Gigant cell tumor (GCT) of bone is a benign but locally aggressive tumor and treatment consists of either curettage or en bloc resection of the lesion with subsequent reconstructions. Aggressive GCTs poses question to the surgeon about the surgical planning for complete removal of the tumor with reconstruction modality for better preservation of the forearm and hand function.

**METHODS**

A 63-year-old, right-hand-dominant woman, with an aggressive GCT of distal left radius Campanacci grade 2. She was first treated with curettage combined with bone grafting and cement filling, but after this surgery she started with intensive pain and limited mobility in left wrist.

X-ray showed distal radius deformity, especially distal radioulnar joint.

Distal radius was resected and reconstructed using ulnar translocation and wrist arthrodesis. The ulna-carpal radius fixation was performed with LC-DCP plate and screws.

**RESULTS**

Bone union time was 5 months.

One year after surgery. No recurrence. Total reduction in pain (presurgical VAS 8, postsurgical VAS 0). Improvement in daily function (presurgical DASH 84, postsurgical DASH 20). Full supination, loss of pronation of 70°. Grip strength 12kg (contralateral hand 21kg).

Reconstruction of the distal radius by ulnar translocation without complete detachment from surrounding soft tissues functions like vascularized graft without use of microvascular techniques, and provides excellent functional outcomes.

**REFERENCES**