

Introduction

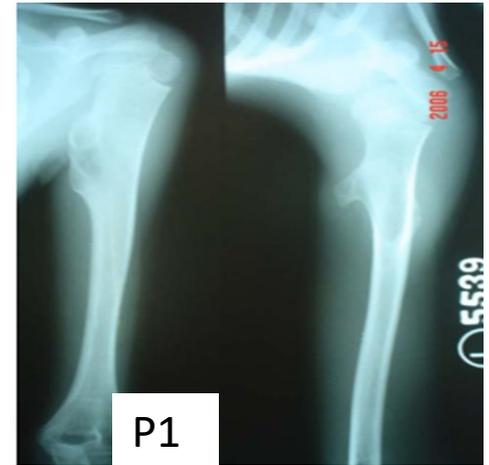
OSTEOCHONDROMA

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- **Osteochondroma** usually presents as either solitary or as multiple exostosis, sessile or pedunculated mass(the latter is found more common) but are rarely seen together.
- Nerve compression leading to obvious symptoms is very rarely.
- We hereby present a case of solitary osteochondroma with concurrent sessile and pedunculated lesion at the same site with median nerve compression treated in 2 stages, which is rare.

• Method

- A 16 year by presented in OPD 2 years back with the complains of pain in left shoulder and arm, weakness and tingling in forearm and hand since 1 month.
- Local examination show a solitary lesion of approximately 4.5×2.5cms over anteromedial aspect of proximal humerus, Deep tenderness, mass not mobile and not adhered to overlying muscles.
- Clinically it was diagnosed as osteochondroma with median nerve compression.
- X-ray of left shoulder revealed a juxtacortical sessile mass over anteromedial aspect and postero-medial pedunculated mass, giving the most likely diagnosis of osteochondroma(P1).
- After 1st surgery the patient again followed up in june this year with complains of mass over posterolateral aspect of the same shoulder and occasional pain(P2).



- Using deltopectoral approach the anteromedial mass was 1st excised along with the surrounding periosteum to prevent recurrence and care was taken to excise in to along with the cartilaginous cap. A year after the same deltopectoral approach was used 2nd time and the mass was excised completely.
- Median nerve was found to be compressed by the mass, was isolated, decompressed and secured during 1st surgery. The tissue was sent for histopathology which confirmed osteochondroma.

HISTOPATHOLOGY REPORT

CLINICAL HISTORY	MASS ON LEFT UPPER ARM, GRADUALLY INCREASES SWELLING.
SPECIMEN	LEFT HUMERUS LESION EXCISION.
GROSS	SINGLE LINEAR BONY PIECE MEASURING 7.5X2X1CM, ONE END IS COVERED WITH CARTILAGENOUS CAP, SAMPLED IN 2 BLOCKS.
MICROSCOPIC	-
DIAGNOSIS	LEFT HUMERUS LESION; EXCISION : OSTEOCHONDROMA. NO EVIDENCE OF MALIGNANCY.



Results and Conclusion

- At the first stage, when sessile was removed due to its complications, the pedunculated mass was not excised considering the fact that aggressive excision will weaken the bone due to large cortical defect causing fracture.
- Also considering the fact that osteochondroma are benign lesions and that the pedunculated mass was asymptomatic, such aggressive radical approach was not opted . The Pedunculated mass was removed 1 year later when that had grown to become symptomatic.

- Careful clinical examination, pre and post operatively is mandatory to see the outcome when nerve compression is suspected. Though X ray is diagnostic to diagnose osteochondroma, CT Scan should be done to know the exact dimensions and location of the tumour.
- The post op X ray shows how much bone was excised and how it would have weakened the bone and probably fractured had both masses were excised at the same stage.

