

EPIDEMIOLOGY OF PATIENTS WITH PELVIC TUMORS UNDERWENT SURGICAL TREATMENT

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Background

Bone tumor lesions in the pelvis are rare and may represent primary bone tumors (sarcomas), secondary (metastatic bone disease) or soft tissues sarcoma that affect the bones of the pelvis by contiguity. Pelvic primary sarcomas generally have a worse prognosis when compared with the same tumor topography does not pelvic.

Regarding the most common type the localization of lesions in the pelvis corresponds to the involvement of only one region, especially the iliac, followed by the region of the ischium branches and iliopubic and acetabulum.

PURPOSE:

The objective of this study is realize an epidemiological analysis of patients undergoing surgical hemipelvectomy. The secondary goal is evaluate the main patients outcomes.

PATIENTS AND METHODS:

We reviewed the data from electronic medical records of 69 consecutive patients treated by hemipelvectomy techniques diagnosed with musculoskeletal tumors were retrospectively analyzed. All patients have been treated in basis of primary cancer diagnosis and received completed oncological treatment for base disease.

After identify all pelvic patients we excluded patients with incomplet records.

RESULTS

About 69 patients evaluated, 47 were male (68%) and 22 females (32%). The mean age of patients was 25 years (range, 4 to 98 years). The most frequent etiologic diagnosis was Osteosarcoma (35%), followed by Ewing (24.5%) and Chondrosarcoma (16%). Approximately 62.5 % of the lesions were most prevalent in a pelvic area, and among these, in 29% of cases, it was not possible to limb preservation. Local recurrence occurred in 28.5% of cases. Serious postoperative complication were not common, the infection rate was 12%, with the formation of seroma and/or prolonged local drainage present in nearly all cases.

CONCLUSION

The epidemiological profile of our patient has the same features found in the literature. The surgical and high morbidity and complication rates are similar to those observed elsewhere.