



CASE BRIEF

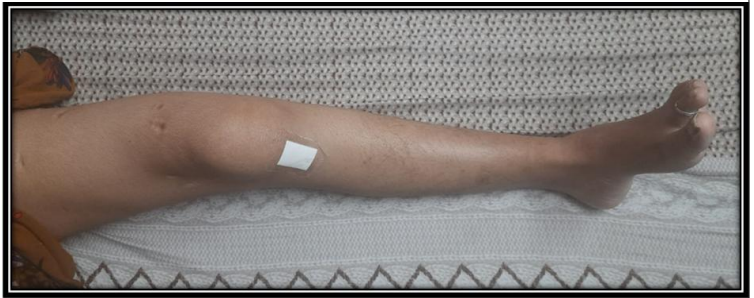
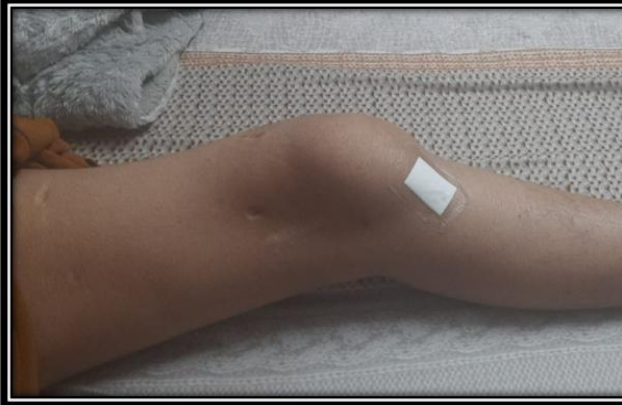
Name: [REDACTED]
Age: 39 years, Female.
Address: [REDACTED]
Contact no: [REDACTED]
Diagnosis: Left distal femur -Chondrosarcoma Grade 2.
Date of Diagnosis: 10/02/2022
Ref by: Dr. Anoop Kamath
Surgery/Surgeons: Dr. Pramod S Chinder & Dr. Suraj HP
Date of Surgery: 14/03/2022

BRIEF SUMMARY OF THE EVENTS:

DATE	EVENTS	FINDINGS
Aug 2021	Pain after trivial trauma.	Not subsided with NSAIDS/Physiotherapy. No night pain, No pain on bearing weight.
Past History: <ul style="list-style-type: none">At 8 years of age, had limb length discrepancy, operated with distraction lengthening, no instrumentation done in tibia – Hospital records not available.Had fracture at the lengthening site a year later, managed with external fixator.		
5 th Feb 2022	PET scan	Represent aggressive fibrous dysplasia/ sarcomatous transformation.
9 th Feb 2022	MRI scan	Features could represent Fibrous dysplasia of femur with giant cell tumor in the proximal tibia showing malignant transformation.
10 th Feb 2022	Slides & blocks for review	Features are suggestive of a chondroid neoplasm, possibly chondromyxoid fibroma.
15 th Feb 2022	Core biopsy	Features are suggestive of chondrosarcoma Grade 2.
14 th Mar 2022	Surgery	Enbloc tumor excision with megaprosthesis reconstruction (Proximal tibia + Distal femur)
6 th Apr 2022	HPE	Features are of a Chondrosarcoma, Grade 2.



CLINICAL IMAGES



X-RAY IMAGES: 24/08/2021

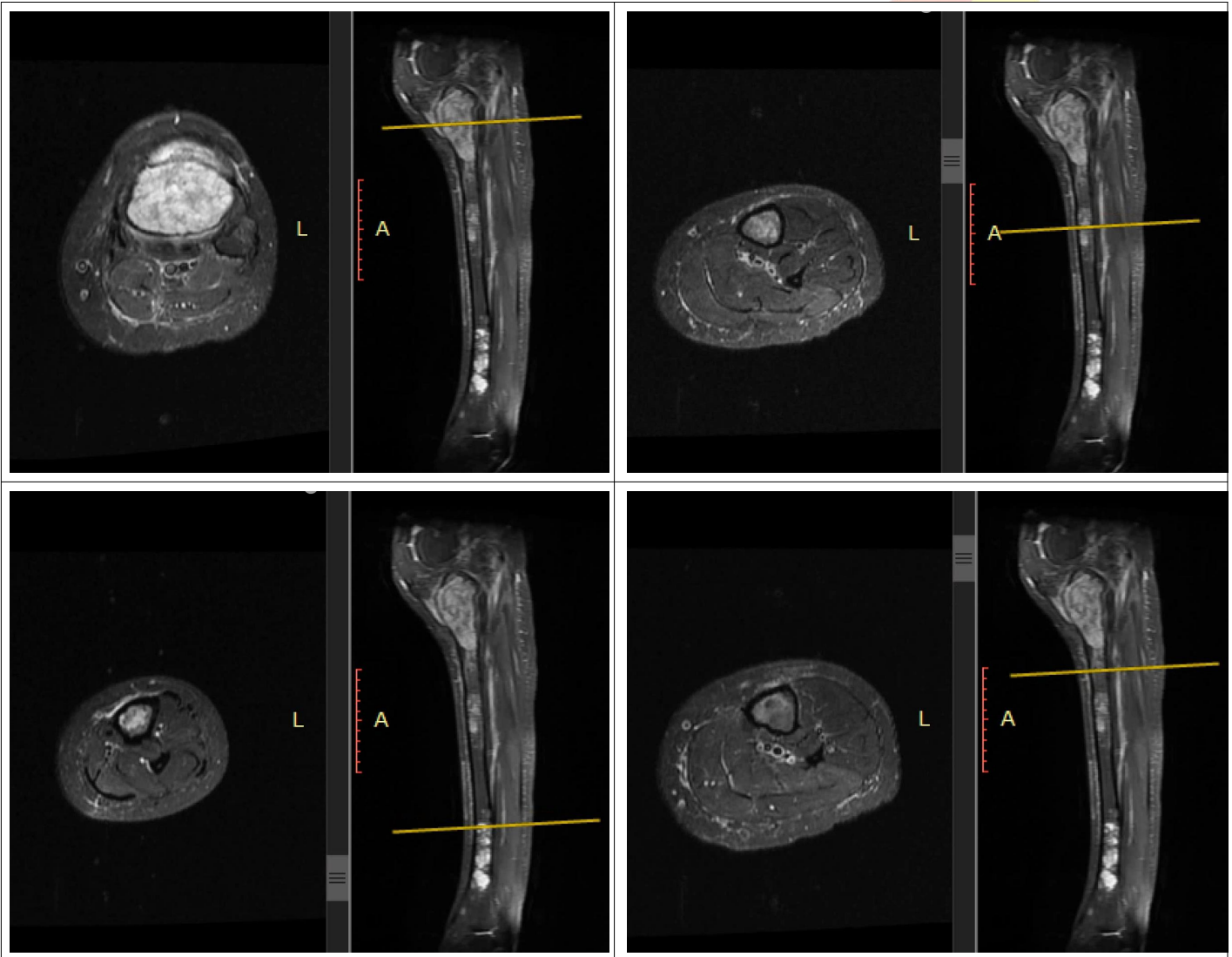




X-RAY IMAGES: 24/02/2022



MRI IMAGES: 09/02/2022



Findings:

1	Lateral bowing of distal femoral shaft with long segment enhancing altered marrow signal intensity lesions.
2	Well defined non sclerotic heterogeneously enhancing lesion in the subarticular location showing soft tissue and joint space extension.
3	Features could represent Fibrous dysplasia of femur with giant cell tumor in the proximal tibia showing malignant transformation. Total tear of anterior cruciate ligament.

PET CT IMAGES:05/02/2022

Findings:

1	Metabolically active expansile lesion in upper end of the left tibia with multiple intramedullary lesions and lytic lesions in left tibia and left femur may represent aggressive fibrous dysplasia/sarcomatous transformation.
2	No evidence of abnormal metabolic activity is seen elsewhere in the body to suggest active disease.

HISTOPATHOLOGY IMAGES (Slides & blocks for review) 10/02/2022:

Findings:

1	Features are suggestive of a chondroid neoplasm, possibly chondromyxoid fibroma.
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HISTOPATHOLOGY IMAGES (Core Biopsy) 10/02/2022:

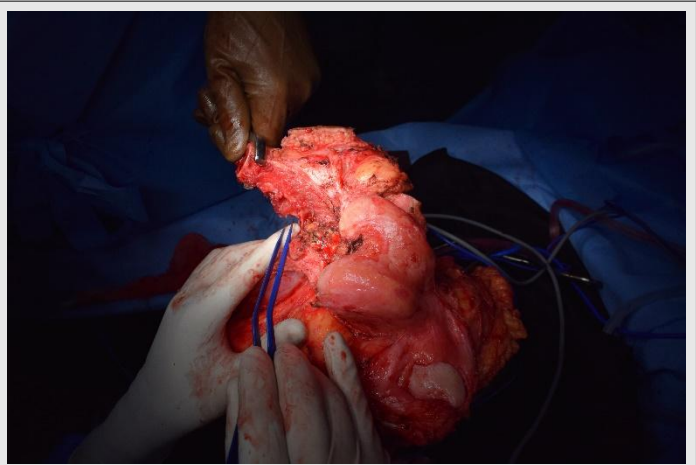
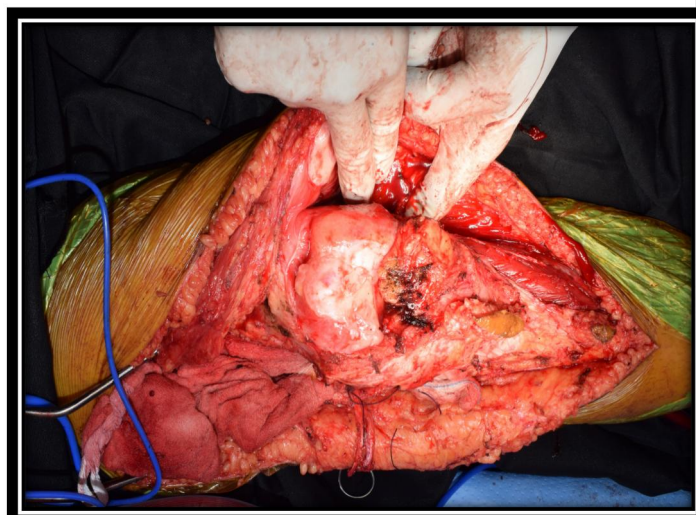
Findings:

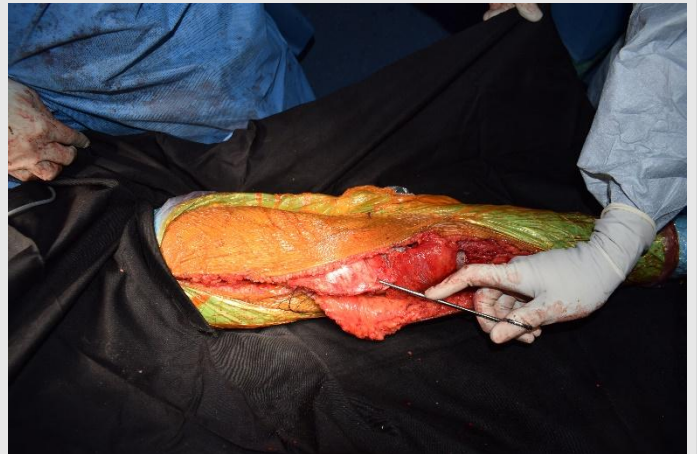
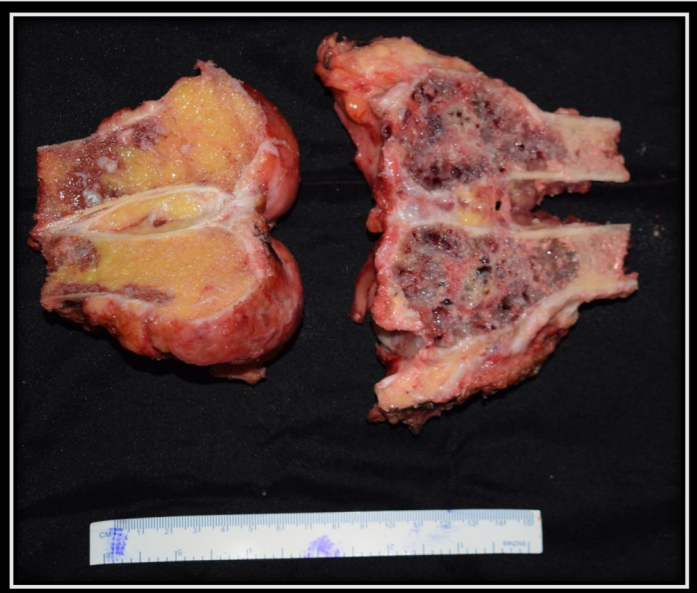
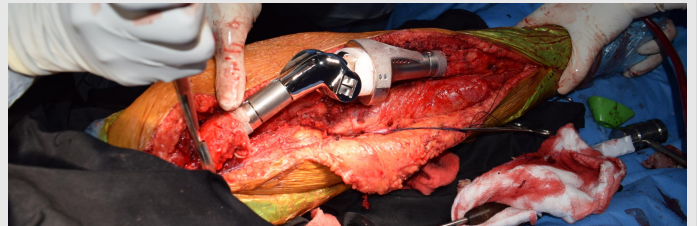
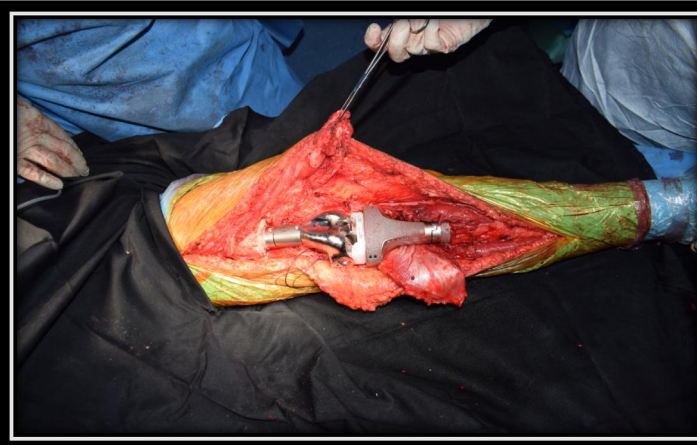
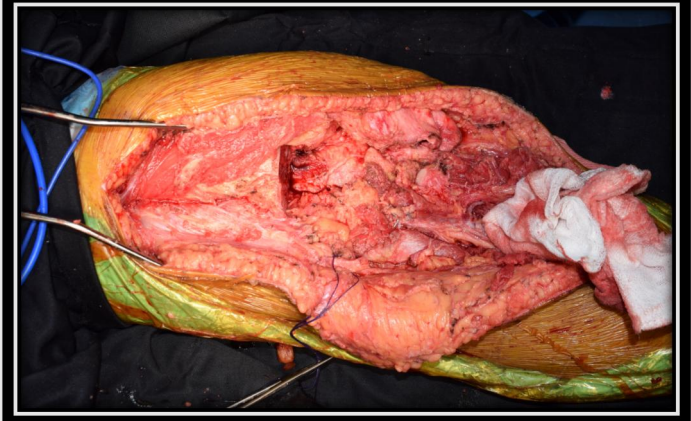
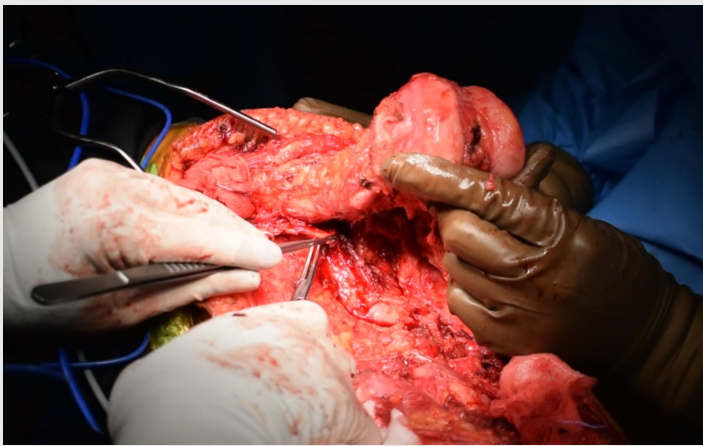
1	Features are suggestive of chondrosarcoma Grade 2.
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OPERATIVE IMAGES: 14/03/2022



- Distal Femur Resection
- Proximal Tibia Resection
- Reaming and Curettage of Distal Tibia
- Megaprosthetic replacement
- Gastroc Flap



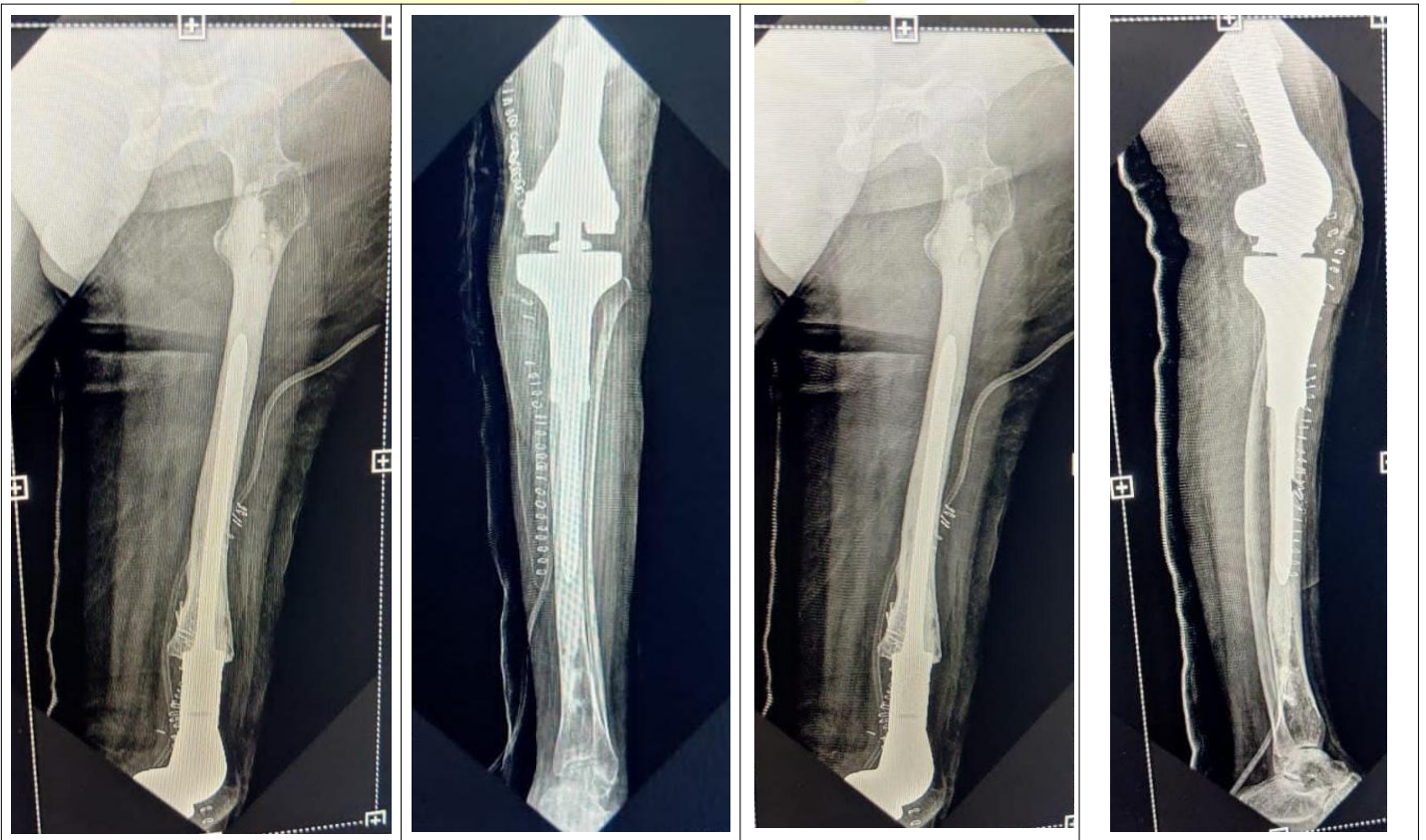




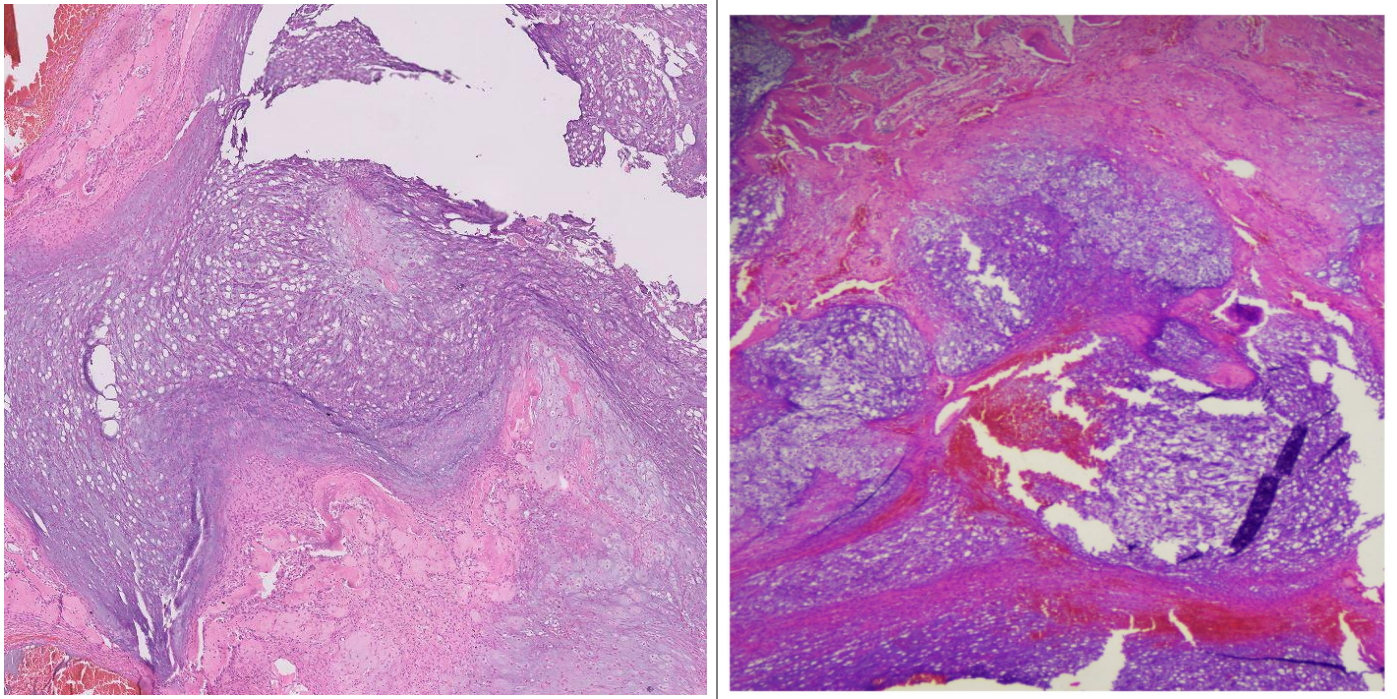
Findings:

1	Medial approach to proximal tibia and distal femur taken. Soft tissue dissected and popliteal vessels with its bifurcation protected.
2	Proximal tibia cut taken first at 95mm and distal femur cut taken at 10cm from the knee joint and frozen section sent.
3	Proximal tibia canal curreted out of its residual tumor.
4	Distal femur preparation done and trial of 12 x 125mm stem taken. Final cementing done and final implant placed and confirmed under C-arm.
5	Wash given, drain placed and patellar tendon reattached with gastrocnemius flap.

POST-OP X-Ray: 15/03/2022



HISTOPATHOLOGY IMAGES: 06/04/2022



Findings:

1	Left proximal tibia resection: Features are of a Chondrosarcoma, Grade 2.
2	Left distal femur resection: Features are of a benign chondromatous lesion, favouring enchondromatosis.
3	Distal end of proximal tibia sent for frozen section: Shows focus of cartilaginous tissue, features favour a benign lesion.
4	Tibia shaft curetting: Features favour a benign chondromatous lesion, favouring an enchondroma.
5	Pathologic stage as per AJCC 8 th

PROPOSED RECOMMENDATION AS DISCUSSED IN TYR MULTIDISCIPLINARY SARCOMA TUMOUR BOARD:

1	The resected proximal tibia showed features of aggressive tumour suggestive of Grade II Chondrosarcoma with free margins and the other lesions (Distal femur, midshaft tibia and distal tibia) were reported as benign lesions suggestive of enchondroma.
2	No role of adjuvant systemic therapy. However, considering possibility of local recurrence and more importantly malignant transformation of the other lesions despite curettage (due to unusual presentation), patient is advised close follow-up. Gene testing for IDH1 & 2 mutation is advised.
3	Discussion: Since the patellar tendon was repaired along with an overlying gastrocnemius flap, knee bending is restricted for the first 6weeks, following which gradual knee being to achieve 90deg by the end of 3months is encouraged. Quadriceps strengthening is extremely crucial for prosthesis longevity and gait, to be started on static strengthening immediately and dynamic strengthening after 6weeks.



4 | To review once in 3 months for every 2 years and for every 6 months for next 3 years.

OUR MDT TEAM MEMBERS:

NAME	DESIGNATION
Dr.Pramod Chinder	Consultant Orthopaedic Oncosurgeon
Dr Suraj H P	Orthopaedic Oncosurgeon
Dr. Anto	Fellow- Orthopaedic oncology
Dr. Amar	Fellow- Orthopaedic oncology
Dr. Kunal	Consultant Oncopathologist
Dr. Aparna	Consultant Oncopathologist
Dr. Imran	Consultant Oncopathologist
Dr. Shivakumar	Consultant Radiologist
Dr. Kumaraswamy	Consultant Radiation Oncologist
Dr. Vikram Maiya	Consultant Radiation Oncologist
Dr. Vijay Agarwal	Consultant Medical Oncologist

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Mrs. Kavya	MSW	9632971901
Mrs. Veena	Coordinator	9148663925



A small rectangular box containing a handwritten signature in blue ink. The signature appears to be 'Dr. Pramod.S.Chinder'.

Prepared by: Tejashvini.

Checked by: Dr.Pramod.S.Chinder

