

# **“Globus Symptoms”: A Rare Case of Giant Osteochondroma of the Axis Treated with High Cervical Extrapharyngeal Approach**

Background Osteochondroma is the most common primary bone tumor, composing 35% of benign bone tumors and 9% of all bone tumors; 1.3 to 4.1% of all osteochondromas originate from the spine. A rare differential diagnosis for globus symptoms is an osteochondroma originating from the anterior surface of the axis. We describe a rare case of osteochondroma of the dens resulting in “globus symptoms” (the subjective sensation of a mass in the throat) treated with excision via the high cervical extrapharyngeal approach.

Purpose To discuss the surgical management of this problem, with an emphasis on surgical approach used. The clinical history, examination, and investigations are presented and illustrated, along with clinical patient outcome.

Study Design/Setting This article is a case report of a patient treated at the Department of Trauma and Orthopaedics in an active university teaching hospital.

Methods Case presentation. For the discussion, we used handpicked articles, as well as MEDLINE and PubMed database searches with the keywords “C2,” “dens,” “osteochondroma,” “globus,” “extrapharyngeal approach.”

Results Uncomplicated procedure. Histological analysis confirmed a benign osteochondroma with no evidence of malignancy. The patient underwent an uncomplicated postoperative recovery and was discharged 24 hours after surgery, fully ambulatory and eating and drinking well.

Conclusions The high cervical retropharyngeal approach is safe and reproducible for the excision of osteochondromas or osteophytes of the upper cervical spine.

## “蒼白球症狀”：軸罕見的巨骨軟骨瘤以高頸椎外咽部方法治療

**背景** 骨軟骨瘤是最常見的原發性骨腫瘤，構成 35% 的良性骨腫瘤和 9% 的所有骨腫瘤；1.3 至 4.1% 的骨軟骨瘤是源於脊椎。對蒼白球症狀的一種罕見鑑別診斷是骨軟骨瘤，源自軸的前表面。我們描述一個因罕見的骨軟骨瘤引致的“蒼白球症狀”（主觀感覺是在喉嚨有硬塊）並以高頸椎外咽部方法切除。

**目的** 討論以外科手術治理這個問題，並強調用手術方法處理。介紹和說明臨床病史，身體檢查和檢查，以及病人的臨床結果。

**研究設計/設置** 這篇文獻是一名患者在活躍的大學教學醫院創傷及骨科部治療的病例報告。

**方法** 病例報告。討論中，我們使用精心挑選的文獻，以及在 MEDLINE 和 PubMed 數據庫以關鍵字“C2”，“齒突”，“骨軟骨瘤”，“蒼白球”“外咽部”方法搜索。

**結果** 簡單的程序。組織學分析證實一個良性的骨軟骨瘤，沒有證據是惡性的。患者接受了一個簡單的術後恢復，手術後 24 小時出院，完全適宜下床走動，能正常進食和飲水。

**結論** 高頸椎後咽部方法是安全和可重複性地切除上頸椎骨軟骨瘤或骨刺。