

Multiple Osteoid Osteomas on External Table Skull: Leave It or Treat It?

Sapna Bharti¹, Varuna Sugha²

¹Obstetrics and Gynecology Department, Civil Hospital, Bhawarna, H.P.

²Pediatric Department, Civil Hospital, Bhawarna, H.P.

Corresponding Author: Sapna Bharti

DOI: <https://doi.org/10.52403/ijshr.20220757>

ABSTRACT

Osteoma is a benign, slow growing bone forming tumor that consists primarily of well-differentiated mature, compact or cancellous bone.^[1] They usually arise on the surfaces of the cranial vault and are approximately 1-2 cm in size.^[1] They are most commonly diagnosed in the fourth or fifth decades of life.^[2] Only patients with symptomatic osteomas should be treated, generally by simple excision.^[1] The differential diagnosis of bumps on forehead include osteoma, lipoma, sebaceous cyst, osteoblastoma, osteosarcoma and osteomyelitis. Here, we report a case of 45 year old female with bony bumps on forehead diagnosed with multiple osteomas.

Keywords: Osteoma, Multiple osteoid osteomas, external table skull

CASE REPORT

A 45 year old female reported to OPD at Civil Hospital, Bhawarna with chief complaint of swelling on forehead for past 6 months. Patient was perimenopausal. There is no history of pain in swelling, headache, epistaxis, syncope or any other symptoms. There was no family history of cancer. On inspection, there were two swelling on forehead ranging from 1 to 1.5 cm in size as shown in figure 1.



Figure 1: two swellings over forehead

On palpation, both swellings were well circumscribed and stoney hard in consistency. Swelling was non tender and fixed.

On non-contrast CT scan, there was evidence of multiple radiodense osteomas over skull as shown in figure 2 and 3. Largest measuring 1 cm over upper part of forehead. Brain cortex was normal.

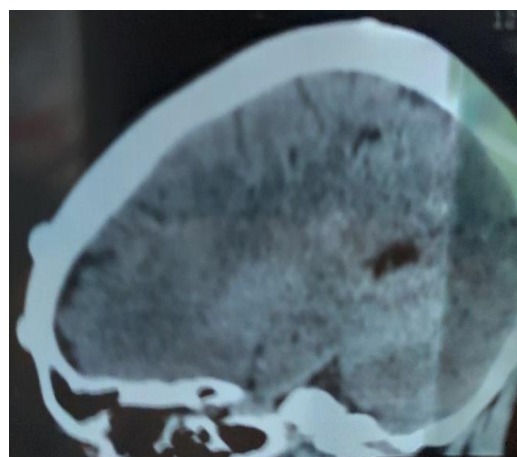


Figure 2: sagittal section containing osteoid osteoma.

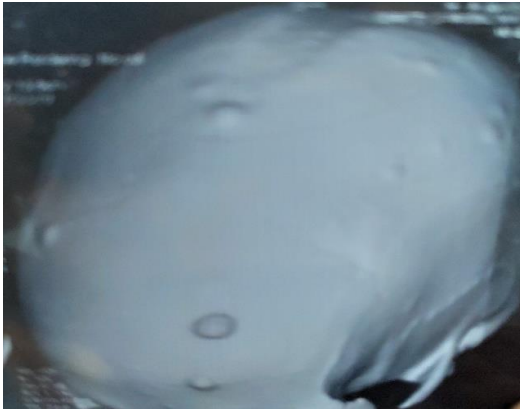


Figure 3: 3D VR bone window

As the osteomas were asymptomatic, patient was explained about benign nature of tumor and she was kept on 6 monthly follow up. On 1 year of follow up, there was no significant increase in size of osteoma. And she is still on follow with neurosurgery department at Dr. RPGMC, Tanda.

DISCUSSION

Osteoid osteoma is a benign skeletal disorder, and new bone forming tumors located within bones or developing on them.^[3] They are often asymptomatic. Osteomas are frequently found in the frontal-ethmoid region.^[4] The suspected diagnosis is based on the clinical findings and CT. ^[3] Treatment is indicated for osteomas that are symptomatic or cosmetically unacceptable.^[3] At surgery, since the lesions are always limited to the external cortex, a cleavage plane is always encountered when tumor meets normal bone.^[5] de Chalain T et al reported a case where a bony mass located over the frontal region had become a cosmetic burden to the patient, and an endoscopic procedure, with minimal access incisions located behind the hairline, was performed.^[4] In our case, osteoma was asymptomatic and cosmetic surgery was not desired by our patient. We kept her on 6 monthly follow up to look for appearance of any new symptoms and increase in size of osteoma.

CONCLUSION

In our conclusion, the treatment of osteoid osteoma depends on patient's symptoms, signs and need for cosmesis. If patient is asymptomatic and osteoma is involving outer table of skull bone, they can be left on 6 -12 monthly follow up.

Acknowledgement: Ethical approval and consent of patient and her son was obtained prior to writing the case report. Special thanks to radiology department, Dr. RPGMC, Tanda for radiological images provided.

Conflict of Interest: None

REFERENCES

1. Nielsen GP, Rosenberg AE. Update on bone forming tumors of the head and neck. *Head Neck Pathol.* 2007 Sep;1(1):87-93. doi: 10.1007/s12105-007-0023-4. Epub 2007 Nov 27. PMID: 20614288; PMCID: PMC2807498.
2. Fechner RE, Mills SE. *Tumors of the bone, joints.* Washington D.C: Armed Forces Institute of Pathology; 1993.
3. Ahmadi MS, Ahmadi M, Dehghan A. Osteoid osteoma presenting as a painful solitary skull lesion: a case report. *Iran J Otorhinolaryngol.* 2014 Apr;26(75):115-8. PMID: 24745001; PMCID: PMC3989877.
4. de Chalain T, Tan B. Ivory osteoma of the craniofacial skeleton. *J Craniofac Surg .* 2003;14(5):729-35.
5. Denia A, Perez F, Rinaldo R, Canalis R, Graham MD. Extracanalicular osteomas of the temporal bone. *Arch Otolaryngol.* 1979;105:706-9.

How to cite this article: Sapna Bharti, Varuna Sugha. Multiple osteoid osteomas on external table skull: leave it or treat it? *International Journal of Science & Healthcare Research.* 2022; 7(3): 404-405. DOI: <https://doi.org/10.52403/ijshr.20220757>
