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Case Report

Giant cell tumor of tendon sheath of finger – A case report

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Abstract

Giant cell tumor of tendon sheath is clinically a slow growing soft tissue mass. It can be divided into localized and diffuse types. Localized types include giant cell tumors of tendon sheath and localized pigmented villonodular synovitis. Diffuse types encompass conventional pigmented villonodular synovitis and diffuse-type giant cell tumor.

Keywords: Giant cell tumor, tendon sheath, hand

1. Introduction

Giant cell tumor of tendon sheath is clinically a slow growing soft tissue mass. It can be divided into localized and diffuse types. Localized types include giant cell tumors of tendon sheath and localized pigmented villonodular synovitis. Diffuse types encompass conventional pigmented villonodular synovitis and diffuse-type giant cell tumor.

2. Case report

A 50 year old female presented with complaints of a painless swelling over the left middle finger since 2years, slowly progressing in size. On examination, a single, well defined, vertically oval shape 3cm x 2cm firm lesion arising from the volar aspect of middle phalynx of left middle finger with lobular surface and overlying skin freely mobile from the swelling.

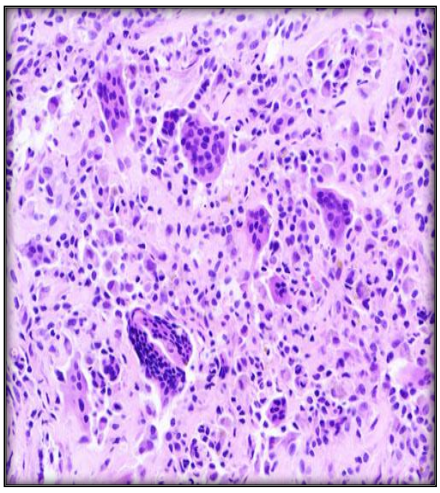
Routine investigations were normal. FNAC was suggestive of Giant Cell Tumor.

Excision biopsy was done. Histopathology reports were consistent with Giant cell tumor of tendon sheath.

Figure 1: Intra- operative finding

Figure 2: Post procedure

Figure 3: Microscopy



3. Discussion

Swellings of the hand are commonly encountered in general surgical practice – have multitude of diagnoses.

Arise from any tissue in the hand- skin, subcutaneous fat, muscle, nerves, vessels, tendon, bone and cartilage.

Ganglions (60-70%), epidermoid inclusion scysts (10-20%), giant cell tumours of the tendon sheath (12-20%) and swellings associated with arthropathy - majority of lesions.

Giant cell tumor of tendon sheath is clinically a slow growing soft tissue mass - develops over a period of months to years.

A giant cell tumour of the tendon sheath is an uncommon and usually benign lesion that arises from the tendon sheath.

Slow growing typically, present in 3rd-5thdecades, have a slight female predilection with a M:F ratio of 1.5-2.1:1.

Types: Solitary and multiple (Al -Qattan classification)

Macroscopy: rubbery, multinodular, well circumscribed mass with enveloping fibrous capsule.

Microscopy: fibroblasts, multinucleated giant cells, foamy histiocytes, inflammatory cells on a background fibrous matrix.

Local surgical excision usually suffices, but has high rate of recurrence.

Although second most common in hand swellings, Giant cell tumor of tendon sheath, is often missed in the diagnosis.

Complete excision with regular follow up care is indicated for this neoplasm due to its high propensity towards recurrence.

Incomplete excision and leaving behind satellite nodules is considered as the most important factor deciding recurrence pattern. Although second most common in hand swellings, Giant cell tumor of tendon sheath, is often missed in the diagnosis. Complete excision with regular follow up care is indicated for this neoplasm due to its high propensity towards recurrence (10 – 44%). Incomplete excision and leaving behind satellite nodules is considered as the most important factor deciding recurrence pattern. The above case highlights the significance of histopathological investigation into the biopsy specimens.

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