



CASE BRIEF

Name: [REDACTED]
Age: 30 years, Female
Address: [REDACTED]
Contact no: [REDACTED]
MRD No: 183753
Diagnosis: Recurrent Giant cell tumor -Left pelvis
Date of Diagnosis: 20/11/2019
Surgery: Extended curettage and cementing using 3D printed jig.
Date of Surgery: 10/06/2021

BRIEF SUMMARY OF THE EVENTS:

DATE	EVENTS	FINDINGS
Aug 2019	Pain over the lower back	Non-radiating pain, gradually progressive. Treated symptomatically.
26 th Nov 2019	MRI	? Giant cell tumor, ?Chondroblastoma.
Nov 2019	Pain increased with swelling	Underwent open biopsy (Specialist Hospital)
10 th Dec 2019	Open biopsy	Giant cell tumor with aneurysmal bone cyst like areas (Specialist Hospital)
19 th Dec 2019	Surgery	Curettage + Bone cement
Dec 2019	HPE	Giant cell tumor.
She gives the history of pain over the lower back after the surgery and was on regular follow up. For the same, she was evaluated with repeat MRI scans.		
Feb 2020	Complaints of pain	
29 th July 2020	MRI-Pelvis	Recurrent/Residual tumor in the left iliac bone. Measuring 6.0 X 4.0cms.

Sept 2020	Presented to TYR with C/O severe pain and swelling	Planned for Whole body PET scan, MRI and J-Needle biopsy.
5 th Sept 2020	PET CT Scan/ MRI	8.3 x 7.5 x 5.8 cm soft tissue lesion – Suggestive of recurrent disease.
5 th Oct 2020	J -Needle biopsy	Suggestive of recurrent Giant cell tumor Planned for surgery after 2 doses of Inj. Denosumab-Once a month.
11 th Oct 2020	1 st dose of Inj. Denosumab	→Pain & swelling reduced.
12 th Nov 2020	2 nd dose of Inj. Denosumab	→Pain & swelling reduced. She was differed for follow up.
20 th Apr 2021	MRI/CT	Recurrent GCT in the left iliac bone. Measuring 7.7 X 6.6cms.
16 th May 2021	3 rd dose of Inj. Denosumab.	Later, planned for surgery.
9 th June 2021	Procedure	Pre-operative tumor embolization
10 th June 2021	Surgery	Extended aggressive curettage and cementing using 3D printed jig.
17 th June 2021	HPE	Residual giant cell tumor, post denosumab therapy. No evidence of malignancy seen.

X-RAY IMAGES: 19/12/2019



20/04/2020



MRI IMAGES: 26/11/2019



Findings:

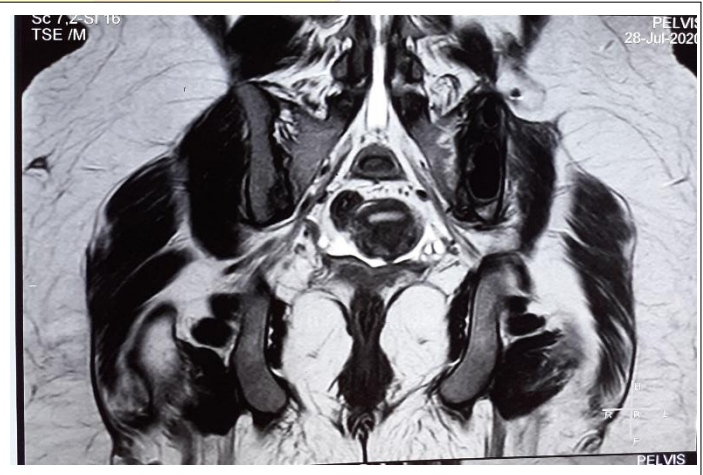
1	<p>T2 hyperintense focal lesion in the left iliac bone. To consider DD-</p> <ol style="list-style-type: none"> 1. Giant cell tumor 2. Chondroblastoma. <p>Focal cortical break with soft tissue extension.</p>
2	<p>No significant disc bulge in lumbar spine. Mild cervical spondylosis on spine screening.</p>

HPE REPORT: (10/12/2019) (Specialist Hospital)

Findings:

1	<p>Giant cell tumor with aneurysmal bone cyst like areas</p>
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MRI IMAGES: 29/07/2020

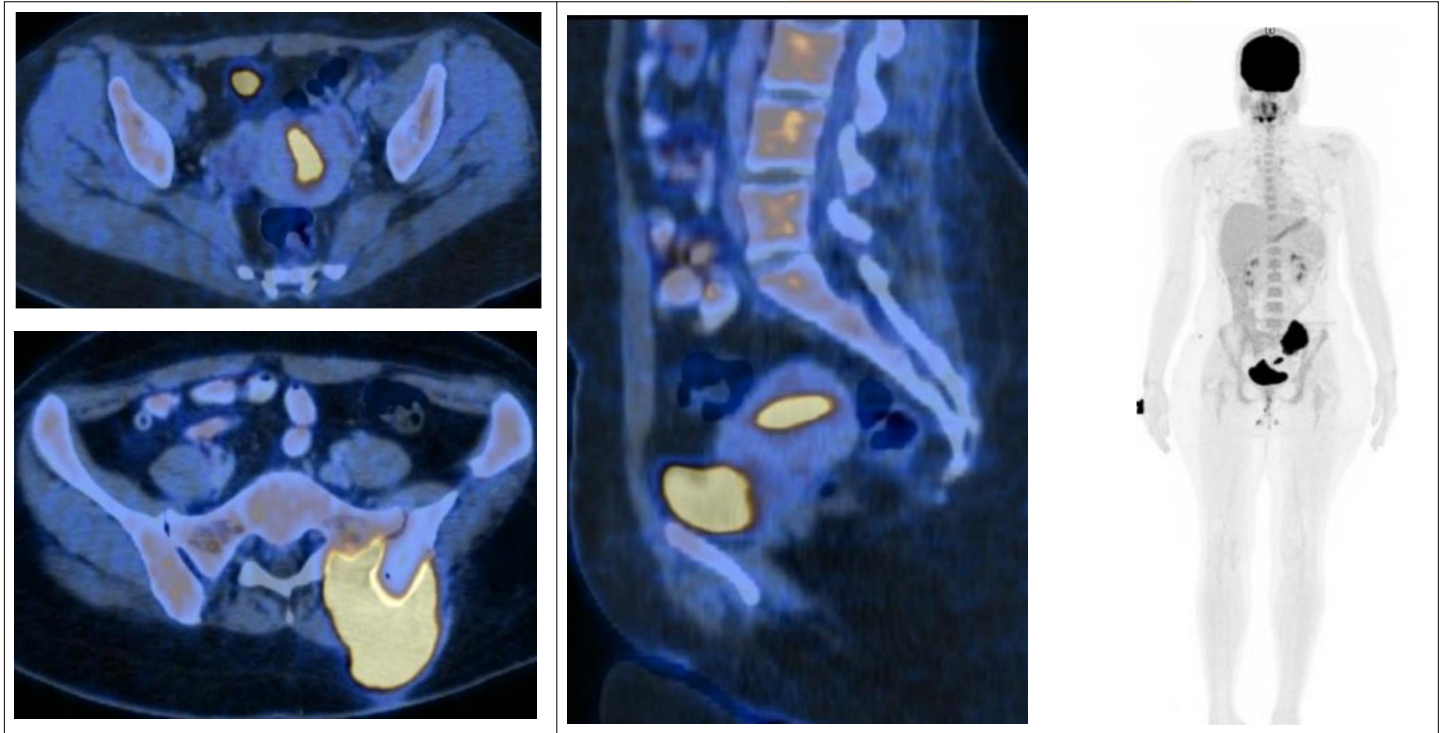




Findings:

1	Recurrent/Residual tumor in the left iliac bone. Measuring 6.0 X 4.0cms.
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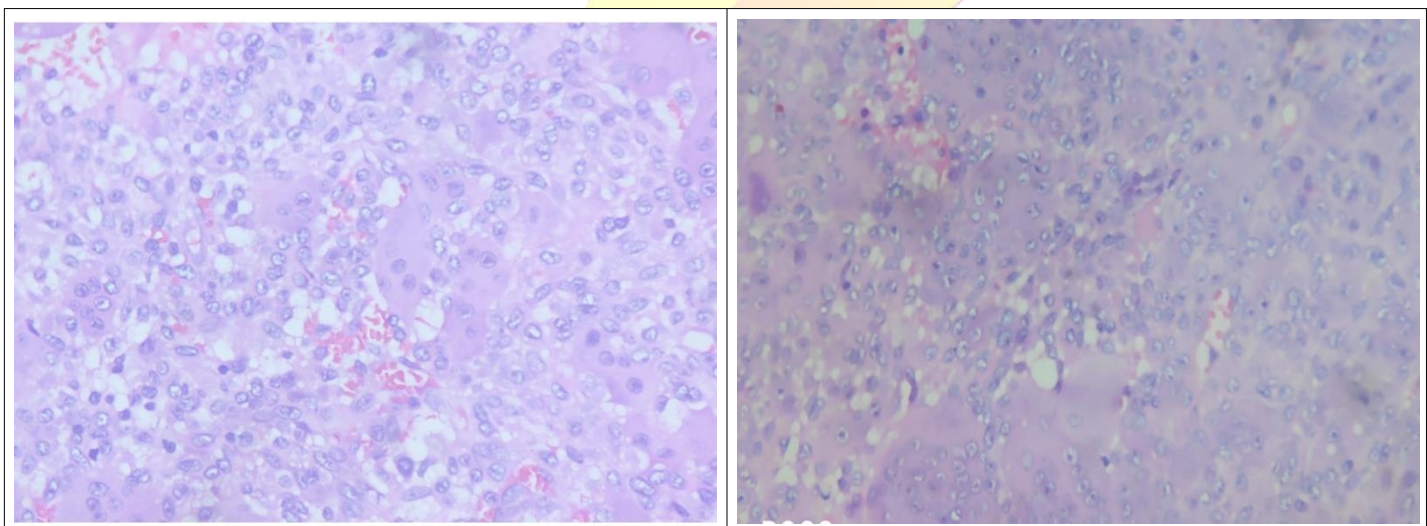
PET CT IMAGES: 05/09/2020



Findings:

1	8.3 x 7.5 x 5.8 cm metabolically active enhancing soft tissue lesion involving the left posterior ilium and the sacral ala with extension into the S1 and S2 neural foramina-suggestive of residual/recurrent disease.
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HISTOPATHOLOGY IMAGES (J Needle Biopsy) 05/10/2020:

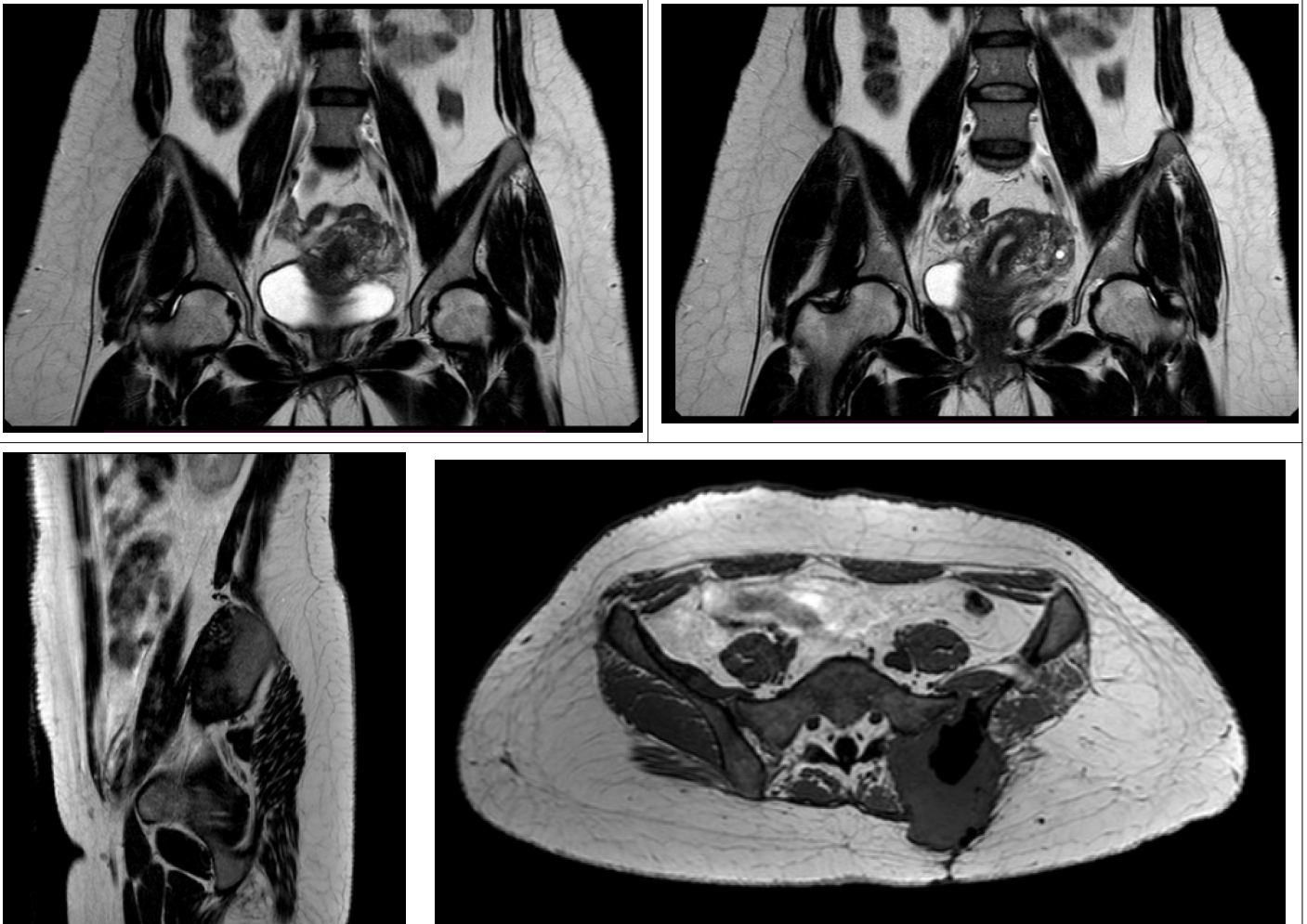




Findings:

1	Histology is consistent with recurrent Giant cell tumor- left proximal pelvic biopsy.
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MRI IMAGES: 20/04/2021

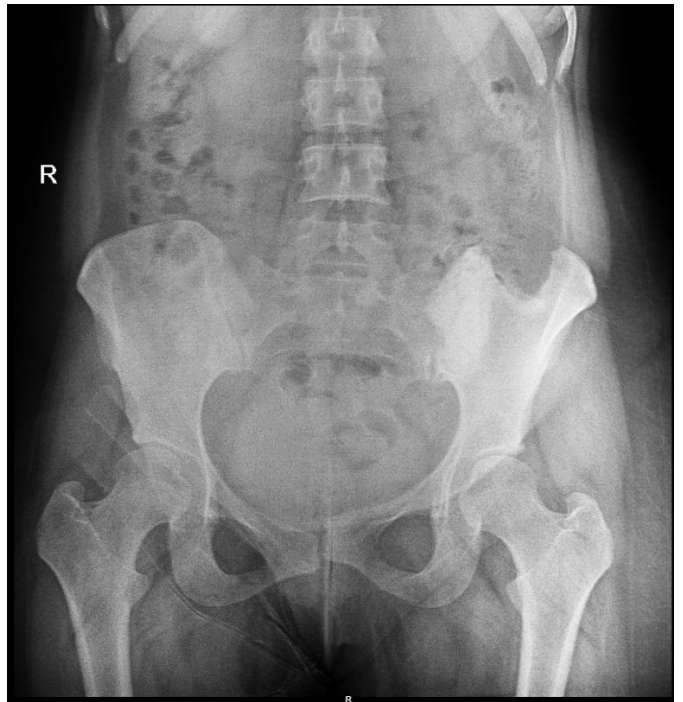


Findings:

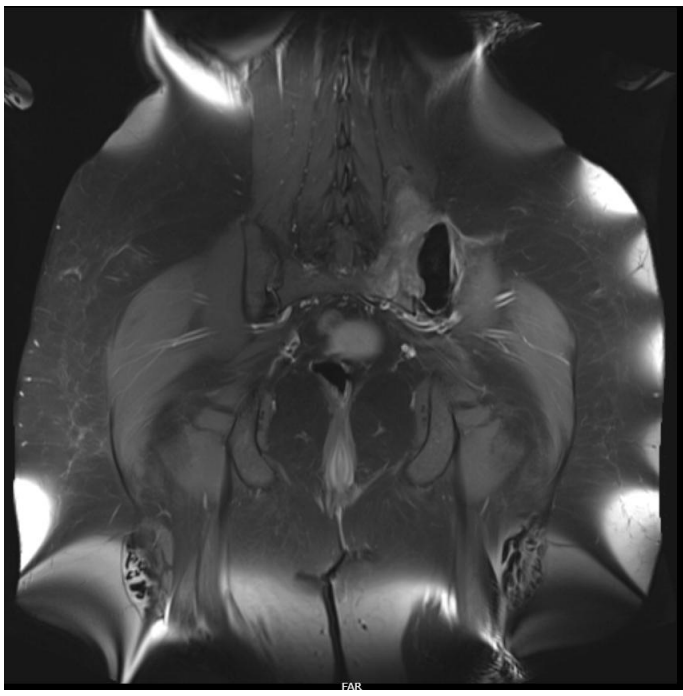
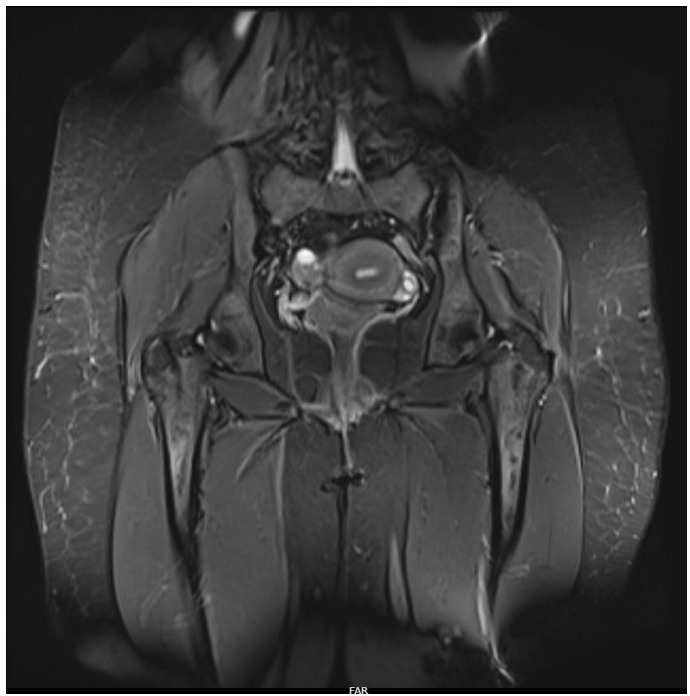
1	Recurrent GCT in the left iliac bone. Measuring 7.7 X 6.6cms.
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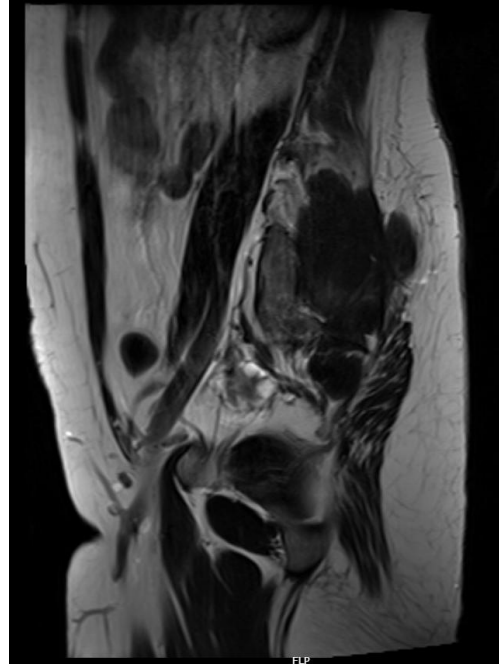
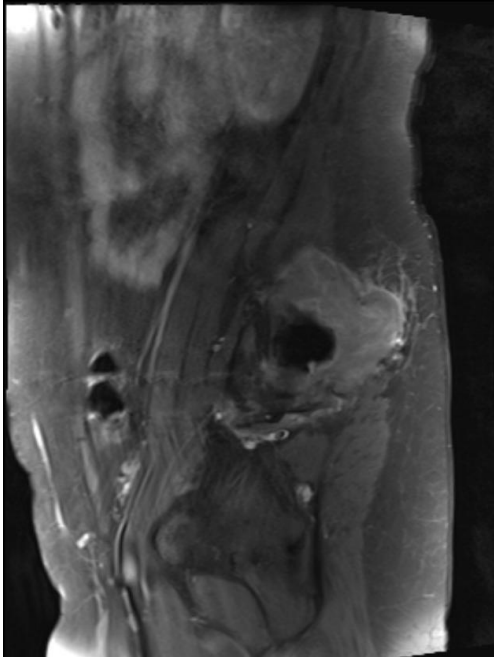


X-RAY IMAGES: 08/06/2021



MRI IMAGES (Post 3dose of Inj. Denosumab): 08/06/2021





Findings:

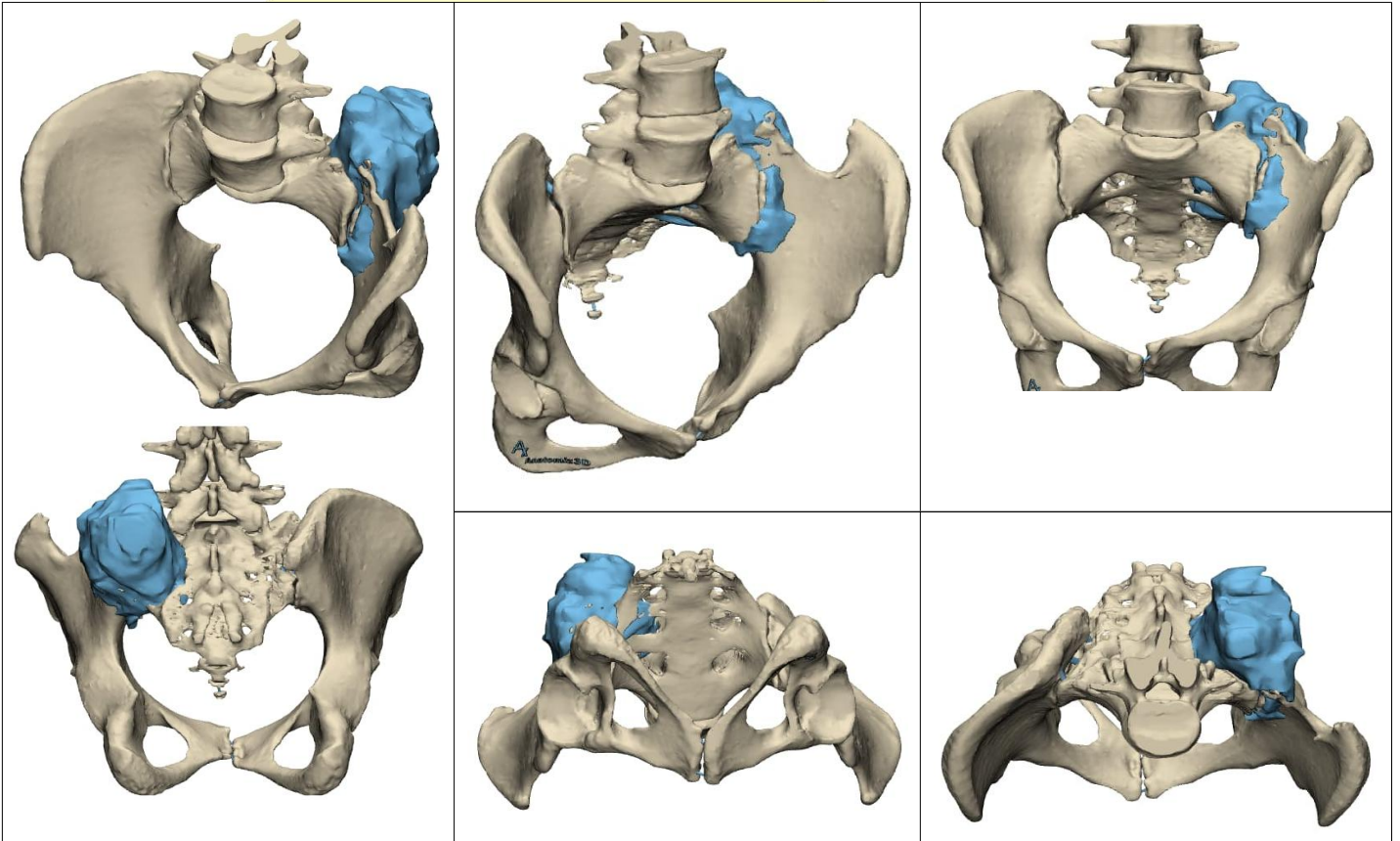
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|---|--|
| 1 | Relatively stable heterogeneously enhancing soft tissue lesion involving the left posterior ilium and the sacral ala with extension into the S1 and S2 neural foramina and interval development of internal necrosis in postero-inferior aspect. |
| 2 | Postoperative changes in the left iliac bone and adjacent posterior gluteal region. |

CT IMAGES (Post 3dose of Inj. Denosumab): 08/06/2021



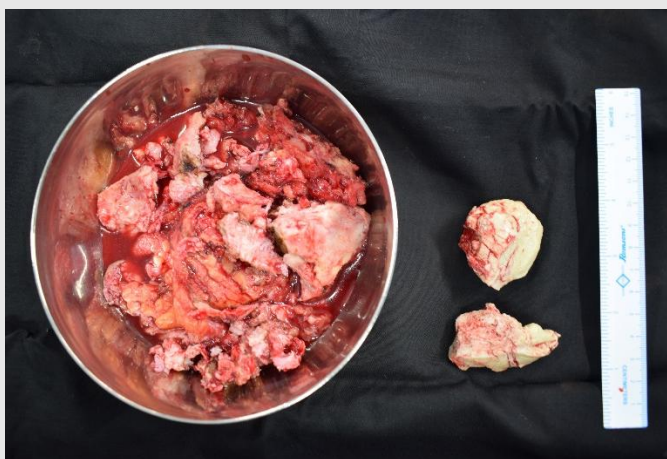


3D PLANNING:





OPERATIVE IMAGES: 10/06/2021



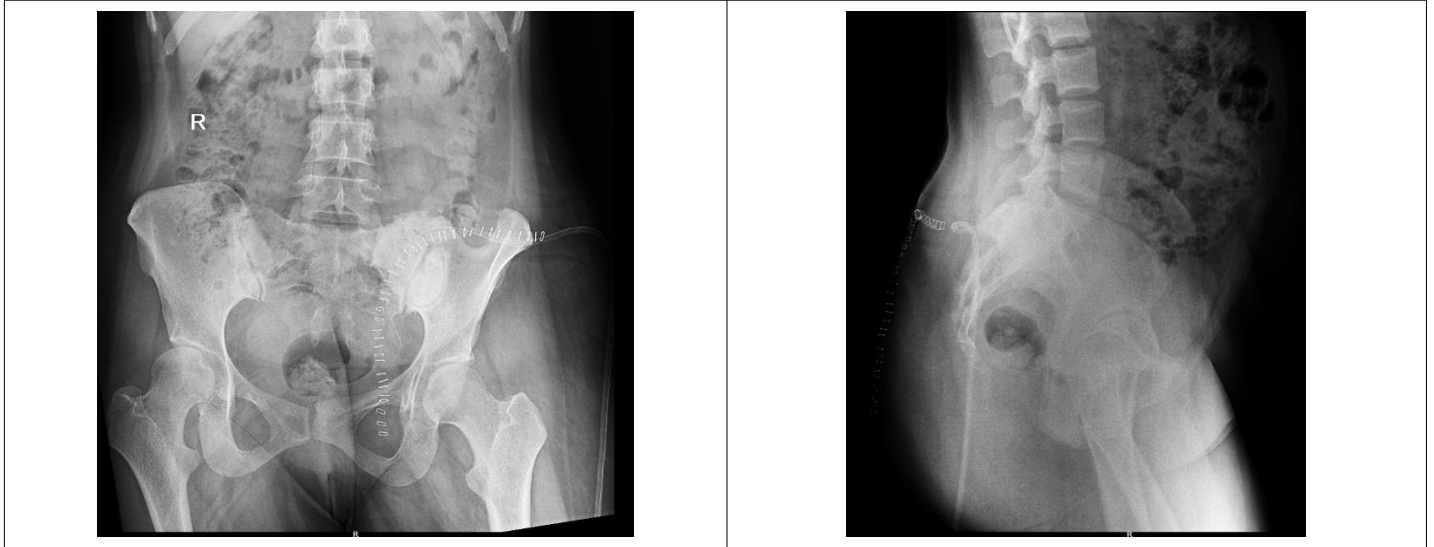


Findings:

1	A curvilinear incision was made over the lower back including previous surgical scar. Soft tissue was dissected in layer.
2	A small window made, and aggressive curettage of the lesion was done, window was extended. Previous bone cement was removed. Along with the curettage, the specimen was sent for HPE.
3	As discussed before, Spine surgeon-Dr. Amrithlal was called in to remove any GCT or suspected materials near the sacrum, which was removed.
4	Thorough wound wash was given with pulse lavage, cavity burred with high-speed burr. 3 cycles of phenol-alcohol application to the walls of the lesion. The extended curettage was confirmed, which was found to be satisfactory, zoledronic acid injection was locally infiltrated and bone cement was put.
5	Wound wash was given and wound closed in layers over the suction drain. Sterile dressing was done. She withstood the procedure well.



POST-OP X-Ray: 14/06/2021



HISTOPATHOLOGY IMAGES: 17/06/2021:

Findings:

1	Residual giant cell tumor, post denosumab therapy. No evidence of malignancy seen.
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PROPOSED RECOMMENDATION AS DISCUSSED IN TYR MULTIDISCIPLINARY SARCOMA TUMOUR BOARD:

1	HPE: No evidence of malignancy seen. Residual giant cell tumor- Post denosumab therapy. Close follow-up in view of location of the disease, recurrent nature of the disease, H/O previous surgery at a non-ortho-onco centre.
2	Physiotherapy: Start partial weight bearing mobilization (20%), progress by 20% every 3weeks, to achieve full weight bearing by the end of 3months post-surgery. Hip ROM exercises.
3	To review once in 3 months for every 2 years and for every 6 months for next 3 years.

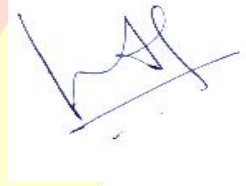


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Dr.Nirup	Fellow-Orthopaedic Oncology
Dr. Sreeraj.	Orthopaedic Oncosurgeon
Dr. Aparna	Consultant Oncopathologist
Dr. Kunal	Consultant Oncopathologist
Dr. Imran	Consultant Oncopathologist
Dr. Kumaraswamy	Consultant Radiation Oncologist
Dr. Vikram Maiya	Consultant Radiation Oncologist
Dr. Shivakumar	Consultant Radiologist
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