Non bone forming tumours : Benign

GIANT CELL TUMOUR

gng — Purely lytic destructive lesion in the metaphysis that extends into the epiphysis & often borders subchondral bone
Often complete cortical destruction with an associated neocortex

tion — 50 knee, distal radius (begins radially), vertebrae, sacrum (Dx chordoma)

s — >30 yrs Closed physis Pain & fracture

Tx — Aim remove lesion & preserve joint
Curretage (burr, liquid nitrogen) & grafting or cement
Rank L inhibitor Denosumab

Cx — Lung mets 5% ∴ CT chest Local recurrence

MRI — Fluid levels = ABC collision lesion

Histo — Haemosiderin laiden macrophages & multinucleated giant cells

LANGERHANS CELL HISTIOCYTOSIS (LCH)

gng — Highly destructive lesion with well defined margins
Cortex may be destroyed & periosteal reaction
Mimics lots of lesions

ification — ~~Eos~~ Eosinophilic granuloma = Monostotic bone disease
Hand-Schuller-Christian disease = Polyostotic + visceral disease

es — Pain & swelling

Tx — usually self limiting (observation)
Corticosteroid injection, irradiation, curretage & bone grafting if articular surface in jeopardy