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Research Article

INTRA ARTICULAR OSTEOID OSTEOMA PRESENTING AS ANKLE SYNOVITIS

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A R T I C L E I N F O

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A B S T R A C T

A 16 year old male patient presented to our hospital with chronic swelling and pain of left ankle and gradually increasing restriction of movement. The patient had been worked up elsewhere and X-rays along with blood work and arthrocentesis had been performed. The patient was managed conservatively with rest and anti- inflammatory medication but was not relieved completely. At our hospital we performed repeat X-rays and MRI of the affected part. The radiological investigations revealed a circumscribed lesion in the distal epiphysis of tibia with a classic nidus. A preliminary diagnosis of osteoid osteoma was made. Although about 13% of osteoid osteomas are intra-articular, the ankle per se is a rare location for the same. The lesion was excised surgically with complete resolution of symptoms over a period of 3 months.

INTRODUCTION

A 16 year old male patient presented to our hospital with chronic swelling and pain of the left ankle for the previous 8 months and with increasing restriction of movement of the ankle with subsequent difficulty in ambulation. The patient had been treated elsewhere with anti- inflammatory medication with some but not lasting relief of symptoms.. The bloodwork and arthrocentesis performed elsewhere were large normal and inconclusive.

Physical examination revealed fullness of ankle and no other signs of inflammation. There was marked restriction of dorsiflexion of ankle.

The patient was subjected to repeat X-rays which could not contribute to the search for the diagnosis. Subsequently an MRI was performed which revealed a characteristic lesion about 1.5 cm in diameter with a nidus and a surrounding lucent zone in the distal tibial epiphyseal anterolateral region. There was significant synovitis of the ankle.

A surgical intervention was planned. With the patient under general anaesthetic and under tourniquet control, the ankle was exposed through an anterolateral approach. The lesion was identified and excised en masse after gentle prying at its base. There was no extension in the surrounding bone and situated at the anterolateral distal edge of tibia the distal cartilage was largely preserved. The wound was routinely closed over suction drain. Post operative period was uneventful. Histopathology confirmed the diagnosis.

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The patient was kept off weight for 3 weeks and early range of motion exercises were instituted. There was complete resolution of symptoms at about 3 months of surgery.

Fig 1 Xray

Fig 2 and 3-MRI

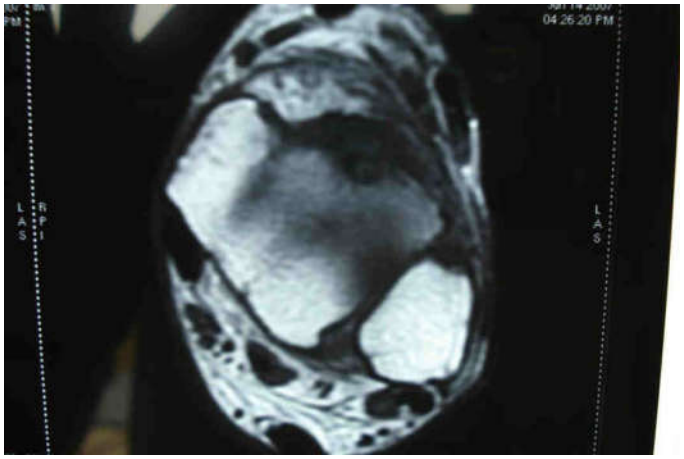

Fig 2 and3-MRI

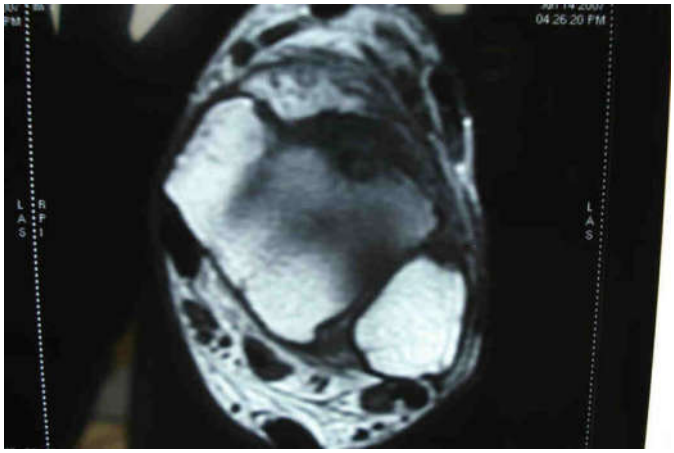

Fig 4 In situ atsurgery

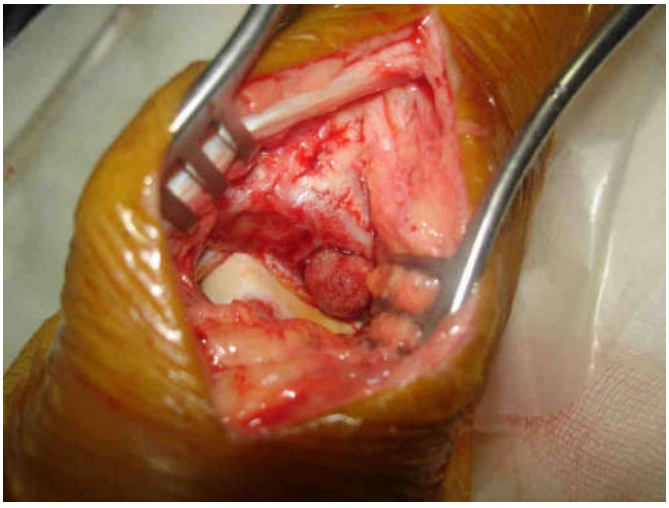

Fig 5 Excision

DISCUSSION

Patients of osteoid osteoma are typically in the age range of 5-25 and are rare after 30 years (1,2). Predominantly long bones and spine are affected but no bone is immune (3,4,5). Further osteoid osteomas can be cortical, cancellous, subperiosteal and about 13% are intra- articular (6).

Histologically the lesion has woven bone surrounding the nidus (7). The diagnosis can be made with plain X- rays and advanced imaging techniques like CT,MRI and bone scanning (8,9,10).

Surgical excision remains the most common treatment modality for accessible lesions (11). CT guided radiofrequency ablation is increasingly being used for inaccessible regions and cosmesis but has a recurrence rate of 5-10% (12).

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