'Not Your Usual Spot': A Rare Case of Pelvic Giant Cell Tumour

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INTRODUCTION:

Giant cell tumours (GCTs) are rare benign primary bone tumours and one whereby it arises from the pelvis is even rarer, accounting for only 1.5 to 6.1% of bone GCTs.
Management of this tumour is made more challenging by the complexity of tumour location and patient demographics; high functional demand young adults

REPORT:

A 34-year-old lady presented to us with right hip pain and medial thigh swelling for the past 6 months. Magnetic resonance imaging (MRI) showed a lytic lesion involving the posterior acetabulum and ischiopubic bone with large soft tissue extension. Biopsy findings were consistent with giant cell tumour. Subsequently, she underwent neoadjuvant therapy;4 cycles of subcutaneous denosumab, which aided in surgical down-staging, sparing her from a hemipelvectomy. We could proceed with extensive curettage and acetabular cementoplasty.
At 2 years post-surgery, she is pain free and has no restriction in range of motion of her right hip and has a MUSCULOSKELETAL TUMOR SOCIETY score (MSTS) of 84%.

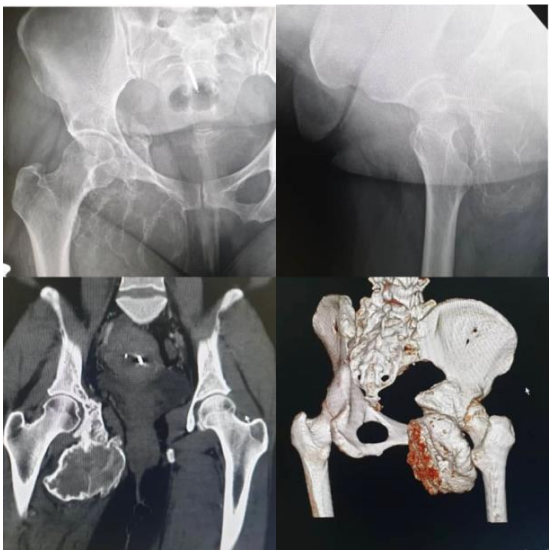

Fig.1 Anteroposterior view of right hip plain radiograph and computed tomography (CT) imaging, showing lesion involving the posterior acetabulum and ischiopubic bone with large soft tissue extension.

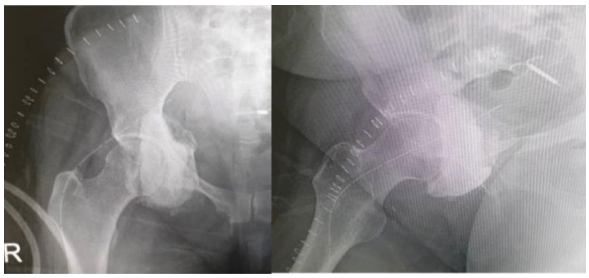

Fig.2 Anteroposterior view of right hip plain radiograph post extensive curettage and acetabular cementoplasty

CONCLUSION:

The treatment of a pelvic giant cell tumour is highly personalized. In this case, neoadjuvant therapy with denosumab followed by extensive curettage and cementoplasty was sufficient to provide good local control and at the same time prevented extensive major surgery.

REFERENCES:

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