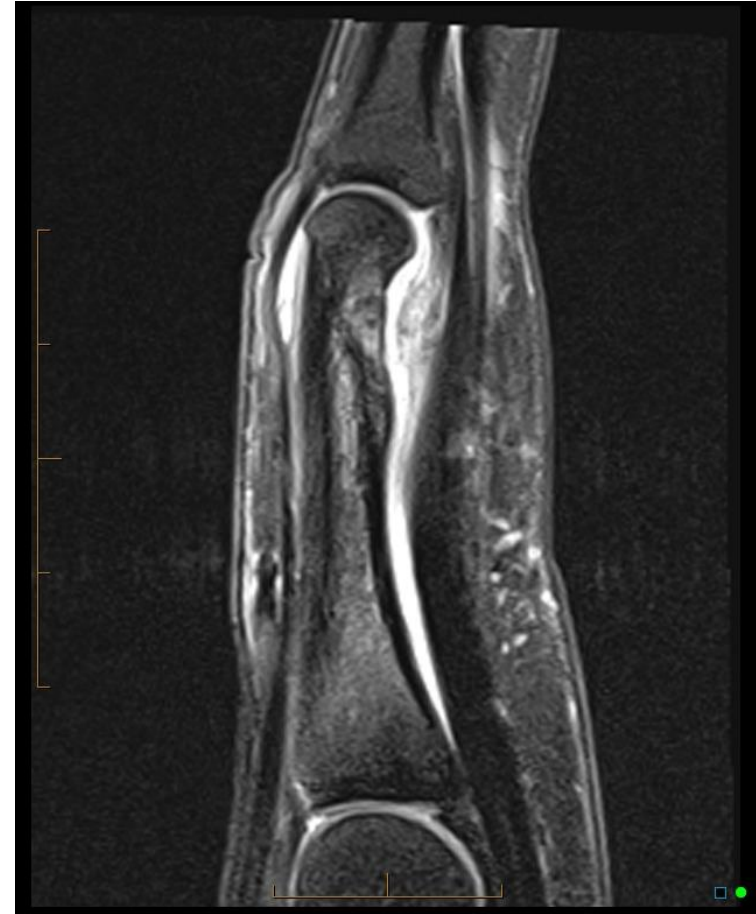
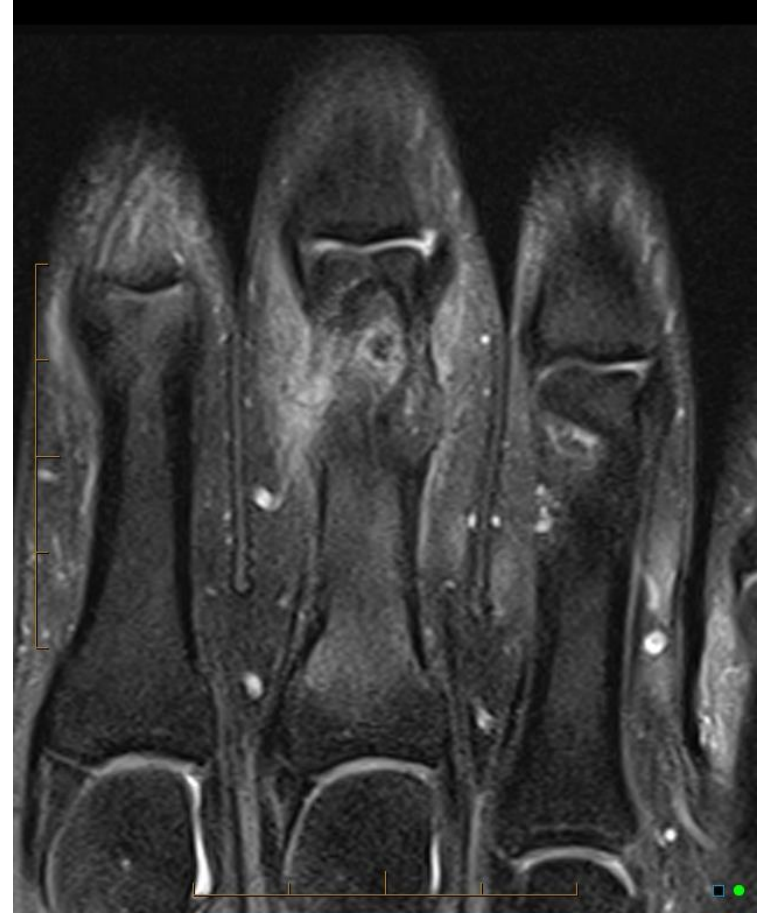
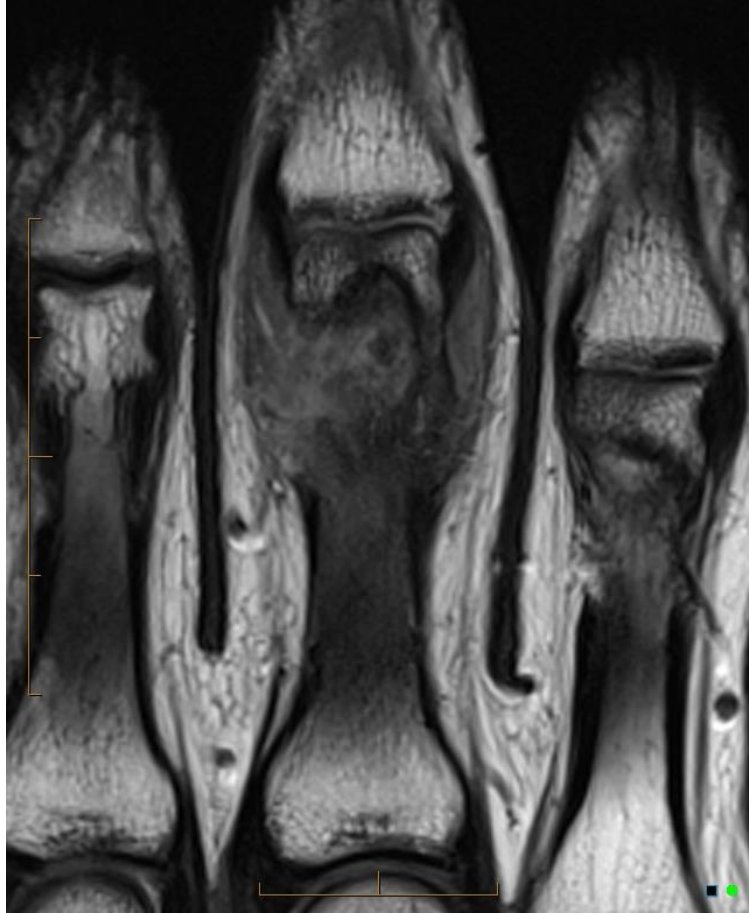
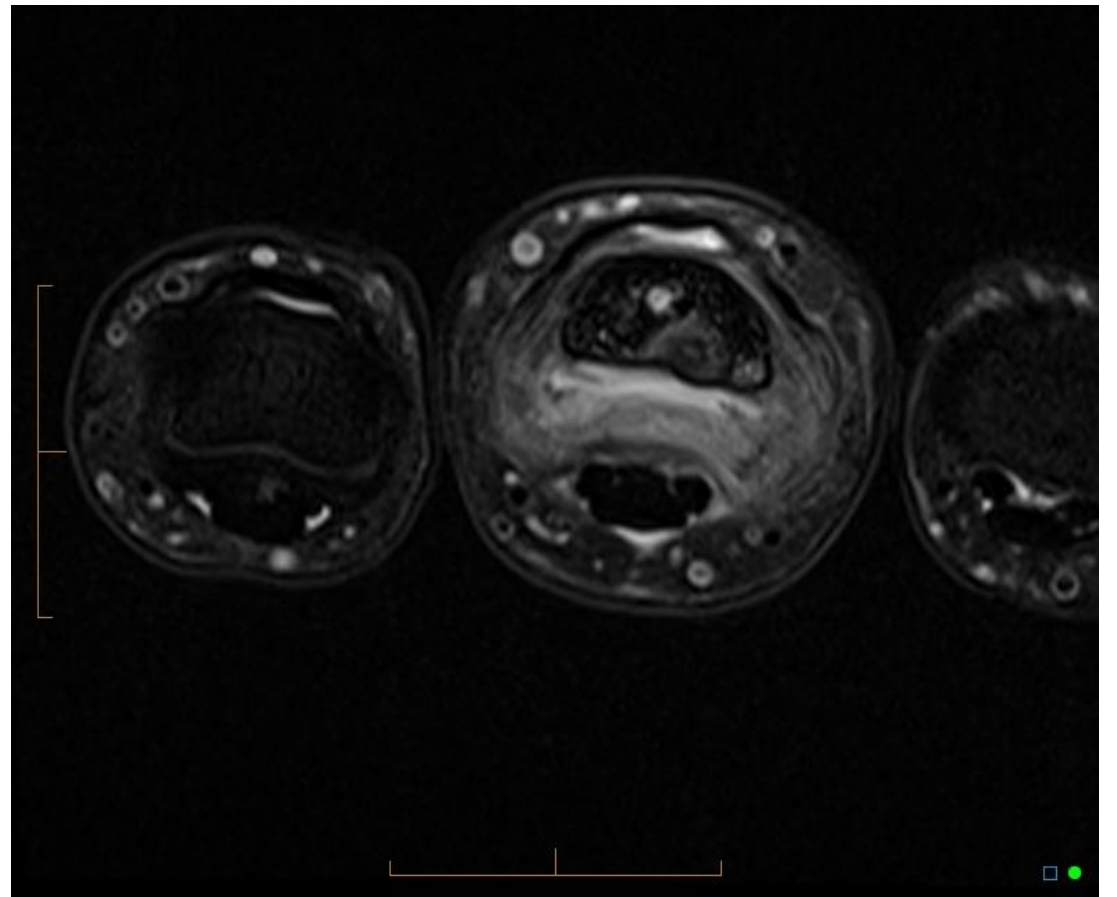
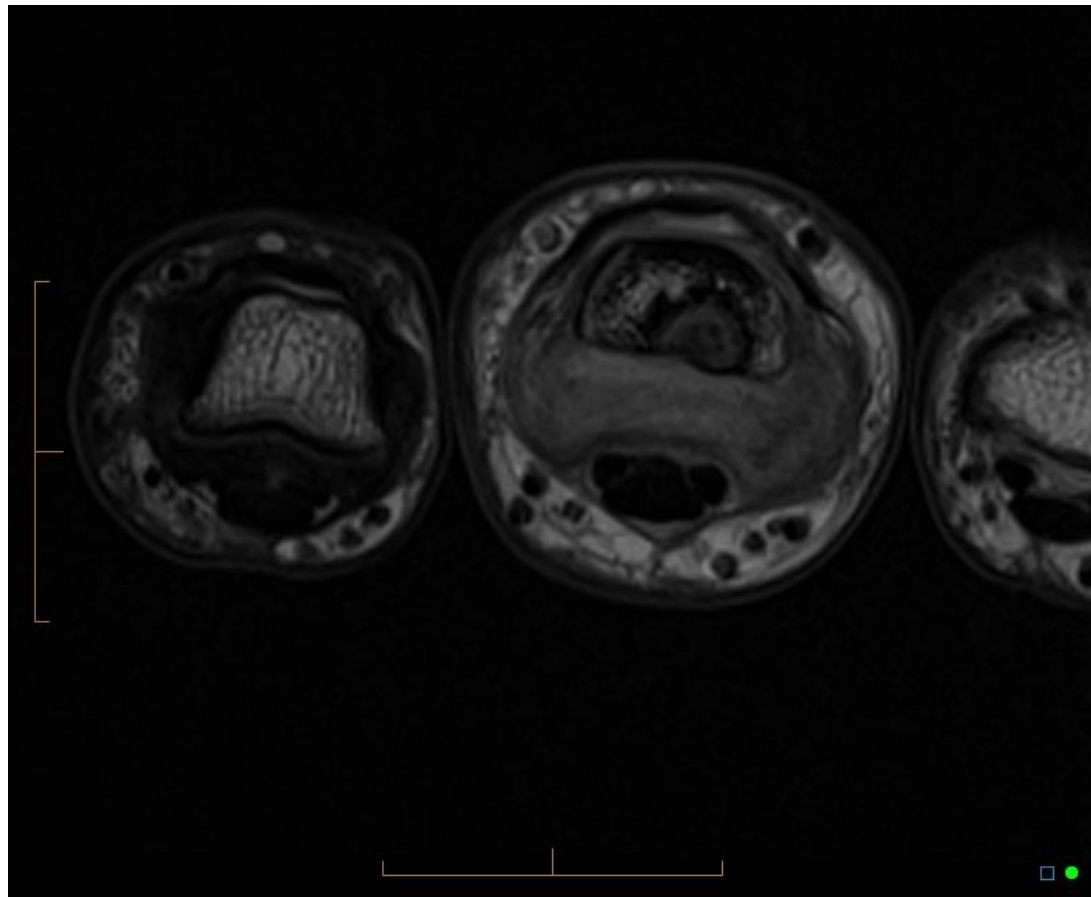
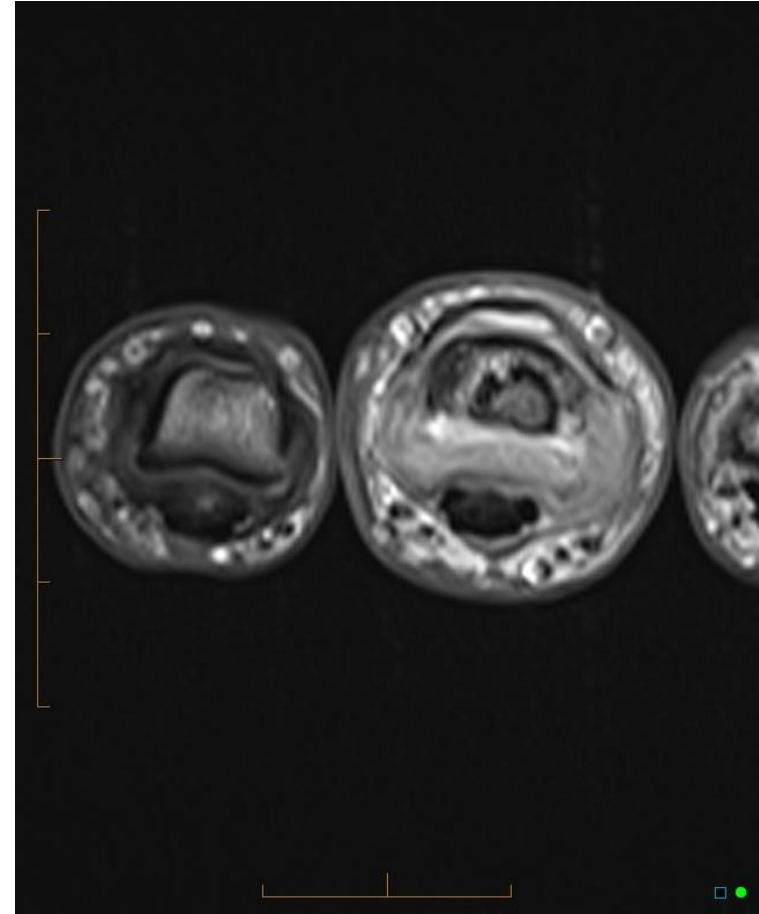
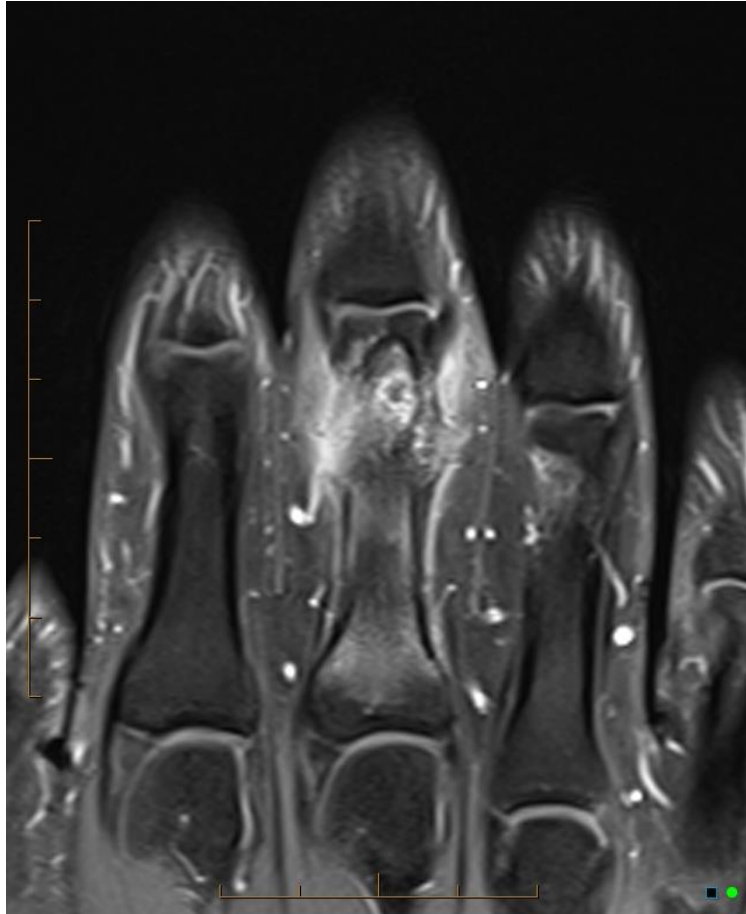


22M WITH > 1 yr PAIN/SWELLING AT PIPJ









# RADIOGRAPHS ORDERED AFTER MRI



# OSTEOID OSTEOMA

OPEN



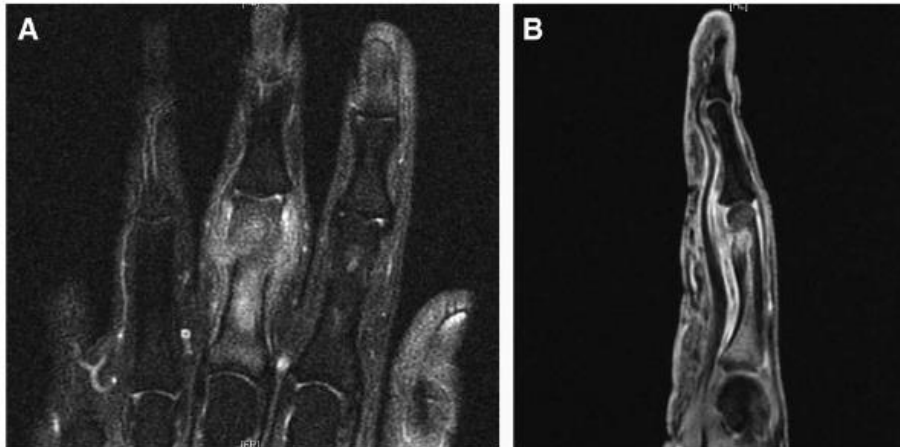
REVIEW ARTICLE

Hand/Peripheral Nerve

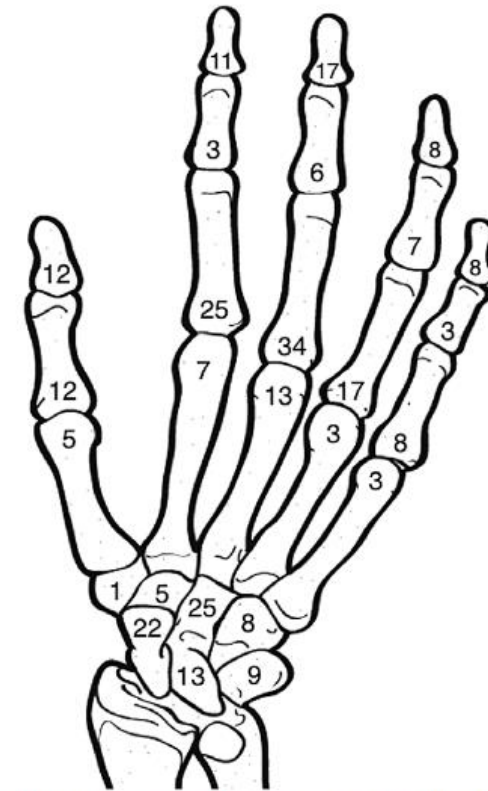
## Proximal Phalanx Osteoid Osteoma: A Case Report and Literature Review

Edward H. Liu, MD\*  
Nicholas Stone, BSc†  
Salem Omar Alowami, MB-BCh,  
FRCP, FCAP‡  
Achilles Thoma, MD, MSc,  
FRCS\*

**Summary:** Osteoid osteoma is a rare clinical entity often mistaken for osteomyelitis, enchondroma, osteochondroma and other bony pathologies. Cardinal features include localized swelling and nocturnal pain often relieved by nonsteroidal anti-inflammatory drugs. Definitive treatment requires surgical removal of the lesion by curettage or en bloc excision. The following case report details the diagnosis and management of a recurrent case of osteoid osteoma in a long finger proximal phalanx. Included with this case report is a literature review of osteoid osteomas on the hand and the anatomic distribution of 289 cases published in the last 30 years. (*Plast Reconstr Surg Glob Open* 2017;5:e1332; doi: 10.1097/GOX.0000000000001332; Published online 25 May 2017.)



**Fig. 5.** A, MRI (anteroposterior view) of recurrent OO in right long finger proximal phalanx; B, MRI (sagittal view) of the same digit.



**Fig. 6.** Distribution of 289 OO cases in hand and carpus. Four OO cases in pisiform are excluded for diagram clarity.