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Various Location of Exostosis in the Adult Dry Skulls

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ABSTRACT

Exostosis is the non-cancerous bony outgrowth. It can be caused by genetic mutation it can occur by its own way. It is characterised by two way they are sessile or pendunculated. In this sessile type are permanently attached and broad-like, penduculated are connected by tendon or muscles. Exostosis are stop developing once it reaches the maturity stage and also depends upon the growing area it might causes pain to the individuals. The knowledge of exostosis is used to assess the bone growth, radiology aspect to rule out the clinical condition in better way.

INTRODUCTION

Exostosis is bony protrubence localised peripheral cartilaginous flank nan cancerous outgrowth. Based on the sites of origin, ligament, tendon or joint capsule attachment to a bone[1]. Many cases reported that multiple exostosis is formed due to hereditary autosomal dominant transmission, Nature of exostosis is sessile, peduncle or nodular type [2]. They tend to develop during adolescence and gradually over a years normally it reduces the size of growth once its reaches the maturity and would be painful. They have tendency to grow several centimeter and also etiology of this condition due to genetic, environmental factor even mechanical stress can be absorbed by the interweaving fibres at the insertion leads to the formation of enthesophytes, bony projections that are arise from the enthesis.

However, in recent studies we found that the presence of an enlarged promeinence in the external occipital protuberance and frontal bones has been observed. The purpose of the study to analyse the morphology and localisation in accurate manner this would be beneficial while undertaking clinical examination [4].

MATERIALS AND METHODS

This study was conducted in the department of anatomy 35 dry adult skulls of unknown age and sex without any event deformity or sign of injury. Prior to observe the skull were placed in flat surface and go through variation or prominence of skull in the squamous region, each exostosis region and location and size were observed. Based on the anatomical location and planes and size parameter defined and studied.

RESULT AND DISCUSSION

In the this, study exostosis was observed bilaterally. The most common type of exostosis of the skull 20% is seen in squamous part of frontal, occipital and parietal (fig 1 and 2). Remaining 40% exostosis are present in the extremities of the body. The cap is covered by thin periosteum and relatively increased density of the bone, usually it is asymptomatic although the trauma to the thin overlying mucosa.no treatment is required for most exostosis, however surgical removal can be performed if an pain or lesion interferes [5].

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TABLE 1:

Skull Region	Present	Absent
Frontal	++++	+
Parietal	+++	--
Occipital	++	
Temporal	–	

Fig 1. Frontal exostosis – variation and normal

CONCLUSION

The most profound value of detecting unusual finding of prominence in the young adult skull that it may serve as an indicator, alerting clinicians and individuals to the potential risk of early development of preventable musculoskeletal disorders related to poor posture and biomechanical stress[6]. Although the presence and sizes in this young adult population appears to be asymptomatic, it is probable that increased growth of these enthesophytes may instigate or exacerbate symptoms associated with ageing.

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