

Osteoma Left Mastoid Bone: A Case Report

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ABSTRACT

Osteoid osteoma is benign bone tumor and third most common benign neoplasm of bone. Young male are frequently affected three times more than females. It can occur in any bone but most common in long bone such as femur and tibia. In routine ENT practice osteoma are infrequently found in temporal bones most commonly seen in external ear canal. Osteoid osteoma in mastoid are rare. We present such a rare presentation of osteoma arising from the left mastoid in a young female.

Key Words: Osteoma, Mastoid bone

Introduction

Osteomas are benign tumor. They arise from cancellous bone. They are solitary often unilateral and usually arise spontaneously. These can present in the squamous part of temporal bone, mastoid, internal auditory meatus, the middle ear and other bone.^{1,2,3} In the literature only 130 cases have been reported between 1861 and 2004.³ They are usually asymptomatic but may enlarge to cause cosmetic deformity. The etiology is poorly understood and may be due to trauma, infection and hereditary. Computed tomography is the gold standard for diagnosis subsequently confirmed by histopathological diagnosis. Treatment should be surgical excision for cosmetic purpose or if there is any symptoms.^{5, 6, 7}

Case Report

A 23 year old female patient otherwise normal presented with otolaryngologically asymptomatic swelling in left mastoid region for 5 years. It was found in shape painless, very hard, overlying skin is free and adherent to the underlying bone. There is

no history of earache, hearing impairment and neurological deficit. She did not give any history of trauma. On examination she was found to have a 2cmX2cm solid nodule. Detailed ENT examination including facial nerve function was normal. CT scan revealed focal thickening at the outer aspect of the left mastoid process (Figure-1). There was no bony exostosis in the external canal. There were no other osteomas elsewhere in the skull.

CT scan revealed a focal thickening at the outer aspect of the left mastoid process. (Figure 1)

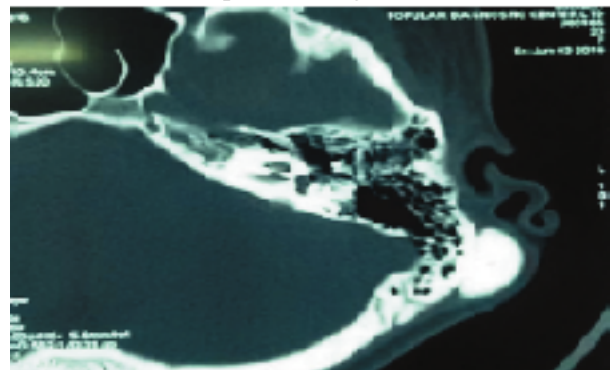


Figure 1: CT scan revealed a focal thickening at the outer aspect of the left mastoid process.

Surgical excision was done under general anesthesia with help of hammer and chisel. Bone edge was smoothed by drilling. Histopathological report showed mastoid osteoma. Post-operative period was excellent and she was fine in the post operative follow up.

Discussion

Mastoid osteoma is rare and common in young adult, Males are affected 3 times more than female.⁸ It usually grows as single nodule and grows from the gutter table of the mastoid cortex producing an external swelling. The exact pathology of osteomas are not well understood but they are thought to arise from mesenchymal connective tissue. There is evidence that osteomas are of congenital nature. It may also occur as a part of syndrome like Gardner's syndrome but have a predilection membranous bone such as mandible and maxilla that are commonly involved.⁹

Osteoma of temporal bone is not uncommon but in mastoid is comparatively rare. It is a benign slow growing tumor, more common in female after puberty which is consistent with our case a female of 23 years. Our case has no history of trauma hearing impairment and infection, although in most cases of osteoid osteoma patient complains of inflammatory condition like pain that worsens at night and alleviated by using NSAIDs. Facial canal bony labyrinth or other surrounding structure may be involved in osteoma. In our case it was on the mastoid part of temporal bone as in CT scan finding. Complete surgical excision was done successfully for cosmetic reasons in our case which is the common indication of surgery.

Conclusion

We present here a comparatively rare case of osteoid osteoma in a young female at the left mastoid for record with a caution that appropriate diagnosis with early surgical intervention is needed and it should be kept in mind as it may go up to intracranial.

Conflict of interest: None

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