Large Giant Cell Tumour Of Distal Ulnar - A Case Report

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INTRODUCTION:

Giant cell tumor is not an uncommon locally aggressive benign bone tumor, affecting young adult and commonly occurred in distal radius, distal femur and proximal tibia.

MATERIALS & METHODS:

A 30 -year old right hand dominant secretary presented in 2010 with bone swelling in distal right ulna for few months, with intermittent pain and also limitation of movement. There was no other significant complaint. Physical examination revealed a large bone tumour over right ulna measuring 15x15cm and reduced movement of joint (Figure 1).

Plain x-ray showed a large bone tumour with soap bubble appearance involving distal half of right ulnar without periosteal reaction. Magnetic resonance imaging suggestive giant cell tumour of distal ulnar (Figure 2).

Patient underwent wide local excision of distal ulnar. Intra-operative revealed mild laxity in ulnar deviation otherwise the wrist joint was stable; thus no reconstruction was performed.

Figure 1: a large bone tumour involving almost distal half of right ulna measuring 15x15cm with some prominent veins

Figure 2: plain x- ray of right radius and ulnar showed soap bubble appearance involving distal half of right ulnar without periosteal reaction

RESULTS:

Follow up at 15month post operation, range of movement for ulnar and radial deviation, palmar and dorsiflexion is reduce by 10-15%. Unfortunately her right hand grip strength reduce about 50% compared to left side, but it did not affect her daily activity with pain score of 1-2 without analgesics.

DISCUSSIONS:

It is a not uncommon benign tumour that usually located at long bone meta-epiphysis region. Distal ulna is among the unusual site for GCT, which occur 0.45%-3.2% of all primary bone GCT (1) and usually small in size.

One of the treatment options of GCT over distal ulnar is en bloc resection with or without stabilisation of distal radioulnar joint (DRUJ). Most reported en bloc resection with stabilization of DRUJ will give better result. However, study by Scott et al (2) reported that en bloc resection without DRUJ stabilization also give a satisfactory result.

Our patient was treated with en bloc resection without DRUJ stabilization. Currently patient have good range of movement and pain control. Grip strength is reduce, but patient satisfied and did not affect her daily working activity.

CONCLUSION:

Decision of surgery depend on patient requirement and lifestyle. En bloc resection without DRUJ reconstruction is optimum in treating sedentary lifestyle patient

REFERENCES:

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2. Scott W Wolfe: wide excision of distal ulnar, a multicenter case study. J Hand Surg 1998;23A:222-228