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Jaloudi Mohammed; Kumar Pawan, Elzain Rasha, Kanbar Jihad, El-Salhat Haytha: **Giant Cell Tumor: Rare Cases – Surgery vs. Medical Treatment.** PAJO 7(1):12-15, March 2014

Introduction

Giant cell tumor (GCT) of bone is a rare neoplasm that accounts for approximately 5% of all primary bone tumors in adults1. GCT most frequently occurs at the end of long bones2, and the sacrum is the fourth most common site, accounting for between 1.7-8.2% of cases3-6. Giant cell tumor also occurs in 2-4% of the cases in the spine4-7-8. In all locations, the neoplasm occurs most commonly between the ages of 20-45 years of age, and it equally affects males and females4.Giant cell tumor has a 1 to 5% incidence of metastasizing to the lung. Pulmonary staging is an important component in the initial and follow-up evaluation of GCT of bone. Generally, lung metastases are late onset; their mean interval to progression is 4 years. The prognosis for survival when lung metastases develop is favorable in more than 70% of patients. Although surgical management of the metastatic lesions is the mainstay of treatment, nevertheless, in such cases approximately 15% of patients with metastatic disease may die14.Various treatment methods have been advocated including arterial embolization, curettage, surgical excision, radiation, and cryotherapy9-13. Treatment is very successful in long bone lesions, but the optimal treatment and medical management of GCT in the spine and sacrum has not been well established. We are presenting our experience with the diagnosis and management of one case of giant cell tumors of the spine and sacrum. We discuss the clinical presentation, treatments received, and outcomes of therapy.