OSTEOCHONDROMA

Dr. Jobin Alex Mohan

OSTEO CHONDROMA

- Bony mass produced by progressive endochondral ossification of a growing cartilaginous cap. Otherwise called exostosis

Appearance

After 7 years

Grows only during the growth period

- Keith:-***Failure of the normal remodeling process (tubulation)***
- Geschikter & Copeland theory – Focal accumulation of embryonic connective tissue
- **Site**:- Metaphysis of long tubular bone particularly around knee.

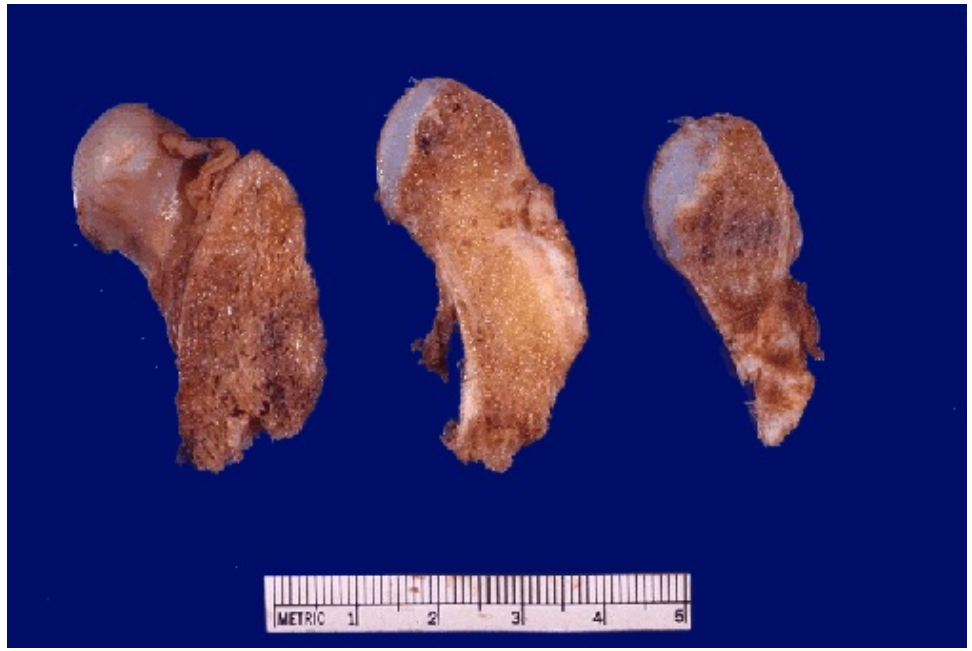
CLINICAL FEAUTURES

- Short stature
- Deformities may present (Bowing or knock knee)
- Usually Non tender swelling ,
- Pain may be due to irritation of the surrounding structure

Pathology

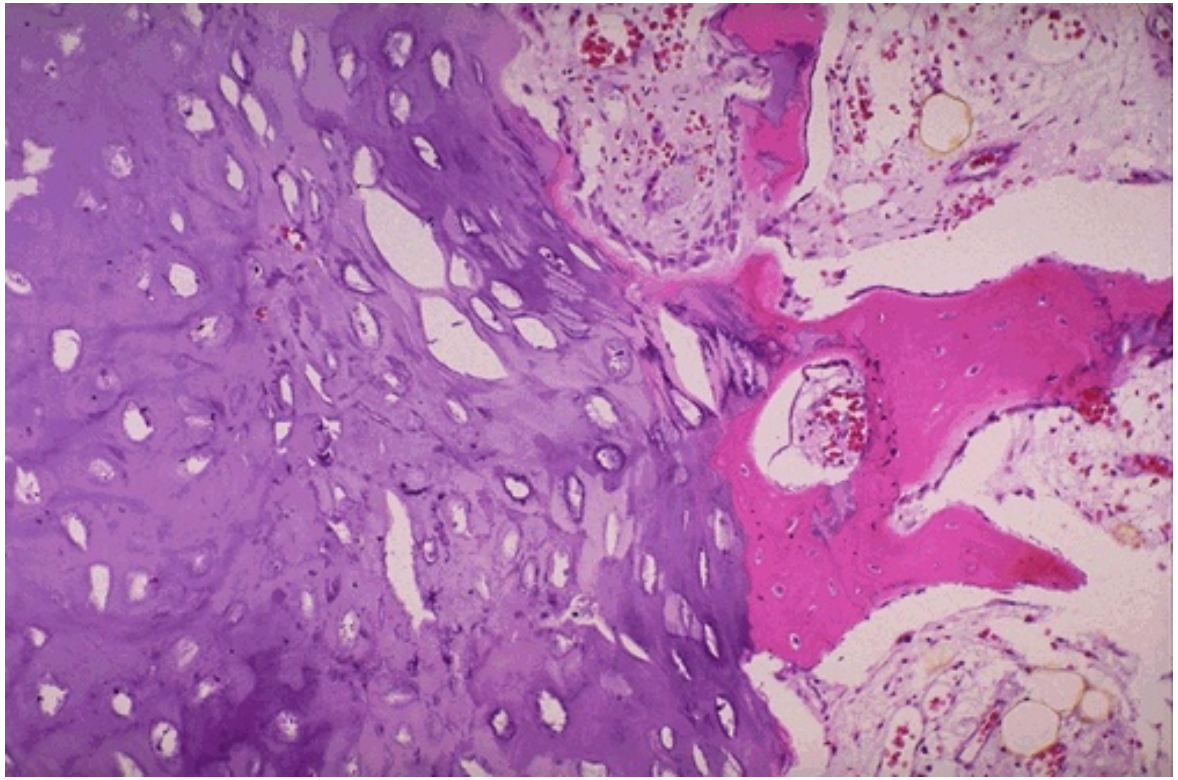
- Stalked or sessile , & projected part.
- Stalk directed away from the epiphysis adjacent to which it take its origin.
- Projecting part has cortical & cancellous component.
- Covered by cartilaginous cap- thin irregular.
- If calcification of the cartilaginous cap is seen in xray, chances of sarcomatous changes are high.

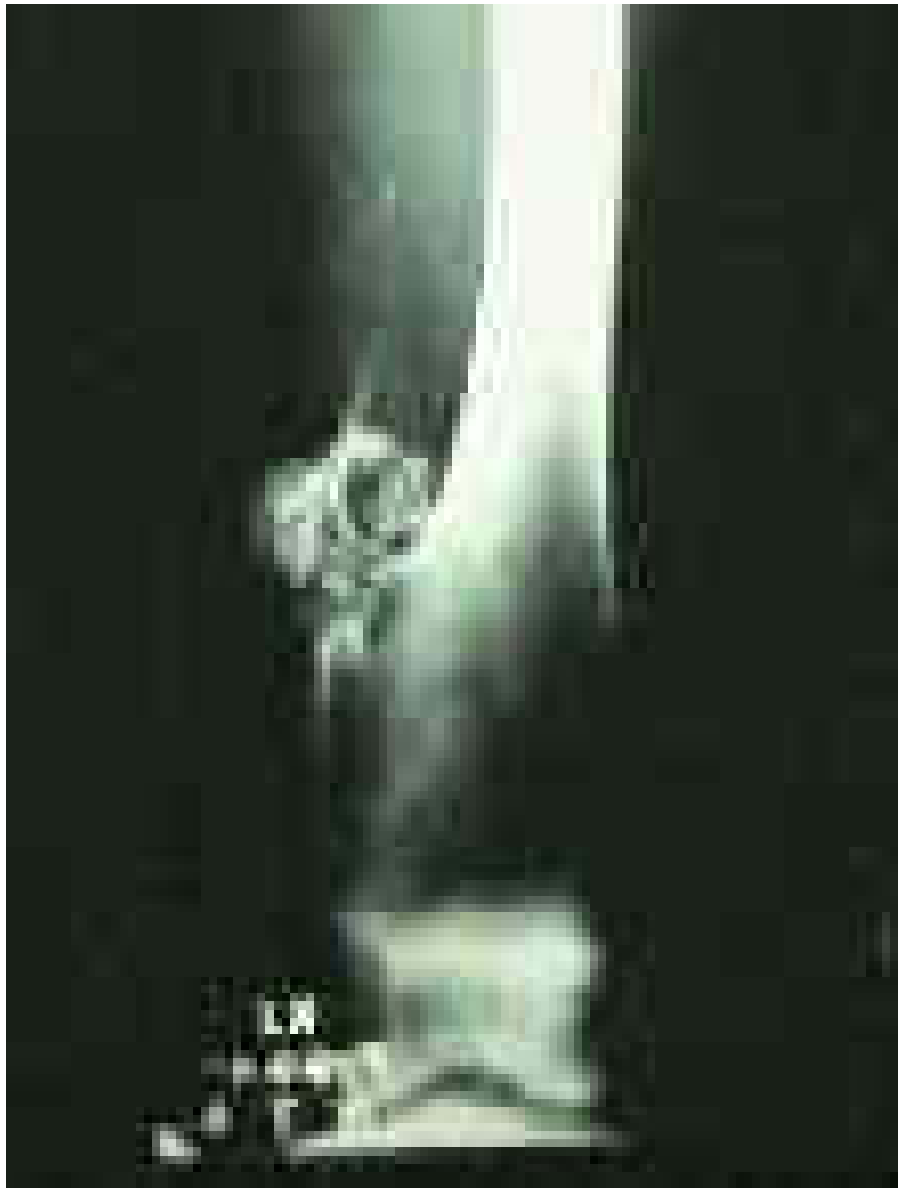

OC-62-54

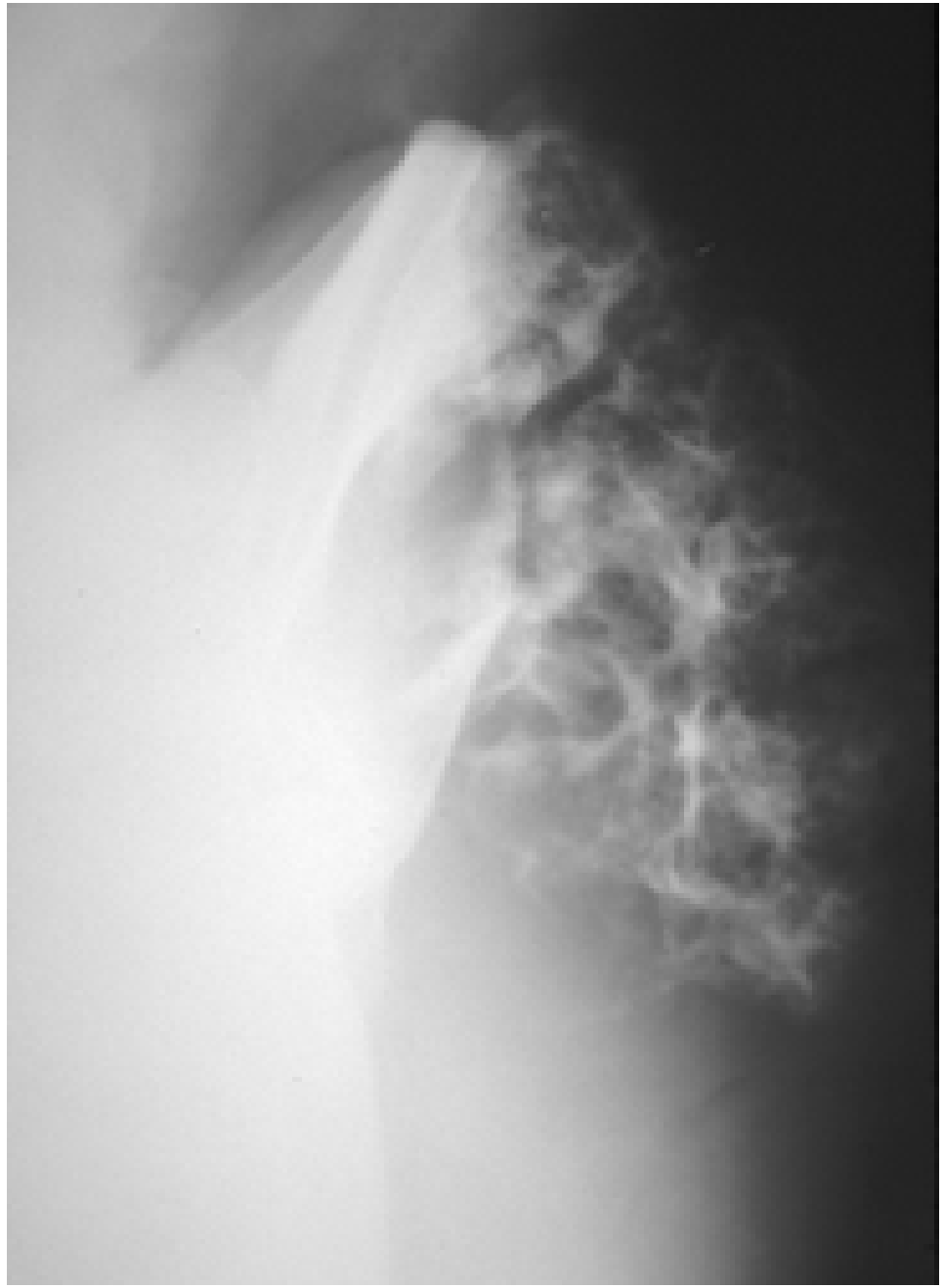

METRIC 1 2 3 4 5

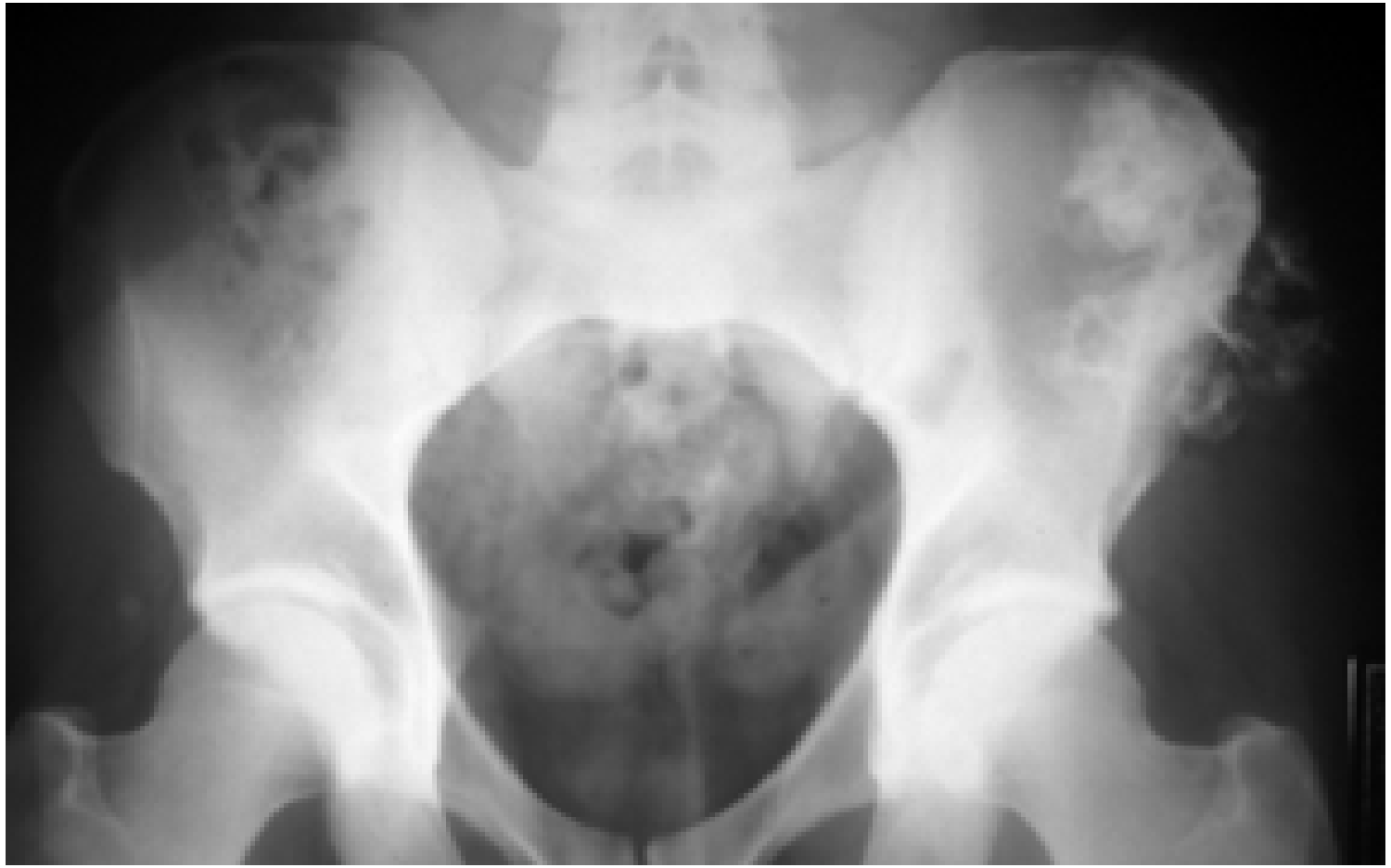

m/m
1
2
93/2498

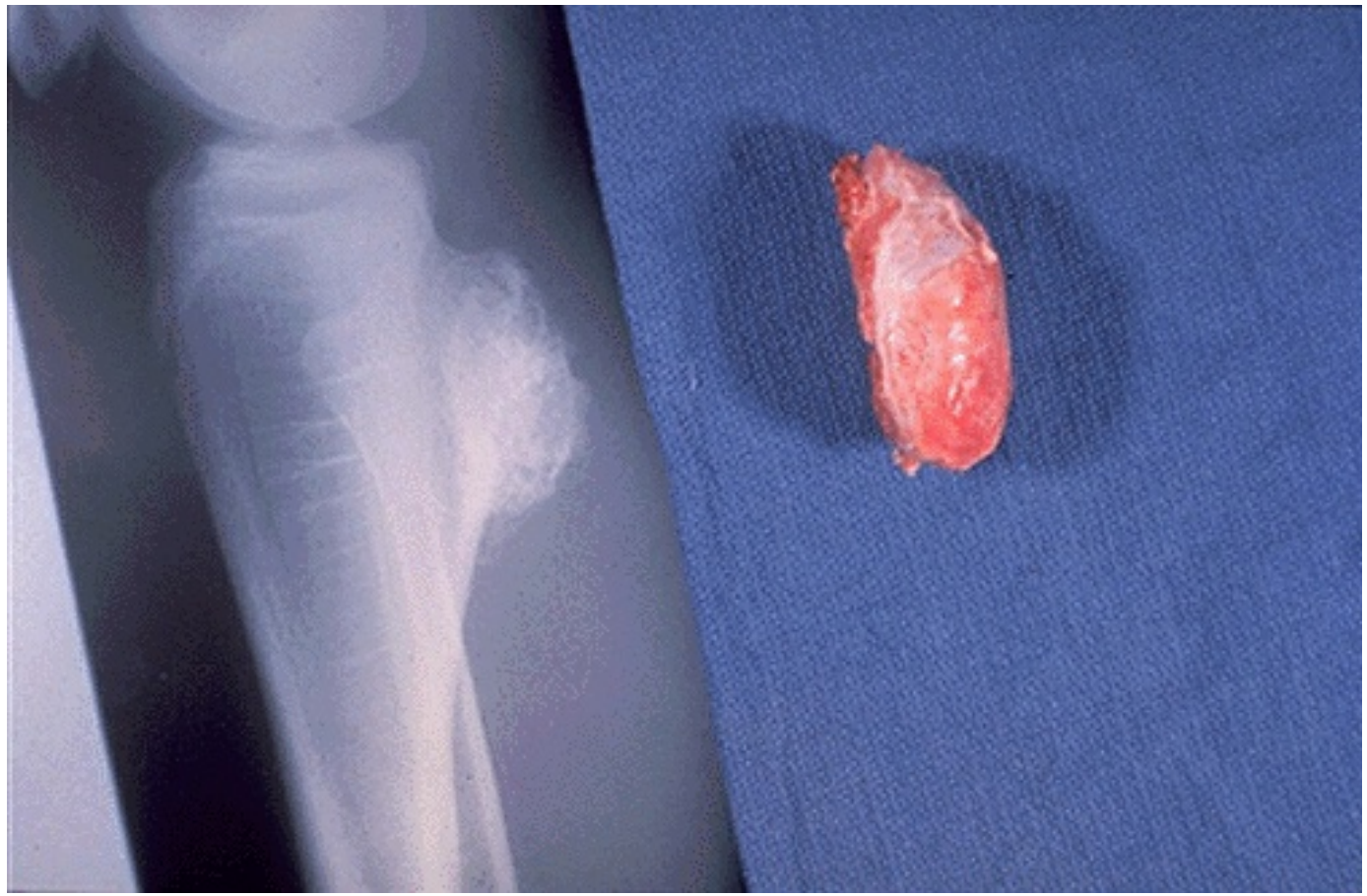
Histology of osteochondroma

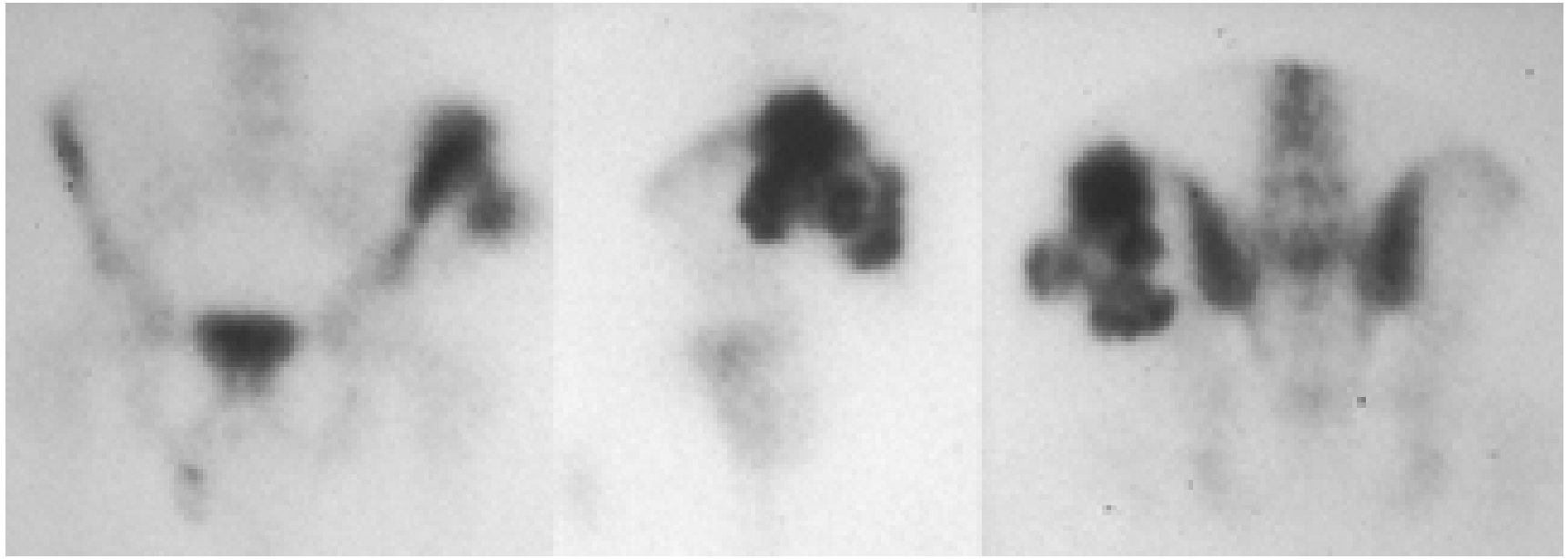












Treatment

- Usually considered as benign and can be treated conservatively
- Indication for surgery is
- Cosmetic
- Recent rapid growth
- X-ray suggest malignancy
- mechanical difficulty if it presents near joints.
- pain
- Enbloc resection and specimen is sent to histopathological examination.