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A Review of the surgical Management of Appendicular Skeletal Metastases and outcomes from a teaching hospital from the Mersey region.

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Introduction and Aims

The incidence of metastatic bone disease (MBD) is increasing. The aim of our study was to review the patients with Appendicular Skeletal Metastases who needed orthopaedic surgical management and their outcomes following the surgery.

Methods

Between October 2009 and November 2012, we have identified retrospectively from our Trauma Database, 39 patients, who have undergone a total of 45 procedures on the appendicular skeleton. Variables investigated include: primary tumour; location of metastases; presence of pathological fracture; surgical treatment and outcome (survival).

Results

There were 17 females and 22 males with an average age of 71.4 years at presentation. 38% (17/45 operations) of surgery was for a pathological fracture. The most common primary tumour was breast (12/45 operations) followed by lung and renal (both 7/45 operations). The femur was the most common site of metastasis (26/45 operations). Intramedullary nailing was the most commonly performed procedure (33/45 operations). 26 patients died with a median survival of 82 days (range 3 – 567 days). A subgroup analysis of patients with breast or prostate metastases showed that their median survival was only 81.5 days (range 5 – 441 days). A second subgroup analysis showed that a higher proportion of patients with pathological fractures died (81% vs 58% for prophylactic treatment) but the median survival was similar in both groups (81 days for pathological fractures, 82 days for prophylactic treatment).

Conclusions

Our results suggest that absence of a pathological fracture or the primary tumours known to have good prognosis [breast, prostate] had no influence on the survival and the overall survival is poorer than expected.

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