

Giant Cell Tumour of Tendon Sheath Mimicking Suppurative Flexor Tenosynovitis

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INTRODUCTION

Giant cell tumor of the tendon sheath (GCTTS) is a benign soft tissue tumor with an incidence of 1 in 50,000 and commonly presents in adults between the age of 30-50 years old as a painless slow growing tumor. The recurrence rate of GCTTS is 9%-45% post-surgical resection.

REPORT

We report a case of 57 years old, male who presented with a long-standing history of globular swelling over the left hand with a new complaint of sudden onset of swelling over the left middle finger with history of pus discharge over the middle finger. Upon further history, patient claimed that he presented with a similar swelling 10 years ago and underwent surgical resection subsequently noted a painless mass which had been gradually increasing in size.

On examination, there was a globular swelling over the left palmar aspect of the left hand with fusiform swelling over the left middle finger associated with subcutaneous pus collection over the radial border of the middle finger and the palmar aspect of the hand. The middle finger demonstrated all the Kanavel signs and a well healed scar extending up till distal forearm was noted.

Surgical records of the previous surgery was unavailable, thus we were unable to confirm the patient diagnosis. However, in view of the history of previous swelling, patient was planned for further investigation prior to surgery.

Ultrasound of the left hand revealed a heterogenous solid lesions with presence of moving echogenic components within with extension of the left middle finger, and a MRI of the left hand revealed a large cystic mass over the ventral aspect of left hand with a stalk in continuation with the flexor digitorum superficialis tendon sheath. Subsequently patient underwent surgical excision of the mass

and HPE results confirmed the diagnosis of giant cell tumor of the tendon sheath with marked inflammatory infiltrates.



Globular swelling over the mid palmar aspect of left hand with fusiform swelling of the left middle finger with subcutaneous pus collection over the swelling. The middle finger is partially flexed position with swelling over radial border of the middle finger at the level of middle phalanx with subcutaneous pus collection.

CONCLUSION

In cases of atypical presentation of flexor tenosynovitis, a thorough history must be taken to rule out a more sinister underlying condition. In this case, although the patient presented with all the cardinal features of suppurative flexor tenosynovitis, in view of his history of previous surgical resection, this patient was planned for further imaging to prevent an "Oops surgery".

REFERENCES

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