

**FC-067****Metastases of the proximal femur – Different surgeries according with the prognosis**

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Introduction: The proximal femur is a common site of metastases, pathologic fractures and impending fractures that almost always requires surgical treatment to ensure mobility, autonomy and well-being, and to improve survival. The preoperative evaluation, understanding the risks and complications and their integration in the prognosis of the disease is essential for the treatment option. There are several surgical attitudes: osteosynthesis, hip replacement, extended resection and reconstruction with megaprotheses.

Objectives: Retrospective, clinical and radiological study of pathological or impending fractures of the proximal femur treated surgically between January 2008 and March 2013, in different ways, to infer the suitability of the attitude.

Methods: Between 2008-2013 were operated in our institution 26 orthopedic or impending fractures of the proximal femur. The etiology was breast cancer metastases (5), lung (4), prostate (4), bladder (3), multiple myeloma (3), between others. Fractures occur or could happen in metastases involving the neck (12), the trochanteric and subtrochanteric region (11), the proximal femur shaft (2) or the entirety of the proximal femur (1). The treatments carried out were: osteosynthesis in 4 cases, intramedullary nailing in 12, total hip replacement in 10 wherein 2 cases of total hip replacement with prosthesis revision after extended resection of metastasis.

Results: Half of the patients treated with osteosynthesis were in an advanced stage, with a median survival of 3.5 months. 50% of patients treated with Nail died and the survival was 10.7 months. In Total hip replacement was registered 40% deaths with a median survival of 13.2 months. Despite Arthroplasty not seem the most appropriate treatment for most surgical aggressiveness and risk spreading, in mechanical and functional terms, may be the only recourse. The extended resection and total hip replacement with revision prosthesis was reserved for solitary metastases and extensive region of the proximal femur, and the goal was not merely to solve the problem but functional condition positively the prognosis.

Conclusions: The surgical option depends on the location of metastasis and mechanical constraints. However, the choice should take into account global aspects of the disease, survival according to ongoing treatments, and surgical attitude should be integrated into group lookup.

Keywords: Femur; Metastases; Prognosis