

:
 ,
 : 1991 1998
 38 , 41 , , ,
 , , , , , ,
 , , , , , ,
 : 38 29 , 13.1 (5~40) .
 6 66
 50 12 가 40.1 .
 (17 :21) , (17) (24)
 2 120 (23.4) .
 , 5 , 36 , 5
 가 3 .
 36 , 3 , 2 ,
 14 (34%) 가 , 가 10 (24%), 9 , 5 ,
 3 20
 (48.8%), 가 9 , 가 7
 3
 . 37 4 가 2
 , 1 .
 5.1% .
 : 50 , , , ,

38 , 41
2.5 50
13.1

6,10,16)
(, ,) ,
19)

가

(localized nodular
tenosynovitis),
(localized pigmented villonodular synovitis),
(fibrous xanthoma),
(xanthoma of the synovium), 38 9 , 29
(benign synovioma), (sclerosing , 6 66
hemangioma) , 50 가 12
6, 8, 10, 12, 16, 23) Jaffe 10) (31.6%) 가 , 20 가 8 (21.1%),
30 가 6 (15.8%), 40 가 4 (10.5%), 20
가 5 (13.2%), 61 3 (7.9%)
, 40.1 .

(localized pigmented villonodular
synovitis) 10), 36
가 , 5 , 5
Moore 16)

(localized nodular tenosynovitis)
16) 가
가 5,14,16), 2 120
가 23.4 .
1) .

가 17 가 21
, 24 (58.5%)
17 ,
1991 1998 2 , 3 ,
36 가 ,
13 (31.7%) 가

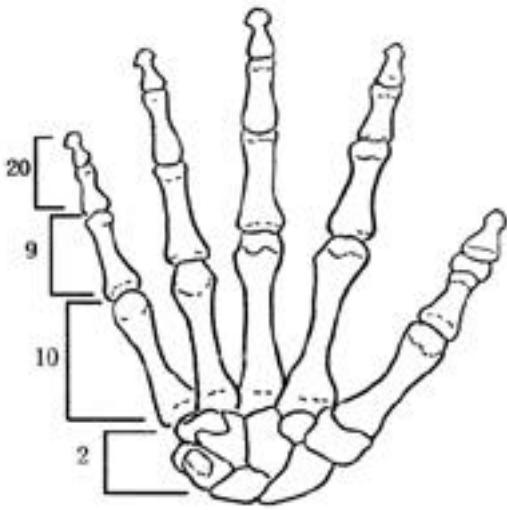


Fig. 1. Affected location in hand and wrist

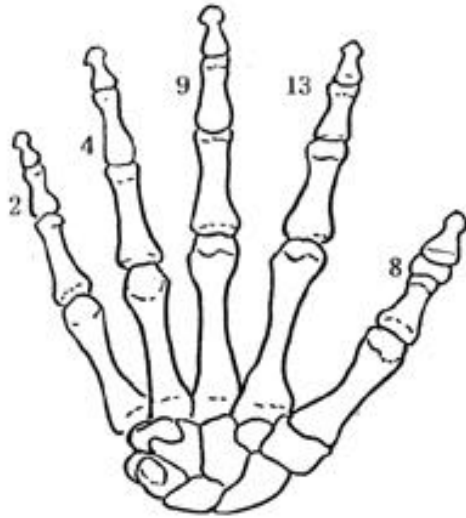


Fig. 2. Phalangeal distribution of affected lesion



Fig. 3. The cortical erosion(white arrow) was seen in middle phalangeal bone.



Fig. 4. Well-demarcated yellowish mass in the distal interphalangeal joint of index finger

4 , 2 (Fig. 2).

20 (48.8%),

10 ,

가 9

(Fig. 1).

37

4

1

9 (22.0%)

가

8 ,

가

0.3×0.3cm

5.0×2.0cm

가 2.0cm

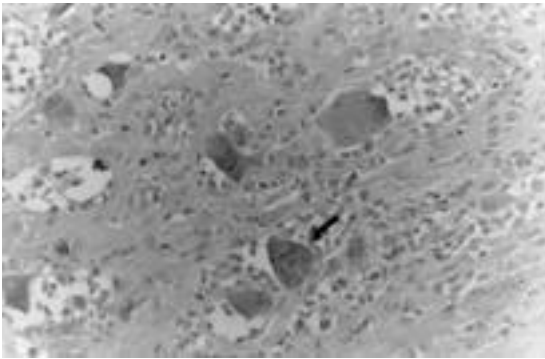


Fig. 5. The multinucleated giant cells (black arrow) were scattered in the collagenized stroma and the cellularity was moderate ($\times 100$, H-E stain).



Fig. 6. The mass was located beneath the flexor digitorum profundus tendon of the fourth finger and spread along the fibrous tunnel.

3

(Fig. 3).

가

0.3cm 5.0cm

3

36

(stalk)

가

(Fig. 4).

3

6, 2

가

, 2

3

1.5x1.5cm

가

3, 4, 5

(cellularity)

3

1.5x

(collagenized 1.0cm

stroma),

(multinu

1, 1, 2

3

cleated giant cell),

5.0x1.0cm

4

(polyhedral histiocyte)

(Fig. 5).

가

(Fig. 6).

2 (5.1%)

2

2,7,20,21)

가
31

가

가

Jaffe ¹⁰⁾ 10 30
Keith A ¹⁴⁾ 30 50
가

Chassaignat ¹³⁾

76.3%

가 20 21.1% 50 31.6%

가 ^{6,8,10,12,16,23)}, Jaffe ¹⁰⁾

20 50

20

^{12,14,16)} Keith ¹⁴⁾

(localized pigmented villonodular synovitis) ¹⁰⁾ 2/3

villonodular synovitis)

13 (31.7%) 가
9 (22.0%)
20 (48.8%)

가

가

24 (58.5%)

Moore ¹⁶⁾

(localized nodular tenosynovitis) ¹⁶⁾

(pressure atro-

phy)

(pressure erosion)

(cortical perforation)

(intraosseous expansion)

(xanthoma)

2 3

^{9,20)} Ignacio ⁹⁾

23.3%

가

, Jones

가 73%,

60%

FE ¹²⁾

, 11.3%

. Ray ²⁰⁾ 26%

가 . 3 (9%)

(hemosiderin)

Jelinek ¹¹⁾

T1

T2

5.

가

6.

1

7.

T1, T2

가

7 ~ 45%

^{12,17,20)}

가

^{4,15,21)}

5.1%

McMaster¹⁵⁾

1991

1998

38 , 41

1.

2.

50

31.6%

가

3.

가 36 ,

4.

가

가 5

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Giant Cell Tumor of Tendon Sheath in Hand

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Purpose : The giant cell tumor of tendon sheath is the second most common tumor of the hand, but recurred frequently although excision was performed. Authors analyzed and would report clinical findings and postoperative results of it.

Materials and Methods : Between January 1991 and December 1998, 38 patients, 41 cases which the authors had performed excisional biopsy to the mass in the hand and diagnosed with the giant cell tumor of tendon sheath, was analyzed with age, sex, chief complaint, symptom duration, involved finger, involved tendon, frequently developed site in fingers, size, multiplicity, radiologic findings and recurrence. The mean duration of follow-up was 13.1 months (5~40 months).

Results : Of 38 patients, twenty-nine were female. It is frequent in the fourth decade and mean age was 40.1 years old. The neurological compression symptom was found in 5 cases. The mean duration of symptom was 23.4 months. Flexor tendon was involved in 24 cases. The distal interphalangeal joint area in digit was involved most frequently in 20 cases. Index finger was the most common involved finger (14 cases), and long finger was the second most common (9 cases). All tumors were unilateral. The majority of patients had solitary lesion but one case had multiple lesion. In the radiologic findings, erosion or pressure indentation of bone was seen in 3 cases. All patients were operated by marginal excision. Recurrence rate was 5.1%.

Conclusion : The risk factors in giant cell tumor of tendon sheath were female, fourth decade, index finger, flexor tendon, and distal interphalangeal joint area. The recurrence was increased in marginal excision of recurred cases, in cases with multiple developed lesions or in multilobular lesion, so wide surgical excision is necessary to prevent recurrence.

Key Words : Hand, Giant cell tumor, Tendon sheath, Excision

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