

The differential diagnosis for a vertebral body mass is broad and may range from a completely benign, sclerotic enostosis (bone island) to a malignant primary bone tumour.

Classification

Broadly, these lesions can be separated into:

non-neoplastic lesions

primary bone tumours

secondary metastatic disease

Non-neoplastic lesions

aneurysmal bone cyst (<2%)

neural arch (60%); vertebral body (40%)

Brown tumour (an osteoclast reaction in hyperparathyroidism)

enostosis

Langerhans cell histiocytosis (eosinophilic granuloma)

vertebral body; can cause vertebra plana

osteoid osteoma

neural arch predominance

vertebral haemangioma

Primary bone tumours

Primary bone tumours of the spine are much less common than secondary metastatic disease:

chordoma: more common in sacrum (50%) and clivus (35%) than cervicothoracic vertebral column (15%)

Secondary metastatic disease

Vertebral metastases are significantly more common than primary bone tumours, especially in an older patient or one with known primary disease elsewhere.

Assessment of whether the bone lesions are sclerotic or lytic may help to narrow the differential diagnosis of primary disease if it is unknown.

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