A rare case giant cell tumour of ulna post en-bloc resection with good outcome

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INTRODUCTION:

Giant cell tumour is a benign tumour represents 5% of all primary bone tumours and always extends to subarticular margin [1]. As it may happened near to the physis, en-bloc resection may impair patient's joint movement. This paper reporting regarding patient with GCT of distal ulna with good wrist function post operatively.

REPORT:

33 years old lady presented with complaint of left wrist swelling and pain started with gradual onset for the past 4 months with no history of direct trauma. The swelling increasing in size rapidly. On physical examination the swelling noted on distal dorsoulna aspect of left forearm measuring 10x6cm, firm in consistency, nonmobile, no skin changes. The range of motion limited to 30 degree extension and 70 degree of flexion of the wrist.

The x-ray imaging of x-ray and MRI as shown in the figure 1 and 2 accordingly.

CT thoracic, abdomen and pelvis done shown there is no distance metastasis.

Patient underwent distal ulna en bloc resection. The tissue Histopathological Examination (HPE) taken confirmed it is the GCT of bone. Upon follow up 4 months post operation, patient was able to get the range of motion as comparable as contralateral wrist with no more physical or radiological recurrence.



Figure 1: Xray of radius ulna

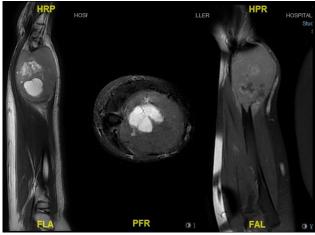


Figure 2: MRI images of sagittal, axial and coronal cut from left to right accordingly.

CONCLUSION:

The main objective of GCT bone treatment are adequate resection to prevent recurrent and maintain limb function ^[2]. With a proper surgical technique and soft tissue handling, en bloc resection alone will give good outcome in comparable to the procedure combined with ulna reconstruction.

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