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: ,

2~4%

¹⁰⁾

가

18

가

3

(multifocality)

4

가

¹⁰⁾

5

가,

3

²⁾

X

가

가

9.3

4 mg/dℓ (8.4 ~ 10.8 mg/dℓ),

4.5mg/dℓ

:

1

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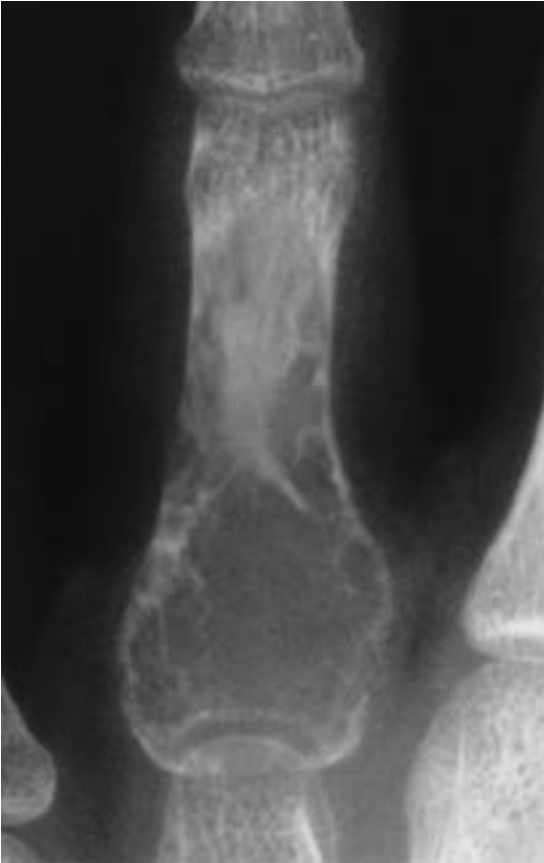


Fig. 1. The expansile osteolytic lesion with focal destruction of cortical bone is seen at the proximal phalanx. The diaphysis is focally involved.

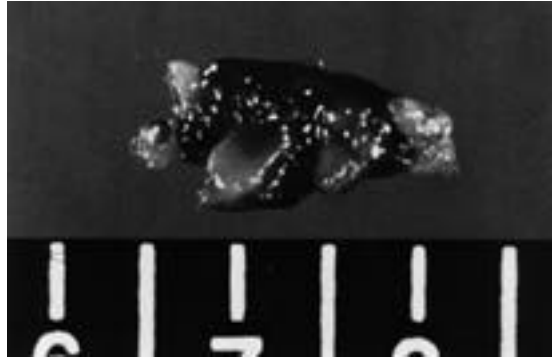


Fig. 2. The curretted mass is multinodular brownish mass with flesh consistency.

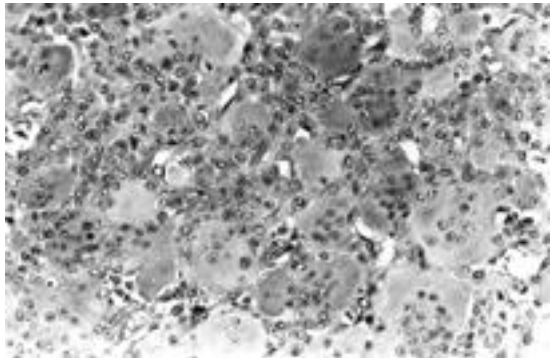


Fig. 3. Numerous giant cells are identified in a diffuse fashion with mononuclear stromal cells(H & E $\times 200$).

(2.5 ~ 5.5mg/dl)
alkaline phosphatase 89U/L(39 ~ 117U/L)

X 4

(Fig. 1).

(Fig. 2).

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10

Clinic 407
¹⁰, Campanacci ³⁾
sian ¹⁾

(Fig. 3).

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14

. Mayo
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209 9
, Athana-

Table 1. Differential diagnosis of giant cell reparative granuloma and giant cell tumor of small bones of the hand

	Giant cell reparative granuloma	Giant cell tumor	Present case
Age	less than 20	less than 20	18
Site	metaphysis	epiphysis and metaphysis	epiphysis and metaphysis
Symptom	pain and swelling	pain and swelling	pain and swelling
X-ray			
Sclerotic rim	-	-	-
Permeative pattern	-	+	+
Diaphyseal involvement	-	+	+
Stroma	more fibrotic	less fibrosis	less fibrotic
Cells	spindle or star-shape cells	round to oval	round to oval
Storiform pattern	+	-	-
Hemorrhage	prominent	less & focal	+, focal
Hemosiderin	prominent	less	-
Reactive bone		more common	less -
Fibrosis	present	absent	-
Chronic inflammatory cell	present	absent	-
Giant cell	aggregated a few nuclei	more uniform distribution many nuclei	uniform
Recur	rare	25~50%	-

-; not present, +; present

. Averill ²⁾ 21 5
24%

. Averill ²⁾ 0.4%
10

, 22
, Goldenberg ⁴⁾ 24 가

가 ⁷⁾ 45

9 ²⁾ 7 3
6

3 ⁴⁾ 15 13
. Averill ²⁾

가
X

가

Stewart ⁸⁾ 0.4% 가 가
(chondroblastoma), (chron-
dromyxoid fibroma), (giant cell

tumor of tendon sheath),
(pigmented villonodular synovitis)

Table

1

Clinic

10

10

20

Dorfman⁸⁾

8

11

10

¹⁰⁾,

, Mayo

7%

, Lorenzo

, Mayo Clinic

26

REFERENCES

- 1) **Athanasian EA, Wold LW, Amadio PC** : Giant cell tumors of the bones of the hand. *J Hand Surg*, 22(Am):91-98, 1997.
- 2) **Averill RM, Smith RJ, Campbell CJ** : Giant cell tumor of the bones of the hand. *J Hand Surg*, 5: 39-50, 1980.
- 3) **Campanacci M, Ciunti A, Olim R** : Giant cell tumor of bone. A study of 209 cases with long term follow-up in 130. *Ital J Orthop Traumatol*, 1: 249-77, 1975.
- 4) **Goldenberg R, Campbell C, Bonfiglio M** : Giant cell tumor of bone. An analysis of two-hundred-and-eighteen cases. *J Bone Joint Surg(Am)*, 52: 619-63, 1070.
- 5) **Lawson L, VanLerberg N, Tawfik O** : Pulmonary metastasis from a benign giant-cell tumor of the hand: report of a case diagnosed by fine-needle aspiration cytology. *Diagn Cytopathol*, 15:157-60, 1996.
- 6) **Lorezo JC, Dorfman HD** : Giant cell reparative granuloma of short tubular bones of the hands and feet. *Am J Surg Pathol*, 4: 551-63, 1980.
- 7) **Motamedi B** : Giant cell tumor of the proximal phalanx: A Case Report. *Ann Plast Surg*, 39:314-16, 1997.
- 8) **Stewart M, Richardson T** : Giant cell tumor of bone. *J Bone Joint Surg(Am)*, 34: 373-86, 1952.
- 9) **Unni KK: Dahlin's bone tumors** : General Aspects

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and Data on 11087 Cases. 5th ed. Philadelphia · New York : Lippincott-Raven: 382, 1996.

10) **Wold LE, Swee RG** : Giant cell tumor of the samll bone of the hand and feet. *Semin Diag Pathol*, 1: 173-84, 1984.

Abstract

**Giant Cell Tumor of Proximal Phalanx of the Hand
- A case report -**

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Giant cell tumor of the small bones of the hands and feet is rare. Giant cell tumors in these locations develop at young age, are more commonly multifocal, and show the higher risk of recurrence than those at the end of the long bone. It should be differentiated from the other lesions of the hands, such as giant cell reparative granuloma, aneurysmal bone cyst and enchondroma.

We experienced a case of giant cell tumor in the proximal phalanx of the left hand with swelling and pain. Curettage and bone graft were performed. Histologically large number of giant cells were distributed diffusely in the highly cellular stroma containing sheets of mononuclear cells. Secondary aneurysmal bone cyst and hemorrhage were associated.

Key Words : Giant cell tumor, Hand

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