

THE MISPLACED GIANT, GCT ULNAR. 4 YEARS REVIEW

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Introduction: Giant cell tumour is not an uncommon locally aggressive benign bone tumour and affect young adult, between 20-40 years old. It is commonly occurred in distal radius or distal femur. Distal ulnar is uncommon site for giant cell tumour.

Discussion: 30 -year old secretary presented with painless bone swelling in distal forearm. Besides intermittent pain and limitation of wrist movement, there was no significant complaint. Physical examination revealed a large bone tumour at distal half of ulna with prominent veins. Plain x-ray showed soap bubble appearance suggesting benign bone tumour. Magnetic resonance images showed features in keeping with giant cell tumour of distal ulnar. Patient underwent wide local excision of distal ulnar. Intra-operative there is mild laxity thus no reconstruction was performed. Histopathological examination confirmed the diagnosis. 15month post operation, range of movement is comparable. Unfortunately the grip strength reduces about 50% but it did not affect patient's daily activity. Serial x-rays did not showed any sign of local recurrence.

Conclusion: The bone Giant Cell Tumour (GCT) was first described by Cooper and Travers in 1818 which represent 21% of all benign bone tumours. It is commonly located at long bone meta-epiphysis region (1). Distal ulna is an unusual site and small in size (2). Most appropriate treatment resection with or without stabilisation of distal radioulnar joint (DRUJ). There are debate regarding reconstruction of DRUJ but the decision of surgery also depends on patient requirement and lifestyle.