

**PP-056****Results of surgical treatment in tumor of diaphysis of long bones****K. Abdikarimov**, U. Islamov, D. Polatova, S. Urunbaev, R. Davletov, B. Sultonov*National Cancer Center, Tashkent, Uzbekistan*

Background: To study the direct results of surgical treatment of patients with diaphyseal tumors of long bones.

Materials and Methods: Endo prosthetics for the replacement of post resectional defects of diaphysis of long bones was developed in surgical department of motor system tumors of Republican Oncological Research Centre of the Health Ministry of the Republic of Uzbekistan (patent FAP 2012 0025 'Device for endoprosthesis of bone diaphysis'). Safety operation with using of prosthetics was performed in 16 patients with primary and metastatic tumor diaphysis of long bones. Men-8(50%), women-8 (50%), patients age-from 16 to 68. In 12 patients was primary tumor (5-giant cellular tumor, 4-solitary myeloma, 2-sarcoma of Ewing, 1-chondrosarcoma), in 4-metastatic affection (in one case- stomach and lungs cancer, in two case - breast cancer), in all cases with solitary character. In 12 patients had a diaphysis affection of thigh bone and in 4 humerus. The length of affected bone was from 5 to 17 cm. Threat of pathological fracture was in 4 (25%) patients, fractures occurred in 12 (75%). All 16 patients segmental resection was performed with endoprosthesis. The length of resection was from 7 to 24 cm.

Results: There were no inter-operative complications. 90 % of patients had not pain syndrome in post operative period. Depending to the volume of operation patients were activated on the 2-5 days, that gives the possibility of independent service and continuation of special treatment. The complications in early postoperative period were not observed. In distant period two complications were observed (12,5%). One patient after 12 months of endoprosthesis of thigh bone diaphysis loosening the upper legs of endoprosthesis occurred, in another patient after 14 months endoprosthesis of humerus, the loosening of lower legs of endoprosthesis occurred. Reendoprosthesis was performed in both cases. The functional condition by scale MSTs: after endoprosthesis of humerus diaphysis- 90 %, thigh bone -85%, anatomical-functional results by scale Enneking in 4 (25%) patients were marked as excellent, in 8 (50%) as good, and in 4 (25%) as satisfactory.

Conclusion: Thus, received results show efficacy of applying the developed device for endoprosthesis of bone diaphysis. Its usage for the replacement of formed post resectional defect of diaphysis allows to restore capability of functional condition of extremity and to get satisfactory anatomical-functional results.