

Giant Cell Tumour of the Cervical C4 Spine with Neurological Deficit

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INTRODUCTION:

Osteoclastoma or Giant cell Tumour (GCT) of cervical spine is rare and the incidence above the sacrum about 1.4-9%, less than 1% occur in the cervical region[2]. Majority of the cases require surgical intervention and adjunct therapy to reduce risk of recurrence.

REPORT:

A 19 years old, Malay, healthy man, presented with worsening neck pain in last 2 weeks with left upper limb weakness after trivial fall from motorbike. Previously, he already had vague and tolerable neck pain since 6 month ago which improved by analgesic.

On examination, noted unsteady gait with left upper limb power and sensory reduce at C5 to T1 and at C5-C8 respectively. Reflexes brisk over left brachialis and triceps. All blood parameter was normal. Biplanar radiography image of cervical spine (Figure 1A) revealed lytic lesion with loss of vertebrae body of C4 spine with retrolisthesis of C4/C5. MRI of cervical mentioned that expansile soft tissue tumour at C4 with cord edema (figure 1B). Patient undergone Anterior Cervical Corpectomy and Fusion level C3-C5 using titanium cage and plate (Figure 2) for instability cervical spine and biopsy. The tumour was removed piecemeal resection intralesionally and described as brown soft, friable and suck-able mass. Histopathology examination confirmed Giant Cell tumour of C4 vertebrae. Patient was referred to oncology team for adjuvant therapy. He was just started with denosumab treatment and for radiotherapy later and the symptom is improving.

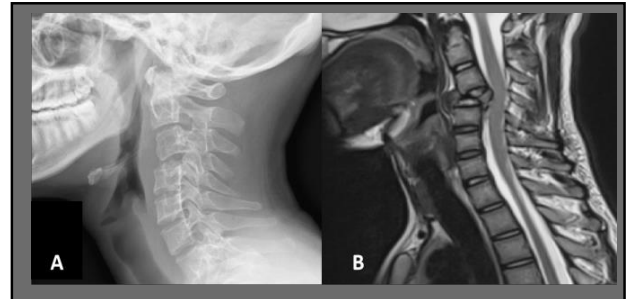


Figure 1

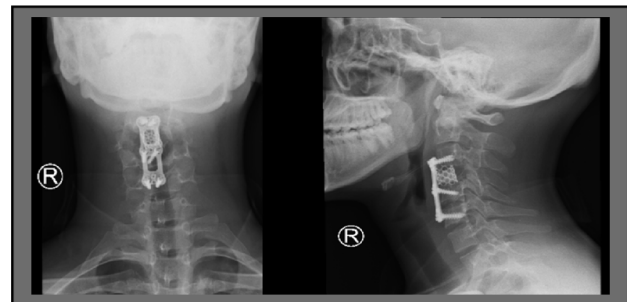


Figure 2

CONCLUSION:

GCT of the midcervical spine is highly associated with instability that leads to neurological deficit which require surgical intervention. Adjuvant therapy like radiotherapy, bisphosphonates, human monoclonal antibody is often indicated to get better outcome due to suboptimal marginal resection and higher recurrent rate.

REFERENCES:

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