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Endoprostheses of proximal part of humerus after tumor resection

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Background. The replacement efficiency estimation of proximal part of humerus with metal endoprosthesis.

Material and methods. 30 patients with tumors of proximal part of humerus after resection are carried out replacement of humeral joint with endoprosthesis of an own design. Men - 17, women - 13. The age of patients varied from 16 till 55, on average - 25, 4 years old. All patients had a lesion of epimetadiaphyseal part by extent ion from 5 to 12 sm with scope from 1/3 to 2/3 semi-circles, with destruction of cortex. The presence of pathological crisis was not with contra-indications. Giant cellular tumor is revealed of 21 patients, 6 - chondrosarcoma, 1 - osteogenic sarcoma, 1 - angiogenic sarcoma and in 1 –metastatic lesions of the bone.

Results: the patients were observed from 4 months till 9 years. The functional condition of humeral joint was appreciated in 60 % patients as good, in 32 % satisfactory, at 8 % unsatisfactory. In observation term from 1to 6 months in 8 (26,6 %) were developed various type of complication: festering of postoperative wounds (4), postoperative osteomyelites (2) and formation of fistula (2). In observation term from 4 months till 3 years in 5 patients (16,6 %) the relapse of tumor, in 7 (23,3 %) - metastasis in remote organs (lungs - 6, cerebrum - 1) is revealed. From 30 patients 4 (13,3 %) died from progressing of disease.

Conclusions: Reliable, ideal method of replacement of bone defect after resection of humerus is endoprosthesis. The application of individual endoprosthesis for replacement of defect formed after resection of humerus, allows achieving preservation of operated extremity function.

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