

**PP-077****Curettage and alcohol therapy in low grade chondrosarcomas – More function, less complications, same oncologic results!**

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Background: The chondrosarcoma is not responsive to radio and chemotherapy, being surgery the only available option. The histological grade is relevant and predicts behavior and prognostic. Despite the histological diagnosis of high grade lesions being quite easy, in the low grade lesions, the distinction is much harder. The preconized treatment for chondrosarcomas is the extended resection. Older studies on less radical approaches had relapse rates of 50 to 90%. However, more recently, for low grade chondrosarcomas, this approach, with curettage, has been reused along with adjuvant treatments like alcohol or cryotherapy. This new approach is presented here with two interesting and successful cases.

Methods: Case 1 - Male, 44, pain in the right hip for one year. Osteolytic lesion of the middle third of the femur, with thickening and bulging of the cortices, with MRI compatible with cartilage matrix. Core biopsy revealed well differentiated chondrosarcoma. Case 2 - Male, 23, shoulder pain for 3-4 years, with recent worsening. Imaging study revealed cartilaginous tumor in the proximal half of the humerus with invasion of the cortices without breaching it. Needle biopsy showed cartilaginous matrix with slight cellular atypia. Both treated with curettage and alcohol therapy.

Results: Histologic exam of both lesions confirmed the diagnosis of low grade chondrosarcoma. Case 1: partial weight bearing after 1 month, and an 18/30 score on the Musculoskeletal Tumor Society scale. Full weight bearing was possible after 3 months. MSTS score of 26 at 10 months post op. No relapse after 24 months. Case 2: 23/30 on the MSTS score after 1 month, with some movement limitation and pain, but after 4 months the score was 30, with no movement limitations, no pain and full strength. No relapse after 12 months.

Discussion: If we had opted for the extended resection, it would have implied, probably, in the first case, an allograft and in the second case an arthroplasty. In both cases the functional result would have been probably much poorer. As for relapse rates, in the past argued as the curettage big handicap, new studies have shown that the results are similar for both approaches. Even so, if the intralesional approaches proves not to be enough, it does not preclude a more aggressive approach posteriorly.

Conclusion: With similar oncologic results, the intralesional approach allows for a less aggressive surgery with better functional results, always leaving the door open for a more aggressive approach if it proves necessary.

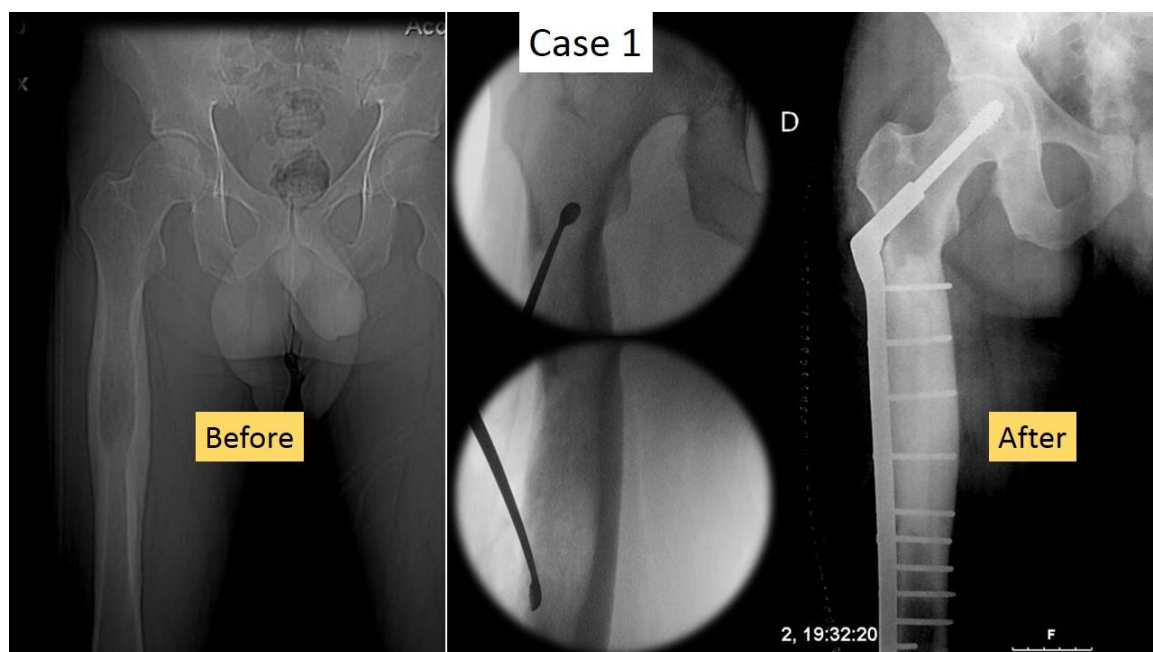


Figure 1. Femoris

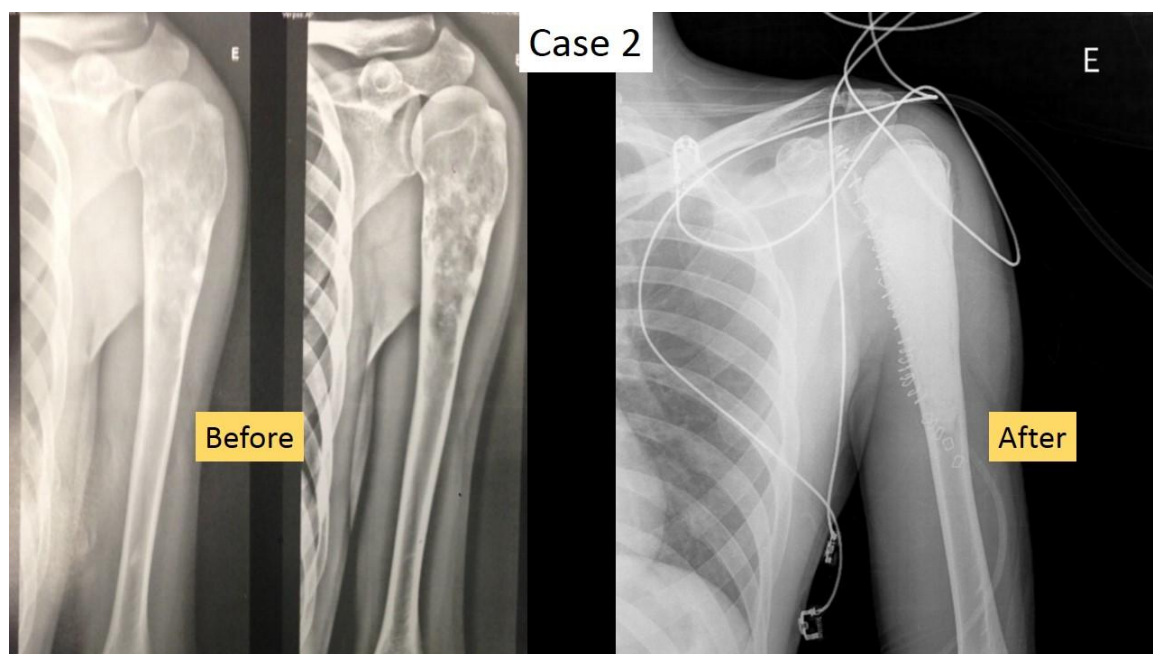


Figure 2. Humerus