

CASE REPORT

Functional Outcome after Rotational Vascularized Fibular Graft for GCT Right Proximal Tibia

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ABSTRACT

Giant cell tumors (GCT) are locally aggressive tumors with a high rate of recurrence. We here present our experience with wide resection and vascularized autogenous fibula grafting for GCT of proximal tibia.

Keywords: GCT proximal tibia, Rotational vascularized fibular graft

INTRODUCTION

Giant cell tumors (GCT) are locally aggressive tumors with a high rate of recurrence. Recurrences of GCT in autogenous fibular grafts have been rarely reported and pathological fractures through such grafts are even rarer. Wide excision is the management of choice, but this creates a defect at the proximal end of tibia. The preferred modalities for reconstruction of such a defect include vascularized/ non-vascularized bone graft, osteoarticular allografts and custom-made prosthesis. We here present our experience with wide resection and vascularised autogenous fibula grafting for GCT of proximal tibia.

CASE PRESENTATION AND METHOD

We report a male, 40 years old with GCT right proximal tibia and right knee flexion contracture. We performed wide resection followed by rotational vascularized fibular graft to femur, and arthrodesis of knee joint. We evaluated anatomical, functional, radiological outcomes of this patient after treatment.

RESULTS

After 3.5 years, the patient has good outcome. There is no pain, no recurrence of tumor, the graft is union and become hypertrophy. Patient can walk with full weight bearing now.

REFERENCE

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Figure 1: Case of Rotational Vascularized Fibular Graft for GCT Right Proximal Tibia.