

Spinal osteochondroma

Spinal [osteochondromas](#) are progressively expanding lesions during the growth period of the skeleton and the lesions often become quiescent when the epiphyses of secondary ossification centers of the vertebral column are closed.

Epidemiology

Only 1.3 to 4.1% of solitary osteochondromas involve the spine ¹⁾.

Most vertebral osteochondromas arise from the cervical or upper thoracic spine.

see [Cervical osteochondroma](#)

see [Thoracic osteochondroma](#)

[Lumbar osteochondromas](#) have rarely been reported.

Clinical features

They usually become symptomatic during the second and third decades of life. Neurological symptoms caused by spinal osteochondromas are quite rare because most of the lesions grow out of the spinal canal ²⁾.

Treatment

Surgery is the best choice for the treatment of symptomatic spinal solitary osteochondromas. However, asymptomatic lesions can be followed conservatively. Local recurrence and secondary malignant transformation rates of osteochondromas are significantly low. In the literature, surgical treatment was reported to improve the neurological deficit in nearly %90 of cases of spinal cord compromise caused by solitary osteochondromas. No adjuvant therapy is necessary after the surgery ^{3) 4) 5)}.

¹⁾ ³⁾

Albrecht S, Crutchfield JS, SeGall GK: On spinal osteo- chondromas. J Neurosurg 77:247-252, 1992

²⁾ ⁴⁾

Bess RS, Robbin MR, Bohlman HH, Thompson GH: Spinal exostoses: Analysis of twelve cases and review of the literature. Spine (Phila Pa 1976) 30:774-780, 2005

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Fiumara E, Scarabino T, Guglielmi G, Bisceglia M, D'Angelo V: Osteochondroma of L-5 vertebra: A rare cause of sciatic pain: Case report. J Neurosurg (Spine 2) 91:219-222, 1999

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