腱鞘巨細胞瘤惡化病例報告

Malignant Giant Cell Tumor of the Tendon Sheath in the Hand-A Case Report

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摘要

腱鞘巨細胞瘤經常爲良性腫瘤，其復發性經常被討論。惡性腱鞘巨細胞瘤是極爲罕見且其預後不佳。與身體其他部位之腫瘤比較下，手部腫瘤相對比例較少，且絕大部份是良性，本位報告的個案爲 69 歲的右手惡性肌腱鞘巨細胞瘤病人，最初我們的考量爲良性瘤，透過組織學表徵與先驅惡性腫瘤或惡性腫瘤進行鑑別，診斷爲軟組織的惡性腱鞘巨細胞瘤。以目前最常用及都接受之治療方法是在充分之麻醉下施行外科切除並作組織學之診斷。本位報告的個案自手術後追蹤 7 年腱鞘巨細胞瘤並無復發情形，且目前無轉移的狀況。

Abstract

iant cell tumors of the tendon sheath (GCTTS) are usually benign, although they tend to recur after excision. Malignant giant cell tumors (GCTs) are even rarer, with the prognosis being very poor. GCTTS is a benign synovial proliferative disorder of unknown origin. GCTTS usually present as a slowly growing mass without any adverse symptoms. Although tumors of the hand are relatively rare, GCTTS most commonly occur in this area (especially on the fingers and usually adjacent to joints), second only to simple ganglion cysts. Lesions can include benign GCTs coexisting with malignant GCTs. It must be emphasized that malignant soft tissue tumors of the hand (excluding the skin) are exceptionally rare. We report on an extremely rare case concerning a malignant GCTTS and its specific localization to the right hand. A patient with a clinical history of four benign GCTs reported to our hospital for the first time with what was initially considered another benign tumor, in the little finger of the right hand. Physical examination revealed rigid, swelling indurations and flexion contracture deformity of that finger. A chest X-ray showed previous TB lesions. Results from the laboratory examination, including blood serum, were normal. Tissue analysis led to the discovery of microscopic features identical to those found in malignant GCTTS. Forearm amputation was therefore performed for complete removal of the tumor. Local recurrence is a risk factor for pulmonary metastasis, but the CT-guided biopsy revealed no malignancy in the lung. The patient is currently well with no recurrence or metastases seven years after the excision operation.