

# Giant spinal exostosis

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Accepted 17 March 2014

## DESCRIPTION

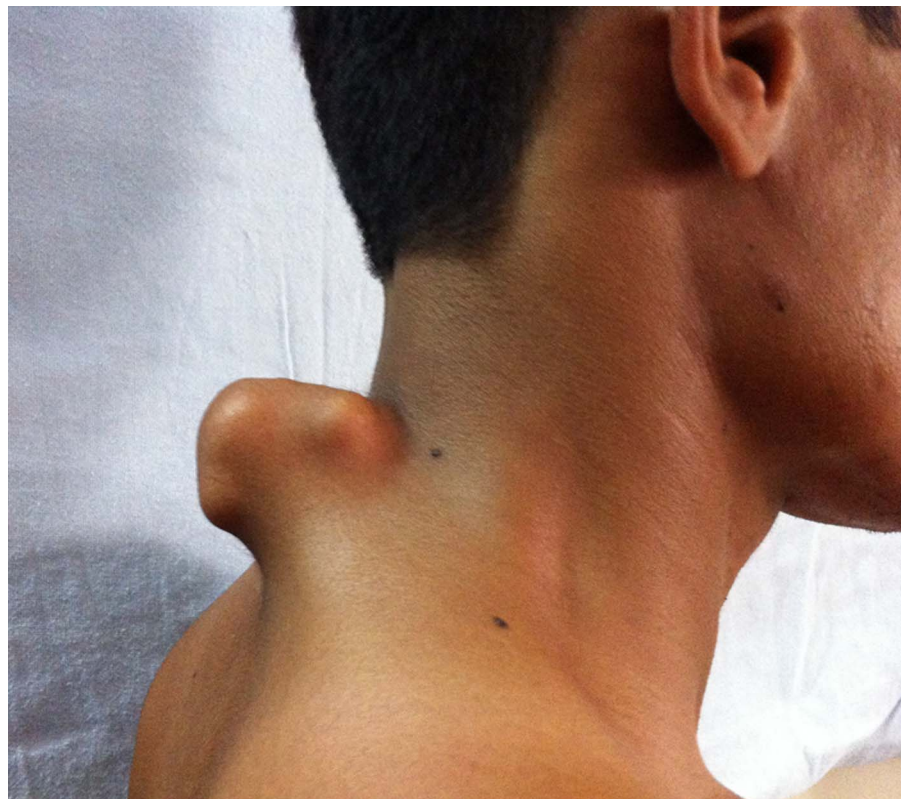
A 20-year-old man presented with an 11-year history of insidious onset gradually progressive, painless swelling at the nape of the neck. The swelling had been asymptomatic all these years, except for its peculiar appearance. On examination the cervical region swelling was non-tender, bony, hard and immobile with normal overlying skin and no restriction of neck movements (figure 1). There were no focal neurological deficits. CT of the cervical spine showed a large exostosis of the posterior spinous processes of C7 and T1 vertebrae (figure 2). The patient was managed with surgical resection of the exostosis and excision histopathology confirmed the diagnosis of osteochondroma.

Exostosis, also called osteochondroma, is considered the most common benign tumour of the bone, with low rate of malignant degeneration between 1% and 5%. Spinal exostoses<sup>1</sup> are uncommon, accounting for 1–9% of all exostoses. Within the spine, the lesions almost always occur in the posterior elements,<sup>2</sup> hence spinal cord compression is rare. Solitary lesions affect the cervical spine most commonly with a predilection for the atlantoaxial area, followed by the thoracic spine, and then the lumbar region. CT scan is the imaging modality of choice for these lesions. Treatment usually involves



**Figure 2** Reconstructed sagittal CT of the cervical spine—giant exostosis of the posterior spinous processes of C7 and T1-weighted vertebrae.

surgical resection, especially for symptomatic patients with pain or neurological deficits such as



**Figure 1** Giant cervical spine exostosis—hard, bony, immobile and non-tender swelling at the nape of neck.



**To cite:** Sharma C,  
Acharya M, Kumawat BL,  
*et al.* *BMJ Case Rep*  
Published online: [please  
include Day Month Year]  
doi:10.1136/bcr-2014-  
203819

paraparesis, or for cosmetic reasons. Recurrence rate is low. Hence, the rarity of this tumour at this location, with such a large size, makes this article unique.

### Learning points

- ▶ Exostoses are benign bone tumours, which may rarely occur in the spinal vertebrae, affecting the posterior elements.
- ▶ Usually asymptomatic, but they may cause focal pain or neurological symptoms such as paraparesis.
- ▶ CT scan is the investigative modality of choice and surgical resection is the treatment modality of choice.

**Contributors** The four authors contributed to the planning, conduct and reporting of the work described in the article and are justifiably credited with authorship, according to the authorship criteria. All authors read and approved the final manuscript. CS is the guarantor.

**Competing interests** None.

**Patient consent** Obtained.

**Provenance and peer review** Not commissioned; externally peer reviewed.

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