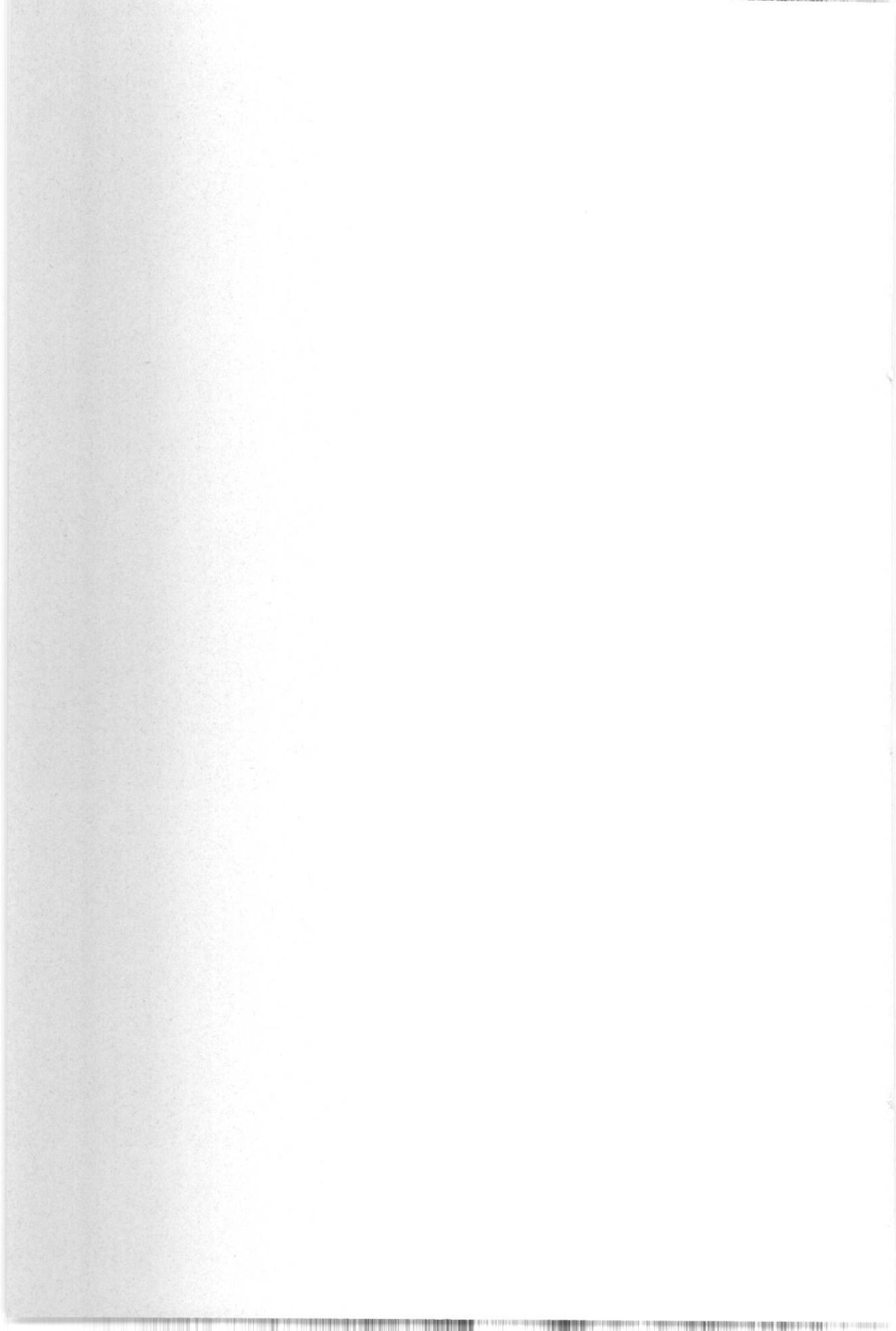


CHAPTER IX

SUMMARY



SUMMARY

The field of musculo-skeletal tumour diagnosis and staging has been enlarging. This enlargement increased the number of patients with early primary bone tumours. The increase in number of patients directed the attention towards limb salvage surgery rather than amputation.

This essay was made to give an idea about the main options of surgical reconstruction after resection of malignant skeletal tumours.

It was essential to discuss the classification of malignant bone tumours and the different methods of diagnosis both clinically, radiologically (plain X-ray – C.T – MRI- isotopic scanning) and laboratory tests.

It was also essential to discuss the staging system to determine which case the surgical reconstruction is good for it.

The simplest method of reconstruction and the most commonly used is the autograft either nonvascularized or vascularized and either cancellous, cortical or both corticocancellous.

Another method is the use of allograft. Allografts may be non structural or structural. The main complications of allograft are infection, fracture, non union and joint instability.

Endoprosthetic reconstruction after tumour resection has many advantages such as early weight bearing and quick post operative recovery. The major disadvantage is the mechanical failure of the endoprosthesis.

Rotationplasty is performed in the lower limb as an alternative to amputation particularly when the extension of the primary tumour does not allow a wide resection and limb salvage is not possible and when the patient is young.

The use of adjuvant and neoadjuvant chemotherapy in reducing tumour size and preventing recurrence after resection of the tumour made the prognosis and survival rate of patients have dramatically improved.

Radiotherapy has limited role in treatment of bone tumour.