

# 2022 NEHS Annual Meeting Abstract Submission

COMPLETE

NEHS Vice President, Daniel Mastella, M.D., is currently accepting abstract submissions for presentation at our Annual Meeting on December 2, 2022.

This meeting will be held at the Sturbridge Host Hotel in Sturbridge, MA.

Therapists, NPs, and PAs are also encouraged to submit.

THE DEADLINE FOR SUBMISSION IS OCTOBER 15, 2022

RESIDENTS AND FELLOWS ONLY. Please indicate if you want your paper to be considered for the prestigious H.Kirk Watson, M.D. Founder's Award. The abstracts for award consideration will be presented in the morning and the award will be presented in the afternoon.

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## CREATED

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Oct 13th 2022, 6:19:47 pm



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## \* ABSTRACT TITLE

Intraarticular Osteoid Osteomas of the Distal Humerus Managed via Arthroscopic Excision: A Case Series

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## \* Contact Person Name

Jack Bragg

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**Name of who will present abstract at NEHS meeting on December 2, 2022 Please note that the same person cannot present more than one abstract at the meeting.**

Jack Bragg

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## \* Please indicate if the presenter is:

Not currently a resident or fellow

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## \* List full names of abstract authors

Jack Bragg BS  
Ryan Caldwell MD  
Charles Cassidy MD

**\* ABSTRACT - should include background information and a description of methods, programs, or practices.**

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Background:

Osteoid osteomas are relatively common bone-forming neoplasms, making up 10-14% of benign bone tumors. Commonly found in the lower extremity long bones, they can also appear in the spine, hands, feet, and pelvis. Rarely they can present as intraarticular lesions in the elbow. Both arthroscopic and open excision has been reported, but little has been reported on the outcomes following this treatment.

Purpose:

The purpose of this study was to identify the clinical features of intra-articular osteoid osteomas of the elbow and assess the outcomes of patients following arthroscopic excision of these lesions in regards to range of motion and pain. We hypothesize that patients achieve excellent outcomes after arthroscopic resection.

Methods:

All patients were treated at a single institution by the senior author, and were identified by ICD-9 and ICD-10 diagnostic codes from January 1, 2007 to January 5, 2022. These patients were then cross referenced with CPT codes for elbow arthroscopy. Patients who underwent open excision for treatment of their osteoid osteomas were excluded. Demographic data (including age at onset), range of motion at presentation, location of lesion, final postoperative range of motion, and clinical outcome was recorded. Medical imaging reports were also collected on all patients.

Results:

A total of four patients treated with arthroscopic excision of an osteoid osteoma of the elbow were identified. Three patients were between the ages of 22-24, with one aged 47. In three of the four patients, diagnosis was delayed over 1 year, previous MRIs had been nondiagnostic, and prior surgeries were unsuccessful in relieving the patients' complaints. In all cases CT was diagnostic. At follow up, all patients had dramatically improved symptoms and increased range of motion.

Discussion:

Intraarticular osteoid osteomas of the elbow are a challenging diagnosis and are often missed. As demonstrated in our case series, they can occur outside of the typical age ranges. CT is typically diagnostic whereas MRI can often lead to misclassification of the lesions and ineffective surgical treatment. Arthroscopic excision is an effective management strategy and can lead to good outcomes.

**Please attach files with diagrams and/or photos to support your abstract (10 MB limit)**

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**\* Please attach the abstract presenter's CV**

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Patient	Age at onset	Duration of sx	Pain relieved by NSAIDs	Prior surgeries	ROM	Final ROM	Location
1	47	1.5 yrs	Yes	Elbow arthroscopy	-10 to 50	-5 to 125	Posterior radiocapitellar
2	23	2 months	Yes (1 pill per day)	None	-35 to 130 (vs -10 to 120)	-10 to 140	Anterior, proximal to capitellum
3	22	3 yrs	Yes	None	-30 to 135	-15 to 110 (3 wks, then lost to f/u)	Posterior lateral column
4	24	5 yrs	Yes	Elbow arthroscopy, open contracture release	-20 to 110	-5 to 140	Olecranon fossa