PP-192

Pelvic chondrosarcoma – Case report

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Introduction: Chondrosarcoma is the second most frequent malignant bone tumour after osteosarcoma. It most often occurs in the pelvis. These tumours can arise *de novo* or in previously existing benign cartilaginous tumours such as osteochondromas and enchondromas.
Treatment of pelvic chondrosarcoma is a difficult problem for the musculoskeletal oncologist Chondrosarcoma requires surgical excision; radiation therapy and chemotherapy have not been shown to be reliably effective. Poor rates of survival and high rates of local recurrence after surgical treatment have been reported in previous studies. Clinically usually presents with pain and or swelling and radiologically erosion, destruction, and cortical thickening, with a radiolucent area with a variable distribution of punctuate opacities or ring. The CT and MRI may also be useful in diagnosis. We present a case of successful treatment of a pelvic chondrosarcoma in a young woman.
Methods: Female, 41, pain in the suprapubic region with 2 years of evolution, with recent emergence of swelling in the same area. Physical examination revealed a hard and painful palpable mass in the hypogastric region CT revealed 10.5x8.5x7.5cm chondroid tumor originating in the left pubic ramus. Bone needle biopsy was preformed and histology revealed grade 2 chondrosarcoma.
Staging with chest CT scan and bone scan revealed no evidence of metastases. Oncological group decided for "en---bloc" tumour excision and was performed wide surgical resection including both left ilio and pubic ramus with, requiring partial cystectomy by adherence of the injury to the bladder.
Result: The pathology confirmed the diagnosis of chondrosarcoma, grade 2, with free margins.
The patient is currently, 2 years after surgery, free of disease. Clinically patient presents with no pain, no urinary disorders and without functional limitations.
Discussion: Since chondrosarcomas are unresponsive to chemotherapy or radiotherapy, surgical resection was the only therapeutic solution for this patient. The tumor was large, 10cm long axis, which forced a wide excision in order to maintain free margins and was necessary to perform partial cystectomy with collaboration of general surgeon. The recovery of the patient is up to date complete.
Conclusion: The case we report due to its location, size, tumour type and necessity of free margins for effective treatment represented an huge but interesting challenge for the surgical team. It also reinforce the need of a correct diagnose and collaboration between specialities in the treatment of oncological patients.