surgical reconsturction of malignant skeletal tumours

hosam el-din abdel-naby ibrahim

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 twards 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.ed, 6 4 P4.Endoprosthetic reconstruction advantages such as early weightrecovery. The major disadvantage endoprosthesis.after tumour resection has meny bearing and quick post operative is the mechanical failure of theRotationplasty is performed in the lower limb as an alternative to amputation particularly when the extension of the primary tumour doesnot 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 rule in treatment of bone tumour.