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Surgical Crossroads: Practical Considerations for Optimizing Treatment in TGCT

Announcer:

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Dr. Gelderblom:

This is CE on ReachMD, and I'm Dr. Hans Gelderblom.

Dr. Van de Sande:

And I'm Michiel van de Sande. Let's start this episode with a case.

Our patient is a 61-year-old male with a diffuse-type giant cell tumor of the knee that was diagnosed in 2018, initially treated by his general practitioner, physiotherapist, and finally by his orthopedic surgeon in an arthroscopy, finalizing the diagnosis. They also found some grade 2 cartilage problems around the knee joint, and he presented himself with intermittent symptoms that did not really make him uncomfortable too much. His VAS score was about 6, but he continued to work as a fireman with a big swollen knee and some patellofemoral pain.

And when he was sent to our clinic, he presented with an MRI scan that appreciates the complete involvement of the knee joint in the back of the knee, inside and outside the knee joints, in a Baker's cyst on the femoral and tibial side and also in the anterior side of the joint.

We set out to take all of the involved knee synovial lining out with a posterior and anterior synovectomy in 2 stages.

After about 3 hours of surgery, we have cleaned out all of the synovium, and we are left with a clean knee joint.

Unfortunately, but as expected, symptoms came back and became worse. In 2024, he presented himself with a VAS score of 7, a big swollen knee, and an inability to work as a fireman.

Now, we are also presented with a knee joint with severe joint destruction and cartilage loss all around the knee.

Hans, we saw this patient in clinic and had to discuss next treatment therapies with him, and of course, I'm very interested in the possibilities of systemic treatment as surgical treatment came at the end of its possibilities.

Dr. Gelderblom:

Thank you, Michiel. Yeah, we discussed this with the patient together. And we had the opportunity to administer novel CSF1R inhibitors in a study in which he participated, and he did well, in the sense that there was a good response on MRI. But what we also saw was that the patient did not improve a lot in his symptoms.

And, Michiel, maybe you can summarize what would have been the reason for that.

Dr. Van de Sande:

Yeah. Actually, this is a very illustrative case of a patient with synovitis and pain of that and joint degeneration caused by the synovitis. So the synovitis and the TGCT is treated by Hans and his CSF1R inhibitor, but the joint is already destructed. So it's very important that we try to time these treatments at the best as we can to prevent joint degeneration and therefore improve the effect of systemic therapy.

Dr. Gelderblom:

Okay, thank you, Michiel. I think this illustrates the changing treatment paradigm in this disease.

Dr. Van de Sande:

Thanks, Hans, I think that's very illustrating. And so I have a question for you. As this case shows that we were too late with systemic therapy or effective treatment, do you feel that systemic therapy has a place much earlier in the treatment of this disease?

Dr. Gelderblom:

Well, I think in the near future, I can say yes, when these drugs are available also in our country. We've been treating on study, and we have been very happy that we had the opportunity to give these drugs. And it's all about the patients.

So if a patient has a chance of about 50% of recurrence and a long time before he's good again, so then this option comes up. And I think the beauty of it is to discuss all the options with the patients and let them make the final decision.

Dr. Van de Sande:

Thanks, Hans, that's very clear.

Dr. Gelderblom:

Thanks, Michiel, as well. With that, our time is up, and we hope you found this quick case review helpful, and thanks so much for listening.

Announcer:

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