

WEST AFRICAN JOURNAL OF MEDICINE

ISSN 0189 – 160X

Volume 38

Number 1

January, 2021

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PUBLISHED BY
THE WEST AFRICAN COLLEGE OF PHYSICIANS
AND
THE WEST AFRICAN COLLEGE OF SURGEONS

www.wajmed.org



Giant Cell Tumour of Distal Left Tibia: A Case Report

Tumeur à Cellules Géantes du Tibia Distal Gauche : Un Rapport de Cas



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ABSTRACT

Giant cell tumours of bone are relatively uncommon, accounting for about 5% of all primary bone tumours. They are generally classified as benign bone tumours. However, some of them might be locally aggressive. The peak incidence is between the second and fourth decades of life. They are commonly found at the epiphyseal and, occasionally, metaphyseal zones of long bones such as radius, femur and tibia. They most often present as painless swellings; however, pain may be experienced as a result of pressure on the surrounding soft tissues. The relevant diagnostic investigations that help in establishing the diagnosis include plain x-rays, Magnetic resonance imaging (MRI), CT and tissue biopsy for histological confirmation. Traditionally, surgery is the mainstay of treatment of the disease. Other modalities include radiation, tumour embolization and injectable drugs for surgically inaccessible or recurrent cases. **WAJM 2021; 38(1): 84–92.**

Keywords: Giant cell tumour, benign, Linear Rail System, distraction osteogenesis, adjuvants, aggressive, malignant, recurrence, radiation, embolization, chemotherapy.

RÉSUMÉ

Les tumeurs osseuses à cellules géantes sont relativement rares, représentant environ 5 % de toutes les tumeurs osseuses primaires. Elles sont généralement classées comme des tumeurs osseuses bénignes. Cependant, certaines d'entre elles peuvent être localement agressives. Le pic d'incidence se situe entre la deuxième et la quatrième décennie de vie. On les trouve couramment dans les zones épiphysaires et, parfois, métaphysaires des os longs comme le radius, le fémur et le tibia. Elles se présentent le plus souvent sous la forme de gonflements indolores ; cependant, la douleur peut être ressentie en raison de la pression exercée sur les tissus mous environnants. Les examens diagnostiques pertinents qui aident à établir le diagnostic comprennent les rayons X, l'imagerie par résonance magnétique (IRM), la tomographie et la biopsie des tissus pour confirmation histologique. Traditionnellement, la chirurgie est le pilier du traitement de la maladie. Les autres modalités comprennent la radiothérapie, l'embolisation de la tumeur et les médicaments injectables pour les cas chirurgicalement inaccessibles ou récurrents. **WAJM 2021; 38(1): 84–92.**

Mots-clés: Tumeur à cellules géantes, bénigne, système de rail linéaire, ostéogenèse de distraction, adjuvants, agressif, malin, récurrence, radiation, embolisation, chimiothérapie.