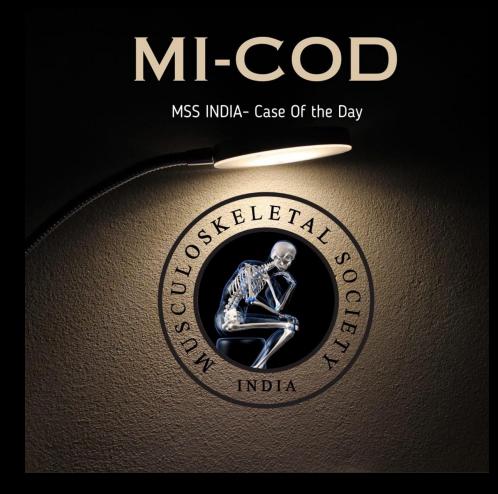
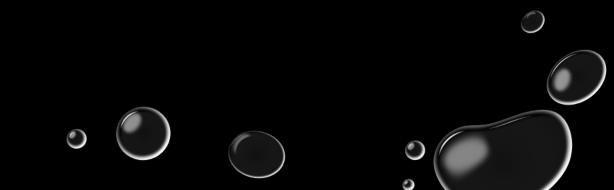
MICOD –04/09/2024 Case contributor – Dr Vaishali Upadhyaya

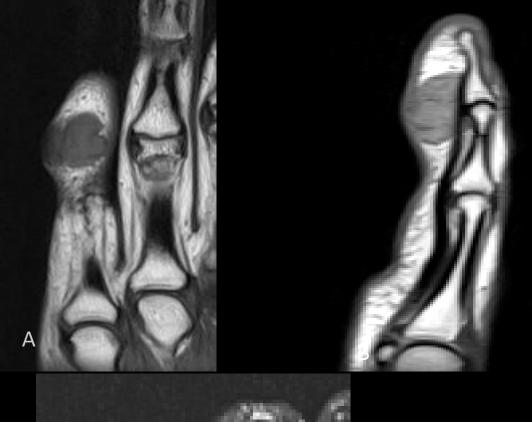


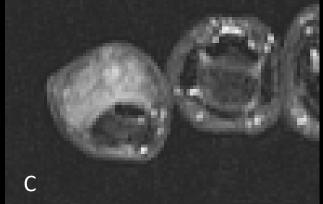


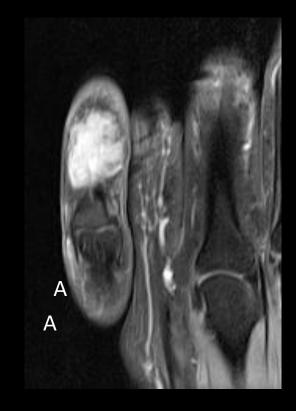
 42-year-old lady with h/o gradually increasing painless swelling on volar aspect of left little finger distally for past eight months



Coronal T1W(A), Sag T2W (B) and axial PD fat sat (C) images







Coronal (A) and Sagittal(B) T1W post contrast fat sat images





Tenosynovial giant cell tumor

Tenosynovial giant cell tumors (GCT), also known as **tenosynovial tumors of tendon sheath**, are a group of so-called fibrohistiocytic tumors, which are usually benign, most often arise from the synovium of joints, bursae or tendon sheaths, and show synovial differentiation.

Despite identical histology, there are two subtypes that have different clinical presentations and management and they are discussed separately.

- Iocalized tenosynovial GCT
- diffuse tenosynovial GCT

Localized tenosynovial giant cell tumors are a subtype and are most commonly found in the fingers.

On imaging, these lesions are commonly demonstrated as localized, solitary, subcutaneous soft tissue nodules, with low T1 and T2 signal and moderate enhancement.

Signal characteristics

•T1: low signal.
•T2: low signal.
•T1 C+ (Gd): often show moderate enhancement.
•GE: low and may demonstrate blooming.

Diffuse tenosynovial giant cell tumor, previously known as **pigmented villonodular synovitis (PVNS)**, is an uncommon benign condition.

It is most commonly monoarticular (~70% in the knee joint), but can occasionally be polyarticular.

•T1: low to intermediate signal

- •T2
 - low to an intermediate signal
 - some areas of a high signal may be present likely due to joint fluid or inflamed synovium.
- •STIR: predominantly high signal.
- •GRE: low and may demonstrate blooming.
- •T1 C+ (Gd): variable enhancement.

THANK YOU