55-year-old female presenting to the ED with right knee pain

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AP Radiograph Right Knee





Lateral Radiograph Right Knee





CT Axial Right Knee



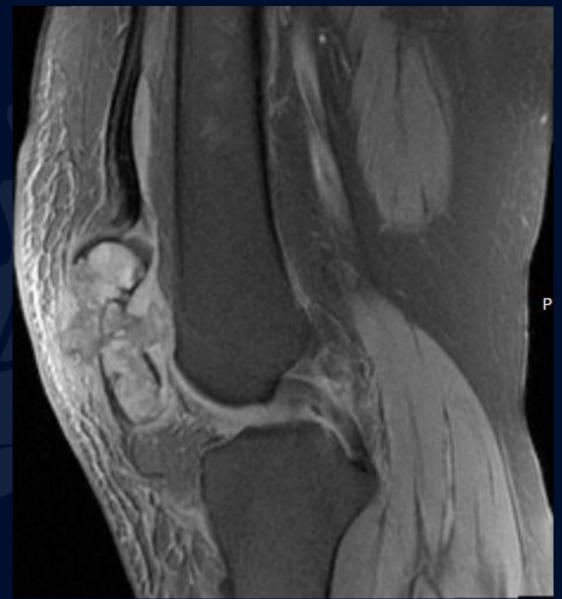


CT Sagittal Right Knee





MR T1 + Gad





RADIOLOGY





Patellar giant cell tumor resulting in pathologic fracture



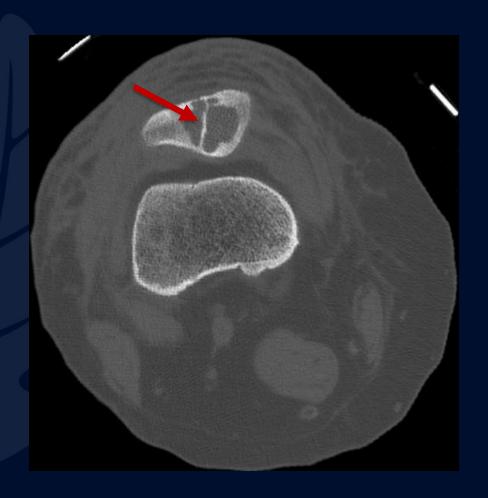
CT Sagittal Right Knee



Sagittal view demonstrating ~1.4 cm separation between fracture fragments



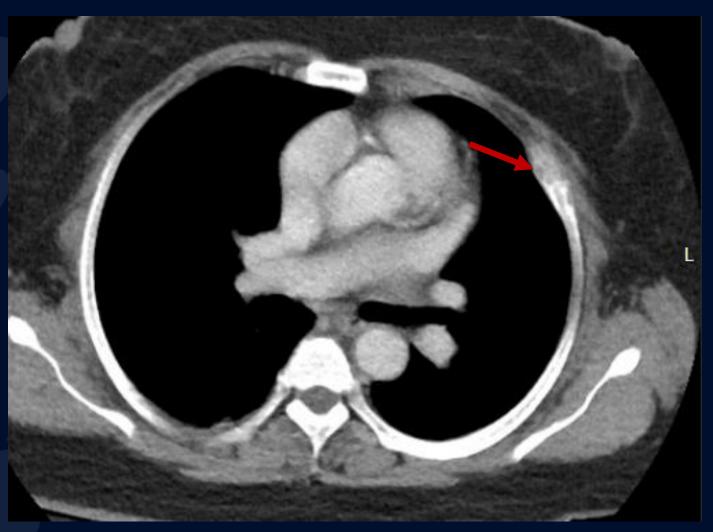
CT Axial Right Knee



Axial view demonstrating welldefined, hypodensities with septation and thin cortical walls



CT Chest with IV contrast



Expansile lytic lesion involving the anterolateral left fourth rib



Imaging Findings

Radiography

- Comminuted patellar fracture
- Osteolytic changes to the patella with multiple visible lucencies

CT

- Hemarthrosis of right knee joint
- Multiloculated lytic lesions throughout fractured patella

MR

- Soft tissue edema surrounding the fracture site and lipohemarthrosis
- Low T1 lytic lesions containing fluid-fluid levels and septations
- Lesions intrinsically T1 bright on fat-saturated images



Patellar Giant Cell Tumor

Clinical Presentation

- Chronic anterior knee pain and/or swelling with or without inciting trauma
- Possible redness, warmth, edema, effusion, tenderness, lump, crepitus, decreased range of motion

Clinical Pearls

- Giant cell tumor is the most common patellar tumor (~33%)
- Most often 3rd or 5th decade of life
- Lab workup may reveal increased serum alkaline phosphatase and ESR
- Chest imaging and bone scintigraphy necessary to survey for metastases



Differential Diagnoses

- Chondroblastoma
- Osteofibrous dysplasia
- Polyostotic fibrous dysplasia
- Non-ossifying fibroma with aneurysmal bone cyst like changes
- Solid aneurysmal bone cyst
- Osseous hemangioma
- Osteosarcoma
- Chondrosarcoma



References

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