Chondrosarcoma of the glenoid cavity and coracoid process Reconstruction with an osteochondral lateral tibial plateau allograft.

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Introduction

Chondrosarcoma is a malignant primary bone tumor characterized by cartilage-forming cells, and locally aggressive behavior, which does not respond to conventional chemotherapy or radiotherapy protocols. To date, surgical resection of these tumors remains the most effective treatment.

Case description

We report on the case of a 41 year old man with a coraco-glenoid chondrosarcoma grade II of the right scapula, confirmed by open biopsy.

Wide resection was achieved through extended deltopectoral approach.

Reconstruction choices: zone 2 parcial scapulectomy without reconstruction, prosthetic replacement or allograft reconstruction.

Since we had no availability of scapula allografts, we decided for an osteochondral lateral tibial plateau, considering the resemblance between the articular surface of the glenoid, its labrum and the lateral tibial plateau and the lateral meniscus. The lateral collateral ligament would perform as the supraspinatus tendon and anterior gleno-humeral capsule.

Once the lateral plateau was obtained from a proximal osteochondral tibia, a metaphyseal groove with high speed Burr was made. Then the allograft was rotated 90 degrees in order to embed the scapular blade. This embedding was secured with two 3.5 mm cortical screws.

The humeral head is carefully reduced and soft tissue reconstruction was meticulously done based on the lateral collateral ligament of the allograft as previously described.

Results

The pathologist reported grade II chondrosarcoma with safe oncological margins. MSTS functional scale reported 83% at six months postoperative, the patient returned to his daily activities with no restrictions.

Discussion

The standard treatment of grade II chondrosarcoma is wide resection as the achieved in this patient. The other challenge of is to restore the anatomy and function as close to normal. The choice of a lateral tibial plateau allograft with the meniscus, reproduces the local anatomy and allows prompt function recovery. This reconstruction is an option to consider in primary tumor lesions in the coraco-glenoid zone.

Keywords : chondrosarcoma, glenoid, allograft  
Authors :  
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http://sites.altlab.com/files/122/abstracts/coraco-glenoid-chondrosarcoma.docx,  
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Authors

LUIS CARLOS GOMEZ 1, CAMILO SOTO 1, ALVARO BERNAL 1, GERMAN ROA 1,  
1. Bogotá D.C., INSTITUTO NACIONAL DE CANCEROLOGIA, BOGOTA D.C., COLOMBIA
Authors (raw format)

GOMEZ LUIS CARLOS - email : lcgmier@yahoo.com Institution : INSTITUTO NACIONAL DE CANCEROLOGIA
Department : Bogotá D.C. City : BOGOTA D.C. Country : COLOMBIA Speaker : Yes
SOTO CAMILO - email : sotocala@cable.net.co Institution : INSTITUTO NACIONAL DE CANCEROLOGIA Department :
Bogotá D.C. City : BOGOTA D.C. Country : COLOMBIA Speaker : No
BERNAL ALVARO - email : alvarberna@gmail.com Institution : INSTITUTO NACIONAL DE CANCEROLOGIA
Department : Bogotá D.C. City : BOGOTA D.C. Country : COLOMBIA Speaker : No
ROA GERMAN - email : germanroab@gmail.com Institution : INSTITUTO NACIONAL DE CANCEROLOGIA
Department : Bogotá D.C. City : BOGOTA D.C. Country : COLOMBIA Speaker : No