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## Usefulness of ultrassound-guided hook wire for localization of very small and deep soft tissue tumors

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**Background:** Small, deep, soft tissue tumours can be a great challenge for the orthopaedic surgeon. We present three small, deep tumours with very challenging locations, where we used hook markers.

**Methods:** The first case was a 22 years old male with a painful periscapular leiomyoma, located in the interface of infraspinatus and teres minor muscles, proximal to the groove for the circumflex nerve and scapular vessels, and that was about 1.5cm. The second case was a recurrent synovial sarcoma of the scapula. The 56 years old female had been submitted to a Tickoff-Linberg procedure 4 years before, without reconstruction. A follow-up MRI disclosed a 13mm diameter recurrence located in the middle of the fibrotic tissue. The third case was a recurrent extra-abdominal desmoid tumour in the dorsum of a 22 years old male, with 1,9 cm. Diagnoses were established by a percutaneous biopsy.

In the operating room, we hooked the tumours under ultrasonography control. The path of the wire was thought so that the surgical approach could be executed following it.

**Results:** In all cases the time of surgery was dramatically reduced by the presence of the hook wire and resection was much easier. Margins were allways adequate. Marginal in the leiomyoma and wide in the others. In the first case, the noble structures of the vicinity were preserved. In the second and third cases the anatomical area had been subverted by the previous surgery and without the hook it would be difficult to find and remove the lesion.

**Conclusions:** With a morbidity free procedure such as the placement of a hook wire in a deep and small soft tissue tumour, an eventually difficult surgery can become much feasible and easier.



Figure 1. MRI



Figure 2. US