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CASE REPORT

# Giant Cell Tumour of Medial Condyle of Left Tibia

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## Introduction

Giant cell tumour of bone presents as a locally aggressive lesion with unpredictable behaviour. Recurrence of the tumour is very common

## Case report

A 21-year-old male patient, presented with c/o pain and swelling in the left knee since 5 months. O/E-Left Knee-swelling and tenderness present over the proximal tibia. ROM-Terminal movements are painful and restricted.

### X-Ray Left knee with proximal leg - AP and Lateral

- Osteolytic lesion seen in the medial condyle of tibia.
- Eccentric in location.
- Anterior cortex-Expanded and thinned out.

**Fig 1. X-Ray Left knee with proximal leg: AP and Lateral**

### MRI Left knee and leg

Feature suggestive of Aneurysmal bone cyst medial tibial condyle left side

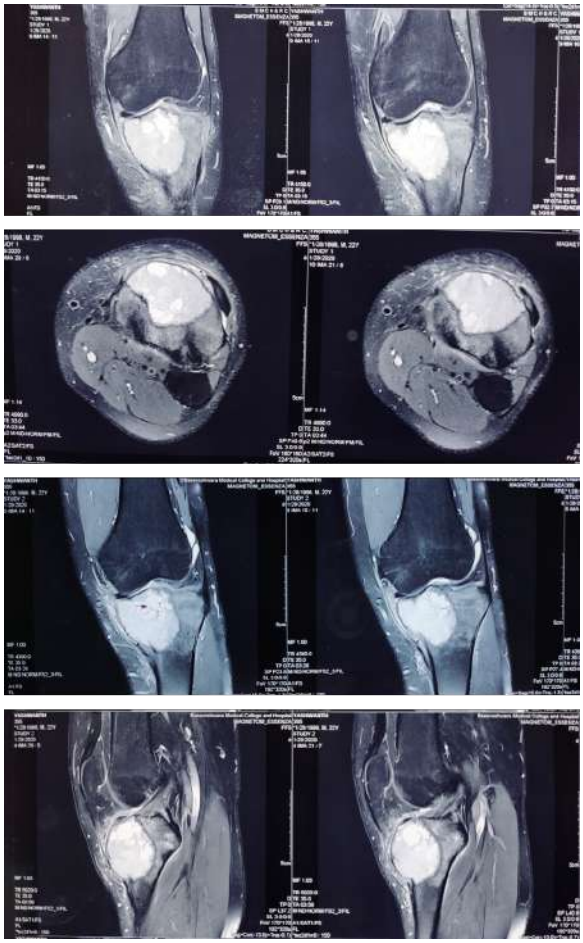

**Fig 2. MRI Left knee and leg**

## FNAC

Diffuse hemorrhage along with acute and chronic inflammatory cells.

## Open biopsy

Feature suggestive of Giant cell tumour (GCT)of bone.
No evidence of malignancy

## Diagnosis

Based on clinical, radiological and open biopsy, giant cell tumour of medial condyle of left tibia was diagnosed.

## Treatment

- Curettage+High speed burr+Electrocautery+Hydrogen peroxide [Extended curettage and Adjunct therapy]
- Cavity was filled with Subchondral cortico-cancellous autograft + Gel foam+ PMMA bone cement[Sandwich technique]
- Bone was stabilized with 6.5 mm cancellous screw and 4.5 mm cortical screw.

- Inj Zolendronic acid 5mg IV once in a month was given post-operatively, for 4 months

## Post operative X-ray


**Fig 3. Post operative X-ray**

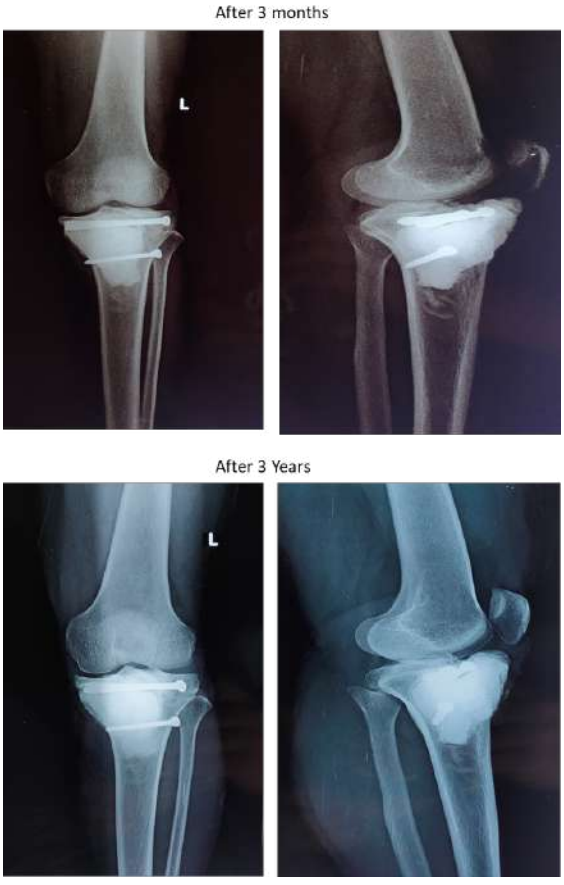


**Fig 4. Follow up X-ray: After 3 months and 3 years**

## Conclusion

- GCT is a locally aggressive tumour treated successfully with extended curettage, bonegraft and cementation (Sandwich technique)
- Inj Zolendronic acid was given to prevent the recurrence.
- No recurrence of the tumour is seen after 3 years of follow up.

Extended curettage and IV Zolendronic acid are important in prevention of recurrence of GCT