

## Intra-Articular Subtalar Osteoid Osteoma of the Talus: A Cas 2

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70% of osteoid osteomas [9]. The typical symptoms may not be as high level of clinical suspicion is necessary to direct further [10,11]

Conservative treatment methods include NSAIDs, as seen to regress spontaneously over 2-6 years [8]. However, patients

present with severe pain or remain refractory to medical treatment, surgical treatment may be necessary. Surgical treatments

include resection, arthroscopic surgical excision, or image-guided ablation of the lesion, with an 88-100% success rate [2,6,8]. Computerized tomography

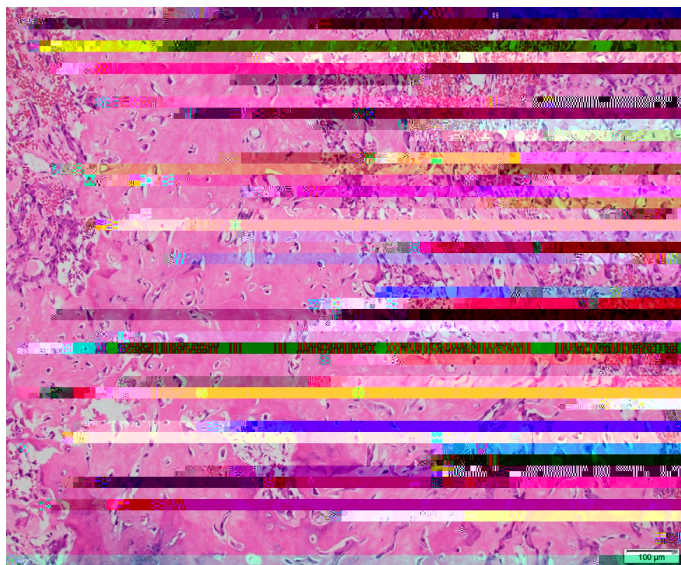
(CT) can detect the nidus, showing calcification and sclerosis; however, compared to plain radiography or magnetic resonance imaging (MRI) [12],

when the lesion presents in juxta-articular positions, the complex anatomy of the foot makes imaging interpretation even more challenging.

### Case Report

A 17-year-old male presented to the clinic for a second opinion regarding treatment for 2 years of progressive pain at the right ankle and hindfoot with associated swelling. The patient was a prior track athlete but had to relinquish all high-impact activities secondary to pain. There was no history of fever, weight loss, or loss of appetite.

On physical exam, the patient had a subtle asymmetric cavus foot



**Figure 7:** The lesion comprises haphazard trabeculae of woven bone with variable thickness and mineralization levels and prominent osteoblastic rimming. There is

and reduces the risk of recurrence [2,6,8]. In this case report, en-bloc resection of the lesion was performed successfully with complete resolution of symptoms and return to normal activity within three months.

## Conclusion

His symptoms did not resolve with NSAIDs. In the workup of an osteoid osteoma, CT is the modality of choice; it is superior to plain radiography or MRI [6,8].

According to several authors, the detection rate of osteoid osteomas of the hand and foot is 96.5% with CT [6]. However, an MRI was ordered for this case because there were no definitive signs of an osteoid osteoma on history, clinic exam, or plain films. In addition, an MRI is preferred to rule out more common disorders that may cause joint pain. The patient's atypical presentation, normal labs and plain films, and lack of response to NSAIDs likely led to a definitive diagnosis and treatment delay.

In addition, initial evaluation with an MRI, in this case, revealed bony edema rather than a focal lesion. MRI fails to diagnose osteoid osteomas in 34% of cases due to its propensity only to detect edema rather than the tumor [6]. A repeat MRI approximately two years later revealed an expansion of the lesion leading to the decision for surgical treatment. Osteoid osteomas of the talus are often misdiagnosed due to the atypical presentations of the tumor. The time between presented symptoms and diagnosis of an osteoid osteoma is prolonged due to difficulties in diagnosis. A meta-analysis of 223 patients with osteoid osteoma found the average time to diagnosis was 22.1 months (range 1–120 months), with the longest period in talar lesions.

Close follow-up with serial imaging is recommended in young, healthy patients with foot and ankle pain refractory to nonsurgical treatment. In this case, a repeat MRI revealed growth of the tumor after two years, all the while, plain films remained normal. This is similar to findings reported in the literature; studies have shown lesions in certain areas, such as the talus, are difficult to evaluate by plain radiographs, showing a detection rate of only 66% of cases [6,8].

Conservative treatment methods include NSAIDs, as some osteoid osteomas often regress spontaneously over 2-6 years [8]. Invasive treatments are recommended for refractory cases. Surgical options include arthroscopic excision, image-guided ablation of the lesion, and open en-bloc resection. En-bloc surgical resection is an effective treatment for osteoid osteomas with a success rate of 88–100% of cases