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Treatment and outcome of giant cell tumors: Report of 38 cases followed for 1 to 11 years

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Background & Purpose: Giant Cell Tumors (GCTs) of bone are common benign bone tumors. We report 38 cases that have been treated at our institution during the last 20 years.

Methods: 38 patients with histologically benign GCT were included in this study. Nine tumors were primarily located in distal radius, 6 in proximal tibia and 15 in distal femur, 5 in proximal humerous, 2 distal tibia and one proximal fibula. 28 patients were treated by extended intralesional curettage and phenol cauterization followed by bone graft impaction (24 cases) or bone substitute (4 cases). 12 patients were treated by wide resection. Wide resection was done when the lesion extended to articular cartilage or the surrounding cortex destruction was more than 50%. The patients were followed for a median time of 3 (1-11) years.

Results: 28 patients had good functional and oncological outcome at final evaluation. While 12 patients had complications (31%), 7 patients had local recurrence (3 patients with a distal radius tumor and 2 patients with distal femur tumor and 2 patients with proximal tibia developed a local recurrence). Four patients had bony recurrence and 3 had soft tissue recurrence. All local recurrences occurred after intralesional curettage. Local recurrence occurred 6 months to 7 years after intralesional curettage. Soft tissue recurrence was treated by resection while curettage was done for bony recurrence after biopsy. Local recurrence in one case proved to be malignant GCT. One patient developed pulmonary metastases. Failure of reconstruction after wide resection occurred in 3 patients. Two patients had infection after bone substitute.

Interpretation: We conclude that extended intralesional curettage with phenol cauterization is suitable for most of GCT with preservation of good function. Wide resection and reconstruction was done for tumors extended to articular cartilage, or with destruction of more than 50% of the surrounding cortex, functional impairment and mechanical failure is common. We advised biopsy for local recurrent GCT.

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Outcomes of open reduction and internal fixation in displaced intra-articular scapular fractures: A case series

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Scapular fractures are rare injuries and usually occur due to high energy trauma. Displaced intra-articular fractures usually require operative treatment and yields better outcomes as compared to conservative management. The study was conducted to assess the functional and radiological outcomes of displaced intra-articular scapular fractures managed with open reduction and internal fixation. 12 patients over a period of 3 years (2012-2014) were included in the study. Post-operative functional outcomes were assessed using mean quick DASH (Disability of arm, hand and shoulder) score while radiological outcomes were analyzed as percentage of implant cut-through, mal-union, non-union or infection. The mean follow up was 14 months. Mean age was 40 years. The mean quick DASH score was 7.19 ± 4.86. All of the patients had successful clinical and radiological healing and pain-free movements. Mean pre-operative medial/lateral displacement was 10.36mm while post operatively it was calculated as 0.86 mm. Mean pre-operative and post-operative translations were 16.17mm and 1.35mm respectively. Recommendations have been made that all displaced intra-articular scapular fractures should be fixed as they yield exceptional and promising results with none to minimum disability.

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