

# An uncommon cause of back pain: myositis caused by scapular osteochondroma

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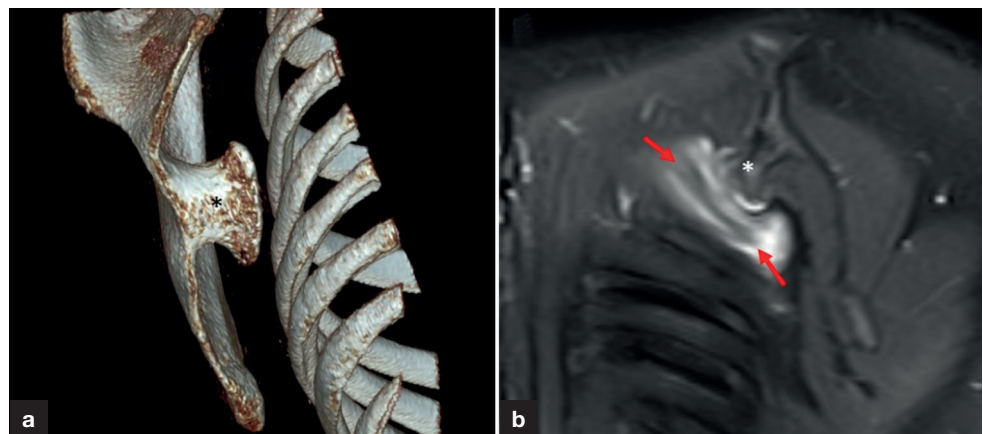
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A 20-year-old male was admitted to the first author's centre with back pain. On physical examination, he had tenderness in the left scapula and it had an asymmetric appearance. Non-contrast thoracic computed tomography showed a 2x1 cm smoothly circumscribed lesion with a cartilaginous cap protruding into the thoracic junction on the infero-medial aspect of the ventral surface of the left scapula (**Figure 1a**). Magnetic resonance imaging was performed to evaluate the surrounding tissues, and signal increases in T2-weighted images supporting a diagnosis of myositis were detected in the rhomboid muscle planes adjacent to the lesion (**Figure 1b**).



**Figure 1.** a. Three-dimensional computed tomography image showing osteochondroma on the ventral surface of the left scapula. b. Magnetic resonance coronal image in proton density sequence showing increased intensity and thickness indicating myositis in the muscle planes (arrows) adjacent to the osteochondroma (asterisk).

Osteochondroma is the most common benign bone mass and has a cartilaginous structure. It is most commonly asymptomatic and seen in the knee, proximal humerus and pelvis. Scapular osteochondroma is very rare and has been reported in case reports (Sivananda et al, 2014; Alatassi et al, 2018). Reactive myositis is a complication of osteochondroma caused by compression of nearby structures.

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