Resection & Reconstruction Using a Free Vascularized Fibular Autograft for a Giant Cell Tumor of the Distal Radius

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This is the case of a 66-year-old-male with a giant cell tumor of his distal radius. He was initially treated with curettage, open-pour liquid nitrogen cryosurgery, and fixation of the defect with rush rods, bone cement, and bone graft. However, two months post-operatively, the patient experienced collapse of the radial articular surface, leading to disability of his right wrist. Consequently, the patient was brought back to the operating room for resection of the distal radius and reconstruction with a free vascularized fibular autograft. Post-operatively, the patient is recovering well, showing no signs of infection or neurological deficits. Considering his history of diabetes and heavy smoking, he has started a regimen of Vitamin D (10,000 IU) along with the use of an exogen bone stimulator to promote graft unionization. At four months post-surgery, plain radiographs demonstrate progressing callus formation, and he will continue regular follow-ups to monitor unionization progress.