

**PP-127****Aggressive surgical approach in the treatment of pelvic girdle tumor**

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**Introduction:** To study the treatment results of the patients with local-spread tumours of skin, bones and soft tissue of pelvic girdle, who had crippling operations.

**Methods:** Interiliac amputation-hemipelvectomy was performed in 51 patients with local spreading skin tumour, soft tissue and the bones of pelvic girdle. Men were 40 (72,5%), women-11 (27,5%). Patients were at the age from 16 to 53, average age-35. Tumour was localized in 21 (41,2%) patients in proximal part of thigh bone, in 20 (39,3%)-in bones and soft tissue of pelvis, in 2 (3,9%)-in soft tissue of gluteal region, in 4 (7,8%)-in soft tissue of the thigh and inguinal region and in 4 (7,8%)-in inguinal lymphnodes with infiltration of pelvis. In 6 cases giantcellular tumour was malignant, 10-osteogenic sarcoma, 12-chondrosarcoma, 5-sarcoma of Yung, 4-rabdomiosarcoma, 4- fibrosarcoma, 2-polymorpcellular sarcoma, and 1-angiosarcoma, 1-leyomisarcoma, 1-sinovial sarcoma, 4-metastasis of skin cancer in lymphatic nodes and 1-metastasis in thigh bone. On the basis of complex examination, which included: clinical-rontgenological, ultrasonography with dopplergraphy, CT and MRI the tumour volume and degree of spread on the surrounding tissue were determined. The tumour volume varied from 980 to 5250 cm<sup>3</sup>. The invasion in organs of small pelvis was a contraindication to the surgical intervention. Exarticulation of lower extremities with thigh girdle was performed in all patients. The average duration of the operation-3 hrs 10 min (2 hrs 25 min-4 hrs 15 min), average blood loss -1,3 liters (0,8-2,2 liters).

**Results:** The patients were observed for 1-12 years. In post operative period secondary healing of wound were noted in 6 patients, hernia developed in remote term during the observation period in 1 patient. Relapse of tumour in 6 patients (11,7%), remote metastasis- in 14 patients (27,4%), relapse and metastasis in 2 patients (3,9%) were detected. Three and five year survival-44,5% and 35% respectively.

**Conclusion:** Therefore, the aggressive surgical approach, which includes interiliac- abdominal exarticulation, in local spreading tumours of thigh girdle is justified, relieves the patient's state, and gives the possibility for conducting further treatment and prolongation of patient's life.