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Images in Clinical Rheumatology

Incidental finding of pelvic osteochondroma[☆]

Hallazgo incidental de osteocondroma pélvico

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Male aged 74, with a background of *de novo* prostate cancer was referred for staging and treatment assessment. The patient was asymptomatic and denied suffering from any previous trauma or infections.

A complete whole body bone scan was performed with ^{99m}Tc-HDP in anterior and posterior projections (Fig. 1A) where an increase in uptake of the tracer of slight to moderate intensity was observed, together with lineal morphology in the projection region of the right anterior inferior iliac spine, of doubtful pathological significance (arrow).

Retrospectively reviewing the medical background and additional tests, in the plain X-ray of the abdomen in supine position (Fig. 1B) the presence of a radiodense image was observed, with well-defined edges and radiolucent areas on the inside, which appeared to depend on the iliac bone (arrow).

For further determination of the finding, SPECT/CT with 3D reconstruction was performed (Fig. 2A and B, respectively), confirming correlation with a bony outgrowth (arrow heads) of approximately 2.35 × 1.47 cm towards superficial planes,

anteriorly displacing the muscular belly of the sartorius which in the image morphology is continuous with the bone cortex and bone marrow tissue, and is suggestive of osteochondroma.

Osteochondroma or cartilage-capped bone spur, is the most commonly worldwide benign bone tumour,¹ accounting for 20%–50% of benign tumours and between 10%–20% of all primary bone tumours, with a prevalence of approximately 3%.²

It is a proliferation of bone composed of the marrow and cortex capped by cartilage, an area of growth, which usually diminishes after skeletal maturity. Predilection is for long bone metaphysis, although they have been described throughout the skeleton.³ They have a certain potential for malignancy, evolving into chondrosarcoma in 0.5%–5% of cases.^{2,3} They may be single or multiple⁴ and appear spontaneously or after an injury.⁵

To sum up, when there is an incidental finding of a bony outgrowth with continuity of the cortical bone, cartilage-capped, osteoblastic activity similar to that of the adjacent bone tissue and without other morphofunctional malignancy criteria, the diagnosis of osteochondroma must be suggested as a first line option.

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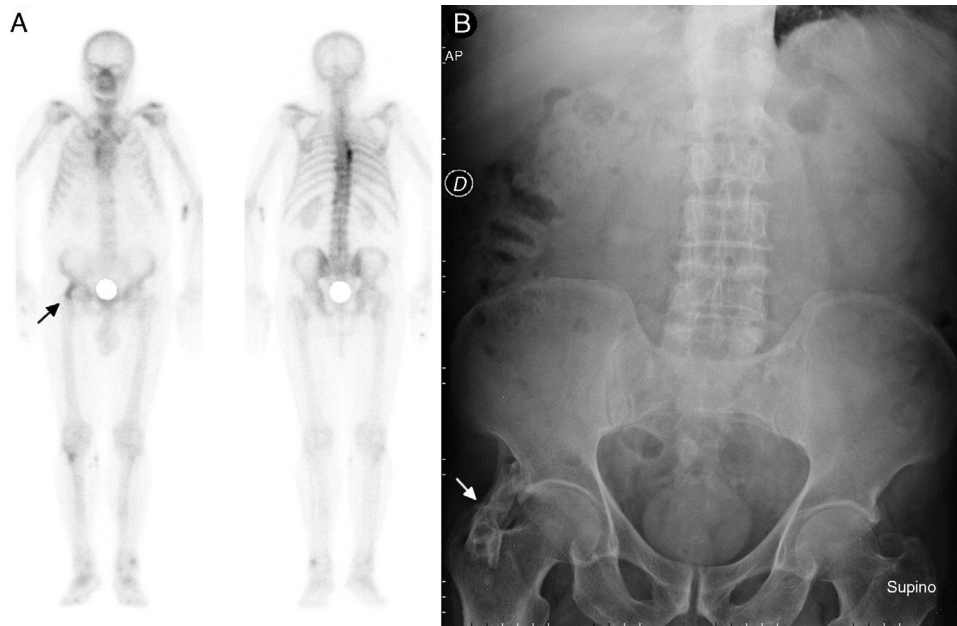


Fig. 1. (A) Complete whole-body anterior and posterior bone scan with ^{99m}Tc -HDP. (B) Simple AP X-ray of the abdomen.

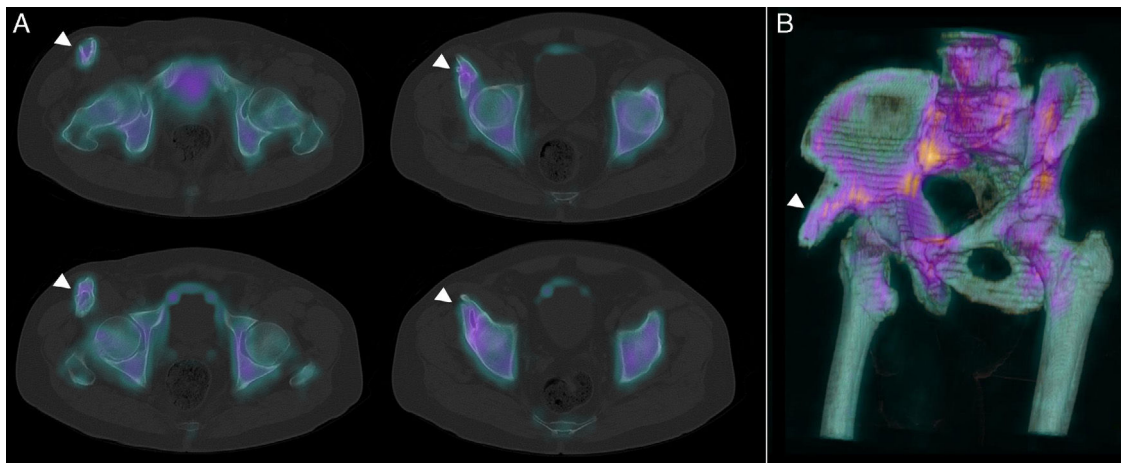


Fig. 2. (A) Axial slices of the SPECT/CT image fusion with ^{99m}Tc -HDP. (B) 3D reconstruction of the SPECT/TC imaging.

Conflict of interests

The authors have no conflict of interests to declare.

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