Evaluation of Bone Lesions

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Infants Hemangioma Osteomyelitis Infantile Fibrosarcoma **Open Growth Plates Epiphyseal** Chondroblastoma **Osteomyelitis/EG** Metaphyseal **Non-Ossifying Fibroma** Osteochondroma **Aneurysmal Bone cyst Unicameral** Cyst **Osteosarcoma/Ewing's**

Young adult

Osteosarcoma Giant Cell tumor

Over 40 years of age

Metastatic carcinoma Multiple Myeloma Chondrosarcoma

Looking at the W-ray: What's Bad?

- Cortical erosion
- Periosteal reaction
- Pathologic Fracture
- Mineralization in the bone
- Mineralization of soft tissue/ extension of tumor

Looking at the W-ray: What's Good?

- Well defined borders
- No cortical changes
- Normal Marrow directly next to lesion on MRI

71 YOWM, left knee pain



Left knee pain: Look at entire x-ray!



Periosteal and Cortical changes



8 YOWM, Well defined borders of lesion



17 YOWM, osteochondroma Cortex flows into the lesion



12 YOWM, Multiple exostoses



75 YOWM, enchondroma



9 YOWF, right shoulder pain



9 YOWF, right humeral UBC



7 YOWM, Cortical destruction Aneurysmal bone cyst



20 YOWF, right knee pain Poorly marginated (GCT)

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71 YOWM with left arm pain: Cortical destruction= BAD

Bane, Donald MR00499503 8/3/1947 71 YEAR M



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36 YOWF, knee pain Soft tissue ossification Osteosarcoma



40 YOWM, Left hip and back pain: Poorly marginated bone lesion



40 YOWM, Left pelvis Myeloma



19 YOM Distal Femur lesions



Poorly marginated, ossifying lesion



Osteosarcoma



Osteosarcoma: Soft tissue extension



Telangiectatic Osteosarcoma 22 YOWM



Telangiectatic Osteosarcoma MRI

13 YOM with a mass Distal Femur

Healed Allograft, no pain after bone graft

Good prognosis for Osteosarcoma

- Normal CCT
- <8 cm
- Resectible
 site

Chemotherapy response > 90%
Distal site

Poor prognosis for Osteosarcoma

- Positive CCT
- >8 cm
- Skip marrow lesions
- Chemotherapy response < 90%
- Pathologic fracture

Cure rate for Osteosarcoma

- 65% if negative CCT
- 20% 5 year survival if + CCT
- Metastases are best treated with resection if feasible which will increase time of survival

Ewing's sarcoma of bone

3 year boy with left hip pain

3 year boy with left hip pain

8 YOWM, 5 years/ 21 YOWM, 18Years

19 YOF with 4 months of pain left ankle

5 years after resection and chemotherapy

Ewing's sarcoma Good Prognosis

- Negative CCT
- Age ≤ 14 years
- 100% chemotherapy response
- EWS-FLI1
- Peripheral site of disease
- Less than 8 cm/ <200 cc

Ewing's sarcoma Poor Prognosis

- Fevers, weight loss, anemia
- Positive CCT
- High LDH
- Non-EWS-FLI1
- Pelvis site of disease
- Larger than 8 cm

Ewing's Local Control

 Wide resection
 Wide resection with Radiation
 Radiation alone Localized Disease, 60% cure Metastatic Disease, 25% 5 yr Accelerated Chemo Program -Q 2 weeks -70% 5 yr vs 63% 5 yr

8 YOF hip pain with Onion skinning of periosteum: BAD sign

27 YOWM fell on the ice: Path FX= BAD

27 YOWM CT, Huge mass, Ewings

Over 40 years of age

- Multiple Myeloma
- Metastatic Carcinoma to bone
- Chondrosarcoma

Metastatic Carcinoma of Unknown Origin

- Typically >40 years old
- More common than Primary sarcoma
- 3% of all metastases have unknown primary site

Protocol: 57 YOWM Left Hip pain

20 Echo 1

TR

- **SPEP**
- Whole Body Bone Scan
- **Chest, Abdomen, Pelvis** CT

Chondrosarcoma

Chondrosarcoma Good prognosis

- Low Grade
- Negative CCT
- Resectible site

Chondrosarcoma Poor prognosis

- High Grade
- Positive CCT
- Pelvis or spine site
- Dedifferentiated
- Mesenchymal (Chemotherapy)

Wide resection for grade 2 and 3

<10% local recurrence
Less than wide has >33% LR

Curettage for grade 1 is

controversial

Chondrosarcoma

Grade 1: 95%
Grade 2: 75%
Grade 3: 50%

Dedifferentiated (15% survival)
Mesenchymal (25% survival)

Thank You!