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Surgical management of metastatic periacetabular lesions

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Introduction: The treatment of acetabular bone metastases presents numerous clinical challenges, but may offer good results in pain relief and functional skills, increasing the overall quality of life.
Objectives: Evaluate functional results, comorbidity and pain improvement related to different surgical techniques for treating periacetabular tumors.
Methods: Retrospective study of 19 patients who underwent surgery due to periacetabular metastasis between 2007 and 2013. Evaluation of subjective pain perception with Visual Analogue Scale(VAS) , time to full weight-bearing, and functional assessment with Harris Hip Score (HHS) were described as main variables. Early (<6 weeks) and late (>6 weeks) complications where also registered
Results: Age average 64 years (35-87). Breast cancer was the most common primary malignant tumor (7) followed by kidney (3). 6 patients did not have other metastasis, 4 had multiple bone metastasis, and 9 visceral dissemination. There were 3 Harrington type I lesions, 4 type II, and 12 type III. 14 had continouos pain and used major opiod analgesics (VAS > 8). One was not able to walk. Anterolateral approach with trochanteric osteotomy was performed, followed by intralesional tumor resection. Reconstruction with Burch-Schneider Cage (8), hydroxyapatite dome with rod (5) and Harrington modified proceedings (6) were performed. HHS improved from 35 (19-45) to 68 (51-84). VAS from 7.8 to 4.1. The follow-up of 16 months was due to the underlaying disease. 3 neurological ciatic lesions, and a posterior dislocation were found. One hip prosthesis was rejected due to deep wound infection. Partial weight bearing started after medical stabilization (9 days average0) .
Conclusion: Although it is a palliative procedure, reconstructive periacetabular surgery after carefully selection, give patients a higher expectancy of life with less pain and better funtional assessment.