

GIANT CELL TUMOUR OF EXTENSOR TENDON SHEATH IN THE HAND: A CASE REPORT AND STRATEGIES TO PREVENT RECURRENCE

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Introduction: Giant cell tumour of tendon sheath (GCTTS) is a locally aggressive, proliferative disorder of the synovium involving a joint, bursa or tendon sheath. It presents as a subcutaneous nodule over the hand, but occasionally it may involve other parts of the body like spine, knee and feet. Although it is benign, it still has potential to turn malignant and metastasise. It has very high recurrence rates ranging from 7% to 44%.

Discussion: A 50 years old lady presented with left middle finger pain and swelling for 4 months which was slowly increasing in size. There was no history of trauma. Physical examination showed a painless mobile swelling measuring 2x1 cm overlying dorsal surface of middle phalanx of left middle finger. Plain radiograph of left hand revealed no bony abnormalities but only unmineralized soft tissue shadow. MRI of left hand showed lobulated lesion at left middle finger proximal phalanx measuring 0.9cm x 0.7cm x 1.2cm which likely represent GCTTS. We proceeded with excision biopsy and intraoperatively noted a nodular swelling arising from the extensor digitorum tendon of the left middle finger. Histopathological assessment confirmed GCTTS. Patient was discharged and so far after one year of follow up there is no recurrence of the disease.

Conclusion: Every effort should be made to have complete excision of GCTTS without leaving behind satellite lesions and bony erosions should be thoroughly curetted to reduce the risk of recurrence. Patient may also be offered the benefit of radiotherapy if the excised specimen shows evidence of mitosis or if excision is less than complete. Patients with these risk factors should be offered regular follow up for up to five years to make sure that any recurrences are identified early.