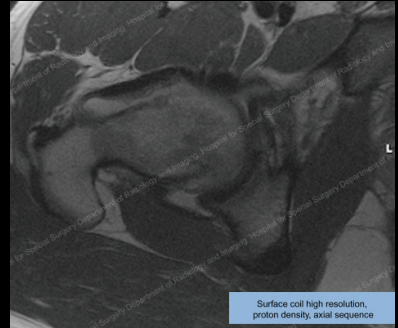
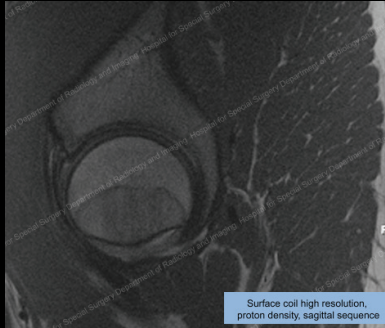
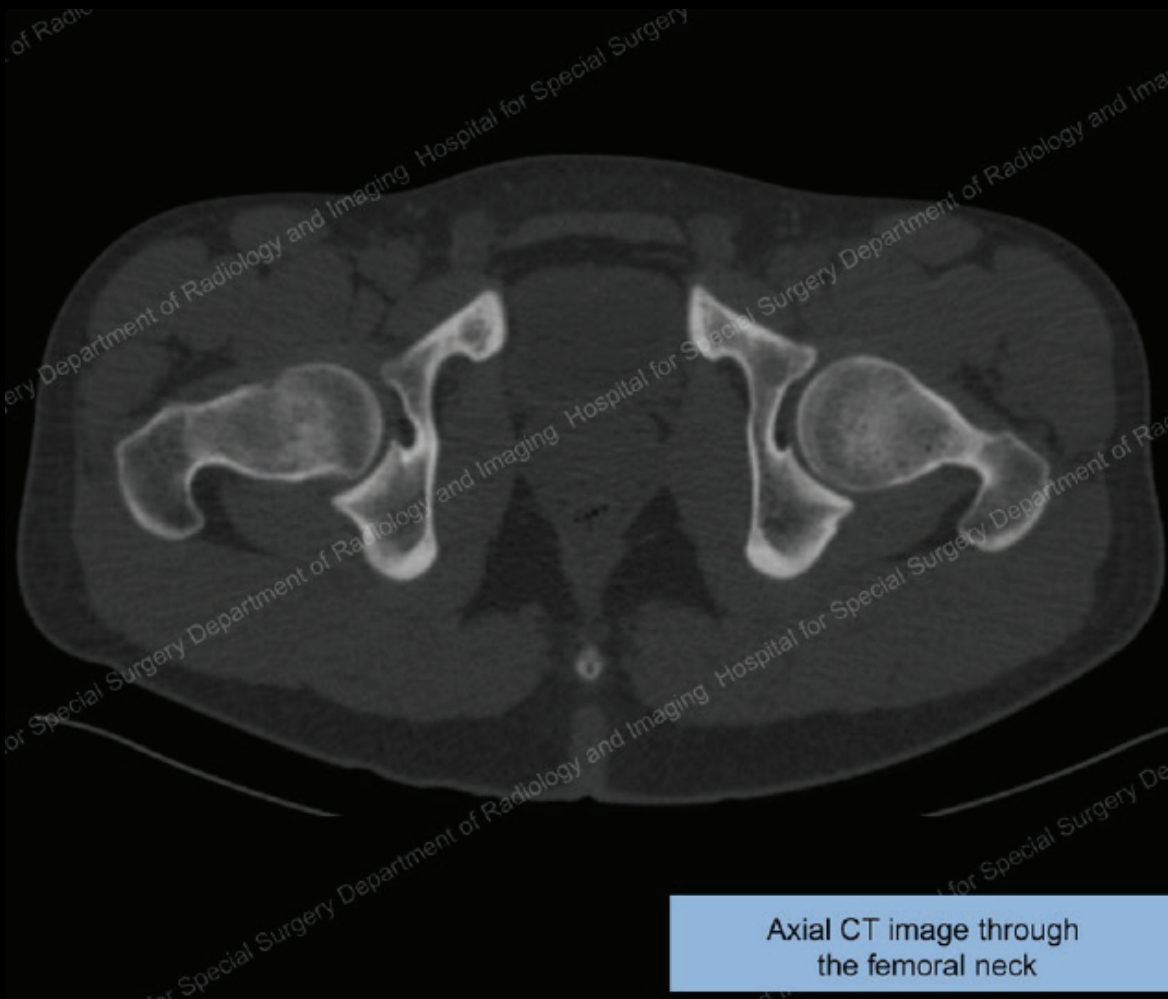
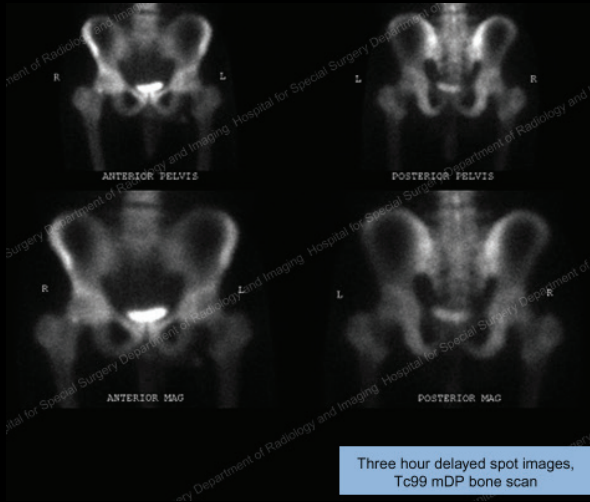


# History

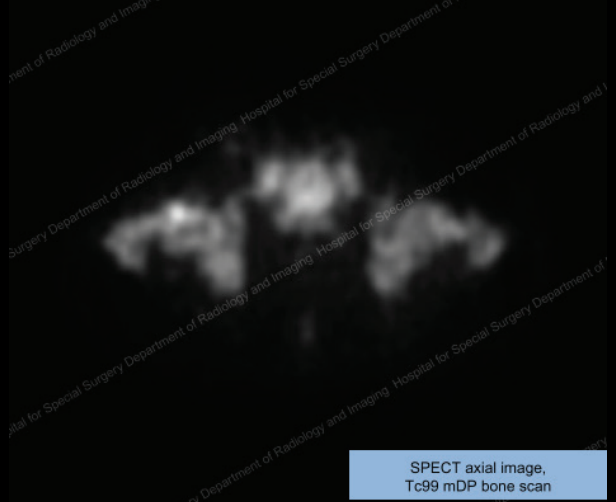
17-year-old male with right hip pain.







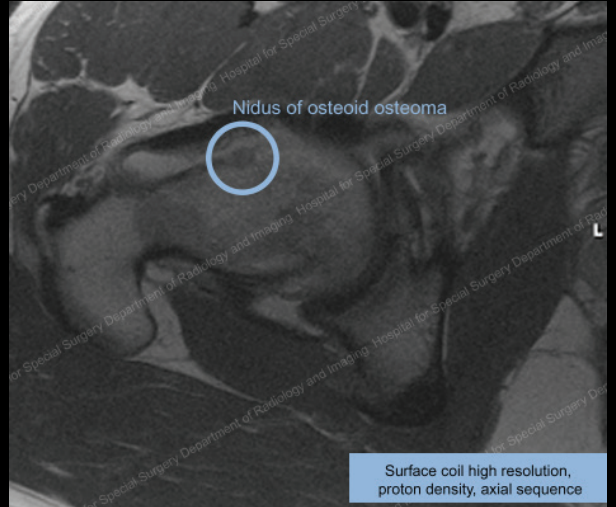
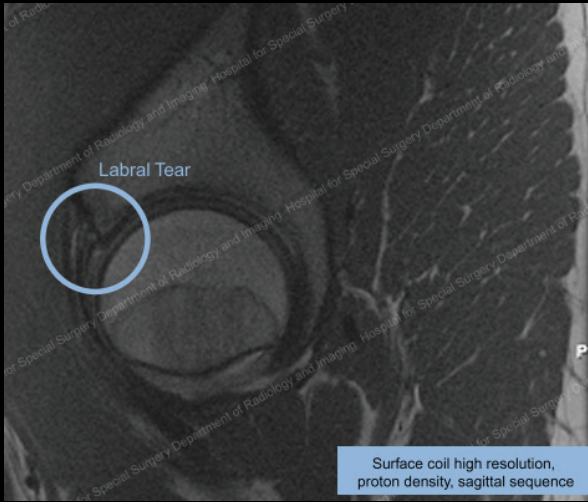
Three hour delayed spot images,  
Tc99 mDP bone scan

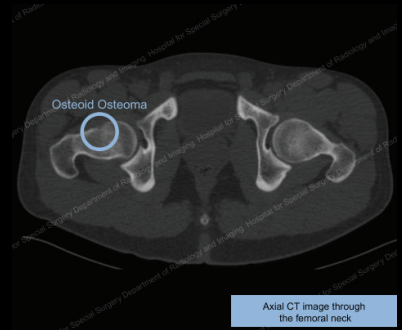
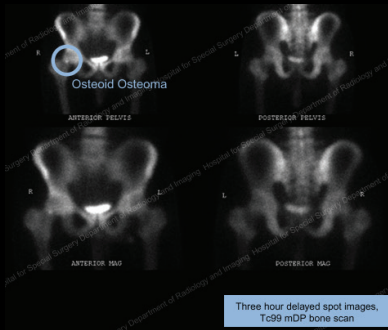


SPECT axial image,  
Tc99 mDP bone scan

# Findings

Radiographs demonstrate a subtle loss of the normal femoral head neck offset but no focal lesion. MRI demonstrates marrow edema of the right femoral neck and a joint effusion. Subtle low signal focus is seen on the axial image and a labral tear is present on the sagittal sequence. CT demonstrates a subtle lucent focus of the anterior femoral cortex and there is increased activity focally at this location on the bone scan.





# Diagnosis: Osteoid Osteoma

Bony lesion of osteoid and immature bone that incites an adjacent reactive bony/inflammatory response secondary to prostoglandin release. Typically in younger patients (5-25 ) and with a classic clinical pattern of night time pain alleviated with aspirin. Classified as cortical, cancellous, and subperiosteal. This case presents the rarest type, a subperiosteal lesion. Current standard of care is radiofrequency ablation if possible or resection.



# Resources

- Resnick and Kransdorf. Bone and Joint Imaging. 2005.
- <http://bonetumor.org>
- Lee, EH. Osteoid osteoma: A current review.  
J Pediatr Orthop. 2006 Sep-Oct;26(5):695-700.

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