

Case report

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Ethmoidal osteoid osteoma with orbital and intracranial extension – a case report

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Abstract

Background: Osteoid osteoma is a benign bone neoplasm which is seen in the long bones of appendicular skeleton. It is rarely seen in the cranium. Skull base osteoid osteoma is extremely rare and has been anecdotally reported.

Case presentation: The authors report a case of a large osteoid osteoma of the ethmoid with intraorbital and intracranial extension in a 33 year old male patient. He presented with loss of vision in the left eye. The intra-cranial extension was excised through a single burr-hole fronto-orbitotomy. The ethmoid and orbital portions were approached and excised through a Weber-Ferguson incision and inferior orbitotomy. Radical excision of the tumor could thus be achieved through a craniofacial approach.

Conclusion: Although benign and rare, skull base osteoid osteoma can present with neurological deficit due to its mass effect and involvement of vital structures. A multispeciality team approach is advisable in such cases if radical excision is to be achieved. A craniofacial approach made radical single stage excision of this multicompartamental osteoid osteoma possible with an uneventful postoperative period.

Background

Osteoid osteoma is a rare benign osteoblastic lesion usually involving the long bones of the lower limbs. Cranial involvement has been mainly localised to the skull vault. Osteoid osteoma of the skull base is a rare entity [1]. Surgical management of skull base osteoid osteoma may be challenging due to its proximity to vital structures, access and hard consistency. This report deals with a case of an ethmoidal osteoid osteoma invading the adjacent orbit and anterior cranial fossa and the team approach

employed to achieve radical excision. The radiological findings and the surgical procedure employed are presented.

Case presentation

Clinical presentation

A 33 year old male presented with decreased vision in the left eye and left sided headache of 3 months duration. Examination revealed left eye blindness with primary optic atrophy and no other neurological deficit. Imaging