FIBULAR TRANSPLANT FOR OSTEOCLASTOMA OF THE RADIUS

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An African policeman aged twenty-two years came to hospital with the history that he had suffered a blow on his left forearm two months previously. There was a diffuse smooth swelling of mixed consistency over the distal quarter of his radius; the skin over it was red but not adherent, and movement of the wrist joint was partly impaired in all directions. Radiological examination showed a typical osteoclastoma of the lower end of the radius (Fig. 1) and this was confirmed by a microscopical examination after operation.

Operation—The lower end of the radius was excised well above the site of the tumour and a graft consisting of the upper end of his left fibula was inserted and fixed with vitallium screws. Figure 2 demonstrates the remarkable similarity between the fibula and the radius.

Progress—Convalescence was uneventful except for a large haematoma in the donor site. Ten days after operation the padded plaster was replaced by a skin-tight one, and active exercises were started. Three months later there was solid union, and the plaster was removed; the patient had a good grip, but only about 10 per cent of movement in all directions at the wrist. Three months after that, however, it was difficult to tell the difference between the gripping powers of the two hands and there was 65 degrees of movement in flexion and extension (Fig. 3). He then returned to duty, which included parades with a service rifle.
Comment—The patient’s condition is now satisfactory a year after operation, but cases have been recorded in which massive grafts implanted after resection for osteoclastoma have themselves become the site for a similar tumour, though the excision has been wide. In this case there was undoubtedly some contamination of the wound with tumour cells at operation, but no recurrence has yet appeared.