Surgical options for the patients with metastatic acetabular tumor

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Objective: To identify the indication of surgery for periacetabular metastases and to determine the impact of the novel surgical option for Harrington type III lesion on function and local recurrence. Materials and Methods: 120 patients with periacetabular metastatic tumors underwent surgical treatment between Jun 2003 and Jun 2015. The series included 57 female patients and 63 male patients, with an average of 54.7 years (20-76 years). According to Enneking and Harrington’s classification, we decided the protocol of resection and reconstruction of pelvic tumors for these patients. For patients with Harrington Type III lesions, we performed 2 different types of surgery: a) intralesional excision followed by Steinmann Pin and bone cement acetabuloplasty and total hip arthroplasty(type IIIa surgery) and b) en bloc resection followed by modular hemipelvic endoprosthesis replacement(type IIIb surgery). Based on the routine surgical indications described by Harrington for type III lesions, the indications for type IIIb surgery also included massive bone defect and/or large soft tissue mass. Results: The acetabula were reconstructed in 120 patients. There was no patient with Harrington Type I lesion in the series; 52 patients with Type II lesions underwent type II surgery; 15 patients with Type III lesions underwent type IIIa surgery; 22 patients with Type III lesions underwent type IIIb surgery and 31 patients with Type IV lesions underwent type IIIb surgery. Median follow up time was 11 months (1-66 months). The average post-operative MSTS93 score was 18.7. Among patients with type III lesions, in 15 patients received type IIIa surgery and 22 patients received type IIIb surgery, the average post-operative MSTS93 score was 17.4 and 18.2 respectively, which showed no statistical difference(P=0.72). The average and median post-operative overall survival time was 23.8±2.3 and 16 months, respectively. Recurrence was found in 18 patients (15.0%) and the average recurrence-free survival time was 50.6±2.4 months. For patients with type III lesions, the recurrence-free survival of patients received type IIIb surgery was significantly better than that of patients received type IIIa surgery(P=0.02). Conclusion: The indication of surgical intervention for periacetabular metastasis is severe pain and difficulty in ambulation caused by metastatic lesions. For patients with Harrington Type III metastatic lesion, because of the better functional outcome and lower local recurrence incidence, type IIIb surgery was more recommended than type IIIa surgery on lesion with massive bone defect and/or large soft tissue mass.

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