

**PP-081****Benefits of early intramedullary nailing in femoral metastases****J. Garcia-Coiradas**, C. Arvinus, R. Garcia-Maroto, J.L. Cebrian*Hospital Clinico San Carlos, Madrid, Spain*

Pathological fractures of the long bones are common complications of metastatic disease; however, the outcome of different surgical techniques for the treatment of these fractures has not been clearly defined. The aim of this study was to evaluate differences in prophylactic and therapeutic intramedullary nailing in femoral metastatic implants.

Methods: Sixty-five patients with metastasis of the femur were analysed retrospectively (37 females; 28 males) between 1997 and 2013 (follow-up 15 months). Forty-four presented with pathological fractures and 21 impending fractures (Mirel ≥ 7). The operative treatments used were intramedullary fixation with reamed long Gamma nails. The studied parameters were survival, radiological and analytical findings, and functional outcomes.

Results: Prophylactic nailing resulted in immediate postoperative deaths in 5 % vs. 11.4 % in therapeutic, and one technical complication was detected in each group. Among the surviving patients 75.9 % of the fractures and 100 % of impending lesions were able to walk after the operation. The mean survival time was 11 months in the therapeutic (range 1-49) and 14 in the prophylactic group (1-34). The prophylactic intramedullary nails required a lower transfusion rate (1.4 concentrates vs. 3.0), mobilised earlier (day 4.0 vs. 9.7) and needed a shorter hospital stay (eight days vs. 16 days) compared to therapeutic nails ($p < 0.05$).

Conclusion: Femoral intramedullary nailing of metastatic lesions provides satisfactory results both clinically and radiologically. Early treatment of the metastases prevents fractures and gives better results, improving life quality of these patients.