

TALE OF A LUMP ON THE PALM

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Introduction: Giant cell tumour(GCT) of tendon sheath is well-known to be the second most common soft tissue tumor of the hand after ganglion cyst. They usually present with a long history of a painless mass but can also rarely have an acute chronology, with complaints of pain, altered skin sensation or trigger finger.[1] We present such a case of tendon sheath GCT over the right palm of a young lady.

Discussion: About 70% of the time, the GCT of tendon sheath is found on the palmar aspect of the finger or hand rather than the dorsal[1] and they are more commonly seen on the fingers(80%) than on the palm(20%).[2] Patient's subacute history of pain and swelling causes dilemma to our diagnosis. It is difficult to appreciate the swelling via clinical examination due to its size and the plane which was under the palmar aponeurosis. Meticulous intraoperative dissection and exploration followed by histopathological examination are needed to ascertain the nature of the swelling. GCT of tendon sheath is pathognomically brownish, firm, multilobulated, enclosed by a pseudocapsule on gross examination. Histology would show moderately cellular sheets of rounded or polygonal cells with presence of multinucleated giant cells. One of the problem faced in the treatment of GCT of tendon sheath is the risk of recurrence. Studies had shown a recurrence from 9-44%. Microscopic excision has been described to prevent recurrence [3].

Conclusion: Giant cell tumour(GCT) of tendon sheath in the palm is not a direct clinical diagnosis. Ultrasound scan might aid in diagnosis but is not definitive. Magnetic resonance imaging would be the best imaging to perform but is limited by cost and availability. Although there are many more other causes of palmar swelling, GCT of tendon sheath needs to be considered as its presentation can vary and be atypical.