

# OSTEOID OSTEOMA & STRESS FRACTURE OF LEFT KNEE JOINT

## INTRODUCTION

**Osteoid osteoma** is a benign bone-forming tumor occurring mostly in legs, especially in femur. The tumor occurs most frequently in the second decade and affects males twice as often as females. The proximal femur is the most common location followed by the tibia, posterior elements of the spine, and the humerus. Osteoid Osteoma is found in the diaphysis or the metaphysis of the proximal end of the bone more often than the distal end.

Osteoid osteomas consists of a central region, or nidus, less than 2 cm in diameter, containing osteoblasts forming large volumes of disorganized osteoid, capillaries, and occasional osteoclasts. A larger region of reactive new bone formation that matures to form to become dense lamellar bone surrounds the central region. A thin rim of granulation tissue may separate the central osteoid-forming region from the dense reactive bone.

**Stress Fracture:** A "hairline" or microscopic break in the bone that is not demonstrable with conventional x-rays. Symptoms include a dull aching pain with tenderness at the site. Symptoms often increase with activity and diminish with rest. Nuclear bone scanning will reliably demonstrate stress fractures where conventional radiographs often fail.

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## DIAGNOSIS

The two methods are used to diagnose the disease: (1) **Radiological**, (2) **MRI** & (3) **CT Scan**. The classic radiological presentation of an osteoid osteoma is a radiolucent nidus surrounded by a dramatic reactive sclerosis in the cortex of the bone. The center can range from partially mineralized to osteolytic to entirely calcified. The lesion can occur only in the cortex, in both the cortex and medulla, or only the medulla. The reactive sclerosis may be present or absent. The four diagnostic features include (1) a sharp round or oval lesion that is (2) less than 2 cm in diameter, (3) has a homogeneous dense center and (4) a 1-2 mm peripheral radiolucent zone.

MRI & CT Scan are the preferred method of evaluation, especially if the lesion is in the spine or obscured by reactive sclerosis. The radiologic differential includes osteoblastoma, osteomyelitis, arthritis, stress fracture and enostosis.

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## CLINICAL FEATURES

Most osteoid osteomas occur in children, adolescents, or adults younger than 30 years. They can cause considerable pain usually worse at night. Typically, aspirin provides excellent relief. Osteoid osteomas occur most frequently in the diaphyses and metaphyses of the long bones, but they can develop in any part of the skeleton. When they involve bone near synovial joints, they can cause joint effusions, muscle spasms and joint contractures. When in a vertebra, scoliosis may occur. In children, overgrowth and angular deformities may occur.

Soft tissue swelling and tenderness are often associated with progression of the disease. Because of the indolent nature of early osteoid osteoma, patients may wait months to years before seeking medical attention.

## CASE PRESENTATION

A boy aged 22 yrs complained of severe pain in Left knee and consulted orthopedic Surgeon on 22.03.03. The patient was prescribed allopathic medicines along with steroid for 5 days and was advised to go for X-Ray of the Left Knee, AP & lateral view. On his follow up visit, he was prescribed with another 5 days prescription and was advised to go for RA & ESR blood tests. The results of the tests were found to be normal. The patient was given a new prescription dated 27.03.03 along with Physiotherapy exercise.

Unable to provide relief, the patient was referred to Sancheti Institute for Orthopedics and Rehabilitation. On 7.4.2003, the patient was attended by Orthopedic Specialists and concluded that there was HCL tear & Stress fracture medial femoral condyle. The Orthopedic specialists advised conservative treatment with SOS arthroscopy. The conservation treatment was continued till 13.04.2004.

On failing to provide relief to the patient, BONE SCAN was advised on 13.04.2004. The Bone Scan reported “? Osteoid Osteoma in the medial condyle of Left Femur”. The patient was advised on 22.4.04, for Diagnostic Arthroscopy to rule out the exact cause of the pain, which the patient declined. Failing to get any relief, the patient consulted Homoeopathy Clinic on 10.03.05.

After careful examination of the medical history of the patient, the following symptoms were recorded:

- Tearing Pain in Left Knee, < during walking, bending
- Unable to bear weight
- Localized Tenderness

The patient was prescribed with following medicines for 6 weeks and was advised for follow up after the completion of the course:

- Argentum Met 1M
- Tablet Calcarea Flour 3x Biochemic

The patient reported decrease in the pain. On subsequent follow up, the prescription was continued with tapering of Argentum Met 1M, once weekly, afterwards monthly dose along with Biochemic Medicine for almost 7 months.

The patient reported that there was negligible pain, however, was unable to bear weight on the left knee. The patient was advised to go for a Bone Scan. From the Bone Scan report dated 11.10.05 and 14.04.04, it was concluded that “Left Femoral Condyle uptake has become less intense which indicates possibility of Stress Fracture in retrospect rather than Osteoid Osteoma.”

Accordingly the patient was prescribed following medicines:

- Symphytum 10M, one dose once a week
- Calcarea Phos 1M, 2 doses daily for 3 months

The patient reported no symptom of the pain and was able to walk and run freely. A follow up Bone Scan was advised and was asked to stop medication. The follow up bone scan dated 07.04.06 concluded “Normal bone scan”. Compared to earlier bone scan done on 11.10.05 the left femoral condyle lesion has regressed completely.

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## CONCLUSION

Homoeopathy can successfully prevents Surgery in many cases if medicines are prescribed on the basis of confirmed diagnosis & patients individual symptomatology.

\*\* Special thanks to the patient for providing us the complete case papers and permitted me to put his case for the benefit of General public/Students/Doctors and homoeopathic community at large.



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Tel.: 020 - 6123391 (8 lines) • Fax : 020 - 6124529

### DEPARTMENT OF ORTHOPAEDIC

DR. JAYANT S. SHAH

M.B.B.S., D. ORTHO., M.S. (ORTHO.)

CONSULTANT ORTHOPAEDIC SURGEON

TUE. - 10 a.m. to 1 p.m.

THU. - 2 p.m. to 5 p.m.

SAT. - 10 a.m. to 5 p.m.

22/3/03

Mr Vikas Mehta

B = IBK @ knee

Adv

X-ray @ knee < AP Standby  
lat.

R

T Betnalon 0.5

1-0-1 x 2d.

0-1-0 x 3d.

T Ruciper 2mg

1-0-1 x 5d.

T Mimusid 3P

0-1-0 x 5 days.

locally nizer gel.

flw. on Tuesday



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## Ruby Hall Clinic

25/3/2003

40, Sasson Road, Post Box No. 70 Poona 411 001

Phone : 6123391 (8 lines), Fax : 020-6124529

### Department of Clinical Pathology

Dr. S. R. Karve  
M.D., D.C.P.

Mr. Vikas Mehta  
D. Shah

#### BLOOD

Haemoglobin.....

13.6

gsm%

W.B.C.....

6200

/c.mm.

Differential.....

Count : .....

P 60 L 36 M 1 E 3

E.S.R. :-

3 mm 1st hr by westergrain

Blood Sugar ( )

Mg% (Normal )

#### URINE (MULTISTIX)

Protein-Glucose-Ketone-Bile-Urobilinogen

Microscopic Deposits



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DEPARTMENT OF PATHOLOGY & MICROBIOLOGY

**Dr. S. R. Karve**  
M.D., D.C.P.  
Chief Pathologist

40, Sassoon Road, Pune - 411 001.  
Post Box No. 70  
Tel. : 020 - 6123391 To 99  
Fax : 020 - 6124529

**NAME :** MR. VIKAS MEHTA

**DATE :** 25/03/2003

**REFERED BY :** DR.SHAH

=====

**TEST**

=====

**RESULT**

=====

**RHEUMATOID FACTOR**

**NEGATIVE**

=====

POSITIVE TEST INDICATES A. RF CONTENT OF MORE THAN 20 IU/ML  
TEST CARRIED OUT BY RHUMATEX RF.

=====

Dr.Sahni's Homoeopathy Clinic & Research Center Pvt. Ltd [www.homoeopathyclinic.com](http://www.homoeopathyclinic.com)

**Dr. (Mrs) BHAGAT S M**  
**MICROBIOLOGIST**

**Dr. KARVE S R**  
**M.D., D C P**  
**CHIEF PATHOLOGIST**



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16, SHIVAJINAGAR, PUNE : 411005.  
PHONE : 5539999, 5536666 5533333  
FAX : 020-5533233

Name	MR. MENTA VIKAS			O. P. D. No.	45076 (STOR)	DATE	07/04/2003
Age	22 Yrs	Sex	Male	Cons. Fees Rs.	100.00	N/O	NEW SIGN.
Permanent Address	FELCO AMRUT ESHWAR BLDG CHINCHWAD PUNE-			LOCAL ADDRESS One Hundred Only			

Registration Time : 15:58:23

OPD Days : MON TO SAT 2.00 P.M. TO 4.

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DR. C. V. PRADHAN  
M.S. (ORTHO) Lecturer

DR. RAJESH PARASNIS  
M.S. (ORTHO) D.N.B.

DR. ATUL PATIL  
M.S. (ORTHO) Lecturer

Pain left knee - 7 months.

HBTA ORTHO 70/- Pain has started in  
RA 150/-

CRP 150/-  
I. Urine and left knee also  
also gets pain in heel at  
insertion of Ligaments

On flexion left knee

- no effusion

- Tenderness in anterior  
lateral aspect of

knee.

- R. on last 2° flexion  
pangit.

... Rt. knee clinical signs

left heel - Tenderness at insertion of  
Ligaments - Ligaments Ligaments.

Dr. Sahni's Homoeopathy Clinic & Research Center Pvt. Ltd. www.homoeopathyclinic.com  
Above clinical picture in Serum  
Urine and level of C.1mg/l. From Goat P.T. 0

Reys DR R. ARORA / open please

SPJ

2/4/03

Dear Sir,

Thanks for ref.

Pt has main problem at knee  
anterior pain. Now experiencing  
similar pain Rt knee.  
Also pain Tendo calcaneus & shin at

clin Nil particulars

Mild tenderness Gerdy's tubercle

MRI reported as ACL tear &  
stress fracture medial femoral  
condyle. There is no clinical  
co-relation. In fact MRI shows norm  
ACL.

Clinically 2 feel. - chondromalacia  
patellae.

Adv conservative & C.S.S  
diagnostic arthroscopy.



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PHONE : 5539999, 5536666 5533333  
FAX : 020-5533233

Name	Mr. Nanta Vikas			O. P. D. No.	48876 (SIOR)	DATE	23/04/2006
Age	22 Yrs	Sex	Male	Cons. Fees Rs.	50.00	N/O	SIGN. <i>[Signature]</i>
Permanent Address	VELOS AMRUT EDHWAR BLUS CHINCHWAD PUNE-			LOCAL ADDRESS Fifty Only			

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M.S. (ORTHO) D.N.B.

DR. ATUL PATIL  
M.S. (ORTHO) Lecturer

*algout*

*1 Continue Treatment  
as advised by DR. PARAG*

*2. Tab. Lylone*

*3. Tab. Rofexin*

*sfj*

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Name				O. P. D. No.			DATE		
Age	22 yrs	Sex	Male	Cons. Fees Rs.	30.00	N/O	OLD	SIGN.	<i>[Signature]</i>
Permanent Address	KEDAR AMRUT EDWAR BUDH CHANDRAU PUNE-			LOCAL ADDRESS Fitty Only					

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M.S. (ORTHO) Lecturer

DR. RAJESH PARASNIS  
M.S. (ORTHO) D.N.B.

DR. ATUL PATIL  
M.S. (ORTHO) Lecturer

*Feeling better*

Q 1. Continue treatment as advised  
by DR. R. Arora  
x 2m

2. Ich xyloni  
25.

1 —————

x 3. Ich Refex  
25.

1 —————

4 Cap oad 20.

1 —————

*S.P.J.*

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PHONE : 25539999, 25536666, 25533333  
FAX : 020-25533233

Name	Mr. Mahra Vikas			O. P. D. No.	18276 (STUD)	DATE	17/01/2004
Age	22 Yrs	Sex	Male	Cons. Fees Rs.	100.00	N/O	SIGN. <i>[Signature]</i>
Permanent Address	FLD AMRUT LONWAR BLDG CHINCHWAD PUNE-411003			LOCAL ADDRESS One Hundred Only			

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DR. RAJESH PARASNIS  
M.S. (ORTHO) D.N.B.

DR. ATUL PATIL  
M.S. (ORTHO) Lecturer

*Right GOR Parag Sancheti  
opium / advice please  
SPJ*

*Ry 1 Dab nungene  
1*

*2 Dab Tycol  
1*

*3 Dab Rekool  
1*

*4. Resisted  
groups haush  
Eners  
20 mts — 20 mts*

*SPJ*

S/B Dr. Parag Sir

Multiple joint pain.

Pain in left knee.

① T. Vx<sub>2</sub> (20mg) (1—x—1)  
(after food)

② T. Fluidax (10mg) (1—x—1)

③ T. Rantax (150mg) (1—x—1)  
(before food)

④ Ointment Sensor to apply locally  
1 — 1

Gave

Physiotherapy

① SWD x 10 days

② To attend physiotherapy  
department for supervised  
physiotherapy

To review after 3 weeks.

**Dr. R. Arora**

M.S. Ortho., D. Ortho.

**Consultant Orthopaedic Surgeon**

Fractures, Joint Replacement, Arthroscopy

**Clinic :**

Hermes Doctor House, Hermes Elegance

1989, Convent Street, Camp, Pune - 411 001.

Tel. : ~~6340989, 6340989, 6340989~~ 6340714

Email-orbit@wmi.co.in.

Monday to Saturday <sup>after 5/30</sup> to 8-30 p. m

Pager : 9628 511508

● Honorary, Poona Hospital Tel. : 4331706  
Wed. & Sat. 10 a.m. to 12 noon

● Visiting Surgeon, Sancheti Institute for  
Orthopaedics & Rehabilitation  
Tel. : 5533333

~~Wed & Sat~~ to 10 a.m. to 12 noon  
Tue & Thur

● Panel Consultant, Honorary Arthroscopist,  
Inlaks Hospital Tel. : 6129080

22/4/03

Mr Mehta

1 of Caps Rejoint

2 Avoid stressing knee joint

✓ Tab Nimulid

1 ————— 1

- Xeroflam gel

• Knee exercises

3 weeks

Khars

Please bring this paper with you on your next visit.

तपासणीच्या वेळी कृपया हा कागद आणावा.

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PHONE : 25539999, 25536666, 25533333  
FAX : 020-25533233

Name	Mr. Mehta Vinas			O. P. D. No.	48076	DATE	23.1.04
Age	50	Sex	male	Cons. Fees Rs.		N/O	200
Permanent Address	Telco Amnt Eshan chinchwad			LOCAL ADDRESS 501			

DR. K. H. SANCHETI  
M.S.(ORTHO) Prof. Head

Consultant Incharge :- Dr. Parag Sir

DR. (COL.) S.P. JYOTI  
M.S.(ORTHO) Professor

Swelling slightly reduced

DR. R. ARORA  
M.S.(ORTHO) Professor

DR. PARAG SANCHETI  
M.S.(ORTHO) Asso. Prof

DR. S. A. PATWARDHAN  
M.S.(ORTHO) Lecturer

DR. C. V. PRADHAN  
M.S. (ORTHO) Lecturer

DR. RAJESH PARASNIS  
M.S. (ORTHO) D.N.B.

DR. ATUL PATIL  
M.S. (ORTHO) Lecturer

Physiotherapy, Exercises

SWD x 10 days

To attend physiotherapy  
department daily for supervised  
physiotherapy.

To review after 7 days at 3.00 pm.  
(30-1-04).

*[Signature]*

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PHONE : 25539999, 25536666, 25533333  
FAX : 020-25533233

Name Mr. <u>Paras Vikas</u>		O. P. D. No. <u>4076 (10101)</u>		DATE <u>12/1/2004</u>	
Age <u>22 yrs</u>	Sex <u>Male</u>	Cons. Fees Rs. <u>50.00</u>		N/O <u>OLD</u>	SIGN. <u>9m</u>
Permanent Address <u>FLAT A-101 ESHWAR BLUE CHINCHWAD PUNE-411003</u>		LOCAL ADDRESS <u>Fifty Univ</u>			

Registration Time : 15:56:44

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M.S.(ORTHO) Professor

*Pain reduced  
No snapping pain persists*

DR. R. ARORA  
M.S.(ORTHO) Professor

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DR. ATUL PATIL  
M.S. (ORTHO) Lecturer

Physiotherapy

① - knee strengthening exercises

② SWD p 10 days

Adv-

- Visco Knee brace with hinges

- Tab Vx 20mg p 15d  
1 — X — 1

- Tab Fludac 20mg p 15d  
1 — X — 1

- Tab Kantar p 15d  
1 — X — 1

- serum ointment locally

*[Signature]*

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PHONE : 25539999, 25536666, 25533333  
FAX : 020-25533233

Name	Mr. Mehta Vikas			O. P. D. No.	48876 (SIOR)	DATE	18/02/2004
Age	22 Yrs	Sex	Male	Cons. Fees Rs.	50.00	N/O	OLD SIGN.
Permanent Address	YELCU AMHOT ESHWAR BLDG CHINCHWAD PUNE-411033			LOCAL ADDRESS Fifty Only			

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DR. RAJESH PARASNIS  
M.S. (ORTHO) D.N.B.

DR. ATUL PATIL  
M.S. (ORTHO) Lecturer

*Pain reduced  
It unable to load on both knees*

*Hand  
Left Knee  
1-X-1  
Left Ankle  
1-X-1  
VORIN GER  
cyst level  
3m*

*O.T  
Knee Pain &  
Q2 H &  
Jyoti*

*24X 3m  
T.M.*



21-2-04

S/B Dr. Parag Sir

Refer to Physiotherapy Exercises

① Quadriceps Strengthening

ex - S  
AR

② Hamstring strengthening

ex - S  
AR

③ Knee ROM

① Tab. Nimex 1-x-1  
(after food)

② Cap Omex (20mg)  
(before food) 1-x-1

③ Ointment Volini Gel to apply  
locally three daily

④ Tab Reflexforte  
1-x-1

Dr. Swati Please speak  
To Jon Knee Club.

TCA 1 month



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PHONE : 25539999, 25536666, 25533333  
FAX : 020-25533233

Name	Mr. Menta Vikas			O. P. D. No.	40076 (SIGN)	DATE	06/04/2004
Age	23 Yrs Man	Sex	Male	Cons.Fees Rs.	50.00	N/O	OLD SIGN. S
Permanent Address	TELCO AMRUT ESHWAR BLDG CHINCHWAD PUNE-411033			LOCAL ADDRESS	Fifty Only		

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M.S.(ORTHO) Prof. Head

Consultant Incharge :- Dr. PARAG K. SANCHETI

DR. (COL.) S.P. JYOTI  
M.S.(ORTHO) Professor

*Paras in @ knee*

DR. R. ARORA  
M.S.(ORTHO) Professor

DR. PARAG SANCHETI  
M.S.(ORTHO) Asso. Prof

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M.S.(ORTHO) Lecturer

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DR. ATUL PATIL  
M.S. (ORTHO) Lecturer

*Adh*

1) T. Vx2 (20mg) after food  
(1-x-x)

2) T. Santal (15mg) 1/2 hr before food  
(1-x-x)

5  
1  
1  
Rei

PT.

(Recognised Post - Graduate Teaching & Research Institute by Poona University)

**DR. K. H. SANCHETI**

Chief Orthopaedic Surgeon



Orthopaedic Surgeon

21-4-04

5

1 ————— X —————

X ——— 1 ——— X

X ——— | ——— X

6

wk

TCA ⑥ wk

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PHONE : 25539999, 25536666, 25533333  
FAX : 020-25533233

Name	Mr. Mehra Vikas			O. P. D. No.	48876 (S/O R)	DATE	13/04/2004
Age	27 Yrs Man	Sex	Male	Cons. Fees Rs.	50.00	N/O	SIGN.
Permanent Address	VELCO AMRUT ESHWAR BLDG CHINCHWAD PUNE-411033			LOCAL ADDRESS	Fifty Bally		

Registration Time : 16:50:41

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Consultant Incharge :- Dr. PARAG K. SANCHETI

DR. (COL.) S.P. JYOTI  
M.S.(ORTHO) Professor

S/B Dr Parag Sir,

DR. R. ARORA  
M.S.(ORTHO) Professor

Adv.

DR. PARAG SANCHETI  
M.S.(ORTHO) Asso. Prof

Bone scan (talphasic).

DR. S. A. PATWARDHAN  
M.S.(ORTHO) Lecturer

Bone scan - ? osteoid osteoma medial condyle  
(L) femur - 1st

DR. C. V. PRADHAN  
M.S. (ORTHO) Lecturer

DR. RAJESH PARASNIS  
M.S. (ORTHO) D.N.B.

Adv

To review 7 Reports.

DR. ATUL PATIL  
M.S. (ORTHO) Lecturer

S/B Dr Parag Sir

Reports reviewed.

Adv CT scan lower end femur  
to thin & cuts.

22/4/04

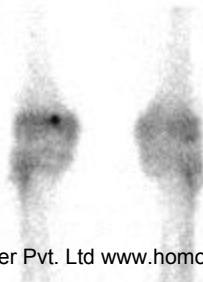
Discussed in morning meeting

Adv : Diagnostic Arthroscopy

521042004



## Poster Session



### Predictions

[All Images](#)



**SPECT  
LAB**

nuclear medicine services

## Bone Scan Report

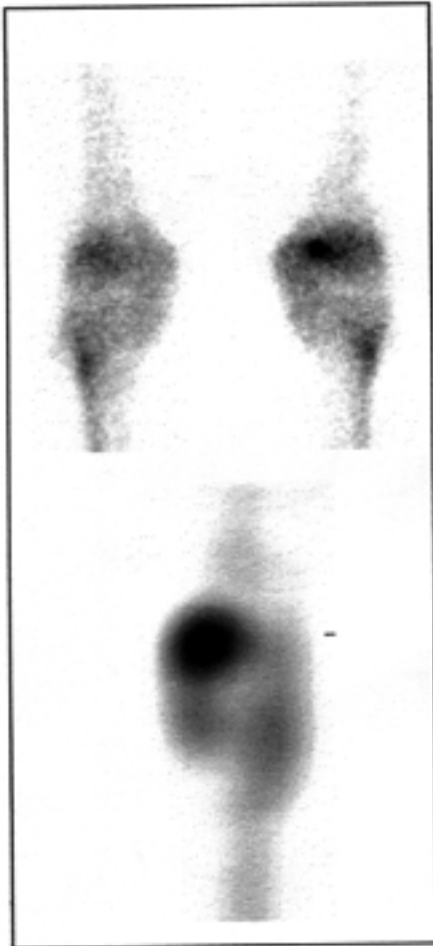
**Name:** Mr Vikas Mehta

**Age/Gender :** 23 y/ m

**Date:** 14/04/2004

**Ref. By:** DR PARAG SANCHETI MS MCh

**Indication:** h/o Pain in the left knee joint.



**Method:** 20mCi of Tc99m Medronate was injected intravenously and whole body images were acquired at three hours..

### Scan Findings:

**Perfusion and blood pool images are unremarkable.**

**Delayed static images show hot spot in the medial condyle of left femur.**

**Spect images reveal the lesion in the same region.**

Physiologic uptake of tracer is seen in rest of the skeleton.

Both the kidneys are seen.(normal finding)

### Comments:

? Osteoid osteoma in the medial condyle of left femur.

**DR PARAG SANCHETI  
ORTHOPEDIC SURGEON**

  
**Dr. Shrikant Solau**  
M.D., DRM

K - 2/1, Erandwana Co-op.Society.Opp.Dinanath Mangeshkar Hospital,Near Mehendale Garage,  
Pune - 411004 (India) Phones : (020) 25441125 / 25443596 / 25442557.  
Mobile : 9822016769, Email : solav@vsnl.com

Dr.Sahni's Homoeopathy Clinic & Research Center Pvt. Ltd [www.homoeopathyclinic.com](http://www.homoeopathyclinic.com)

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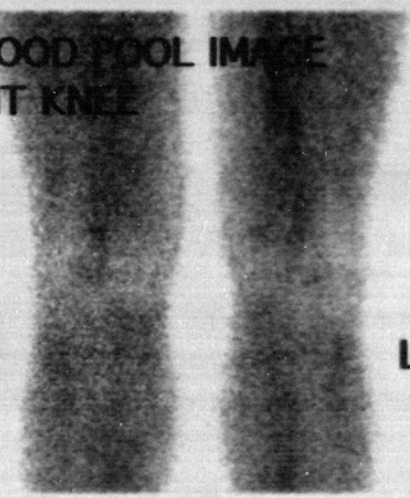


Tc-99mMDP

BLOOD POOL IMAGE  
ANT KNEE

R

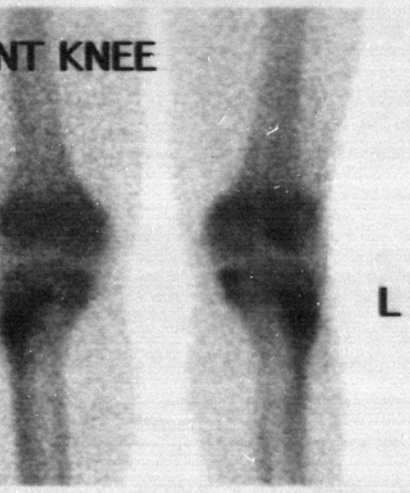
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**BONE SCAN**
**LILAVATI HOSPITAL**  
 AND RESEARCH CENTRE

**PATIENT'S NAME** : VIKAS MEHTA  
**REF. DR.** : SAHANI B. S.  
**DATE** : 11/10/2005

**AGE** : 24 YRS.  
**OP. NO.** : 94809  
**NM. NO.** : 17BS/10

**SEX** : M

**INDICATION** : ? osteoid osteoma ? stress fracture of left femoral condyle.

**PROCEDURE** : 20 mCi of <sup>99m</sup>Tc-MDP was injected intravenously & whole body images were acquired after 3 hrs. in anterior & posterior projections.

**FINDINGS:**

**FLOW** : No abnormal vascularity to the left knee.

**STATIC:**

Mildly increased tracer uptake is seen in the medial condyle of left femur.

SPECT images reveal no significant increase in tracer uptake in same region.

Physiological radiotracer uptake seen in rest of the skeleton.

Both the kidneys are visualized.

**COMMENTS:**

- Compared to the previous bone scan done on 14/4/04, the left femoral condyle uptake has become less intense which indicates possibility of a stress fracture in retrospect, rather than an osteoid osteoma.

**DR. R. D. LELE**  
**DIRECTOR**  
**DEPT. OF NUCLEAR MEDICINE & RIA**



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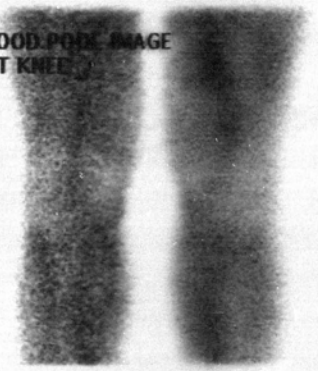
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Tc-99mMDP

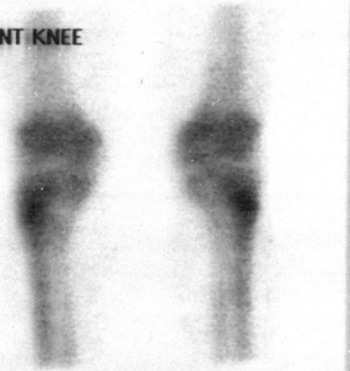
BLOOD POOL IMAGE  
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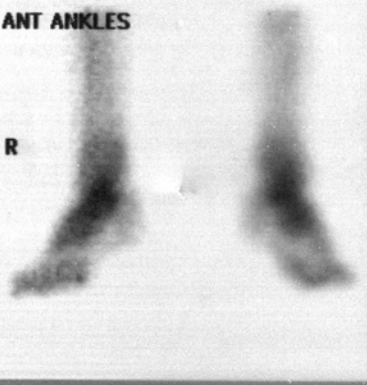
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Parameters

Name: VIKAS MEHTA 24/M

Date: 2006.04.06

ID: 1485/04

## BONE SCAN



LILAVATI HOSPITAL  
AND RESEARCH CENTRE

PATIENT'S NAME : VIKAS MEHTA  
REF. DR. : SAHNI B. S.  
DATE : 07/04/2006

AGE : 25 YRS.  
OP. NO. : 36685  
NM. NO. : 14BS/04

**INDICATION** : ?osteoid osteoma? Stress fracture of left femoral condyle

**PROCEDURE** : 20 mCi of  $^{99m}\text{Tc}$ -MDP was injected intravenously & whole body images were acquired after 3 hrs. in anterior & posterior projections.

### FINDINGS:

**FLOW:** No abnormal vascularity is seen to the medial condyle of left femur

### STATIC:

- Normal physiological radiotracer uptake seen throughout the skeleton.
- Both the kidneys are visualized.

### COMMENTS:

- Normal bone scan
- Compared to earlier bone scan done on 11/10/05 the left femoral condyle lesion has regressed completely.

DR. R. D. LELE  
For DIRECTOR  
DEPT. OF NUCLEAR MEDICINE & RIA



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