

# Simple Bone Cyst

- Benign, intramedullary, usually unilocular, fluid-filled bone lesion lined by fibrous membrane
- 85% occur in first 2 decades
- ± spontaneous resolution with skeletal maturity or fracture
- No consensus on best treatment
  - Local recurrence of 10-20% after treatment
- < 50% of proven SBCs meet all criteria of "simple" cysts
  - Lesion may contain septa, loculations, fluid-fluid levels, and inhomogeneous contents not meeting strict criteria of fluid
  - Complex MR features should not deter consideration of SBC diagnosis

# Imaging

- 90% occur in long bones
  - Proximal humerus (50%) > proximal femur (25%) > proximal tibia and other long bones
  - Arise in metaphysis, adjacent to physis
- Radiography: lytic, central lesion in medullary cavity
  - Long axis parallel to length of host bone
  - Geographic with thin, sclerotic margin
  - $\pm$  pseudotrabeculations or septa
  - Mild circumferential expansion of bone

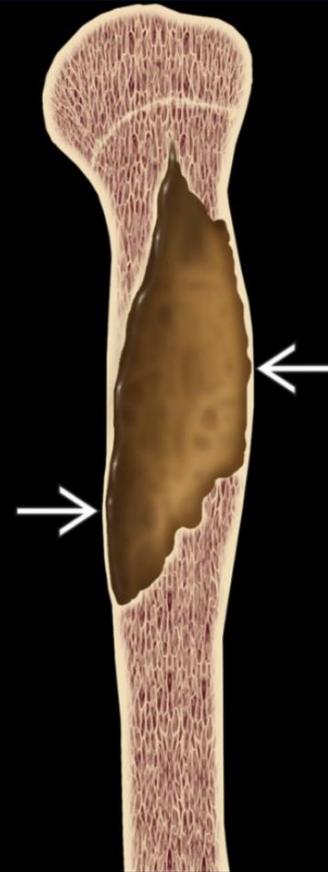
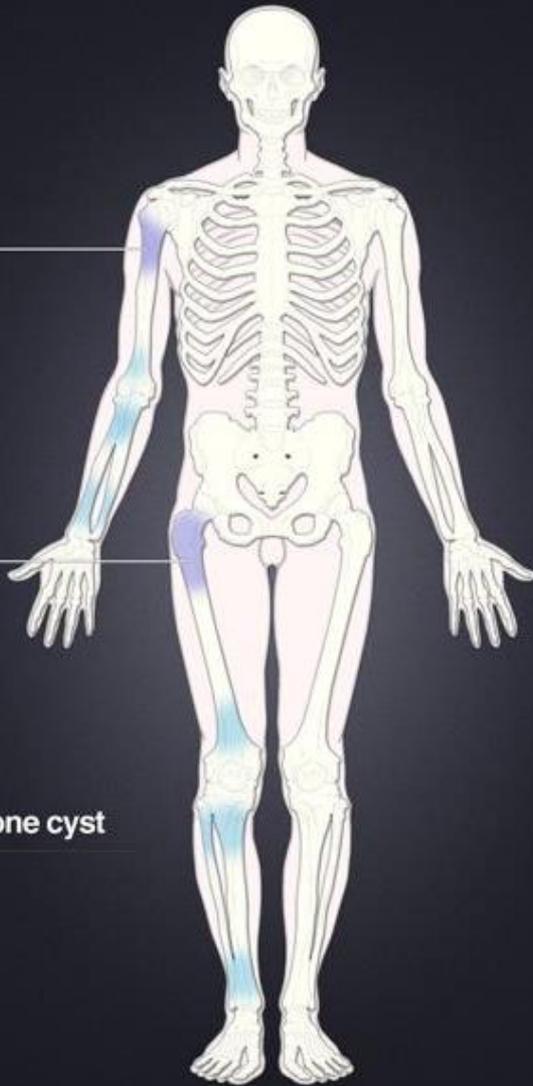
50-60%

25%

### Unicameral bone cyst

 Typical

 Less typical



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Graphic depicts a simple **bone cyst** (SBC) in the typical location within the proximal humerus. The cystic cavitation is well demarcated with thinning of the cortex and mild expansion →. The lesions usually contain a clear, serous-like fluid; the glistening cystic fibrous lining is shown here.





# Unicameral bone cyst

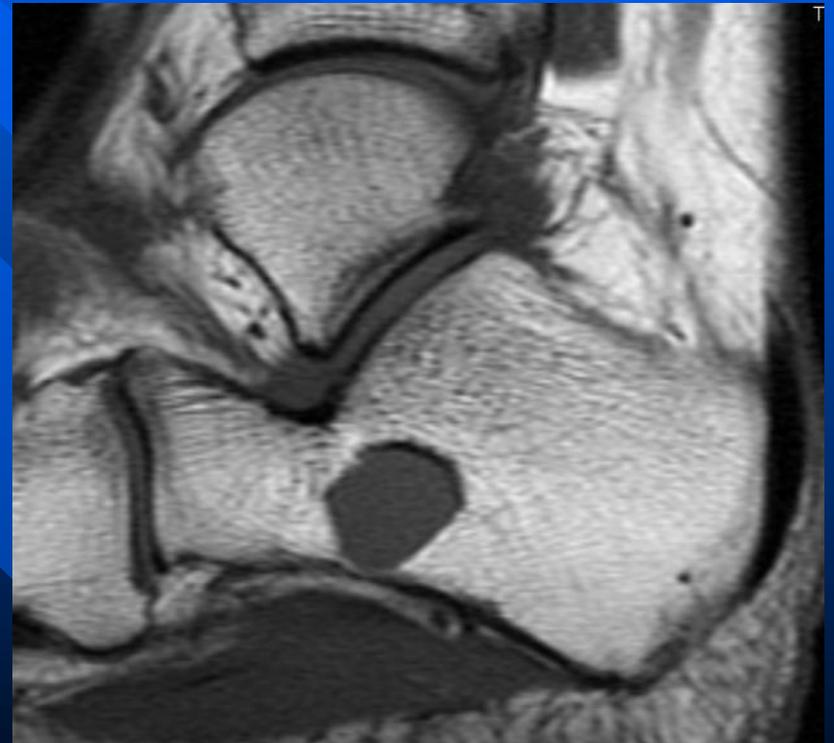


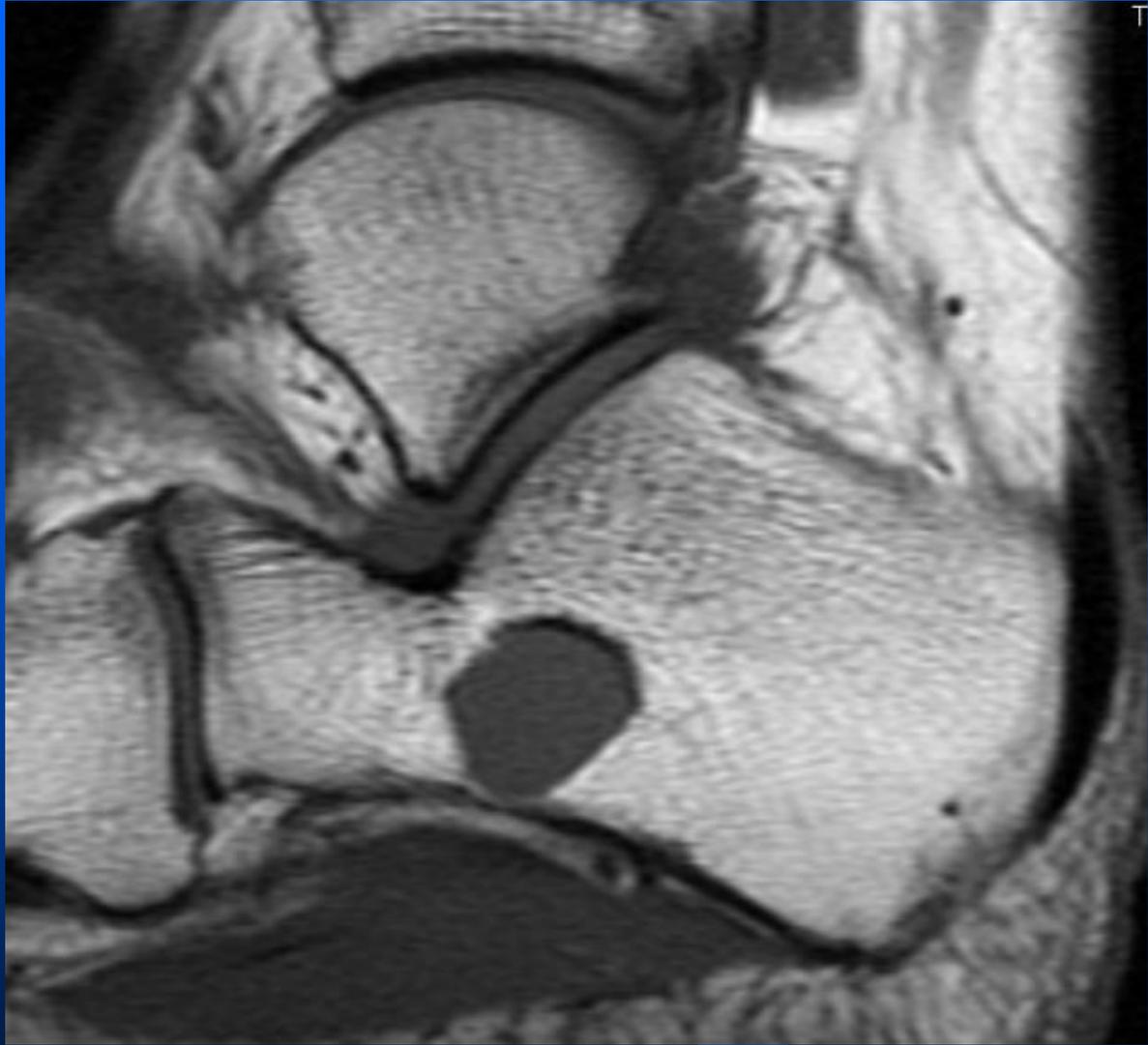
“Fallen fragment sign”

# Unicameral bone cyst of the hip



Major differential diagnoses are a lipoma and thinning of the trabeculae (pseudotumor)





# Lipoma



Cocade sign - central calcification resembling a cockade. A cockade is badge