

LONG-TERM FOLLOW-UP OF GIANT CELL TUMOUR (GCT) WITH PULMONARY METASTASES

Rajaei AMZ¹, Sahran Y¹, MZ Nor Azman¹, Zulmi Wan¹, BM Biswal², WI Faisham¹
Musculoskeletal Oncology Unit, Orthopedic Department¹, Oncology and Radiotherapy², School of Medical Science, Universiti Sains Malaysia, Kelantan

INTRODUCTION:

The aim is to describe the long-term outcome of progressive pulmonary metastases of GCT treated with courses of chemotherapy.

METHODS:

We reviewed data of all consecutive case of GCT with pulmonary metastases in our centre. Patients with progression of metastatic nodule underwent systemic chemotherapy; VAC (vicristine, cyclophosphamide and adriamycin) every 3 weeks for 6 cycles. Six monthly CT scan follow-up were done. In stable disease, X-ray was done annually unless in symptomatic patients.

RESULTS:

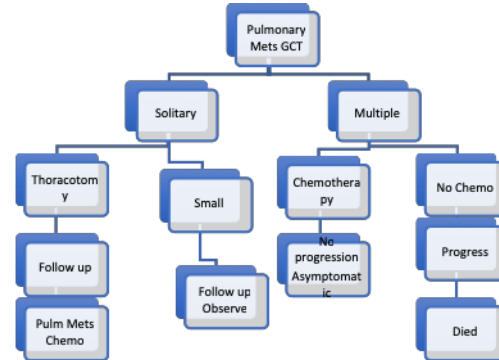
Pulmonary metastases occurred in 14 patients (age 22-48). All patients had local aggressive lesions with soft tissues involvement (stage III) and 6 patients presented with local recurrence (3 previously had curettage and 3 resection). Pulmonary metastases occurred within 6 months to 4 years in all patients except for 1 case. He refused primary surgery and presented 10 years later with pulmonary metastases.

One patient presented after one year with the disease, and pulmonary metastases occurred 2 years later with metachronous tumour to distal end radius.

Seven patients with progression of pulmonary nodule were subjected to chemotherapy. Three patients that received chemotherapy had recurrence but the pulmonary nodule remained static. One patient presented with a metachronous lesion after chemotherapy, however the pulmonary lesion remained static.

Two patients underwent thoracotomy surgical resection remained disease free for 2 years before subsequent progression. HPE showed no evidence of malignant transformation.

Two patients refused chemotherapy showed progression of pulmonary nodules and both patients succumbed to the disease with massive pleural effusion and haemoptysis. Four patients with small pulmonary nodules, which didn't show progression was managed by serial observation and remained static without symptoms. One patient received 6 courses of denosumab also was stable for 4 years.



CONCLUSION:

Progressive lesion had favorable outcome with chemotherapy and resection of pulmonary nodule. Non-progressive lesions do not shown to cause problem in long term follow up.

REFERENCES:

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