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Research Paper

Giant cell tumors of the synovial sheaths of tendons: Case Report

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ABSTRACT: *The Giant Cell Tumor of the Tendinous Sheaths (GCTTS) continues to be a rare tumor encountered in our medical practice. Mostly found in the fingers of the hand. Clinically, it manifests as a localized swelling with slow growth and may present with signs of compression in advanced stages. Histological examination remains crucial for diagnosis . Treatment primarily involves surgical intervention for complete tumor removal. Here, we present a case of a Giant Cell Tumor located in the flexor sheaths of the middle finger.*
KEYWORDS: *Giant cell tumors ,Tendons , Finger , Surgical excision , Recurrence*

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I. INTRODUCTION

Giant cell tumors of the synovial sheaths of tendons, or tenosynovial giant cell tumors, or hemopigmented villonodular synovitis, develop from articular and periarticular synovium. These tumors represent a benign proliferative disorder of the synovium, the etiopathogenesis of which remains undetermined.

II. CASE REPORT

We report the case of a 13-year-old boy who consulted us for a painful swelling of the palmar part of the right middle finger that had been evolving for 4 years and had progressively increased in volume. Examination revealed an oval mass with a bilobed appearance, 3 cm long, firm in consistency, adherent to the deep plane, with no inflammatory signs opposite. Ultrasonography of the soft tissues showed an oval formation with an axis parallel to the cutaneous plane, poly-lobed in outline and vascularized. Further MRI exploration revealed a well-limited mass with heterogeneous T1 and T2 hypersignal enhancement. Surgical excision and histological study led to the diagnosis of a tenosynovial giant cell tumor.

III. CONCLUSION

Giant cell tumors of the synovial sheaths of tendons are tumors that develop locally and range from benignity to malignancy, showing an aggressive tendency. The diagnosis should be made in the presence of any painless mass in the fingers that has been evolving for a long time. The prognosis is marked by the risk of recurrence after surgery.

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