



P6:114

## Oncologic Outcome of Chondrosarcoma

Jeong Won Ju<sup>1</sup>, Il Hyung Park<sup>1</sup>, Michael Limquico Marfori<sup>2</sup>

<sup>1</sup> Kyungpook National University Hospital, Republic Of Korea <sup>2</sup> De La Salle University Medical Center, Philippines

**Introduction:** Chondrosarcoma is the second most common primary malignant bone tumor, yet proper diagnosis, surgical staging and management continue to present a dilemma to many orthopaedic oncologist. Surgery is the main treatment for these cartilaginous tumors.

**Materials and Methods:** Forty four patients of Kyungpook National University Hospital over a period of 1992 to 2011 who were diagnosed with chondrosarcoma of both axial and appendicular bones and treated surgically and a minimum of 18 months follow-up were retrospectively reviewed.

**Results:** Twenty four patients with either graded 1 or grade 2 conventional intramedullary chondrosarcoma were treated with extended curettage and adjuvant cryosurgery. One (4.2%) had local recurrence necessitating resection and endoprosthesis reconstruction. Four clear cell chondrosarcoma of the proximal femur were also treated with resection and joint arthroplasty with no local recurrence or distant metastasis. Twenty other cases of both pelvic and extra-pelvic lesions were treated with wide resection and several reconstruction procedures. Four cases had local recurrences and pulmonary metastases. The overall survival in this series was 90.9%.

**Conclusion:** Our experience is similar to other reports in the literature. Grade 1 and less aggressive form of Grade 2 chondrosarcoma can safely be managed with extended curettage. Wide resection and reconstruction, often entails a possibility of function loss, should be reserve for more aggressive lesions. The fate of Grade 3 chondrosarcoma consistently shows a very dismal result with high rate of distant metastases, ultimately leading to the patient's demise.

*E-mail (main author): wjjeong@knu.ac.kr*