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## Surgical treatment of the metastatic affection of long cortical bones

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**Background:** To study the results of surgical treatment of the patients with metastatic affection of long cortical bones.

**Materials and Methods:** Operative treatment was performed in 12 patients with metastatic affection of the long bones during the 1997-2014 at the surgical department of motor system tumors of the National Cancer Center. Men were 8 (66,6%), women - 4 (33,4%), median age- 57. Morphological types of the tumors in 4 cases were presented by metastasis of the breast cancer, in 2 - renal cancer, in 1 - stomach and lung cancer and in 4 - metastasis from has not been detected primary focus. There was the site of solitary affection in all cases. Metastasis were localized in proximal part of the femoral bone in 6 patients, in 1- distal and in 3 - in diaphysis of the femoral bone, in 1 - in proximal part and in 1- in diaphysis of humeral bone. Extension of affection on the length of bone was from 5 to 22 sm. Threat of pathological fractures was in 4 patients, fractures in 8. For the determination of the treatment tactics in all patients was carried out complex examination including X-ray, CT and MRI in the affected area, CT of lungs, radioisotope scintigraphy of skeleton, ultrasonography of regional lymph nodes and organs of abdominal cavity. In all 12 patients segmental resection with endo-prosthetics was performed. The length of the resection of bones made from 8 to 25 cm. Localization of the metastatic affection of endo-prosthetics of coxofemoral joints out in 6 patients, knee-joint in one, humeral in one, in three diaphysis of femoral bone were carried respectively. Prosthetic device of Verabov and 'Eskulap' were used in endo-prosthetics of coxofemoral joints, but endo prosthetic device of proper construction were used in humeral and diaphysis of femoral bones.

**Results:** There were not any inter-operation complications. 90 % of patients had not been pain syndrome in post-operative period. Depending to the volume of operation patients were activated on the 3-5th day, that gives the possibility of independent service and continuation of special treatment. The complication in early postoperative period were observed in three (25 %) patients. The disjunction of coxofemoral head of endo prosthetic device occurred in two patients (reduced under X-ray control) and infection of endo prosthetic device site (removed by conservative preparations). In one patient loosening the lower legs of endoprosthetics occurred after a year of diaphysis of femoral bone, reendoprosthetics has been performed. The functional condition by scale MSTS: knee-joint -90 % humeral joint - 70%, coxofemoral joints-80%, after endoprosthetics diaphysis-90%. Anatomo-functional results by scale 'Enneking' in 6 (50%) patients were estimated as excellent, in 4 (33,3%) as good, and in 2 (16,7%) as satisfactory.

**Conclusion:** Thus, received results show expediency of organ safety surgical approach to the treatment of metastatic affection of long cortical bones, which allows to restore capability of extremities and to get satisfactory functional results to improve the quality of patient's life.