

Proximal Femoral Resection And Replacement With Long Stem Bipolar And Cement Augmentation- A Cost Effective Approach To Palliative Surgery In Bone Metastasis Patient

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INTRODUCTION:

Proximal femur is a common site for bone metastasis consequently pathological fracture. The aim of treatment in such patient is to provide stable and secure fixation which allows immediate weight-bearing and restoration of function and which will outlast the patient². Endoprosthetic replacement of proximal femur is part of treatment available however cost is part of the concern moreover the replacement is for palliation and restoration of mobility.

PATIENT:

We report a case of pathological fracture proximal right femur secondary to metastatic disease from adenocarcinoma of the lung. Post fall patient was unable to ambulate and was referred to orthopaedic for surgical intervention. Aim of surgery was for palliation and restoration of ambulation. Due to cost constrains, we used long stem bipolar hemiarthroplasty and augment the replacement with cement instead of a proximal femur endoprosthesis.

RESULTS:

Our patient was able to ambulate with walking frame support on day 3 post surgery. Hip flexion as at 120 degrees upon discharge. His MSTS score at 1 month was at 77%.

DISCUSSIONS:

Proximal femoral replacement has become favourable in treating primary bone tumor and metastatic disease which involve extensive bone destruction of proximal femur¹. However in certain center endoprosthesis is not readily available hence favouring other method of treatment which could give similar results especially if target of treatment is palliative. Cost of a proximal femur endoprosthesis in

Malaysia ranges from RM 15000 to RM 22000. Our construction cost RM 8500.

CONCLUSION:

Replacement of proximal femur using long stem bipolar hemiarthroplasty together with cement augmentation offers a cost effective option in the treatment of advanced metastatic disease of proximal femur.

Figure 1: Pre-operative x-ray of pelvis

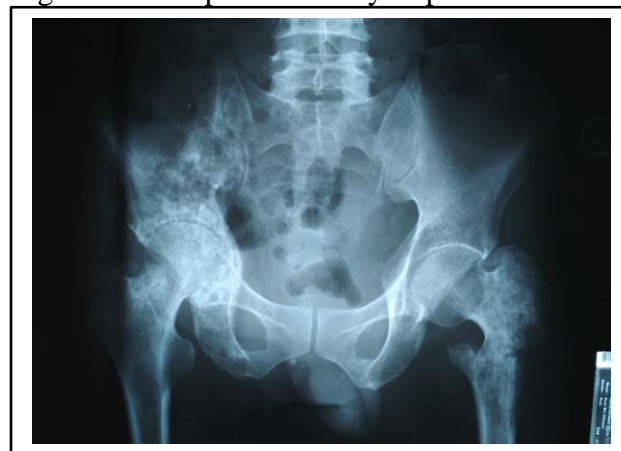
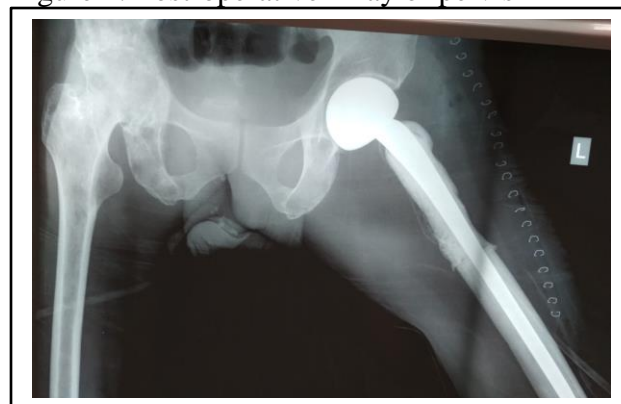


Figure 2: Post-operative x-ray of pelvis



REFERENCES:

1. J. F Keating et al Injury: The British Journal of Accident Surgery (1990) 21, 231-233.
2. R. Wedin et al The Journal of Bone and Joint Surgery VOL. 87-B, No. 12, DECEMBER 2005