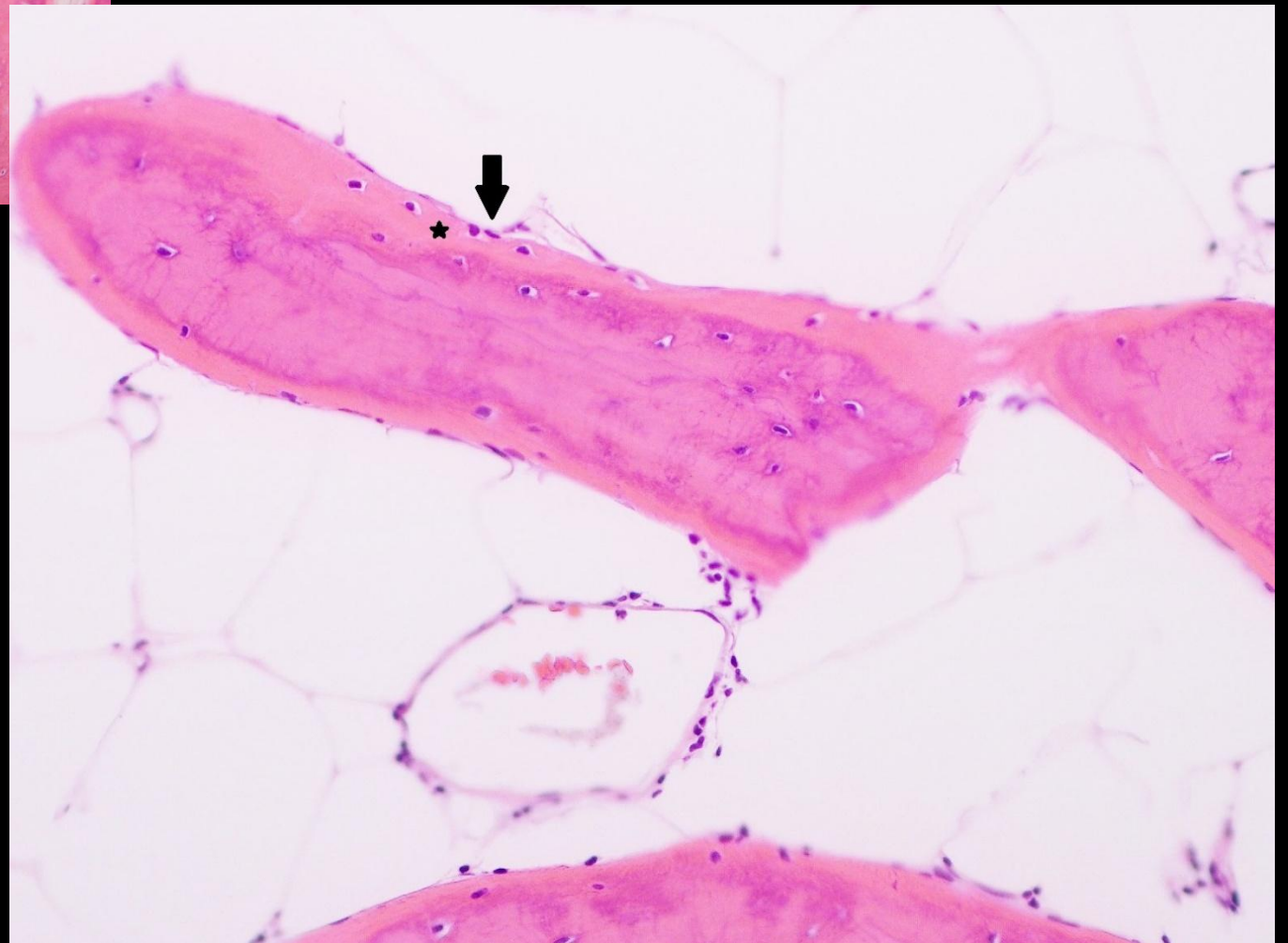
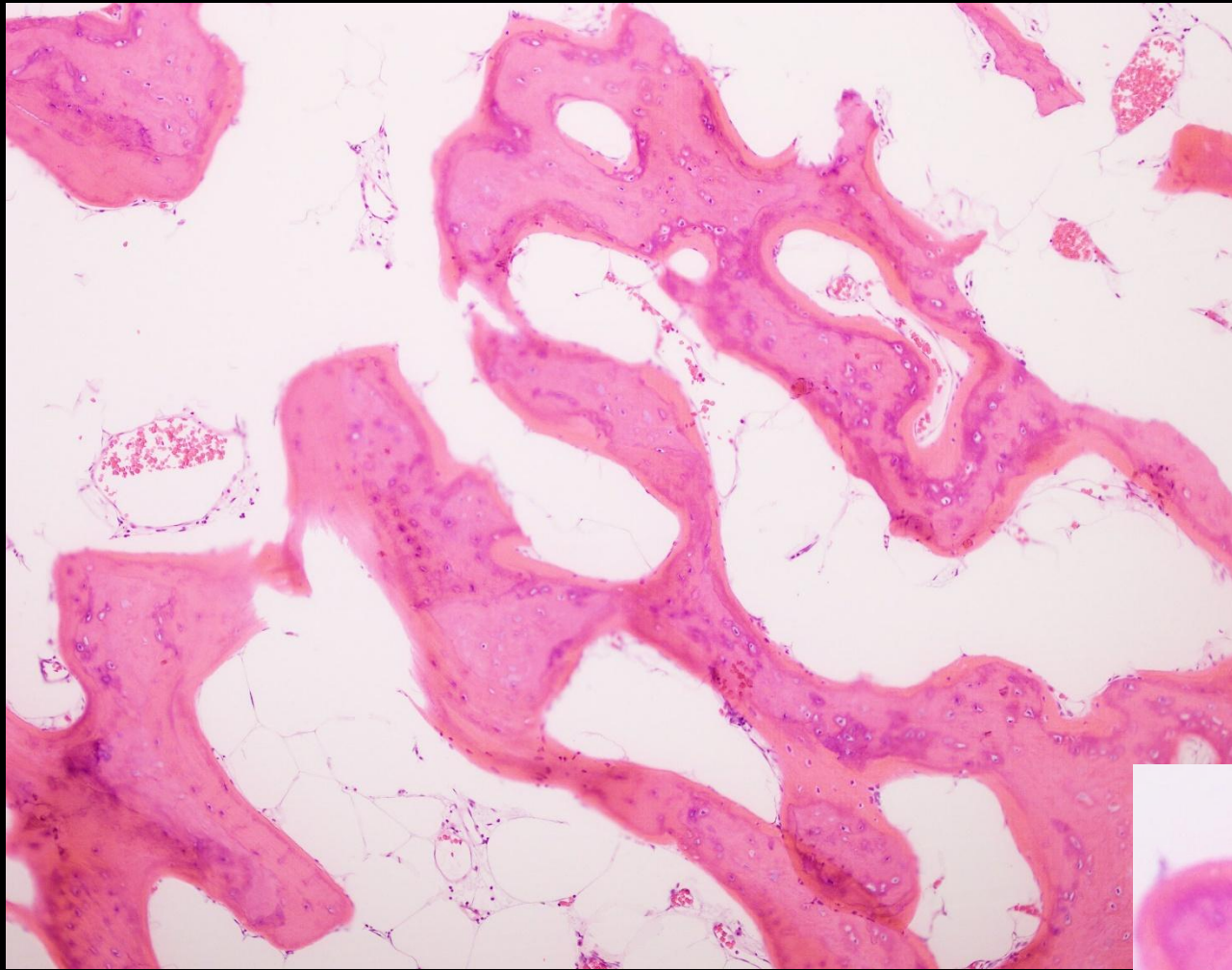
BONUS BENIGN CASE (!!)

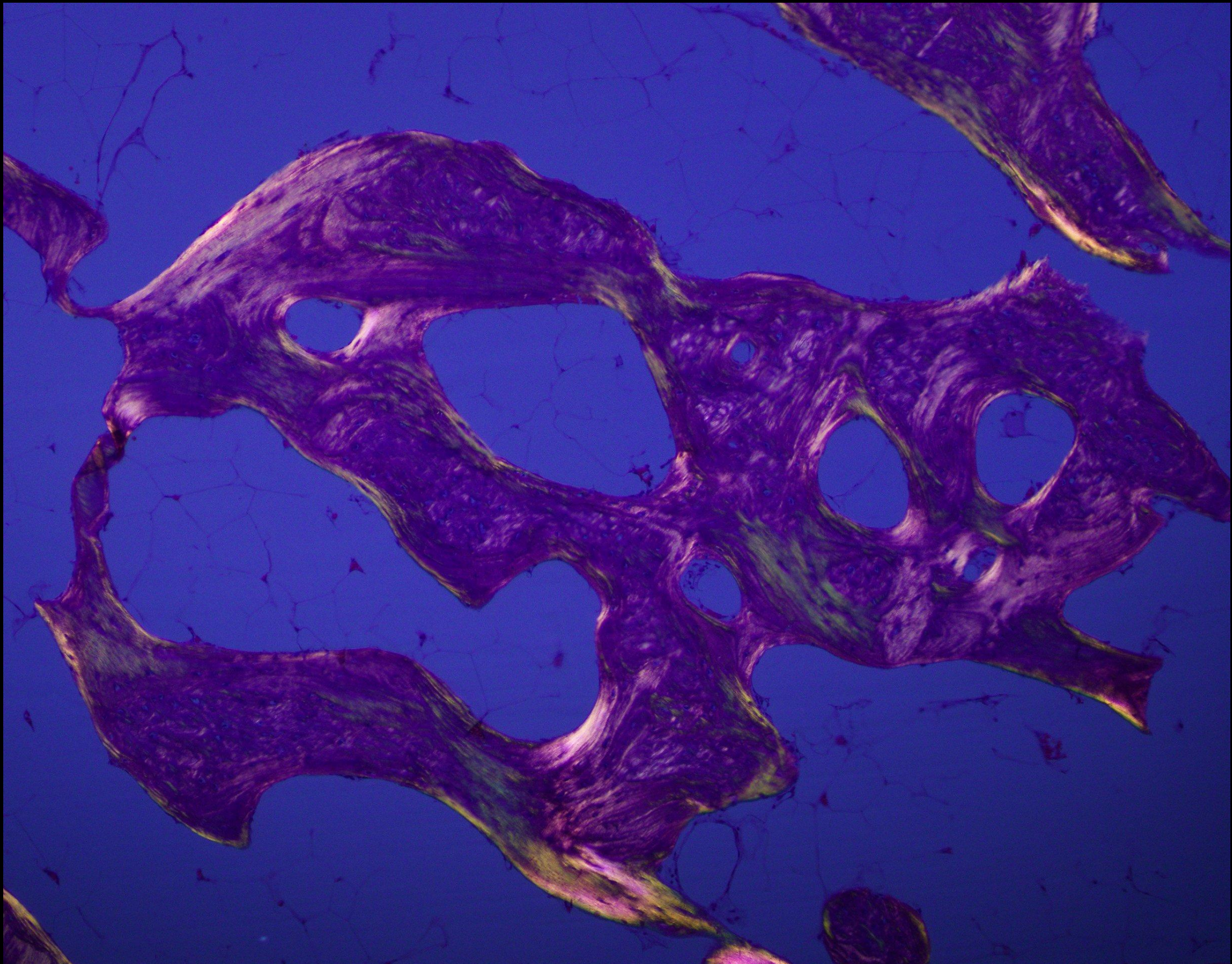












SKELETAL FLUOROSIS

PGY2, 2008, Williamsburg, Brooklyn



THANKYOU