

Working committee meeting Copenhagen 2008 Orthopaedic surgery Group

CSTrovik

Olga Zaikova gave an outline of her thesis on incidence and management of spinal metastases in Southeastern Norway. An impressively complete database was accrued during one year, comprising all patients with diagnosed spinal metastases in that region of Norway. About 1000 patients were identified and 8% received surgical treatment. This database will make possible several interesting studies concerning incidence and outcomes of different treatment modalities.

Martti Hirn made a proposal for a new study on filling materials after GCT surgery. He referred the experience from Birmingham where he has been working for a year. In Birmingham they have a tradition of no filling material at all, and the impression was that this was sufficient with no increased incidence of recurrence or fracture. There was, however a general feeling of satisfaction with the current protocol of cementation among the surgeons present. The ease of recurrence detection in cemented cases was emphasised and since no adverse effect of cement filling has been demonstrated, the problem was not considered important enough to merit a prospective randomised study.

Clement Trovik elaborated on the SSG study of "Functional outcome after surgery and radiotherapy in extremity soft tissue sarcoma" This study is principally concerned with late radiation morbidity and there is a need for stratification of functional loss related to surgery alone. We discussed if it can be meaningful to develop a rating system of 3 to 4 tiers to this end. It could be based on the studies of functional loss after surgery for tumours published by the Gothenburg group in the 1980'ies. A committee consisting of Björn Gunterberg, Simen Sellevold and Clement Trovik should look into the matter and present a proposal for discussion on our network.

Björn Gunterberg presented the Gothenburg experience with Schwannoma of the axial skeleton. Although symptom relief most often could be achieved from intralesional surgery, complete excision was still recommended when it could be done without excessive functional loss.

Otte Brosjö presented the Karolinska Hospital experience with polidocanol injections in Aneurysmal bone cysts. More than 10 cysts had been treated and all displayed some kind of reaction. None needed subsequent surgery. The procedure should be done under general anaesthesia and preferably in a bloodless field. Most often repeated injections were needed.

Anders Walløe presented the progress of collection of suppliant data for his SSG register based study on chondrosarcoma surgery outcome and complications. Gunnar Follerås reported on study preparations at thesis level at Radiumhospitalet, concerning results after pelvic surgery and chondrosarcoma surgery. It was understood that the two groups in Oslo would collaborate on the matter.

More than 30 cases from most centres were presented and discussed. Many were updates on cases discussed on our network during 2008. Two cases have been included in the SSG XX protocol, Arm B. One was presented, and the surgeons present considered this to represent a case of obvious risk of intralesional surgery.

The activity on the surgical, net-based discussion facility remains high as illustrated below: Red are cases presented, grey are cases discussed, 2006 - 2008.

