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Introduction
Osteoid osteoma commonly occurs in diaphysis or metaphysis of long tubular bone, especially in proximal diaphysis of femur and tibia. However osteoid osteoma in vertebra has rarely reported. We present a case of osteoid osteoma of the thoracic vertebral lamina with some referential discussion.

Case Report
A 26-year-old male, ceramicist, came to our hospital with a complaint of back pain which had noticed for about 9 years without an exact cause. The spontaneous pain was presented and the use of analgesics was effective. In May 1993, because CT and MRI of this patient showed abnormality of thoracic vertebra at the other hospital, he was referred to us.

On physical examination, left convex scoliosis of lower thoracic spine and knock pain at 10th thoracic spinous process were observed. There were no neurological abnormalities.

Radiograph of thoracic spine showed no marked findings except for scoliosis. On the other hand, tomogram revealed sclerotic complex around circular shaped shadow in 10th thoracic spinous process (Fig. 1). Also, CT revealed marked sclerotic area around circular shaped low density spot on right side of 10th thoracic lamina (Fig. 2). In MRI, T1-weighted image showed iso-intensity spot, and it showed high intensity in T2-weighted image (Fig. 3). Bone scintigram indicated accumulated area in 10th and 11th thoracic vertebrae.

In July 1993, en bloc resection of the tumor was performed. The remarkable sclerotic and synostotic complex were seen at the laminae of 10th and 11th thoracic vertebrae. There were two cystic regions, one was filled with brownish colored liquid, and the other was fibrous granular tissue.

The pathological study indicated that vessels and osteoblasts around trabeculae of woven bone were seen in that fibrous granular tissue (Fig. 4).

The diagnosis was osteoid osteoma. Postoperative course was good.

Discussion
Osteoid osteoma seldom occurs in vertebra. By report of Bone Tumor Registry in Japan13, 660 patients of osteoid osteoma were reported from 1972 to 1992. 6.5% (43 patients) of them were in vertebra, and only

Fig. 1 Tomography
In 10th vertebral spinous process region, sclerotic complex was seen around circular shaped shadow.

Fig. 2 CT
CT revealed marked sclerotic area around circular shaped low density spot on right side of 10th thoracic lamina.

Fig. 3 MRI
MRI shows iso-intensity area of lamina in T1-weighted image, and high-intensity in T2-weighted image.

Fig. 4 Pathological findings
Vessels and osteoblasts around trabeculae of woven bone were seen in the tumor.
0.9% (6 patients) were in thoracic vertebra. Kimori et al.\textsuperscript{1)} reported that it often occurs in the posterior region such as lamina in vertebra.

As a result, this study intimates that it is not sufficient to diagnose osteoid osteoma of thoracic vertebra using only Roentgenogram as Sugioka et al.\textsuperscript{3)} reported, the using of CT and MRI could effectively reveal this particular case.

**References**


胸椎椎弓に発生した類骨骨腫の１例

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類骨骨腫は長幹骨の骨幹・骨幹端、とくに大腿骨近位骨幹、脛骨近位骨幹に好発し、脊椎の発生は少ないと言われている。今回胸椎椎弓に発生した類骨骨腫の１例を経験したので報告する。症例は26歳、男性、17歳頃より特に誘因なく背部痛を自覚し、近医を受診し内服療法を受けたが、X線以上の以上は指摘されなかった。その後も疼痛が持続し、平成5年他医にてCT、MRIで初めて異常を指摘され、同年5月紹介来院した。下位胸椎を中心に左凸の軽度凹凸があり、第10胸椎部に叩打痛を認めた。その他運動痛、可動域制限、神経学的異常はなく、血液検査でも特に異常は認めなかった。臨床経過および画像検査より類骨骨腫を疑い、同年7月、第10胸椎の骨腫摘出術を伴う椎弓切除術を施行した。病理診断は類骨骨腫であった。術後経過は良好である。