

ΑΡΘΡΟΣΚΟΠΙΚΗ ΑΦΑΙΡΕΣΗ ΓΙΓΑΝΤΟΚΥΤΤΑΡΙΚΟΥ ΟΓΚΟΥ ΑΠΟ ΤΟΥΣ ΧΙΑΣΤΟΥΣ ΣΥΝΔΕΣΜΟΥΣ

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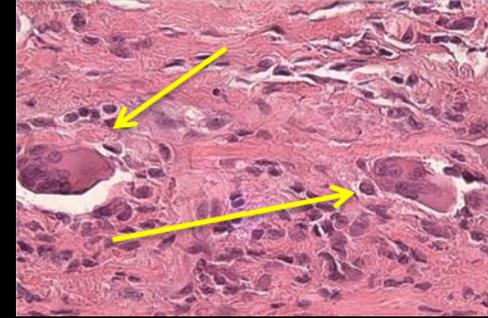
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BACKGROUND

- ✓ **Tenosynovial giant cell tumor** arising from cruciate ligaments consists a rather rare entity.
- ✓ Predominantly areas where this tumor appears are the **palmar sides of fingers and toes**. The involvement of larger joints like the **knee or the ankle is rather rare** but in the case of **synovial joints the knee joint is particularly affected**.
- ✓ **rare** seems to be the intraarticular localization of the **tenosynovial giant cell tumor of the tendon sheath**.



CASES PRESENTATION

- ❖ 32-year-old male with a GCT arising from the ACL
- ❖ a round -shaped mass with a reddish-brown color was located just anterior to the ACL and impeded the full extension of the knee joint
- ❖ 26-year-old male with a GCT arising from the PCL
- ❖ a well circumscribed oval shaped mass was found with a peduncle attached to the synovium of the PCL.

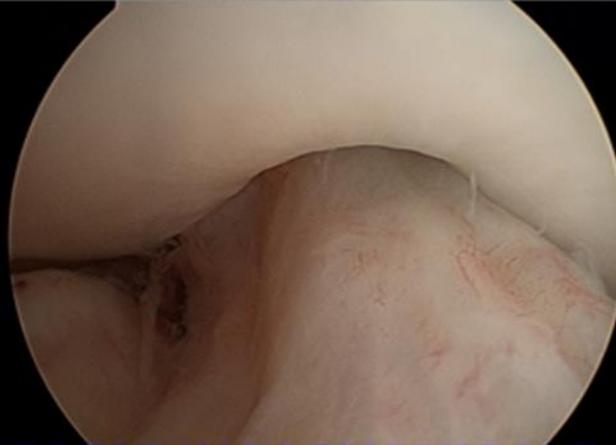


RESULTS

- ❑ Arthroscopic removal was performed in both cases
- ❑ After arthroscopic excision, both patients became asymptomatic.



Arthroscopic view from Case 2. A soft tissue well circumscribed oval shaped mass.



Arthroscopic view from Case 2. En-block excision of the mass, which is no longer present.

DISCUSSION

There is a lack of clinical features for the GCT of the knee and thus a **thorough clinical examination** is prudent. Usually the diagnosis is set after an investigation based on **suspicion**. This entity can present with **symptoms of instability** and patients may present signs of **mechanical derangement**. With the knee joint, **meniscal symptoms and locking are often present**. The best non-invasive technique to diagnose this tumour has been reported to be the **MRI**. **Arthroscopic excision has been reported as a safe and effective procedure for treatment.**