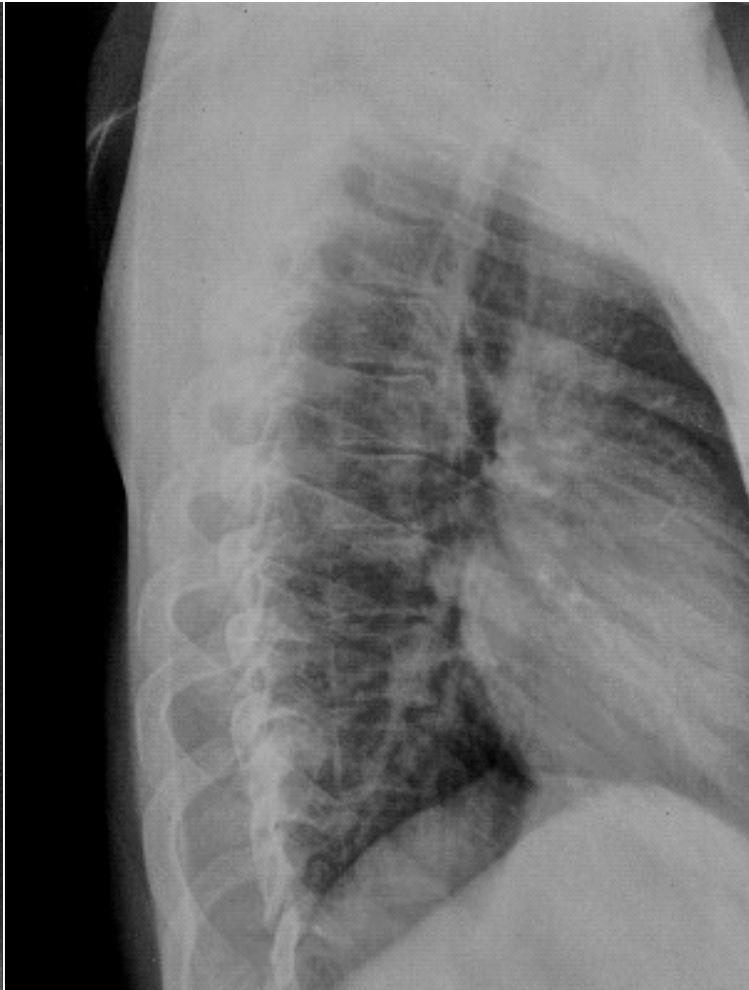
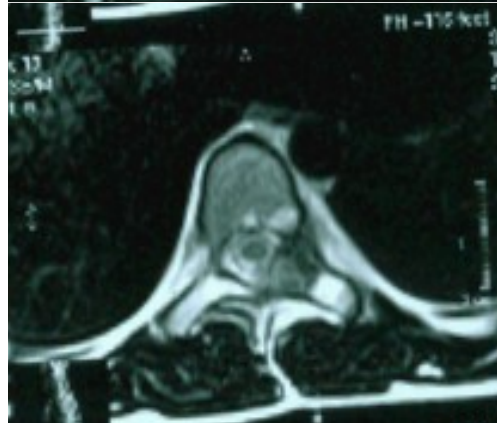
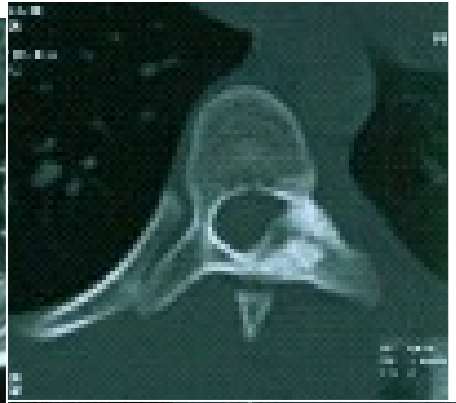
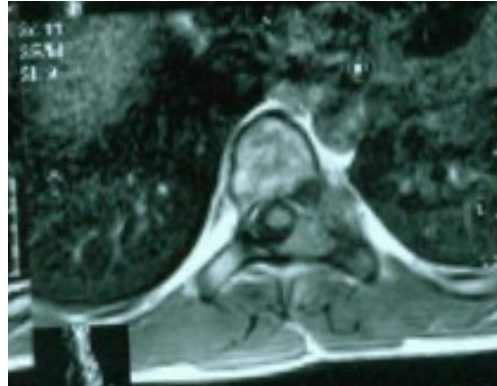


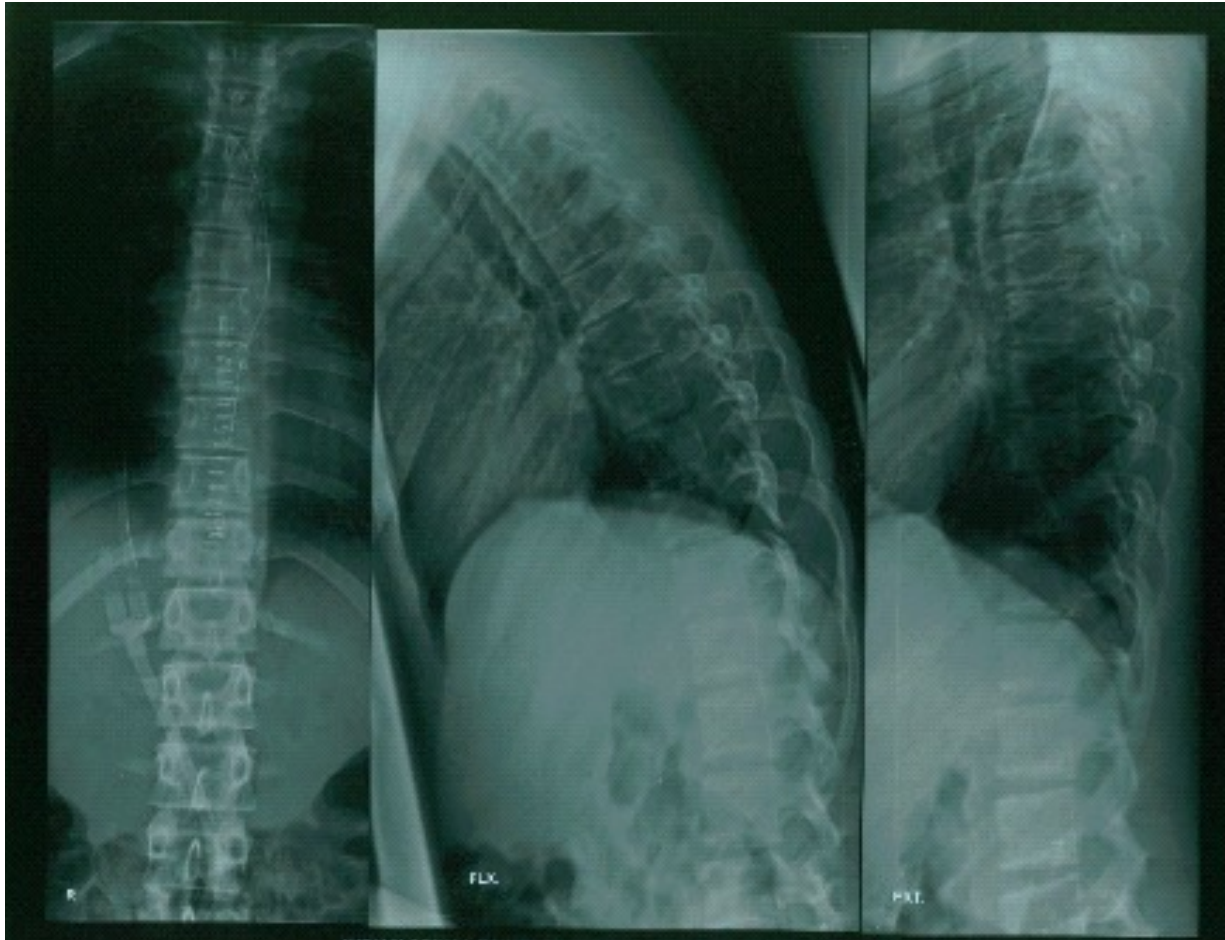
A male of 19 years of age presented to us with back pain , non radiating since 3 years. Pain was located in the mid back and was gradually increasing in intensity. Pain was more at night. Pain was not relieved with aspirin. No history of fever ,anorexia or weight loss.No neurological symptoms or signs . Patient was investigated with blood counts which were normal . Xrays showed a sclerotic lesion in D9 vertebra. No scoliosis seen



- MRI and CT scan was done which showed a lytic area surrounded by sclerosis in the posterior elements of the D9 vertebra . It was also extending to the posterior aspect of the vertebral body on the left side with erosion into spinal canal. In the horizontal dimension it was about 3 cm



- Patient was posted for surgery and transverse process, left 9th rib, lamina and pedicle of the left side were removed along with partial removal of the lamina of the right side of the D9 vertebra. Post op period was uneventful and patient was relieved of pain. Histopathological examination showed it to be benign osteoblastoma. Postoperative xrays with AP and Lateral flexion –extension films showed a stable spine.



- Post operative CT scan showed complete excision of the nidus
- Patient was relieved of the pain in the postoperative period

