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Osteoblastoma of the Spine

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Abstract:

Objectives: to identify the factors that are associated with the development os scoliosis and its manifestations.

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Summary of the background data: painful scoliosis is a well-recognized presentation of osteoblastoma but as a result of small number of previous reports the outcome and habits of tumor in spine is not well-known.

Methods: ten factors were assessed including: age, sex, duration of symptoms, site of the lesion, site of lesion in individual, Cobs angle at presentation, chief complain at presentation, neurological involvement, type of treatment, recurrence of tumore.

Result: fifty percent of patients had scoliosis, all of the lesions typically were present on the concave side of the curve.in the thoracic and lumbar spine 80% had scoliosis, but no scoliosis was seen on cervical and sacral regions. All the patients were under 30years old. The mean time to diagnose at our center was 18.4months.all of the patients with cervical involvement (2 patients) had deformity (Cock Robin) and restriction in range of motion. The lesion was in posterior elements in all of the cases and localized in only one side of the spine. Chief complaint was pain in 67%, deformity in 16% and both (pain and deformity) in 17%.radiological exam was diagnostic in 58% of the cases.

Conclusion: finding support the concept that scoliosis is secondary to asymmetric muscle spasm. The most common complaint is pain and then deformity. In the cervical spins deformity and restriction of motion are chief complaints. In children, spastic pain was more obvious than deformity. Treatment is curettage as wide as possible. There was no recurrence.

Keywords: Osteoblastoma, scoliosis, spine tumor.

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