

Chondrosarcomas Surgical Treatment

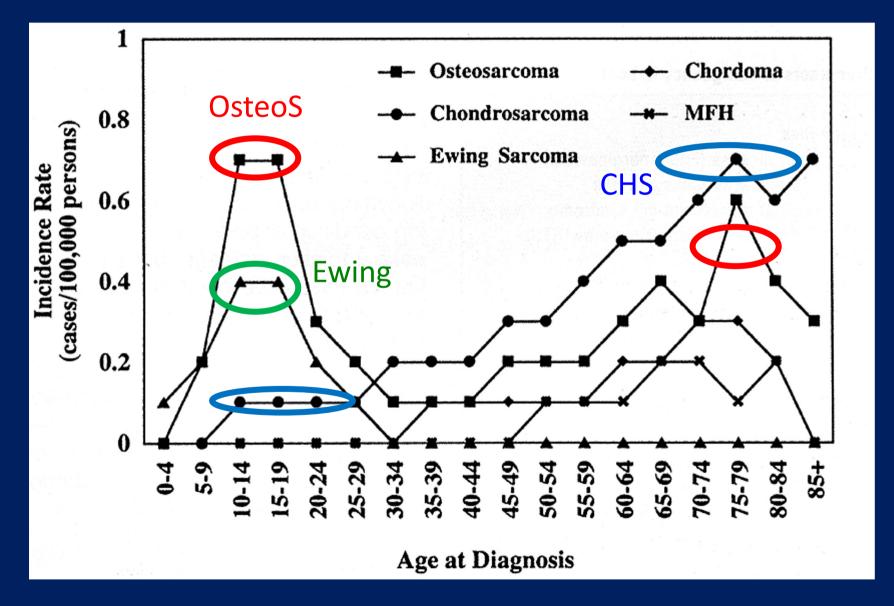
Kontogeorgakos Vasileios MD, Ph.D Associate Prof. of Orthopaedic Surgery

ATTIKON University Hospital, Dept of Orthopaedic Surgery Athens Greece





Epidemiology





Imaging- Radiology

- Calfications Cartilage matrix
- Size
- Scalloping
- Cortex expansion/thinning
- Epiphyseal extension
- Buttresing
- Loss of calcifications
- Periosteal reaction
- Multilobular
- Oedema
- Soft tissue extension
- Small bones excluded

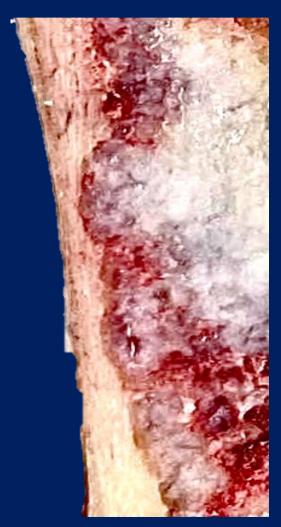






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 Mirra JM. 1989. Miwa M. Cancers 2021



Archive Daglis Ph



Clinical presentation

- Progressive pain
- Night pain 80%
- Mass
- Pathologic fracture (10% ATC – 40% HG CHS)

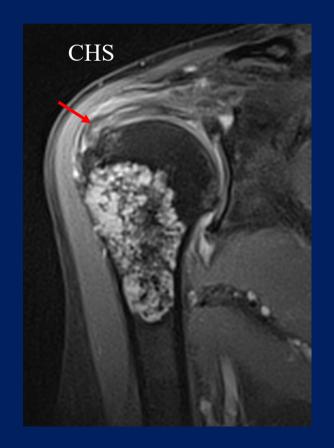




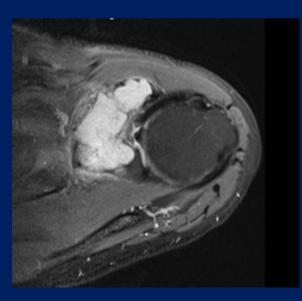
Shoulder - Proximal Humerus

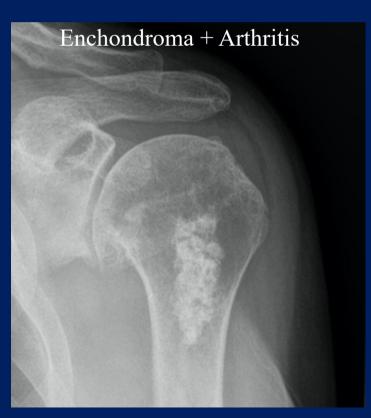
Frequently present as Impigment syndrome / Rotattor cuff disease / Frozen Shoulder

- Night pain Distal Radiation
- Reduced ROM











Acetabulum - Hip

- Inguinal Hip- Trochanderic pain
- Long standing Deep pain
- · Confused with arthritic pain or hernias

Cartilage lesions of the Acetabulum and Great trochander are always suspicious for malignancy





Treatment

- 1. Surgery is the mainstay of treatment
- 2. Chemotherapy Radiation Tx resistant
- 3. Imaging is very important for DECISION MAKING and Surgical planning



Imaging and Biopsy

- Mismatch between CNB and Surgical histology
- 15% underestimation of Grading
- 30% for pelvic lesions
- MRI accuracy for predicting grade:
 - > 92% High grade CHS
 - > 93% ATC

Correlation of Histology and Imaging

Reitman PD CORR 2017
Oliveira I, Skel Rad 2020
Saifuddin A, Skel Rad 2021
Deckers C et al JSO 2021



Imaging - Biopsy -Treatment

Cartilaginous tumours identified as low-grade on pre-op imaging can safely be managed as low-grade without pre-op histological diagnosis

- 4% Higher grade CHS
- 5% LR at 5 years



Surgical Treatment

Intralesional – Extended curettage:

- G1 CHS (NO soft tissue extension)
- Non –agrressive G2 CHS (NO soft tissue extension)

Wide resection for grades G2-G3



Intralesional Surgery and Adjuvant treatments

- Extended curettage and PMMA
- Curettage and Cryo-surgery
- Curettage and Phenolization
- Curettage and RF ablation



Intralesional Surgery and Adjuvant treatments

- Extended curettage and PMMA: 2,5% Fractures
- Curettage and Cryo-surgery: 5% Fractures
- Curettage and Phenolization: 10% Fractures
- Curettage and RF ablation: 30% Residual tumor





CHS and Pathologic Fracture

- Fracture on a cartilage lesion means CHS
- Limb sparing usually feasible
- Higher Local Recurrence rate (30%)
- Reduced survival in ATC/G1 CHS



CHS G1- Epiphyseal location – Curettage & PMMA







45 y M. CHS G2 Fibula Head









Archive Agrogiannis G.



35 y M. Progressive Night Pain 6m



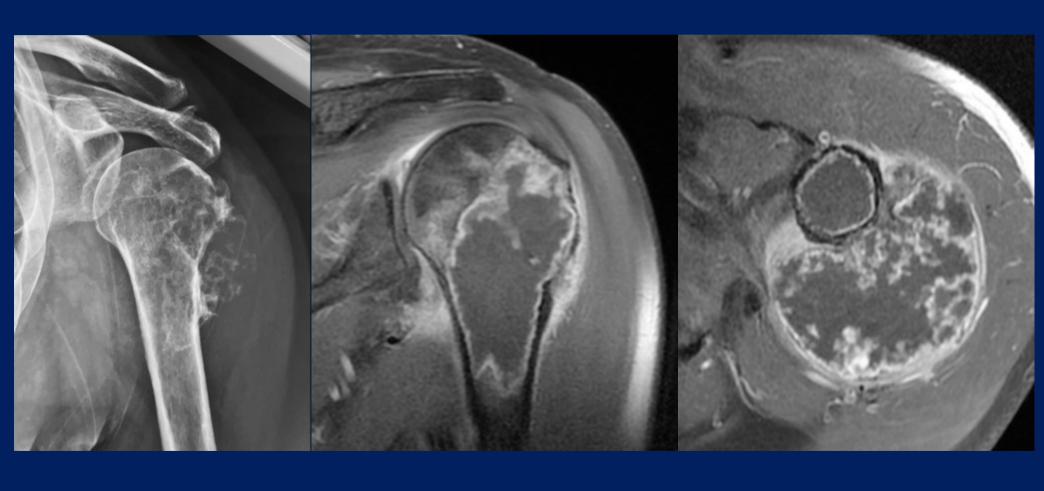






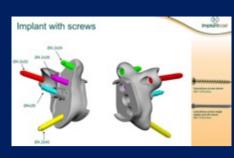


CHS G3. Soft tissue extension. Myxoid component

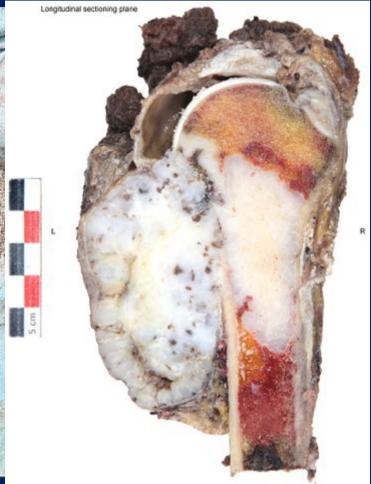




Extra-Articular Resection 3D Custom Made Shoulder Arthroplasty





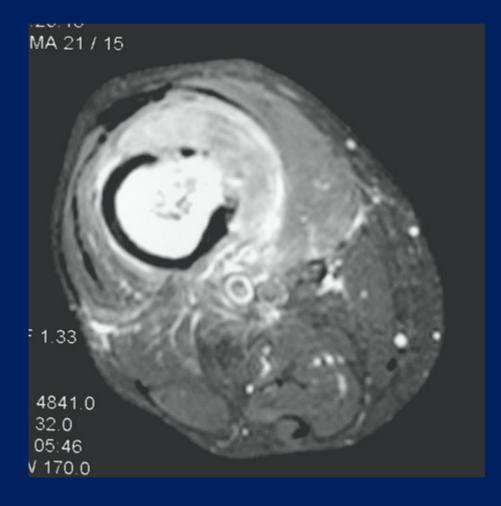






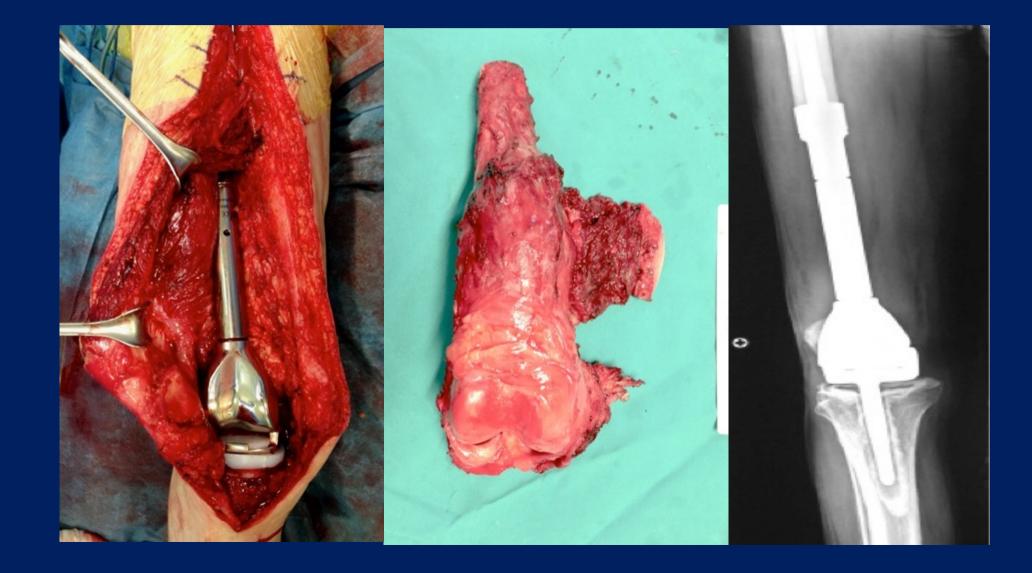


DD CHS 75y M Soft tissue extension





Wide Resection. Prosthetic Reconstruction





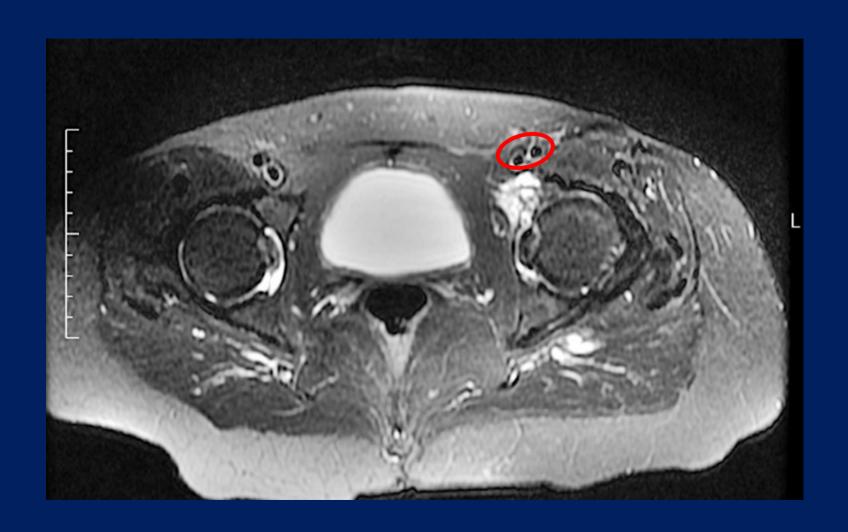
47 y M. CHS G2 Rib







65y-F, Inguinal pain. MRI: Infiltrartion of round lig. CNB: CHS G1







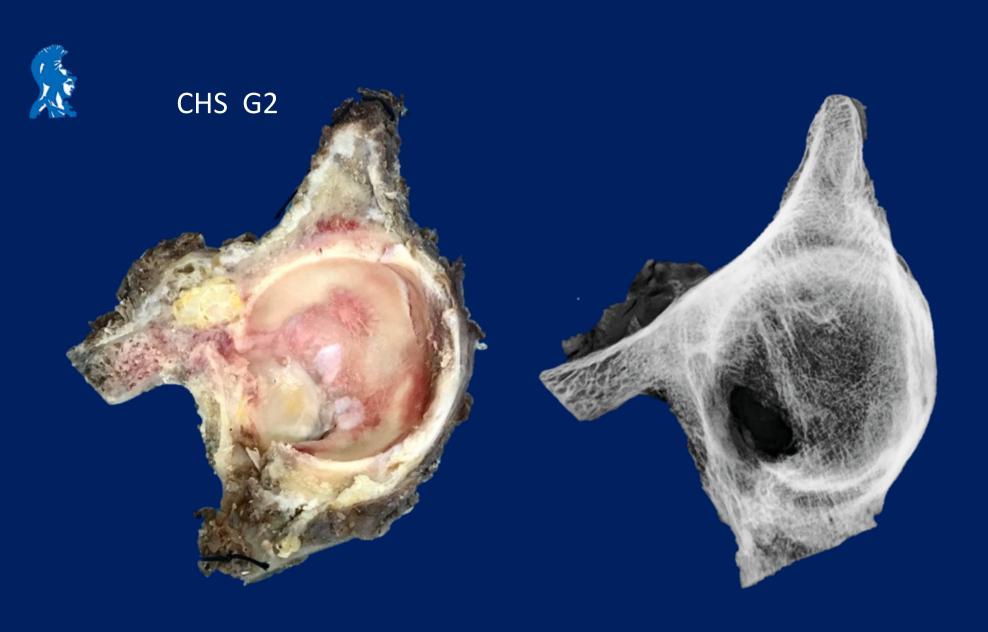
LUMiC Acetabular Prosthesis











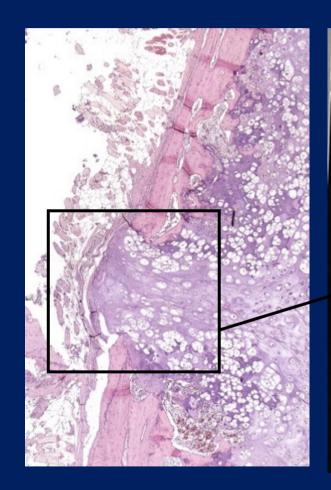


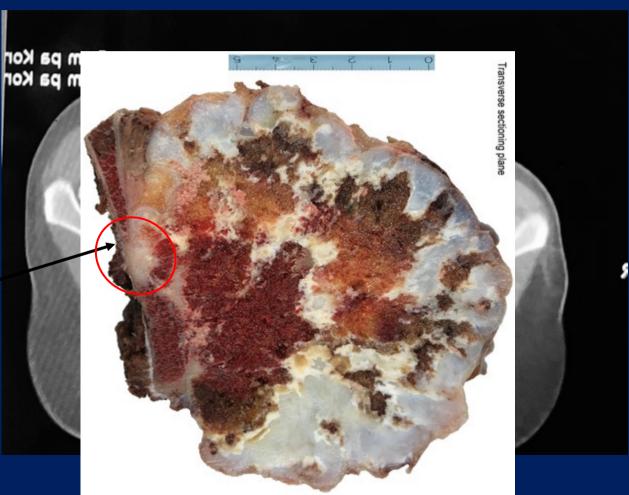
Secondary CHS



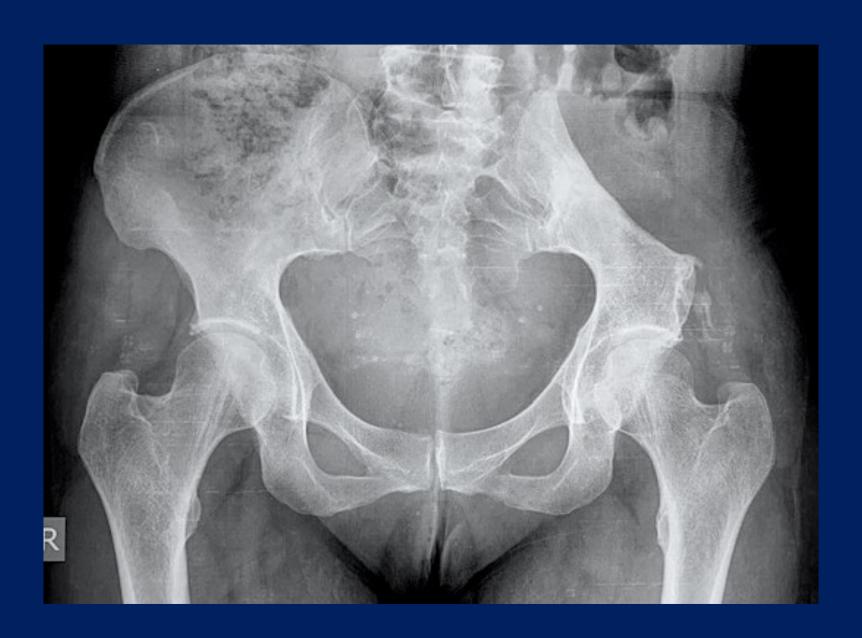


Secondary CHS











Conclusion

- Limb saving about 90%
- Detailed evaluation of Imaging . X-ray and MRI
- Histology correlation to Imaging
- Important for Surgical Strategy

Thank You Ευχαριστώ



Finger CHS





