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**Giant Cell Tumor of Ankle – A Case Report****Dr. Prakash Karrun, Dr. Sivakumar, Dr. Veena Singh, Dr. Venkatachalam**

Department of Orthopaedics, Department of Pathology, Sree Balaji Medical College &amp; Hospital Chromepet, Chennai, India

**\*Corresponding author**

Dr. Prakash Karrun

Email: [karunortho@gmail.com](mailto:karunortho@gmail.com)

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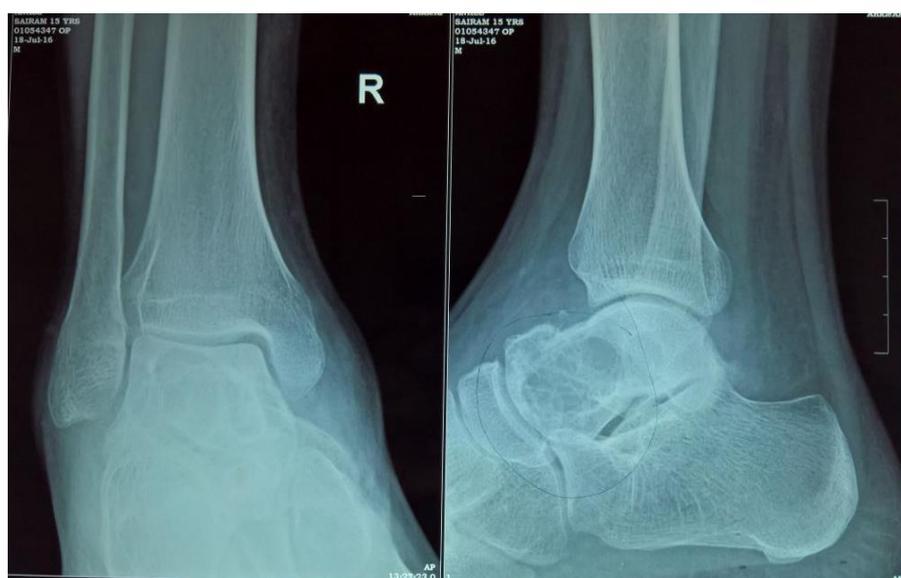
**Abstract:** Giant cell tumour (GCT) is a benign but locally aggressive tumour usually found in the long bones, most often the distal femur, proximal tibia, and distal radius. This tumour is uncommon in the foot accounting for less than 4% of all the GCTs. We are reporting a case of 15 year old male who came to Orthopaedics Department with complaints of pain & swelling in the right ankle for past 1 year. The radiographic image of the patient's right ankle failed to reveal a fracture or dislocation, it revealed a osteolytic lesion suggestive of Giant cell tumour of ankle. Open biopsy was taken and sent for histopathological examination which also confirmed Giant cell tumour of ankle. Excision and curettage was done.**Keywords:** Giant cell tumour, Ankle, Recurrence.**INTRODUCTION**

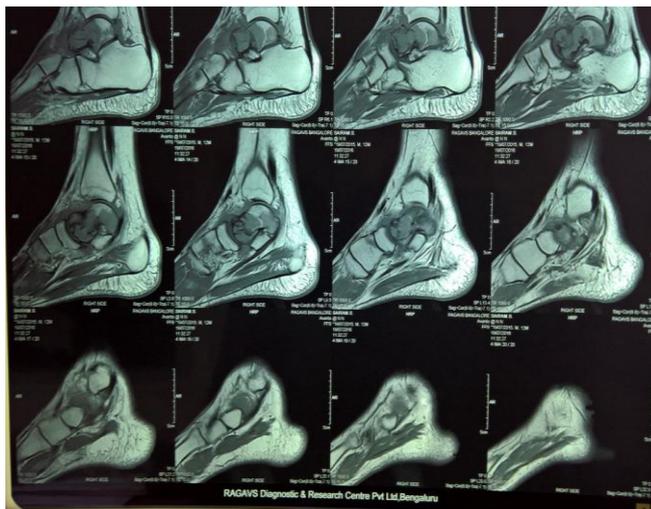
GCT or Osteoclastoma accounts for 5 percent of all the primary bone tumours. It usually affects the long bones, most often the distal femur, proximal tibia, and distal radius and proximal humerus. It is a benign tumour with a tendency for local aggressiveness and high chances of recurrence [1].

**CASE REPORT**

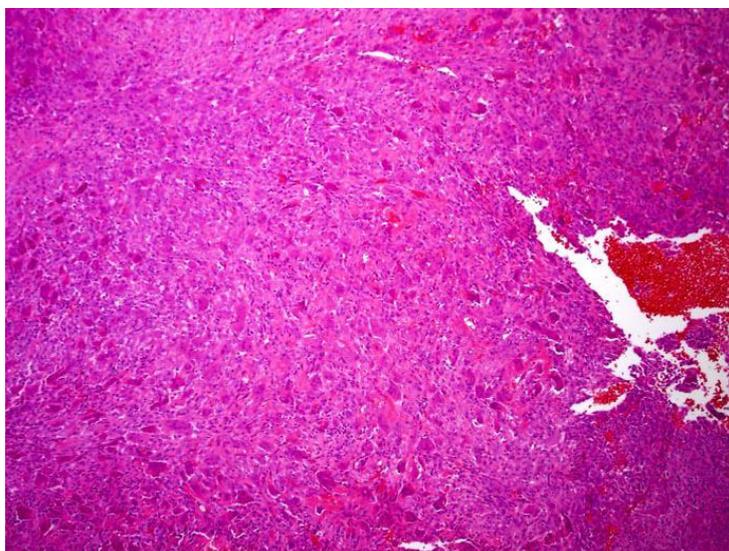
We are reporting a case of 15 year old male who came to Orthopaedics Department with complaints of pain & swelling in the right ankle for past 1 year. Pain was aggravated on walking. No H/O local trauma. Upon examination of the right ankle, there was swelling on

the dorsolateral aspect around the anterior talofibular ligament. There was pain while plantarflexion and dorsiflexion of the ankle. The radiographic image of the patient's right ankle failed to reveal a fracture or dislocation, it revealed a osteolytic lesion suggestive of Giant cell tumour of ankle (Figure 1, 2). Open biopsy was taken and sent for histopathological examination which also confirmed Giant cell tumor of ankle (Figure 3). Open reduction and internal fixation with supracondylar nail fusing calcaneal and tibia with bone grafting was done (Figure 4,5). Patient was advised non weight bearing for 6 weeks and mobilized in a short leg walking cast thereafter.

**Fig-1: X-Ray Ankle AP& Lateral**



**Fig-2: CT Ankle**



**Fig-3: Scanner view showing giant cells with areas of haemorrhage**



**Fig-4: Open reduction and internal fixation with supracondylar nail fusing Calcaneal and tibia (AP view)**



**Fig-5: Open reduction and internal fixation with supracondylar nail fusing Calcaneal and tibia (Lateral view)**

## DISCUSSION

Osteoclastoma is one of the commonest benign bone tumours encountered by an orthopaedic surgeon [2]. The foot is an unusual site of presentation of GCT. GCT involving hand and foot bones appear to occur in a younger age group and tend to be multicentric [3].

GCT has a well-known tendency for local recurrence after surgical treatment. The majority of recurrences usually occur within the first two years, late recurrences are known and long-term surveillance is recommended in these patients [2].

Many authors have reported acceptable results with intralesional curettage and bone grafting [4]. Patient is advised regular follow to detect any recurrence.

## REFERENCES

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