
	8				
:					
	: 1985	2004			20
(8~29)	8		6 , 2		17
			4 , 2 , 1 , 1		
	C-				
3					
			6 , 3 , 3		
, 2			. 2		
	, aspirin		3		
			2 , 1 , 1 ,		
Legg-Calvé-Perthes disease 1			1		
6 5					1 ,
	1		C-		
:					
	가				
		C-	가		
:					

:

6, 11) . 75% 가 20 가 17 (8~29) 4 , 2 , 1 , 1 8.3 (3 ~1) , 3 가 가 , C- (brodie abscess), (sclerosing osteomyelitis), (non-ossifying fibroma) 12) . 3 , 3 , 6 , 8 가 1 가 2 , 4 가 , 1 cm 2 , 1985 2004 aspirin 3 (Table 1). 8 1 , 1 , Legg-Calve-Perthes

Table 1.

Location	Symptoms								
	Back pain	Thigh pain	Knee pain	Siatic pain	Night pain	Limping	Muscle atrophy	Hip joint LOM	Knee joint LOM
Case 1		+	+		+	+			
Case 2		+				+		+	
Case 3	+				+			+	+
Case 4	+	+		+			+		
Case 5	+	+							
Case 6			+		+		+		
Case 7		+							
Case 8		+	+		+			+	
Total	3	6	3	1	4	2	2	3	1

disease 1 , 1 가
 3 1 24 mm
 (Table 2). C-
 , , .
 1 (Case 7)
 16 3
 8
 4 , 6 , 5 , ,
 1 가 .
 , 1 , 1
 , 1 (Fig. 1) 가
 1 가
 6
 5 . 1
 . 5 가
 가 , (tomography) (Fig. 2)
 가 . 1 가

Table 2.

	Lab			Diagnostic error		Radiologic impression			
	WBC	ESR	CRP	Impression	Study	X-ray	CT	MRI	Bone scan
Case 1	5600	4	0.12	LCP		Normal	Infection or Oseoid oseoma	Synovitis	-
Case 2	6400	12	0.14			Radiolucent lesion	Osteoid ostema	Normal	Hot uptake
Case 3	6400	4	0.1	meniscus tear	Arthroscopy	Normal	Brodie's abscess	-	Hot uptake
Case 4	5100	2	0.1	HLD	L-MRI	Normal	Osteoid ostema	Infection	Hot uptake
Case 5	9500	2	0.4			Normal	-	Osteoid ostema	-
Case 6	8500	1	0.2	IDK	Knee MRI	Normal	Osteoid osteoma	-	Hot uptake
Case 7	6200	24	0.26			Normal	-	-	Hot uptake
Case 8	7500	14	0.3			Normal	Osteoid osteoma	-	Hot uptake

(Fig. 3).

2 (Case 8)

11

3

, 가

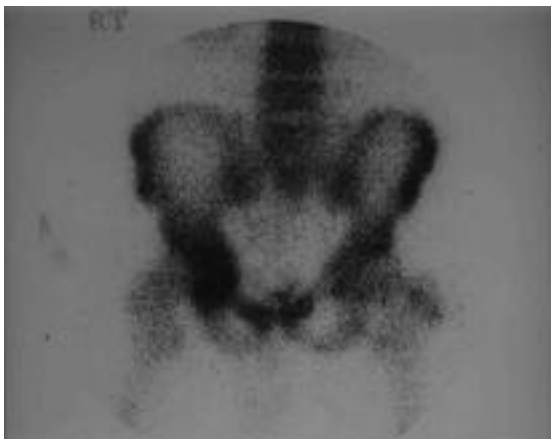


Fig. 1. Bone scintigraphy shows increased uptake in the acetabulum.



Fig. 2. Tomogram shows cortical thickening in the acetabulum

(Fig. 4) nidus

(Fig. 5)

Jeffé⁸⁾

. Brailsford¹⁾

chronic subperiosteal abscess
Henderson Hitzrot¹³⁾ non-suppurative
sclerosing osteomyelitis

. Lichtenstein¹⁰⁾

가

가

Jaffé⁸⁾

50%

8)

18

2

9)

32

6

20

8

가

가



Fig. 3. Postoperative computed tomography shows complete excision of the nidus in acetabulum.

Golding⁵⁾ 20 19

가 Nidus

¹⁰⁾ 3

6

가 8

, Cronemeyer ²⁾

1 MRI

Kattapuram ⁷⁾

가

Golding⁵⁾ Jaffe⁶⁾

, aspirin

가 가

가

Schulman⁶⁾

Brodie

Golding⁵⁾

abscess, sclerosing osteomyelitis of Garre,

¹²⁾ 8

2 ,

8

3

2 가

, C-

가 , 1



Fig. 4. Computed tomography shows the typical appearance of subperiosteal osteoid osteoma in the inferomedial portion of the femoral neck.



Fig. 5. Postoperative computed tomography shows complete excision of the nidus.

4,13) Glass 4)

Nelson 13)

가

가 4 1

, 2

. 1 T1

, T2

가

6 5

nidus

가 5

가

REFERENCES

1) **Brailsford JE**: Chronic subperiosteal abscess. *Brit J Radiol*, 15:313,1942.

2) **Cronemeyer RL, Kirchmer NA, De Smet AA and Neff JR**: Intra-articular osteoid osteoma of the humerus stimulating synovitis of the elbow. *J Bone Joint Surg*, 63-A:1172-1174,1981.

3) **Davidson RS, Mahboubi S, Heyman S and Drummond DS**: Nondiaphyseal Osteoid Osteoma in the Pediatric Patient. *Clin Orthop*, 243:230-234,1989.

4) **Glass RB, Ponzanski AK, Fisher MR, Shkolnik A and Dias L**: MR Imaging of Osteoid Osteoma. *J*

Comput Assit Tomogra, 10(6):1065-1067,1986.

5) **Golding JSR**: The Natural History of Osteoid Osteoma, With a Report of Twenty Cases. *J Bone Joint Surg*, 36-B:218-225,1954.

6) **Jaffe HL**: "Osteoid-osteoma" A benign osteoblastic tumor composed of osteoid and atypical bone. *Arch Sug*, 31:709-728,1935.

7) **Kattapuram SV, Kushner DC, Phillips WC and Rosenthal DI**: Osteoid osteoma: An unusual case of articular pain. *Radiology*, 147:383-387,1983.

8) **Kim NH, Shin KH, Ahn HY, Rhee HS**: Clinical study of Osteoid Osteoma. *J Kor Orthop Assoc*, 17:519-525,1982.

9) **Lee HK, Chung MS, Lee SH**: Diagnosis and Treatment of Osteoid Osteoma. Reveiw of 45 Cases. *J Kor Orthop Assoc*, 27:553-562,1992.

10) **Lee HY, Kang YK, Koh HS, Rhyu KW, Yhu JU**: Osteoid Osteoma in Intra-articular Cancellous Bone. Report of Three Cases. *J Kor Orthop Assoc*, 31:897-903,1996.

11) **Lichtenstein L**: *Bone tumor*. 5th ed, Saint Louis, The C.V. Mosby Co,78,1977.

12) **Mirra JM**: *Bone Tumors*. Diagnosis and Treatment. Philadelphia, Lippincott,1980.

13) **Nelson OA and Greer RB**: Localization of Osteoid osteoma of the Spine Using Computerized Tomography. A Case report. *J Bone Joint Surg*, 65-A(2):263-265,1983.

14) **Pines B, Larine L and Grazel DM**: Osteoid osteoma; etiology and pathogenesis; report of twelve new cases. *J Int Coll Surg*, 13: 249,1950.

15) **Schlesinger AE and Hernandez RJ**: Intracapsular osteoid osteoma of the proximal femur: Findings on plain film and CT. *Acta J Radiol*, 154:1241-1244,1990.

16) **Schulman L and Dorfaman HD**: Nerve fibers in osteoid osteoma. *J Bone Joint Surg*, 52-A:1351-1356,1970.

Abstract

Osteoid Osteoma Around the Hip Joint

**Tai-Seung Kim M.D., Jong-Heon-Kim M.D., Bong-Gun Lee, M.D.,
Soon-Myung, Kim M.D.**

*Department of Orthopedic Surgery
Hanyang University College of Medicine, Seoul, Korea*

Purpose: We experienced 8 cases of osteoid osteoma arising around hip joint which had some characteristics that differ from those arising on long bone. we reports the characteristics of osteoid osteoma arising around the hip joint.

Materials and Methods: 8 cases of osteoid osteoma were diagnosed during 1985 to 2004 at hanyang university hospital. all cases were confirmed pathologically. 6 cases were male, 2 cases were female patients. The mean age was 17 years old (ranged from 8 to 29). They occurred in intertrochanteric area (4 cases), subtrochanteric area (2 cases), acetabulum (1 case) and femoral neck (1 case). We used radiologic tools including magnetic resonance image, computed tomography, bone scintigraphy. clinicopathologic test including erythrocyte sedimentation rate and C-reactive protein.

Results: The patients expressed various symptoms including thigh pain, knee pain, low back pain and radiating pain respectively. 2 patients had experienced operation on knee joint. 3 patients showed limping gait. Aspirin relieved the pain in 3 patients. The difference in circumference was 1cm between both thighs in 2 cases.

Conclusion: Patients with osteoid osteoma arising around hip joint which have various symptoms such as severe knee pain and claudication, differ from infectious disease by clinicopathologic test including erythrocyte sedimentation rate and C- reactive protein and had better diagnostic result in computed tomography.

Key Words: Osteoid osteoma, Hip joint

Address reprint requests to

Jong-Heon, Kim M.D.
Department of Orthopedic Surgery, Kuri Hospital,
Kyomoon-dong, Kuri-shi, Kyungki-do, Korea
TEL: 82-31-560-2316, Fax: 82-31-557-8781, E-mail: jhkim111@hanyang.ac.kr