

OUR EXPERIENCE IN THE SURGICAL TREATMENT OF “HOURGLASS” PELVIC TUMOURS

Laura Trullols¹, Ana Peiró¹, Paloma de la Dehesa Felgueroso¹, Isidro Gracia¹, Vicens Artigas² and Jean Arroyo¹

¹Orthopaedic Oncologic Surgery Department, Hospital de Sant Pau, BARCELONA, Spain

²General Surgery Department, Hospital de Sant Pau, BARCELONA, Spain

INTRODUCTION AND AIM

Intrapelvic soft tissue tumours are infrequent; sometimes they go through natural pelvic foramina and present two components. The first in proximal lower limb and the second intra pelvic, separated by a central isthmus. It is for this morphology that they are called “hourglass tumours”. Surgical approach is difficult because they are located in two different anatomical areas, and surgical treatment has potential serious neurovascular complications.

Our aim is perform a retrospective revision of hourglass tumours surgically treated in our centre, looking at surgical approach, complications and results.

MATERIALS AND METHOD

Retrospective observational study. 6 intra/extra pelvic tumours surgically treated between 2009 and 2015. 3 men and 3 women, average age 63 years old (59-69). 4 of them were sarcomas and 2 benign tumours. The mean longest diameter was 18.9cm (16-24). Pelvic foramen: inguinal canal in 2 cases, greater sciatic foramen in 2 cases, obturator foramen and sciatic notch in the other cases. We performed double approach in all cases, pelvic approach performed by General Surgeon (medial laparotomy in one case, and ilioinguinal approach in the other cases) and extra pelvic approach performed by Orthopaedic Surgeon (posterolateral hip approach, anterior thigh, adductor compartment, inguinal approach and gluteal approach in the remaining 2 cases). In bloc resection was possible in 3 cases.

RESULTS

3 patients had intraoperative complications: 2 iliac vein injuries and 1 femoral nerve injury.

4 patients had postoperative complications: 2 DVT of iliac vein, 1 femoral palsy, and 1 obturator nerve palsy. Furthermore, 1 patient had inguinal hernia and another patient omentum fat eventration in midline.

No case presented recurrence or distal metastasis with an average follow up of 43 months (4-25).

CONCLUSIONS

Hourglass tumours require complex surgical treatment, with a high rate of intraoperative and postoperative complications (3/6 and 4/6). The best approach for these tumours is combined management by both Orthopaedic and General Surgeons.