

NEGLECTED OSTEOCLASTOMA OF PROXIMAL TIBIA WITH IPSILATERAL INFECTION – CASE REPORT

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INTRODUCTION:

Giant cell tumor is so named because it contains profusion of multinucleated osteoclast-type giant cells, giving rise to the synonym osteoclastoma. The term osteoclastoma was first used in Great Britain by Stewart in 1922. It representing approximately 5% of all primary bone tumors. . They can be well treated with local surgical measures if diagnosed early. If this tumor is not diagnosed and treated early, it continues to grow in size causing massive local tissue destruction and may get secondarily infected thereby requiring amputation

REPORT:

40y/o malay male, diagnosed with giant cell tumour proximal left tibia with no evidence of metastases diagnosed at 2017, presented with sepsis secondary to infected diabetic foot ulcer ipsilaterally. He claimed that the tumour significantly increasing size since 2017. Previously he refuse surgical intervention due to financial constrain. CT TAP was repeated to confirm no further metastases and he was plan for left above knee amputation

Figure 1: left lower limb



Figure 2: radiographic findings



The surgery was uneventful. Post operatively, he was referred to rehabilitation team in which they found out that he was a suitable candidate for prosthesis. 6months post operatively, he was well and able to ambulating with the prosthesis and able to do his daily activities as before.

CONCLUSION:

In this case, the patient presented with lower limb infection and since the tumour is at proximal tibia, Limb salvage techniques cannot be used if there is vascular invasion and surrounding soft tissue destruction or there is superadded infection. Thus we conclude that the early intervention of giant cell tumour is important in order to prevent further complication later ie unsalvageable limb if patient having another problem in ipsilateral limb later.

REFERENCES:

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