

OSTEOMA OF MASTOID BONE: A CASE REPORT

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ABSTRACT:

Osteoma of the mastoid process of temporal bone is rare; only a few cases have been reported. The first case was reported from Italy in 1967. We describe an unusual case of large osteoid osteoma of the mastoid bone and its management.

KEY WORDS: Osteoma, Benign, Nidus.

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CASE REPORT

A thirty-year female who is a house wife presented in the out patient department of Services hospital Lahore with swelling in the left mastoid region for the last five years. It was gradually increasing in size. Initially it was painless but now for the last few weeks the patient was feeling dull localized pain. There was no history of ear discharge, deafness, headache, facial weakness, and vomiting, focal neurological deficits and other otological sign and symptoms.

On her first visit an X-ray skull was performed which showed a large left radio-opaque mass in the mastoid area of the left temporal bone. The mass was smooth surfaced and similar in density to normal bone.

Surgical exploration was carried out under

general anaesthesia. A long curved incision was made in the mastoid region over the Osteoma. Skin, subcutaneous tissue and periosteum were incised. Subperiosteal flaps were elevated exposing a 1.5 into 2.5 inches mass attached to the mastoid process by a narrow stalk. It was excised using a chisel leaving the inner table of skull intact. Histopathological examination showed the specimen is containing woven bone, osteoclasts and fibrovascular stroma. The postoperative course was uneventful.

DISCUSSION

Osteoid osteoma accounts for 2.6 per cent of primary bone tumors. It usually affects children or young adults. Male: female ratio, 2.5:1. The highest incidence occur in the long bones like proximal shaft of femur 19% followed by Proximal tibia 10%, head and neck osteomas comprises less than one percent.

It is characterized by pain worse at night, greatly relieved by aspirin. In most instances a definitive diagnosis of osteoid osteoma is possible from routine radiographs in conjunction with tomography. The characteristic radiological features are:

1. A central spherical to oval bony density usually less than 1cm in diameter which is the nidus.
2. A thin (1 to 3 mm) collar of lucency surrounding the nidus.

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3. Variable degree of increased homogenous host bone and /or periosteal density, which surround the nidus.

Usually nidus is not seen on plain radiographs because of the dense sclerosis in the surrounding host bone that masks it.

Management is by simple excision. The first and most important step in the pathological diagnosis of an Osteoid Osteoma is to find the nidus. If nidus is not readily appreciated upon gross examination of the removed bone or its fragments, the specimen should be taken to the radiology department and penetrated adequately, since diagnosis and proper treatment are absolutely dependent upon its demonstration. The nidus on the specimen radiograph will appear as either a spherical or elliptical, or lucent or dense mass. Its radiographic density will depend upon the ratio of osteoid to woven bone present in the nidus.

A nidus always contains either osteoid or woven bone in variable proportions. A 1 to 3 mm zone of loose fibrovascular tissue most often surrounds the nidus.

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