

presurgical embolization. The MRI is too variable to define the diagnosis of osteoblastoma, although it is very useful to determine the involvement of the adjacent soft tissues, as in our case.^[14,16]

Even though giant osteoid osteomas are reported, unlike osteoblastomas,^[4] they frequently have less than 15 mm in their maximal diameter, and the severe pain produced by them during the night is usually relieved by acetylsalicylic acid.^[12,20] On the other hand, osteosarcomas, dermoid cysts, intradiploic meningiomas, as well as eosinophilic granulomas may also mimic osteoblastomas.^[17,19] Only the histopathological examination, which is characterized by irregular bony trabeculae surrounded by osteoblasts and osteoid tissue, will define the diagnosis.^[5,14]

The recurrence of osteoblastomas after surgery is approximately 9.8–15%.^[20] They may show sarcomatous changes, local extension into the extraskelatal soft tissues, and may even metastasize.^[13,17] Their clinical outcome is basically related with the completeness of the resection and with their location. Apparently, osteoblastomas confined to short and flat bones have a more aggressive behavior, which leads us to conclude that the resection of osteoblastomas must be as large as possible. Hence, in the case of a tumor located in the occipitocervical junction, a stabilization may be required, as well as the transposition of the vertebral artery.^[3,7] However, occipitocervical stability is not compromised if less than one-half of the C0–C1 joint is removed.^[6,8,18] Some osteoblastomas may be hypervascularized, thus requiring a preoperative embolization by using particles or some another kind of endovascular agents.^[2] Because of the risk of recurrence, a careful follow-up of the patient is essential.^[7]

In summary, occipital osteoblastomas are extreme rare benign bone tumors with typical histological features, sometimes hypervascularized, and with a high tendency to recur when they are not completely resected. At times, their treatment may require presurgical embolization, occipitocervical fusion, and/or transposition of the vertebral artery. Their high risk of recurrence makes necessary an appropriate monitoring of the patient.

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Conflicts of interest

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