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## **Aneurysmal bone cysts treated non operatively with sclerosant injections**

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### **Injections**

**Methods:** Between February 2010 and February 2012 we decided to treat all primary aneurysmal bone cysts presenting to our institution with serial intralesional sclerosant injections. Twelve such lesions were treated (femur/2, tibia/2, pelvis/4, fibula/2, humerus and ulna/1 each. All cases had a diagnostic biopsy. There were 7 males and 5 females. Age ranged from 1 – 35 years (median 13 years).

Polidocanol was injected percutaneously into the lesion under image guidance as an outpatient procedure. Healing was assessed by serial radiographs and symptomatic improvement as observed by the patient. Opacification of the lesion with an increase in cortical thickening was taken as evidence of healing. Injections were repeated (maximum 4) at an interval of 6 to 8 weeks if the lesion did not show evidence of healing. If radiographs started to demonstrate evidence of healing and patient experienced symptomatic relief no further injections were given.

**Results:** All but one of the lesions showed evidence of healing. One lesion in the periacetabular area showed no evidence of healing after 3 injections and was operated with curettage and bone grafting. A 1 year old child needed surgery subsequently because of a progressive varus deformity developing at the site of the lesion. Four cases healed with a single injection, 2 had 2 injections, 3 had 5 injections and 1 had 4 injections. The first evidence of radiologic healing was seen from 6 to 24 weeks (median 12 weeks). There were no complications.

**Conclusion:** Though a longer follow up is mandated to rule out development of recurrence, early results for this inexpensive non invasive method of managing aneurysmal bone cysts are promising.

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