Internal hemipelvectomy without reconstruction in aggressive chondroblastoma left pelvis - a case report

INTRODUCTION: Internal hemipelvectomy surgery is a technique that consists of removing the total or partial of the hemipelvis, keeping the neurovascular structures and maintaining the femoral head and the entire lower limb, and may or may not keep the acetabulum. Postoperative satisfactory and walking with early part load and full load from 11 months after surgery, helping the patient to remain with the leg and to have quality of life for scoring walk. The main indication is the presence of tumor that affects bone of the pelvis and requires extensive resection, as in the case of chondroblastoma in the pelvis, which can be with or without reconstruction. Chondroblastoma is a rare cartilaginous tumor that affects young patients 5-25 years of age in 90% of cases, and the most common location is the epiphysis of long bones, especially in the leg around the knee, but can also affect bones plans. The clinical picture is nonspecific, with pain, swelling and joint effusion. In radiography it is observed extent of injury to metaphysis, with remodeling of cortical, periosteum reaction and endosteum irregularities, well-defined margin. Magnetic resonance imaging shows tumor localization, extension to metaphysis and adjacent soft tissues. Diagnosis is by surgical biopsy and treatment can be from curettage graft surgery even more aggressive depending on the involved region, as internal hemipelvectomy with or without reconstruction. To report the case of internal hemipelvectomy (type 2, where it dries the acetabulum) without reconstruction in chondroblastoma left pelvis, emphasizing the importance of technique for the preservation of lower limb and quality of life by allowing early ambulation.

MATERIALS / PATIENT AND METHODS: Data collected in medical records and interviews with patient and bibliographic search in the databases PUBMED and SCIELO. Patient S.E.C., 35 years old, male, coming from João Pessoa - PB, sought treatment complaining of mild and intermittent pain in the left hip 10 years ago after blunt trauma. AP radiograph of the pelvis and Magnetic Resonance hip observing lytic lesion of left iliac bone with invasion to the left and soft tissue acetabulum. It was initially indicated posterior percutaneous biopsy of the lesion and the use of orthotics, with results Aggressive Chondroblastoma. Due to the laughter of recurrence and extent of injury, patient was asked about surgical technique internal hemipelvectomy (type 2), left without reconstruction. Postoperative unloaded in the first 2 months, sitting and partial load from the 2nd month and total load from the 11th month, with compensatory jump of 3 cm.

RESULTS: Surgical results of surgical technique of internal hemipelvectomy type 2 are excellent, leading patients to have independent life and no need to use protesis, and walk without help. CONCLUSION: Internal hemipelvectomy without reconstruction is indicated for cases of aggressive chondroblastoma pelvis and has satisfactory result for contributing to the quality of life of patients with lower limb preservation and maintenance of the ability to walk.

Keywords : Internal hemipelvectomy, hemipelvectomy, chondroblastoma

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