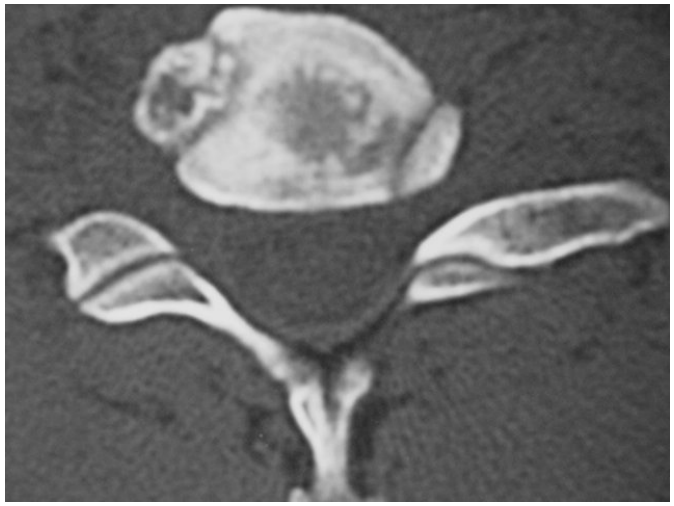
CERVICAL SPINE RESEARCH SOCIETY

EUROPE

Founded 1983



Is cervical osteoid osteoma a worth revisiting topic?

Sixteen cases followed 1 to 33 years.

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Cervical Spine Research Society - Europe

Disclosures

- No disclosures

Introduction & Background

1. **10 – 20%** osteoid osteomas are found in the vertebral column. 40% of these are in the cervical spine.

2. The biggest problem is **late diagnosis.**

3. Gold standard treatment is **“en bloc” resection.**

Objective :To review concepts on diagnosis and surgical indication through an experience on 16 patients with cervical OO.

Materials and Methods

- Retrospective study in 2 hospitals.

- Analysis
  - Demographic data,
  - Type and location of pain
  - Time from symptoms onset to diagnosis
  - Imaging
  - Treatment

- Results
  - VAS
  - Neck disability index

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Results

Demographics

Age : 18.6 years (6-45).

OO was observed at **all levels** (C1-T1).

Symptoms: All had **night pain**, which relieved with NSAIDs.

Diagnosis delay : **29.4 months** (12-108).

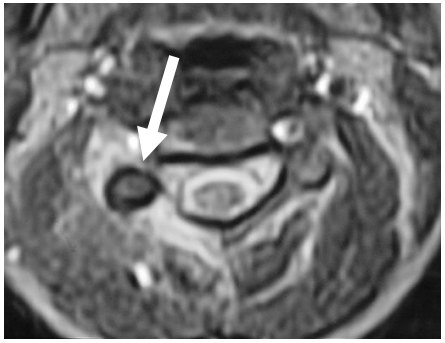
Follow-up : **15.4 years** (1-33).

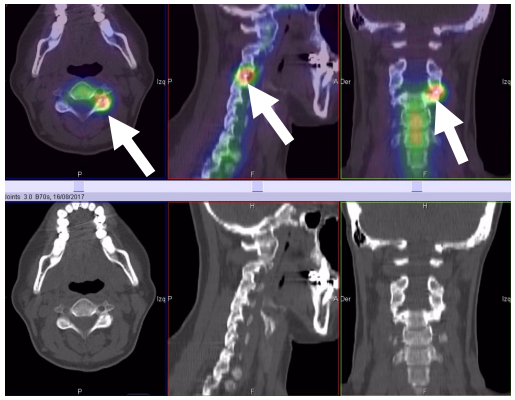
Imaging method

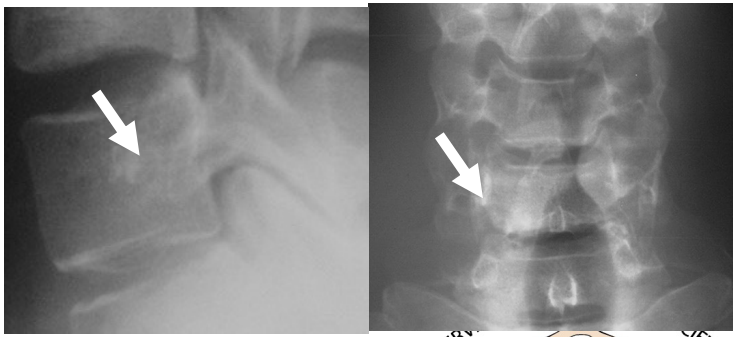
Simple X-ray study was useful in 1 case.

Before MRI time, **bone scintigraphy and CT scan** weres always diagnostic .

Nowadays: **MRI and SPECT-CT** are used.







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Results

Treatment

2 patients refused surgery

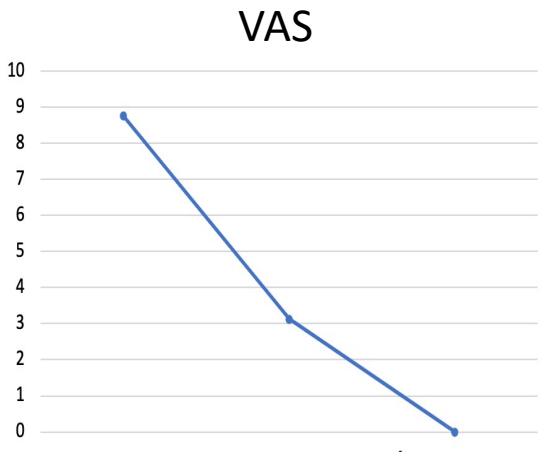
2 patients underwent surgery elsewhere

7 curettage

1 curettage-fusion,

1 simple resection

3 CT-guided thermo-ablations



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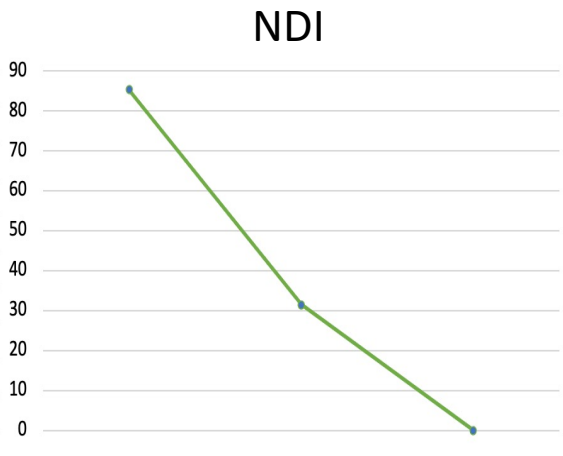

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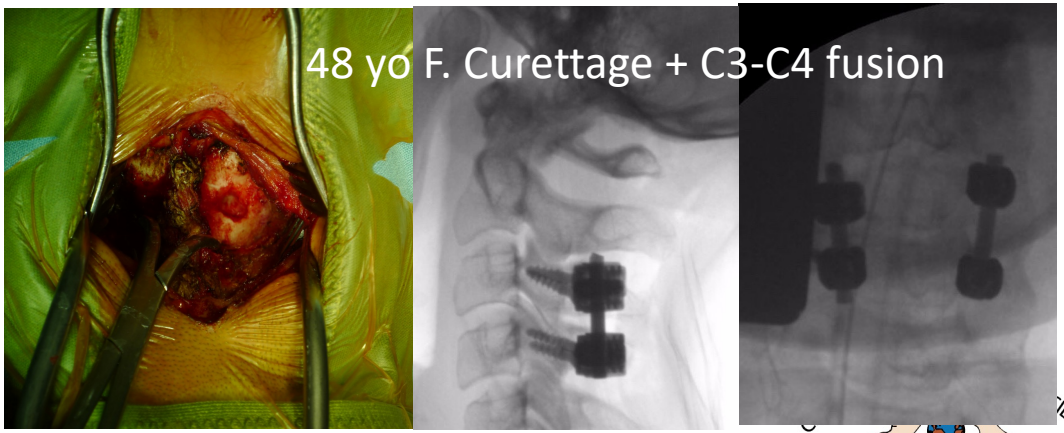

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Conclusion/discussion

- OO diagnosis is achieved very late.
- Suspecting the condition is the key for a prompt diagnosis.
- OO may heal spontaneously.
- Simple total curettage is today the gold standard.
- Fusion may be needed when bone excision lead to real instability.
- Thermo-ablation is promising in cases of superficial posterior location.

36th ANNUAL **MEETING**

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