

Report from

SSG Orthopedic surgery group (including metastases group)

November 23 to 24, 2009, Copenhagen

Chairman: *A. Kivioja, Helsinki*

The meeting consisted of short presentations on different topics and an SSG pool of problem cases. The problem cases are first presented via e-mail and discussed there. The responsibility of the treatment, of course, remains to the presenting surgeon. In this annual meeting the problem cases are reviewed to see and hear what was actually done.

1. Bone metastasis register - status and future.

*J. Keller, Dpt of Orthopedics, Aarhus*

After a couple of published and submitted patients and declining numbers of participating centers and patients it is time to stop entering new patients in the database. The group will finish its literary projects. Johnny declared thus the end for the metastasis group. The surgical group thanked Johnny for his efforts and success in leading the group for ten years. The general meeting gave Johnny an applause for a job well done.

2. Lung-metastasectomy for osteosarcoma patients.

*S. Skjeldal, Dpt of Surgery, Radiumhospitalet*

Euramos rules say every pulmonary metastasis should be operated. The criteria for Euramos is OS < 40 years with resectable primary tumor and mets. In reality only 13/21 have been operated and for example in Oslo only 1/7 according to the rules.

3. Headache for the Pathologist and Surgeon – Multifocal Skeletal Epithelioid Hemangioma and Hemangioendothelioma. Illustrative cases.

*B. Gunterberg, Dpt of Orthopedics, Sahlgrenska sjukhuset*

Hemangioendothelioma is a borderline, low-grade malignant tumor. It can be treated with wide excision, radiotherapy, (chemotherapy, interferon). Local recurrence occurs in 15%, metastases in 30%. Mortality is 20%. Illustrative case were presented.

4. Supraregional centralisation of sarcoma treatment in Denmark, Norway, Sweden, Finland and Iceland. A lively discussion about the general principles followed.

5. Desmoid tumors. A study starting with Poulsen, Oslo was announced.

6. Parosteal osteosarcoma

*O. Zaikova, Oslo*

A combined study with the Birmingham group that will be presented at the EMSOS meeting. 43 patients from SSG. Some additional data will be asked from the centers that have submitted patients to the SSG register.

7. Development of new techniques for MRI-based illustration of the tumor/normal tissue interface.

Will quantification of tumor invasiveness soon be possible?

*M. Skorpil, Dpt of Radiology, Karolinska sjukhuset*

Preliminary results from a new technique using not the echo but the fading were presented.

8. MHE (Multiple hereditary exostoses) FOLLOWUP was discussed. There is a will to formulate guidelines for information and follow-up of the patient.

Cases on the network 11/08 – 11/09 that were reviewed:

11/09 A.Kivioja: MFH, intercalary femur, pathologic fracture

7/09 H Bauer: MPNST volart i underarmen på 17 årig pojke

11/08 H Jónsson jr: left inner thigh. Huge hematoma?

11/08 J Keller: Solitary metastasis from a renal carcinoma in the pelvis

Other cases were presented by G Follerås, H Aro, P Bergh, H Jonsson, R Löfvenberg, H Jonsson F Vult von Steyern

The topics not addressed this time were the Chondrosarcoma project and Vertebroplasty in the treatment of skeletal metastases.