

Functional outcome and complications following reconstructions for periacetabular metastasis

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Objectives: To report functional results, implant survival and complications following surgical reconstruction for periacetabular metastatic disease

Methods: We retrospectively reviewed 16 patients undergoing acetabular reconstruction for metastatic disease. The most common diagnosis was metastatic lung cancer. There were 3 Harrington class I, 2 class II and 11 class III lesions. Intralesional curettage and cemented total hip replacement were performed in all of the patients. Anti-protusio cage were used in 10 hips. Ten patients died at the review process with a median survival time of 11 months (range, 4-28 months) after surgery. Six patients were alive at last follow-up at a median of 8 months (range, 4-21 months)

Results: One patient had dislocation after turning herself over for changing position at one week following surgery. One patient had superficial infection. There was no prosthetic loosening or revision. Fifteen patients had relief of pain as assessed by visual analog scale and were able to walk with walking aids. Seven patients became community ambulators, 8 became household ambulators and one bed-bound.

Conclusions: Good functional outcome and better ambulation could be expected following periacetabular reconstruction due to metastatic disease. With proper patient selection and good technique of surgical reconstruction, the complications and mechanical failure rate are low.