CHAPTER I
INTRODUCTION

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The treatment of musculoskeletal neoplasms had drastically changed in the past 15 years because of the advances in adjuvant treatments, improvements in imaging studies, better understanding of the principles of tumour resection and reconstructive techniques. Whereas in the past, a patient with an extremity sarcoma was routinely treated with amputation, it is now much more likely that a sarcoma patient will be offered a limb-salvage operation and reconstruction ***(Enneking et al., 1993).***

The prebiopsy evaluation and a well planned-executed biopsy is critical and is a corner stone for management of skeletal neoplasms. A better understanding of the natural history and staging of skeletal neoplasms with the use of sensitive new imaging modalities is important to avoid complications and preserve a limb ***(Letson et al., 1996).***

The major options for limb reconstruction following malignant bone tumour resection are: Autografts, Allografts, massive endoprosthesis, allografts endoprosthetic composite, rotationoplasty, and resection arthrodesis.

The results depend some what up on age, diagnosis, extent of resection, patient motivation, complications, tumour recurrences and other factors ***(Word et al., 1996).***

The aim of this essay is to discuss the types of surgical reconstruction used in treatment of malignant skeletal tumours and some

techniques in different sites in the body considering the classification, diagnosis and staging of the malignant bone tumours.

An important point to be mentioned is that; limb- salvage surgery should improve the quality of life compared to amputation, but it must not jeopardise survival ***(Roberts et al., 1991).***