COMPLETE ANTERIOR PUBIC HEMIPELVECTOMY DOES NOT REQUIRE RECONSTRUCTION

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INTRODUCTION

Internal hemipelvectomy may often require several hours of surgery and are inherent with a wide set of potentially devastating complications. There are many different types of resections, depending on the anatomic location of the tumor. Reconstruction may add to this complexity, however, it is not always clear when to reconstruct. It is generally believed that if the pelvic ring is disrupted, this renders the pelvis unstable and consequently the function may be impaired. Therefore, for each type of internal pelvic resection, the type of reconstruction may vary and needs to be thoughtfully considered. Herein, we report on the function of a patient with complete anterior pubic hemipelvectomy without reconstruction.

PATIENT & METHODS

A 34 year old female patient was diagnosed with a adenocarcinoma of the mid-rectum (ptT3, pN1b 3/21; Pn0, R0, M0) in March 2016. She underwent local resection followed by radio-chemotherapy (Xeloda; 50.4Gy) followed by Leucovorin 5-FU. On August 09, 2017, a singular metastasis of the inferior right ramus of the right pubic bone was diagnosed and then resected, followed by FOLFOX chemotherapy. On May 25, 2018, a local recurrence at the right pubic bone was diagnosed (A-D), which was then treated by IMRT hyperthermia and as well as 5-FU chemotherapy. Unfortunately, despite good response overall, there was disease progression in the adductors as well as in the M.obturator internus outside the radiation field, as well as in the contralateral inferior pubic ramus. It was then decided to remove the entire anterior bony pelvis with accompanying soft tissues for disease control (E-I).

RESULTS

Through a Pfannenstiel incision which was extended on each side along the inferior pubic rami distally and dorsally, the entire pubis was exposed. The adductors on the left side were left on the specimen, and while the urethra was protected, the entire anterior pelvis was removed including the right obturator internus muscle en bloc. A right sided pedicled ALT was used to cover the soft tissue defect. No reconstruction of the anterior pelvis was performed (J). Wound healing was uneventful, and the patient was mobilized on crutches without pain in the dorsal aspect of the pelvis (K-L). Five months postoperatively, the patient walks without pain and assistance for 5-6km.

CONCLUSION

The reconstruction of the anterior pelvis after complete resection of the bilateral pubic bones is not mandatory, reducing the risk of potential complications, while offering the patient a normal and pain free gait.

HIGHLIGHTS:

This 34yo patient underwent compete anterior bilateral pubic resection without reconstruction, and walked normally after 1 week.