Unusual presentation of Giant Cell Tumor

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Case 1

- 38 Year old male.
- Diagnosed as GCT.
- Managed elsewhere by curettage and cementing.
• Presented 7 months later with recurrence.
• CT chest shows pulmonary nodules.
• ? Metastasis ( rare ) / revaluation of primary diagnosis.

Adv ; PET Scan
Mild diffuse FDG uptake in bilateral bulky parotid glands, likely inflammatory.

Diffuse FDG uptake noted in bilateral bulky tonsillar regions with multiple specks of calcification, likely inflammatory.

**Head & Neck:** The thyroid gland is unremarkable with normal homogenous attenuation on CT scan and no abnormal FDG uptake. No significant FDG avid cervical lymphadenopathy is seen.

*Few subcentimeter size non FDG avid bilateral level I axillary lymph nodes with normal fatty hila noted.*

**Thorax:** Few tiny subpleural fibronodular lesions are noted in both the lungs few with specks of calcification, likely non specific. *Subpleural fibrotic strands with inhomogeneous ground glass haziness noted in both the lungs.* Rest of the lung fields are clear. There is no evidence of any significant FDG avid parenchymal or pleural lesions.

Multiple intensely FDG avid (SUV max-15.4) discrete and coalescent hypodense right upper and lower para tracheal, prevascular, precarinal and subcarinal lymph nodes are noted with mass formation at places, the largest in the subcarinal region measures approximately 3.2 x 2.2 x 2.8 cm in size.

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• Local biopsy
  &
• Bronchoscopy with biopsy
Diagnosis

- Local biopsy; **GCT**
- Bronchoscopic biopsy; **pulmonary Tuberculosis**.
Wide excision
Ipsilateral fibular grafting