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Folope	²⁾ (1999)	,	,	
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Folope ²⁾

Enzinger⁴⁾

1972 Guccion

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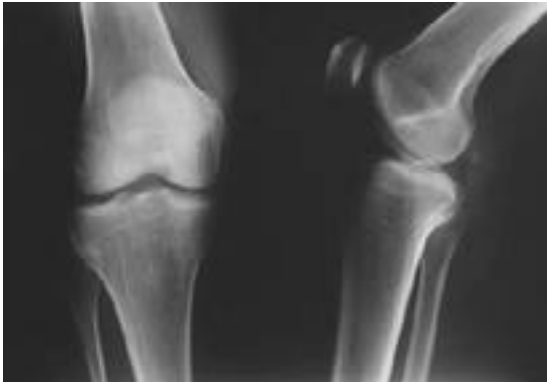


Fig. 1. AP and lateral simple radiographs of the right knee reveal no bony lesion in the tibial and femoral bone.

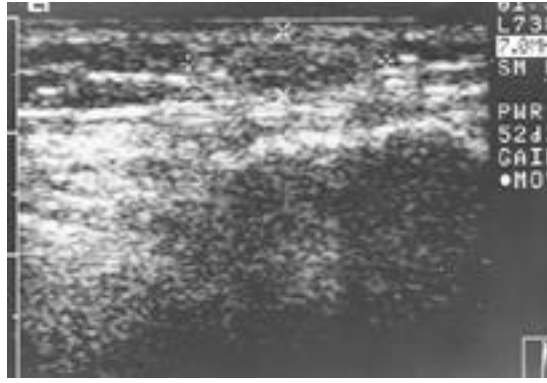


Fig. 2. Ultrasonogram of the right knee. About 1 cm size ovoid hypoechoic lesion is noted in the distal portion of vastus lateralis muscle. Mild surrounding inhomogenous echo is also demonstrated.

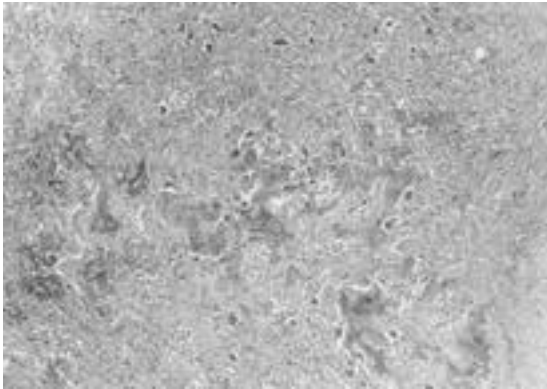


Fig. 3. Microscopic view of the soft tissue tumor shows a monotonous proliferation of mononuclear stromal and osteoclast-like giant cells homogeneously distributed (HE, $\times 40$).

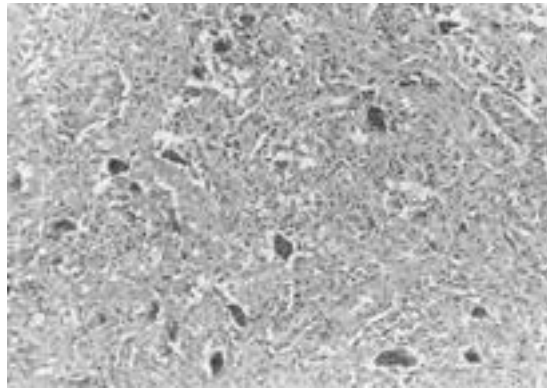


Fig. 4. High-power view of mononucleated and multinucleated giant cells shows neither atypical features nor mitotic figures (HE, $\times 200$).

, (locking), giving way,
(snapping sound)

(Fig. 1,2).

0.6 cm \times 0.6 cm

0.8 cm \times 0.8 cm \times 0.6 cm

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(Fig. 3,4).

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**Soft Tissue Giant Cell Tumor of Low Malignant Potential
- Case Report -**

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Folope et al²⁾(1999) reported soft tissue giant cell tumor which was similar to malignant giant cell tumor in clinical, pathologic, and immunohistological aspect but represented low malignancy. We reported a 30-year-old female suffered from pain and palpable mass on the anterolateral aspect of the right knee for one year. Excisional biopsy from the lesion revealed some giant cells and polymorphous cells containing eosinophilic cytoplasm and vacuolated nucleus. Histopathologic findings of the lesion were consistent with soft tissue giant cell tumor of low malignant potential. Hereby, we report a case of soft tissue giant cell tumor of low malignant potential with a review of the literature.

Key Words: Soft tissue giant cell tumor, Low malignant potential

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