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Fig. 1. (A) The preoperative roentgenograms of right distal femur showed a lytic lesion in the lateral femoral condyle. (B) After curettage, the cement filling was performed.

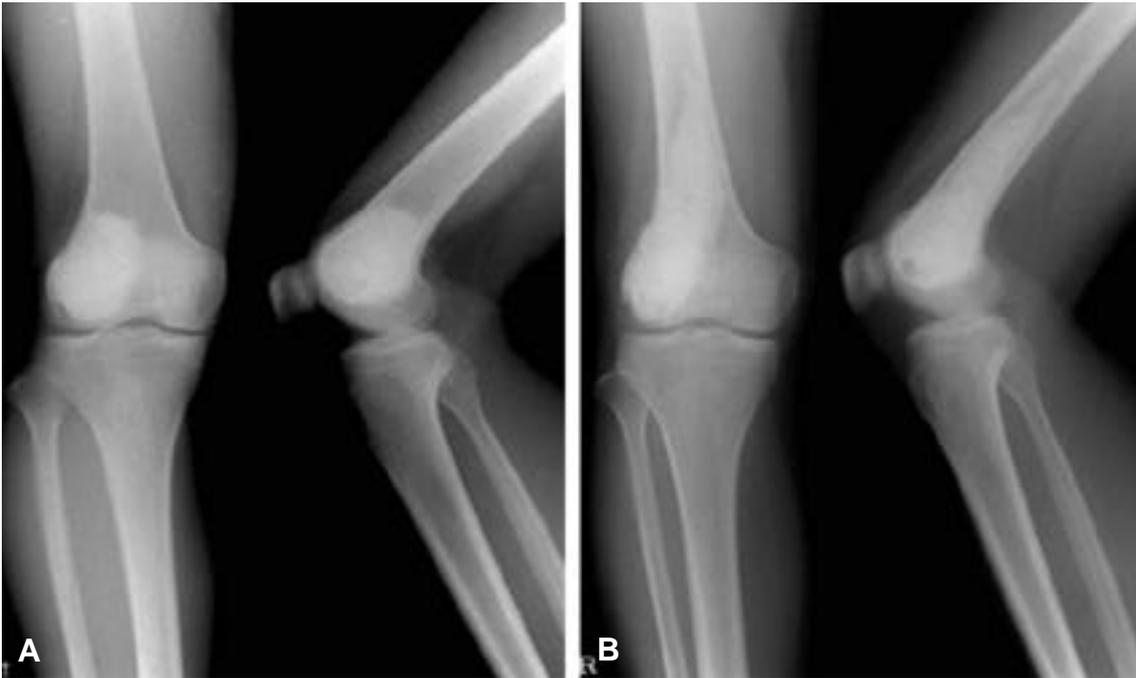


Fig. 2. (A) Local recurrence developed 2 years after the first operation. (B) Repeated curettage and cement filling were performed.



Fig. 3. Four years after the first operation, the pulmonary metastatic nodules were found but surgically not resectable because they were so extensive and multiple.

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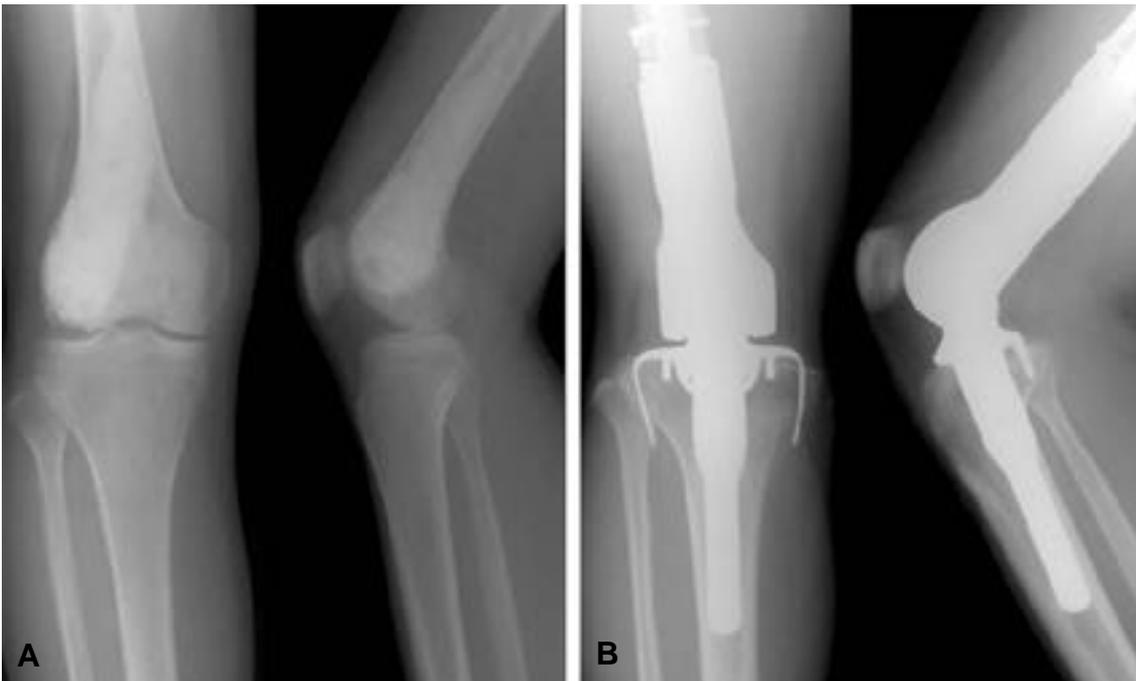


Fig. 5. (A) The bony lesion of the right distal femur recurred locally 12 years after the first operation and involved the knee joint. (B) Wide resection and reconstruction with a tumor prosthesis were performed.

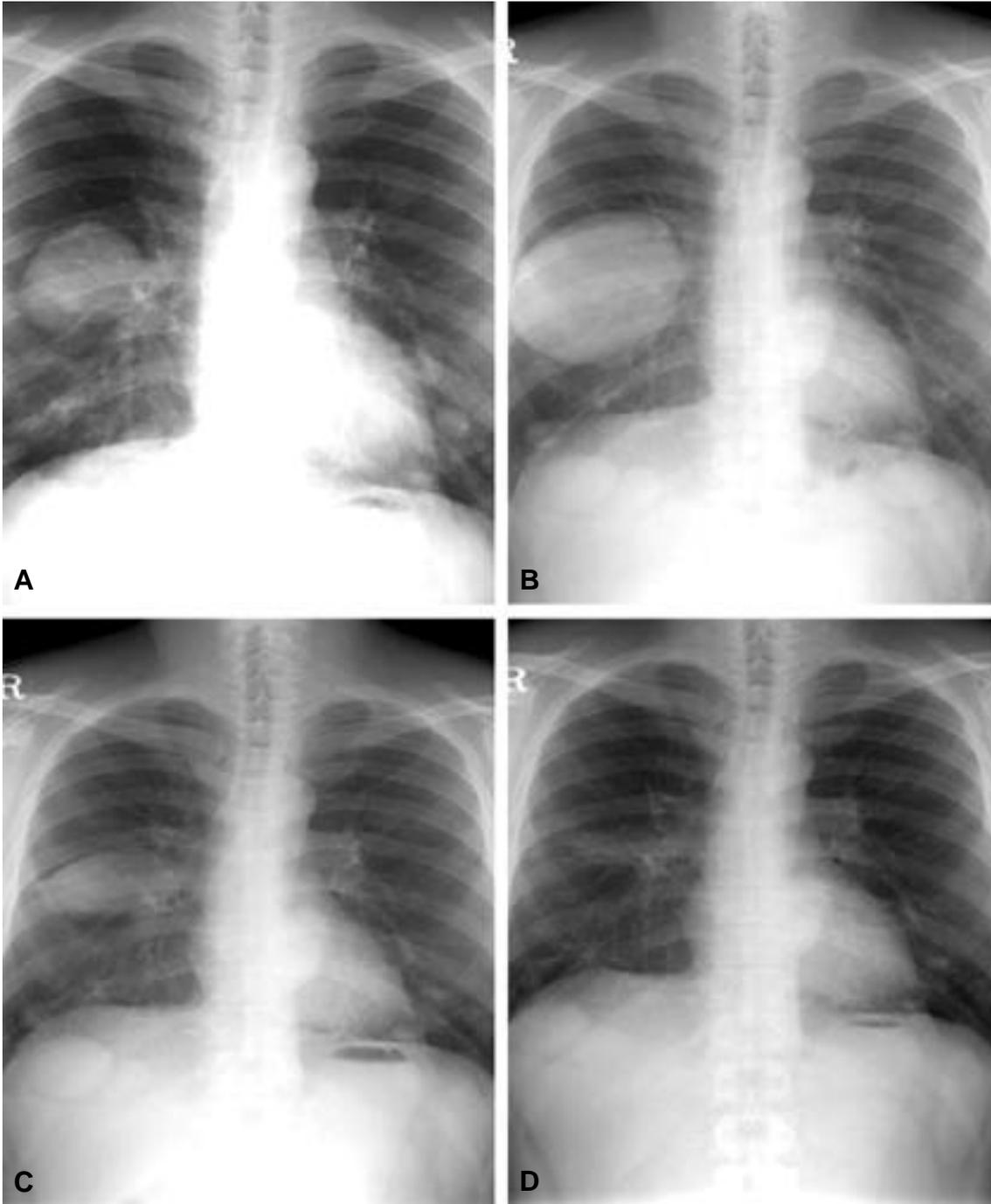


Fig. 4. (A) Eight years after the first operation, the chest roentgenogram showed that the nodule in the left upper lobe regressed spontaneously, but some other nodules in the right middle lobe increased in size. (B) One year later, a huge mass was detected in the right middle lobe. (C) For the following two years, it had regressed. (D) Five years after then, it was observed that the pulmonary metastatic nodules had regressed dramatically for 13 years.

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Abstract

**Spontaneous Regression of Extensive Pulmonary Metastasis of
Benign Giant Cell Tumor of Bone
- A Case Report -**

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A Giant cell tumor of bone has unusual characteristics of pulmonary metastasis as well as local aggressiveness. Clinical courses of pulmonary metastasis of benign giant cell tumor vary including rapid growth, continuously slow growth or spontaneous regression. We report a case of extensive pulmonary metastasis of giant cell tumor of bone, which regressed spontaneously.

Key Words: Pulmonary metastasis of benign giant cell tumor of bone, Spontaneous regression

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