

Epithelioid osteoblastoma

Epithelioid “aggressive” [osteoblastoma](#) (EOB) is a rare and more aggressive subtype of osteoblastoma (OB) with a higher [recurrence](#) rate, greater risk of malignant transformation, larger size, and greater intraoperative blood loss.

The result of statistical analysis suggested that Epithelioid OBL (EO) of the spine with [Enneking classification](#) stage 3 (St.3) and total [spondylectomy](#) were independent prognostic factors for recurrence-free survival (RFS).

St.3 or EO lesions seem to be more aggressive than St.2 or conventional osteoblastomas, but St.3 and EO should be considered simultaneously in predicting the aggressiveness of the lesion and the risk of recurrence. Total spondylectomy performed either by en bloc or piecemeal could significantly reduce recurrence of OBLs in the mobile spine ¹⁾.

Case reports

Attiah et al. from [Dr. Cipto Mangunkusumo Hospital](#) published a epithelioid [osteoblastoma](#) of the [temporal bone](#) in 2018 ²⁾.

A 21-year-old male patient presented to the [Jewish General Hospital](#) with a 4-month history of neck discomfort, radicular pain in the proximal right arm, and mild weakness of the right biceps and triceps muscles. Imaging was suggestive of EOB, and computed tomography-guided biopsy confirmed the diagnosis. The patient underwent same-day preoperative angioembolization of the major feeding vessels and subsequent complete tumor resection. During the procedure, he experienced minimal blood loss and did not require blood transfusion.

EOB is a highly vascular primary bony lesion. To minimize intraoperative blood loss, preoperative angioembolization should be considered in the treatment of cervical spine EOB ³⁾.

A 34-year-old gentleman from [Lucknow](#) who presented with a mass involving the left side of the neck and oral cavity along with ipsilateral lower cranial nerve paresis. Computed tomography and magnetic resonance imaging scans of the craniovertebral junction revealed a heterogeneously enhancing expansile lesion with areas of destruction involving the clivus, left sided jugular foramen and left side of first two cervical vertebrae. Angiography showed distortion of the V3 segment of the left vertebral artery and shift of the ipsilateral internal carotid artery. The tumor was maximally excised through far lateral approach. Histopathologic examination revealed a diagnosis of AO. The patient was referred for radiotherapy for the residual tumor and was doing well at 5 months follow-up ⁴⁾.

References

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