Original Research Paper

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OSTEOCHONDROMA OF SCAPULA A RARE CASE PRESENTATION.

Orthopaedic

KEYWORDS: Osteochondroma, excisional biopsy.

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ABSTRACT Osteochondroma arises as an aberrant abnormal outgrowth from the growth plate and is made up of both bone and cartilage. It is a common benign osseous tumour of long bone but it is rare in flat bone more so in scapula. We present, a rare case of bony swelling in 10-year-old boy with complain of swelling in scapular region from last 4 months. It was a bony hard swelling situated on dorsal aspect of body of scapula. Excisional biopsy confirms the diagnosis of osteochondroma.

Osteochondroma (exostosis) is one of most benign tumour of axial skeleton. More predominant in male of 10 -20 yrs old. They are usually located at metaphyseal region originating from misplaced islets of epiphyseal cartilage from growth plate of bone and grow towards the diaphyseal region but rare in flat bones.

The growth of swelling ceases with skeletal maturity. A cartilaginous cover (usually less than 2 cms thick) is present over the bony growth.

Osteochondroma constitutes 10 – 15% of all benign tumour of bone. They are usually multiple and rarely solitary in nature. Only 3 % of osteochondroma are found in scapula with no bony growths elsewhere is rare.

AETIOLOGY —
Exact cause of osteochondroma is not known, but there might be a genetic link, indicate that disorder may be inherited.

Types of Osteochondroma –
two types –

1. Solitary Osteochondroma,
2. Multiple Osteochondroma.

SITE -- Any long bone but common sites are lower end of femur and upper end of tibia. They rarely occur in flat bone.

Patients usually complain of painless swelling without any signs of inflammation. X-rays and MRI can clinch the diagnosis, which can be confirmed by histology.

CASE PRESENTATION –
A boy of 10 years age, student, presented in OPD of Dhiraj Hospital, Piparia, Vadodara was admitted with complaint of swelling, disfigurement on right scapular region from last four months. There were no other complaints. There was no history of trauma, fever or any other constitutional symptoms etc.

Clinical photographs.

A detailed medical history was recorded with general and local examination. A family history (parenteral and maternal) was also taken to rule out similar condition present in the extended family.

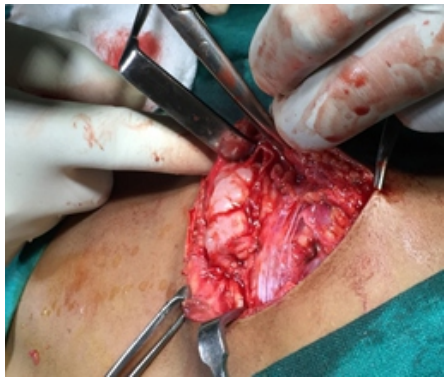
General examination was normal. On local examination a hard, non-tender, irregular shaped swelling present over dorsal aspect of body of right scapula. It was fixed to bone and no signs of inflammation were present. Skin over swelling is free. No dilated veins are visible. No local lymph gland enlargement. Shoulder girdle movements are full but swelling moves with movements of scapula. No other swelling was detected.

A provisional diagnosis of osteochondroma was made.
X-ray shows bony mass arising from body of scapula.

R-ray, AP & Lateral view shows Osteohondroma from Scapula.

Routine blood tests were normal. A decision of excisional biopsy was taken.

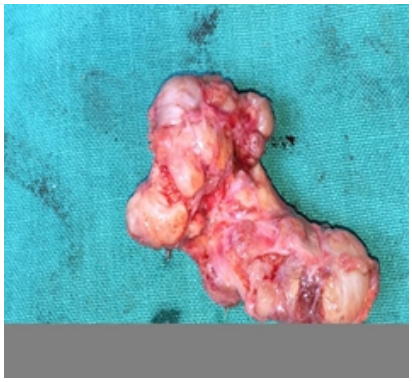
The swelling was excised under general anesthesia



Intra-operative photographs.

The swelling was below the muscle and had very small attachment at middle of the body of scapula. It was covered with a sheath? Bursa.

The swelling was irregular and covered with bluish tinged material? cartilage. The swelling was not attached to over lying muscles.



Gross appearance.

The histopathology confirms the diagnosis of benign osteochondroma.

The patient made uneventful postoperative recovery with return to his school activities.

Cosmetically pt was fully satisfied and all symptoms have disappeared.

The swelling over scapula is a rare site for osteochondroma.

CONCLUSION –

Osteochondroma is a rare benign bone tumour and especially in flat bone like scapula.

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