



Original Article

Epidemiological characteristics of patients with pelvic tumors submitted to surgical treatment[☆]

Jairo Greco Garcia, Adriano Martinez*, Reynaldo Jesus Garcia Filho, Marcelo Toledo Petrilli, Dan Carai Viola

Universidade Federal de São Paulo, São Paulo, SP, Brazil

ARTICLE INFO

Article history:

Received 19 September 2016

Accepted 10 November 2016

Available online xxx

Keywords:

Hemipelvectomy

Osteosarcoma

Bone neoplasms

Health profile

Retrospective studies

ABSTRACT

Objective: Describe the epidemiological profile of patients with primary or secondary neoplastic lesions in the pelvis who required a surgical procedure such as hemipelvectomy.

Methods: This study retrospectively evaluated 69 patients located in the database of a São Paulo educational institution, subject to surgical hemipelvectomy treatment between January 1990 and December 2013. All patients had previous diagnosis of bone tumor (primary or metastatic) in the pelvis (ilium, ischium, pubis, and/or sacrum).

Results: Analyzing the data obtained in this study, it was observed that these are partly similar to those found in the literature, with primary bone malignancies as the main diagnosis; general injuries affecting the pelvic area I (pelvic bone) and its most frequent complication, infection. The differences are mainly due to rarity of the bone tumors evaluated in this study, and the type of surgical procedure in question, which is even more unusual.

Conclusion: Building a picture that conveys the reality of each diagnosis and that indicates which characteristics of these patients would better resemble an absolute or relative indication for the realization of hemipelvectomy is harder by the rarity of these cases.

© 2017 Published by Elsevier Editora Ltda. on behalf of Sociedade Brasileira de Ortopedia e Traumatologia. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Características epidemiológicas dos pacientes com tumores pélvicos submetidos a tratamento cirúrgico

RESUMO

Objetivo: Traçar o perfil epidemiológico dos pacientes com lesões neoplásicas na pelve, primárias ou secundárias, para as quais foi necessário procedimento cirúrgico do tipo hemipelvectomia.

Palavras-chave:

Hemipelvectomia

Osteossarcoma

[☆] Study conducted at the Departamento de Ortopedia e Traumatologia, Escola Paulista de Medicina, Universidade Federal de São Paulo, São Paulo, SP, Brazil.

* Corresponding author.

E-mail: adrianomartinezepm@gmail.com (A. Martinez).

<https://doi.org/10.1016/j.rboe.2017.11.004>

2255-4971/© 2017 Published by Elsevier Editora Ltda. on behalf of Sociedade Brasileira de Ortopedia e Traumatologia. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Neoplasias ósseas
 Perfil de saúde
 Estudos retrospectivos

Métodos: Foram avaliados, retrospectivamente, 69 pacientes localizados no banco de dados de uma instituição de ensino de São Paulo, submetidos a tratamento cirúrgico tipo hemipelvectomy entre janeiro de 1990 e dezembro de 2013. Todos os pacientes apresentavam diagnóstico prévio de tumor ósseo (primário ou metastático) na pelve (ílio, ísquio, púbis e/ou sacro).

Resultados: Ao analisar os dados obtidos no presente estudo, observou-se que esses são em parte semelhantes aos encontrados na literatura mundial, apresentam como principal diagnóstico as neoplasias malignas ósseas primárias. Em geral, as lesões acometeram a zona I pélvica (osso ilíaco) e a complicação mais frequentemente observada foi a infecção. As diferenças encontradas são devidas principalmente à raridade dos tumores ósseos avaliados nesses estudos e ao tipo de procedimento cirúrgico em questão, esses ainda mais incomuns.

Conclusão: Construir um panorama que transmita a realidade de cada diagnóstico e indique quais as características que esses pacientes apresentam que mais se aproximariam como indicações relativas ou absolutas para o procedimento de hemipelvectomy encontra na raridade desses casos o seu maior obstáculo.

© 2017 Publicado por Elsevier Editora Ltda. em nome de Sociedade Brasileira de Ortopedia e Traumatologia. Este é um artigo Open Access sob uma licença CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Tumor lesions in the pelvis are rare; they may represent primary bone tumors (sarcomas), secondary tumors (bone metastases), or soft tissue neoplasms that affect the pelvic bones by contiguity. Primary pelvic sarcomas usually present a worse prognosis when compared with the same tumor in a non-pelvic topography.¹

Pelvic tumor surgeries are more complex than those of the appendicular skeleton. At diagnosis, pelvic tumors are usually larger in size; the topographic anatomy of the region is complex, and tumors are usually intrinsically related to neurovascular structures and the genitourinary and intestinal tracts. Due to the rarity and unpredictability of pelvic tumors, the learning curve for hemipelvectomy surgery is quite steep when compared to other orthopedic surgeries.

Originally, hemipelvectomies designated amputation of the affected lower limb and concomitant disarticulation of the innominate bone. The first procedure was performed by Kocher in 1884, and the second, by Billroth in 1890 *apud* Yancey et al.²; in both cases, the patients died. The first successful operation was performed in 1895 by Girard *apud* Pack and Miller³; only in 1916 was the procedure described by Pringle *apud* Banks and Coleman.⁴

Currently, hemipelvectomy procedures are divided into external (amputation) and internal (limb preserving surgery); the latter is subdivided according to the modified⁵ Enneking and Dunham⁶ classification as: Type I, iliac resection; Type II, acetabular resection; Type III, resection of the ischiopubic ramus; Type IV, resection of the sacroiliac joint; and H, if resection of the femoral head occurs (Fig. 1).

External hemipelvectomy often allows adequate margins, but it is associated with considerable morbidity and impaired limb function. Internal hemipelvectomy is an appropriate option when oncological margins can be obtained; however, the long-term function and survival are still not completely established in the literature.⁷

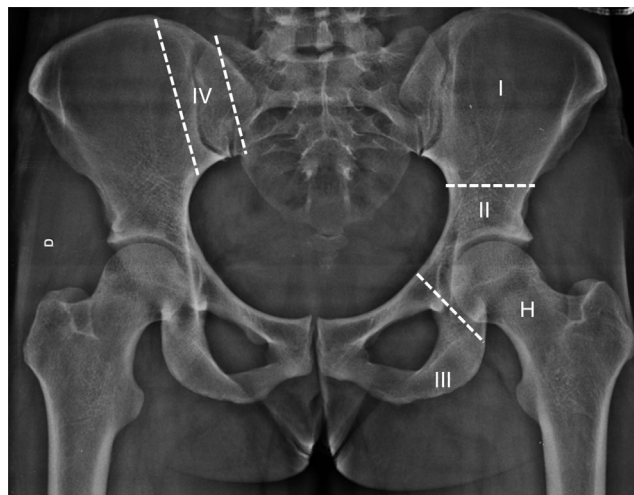


Fig. 1 – Internal hemipelvectomies. Type I, iliac resection; Type II, acetabular resection; Type III, resection of the ischiopubic ramus; Type IV, resection of the sacroiliac joint; suffix H, if there is resection of the femoral head.

A large number of musculoskeletal tumors (different diagnoses) can affect the pelvis. Several studies have reported bone sarcomas as the most common lesions, followed by soft tissue sarcomas and metastatic lesions.⁸ The most frequently observed pelvic sarcoma is of cartilaginous origin (chondrosarcoma), followed by osteosarcoma.⁹⁻¹¹

The most common location of pelvic lesions is the type with involvement of only one region, mainly the iliac, followed by the region of the ischial and iliopubic ramus and the acetabulum.⁹

In these patients, postoperative complications are not uncommon. Large dissections can compromise the viability of the muscle flaps and a large dead space is often present, which leads to the formation of collections, and consequently surgical site infection.^{9,12}

Download English Version:

<https://daneshyari.com/en/article/8599879>

Download Persian Version:

<https://daneshyari.com/article/8599879>

[Daneshyari.com](https://daneshyari.com)