Knee pain in a male patient in his 90s caused by osteoid osteoma

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DESCRIPTION

A 92-year-old man with persistent knee pain for 1 year presented to our radiology department in order to perform a CT examination prescribed by his general practitioner.

CT showed degenerative joint disease.

Moreover, a subcentimetric sclerotic lesion with adjacent round-shaped low-density area (nidus) and scarce cortical thickening was detected in the anterior distal femoral cortical bone (figure 1).

These imaging findings were consistent with osteoid osteoma (OO).

The patient responded to non-steroidal anti-inflammatory drugs with significant subjective pain reduction.

OO is a benign bone tumour less than 1.5–2 cm in size. Three out of four cases occur under 25 years of age, and OO was very rarely reported in patients over 65 years of age.¹

Somma *et al* reported 90 adult patients with OO, and the oldest patient was 75 years old. Hashemi reported 45 patients with OO, and the oldest patient was 35 years old.^{2 3} Campanacci *et al*⁴ reported 1894 cases with osteoid osteoma, and the age range was 0–68 years.

CT is considered the best imaging technique in order to characterise OO, and it is particularly useful when the nidus is small and the peripheral cortical sclerosis is scarce.

To the best of our knowledge, this is the first case report about an osteoid osteoma in a patient in his 90s. This case shows that knee pain in elderly patients could also be caused by a benign tumour

Patient's perspective

I would like to express my thanks to the doctors who recognised my bone lesion. In fact, I could now understand the cause of my knee pain.

Learning points

- ▶ Osteoid osteoma could be rarely diagnosed in patients in their 90s.
- ▶ Very elderly patients with chronic knee pain could sometimes benefit from tomographic imaging such as CT.

and that osteoarthritis is not always alone at the base of this symptom. Moreover, in very elderly patients with knee pain, X-ray examination is usually the sole imaging performed. This examination is unable to recognise small lesions such as the one reported. Therefore, even very elderly patients with chronic knee pain could sometimes benefit from tomographic imaging such as CT.

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Figure 1 Multidetector CT scan images with bone (A) and soft tissue (B) algorithm reconstruction that shows a cortical tibial bone density alteration, consistent with osteoid osteoma.

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