

# Answers to the Medical Quiz

## CASE A

1. Cortical sclerosis with central translucency and "contained" nidus.
2.
  - a) Osteoid osteoma
  - b) Chance osteomyelitis (Brodie's abscess)
  - c) Stress fracture (unlikely at this site)
3.
  - a) Tomography (either conventional or computed)
  - b) Isotope bone scan
  - c) Angiography (rarely used these days)

Osteoid osteoma is a benign lesion, first described by Jaffe in 1935, when it was accepted as a true neoplasm.

It occurs more commonly in males, the male to female ratio is 2 to 1. Approximately 60% occur in the appendicular skeleton, especially the femur and proximal half of the tibia (where they may be confused with a stress fracture).

They can occur anywhere in the skeleton. They infrequently occur in the neural arches of the spine and may be the cause of a scoliosis of sudden onset, and can only be then recognised if isotope bone scan was performed.

Because of the increased vascularity, these tumours show a blush in the venous phase of angiography, although this imaging modality is no longer considered necessary since other imaging modalities (isotope bone scan and CT) are either non-invasive and/or more sensitive.

## CASE B

- 1) Teeth
- 2) Fat
- 3) Dermoid cyst - ovarian teratoma

A dermoid cyst of the ovary is also termed an ovarian teratoma which is usually a benign lesion, occurring in young and middle-aged women. The characteristic diagnostic feature is the presence of teeth, which may be rudimentary or well-formed as in this case. The high-fat content gives a relative radiolucency and clinches the diagnosis.

Histological appearances are of a thin-walled cyst, filled with sebaceous and keratinous debris and hair. There is an eminence on one wall, which may bear teeth, bone and cartilage.

## REFERENCES

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