

BONE TUMORS

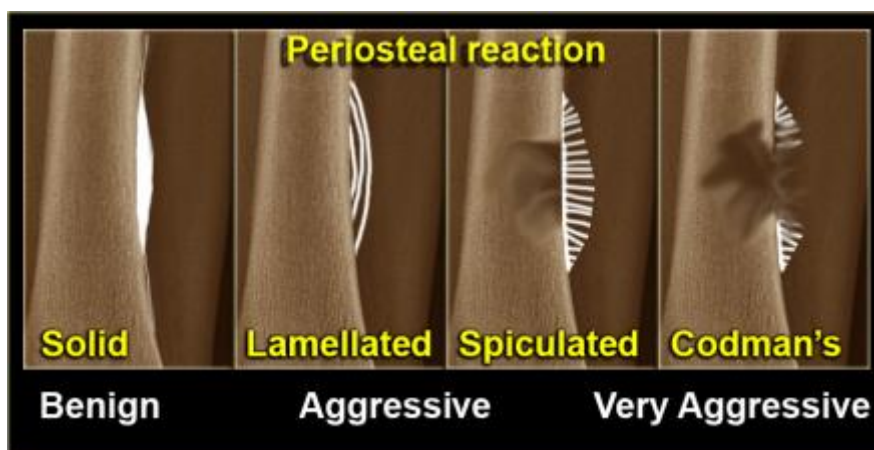
- **Plain X ray is the basal & most important modality to assess bone tumor**

Plain X ray	CT	Bone Scan	MRI
=Most Important =More than one view -	=Assess equivocal =Better assess of : -Margin -Periosteal react. -Soft tissue Extension	= Sensitive But Not specific = Good screening tool → Detect hidden Lesions	=Bone marrow & soft tissue assessment =Can scan whole body
		Non specific	Donot see calcification

⇒ *To assess bone tumor, determine :*

- **Site** : Epiphyseal – Metaphyseal – Diaphyseal
- **Matrix** : Cystic / Calcification = Chondral origin

	Benign "Likely"	Malignant "Likely"
○ Nature	Expanding	Destructive
○ Margins	Sclerotic Well Defined	Lytic Ill Defined
○ Periosteal reaction	Candle wax	Onion peel Sun rays



SUMMARY OF BONE TUMORS IMAGING

- Lesions of **Characteristic** criteria
- Lesions of **Suggestive** criteria
- Lesions of **No specific** Criteria

Lesions of Characteristic Criteria

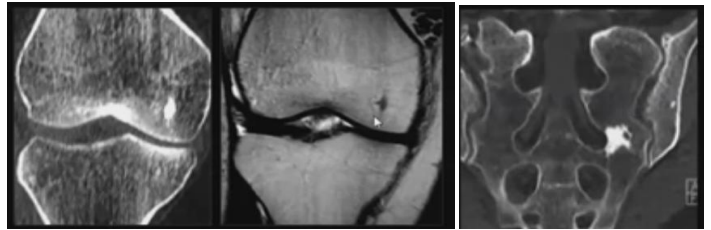
- Bone Island
- **Osteoma**
- **Osteoid Osteoma**
- **Osteoblastoma**
- **Osteochondroma**

- **Enchondroma**
- **Chondroblastoma**
- **Giant Cell Tumor**
- **NOF / Fibrous Cortical Bone Def**
- **Hemangioma "vertebral"**

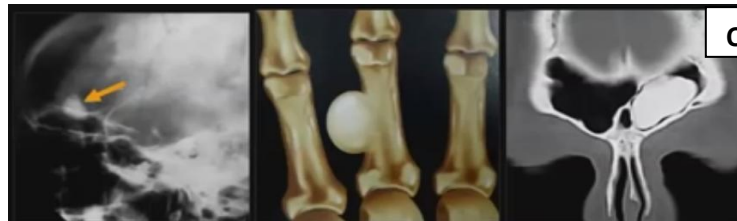
Lesion	Description	Size or Number	Commonest Site	Age	M : F	Incidence of benign B.T.
Bone Island "Enostosis"	Sclerotic Lesion Speculated edge <i>May inc. or dec. in size</i>	2:10 mm Up to > 2 cm	Axial skeleton			
Osteoma	Ball of Bone "ivory"	< 2.5 cm	Frontal sinus	-		
Osteoid Osteoma	Lucent Nidus + sclerotic reaction +/- Central Ca	< 1.5 cm	80% close to cortex	17 y	M3>F1	10%
Osteoblastoma	Osteoid osteoma > 1.5 cm Soft tissue –Expanding +Eccentric Ca <i>"out spine is not spot"</i>	> 1.5 cm	35% Post Spine	2 nd & 3 rd dec		
Osteochondroma	Cartilage capped Exostosis Sessile or pedicle Directed away joint		40% Knee 15% Humr.	2 nd Dec	M=F	COMMON EST Benign BT
Enchondroma	Expanding – Lytic In long Bone sclerotic lesion + Ca but non expand	*Multi = Olier *Multi+Hemangioma = Mafuci Synd	Short Bones Hand & Feet	ALL 10 : 20 Y		12 % 1% to M.
Chondroblastoma	NON CLOSED EPIPHYSIS Well defined -Expanding – Lytic + Ca "60%" Can extend to metaphysis		70% L.L. 20% Humeral	20 th	M>F	1%
Giant Cell Tumor	SUBARTICULAR ECCENTERIC EXPANDING - LYTIC		SUBARTICULAR	20-40 Closed Epiph	M=F	Local Malignant
NOF F.C.B.D.	Diaphysis –Cortical- Lytic lesion + Sclerotic margin Healed center → sclerotic		Around Knee	2 nd Dec		
Hemangioma Vertebral	Well Defined High T1 & T2		Vert. Body			

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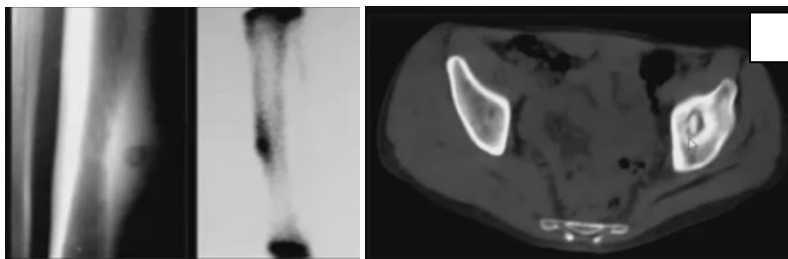
Bone Island



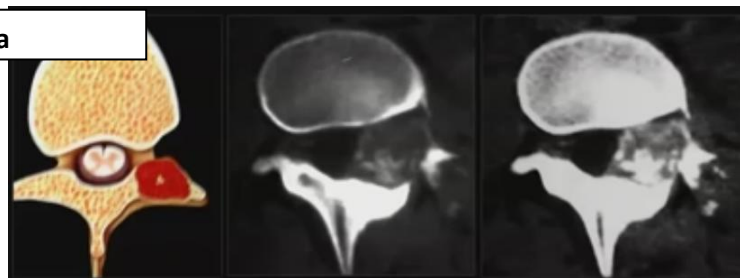
Osteoma



Osteoid Osteoma



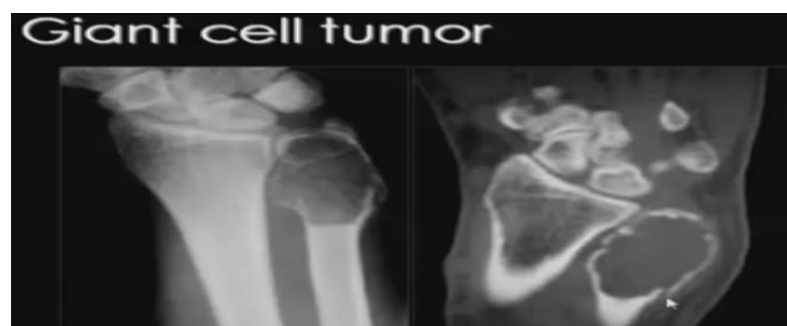
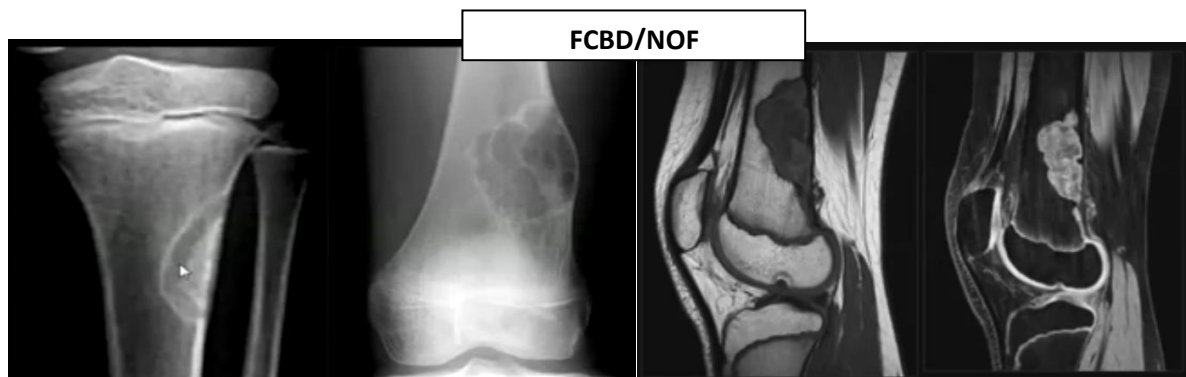
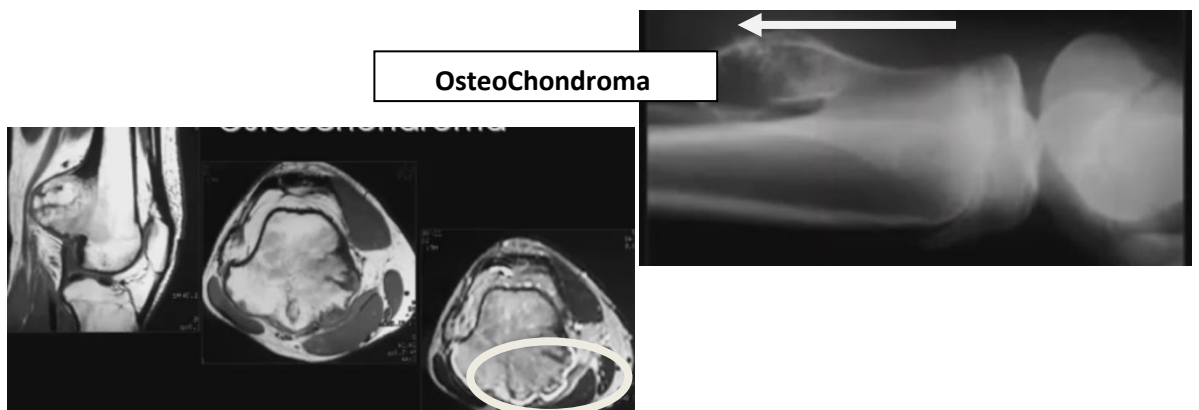
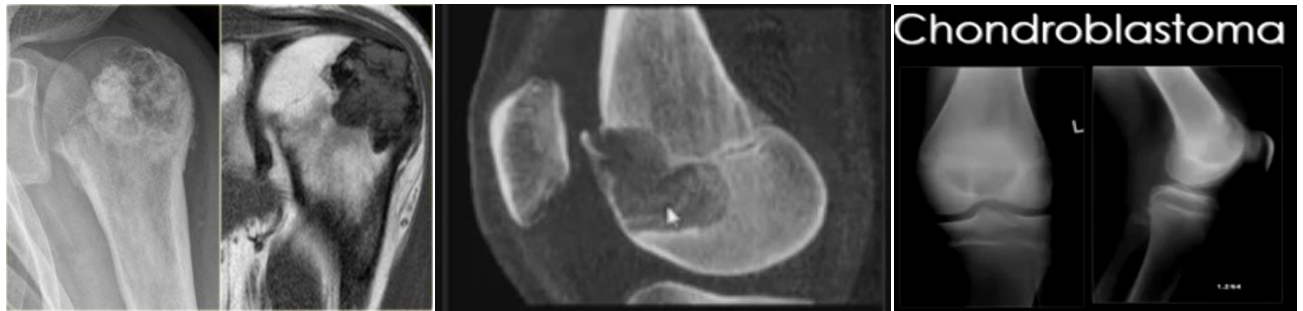
Osteoblastoma



Enchondroma



SUMMARY OF BONE TUMORS IMAGING



Differential Points

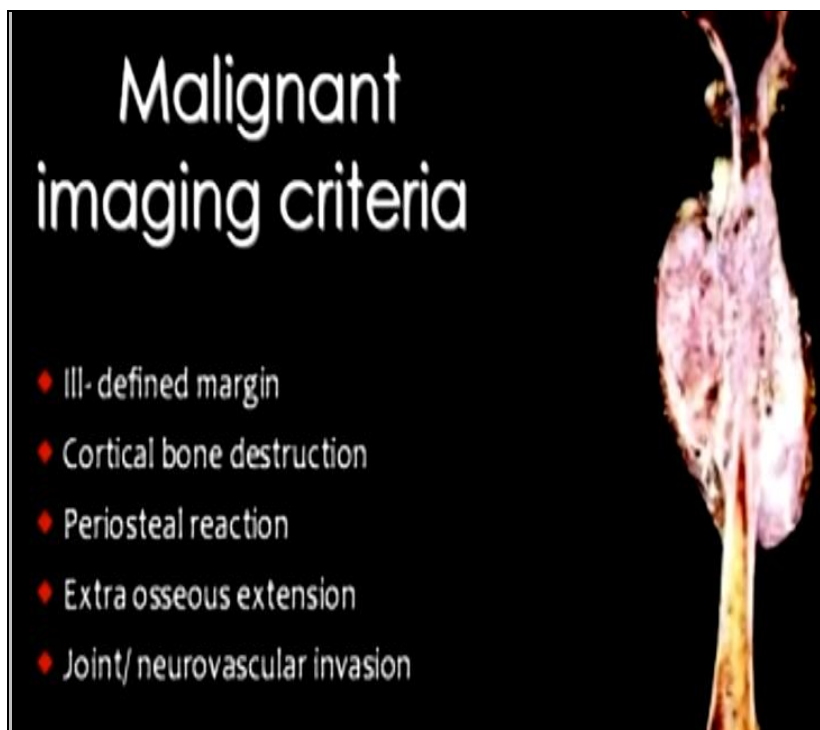
- **Bone Island** "speculated edge" Vs Sclerotic Mets "smooth edge"
- **Osteochondroma** +pain or enlarged , thickened cap *Cart. Cap seen in T2 "High signal*

Or bone destruction → Suggest Malignant transformation "1%"

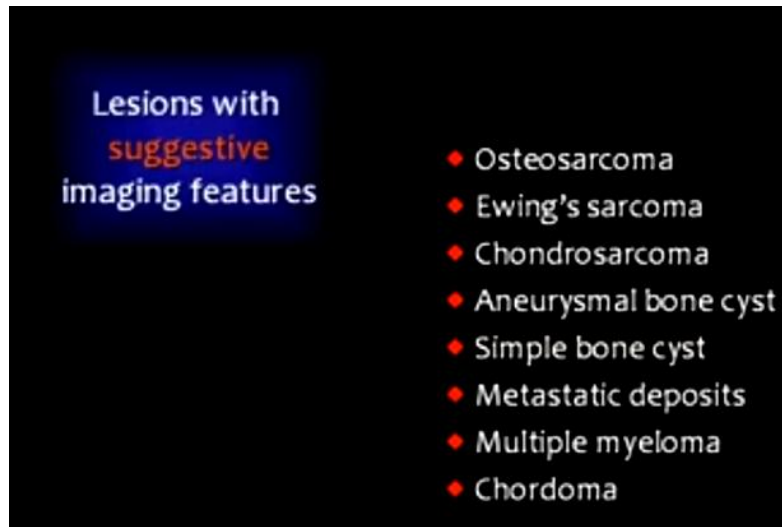
- **Fibrous cortical Bone Defect** – after 8 Y passed → if Non Healed = **Non Ossifying Fibroma** "Both are written as diagnosis in every case"
- **Hemangioma** *Low or Hi T1 / Hi T2 Vs Mets Low in T1 / Iso T2 "not Hi*
- **Solitary Dense Vertebra** = * **Mets** * **Lymphoma** * **Paget's** "Only Paget expanding it"

Mutiple

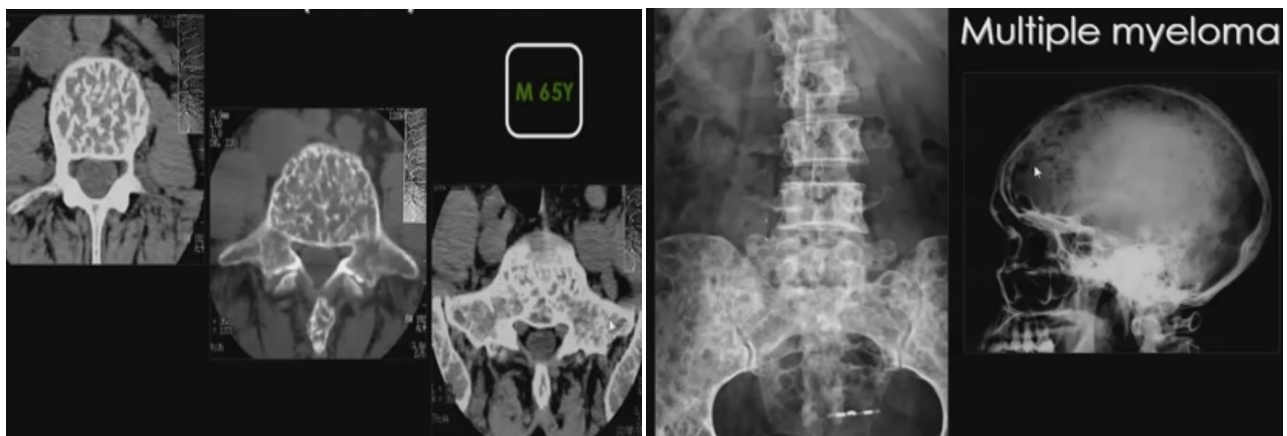
Enchondroma	Olier Disease
Enchondromas + Hemangiomas	Mafuci Syndrome
Osteochondromas	Diaphyseal Aclasia



Lesions of SUGGESTING Criteria

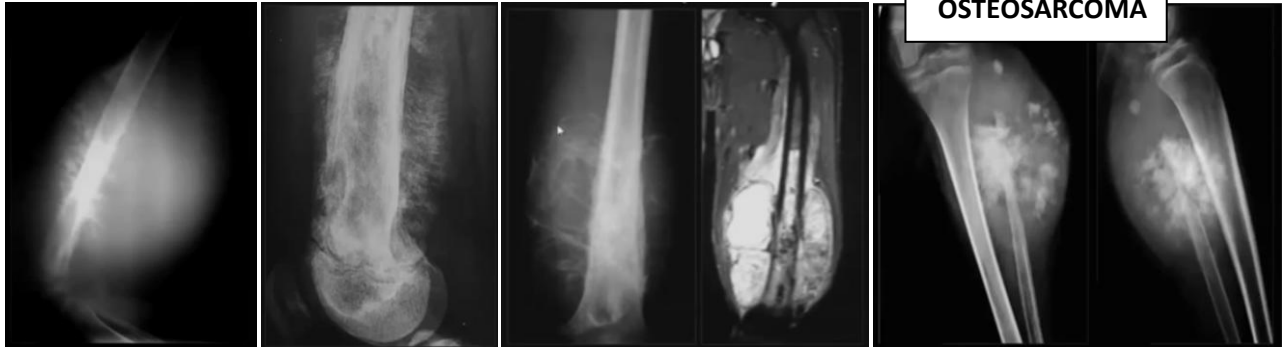


Osteosarcoma	Codman Triangle - Sun Rays speculation peri-osteal Reaction – Soft tissue Eccentric
Ewing Sarcoma	Young age - Onion Peel Periosteal Reaction - Soft t. Circumferential – Very vascular → Hot limb
Chondrosarcoma	Matrix Ca
Multiple Myeloma	Multiple Lytic lesions - > 40 y
ABC	Expanding – Fluid - Fluid Levels
Simple Bone Cyst	M>F – 10:20y – 90% prox. Humerus or Femur
Mets	Multiple – Lytic or sclerotic

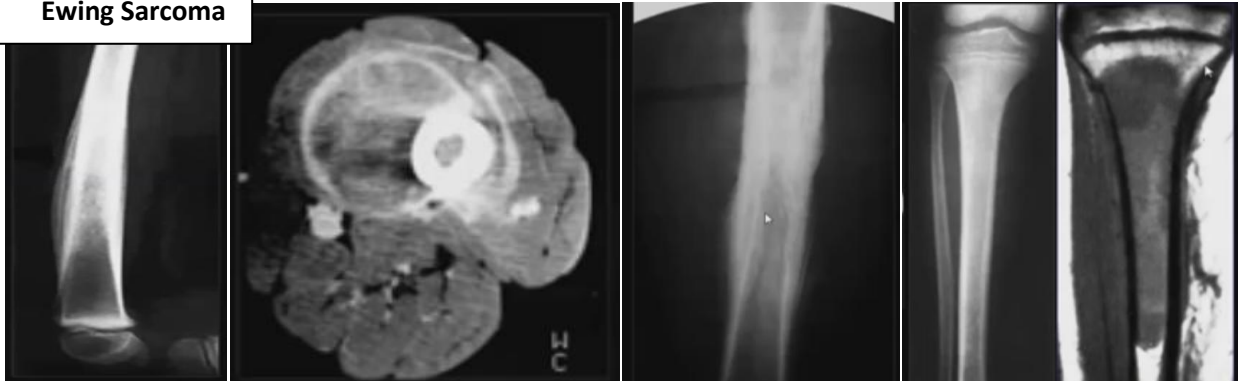


SUMMARY OF BONE TUMORS IMAGING

OSTEOSARCOMA



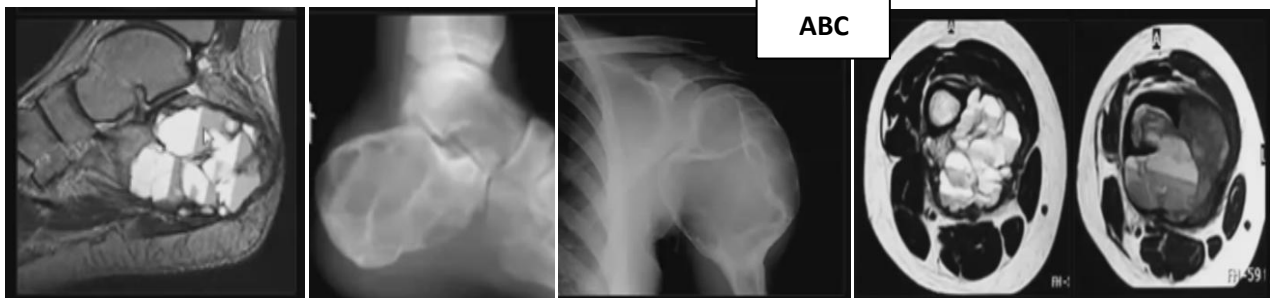
Ewing Sarcoma



Chondrosarcoma



ABC



SBC



Lesions of No Specific Criteria

Lesions with
no specific
imaging features

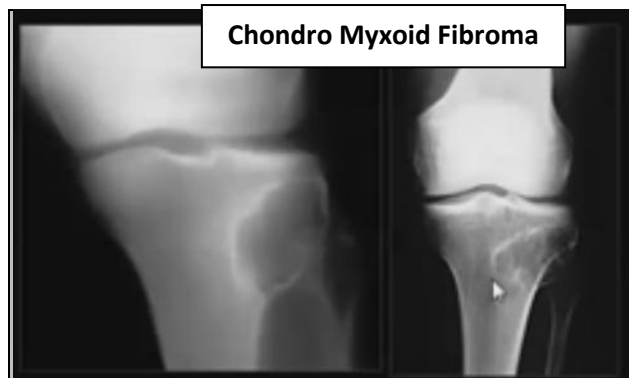
- Fibrosarcoma
- Fibrous histiocytoma
- Chondro- myxiod fibroma
- Adamantenoma
- Lymphoma



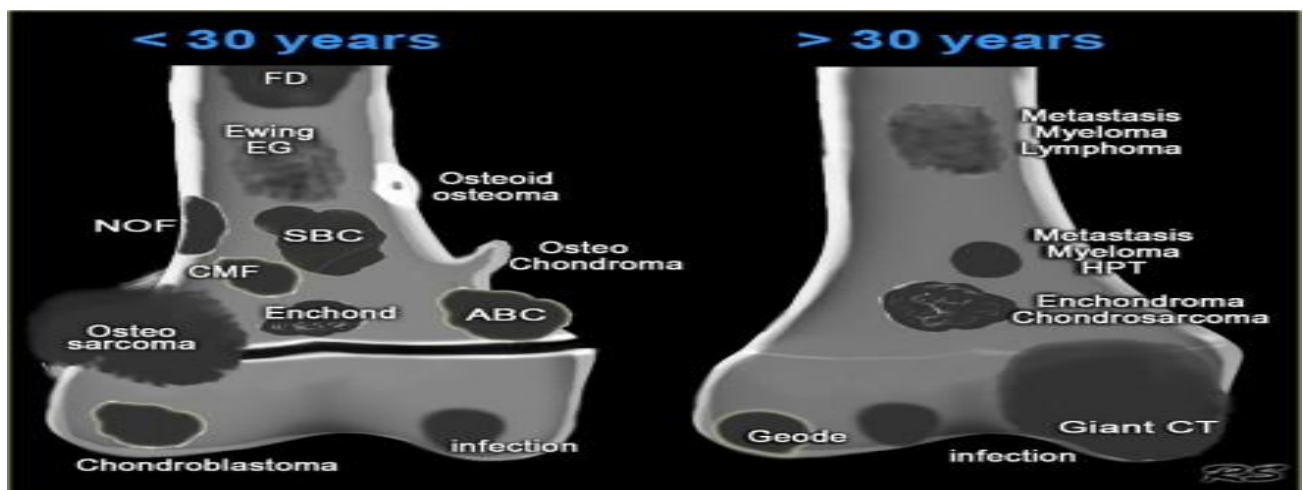
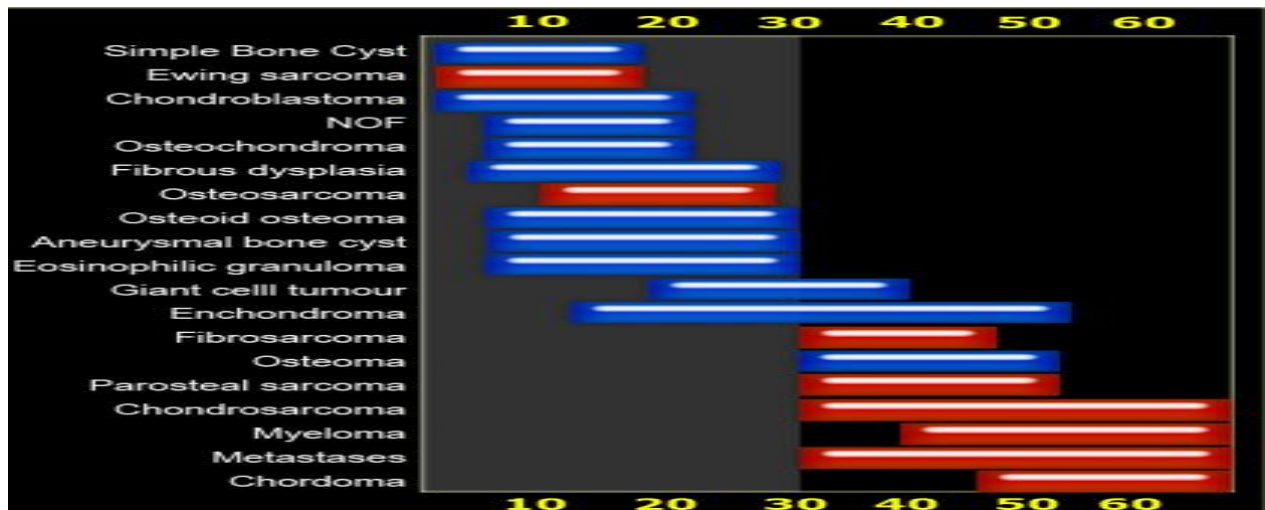
Adamantinoma



Fibrosarcoma

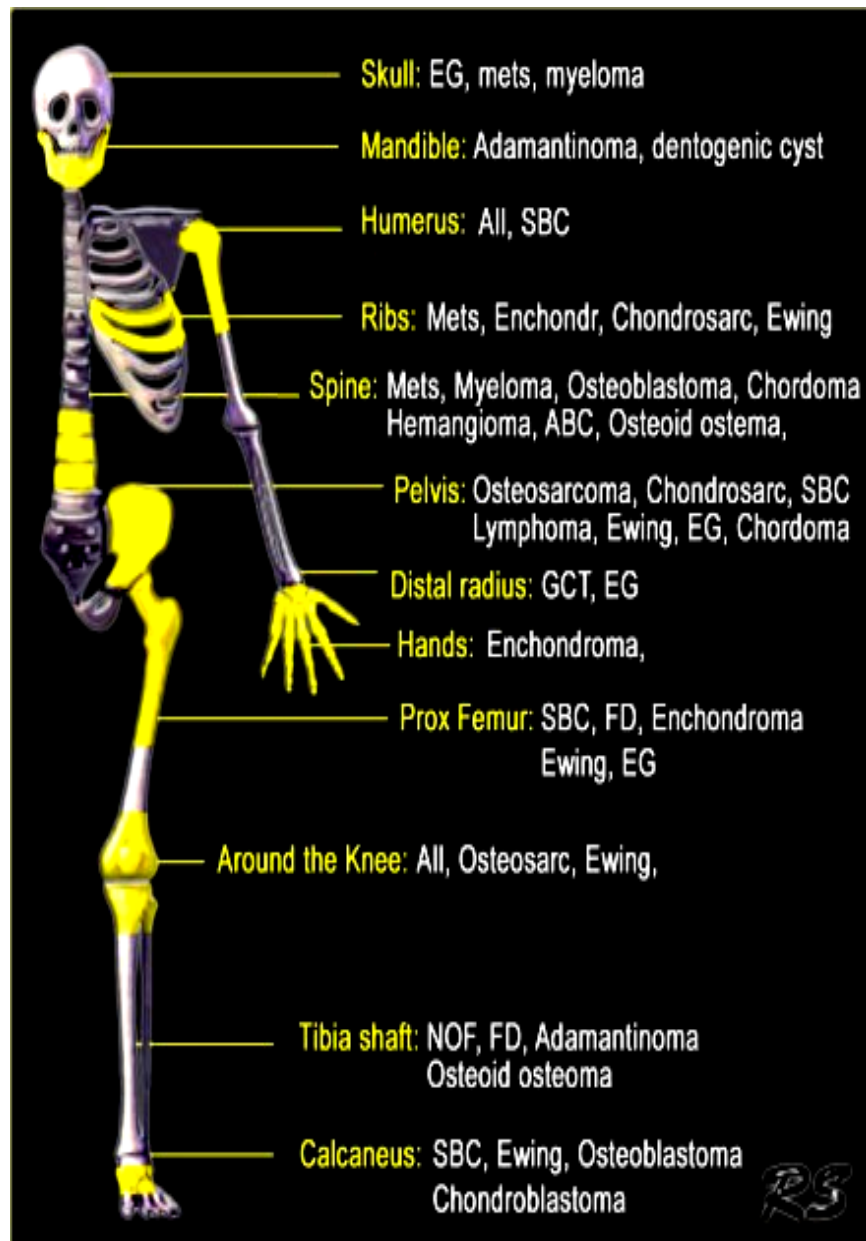


Chondro Myxoid Fibroma



Age	Well-defined	Ill-defined	Sclerotic
0 - 10	EG SBC	EG - Ewing Osteosarcoma Leukemia	Osteosarcoma
10 - 20	NOF, Osteoblast Fibr dysplasia EG SBC ABC Chondroblast CMF	Ewing EG Osteosarcoma	Osteosarcoma Fibr dysplasia EG Osteoid osteo Osteoblastoma
20 - 40	Giant CT Enchondroma Chondrosarcoma (low grade) HPT - Brown tumor Osteoblastoma	Giant CT	Enchondroma Osteoma Bone island Parosteal Osteosar Healed lesions: - NOF, EG - SBC, ABC - Chondroblast
40+	Metastases Myeloma Geode	Metastases Myeloma Chondrosarcoma (high grade)	Metastases Bone island
All ages	Infection	Infection	Infection

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<p>ABC</p> <p>Typical X-ray Expansile or permeative well-defined osteolytic lesion. Fluctuant areas of MR.</p> <p>Clinical Pain</p> <p>Age all ages, preferably < 20 y</p> <p>Favorite location Knee, humerus Spine posterior elements</p> <p>Dif diagnosis Chondrosarcoma SBC CMF</p>	<p>Adenomatoma</p> <p>Favorite location Exclusively in ribcage</p> <p>Age all ages, preferably 20-50y</p> <p>Dif diagnosis Fibrous dysplasia ABC CMF Chondrosarcoma</p>	<p>Chondroblastoma</p> <p>Typical X-ray Well-defined osteolytic lesion in epiphysis</p> <p>Clinical Pain and swelling, < 1 cm</p> <p>Age < 20 years preferably around 2 y</p> <p>Favorite location epiphysis of long bone distal humerus</p> <p>Dif diagnosis Osteosarcoma lesions like nuclear popcorn and expansive type</p>	<p>Chondrosarcoma</p> <p>Typical X-ray Red-yellow well-defined osteolytic osteolytic lesions and sclerotic margin</p> <p>Clinical Red-yellow Large lesion are expansile no soft tissue</p> <p>Age > 40 years preferably over 50 y</p> <p>Favorite location Humerus, humerus Humerus, humerus</p> <p>Dif diagnosis osteosarcoma osteomyeloma osteosarcoma</p>	<p>Chordoma</p> <p>Typical X-ray Expansile osteolytic lesion expansile osteolytic lesion</p> <p>Clinical Pain, swelling no soft tissue</p> <p>Age all ages usually over 40 years</p> <p>Favorite location Sacro, coccyx Cervical, thoracic</p> <p>Dif diagnosis osteosarcoma osteomyeloma osteosarcoma</p>
<p>Giant cell Tumor</p> <p>Typical X-ray well-defined or permeative lytic lesion, osteolytic lesion expansile, in epiphysis</p> <p>Clinical Swelling, pain, swelling osteolytic lesion</p> <p>Age 20-40 years</p> <p>Favorite location Knee, humerus, distal femur Proximal humerus</p> <p>Dif diagnosis ABC Chondrosarcoma</p>	<p>Enchondroma</p> <p>Typical X-ray well-defined osteolytic well-defined osteolytic lesion osteolytic lesion in metaphysis</p> <p>Clinical Pain, swelling, swelling osteolytic lesion</p> <p>Age all ages</p> <p>Favorite location metaphysis of humerus and femur metaphysis</p> <p>Dif diagnosis Osteosarcoma osteomyeloma osteosarcoma</p>	<p>Eosinophilic granuloma</p> <p>Typical X-ray Can be well or lytic osteolytic and well sclerotic margin</p> <p>Clinical Swelling</p> <p>Age < 30 years preferably < 20 y</p> <p>Favorite location Humerus Humerus Humerus</p> <p>Dif diagnosis Osteosarcoma osteomyeloma osteosarcoma</p>	<p>Ewing's sarcoma</p> <p>Typical X-ray Expansile osteolytic lesion well-defined osteolytic lesion</p> <p>Clinical Pain, swelling, fever osteolytic lesion</p> <p>Age < 20 years preferably < 20 y</p> <p>Favorite location Humerus, humerus Humerus, humerus</p> <p>Dif diagnosis osteosarcoma osteomyeloma osteosarcoma</p>	<p>Fibrous Dysplasia</p> <p>Typical X-ray Well-defined osteolytic well-defined osteolytic lesion well-defined osteolytic lesion</p> <p>Clinical Pain, swelling, swelling osteolytic lesion</p> <p>Age all ages usually over 40 years</p> <p>Favorite location Humerus, humerus Humerus, humerus</p> <p>Dif diagnosis osteosarcoma osteomyeloma osteosarcoma</p>