# Giant Cell Tumour With Secondary Aneurysmal Bone Cyst

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## **INTRODUCTION:**

Giant cell tumour (GCT) is a benign bone tumour accounting for approximately 5% of all primary bone neoplasms commonly seen in the meta-epiphyseal region of long bones. In 14% of cases, a fluid-fluid level is seen, suggesting the secondary formation of aneurysmal bone cysts (ABC). Here we report a case of GCT with secondary ABC.

## **REPORT:**

A 28-year-old lady, presented with a 10-month history of right wrist swelling and pain. She had a sudden onset of severe wrist pain for one day, not relieved by analgesia. On examination, the distal end of right radius was swollen and tender. There were no signs of inflammation. Neurovascular status was intact. The right wrist radiograph showed an expansile osteolytic lesion over the distal end radius with cortical thinning and a soap bubble appearance suggestive of Campanacci grade 2 GCT. There is also presence of pathological fracture of distal end right radius. The patient then underwent an MRI, which revealed a benign bone lesion with a pathological fracture likely GCT, and the presence of fluidfluid levels (FFLs) suggestive of ABC. No extraosseous extension. No lung metastasis was seen on CT thorax. A core biopsy was then taken, and the results were consistent with GCT with ABClike changes. The patient was planned for en bloc resection and wrist fusion with a fibula autograft.





Figure 1: Right wrist xray

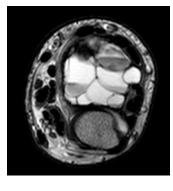




Figure 2: Fluid-fluid level seen on MRI

#### **CONCLUSION:**

The presence of FFLs indicates the possibility of secondary ABC in GCT. These increase the risk of intra-operative bleeding and local recurrence. En bloc resection of such a case allows for good local control.

### **REFERENCES:**

- 1. Tang et al., Journal of Surgical Oncology, 2019; pg.359–365.
- 2. Park et al., Nuclear Medicine and Molecular Imaging,2016; pg.348-352.