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Surgical treatment of bone pathological fractures

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Background: Bone tumors complicated with pathologic fractures require limited surgical treatment only in 5-15% of patients (M. Malawer, 1989; R. Wedin, 2001; Babosha VA 2011).

Material and Methods: 28 patients with pathological fracture of bones were treated in Tashkent regional oncology center from 2010 to 2014. The age of patients ranged from 17 to 63. The main clinical signs of pathological fracture were pain- either spontaneous or after work and bony deformation. The femur was affected in 6 cases, proximal tibia in 4 cases, distal tibia, humerus, wings of ilium, ischia bone and radius in 2 cases each and sacrum in 8 cases. The histology of tumors were: giant cell tumor - 13 cases, osteosarcoma-4 cases, chondrosarcoma- 4 cases, fibrosarcoma-3 cases, metastatic adenocarcinoma-2 cases, reticulosarcoma-1, and cyst in 1 case. Excoriation of tubular bones with substitution of defect with medical cement was done in 6 cases, high level (SII) resection of sacrum in 4 cases, resection of ischium in 2 cases, resection of the iliac wing in 2 cases, intramodular osteosynthesis of femoral bone in 2 cases, segmental resection of lower third of femoral bone with knee arthroplasty in 2 cases, segmental resection with middle third of femoral bone with intramodular osteosynthesis in 1 case, segmental resection of radial bone with defect replacement and fixation of fibula with iron plastic and segmental resection of the humerus with replacement of defects and fibula fixation with iron plasticin 1 case each. Thus good results were obtained in 17 cases, satisfactory in 10 cases, poor results only in 1 case.

In one case, a patient with chondromixoma was operated due to recurrence twice during the year.

Conclusion: Thus, limited surgical treatment in patients with pathological fractures improves long-term outcomes and quality of life.