

Images in clinical medicine



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A rare occurrence of giant cell tumor of distal ulna managed by Darrach's procedure

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Image in medicine

A 38-year-old female with complaints of swelling over her left wrist for the last 6 months. The patient gives alleged history of falling over the left wrist after which she noticed the swelling. The mass was immobile, hard and painful on palpation. The X-ray of the left hand shows radiolucent osteolytic area in the meta-epiphyseal region of left distal ulna (A, B). MRI shows an expansile lytic lesion in distal ulna (C), (D) shows en block resected ulna respectively, (E) shows repaired extensor carpi ulnaris tendon by Darrach's procedure. The clinical signs and radiological features, an osteolytic lesion in the meta-epiphyseal region led to the diagnosis of a rare case of giant cell tumor (GCT) of distal end of ulna (A, B, C, D, E) managed with excision of giant cell tumor over distal end of ulna and stabilizing it with extensor carpi ulnaris tendon. After the surgery,

moderate physiotherapy is being continued for the restricted range of motion. The tumor known as a bone giant cell tumor is uncommon, often benign, and locally aggressive. It makes up between 3 and 5 percent of all primary bone malignancies. Every year, one in one million people get GCT tumor and the ages between 20-40 years are often affected.

Seldom do children or individuals over 65 years old develop GCT of the bone. The long bone meta-epiphysis is typically where the tumor is located, particularly distal radius, femur, proximal humerus, and tibia unlike distal end of ulna is rare (0.45% to 3.2%).

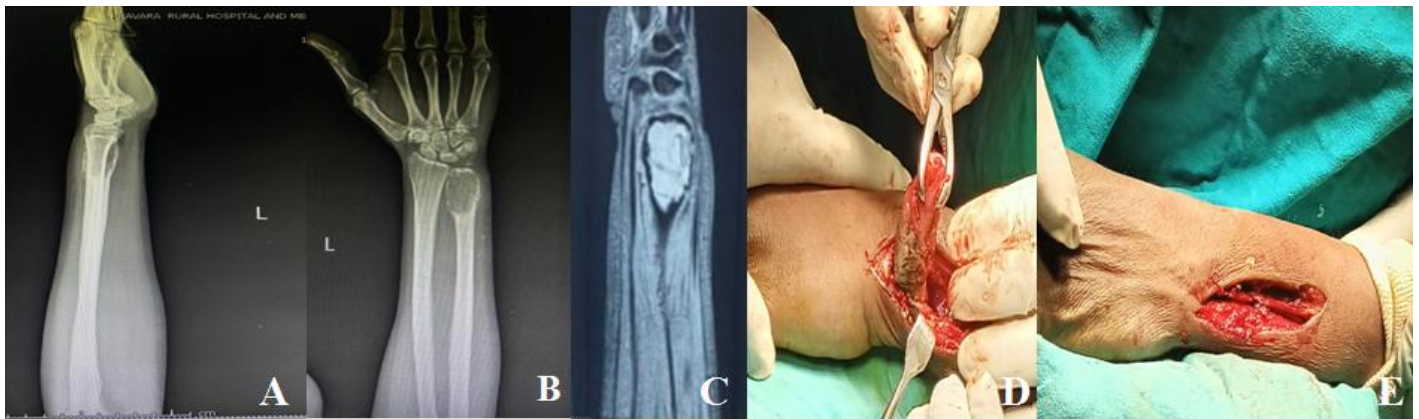


Figure 1: (A, B) lateral and anterior-posterior (AP) view of left hand X-ray shows radiolucent osteolytic area in the meta-epiphyseal region of left distal ulna; C) MRI shows an expansile lytic lesion in distal end of ulna; D) intra-operative image shows in block resected ulna; E) repaired extensor carpi ulnaris tendon