



## Full Length Research Article

### AXILLARY LYMPHNODE METS AFTER BELOW ELBOW AMPUTATION DUE TO RECURRENT GIANT CELL TUMOR –A RARE CASE REPORT

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#### INTRODUCTION

Giant cell tumor (GCT) of bone is an locally advanced benign bone tumor. GCT of bone has been described as the most challenging benign bone tumors. The majority of these tumors, classically, are involved in the epiphysis of long bones. Although this disorder is benign, GCT show a tendency of bone destruction, local recurrence and, occasionally, pulmonary metastasis. But axillary lymph node metastasis is very very rare. Herein, we present an extremely rare case of axillary mets even after below elbow amputation in a case of recurrent giant cell tumor in a 45 years male. Residing at Kolkata, West Bengal. We treat him by radical axillary lymph node dissection. Lymph node histopathological report shows Tartrate-resistant acid phosphatase (TRAP) activity.

##### Case study

We are presenting a case of recurrent giant cell tumor affecting distal radius in a 45 years male patient residing at Kolkata, West Bengal at 2013. We confirm our diagnosis by Jamshidi needle biopsy.

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#### ABSTRACT

Understanding Giant cell tumor (GCT) of bone has been described as the most challenging benign bone tumors. The majority of these tumors, classically, are involved in the epiphysis of long bones. Although this disorder is benign, GCTs show a tendency of bone destruction, local recurrence and, occasionally, pulmonary metastasis. But axillary lymph node metastasis is very very rare. Herein, we present an extremely rare case of axillary mets even after below elbow amputation in a case of recurrent giant cell tumor in a 45 years male residing at Kolkata, West Bengal. We treat him by radical axillary lymph node dissection. Lymph node histopathological report shows Tartrate-resistant acid phosphatase (TRAP) activity.

As per decision of tumor board, we planned for below elbow amputation. Because skin, soft tissue and tendon affected. After 8 months he came back with painful matted axillary lymph node swelling. With the help of general surgery we plan for radical axillary lymph node dissection. We had done HRCT thorax to rule out pulmonary metastasis, which was disease free. Sample sent for confirmation and immunohistochemistry. HPE report shows malignant giant cell which sensitive to Tartrate resistant acid Phosphatase, confirmatory for release malignant giant cell.

#### DISCUSSION

Giant cell tumor is well known for recurrence. Distal radius is also one of the common sites for G.C.T. Though with recent advancement of operative technique, using high speed bur, argon laser, liquid nitrogen, cryotherapy recurrence rate decreases. Multicentric giant cell, and pulmonary metastasis are rare. Regional lymph node metastasis is very rare. Here we had to sacrifice his functional hand to get rid of him for prolonged morbidity and long time treatment. But after 8 months he came back to us with severe anxiety because of axillary swelling. It is a very rare incident that after amputation axillary lymph node became affected. Maybe at the time of amputation micro-metastasis happened.



Fig. 1. Post op picture after frist operation. Ressection and reconstruction by fibular head



Fig. 5. Below elbow amputation



Fig. 2 and 3. Shows malignant looking mass over distal radius



Fig. 6.



Fig. 7.

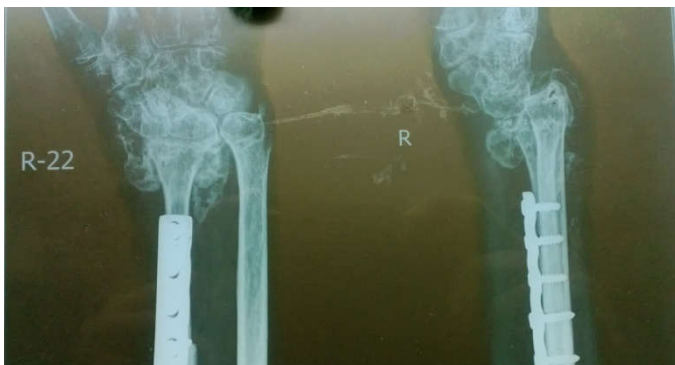


Fig. 4. Osteolysis ograft

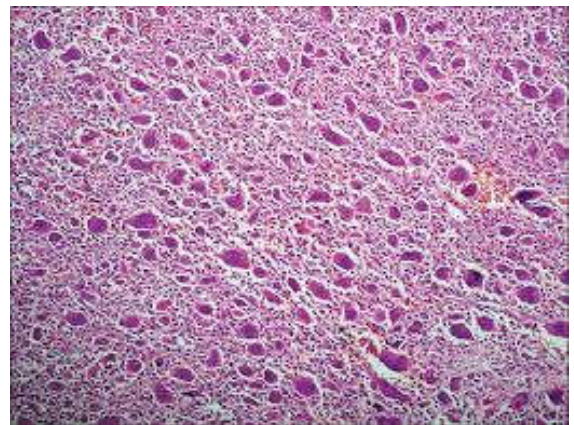


Fig. 8.

Fig 6. Shows axillary lymphadenopathy, Fig-7-dissection, Fig-8 histopathology –gient cell

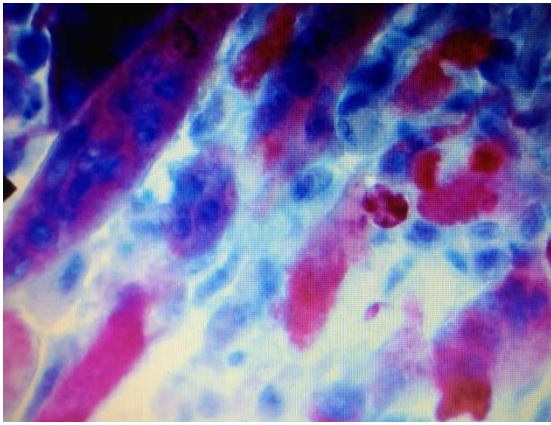


Fig. 9. TRAP sensitive malignant giant cell found in axillary lymph node



Fig. 10.

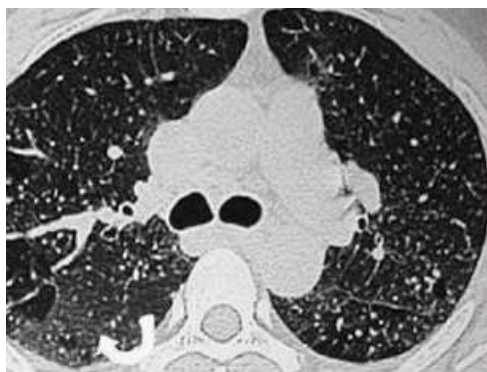


Fig. 11.

Fig -10, Fig-11 shows chest x ray and HRCT no metastasis

Which can not be detected clinically or radiologically at that time. After a certain time it enlarges enough to be palpated clinically.

### Conclusion

Giant cell tumor is well known for its high chance of recurrence. We are presenting this case only because of atypical lymph node metastasis of giant cell tumor, not because of its recurrence. So take home message is during planning of treatment for recurrent G.C.T we should exclude regional as well as distant metastasis. Though it is a rare occasion, but we should think of this, otherwise we can miss the bus.

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