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Malignant Pelvic Resections - The Blood (patient's), Toil & Sweat (surgeon's): Is it worth the effort?

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Aim: Purpose was to evaluate morbidity, oncologic results and functional outcome in patients with malignant tumors of the pelvis treated with limb sparing resection.

Methods: Between March 2002 and November 2010, 106 cases of malignant pelvic tumors were treated with limb sparing resections of pelvis. Diagnosis was chondrosarcoma in 65, Ewing's sarcoma in 25, osteogenic sarcoma in 10, synovial sarcoma in 3, malignant fibrous histiocytoma, epitheloid sarcoma, and epitheloid hemangiothelioma in 1 each. Three patients had an erroneous pre-operative diagnosis of benign tumor and underwent intralesional excision; these were excluded from analysis. Remaining 103 patients underwent limb sparing resections with intent to achieve tumor free margins. Thirty eight patients had resections which did not involve the acetabulum and 64 had resection involving acetabular dome. Reconstruction was required in only 2 patients in whom resection did not involve acetabulum. For resections involving acetabulum various methods of reconstructions were used including pseudarthrosis, arthrodesis, extra corporeal radiotherapy – reimplantation and pelvic prostheses.

Results: Surgical margins were free in 83 patients and involved in 20. There were 3 peri-operative mortalities. Most common complications were wound related. Totally, complications were seen in 51 out of 103 patients (49%). Surgical intervention for complications was required in 26 patients (25%). Ten patients (9.7%) had a permanent complication related sequel, 9 had nerve palsy and 1 patient had a persistent sinus. 89 patients were available for follow up. The follow up in all patients ranged from 0 to 117 months (median 34 months). Nineteen patients (21.3%) developed a local recurrence. Fifty-eight patients are currently alive. Median follow up of survivors was 50.5 months (17-117 months). Overall survival at 5 years was 65.9% and disease free survival was 58%. Musculo Skeletal Tumor Society functional score was better in patients with acetabular dome sparing resection (90%) as compared with dome sacrificing resections (71.6%).

Conclusion: Though complex and challenging, surgery provides good local control and oncologic outcomes with acceptable function in these patients.

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