

Tumor-like affections of the locomotor system

Affections that resemble bone tumors include mainly juvenile bone cyst , neoossifying fibroma , aneurysmal bone cyst, eosinophilic granuloma, fibrous dysplasia , *myositis ossificans* , Paget's disease and also brown tumor in hyperparathyroidism , which occurs rarely in parathyroid adenoma .

Juvenile bone cyst

Juvenile bone cyst occurs in the 1st and 2nd decade, it is mostly found accidentally or as part of the diagnosis of a pathological fracture . The cyst is located mainly in the metaphyses of long bones (50% proximal humerus , 30% proximal femur). On the X-ray image, we find a well-defined osteolytic lesion with a central location in the metaphysis. Spontaneous healing of the cyst often occurs after healing of the pathological fracture. In case of larger affections, we can apply corticoids after suctioning the cyst fluid , in case of repeated pathological fractures, we perform intralesional excision and filling with autologous bone grafts.

Non-ossifying fibroma

Neoossifying fibroma, or fibrous cortical defect, is a non-neoplastic bone lesion with a metaphyseal localization most often detected in the 1st and 2nd decade as an incidental X-ray finding. The fibroma is filled with a yellowish liquid, on the X-ray image it looks like a clearing, which often arches the cortex. If there is no danger of a pathological fracture, it is only monitored.

Aneurysmal bone cyst

This cyst occurs mainly in the first three decades of life in a metaphyseal location. As a therapy, we perform intralesional excision, usually with filling with cancellous grafts.

Eosinophilic granuloma [[edit](#) | [edit source](#)]

Eosinophilic granuloma occurs mainly in the 1st and 2nd decade, usually found in the diaphysis of the femur, bones of the skull and in the parts containing the bone marrow , locally destroys the bone. It can also have visceral localization (Letter-Siwe disease) or occur simultaneously with diabetes insipidus , otitis media and exophthalmos in Hans-Schüller-Christian disease. As therapy, we choose intralesional excision and filling with cancellous grafts - spongioplasty ; we use radiotherapy for inaccessible lesions (e.g. in the spine).

Links

Related Articles

- Myositis ossificans
- Paget's disease
- Fibrous bone dysplasia

References

- SOSNA, A., P. VAVŘÍK and M. KRBEC, et al. *Basics of orthopedics*. 1st edition. Prague: Triton, 2001. ISBN 80-7254-202-8