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Approach to tumors of the acetabulum and proximal femur by surgical hip dislocation

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Rational: Surgical dislocation of the hip is used to treat femoro-acetabular impingement, and femoral head reconstruction (e.g. Perthes). Few cases have been reported using hip dislocation for the treatment of tumors (Gunel U 2013; de Los Santos 2013; Li M 2012 and Jellicoe P 2009). We wish to add our experience with 4 cases.

Materials: The surgical technique of hip dislocation was used as described by Ganz et al. 2001.

Patient 1: 9y old girl; Ewing sarcoma of the acetabulum. En bloc removal, reconstruction of the posterior wall by a muscle pedicled bone block from the iliac crest , f/u 8 yrs

Patient 2: 24y old female patient; Osteochondroma anterio-cranial to lesser trochanter. Tangential resection, without recurrence at f/u 4 yrs

Patient 3: 57y old male patient; Recurrent chondrosarcoma femoral neck. En bloc resection, reconstruction with autologous iliac bone graft and protective LCP, f/u 3 years

Patient 4: 29y old male patient; Giant cell tumor acetabulum. Curetted and thermocoagulated intralesionally, f/u 6 months

Results: All patients recovered uneventfully from the surgical hip dislocation approach and regained full hip function. In patients 1 to 3, pathologic examination showed uncontaminated margins; they are free of recurrence at 3 to 8 years follow-up time. The follow-up time for the giant cell tumor in patient 4 is too short for final evaluation.

Conclusion: Surgical hip dislocation can be a useful approach for the treatment of intraarticular hip tumors or those close to the hip joint and needing excellent visual control to avoid damaging articular structures.

References:

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