

The Orthopaedic working group

Date: December 5, 2016, 13:20 - 19:00

December 6, 2016, 08:30 - 11:00

Agenda and results:

1. Lung metastasis in OS: *Otte Brosjö, Stockholm*

Otte referred to an article by Dorothe Carrle and Stefan Bielack on “Osteosarcoma in Lung Metastases, Detection and Principles of Multimodal Therapy”! Ottes question was: "Should we do thoracotomy to palpate the lungs in patients with pre-chemo metastasis, if post-chemo CT is negative? The answer was NO – only operate if CT becomes positive at follow-up!

2. Vascular complication after Polidocanol for ABC: *Katrin Pulverer, Bergen*

Showed soft tissue complications from Polidocanol which leaked from a cyst probably due to a vascular malformation! This could be avoided by injecting small amount of contrast into the cavity before injecting the sclerosing agent to check if the cavity is contained or not!

3. Non-invasive simultaneous lengthening of tibia and femur with Bio-Xpand MUTARS/fit-Bone prosthesis: *Clement S. Trovik, Bergen*

A young OS patient who had knee prosthesis on one side and continued to grow on his healthy side causing 8cm bone length discrepancy. The problem was solved by a new knee prosthesis with motoric” stems in both femur and tibia that could be lengthened through osteotomies and by electrical stimulation of motors inside the stems.

4. Another case with Mutars Bio-expand Prosthesis. *Peter Bergh, Gothenburg*

A young OS patient where the parents and the patient refused van Ness plasty. The problem was solved by using elbow prosthesis for a distal femur reconstruction temporarily and when old enough, changed to a Mutars Bio-expand Prosthesis.

5. Arthrodesis: A solution for limb salvage in infected tumor knee prosthesis: *Peter Bergh, Gothenburg*

There is always a high risk for infection in these tumor - prosthetic patients and when it happens, sometimes another prosthesis is not an option. Then the limb can be saved by fusing the knee joint using a special intramedullary tumor nail.

6. Bone reconstruction with autograft: Pretreatment with cryo-, radio- or autoclave: *Peter Bergh, Gothenburg*

Last year, Peter introduced his various results in re-using the patients tumor bone. Now he favoured the use of the cryo technique. Oslo had also been using this technique with favorable results but with different timeframes. Representatives from Gothenburg and Oslo will work on

guidelines that can be presented next time and hopefully used in the future.

7. The use of Cerament with antibiotics G (gentamycin) and V(vancomycin) in the treatment of infections: *Christina Berger, Gothenburg*

Christina informed us last year about the Cerament and how it can be used in the treatment of ABC. Now she confirmed her continuous success also in infected bone cavities because it keeps the local antibiotic level much higher and longer than either conventional cement or injected antibiotics.

8. Three-D printed prosthesis and resection guides in pelvic tumor surgery- an update: *Mehdy Farhang, Umeå*

Mehdy informed us last year how he 3D anatomical modelprinting in plast from CT scans can be used to prepare better for tumor surgery. Now he confirmed how this gives a unique possibility "to handle" the problem on the drawing table and to prepare more exactly and with more safety for the ammented osteotomies.

9. Sarcoma of extremity and trunk wall in Iceland 1986-2015: *Halldór Jónsson jr, Reykjavík*

During the last 30years (1986 -2015), 325 sarcomas were registred on the trunk and extremities in the Icelandic National Cancer Registry. The annual incidence of BS (0,8/100.000) and STS (1,8/100.000.) the mean age at diagnosis of 38 in BS (9-76) and 54 (0-95)in STS and the 5y survival of 69% in BS and 63% in STS, are all similiar to numbers in Scandinavia

10. Apart from these presentations, at least ten "problem cases" that have been presented and discussed among us in the Orthopaedic Working Group through the internet, were presented with their final treatment conclusion.