

- -

.



가

25
methymethacrylate

2

: ,



25

methacrylate

methy-

Bloodgood 1919 Giant cell tumor

5%

가

25

4

2-4,8)

, 5×6cm

가

가

1,11)

:

17
Tel : 02-2290-8485, Fax : 02-2299-3774, E-mail : kimts@hanyang.ac.kr

(Fig. 3).

가

(Fig. 1).

가 2

6×4×8 cm

(Fig. 4).

가

가

가

(Fig.

5),

(Fig. 2).

12cm

15 cm

가

Kotz modular prosthesis

(Fig. 6).

17

×15cm

condylar blade plate



Fig. 1. Preoperative anteroposterior and lateral roentgenograms of the distal part of the femur showing large aggressive giant-cell tumor.

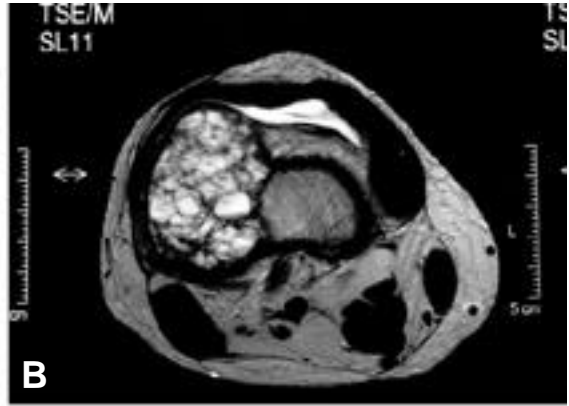


Fig. 2. T2W1 MRI shows a large cystic mass with multiple septa and air-fluid levels.

(Fig. 7),
가
가
가
(Fig. 8).
4 (1x
0.8x0.3cm), 2 (1.7x0.5x0.5cm),
1 (1.2x1x0.5cm), 1
(1x0.5x0.5cm)

(Fig. 9),
Kotz modular
prosthesis 1

Richard⁹⁾

가 70~80% 가
62.0%(Sung), 46.4%
(Goldenberg), 50.5%(Huvos)

mononuclear stromal cell osteoclast-like giant
cell⁸⁾

가
가

Goldenberg, Campbell 35~45%,
polymethylmethacrylate
0~29%,
0~18%^{4,9,13)}
1~9%

¹⁰⁾
3.5~3.8
80~85%
^{4,5,10)}



Fig. 3. Extensive curettage and fillings with methylmethacrylate were done, and then condylar blade plate was applied.



Fig. 4. Radiographs of patient 2 years after surgery. Recurrence was evident.

2 가 ,
 ,
 1 ,
 .
 ,
 ,
 가 .
 blade plate (buttress) condylar
 .
 Jaffe

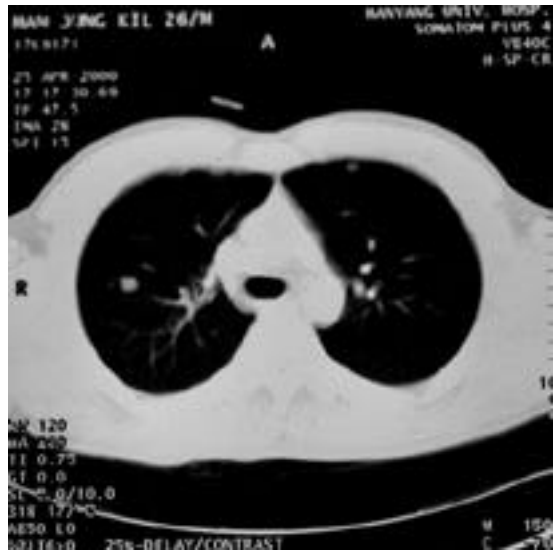


Fig. 5. CT scan shows multiple metastatic pulmonary nodules 2 years after initial surgery.



Fig. 6. Second postoperative radiograph shows successful reconstruction of the knee joint with Kotz modular prosthesis.

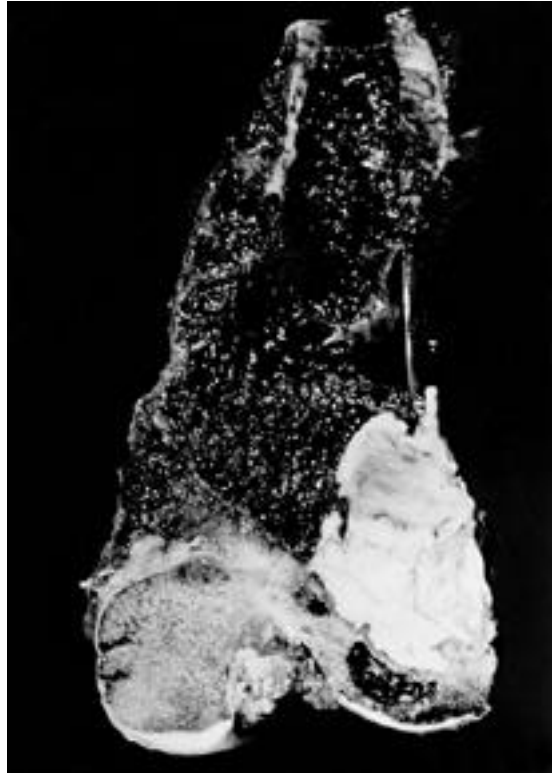


Fig. 7. Gross finding shows recurrent lesions above and below cement fillings.

가 , Goldenberg, Saner-
kin ,
가 ,
가 가 ,
가 가 ,
12).

가 (sarcomatous
change) 가 cisplatin, doxorubicin
5,6). 1987 Lee

5).

Adriamycine Dacarbazine
7). , 1997 Siebenrock
79%

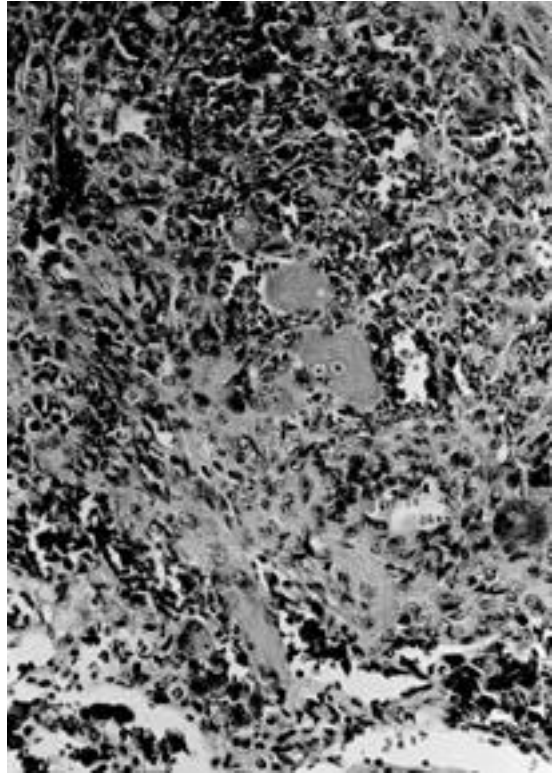
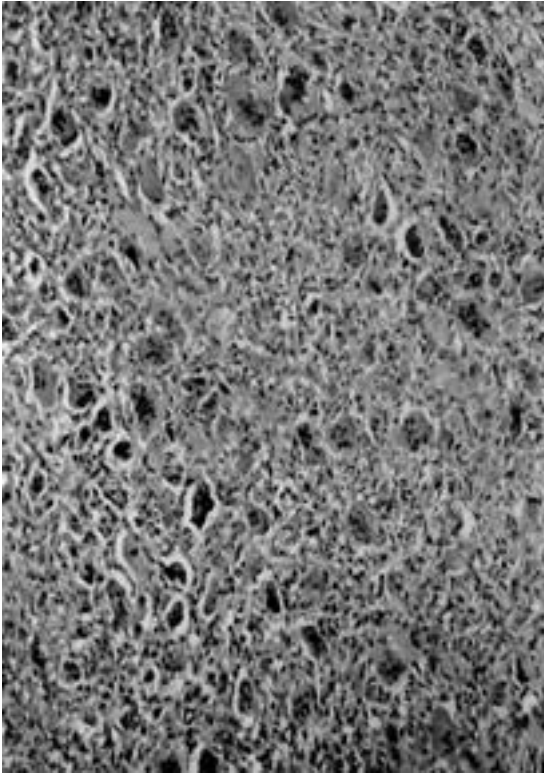


Fig. 8. Microscopic finding of recurrent lesions shows a large number of multinucleated giant cells and population of round to oval mononuclear cells in the hemorrhagic background(× 100, Hematoxylin-Eosin stain).

Fig. 9. Microscopic finding of metastatic lung lesion shows diffuse distribution many giant cells in the background of mononuclear cell(× 200, Hematoxylin-Eosin stain).

14)
25

Kotz modular prosthesis

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Abstract

Metastasising Recurrent Giant Cell Tumor – A Case Report –

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Giant cell tumor is usually found around the knee joint, especially in the distal femur or proximal tibia. Despite being classified as benign, it has unusual biological behavior of local aggressiveness and tend to have severely destructive lesion and develop rare pulmonary metastasis. Therefore, when the patient is presented to the physician with an expansile lytic lesion of challenging clinicopathologic entity extending to subchondral bone, the physician faces up to difficulties in treatment. We report a case of 25 years old patient having recurrent giant cell tumor in the right distal femur which developed metastasis to lung. The primary bone lesion was treated with local curettage and fillings with methylmethacrylate, but when he returned to the hospital two years later, the recurrence had developed with lung metastasis.

Key Words : Giant cell tumor, Pulmonary metastasis

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