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Giant cell tumor of bone: modern strategy of treatment

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Purpose: To evaluate the results of various surgical interventions in tubular bone giant cell tumor treatment.

Material and Methods: Surgical treatment results of 374 patients with giant cell tumor of tubular bones were analyzed. There were 174 (46.5%) men and 200 women (53.5%). The age of patients ranged from 3 to 79 years. Tumors localized in femur in 133 (35.5%) cases, in tibial bone in 101 (27%), in humerus in 48 (12.8%) cases, in radius in 19 (5.0%) cases, in hand bones in 34 (9.0%) cases, in fibula in 12 (3.2%), in bones of foot in 10 (2.6%) and in clavicle in 7 (1.8%) cases. There were 226 (60.5%) cases of cellular-trabecular form, 62 (16.5%) osteolytic form and 86 (23.0%) mixed form. Tumor size ranged from 3cm to 13,5cm. Depending on treatment the patients were divided into the following groups: 1st group (n=18) - excochleation and marginal resection (4.8%), 2nd group (n=67) - excochleation with autoplasic operation (17.9%), 3rd group (n=17) - segmental resection (4.5%), 4th group (n=20) - segmental resection with autoplasic operation (5.3%), 5th group (n=18)- segmental resection+endoprosthetics (4.8%), 6th group (n=37)- segmental resection + compressional-distractional osteosynthesis (9.9%). 7th group (n=15) - amputation, disarticulation of limbs(4.0%), 8th group (n=127) - excochleation with cement plastics (33.9%), 9th group (n=37) - excochleation + cryodestruction +cement plastics (9.9%), 10th group (n=16) excochleation + autoplasic operation and cement plastics (4.2%).

Results: The follow-up was from 1 to 8 years. Tumor recurrence after surgery excochleation and marginal resection was observed in 9 (50%) cases, after excochleation and autoplastics in 14 (20.8%), after segmental resection (with autoplasic operation, compressional-distractional osteosynthesis and endoprosthetics) in 5 (5.4%), after amputation and disarticulation in 1 (6.6%) case, after excochleation and cement plastics in 12 (9.4%), excochleation + cryodestruction +cement plastics - in 3 (8.1%) and after excochleation + autoplasic operation and cement plastics - 3 (18.7%).

Conclusion: Excochleation + autoplasic operation and cement plastics is minimally invasive, effective surgical treatment of tubular bone giant cell tumor, maintains the integrity of bone structure, reduces time of rehabilitation.