

Gigantic Spinal Aneurysmal Bone Cyst in a Small Boy

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Abstract

A 9-year-old boy was operated on due to an aneurysmal bone cyst of the 4th lumbar vertebrae. Thereby, complete removal of the lesion and spinal reconstruction was performed. He presented one year following surgery with back pain radiating to both sides.

Keywords

Gigantic spinal aneurysmal bone cyst, Lumbar spine, Axial CT-scans, MRI

Case

A 9-year-old boy was operated on due to an aneurysmal bone cyst of the 4th lumbar vertebrae. Thereby, complete removal of the lesion and spinal reconstruction (dorsal spinal instrumentation and vertebral body replacement with titanium implants) was performed. He presented one year following surgery with back pain radiating into both sides. Physical examination and diagnostic testing revealed subcutaneous hardening in the back as well as on both sides. Magnetic resonance imaging (MRI) revealed a massive recurrence of the aneurysmal bone cyst.

Panel A illustrating the coronal view and panel B the axial views of the lumbar spine (Figure 1), the characteristic blood-filled cavities are clearly demonstrated.

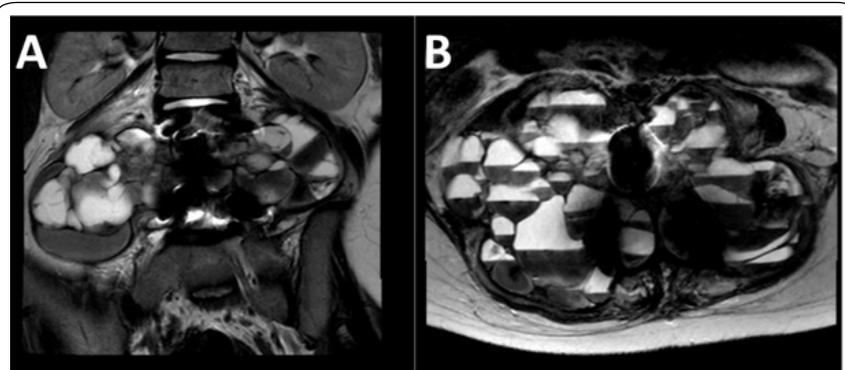


Figure 1: **A.** The coronal view of the lumbar spine. **B.** The axial view of the lumbar spine.

The lesion extends to the sides and reached the inner side of the abdominal wall. Aneurysmal bone cysts are benign but locally very aggressive and destructive bone lesions of unknown etiology that account for 1% of all bone tumors. The pathognomonic appearance for these lesions is the fluid-fluid levels as seen in the

cysts in the axial CT-scans. Pain is the most common cause of presentation. The standard of treatment remains curettage and grafting, however adjuvant or alternative treatment methods to reduce recurrence are many. For lesions in locations where surgery would cause significant morbidity are most managed with embolization or radiotherapy as well as medical management with denosumab.

Conflict of Interest

The authors declare no conflict of interest.