

ANTERIOR KNEE PAIN POST-CEMENTING OF DISTAL FEMUR GIANT CELL TUMOUR: A CASE REPORT

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Introduction: Giant cell tumors (GCT) make up 15% to 20% of bone-related tumors in adults and most commonly affect the distal femur or proximal tibia. The aim of achieving adequate curettage of the tumor while preserving the joint is sometimes difficult due to extension of GCT tissues to the subchondral bone and articular cartilage.

Discussion: A 42-year-old female presented with complaints of swelling and progressively worsening pain on the anterior aspect of her left knee. She was diagnosed with Giant Cell Tumour of the left distal femur 16 years ago which she was treated with an intralesional curettage and PMMA cement implantation. On examination, there was a swelling over the left knee, which was bony in consistency and was tender. However, she was able to retain full range of motion of the left knee. Plain radiographs revealed decreased tibiofemoral and patellofemoral joint spaces compared to the contralateral knees with a large bolus of cement occupying the medial femoral condyle, extending superiorly into the metadiaphyseal junction. There was no radiological evidence of tumor recurrence. Intraoperatively, there was cortical breach of the medial femoral condyle and the cement from the previous surgery is in contact and eroding the medial facet of the patella. Wide resection followed by distal femoral endoprosthesis replacement was performed. Postoperatively, the knee was stable and had a painless range of motion of 0-100 degrees of flexion.

Conclusion: The risk of chondral injury and subsequent development of osteoarthritis has been established for treatment by curettage and cementing for giant cell tumors near the joint. Occasionally, there may be loss of containment of the bone cement leading to abnormal contact with articulating bone surfaces which may lead to undesirable joint pain.