OSTEOID OSTEOMA OF THE FIRST METACARPAL BONE: A CASE REPORT.


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Abstract

Osteoid osteoma is a benign bone tumor. A few cases of metacarpal osteoid osteoma have been reported, but the phalanges are the most frequent sites in the hand, followed by the carpal bones. We report a case of an osteoid osteoma of the right first metacarpal bone in a 32-year-old woman. The clinical and radiographic findings along with the pathology results are presented. At the 1 year follow-up there was no evidence of recurrence. Finally, Osteoid osteoma of the metacarpal bones should be considered in the diagnosis of chronic pain in the hand of a young patient, presenting with or without a history of previous injury.

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Computed tomography revealed an oval radiolucent zone marked sclerosis around the lesion (nidus) pointing to the diagnosis of an osteoid osteoma of the first metacarpal bone (Figure 2).

A curettage of the nidus was performed (Figure 3) and the hand was immobilized with a splint.

Histological examination confirmed the diagnosis of osteoid osteoma (Figure 4). The patient was pain-free immediately after excision without any non-steroidal anti-inflammatory agents. After 1 year, the patient was relieved of pain and follow up radiographs shows there was no evidence of recurrence (Figures 1b and 5).
Discussion:
Osteoid osteoma represents 10% of all benign bone tumors [1,2]. It usually affects children and young adults with more than 50% of localizations in the tibia and femur, 8% in the hand with predilection for phalanges [3] followed by the carpal bones and the metacarpals which are exceptionally affected [4].

Clinical presentation of osteoid osteoma is dominated by the pain which increased at night and reduced by salicylates in 73% of reported cases. Antecedent of injury was reported in some studies without correlation between injury and the onset of osteoid osteoma. Computed tomographic confirms diagnosis by showing an oval or round infracentimetric nidus surrounded by radiolucent zone [5].


Recurrences occurs in the first 7 months after surgical excision and it is, almost, due to partial resection of the nidus [10].

The diagnosis of osteoid osteoma of the hand is difficult due to the atypical clinical and radiological presentation. It should be considered in the diagnosis of chronic pain in the hand of a young patient.

Finally, the curettage of the nidus is the key of diagnosis and treatment.

References: