

**FC-122****Chondrosarcoma of the pelvis: a critical review of 58 consecutive patients from a single center cohort**

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Introduction: Few studies focusing on chondrosarcoma of the pelvis are currently available. There is still no consensus on clinical- and treatment-related factors that influence the outcome of patients and surgery related complications were rarely analyzed in previous studies. The current investigation aimed to illuminate these conflicting reports, moreover we determined to identify high risk factors which might trigger the development of complications.

Patients and Methods: The Vienna Bone and Soft Tissue Tumor Registry has documented 750 patients treated for bone tumors of the pelvic girdle. After excluding other tumor entities, 58 patients who were treated surgically for chondrosarcomas of the pelvis could be identified. The group consisted of 27 female and 31 male patients with a mean age of 49 years (median: 52 years, range: 20-77 years). The mean overall follow-up was 88 months (range: 0.4-277 months).

Results: At the time of final follow-up, 26 patients (45%) were alive and 32 patients (55%) had died from disease. Overall survival was 76%, 56% and 46% at one, five and ten years, respectively. On multivariate analysis, tumor grade and age > 40 proved to be important predictors for survival ($p=0.038$, $p=0.026$). Resection margin was the most important predictor for local recurrence ($p=0.001$). Overall survival was significantly affected by grade 4 and 5 complications ($p=0.033$). Endoprosthetic reconstruction and patients age > 40 were significantly associated with development of complications ($p=0.002$, $p=0.05$).

Conclusion: We conclude that the histological grade is the most powerful prognostic factor in terms of OS. Anything less than a wide resection margin will jeopardize the development of a local relapse and will increase the risk for further surgical interventions. Our results indicate that patients aged > 40 years were endoprosthetic reconstruction was performed, seem to be particularly susceptible for the development of complications. In view of the fact that 83% of these patients developed at least one complication, resection only should be followed by reconstruction methods that warrant the lowest complication rate and strategies to minimize the intra- and perioperative complication rate must be taken seriously.