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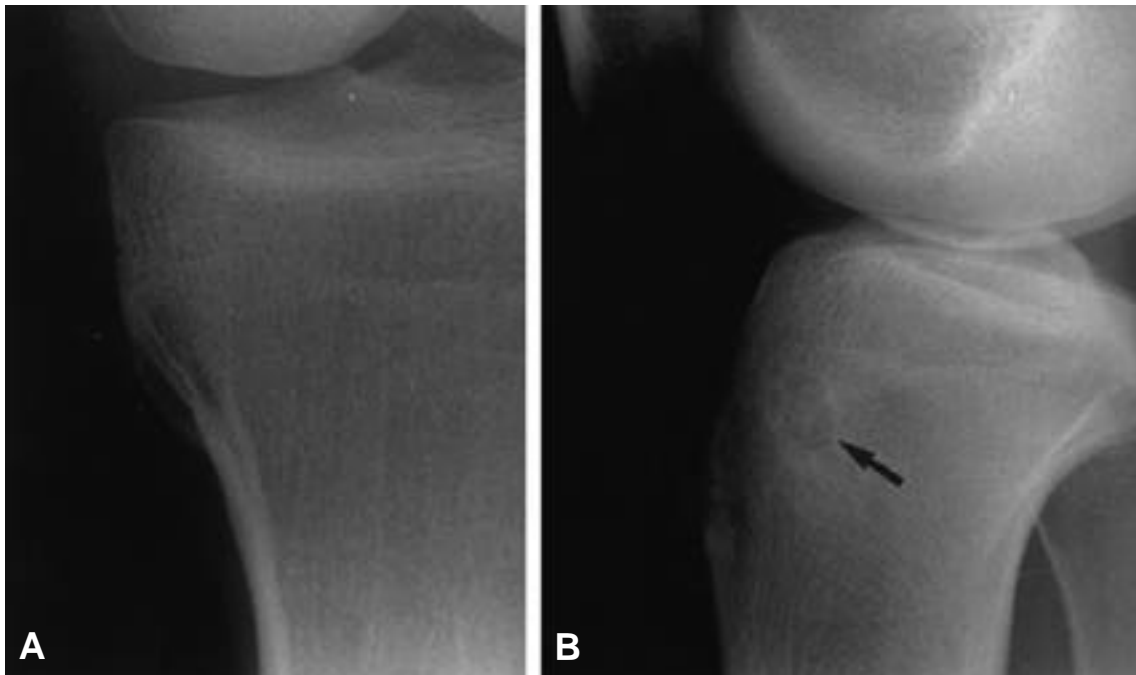


Fig. 1-A. Knee oblique : X-ray shows an expansile and radiolucent bony lesion involving the cortex of proximal tibia.
B. Knee lateral : X-ray shows an osteolytic lesion with surrounding sclerotic area.

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(Fig 3A-C),

(nidus)



(Fig. 2)

(Fig. 4).

Fig. 2. Pre-Op. MRI : Fat-suppressed T1-weighted spin echo sagittal MR image obtained with intravenous contrast injection shows central nidus with moderate enhancement. High signal reactive zone surrounds the nidus.

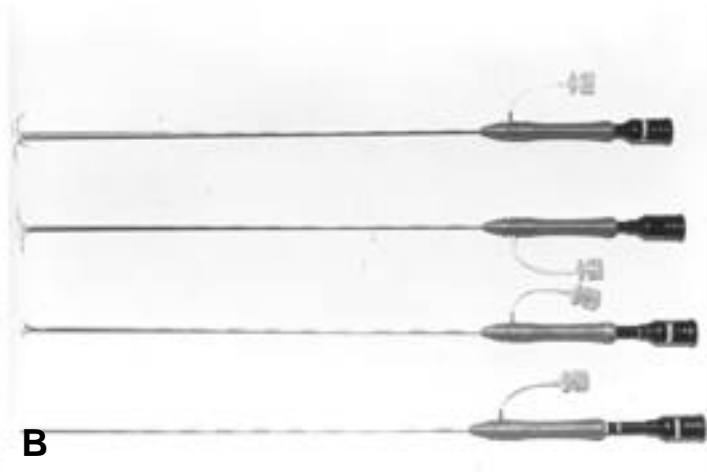


Fig. 3-A. CT : Axial CT scan during radio-frequency ablation shows a deployed electrode within the nidus
B. The radio-frequency wave electrode : various size of electrodes are available.
C. Procedures were done in the CT room including local anesthesia.

(Fig. 5), 4

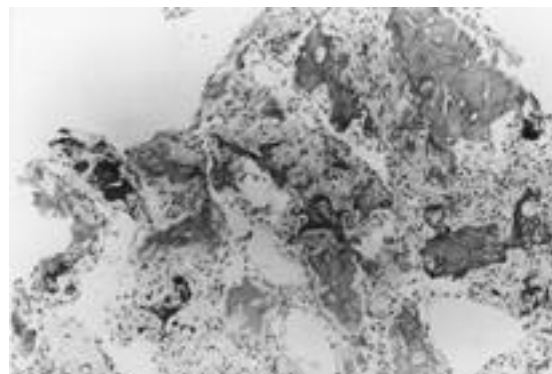
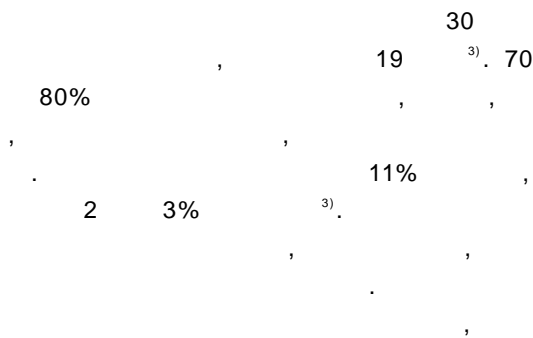


Fig. 4. Photomicrograph shows the nidus formed of irregular trabeculae of immature woven bone surrounded by a fibrous hyperemic zone.

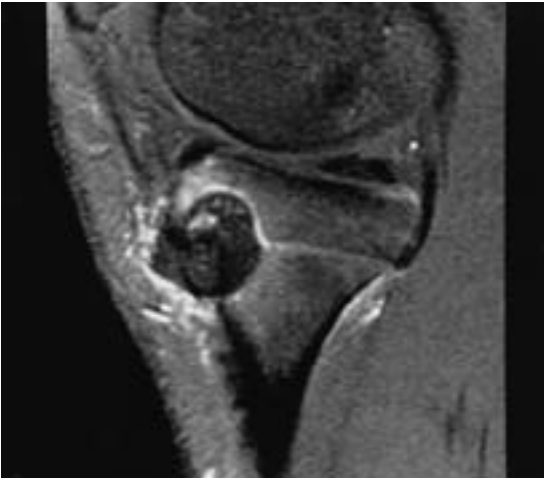


Fig. 5. Follow-up MRI : Fat-suppressed T1-weighted image shows that preoperative nidus is not discernible after ablation. But, minimal enhancement of surrounding area is still seen.

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Abstract

**Treatment of Osteoid Osteoma with Radio-frequency
-A case report-**

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Samsung Medical Center, Seoul, Korea*

We report the radio-frequency ablation technique applied on an osteoid osteoma under CT guide and review other new methods of treatment for the osteoid osteoma.

An 18-year-old boy with an osteoid osteoma at the left proximal tibia, which was visible at plain film and MRI. He was treated by the percutaneous radio-frequency ablation technique under CT guide after a needle biopsy.

He is free from any symptom and able to do daily activities. So, we proposed that the percutaneous radio-frequency ablation technique under CT guide is the effective and safe treatment method for an osteoid osteoma.

Key Words : Osteoid osteoma, Percutaneous ablation, Radio-frequency waves

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