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Endoprosthetic reconstruction of proximal humerus after tumor resection, is it worth? A. Rafalla

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Proximal end of the humerus is a common site for both primary and metastatic bone tumors. Limbe salvage with endoprosthetic replacement is the most common means of reconstruction but it is proved to be just a spacer with inferior shoulder function. So it can be replaced by cheaper spacers specially in poor societies.

This study included 10 patients,3 were males. With mean age of 40.4 years (range 12 to 60). Diagnosed as osteosarcomas 3 cases, chondrosarcoma one case, myeloma one case, lymphoma one case, metastatic carcinoma 2 cases of breast carcinoma, and giant cell tumor in one case. Limb salvage were successfully done to all of them with tikhof-linberg type I in 6 cases cases and type V in 4 cases. Endoprosthetic replacement were used in 4 cases. An on table fabricated cement spacer was used in 6 cases.

Follow up ranged from 6 to 75 months with mean of 22.8 months.

Functional outcome was almost comparable in both types of reconstruction, especially the item of patient satisfaction, with mean function of almost 50%.

To conclude; a relatively expensive endoprosthesis could be replaced by a much cheaper cement spacer if the fuction is comparable.