Lumbar Osteochondroma

Lumbar spinal osteochondroma in a review of the English language literature has returned 44 cases.

The lesions were sporadic in 81% of cases. Mean age of presentation overall is 39.5 years, with a mean age of 18.4 years (range 8-34 years) for hereditary cases and 45.7 years (range 11-81 years) for solitary lesions. Of the instances where gender was reported, 64% were male. The most common level of origin was L4 (38%). The most common anatomic site of origin was the inferior articular process (one-third). Of those lesions treated operatively, 46% underwent simple decompression, with 22% requiring decompression and fusion [1].

Case report

2014

Rymarczuk et al. describe the case of a giant osteochondroma emanating from the L5 vertebral body and extending into the retroperitoneum of a 40-year-old man, causing low back pain.

This particular lesion was resected via a transperitoneal approach performed by a multidisciplinary team of neurosurgeons, vascular surgeons, and urologists. The bony tumor measured 6.1 × 7.8 × 7.7 cm. Removal of the lesion resulted in a significant improvement of the patient's symptoms [2].

2012

A 62-year-old female patient with lower-back pain, progressive left leg paresis, numbness on the both lower extremities and urinary incontinence. The patient's clinical picture made us suspect the possibility of cauda equina syndrome. Radiological examination revealed a lesion originating from the left inferior articular facet of the second lumbar vertebrae. Urgent surgical decompression was performed and the lesion was removed totally. Histopathological examination confirmed the diagnosis of benign osteochondroma [3].

A 48-year-old patient suffering from right foot-drop due to acute compression of right L4 nerve root by a lesion expanding into the spinal canal, originating from the right inferior articular facet of the third lumbar vertebrae. The symptoms improved after surgical removal of the lesion and histopathological examination of the lesion confirmed the diagnosis of osteochondroma [4].

2010

Choi et al. report, a rare case of a lumbar osteochondroma arising from the spondylolytic L3 lamina in a 57-year-old woman is presented. She also had a ruptured disc and lumbar canal stenosis at L4-5-S1. The osteochondroma was completely removed and a posterior lumbar interbody fusion and instrumentation were performed. Considering the rarity of osteochondromas in the lumbar vertebrae, especially the L3 vertebra, it is possible that the pre-existing lumbar spondylolysis or

spondylolisthesis was one of the factors affecting the occurrence or progression of the osteochondroma [5].

[1], [2]
Rymarczuk GN, Dirks MS, Whittaker DR, Neal CJ. Symptomatic Lumbar Osteochondroma Treated via a multidisciplinary Military Surgical Team: Case Report and Review of the Literature. Mil Med. 2015 Jan;180(1):e129-e133. PubMed PMID: 25562870.

[3]
Kahveci R, Ergüngör MF, Günaydın A, Temiz A. Lumbar solitary osteochondroma presenting with cauda equina syndrome: a case report. Acta Orthop Traumatol Turc. 2012;46(6):468-72. PubMed PMID: 23428773.

[4]
Kahveci R, Ergungor MF, Gunaydin A, Sanli AM, Temiz A. Solitary lumbar osteochondroma presenting with foot-drop: a case report. Turk Neurosurg. 2012;22(3):386-8. doi: 10.5137/1019-5149.JTN.3645-10.0. PubMed PMID: 22665015.

[5]
Choi BK, Han IH, Cho WH, Cha SH. Lumbar osteochondroma arising from spondylolytic l3 lamina. J Korean Neurosurg Soc. 2010 Apr;47(4):313-5. doi: 10.3340/jkns.2010.47.4.313. Epub 2010 Apr 30. PubMed PMID: 20461177; PubMed Central PMCID: PMC2864829.