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Surgical management of periacetabular sarcomas

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Introduction: Surgical treatmen of malignant tumors involving periacetabulum is changing. Complex acetabular reconstruction imporves quality of life without worsening the oncologic prognosis. The aim of this study is to describe functional outcome and complications related to surgical resection and reconstruction of tumors involving Enneking zone II.

Material and Methods: 15 patients between 2000 and 2012 were retrospectively reviewed. According to Enneking/s classification ther were: Type II-4, Type I + II - 2, Type II + III - 2, Type I + II + III - 1. Five were chondrosarcoma and two osteosarcoma. Four males and three females, with a mean age 47.9 (21-75). Minimum follow up was 10 months due to underlaying extended disease, with a mean of 76 months.

Resection followed of periacetabullum reconstruction was performed in all of the patients, with limb-salvage procedure. All of them had wide resection margin. Structural pelvic allograft without hip replacement (2 patients), allograft with hip conventional replacement (5 patients) or saddle prostheses (2) were made. Radiographs, surgical complications and functional outcome according to MSTS (1993) score were assessed.

Results: Mean MSTS score (1993) was 65.3 % (54.6%-77%). Saddle prostheses offered the best functional results. We had one deep wound infection, one aseptic prostheses loosening, and two dislocations in non-replaced hips with allograft reconstruction. Five-year stimated survival was 71%.

Conclusions: Complex periacetabullum reconstruccion following wide bone resection in primary bone tumors of the pelvis offer favorable oncological and functional outcome. Limb salvage still leads to high complication rate, but acceptable in selected patients.