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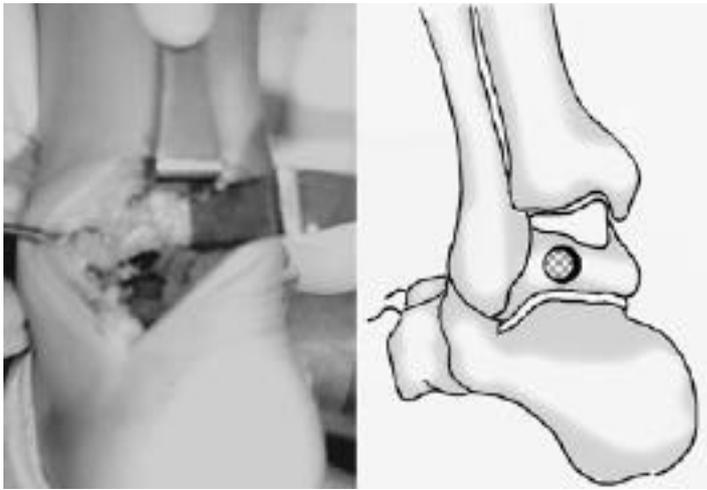


Fig. 1. Posterolateral approach of the talar body. Longitudinal skin incision was made halfway between the posterior border of the Achilles tendon. The interval plane lies between the peroneus brevis and the flexor hallucis longus. The cortical window was made just beneath the cartilage of the talar dome.

Table 1. Methods and results of treatment in benign tumors of the talar body

Case	Sex/age	Diagnosis	Approach	Treatment	Margin	Jt.involve	Duration	Recur	Complication	motion	Pain
1	F/41	capillary hemangioma	[¶] PM	[§] CRT & cement	intralesion	-	2 years	-	-	Full	-
2	M/32	simple bone cyst	[¶] PL	[§] CRT & LUBBOC	intralesion	-	5 years	-	infection	Full	-
3	F/10	osteochondroma	[¶] PL	Excision	marginal	+	16 years	-	-	Full	-
4	M/13	osteoid osteoma	[¶] PL	Excision	marginal	+	14 years	-	-	Full	-
5	F/22	osteoid osteoma	[¶] PL	Excision	marginal	+	8 years	-	-	Full	-
6	M/33	giant cell tumor	[¶] PL	[§] CRT & ethanol & [¶] BG	intralesion	-	9 years	-	-	Full	-
7	F/10	giant cell tumor	[¶] PL	[§] CRT & ethanol & [¶] BG	intralesion	-	5 years	-	-	Full	-
8	M/16	chondroblastoma	[¶] PL	[§] CRT & ethanol & [¶] BG	intralesion	+	1 years	-	-	Full	-

*F: female; M: male; [¶]PM: posteromedial approach; [¶]PL: posterolateral approach; [§]CRT: curettage; [¶]BG: autogenous bone graft



Fig. 2. A. Chondroblastoma of the left talus. The radiograph of the talus of a 16 year-old male shows osteolytic lesion with sclerotic margin in the talar body.
B. Intraoperative photograph of the left ankle shows a cavitory defect of talar body after curettage was done through the posterior process of the talus.
C. Postoperative radiograph shows the defect was packed with the autogenous iliac bone. It shows the bony bridges are crossing over almost all the surfaces of host-graft junction.
D. Postoperative radiograph taken at 6 months later shows the increase of bone density in the cavity which was packed with grafted bone.

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Benign Tumors of the Talar Body

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Purpose: Benign bone tumor of the talar body have rarely been evaluated according to the therapeutic methods because of the scarcity of their incidence. Here, we report our experience of 8 cases who were treated by using of posterior approach and curettage through the posterior process of the talus.

Materials and Methods: Between February 1986 and October 2001, we experienced 8 cases of benign bone tumor occurring in the talar body. They included two osteoid osteomas, two giant cell tumors, one capillary hemangioma, one chondroblastoma, one simple bone cyst, and one osteochondroma. Their mean age was 22.1 years (ranging from 10 to 41 years). Mean follow-up period was 7.7 years (ranging from 1 to 16 years). All patients were treated by using of posterior approach. Two osteoid osteomas and one osteochondroma were treated by excision of tumors. Other cases were treated with curettage through the cortical window on the posterior process of the talus.

Results: There was no recurrence during the follow-up period. one infection occurred. Except this case, all patients had no pain in weight-bearing, and complete range of movement at the ankle joint was reserved in each case.

Conclusion: In this study, we suppose that posterior approach to the talar body may be a safe method with minimal damage of normal tissues and sufficient of curettage is capable through the cortical window on the posterior process of the talus.

Key Words : Benign bone tumor, Talus, Posterior approach

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