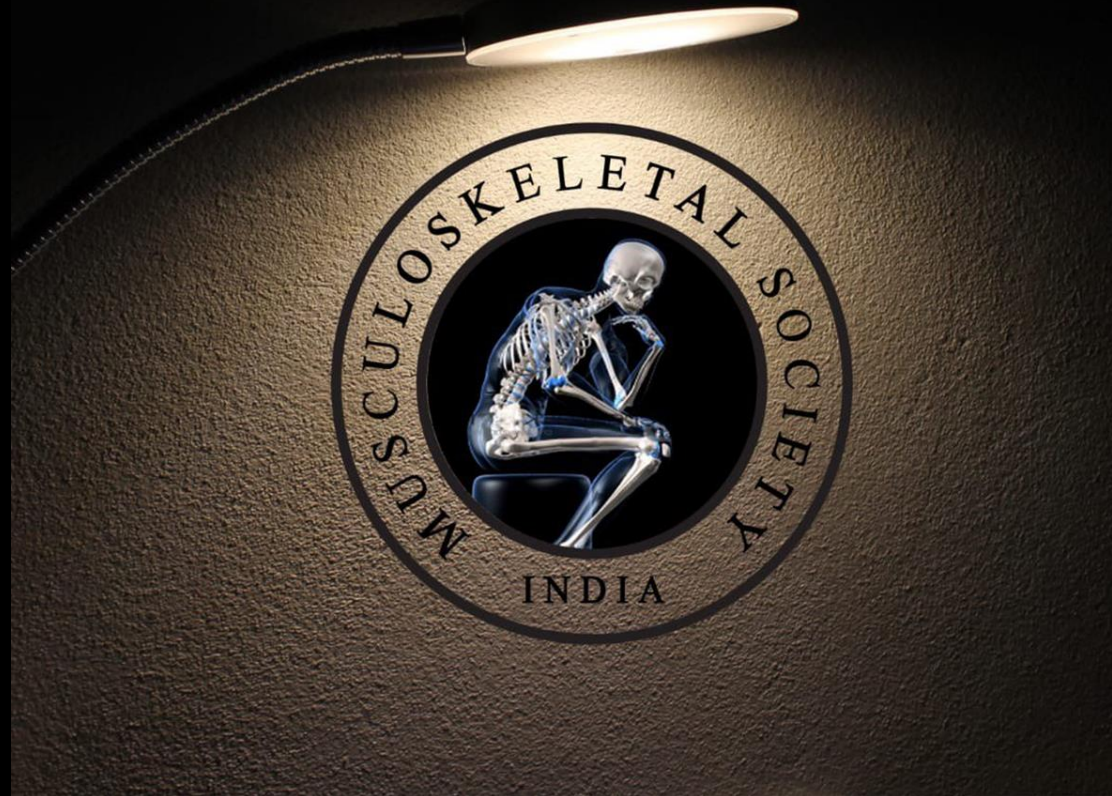


MICOD – 19/08/2024

Case contributor – Dr (Prof). Rajesh Botchu

MI-COD

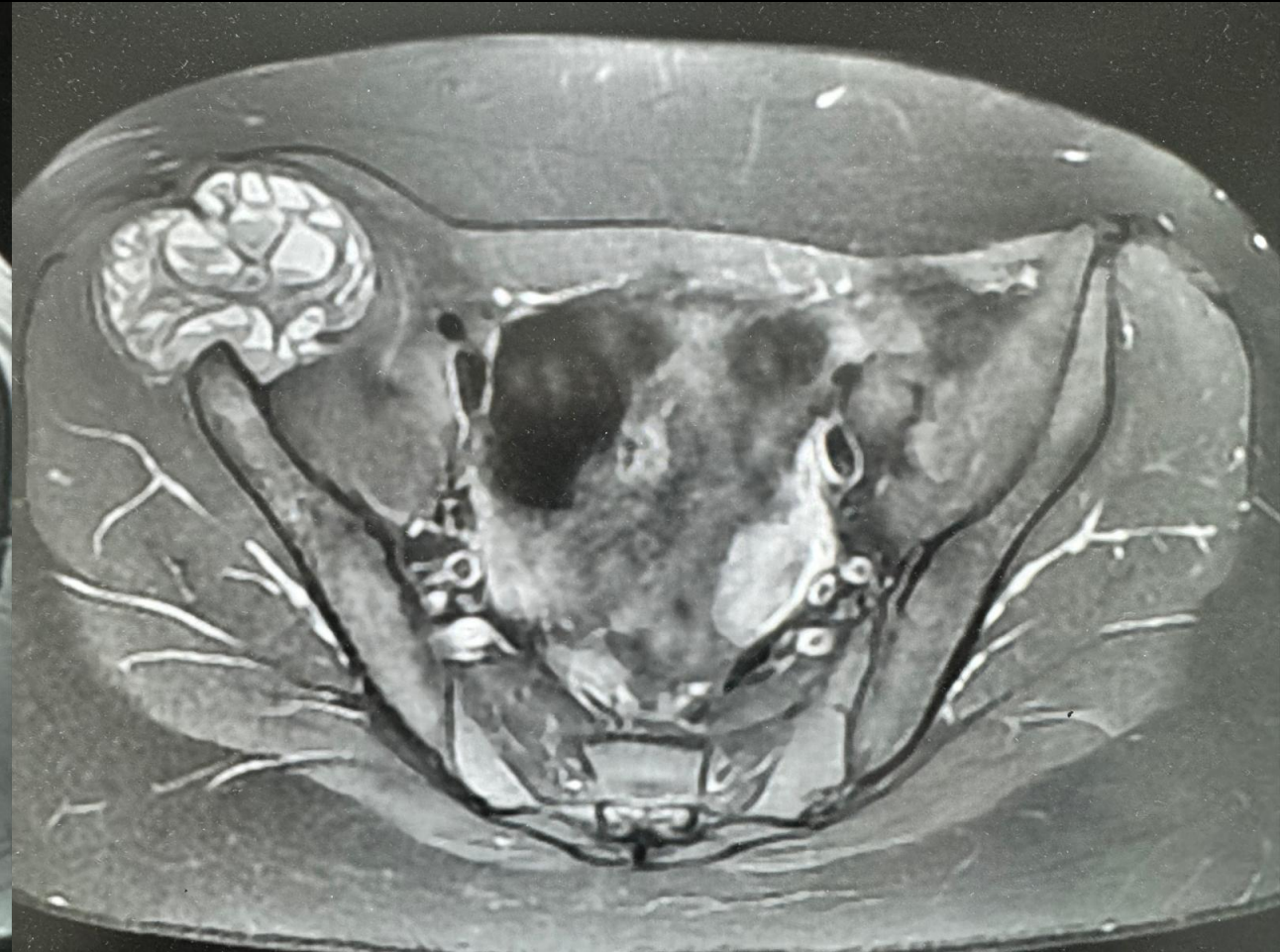
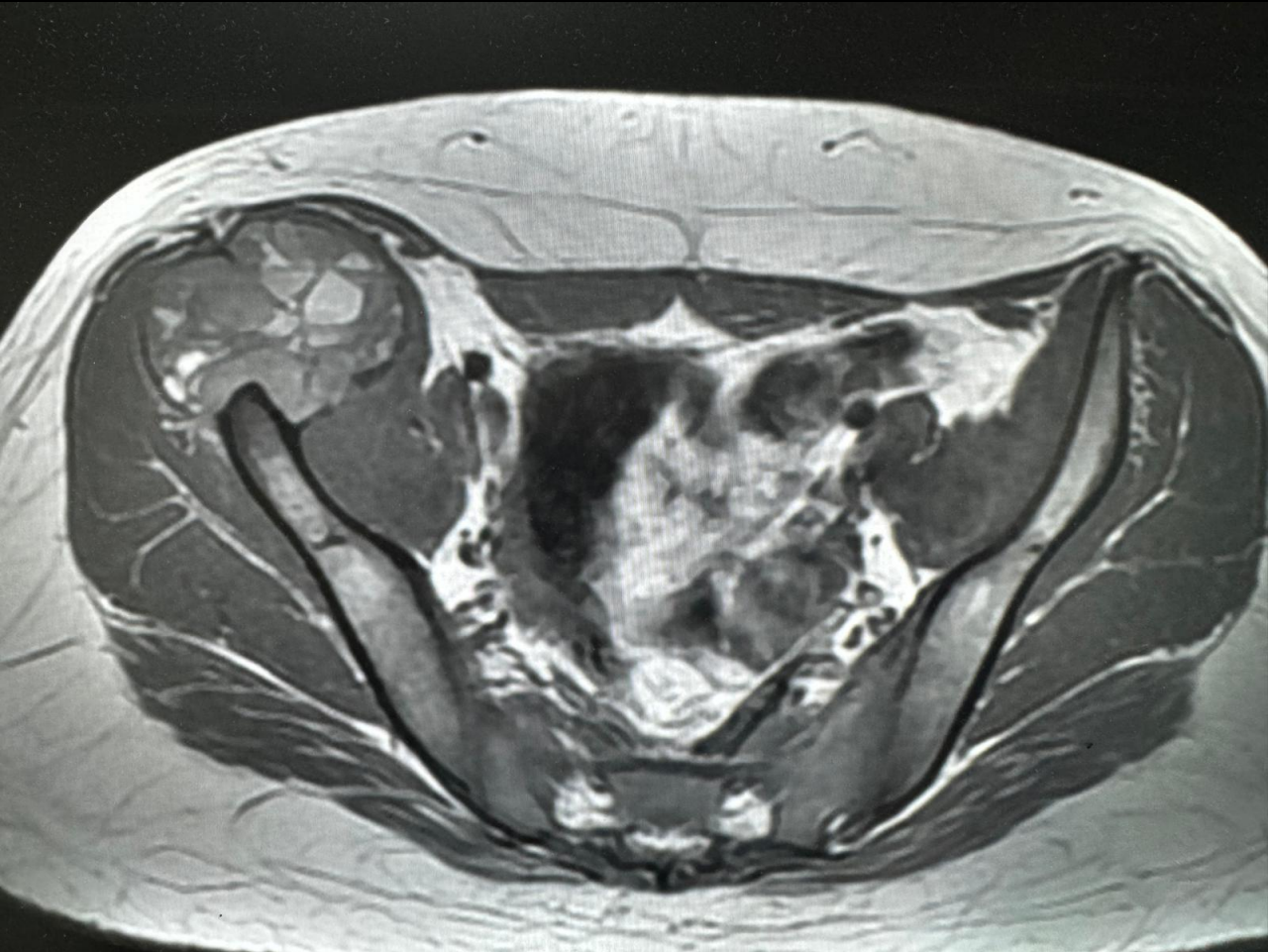
MSS INDIA- Case Of the Day



*Possibilities
please?*



Subperiosteal aneurysmal bone cyst



ABC - benign, hemorrhagic, expansile, osteolytic lesions with different blood-filled channels

Primary

Arises de novo or as a complication of trauma

- ✓ Intramedullary (80%)
- ✓ Surface variety either subperiosteally or cortically

Surface ABC

- Can mimic aggressive lesion & fluid-fluid levels more than 2/3 of lesion volume usually benign ABC
- Differentials are subperiosteal hemangioma or haematoma, subperiosteal giant cell granuloma and periosteal chondroma and malignant tumours (telangiectatic osteosarcoma)
- Treatment options consist of wide excision, curettage, sclerotherapy and grafting

Secondary (30%)

- Underlying neoplastic disease
- In reality these are not ABCs but rather aneurysmatic changes
- Can completely obscure the underlying lesion

Aneurysmal changes can occur in

Fibrous dysplasia
Giant cell tumors
Non-ossifying fibromas
Hemangioma
Osteoblastomas
Simple bone cysts
Chondroblastoma
Chondromyxoid fibromas
Osteosarcomas

How to differentiate between ABS and telangiectatic osteosarcoma

Diagnosis	Radiography	CT	MRI	Histology
Primary aneurysmal bone cyst	Expansile lesion developed eccentrically, no cortical interruption	Multiloculated lesion with cystic components and enhanced-septations.	Multiloculated lesion with hypointense rim and internal septations enhanced after contrast. "Honeycomb" appearance.	USP6 rearrangement
Secondary aneurysmal bone cyst	Expansile lesion associated with characteristics of companion lesion	Expansile lesion with cystic and sometimes a nodular solid component	Secondary ABC must be suggested if there is a solid nodular component, even it is not always present. Soft-tissue involvement depending on companion lesion	Allow to distinguish primary and secondary ABCs. No USP6 rearrangement
Telangiectatic osteosarcoma	Expansile lesion with predominately osteolytic or expansile component	Expansile lesion with more invasive behavior as cortical interruption. Fluid-fluid levels can be present.	More nodular solid component with soft tissue involvement and fluid-fluid hemorrhagic levels	No USP6 rearrangement

Van Royen A, Vanhoenacker F, De Roeck J. Surface Aneurysmal Bone Cyst. J Belg Soc Radiol. 2015 Dec 30

Hermann AL, Polivka M, Loit MP, Guichard JP, Bousson V. Aneurysmal bone cyst of the frontal bone - A radiologic-pathologic correlation. J Radiol Case Rep. 2018 Jul 31



Thank you