MICOD -12/09/2023

Case contributor –Dr. D K Singh

History:

- A 48 year old female presented to orthopaedic OPD with pain in right gluteal region and walking difficulty since 7 months.

- **On Clinical examination:**

Straight leg raise test: Negative (>60^0)

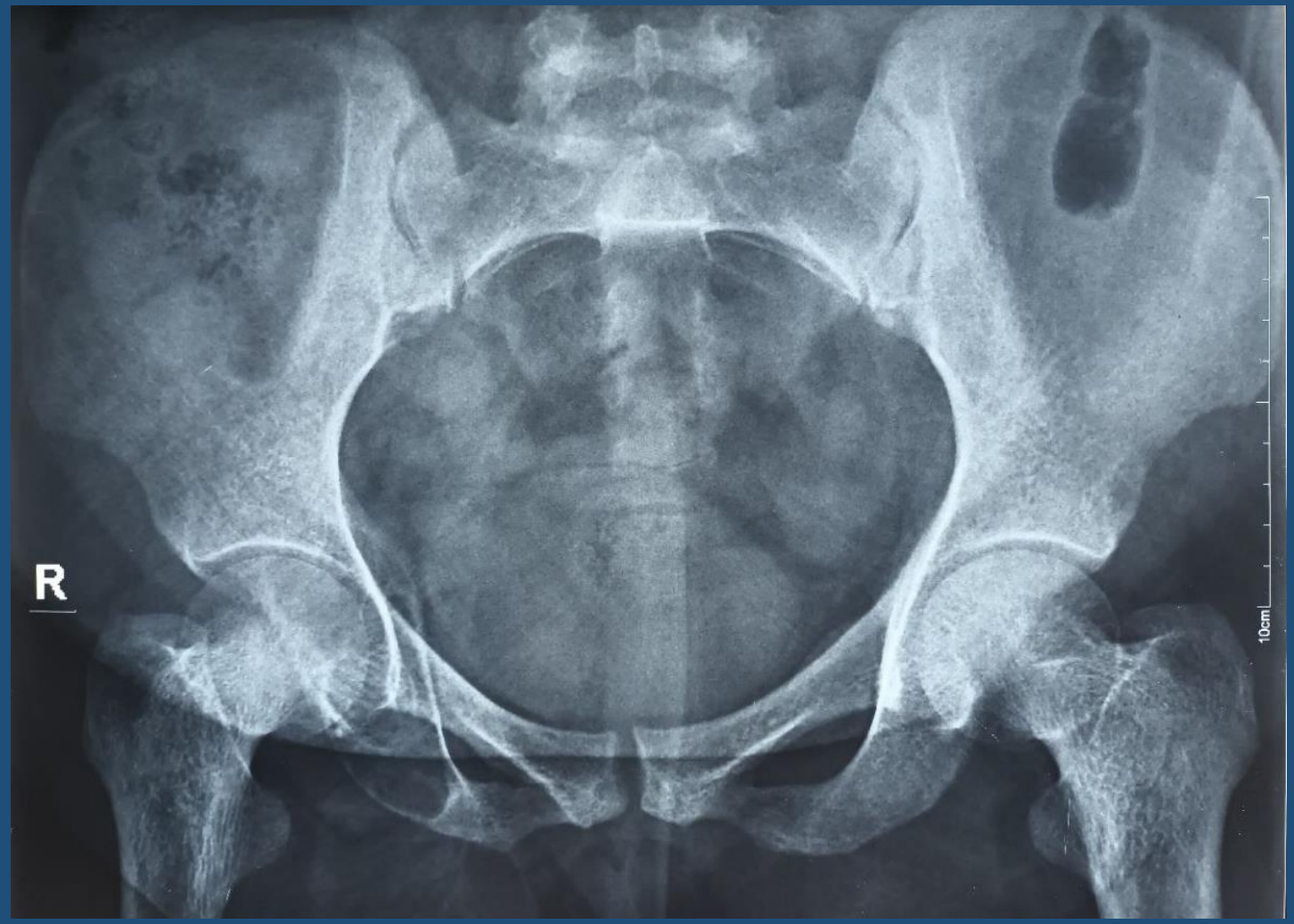
Sensory (ASIA): Intact (Grade:2)

Motor (MRC): 4/5

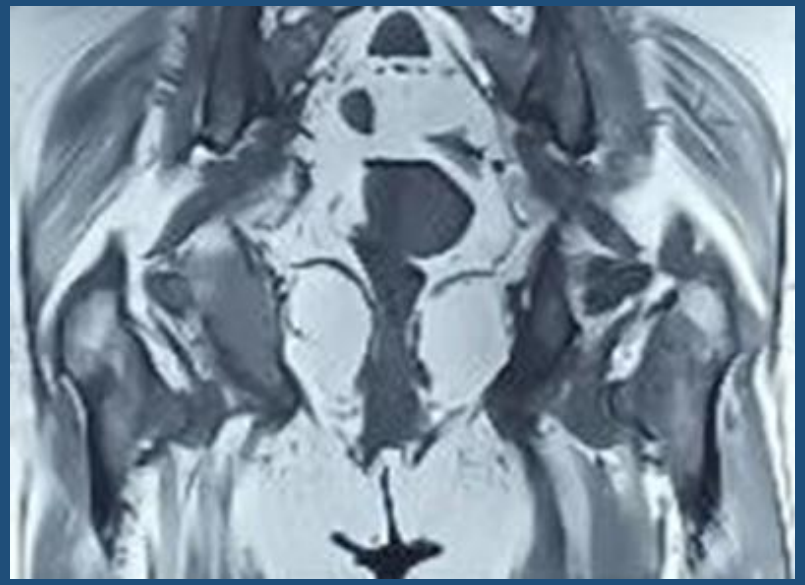
Autonomic: No bladder/ bowel involvement

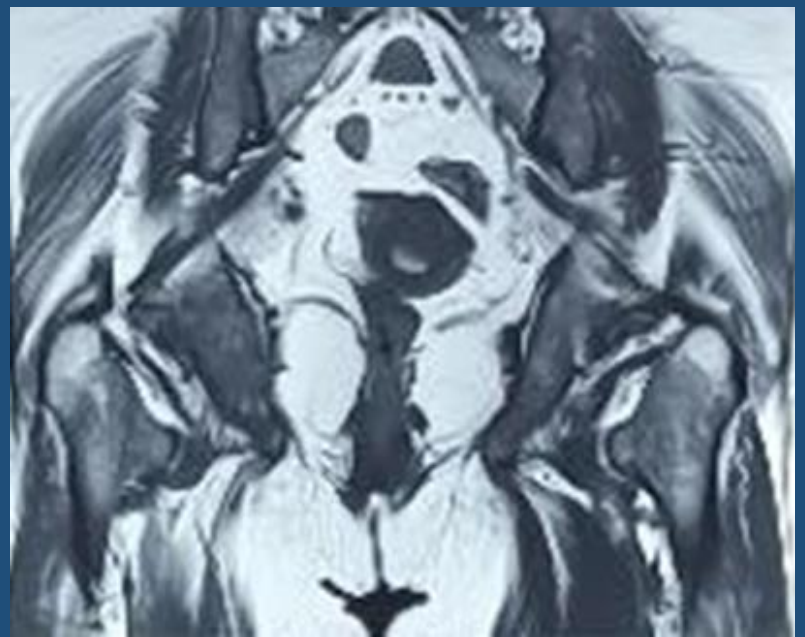
(No clinical signs of lumbar radiculopathy)

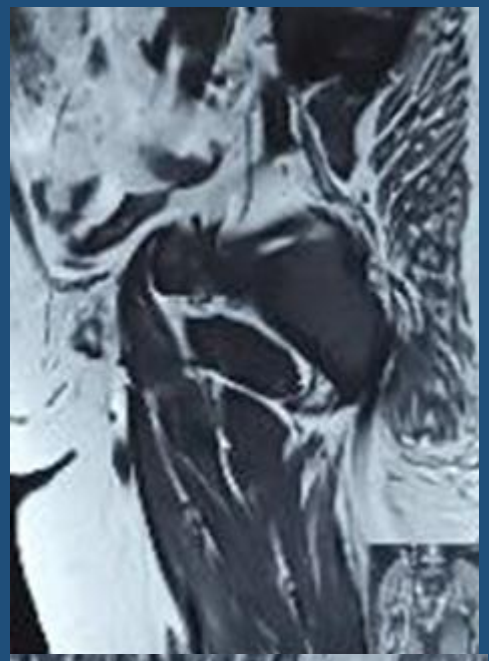
Radiograph

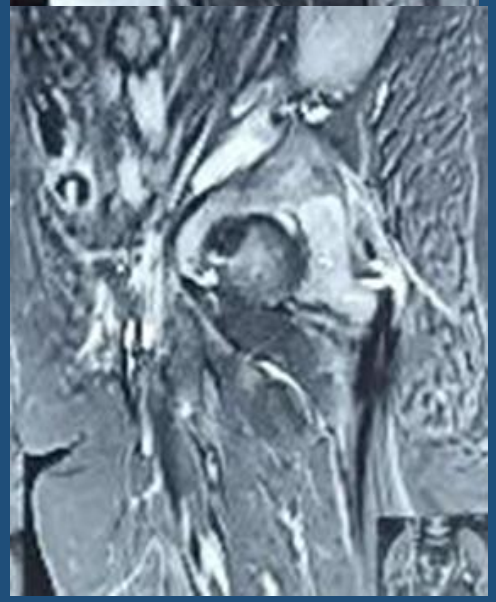


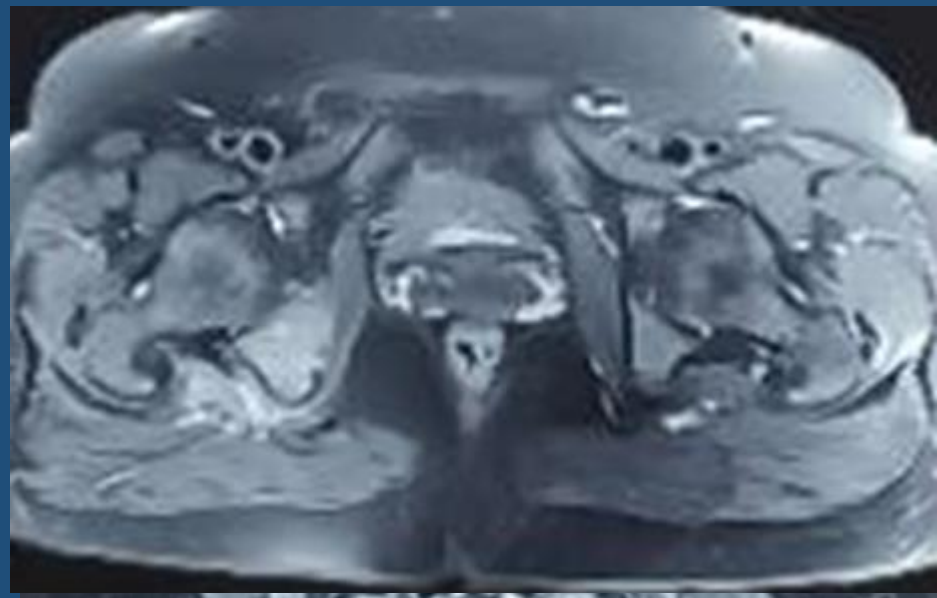
MRI

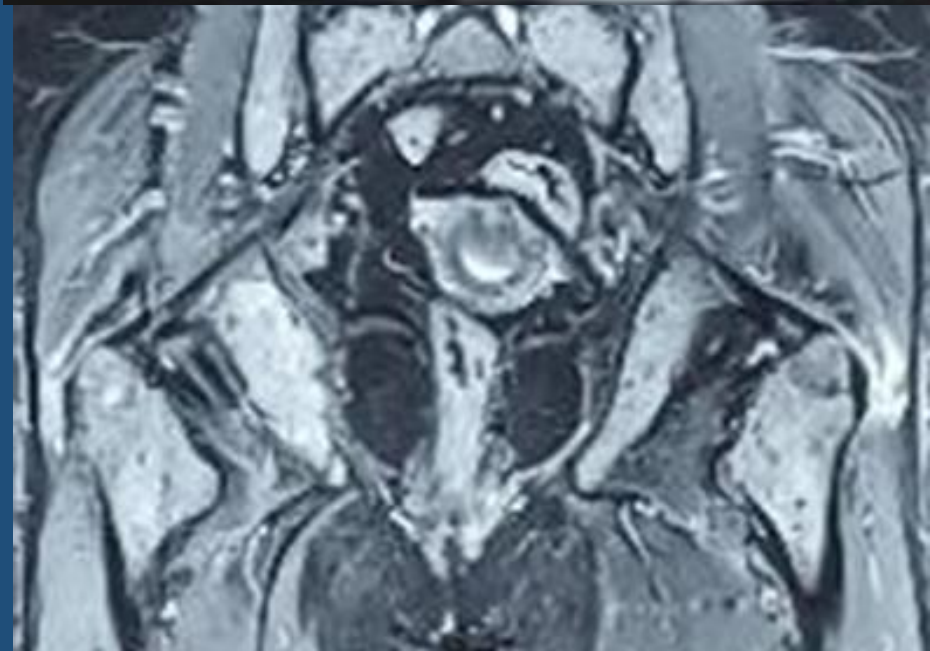


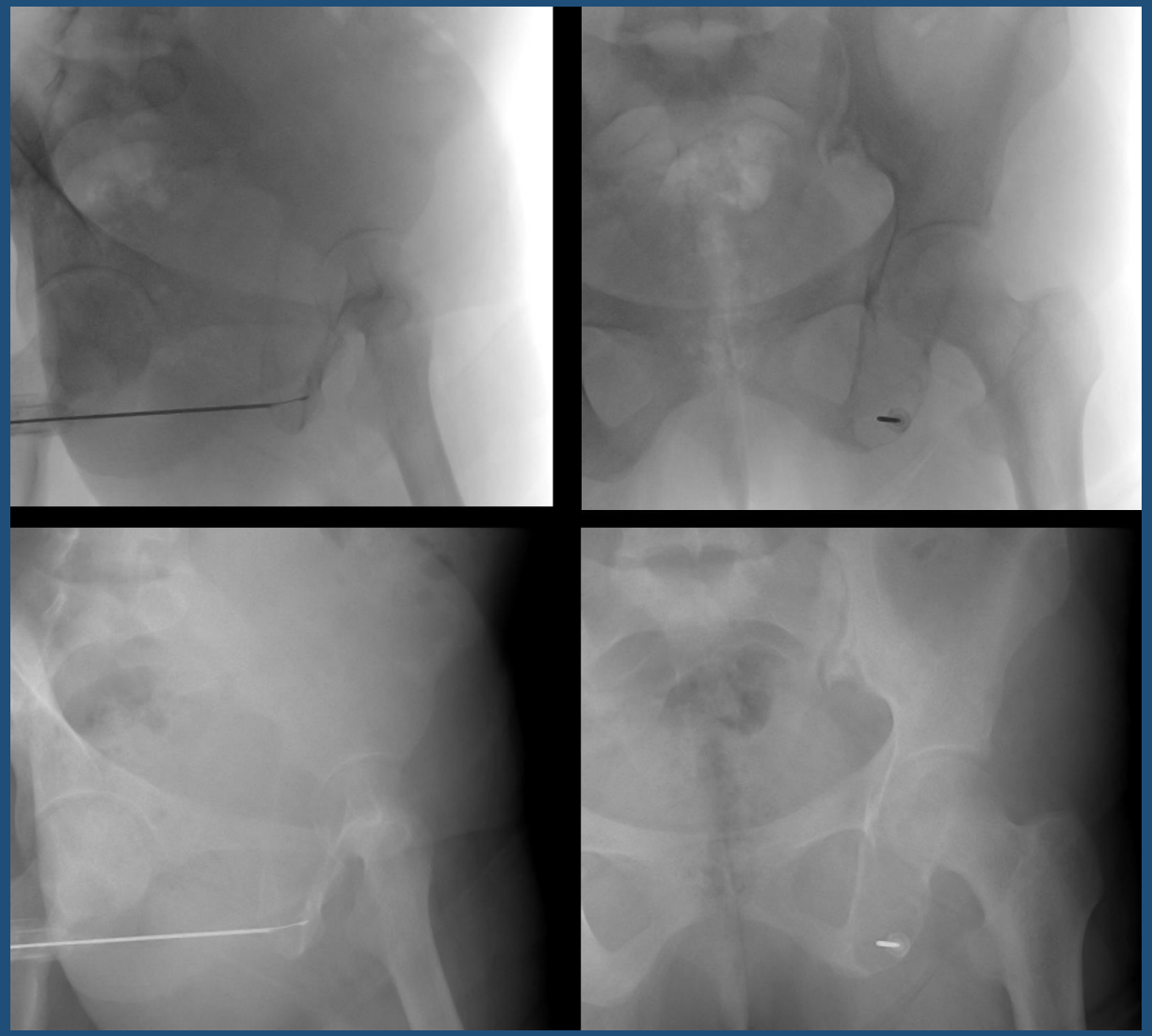




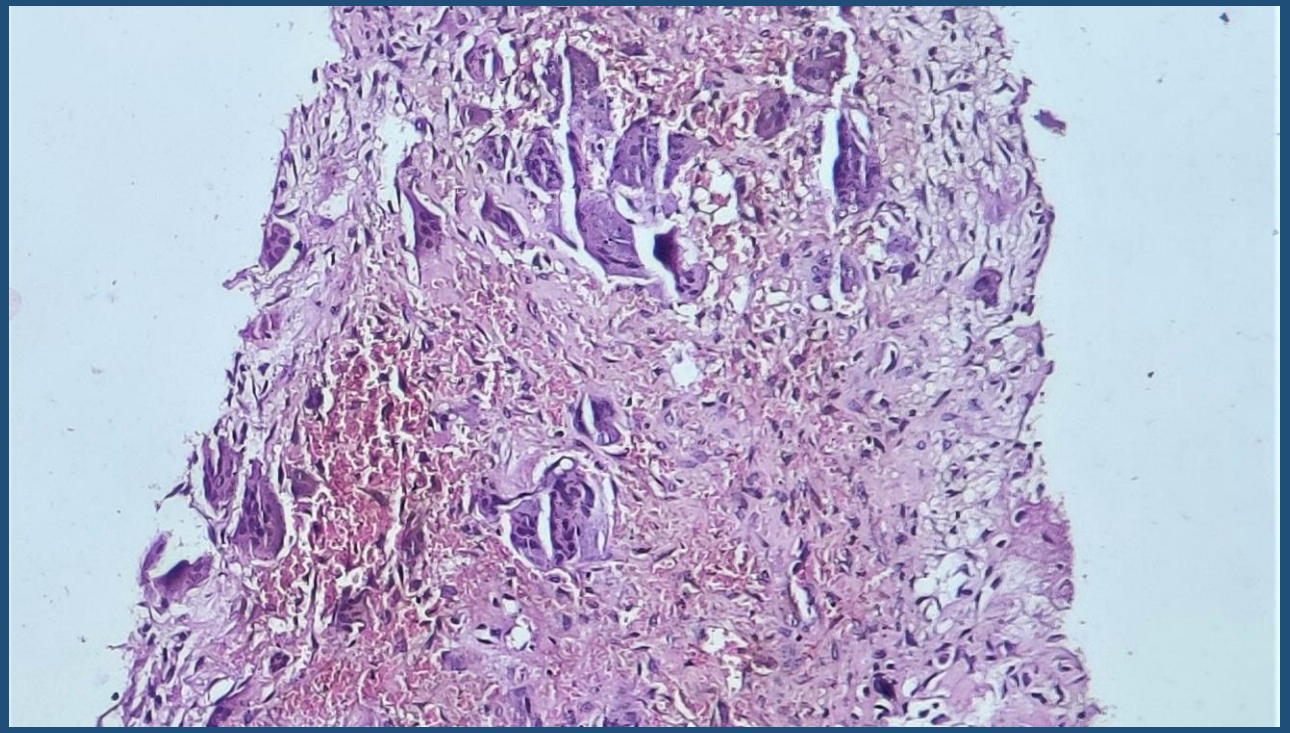


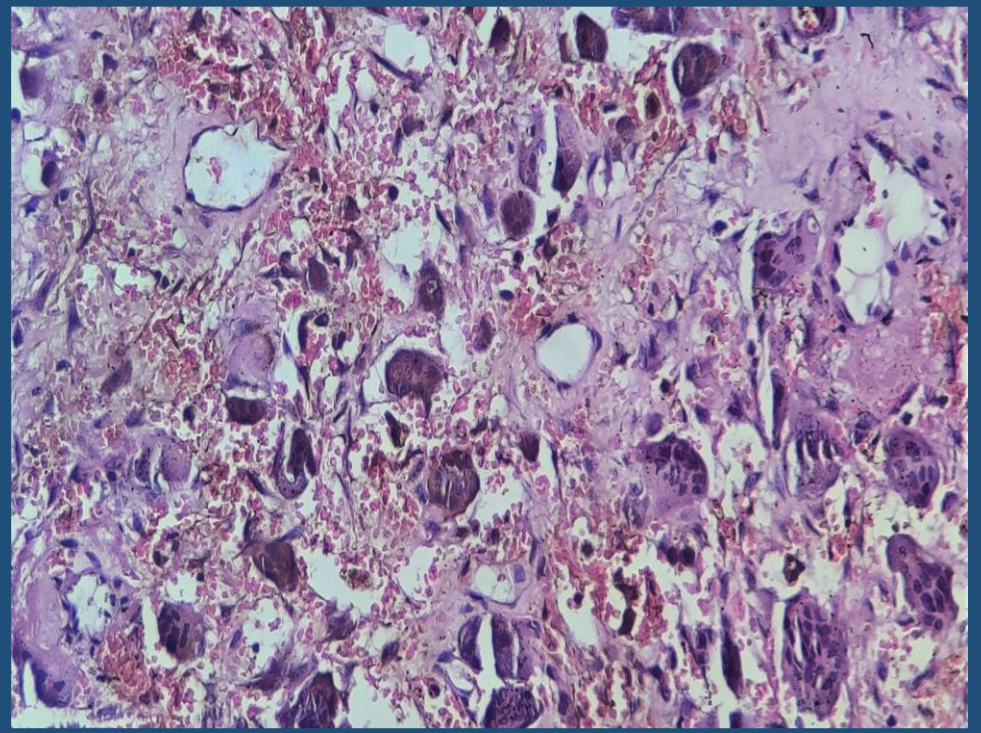






HPE:





Giant Cell lesion

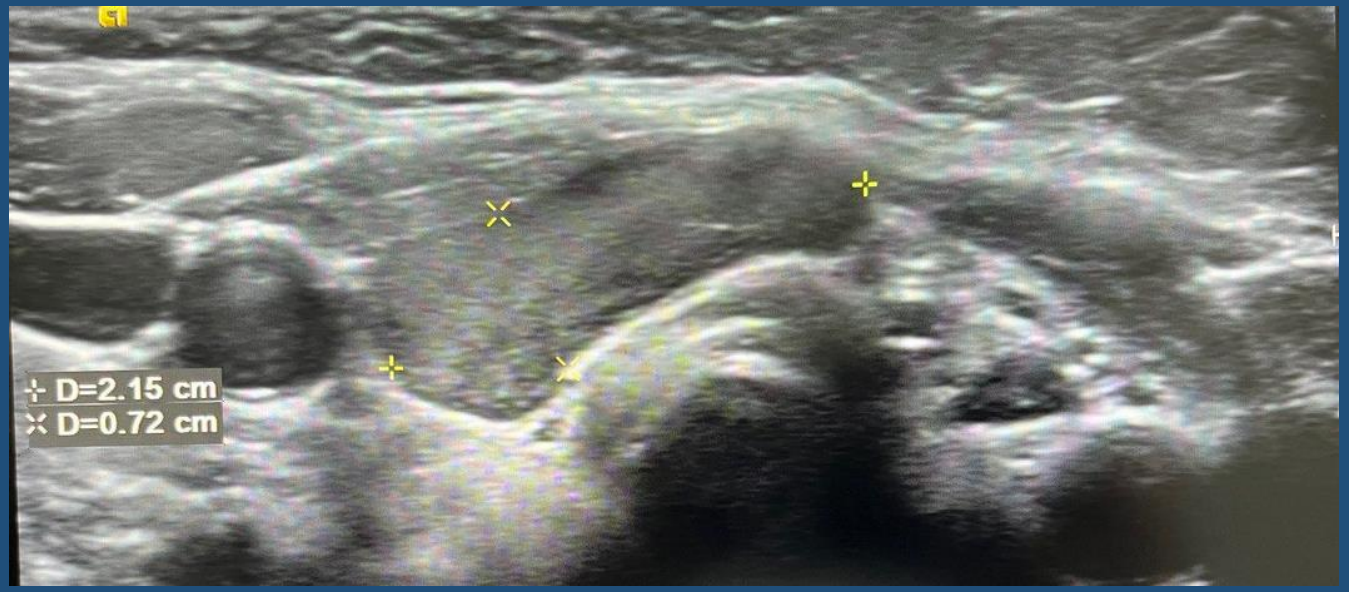
Courtesy:

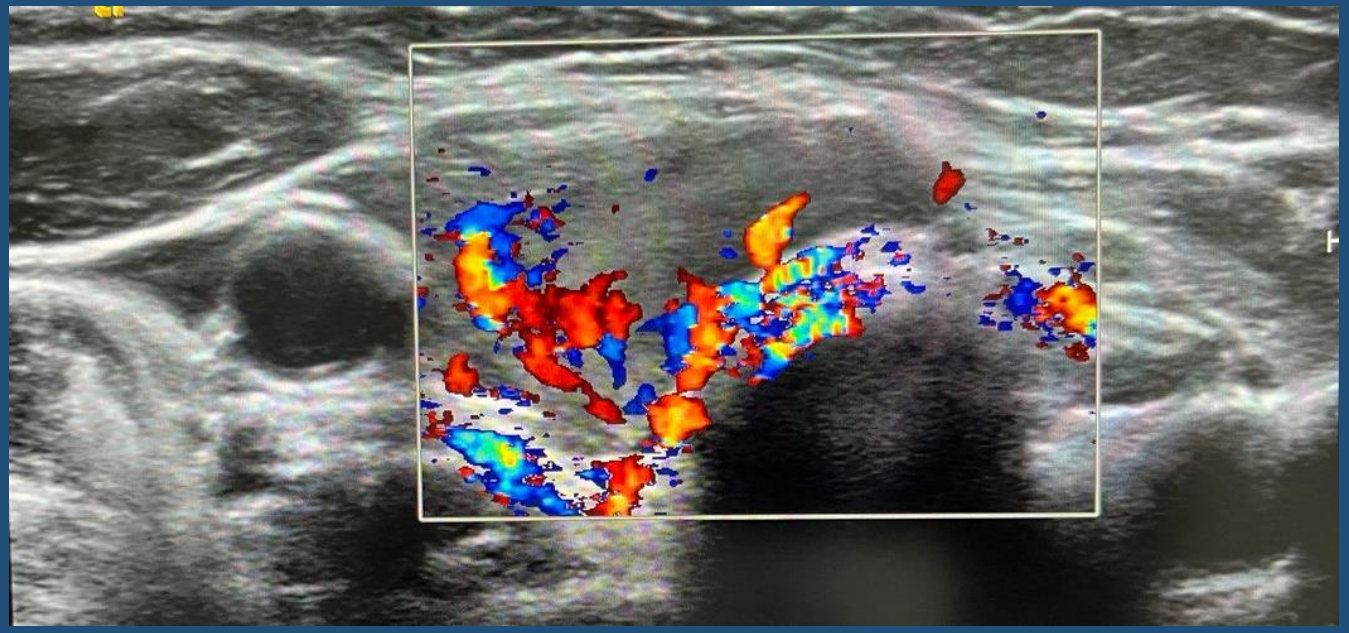
Dr. Geetika Khanna

Director-Professor, Deptt. of Pathology

Principal, VMMC and SJH

US of neck





- Right inferior parathyroid adenoma

Biochemical Profile:

- Serum PTH: 915 pg/ml (N: 10-55 pg/ml)
- Serum calcium: 89 mg/ml (N: 8.8-10.3 mg/ml)

Lessons learnt:

- Giant cell tumor proven on biopsy at unusual location (Usual locations: Around knee, in distal radius) having sclerosed margin on radiograph (GCT: Non sclerosed margin) could be **Giant cell lesion**: Do US neck.

- Pathology can tell **Giant cell lesion** after IHC, but after Radiologist suspicion. (Stop blaming Pathology)

- Surgeon wants specific answer that guide him in management rather than T1 hypo, T2 hyper,.

- Time for specialised radiology/Clinical Radiology to give answers to surgeons in their clinical management oriented questions.

- Every bone tumor should be discussed in MDT.