

HEMIPELVECTOMIES AT HOSPITA DE CLÍNICAS DE UBERLÂNDIA: A SERIE OF CASES

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CASES PRESENTATION

1. Female, 18 years, diagnoses of giant cell tumor at left ileum, submitted to hemipelvectomy type I after neoadjuvant treatment. Evolved with metastatic implants in pelvis, submitted to rectosigmoidectomy, hysterectomy, right salpingoophorectomy and lymphadenectomy.
2. Male, 26 years, with eschar in bilateral ischial tuberosity and progression to chronic osteomyelitis. Submitted to hemipelvectomy type II with resection of right ischium.
3. Male, 27 years, with trauma history in pelvic region, showed in a radiography lesion in left hemipelvis. Biopsy evidenced chondrossarcoma grade II. Submitted to hemipelvetomy type I + II.
4. Female, 53 years, diagnoses of chondrossarcoma at left ilium, submitted to hemipelvectomy type I.
5. Male, 63 years, history of infected eschar and chronica osteomyelitis in sacrum. Submitted to hemipelvectomy type III and resection of right femoral head associated to osteosynthesis.
6. Male, 37 years, diagnoses of chronic osteomyelitis at left ischiopubic ramus and abductor muscle. Submitted to hemipelvectomy type III.
7. Female, 22 years, history of pain at the right hip associated with tumor at the level of inguinal region, Biopsy evidenced giant cell tumor, submitted to hemipelvectomy type III.

DISCUSSION

In this study, seven cases of hemipelvctomies were described, all of them with treatment and follow-up at Hospital de Clínicas of Universidade Federal de Uberlândia. Hemipelvectomy can be divided as internal or external. The internal hemipelvectomy is indicated in cases of minor tumors, limited to

one hemipelvis, not compromising the lower limb or neurovascular structures. It can be divided in four types, as proposed by Enneking: type I (iliac resection), type II (periacetabular resection), type III (pubis resection) and type IV (block resection of the hemipelvis). Furthermore, it's common the combination of types II and III. The postoperative of patients submitted to internal hemipelvectomy needs thromboprophylaxis cares, early limb mobilization and load between 60-90 days.

Most common complications include surgical site infection, suture dehiscence, fibular's graft release (when used to pelvic reconstruction), neuropraxy and thromboembolic events.

FINAL COMENT

Hemipelvectomies are large procedures, with important impact in patients lives and require specialized and experienced surgical team, once surgical technique is complex and the risk of adverse events is high.

REFERENCES

1. Angelini A. MD, Drago G. MD, Trovarelli G. MD, Calabró T. MD, Ruggieri P. MD PhD. Infection After Surgical Resection for Pelvic Bone Tumor: An Analysis of 270 Patients From One Institution. *Clin Orthop Relat Res* (2014) 472:349–359. DOI 10.1007/s11999-013-3250-x.
2. Arnal-Burró J, et al. Hemipelvectomías tras sarcomas de localización pélvica de alto grado: pronóstico en condrosarcomas frente a otros tipos histológicos. *Rev Esp Cir Ortop Traumatol*. 2015. <http://dx.doi.org/10.1016/j.recot.2015.04.002>
3. Benatto MT, Huss ein AM, Gava NF, Maranhão DA, Engel EE. Complications and cost analysis of hemipelvectomy for the treatment of pelvic tumors. *Acta Ortop Bras*. [online]. 2019;27(2):104- 7. Available from URL: <http://www.scielo.br/aob>.
4. Houdek et al. Functional outcome measures of patients following hemipelvectomy. *Prosthetics and Orthotics International* 1–7, 2015. DOI: 10.1177/03093