

TUMOR WITH AGGREGATE CELLS AT THE LEVEL OF RADIAL DISTANCE PIPE - TREATMENT AND EVOLUTION

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A 20-year-old patient presented to the emergency service with radial distal epiphysis after a minor trauma.

The radiological examination indicated a fracture at the radial distal epiphysis on the background of a tumor that occupied the radial epiphysis in its entirety, with cortical burglary in some places. When consulting the oncologist, a surgical intervention for biopsy material harvesting was performed. The anatomopathological exam showed: multiple fragments microscopically representing a tumor proliferation consisting of two cell populations, mononuclear cells, densely cellular and stroma pattern; areas of infarction, haemorrhage areas, rare intratumoral osteoid formation zones; appearance of giant cell tumor. The immunohistochemical examination confirmed the anatomopathological diagnosis adding, therefore, the aggressive character and the local relapse. The oncologist decided that it did not require oncology treatment but only orthopedic treatment. Orthopedic treatment required repeated surgery at intervals of about 5 months apart, caused by tumor recurrence. The first intervention consisted of 1/3 distal radius resection and replacement with a graft harvested from the peroneum. Tumor recurrence after 5 months required extirpation of tumor tissue and filling of cavity caused in the graft with a fluid bone substitute. Recurrence after another 5 months required removal of the graft that was invaded by the tumor and cubitus-metacarpal arthrodesis fixed with a screw plate. Currently, the patient is undergoing complementary oncology treatment finally initiated by a medical oncologist.

Keywords: giant cell tumor, bone tumor, tumor recurrence, radius tumor