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Case Report

Giant cell tumor of the tendon seath of the tendinous insertion in pes anserinus

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ABSTRACT

A 56-year-old woman with a palpable lump in the medial surface of her left knee was referred for diagnostic workup with magnetic resonance imaging. The lesion was pathogically confirmed to be a giant cell tumor of the tendon seath. The MR features of the lesion are presented.

Case report

A 56-year-old woman with a palpable lump in the medial surface of her left knee was referred for diagnostic workup with magnetic resonance imaging (MRI). Scanning comprised T1WI, T2WI, and T1WI with and without fat suppression, post-IV gadolinium administration, in the axial, coronal, and sagittal planes. MRI revealed a 3.5 × 2.7 × 1.8 cm mass at the level of the pes anserinus. The lesion was located between the sartorius and gracilis tendons, abutting both. On T1WI and T2WI, the lesion was isointense to muscle. After IV gadolinium administration, there was intense heterogeneous enhancement, confirming the solid nature of the lesion. (Figs. 1–4). The lesion was surgically removed, and the diagnosis of giant cell tumor of the tendon seath (GCTTS) was histopathologically confirmed.

Discussion

GCTTS or tenosynovial giant cell tumor is considered to be the localized, extraarticular, form of pigmented villonodular synovitis (PVNS) [1]. It is also believed to result from the same pathologic process as fibroma, both representing the two end points of a pathologic continuum, because both lesions are similar in size, location, and gross morphologic features [2].

GCTTS may occur at any age but is more often in the third to fifth decades, with predilection to females [3].

The etiology of these tumors is not certain although a history of trauma has been suggested [4]. GCTTS affects digits more often than large joints [4].

These tumors are more often found in the hand, followed by the ankle-foot complex. In children, however, GCTTS may have an equal predilection for the upper and lower extremities [5].

Competing Interests: The authors have declared that no competing interests exist.

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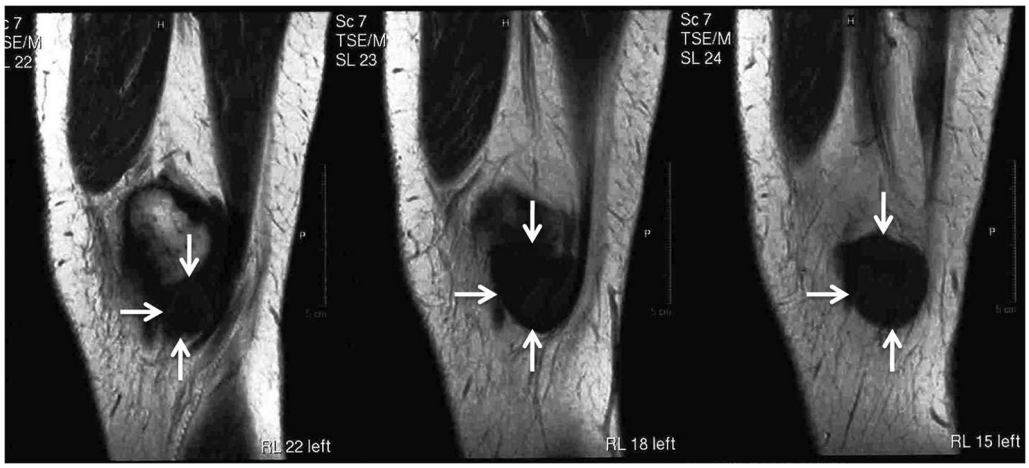

Fig. 1 – Contiguous images, medial to lateral. The lesion is isointense to muscle on T1WI (arrows).

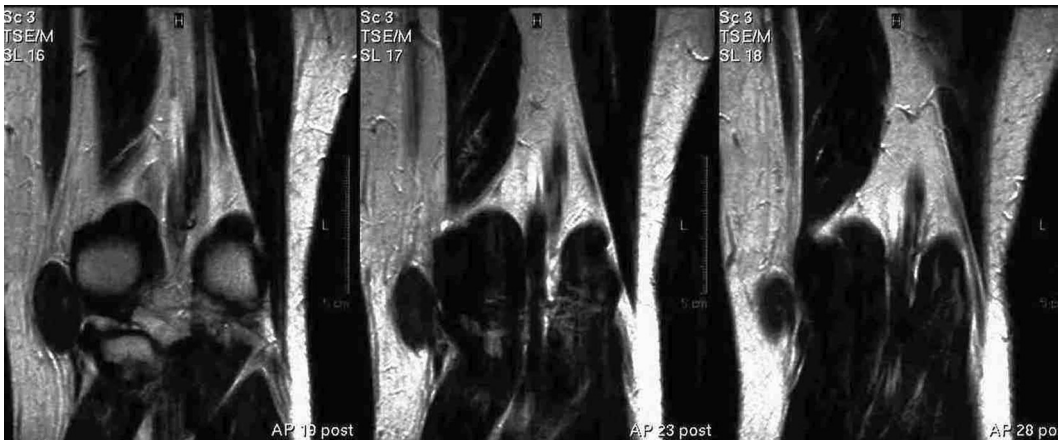

Fig. 2 – Contiguous images, anterior to posterior. The lesion is isointense to muscle on T2WI.

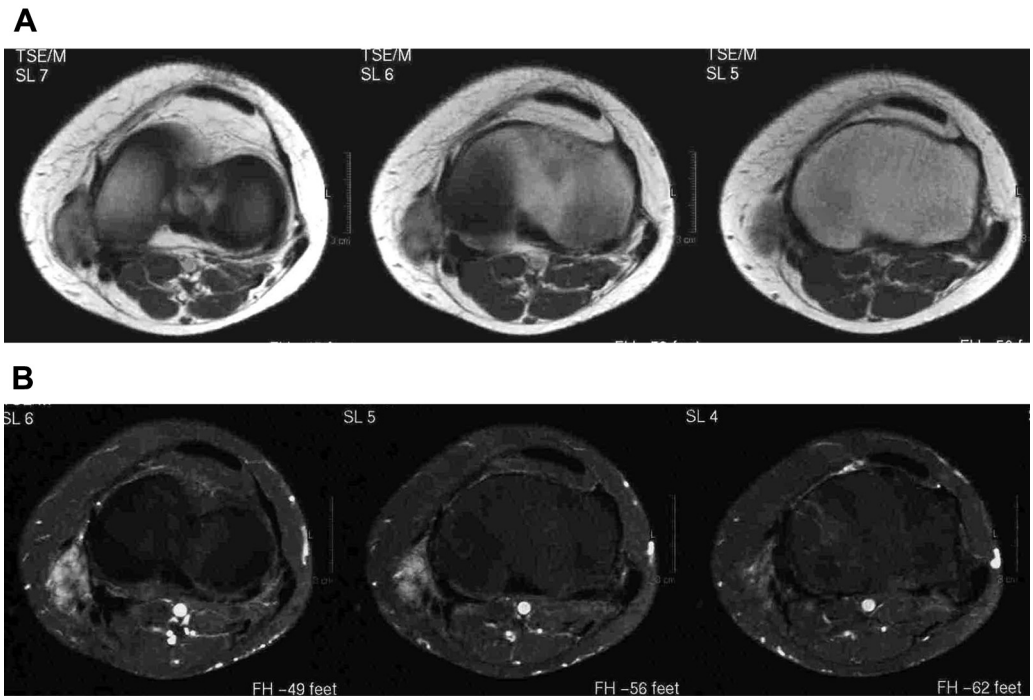

Fig. 3 – (A) T1WI+Gad: contiguous images, superior to inferior. The mass enhances and is hyperintense to muscle. The lesion abuts the tendons of sartorius muscle(anteriorly) and gracilis(posteriorly). (B) T1WI+Gad with FS: contiguous images, superior to inferior. The enhancement of the mass is more conspicuous.