



Abordaje en U invertida para resecciones oncológicas mayores en la pelvis: Informe de complicaciones [

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text (article)

Analítica

Background: Limb Salvage surgery around the pelvis is complex and associated with high morbidity (20 to 80 %). The triradiate approach is the most frequently used in these complex surgeries in spite of the high incidence of local complications reported. The aim of the following study was to develop an alternative to the classic triradiate approach, i.e. a variant of surgical exposure described as an inverted "U" with a distal base over the iliac crest, and to report the incidence of local complications. The hypothesis is that this surgical exposure preserves the skin vascularity in the above mentioned region thus reducing local wound complications. Methods: From 2004 to 2008 we performed 8 hemipelvectomies (medial and lateral) for different musculoskeletal tumors (4 chondrosarcomas, 3 metastatic lesions (1 thyroid 2 myelomas) and 1 epiphyseal hemimelia dysplasia. We describe the surgical technique. Results: The margins obtained were classified as "wide" (pathology). The average days in hospital were 7.1 (10-4) days. With this approach we had no wound dehiscence or superficial infections. A patient presented with a complication (partial necrosis) requiring an irrigation and debridement procedure. Conclusions: The inverted U approach appears as an alternative in selected cases to the classical triradiate approach for hemipelvectomies. The incidence of local complications is lower and allows for a correct exposure of the pelvis without compromising the resection margins.

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