

## INTRODUCTION

Osteoid osteoma is a benign osteoblastic tumor commonly seen in children and adolescents. It is characterized by a small nidus surrounded by reactive sclerosis frequently involving long bones, especially the tibia. Patients typically present with localized pain, worse at night. Surgical excision provides definitive treatment when complete removal of the nidus achieved.

## CASE REPORT

A 15-year-old male presented with insidious onset pain over the distal right leg, severe at night. examination showed localized tenderness over the distal third of the tibia with no swelling or deformity. Radiographs revealed a cortical nidus with surrounding reactive sclerosis suggestive of osteoid osteoma. The patient underwent excision of the nidus with curettage and bone grafting. Post-operatively, the patient had complete pain relief .

## OPERATIVE FINDINGS

Cortical window created over the lesion siteWell-defined nidus identified intra-operativelyComplete excision of the nidus with surrounding sclerotic bone curettageResultant cavity clearly visualizedCavity filled with autologous bone graftWound closed in layersPost-operative X-ray:Complete removal of nidusBone graft filling the defectNo residual lesion or complications



## DISCUSSION

Osteoid osteoma commonly affects adolescents and presents with characteristic localized pain. Radiographs typically show a nidus with surrounding sclerosis, though CT scan is the gold standard for localization. Complete surgical excision of the nidus is essential to prevent recurrence. In weight-bearing bones like the tibia, bone grafting helps restore structural integrity. Surgical excision remains a reliable option, especially where radiofrequency ablation is not available

## CONCLUSION

Osteoid osteoma should be considered in adolescents presenting with persistent localized bone pain. Accurate diagnosis and complete surgical excision with bone grafting provide excellent outcomes with complete pain relief and minimal recurrence