

## GIANT CELL TUMOUR OF PATELLA; THE DARK HORSE OF ANTERIOR KNEE PAIN

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**Introduction:** The majority of anterior knee pain are related to patella tracking disorder or cartilage problem. With a prevalence rate of less than 1%, it is not surprising that primary patella tumours, with giant cell tumour (GCT) being the commonest are frequently diagnosed late in patients with this symptom. The case described here is of a very rare cause of this common symptom. The patient has a long history of left knee pain and was finally diagnosed with GCT of the patella after several possibly missed chance of diagnosis in the primary care setting.

**Discussion:** A 28 year old presented with a long standing history of non traumatic left anterior knee pain of over one year. Plain radiograph showed an ill-defined radiolucent lesion within the patella. MRI revealed multilobulated soft tissue lesion of heterogenous signal intensity within the patella. Histological findings obtained through CT guided biopsy confirmed the lesion to be GCT. As the lesion was confined within the patella, patella salvage procedure was favoured over a more aggressive total patellectomy, in order to preserve knee function. Intralesional extended curettage, with cement augmentation were performed. Patient achieved full motion of his knee at three weeks after surgery. At six months follow up, there was no evidence of local recurrence.

**Conclusion:** Although very rare, GCT of patella should always be borne in mind by the primary care doctor and orthopaedist, considering the high probability of conserving the patella function if detected and treated early. Extended curettage with bone grafting or cement augmentation can be considered in lesions that are less extensive. Appropriately done in carefully selected patients, this surgical method preserves knee joint function while achieving low recurrence rate.