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## **Demanding limb salvage surgery operations in two «special» patients suffered of bone and soft tissue non Hodgkin lymphomas correspondingly**

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### Background:

Two «special» patients were diagnosed suffering of bone and soft tissue non Hodgkin lymphoma correspondingly were diagnosed on 2005 and 2011. The first patient (A), 37 years old man, single, very active, worker, presented a non Hodgkin Lymphoma in his tibia. He received treatment on 1989 for Ewing's sarcoma in his femoral bone. On 1991 he received chemotherapy together with radiotherapy for non Hodgkin bone lymphoma in his tibia. On 2001 recurrence in his tibia was diagnosed and treated with chemotherapy together with radiotherapy again. On 2005 he continued suffering of limited bone lymphoma and additionally of avascular necrosis of the tibia and of the supernatant skin, pathological fracture and osteomyelitis.

The second patient (B), 93 years old man, incredibly active -runner and jumper – at this age, diagnosed on 2011 with soft tissue non Hodgkin lymphoma of his right popliteal fossa.

### Method:

To the patient A chemotherapy was given followed by surgery. A vascular musculocutaneous graft from latissimus dorsi was developed and covered the skin necrosis. After the evaluation showed a vital skin graft, limb salvage surgery was performed in two stages. At the first stage the contaminated part of the tibia was excised, and cement spacer enriched with antibiotics was placed. Antibiosis for three months was given. At the second stage the cement spacer was removed and a long custom made joint sparing prosthesis was implanted.

To the second patient (B) because of his advanced age, light chemotherapy for 4 months offered after surgery and it was not easy to deal with the 93 years old neurovascular bundle of his popliteal fossa.

Result: The results five and two years post-op correspondingly are excellent according to MSTS and TESS scores and both patients are today very active without any recurrence or metastasis.

### Conclusion:

Limb salvage surgery is very demanding procedure and takes faith and knowledge from both the surgeon and the patient but really can change peoples life. The patient A is today married and a very happy father with three children and the patient B continues running and jumping.

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