

diaphyseal femur; allograft-fibula

♂ 54 yo

1st referral: Feb 6th, 2013

HPI:

- Pain in left thigh for 1 year. Initially very low, on charge.
- no night pain, no increased sweating.
- no analgesics

PMH:

- Arterial hypertension

diaphyseal femur; allograft-fibula

♂ 54 yo

1st referral: Feb 6th, 2013

clinical findings:

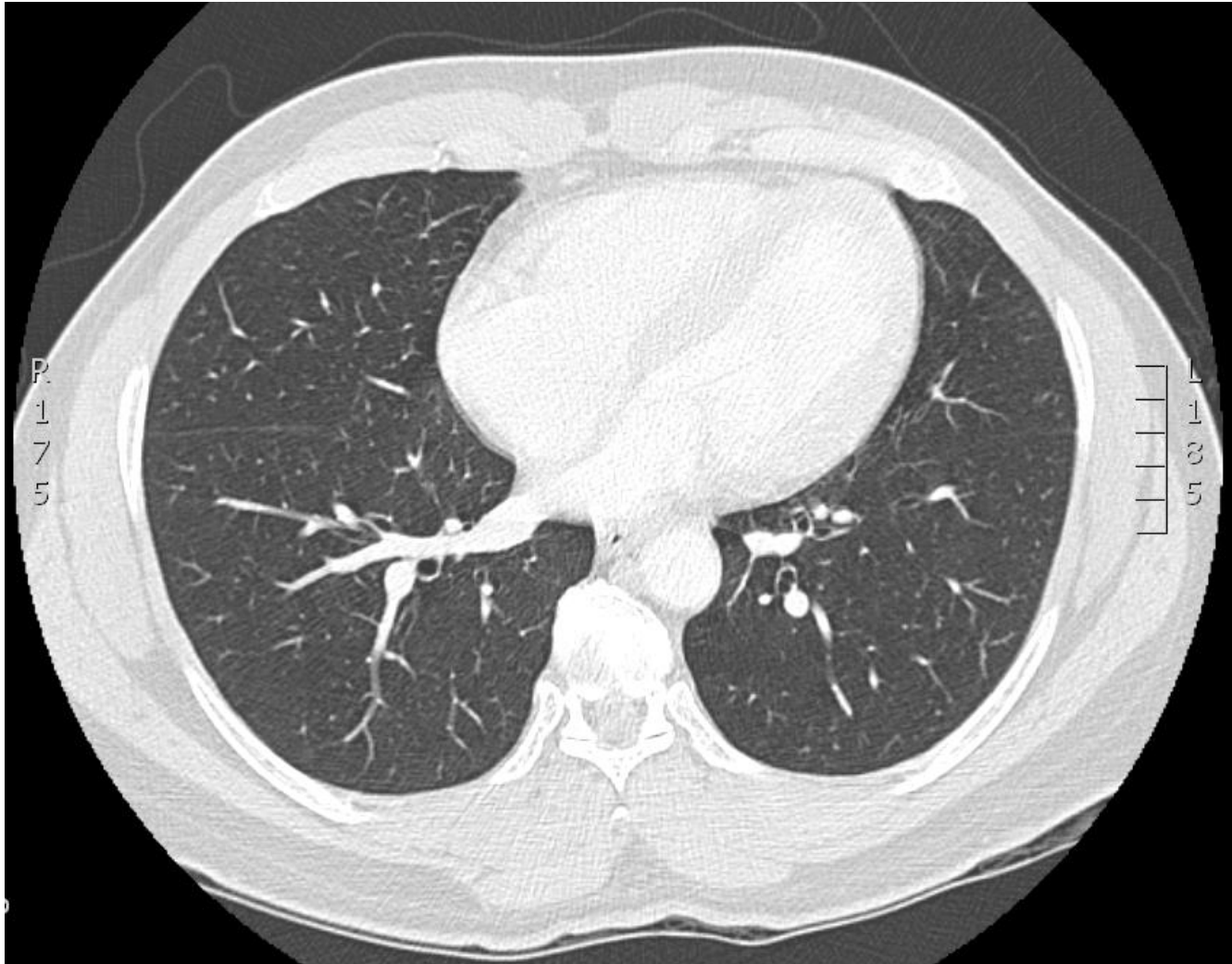
- normal gait
- exam of hip and knee normal
- neurovascular exam normal

diaphyseal femur; allograft-fibula CT left thigh: Jan 14th, 2013



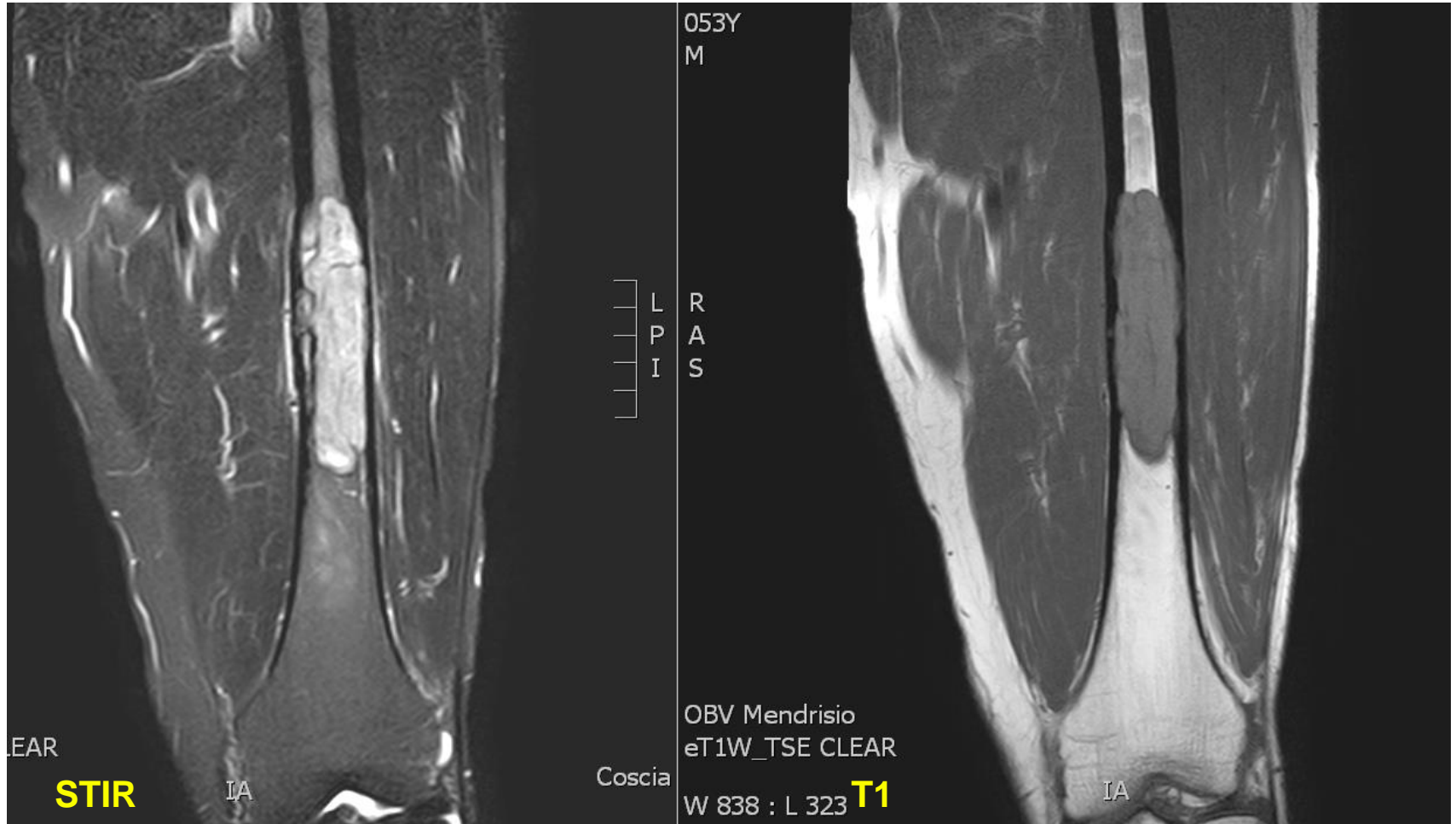
Cor + contrast

diaphyseal femur; allograft-fibula Chest-CT: Jan 14th, 2013



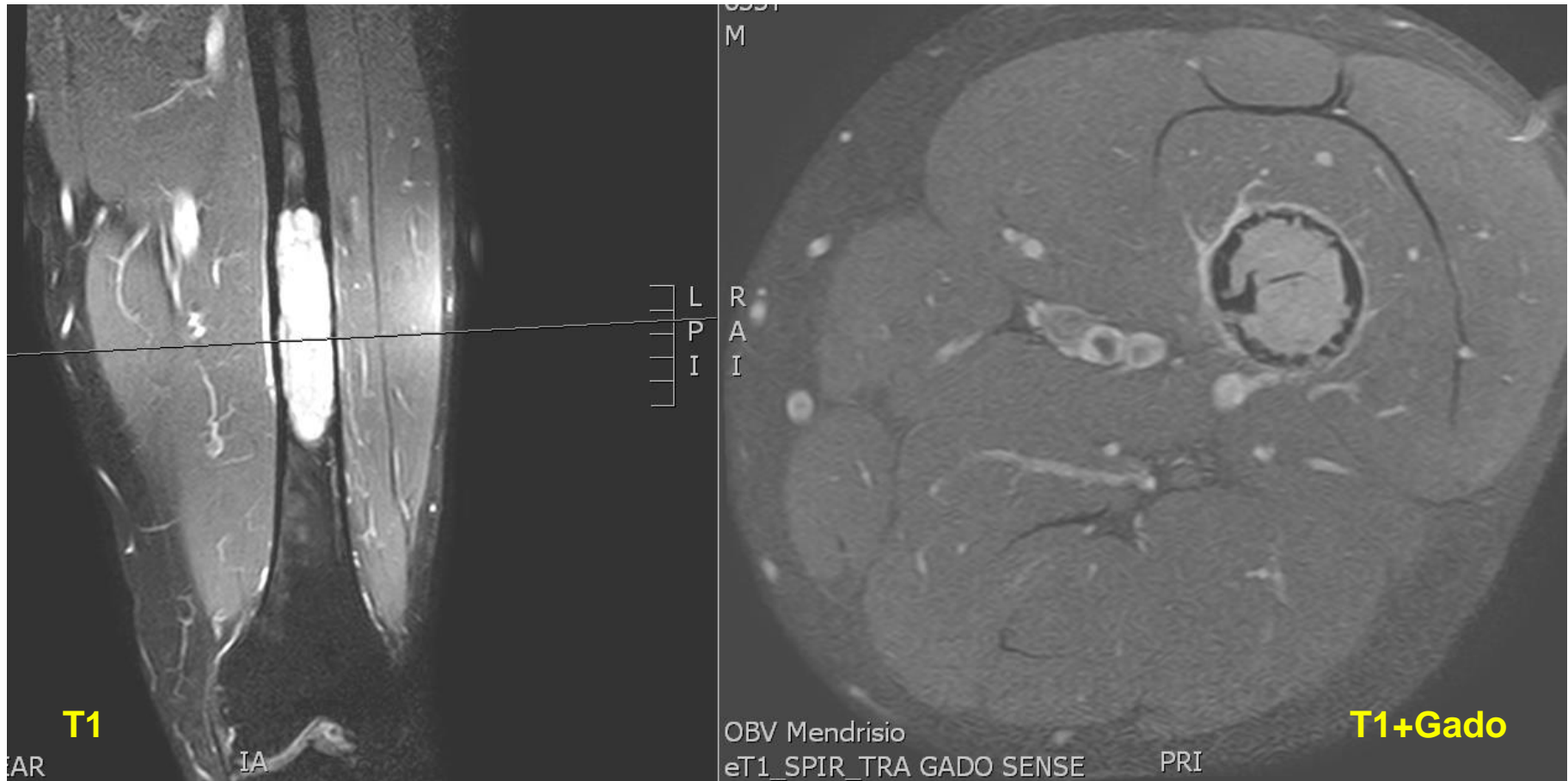
No pulmonary nodules

diaphyseal femur; allograft-fibula MRI: Jan 16th, 2013



diaphyseal femur; allograft-fibula

MRI: Jan 16th, 2013

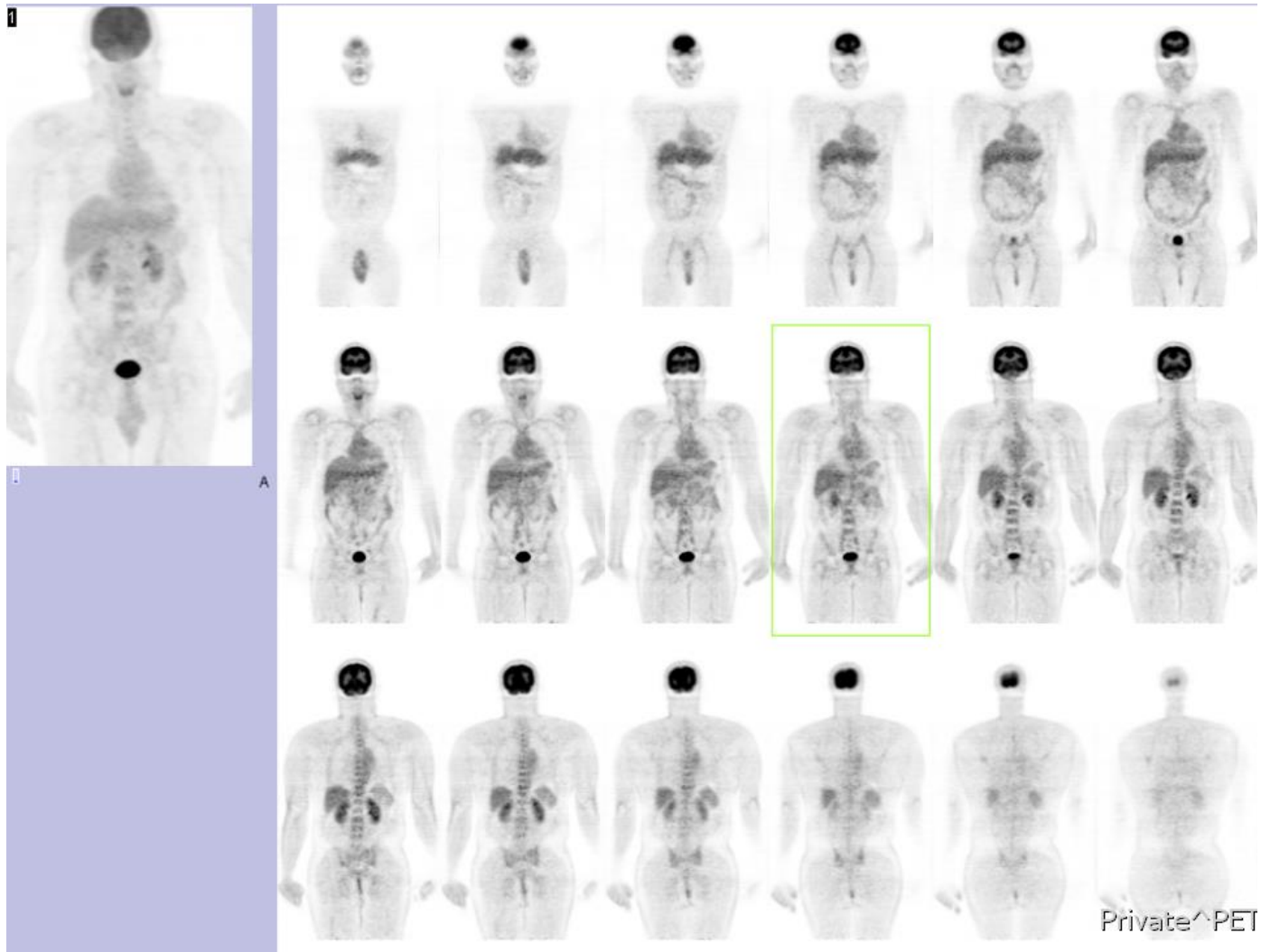


diaphyseal femur; allograft-fibula

PET: Jan 25th, 2013

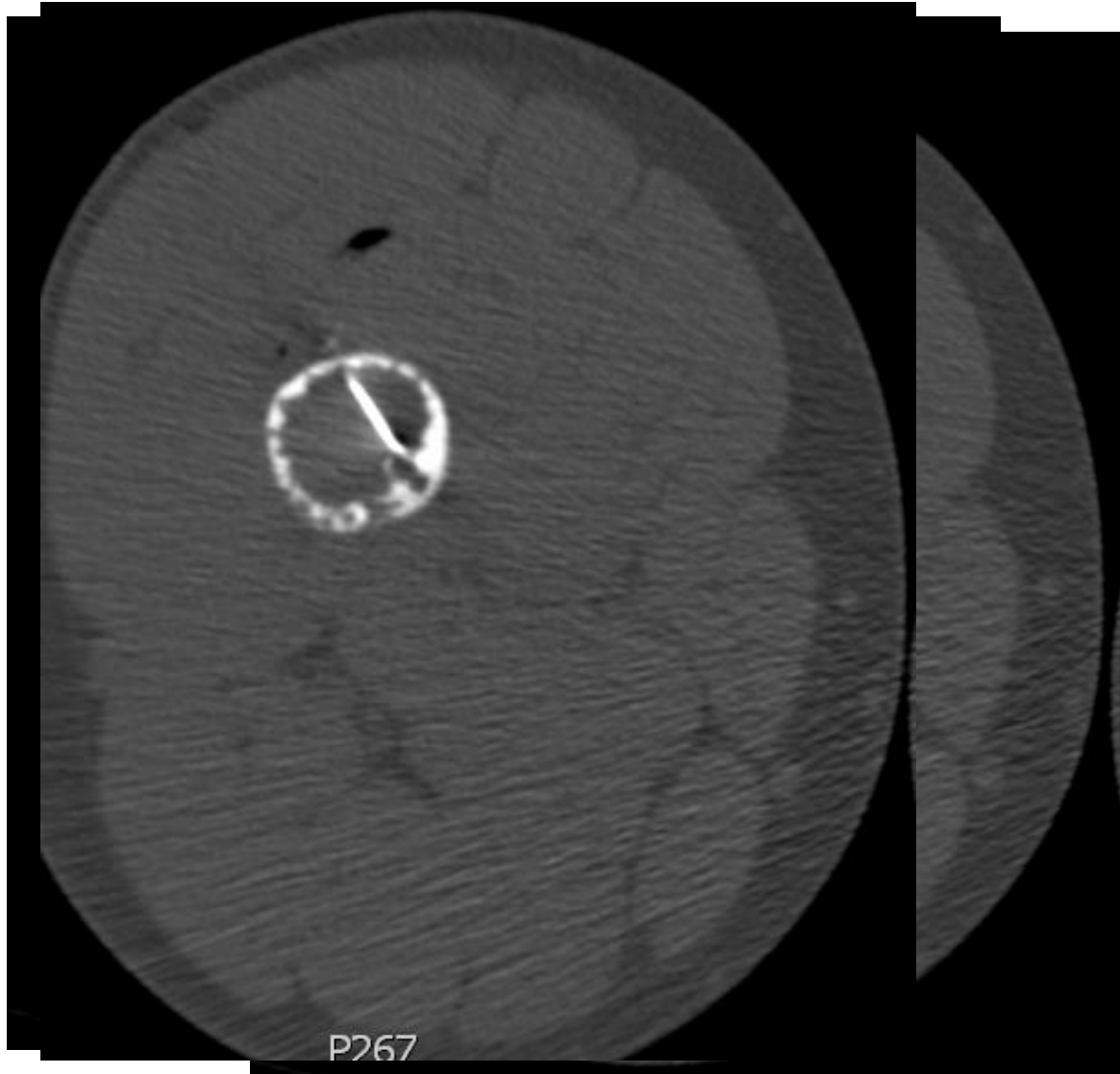


diaphyseal femur; allograft-fibula PET: Jan 25th, 2013



no other lesions

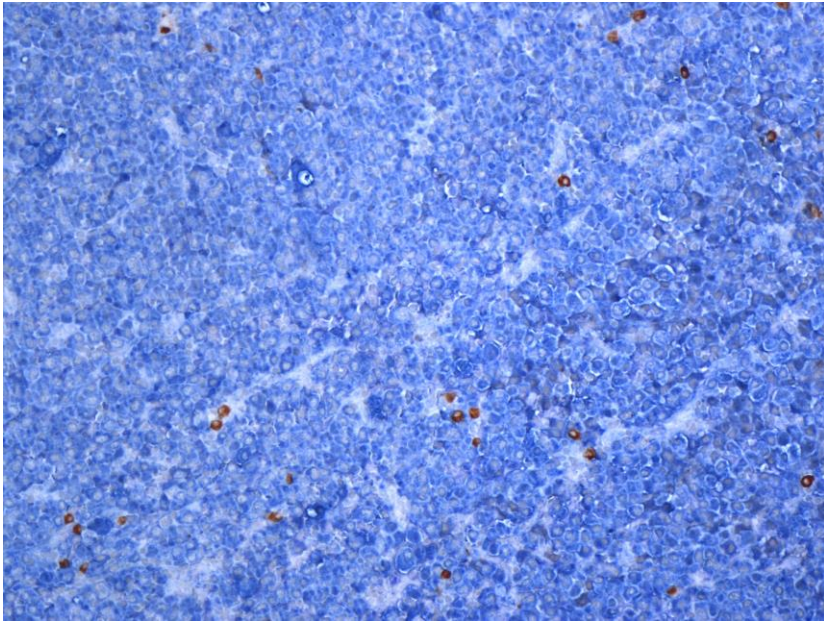
diaphyseal femur; allograft-fibula Biopsy: Feb 6th, 2013



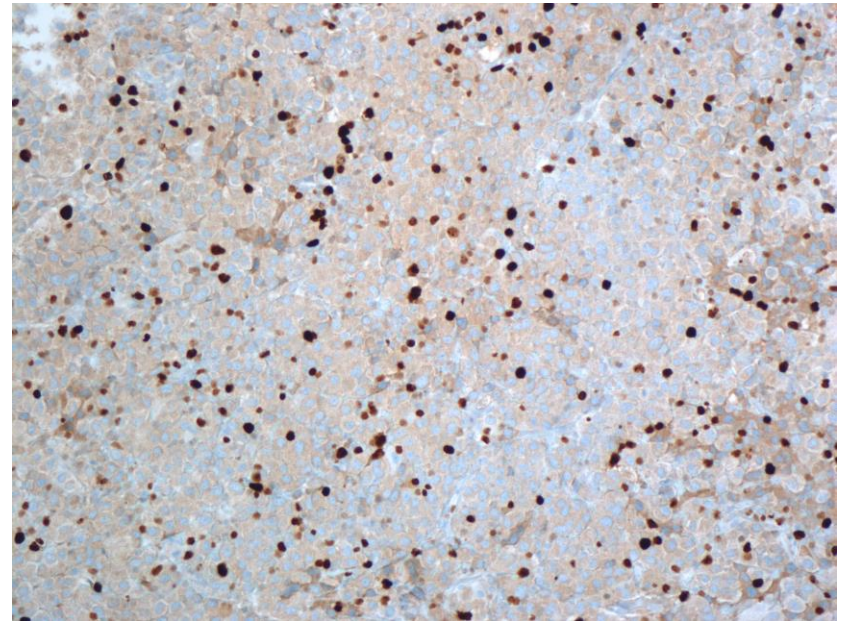
diaphyseal femur; allograft-fibula

Result Biopsy: Feb 6th, 2013

Kappa/lambda



Proliferationsfraktion (mib1)



diaphyseal femur; allograft-fibula Sarcoma- Board: February 14, 2013

Therapeutic decisions:

The board has agreed to recommend, because of the diagnosis, a bone marrow biopsy.

If there is just one lesion to see in PET-CT, the resection of the lesion would be initiated and then start with the chemotherapy.

diaphyseal femur; allograft-fibula Result Biopsy: Feb 6th, 2013

Diagnose

Anteile eines Plasmazellmyeloms/multiplen Myeloms (Femurschaft links) mit Lambda Leichtkettenrestriktion.

Codierung

8 2013.6479: P11400 (Biopsie); T10020; M97303

Klinische Angaben

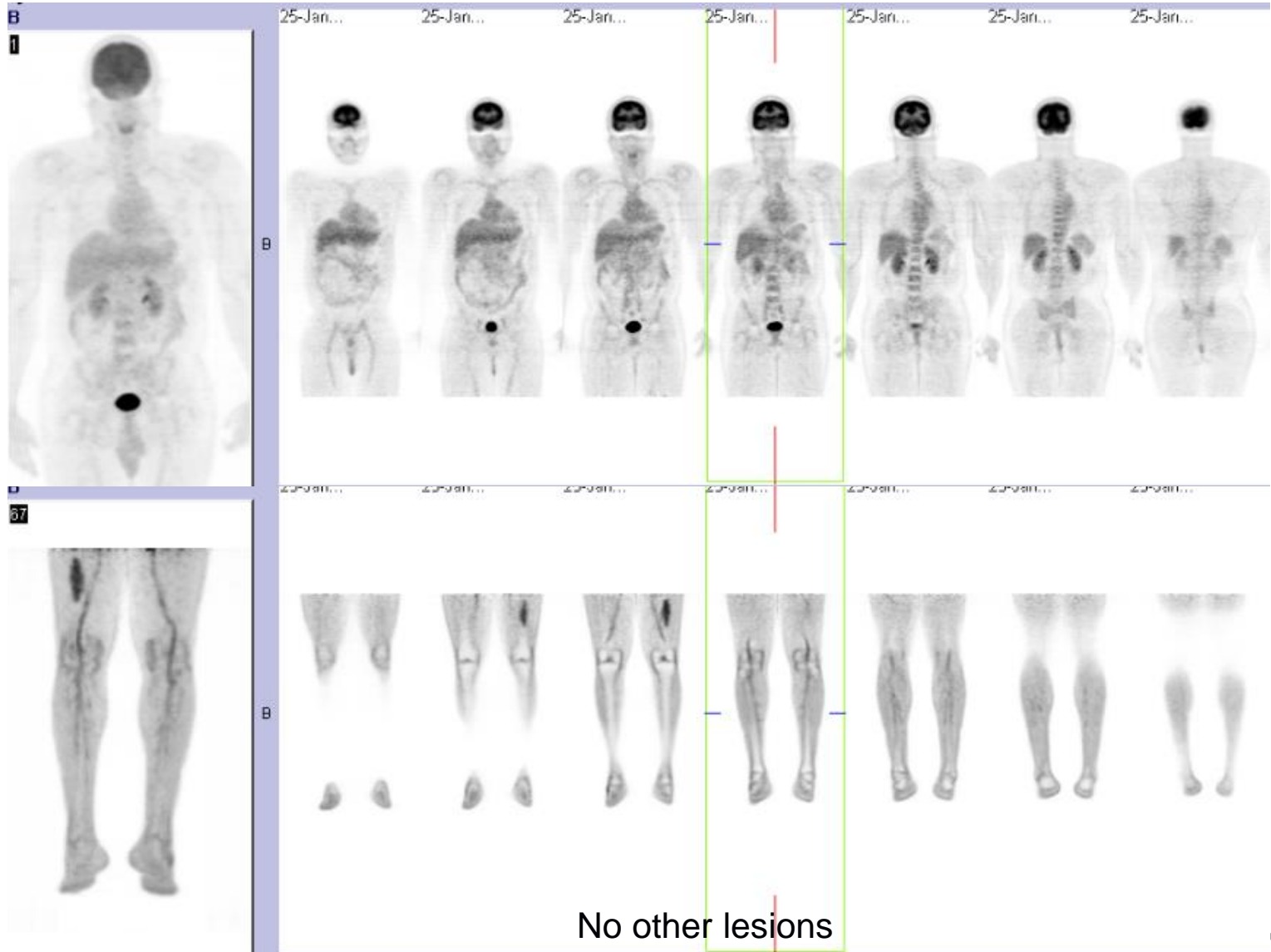
Verdacht auf Plasmozytom. Verdacht auf Knochenmetastase. DD Sarkom.

Angaben zur Probe

Femur links, Femurschaft links

diaphyseal femur; allograft-fibula

Follow-up PET-CT: Mar 28, 2013



**diaphyseal femur; allograft-fibula
Neoadj RT: Apr 4 – May 17 2013**

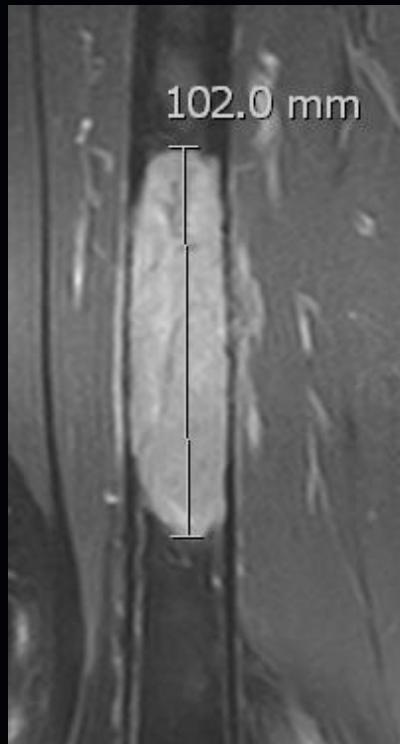
**Neoadjuvant RT: 50.4Gy
From April 4 to May 17 2013**

diaphyseal femur; allograft-fibula

MR thigh left: Jan – Jun 2013

Jan 16, 2013

lat



SPAIR

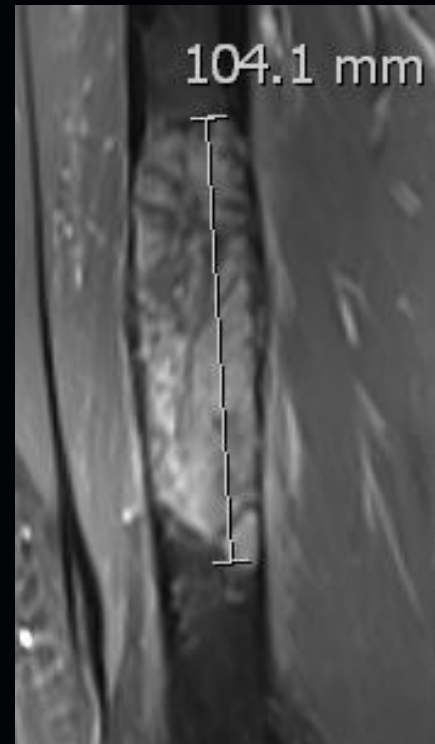
ap



STIR

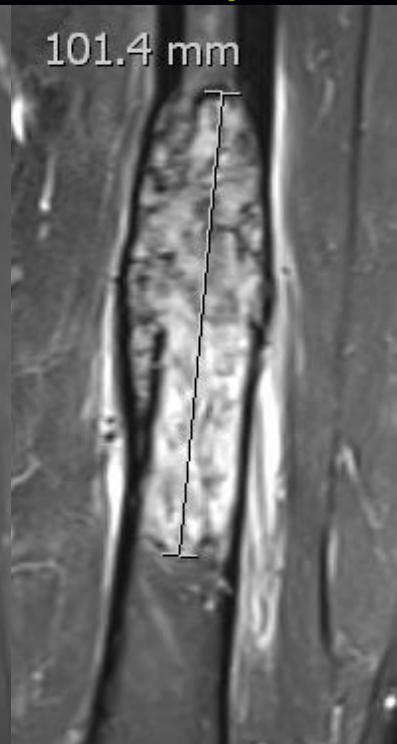
Jun 13, 2013

lat



T1 fs

ap



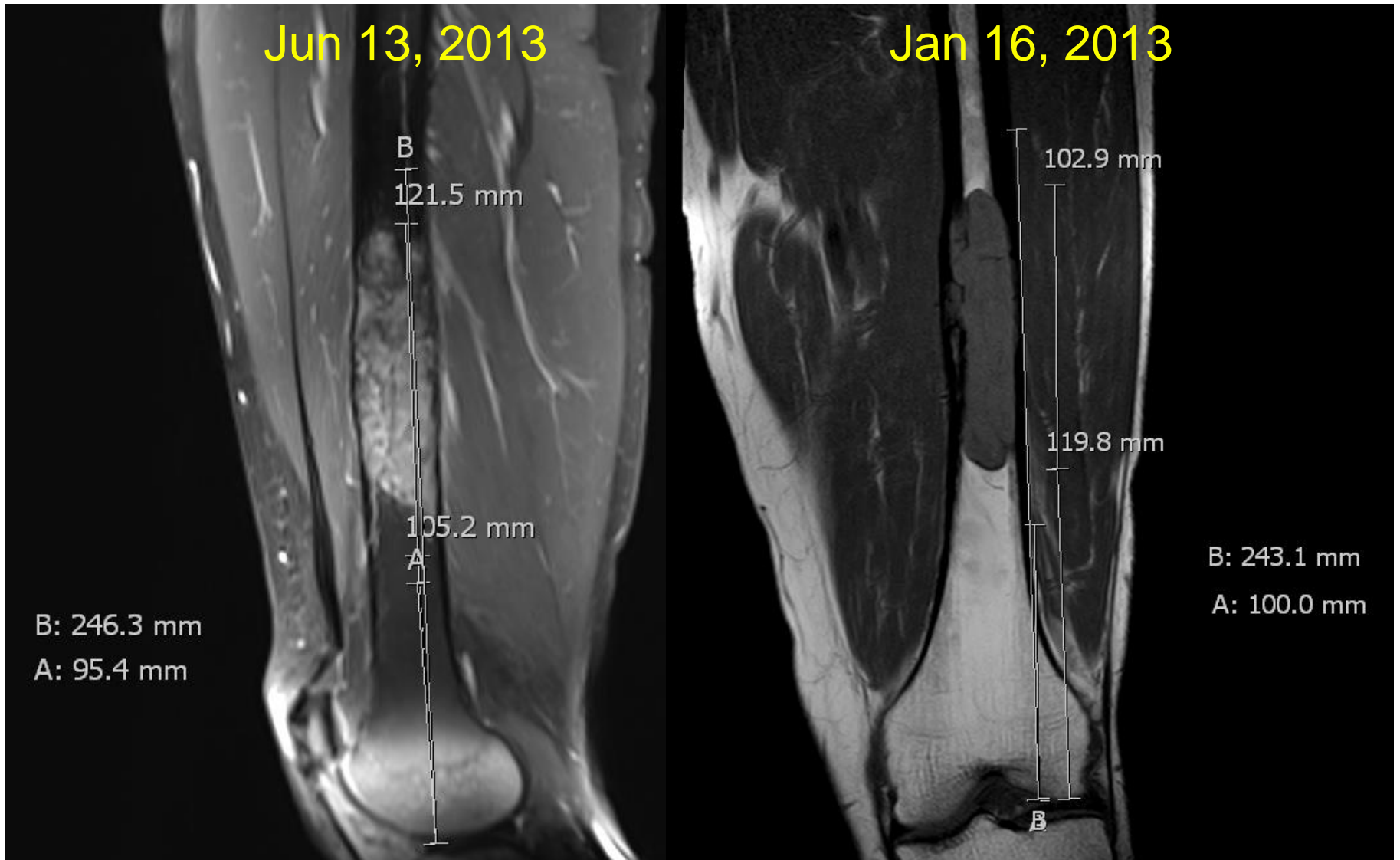
T1 TIRM

diaphyseal femur; allograft-fibula

Rx thigh left: Jun 13, 2013

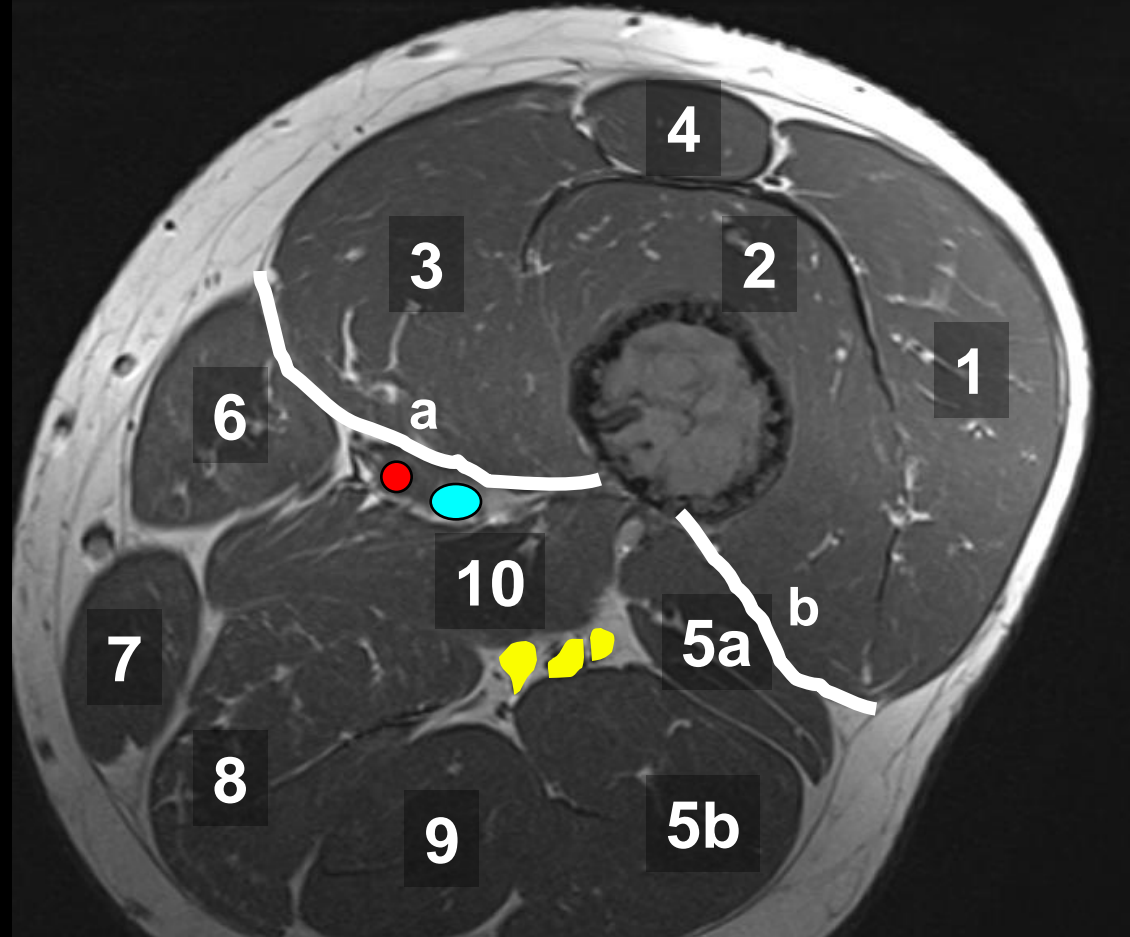


diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013



diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

- 1) Vastus lateralis
- 2) Vastus intermedius
- 3) Vastus medialis
- 4) Rectus femoris
- 5) Biceps femoris
 - a) Caput longum
 - b) Caput brevis
- 6) Sartorius
- 7) Gracilis
- 8) Semitendinosus
- 9) Semimenbranosus
- 10) Adductor longus/
magnus

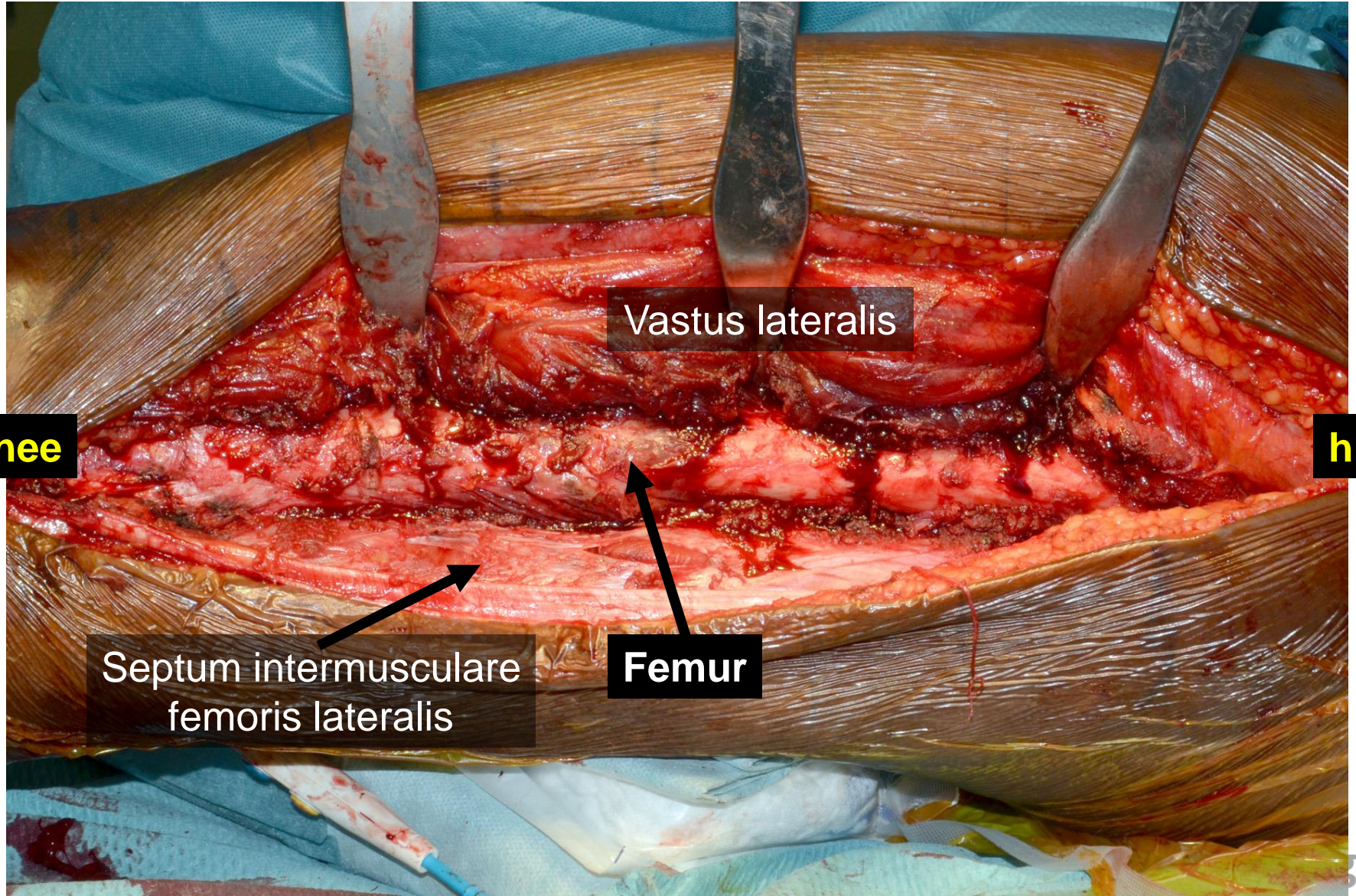


- a) Septum interm. Femoris med
- b) Septum interm. Femoris lat

diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

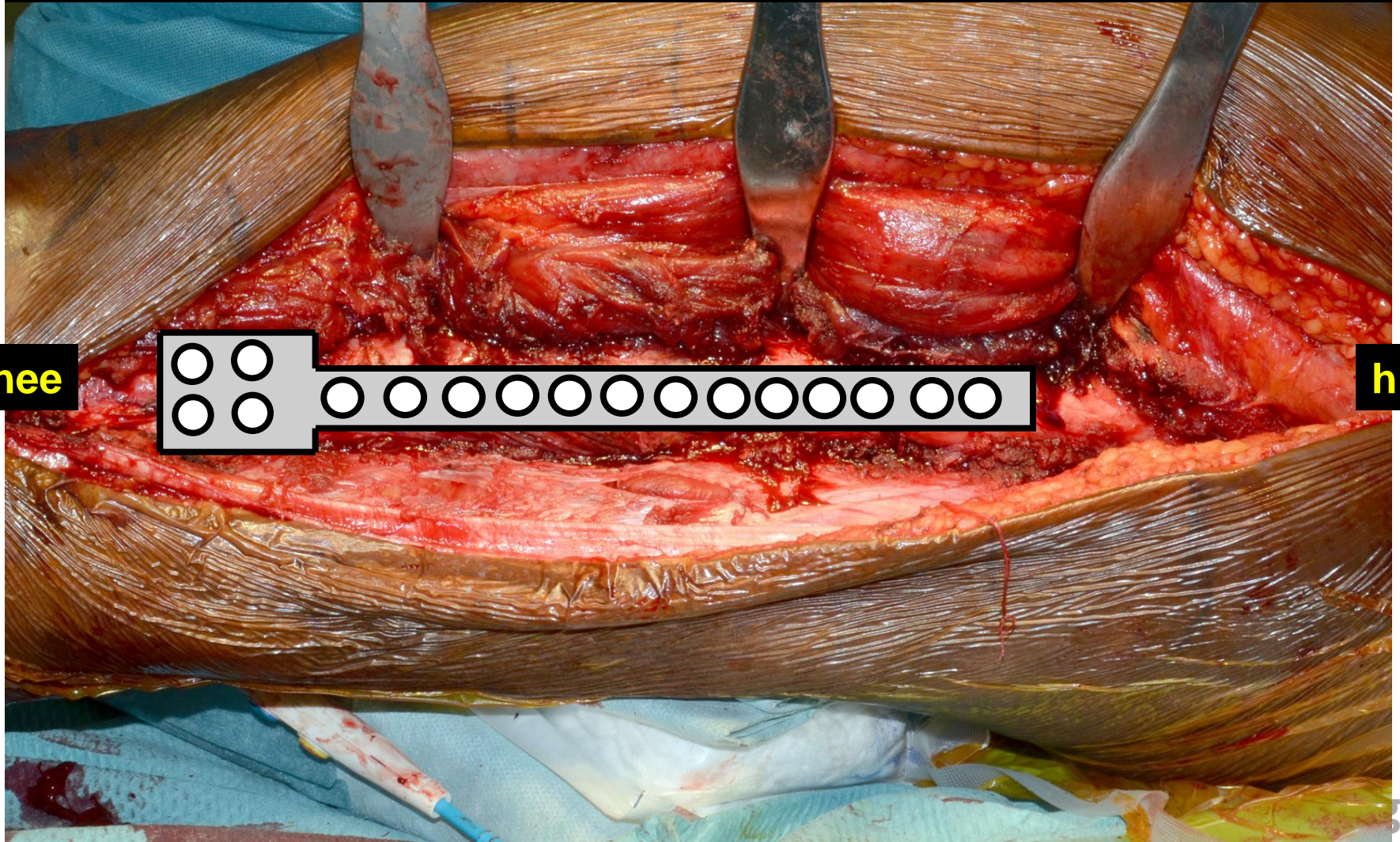


diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013



diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

NCB-locking plate

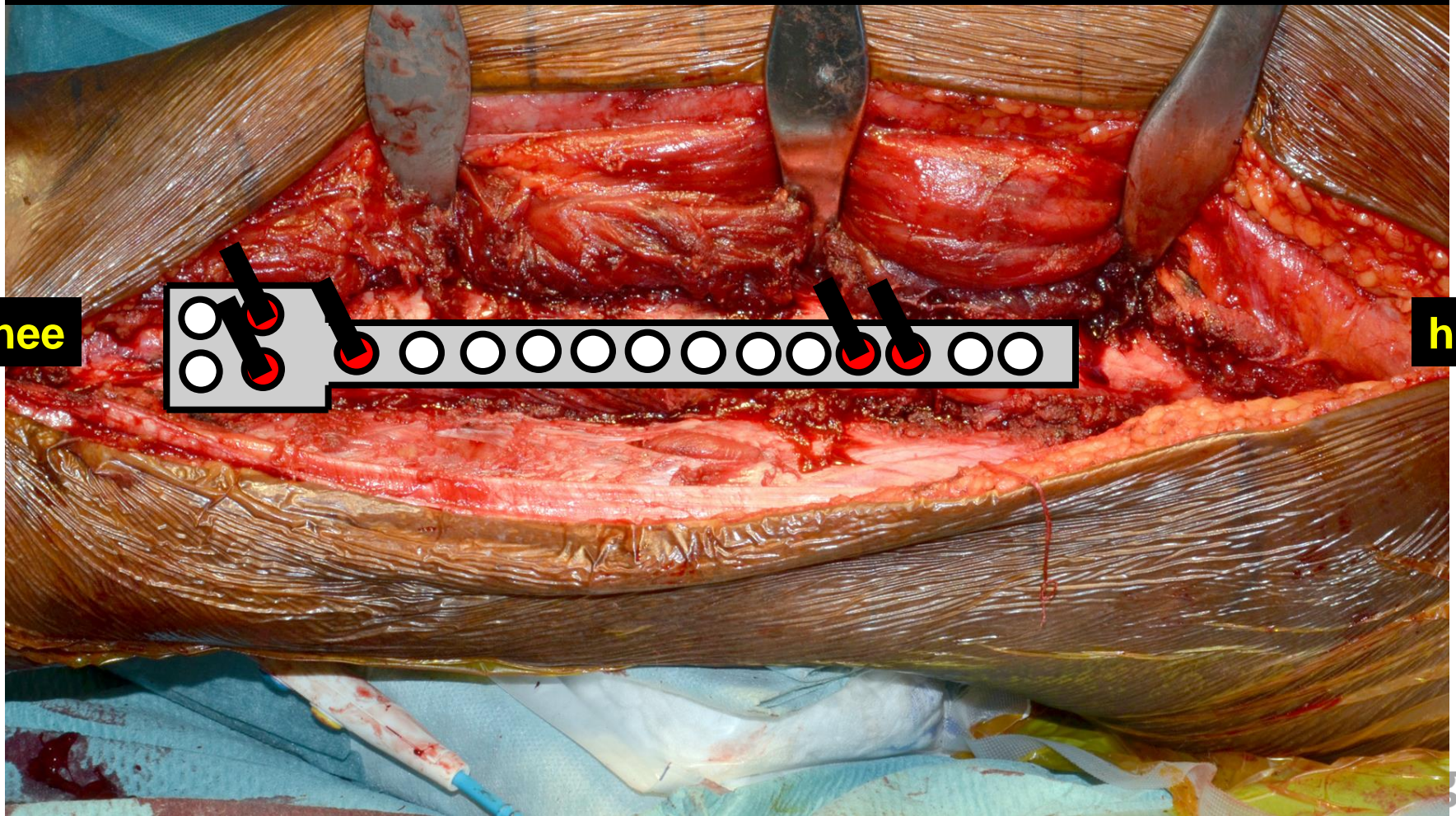


knee

hip

diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

Drill wholes proximal and distal to
determinate lenght and rotation

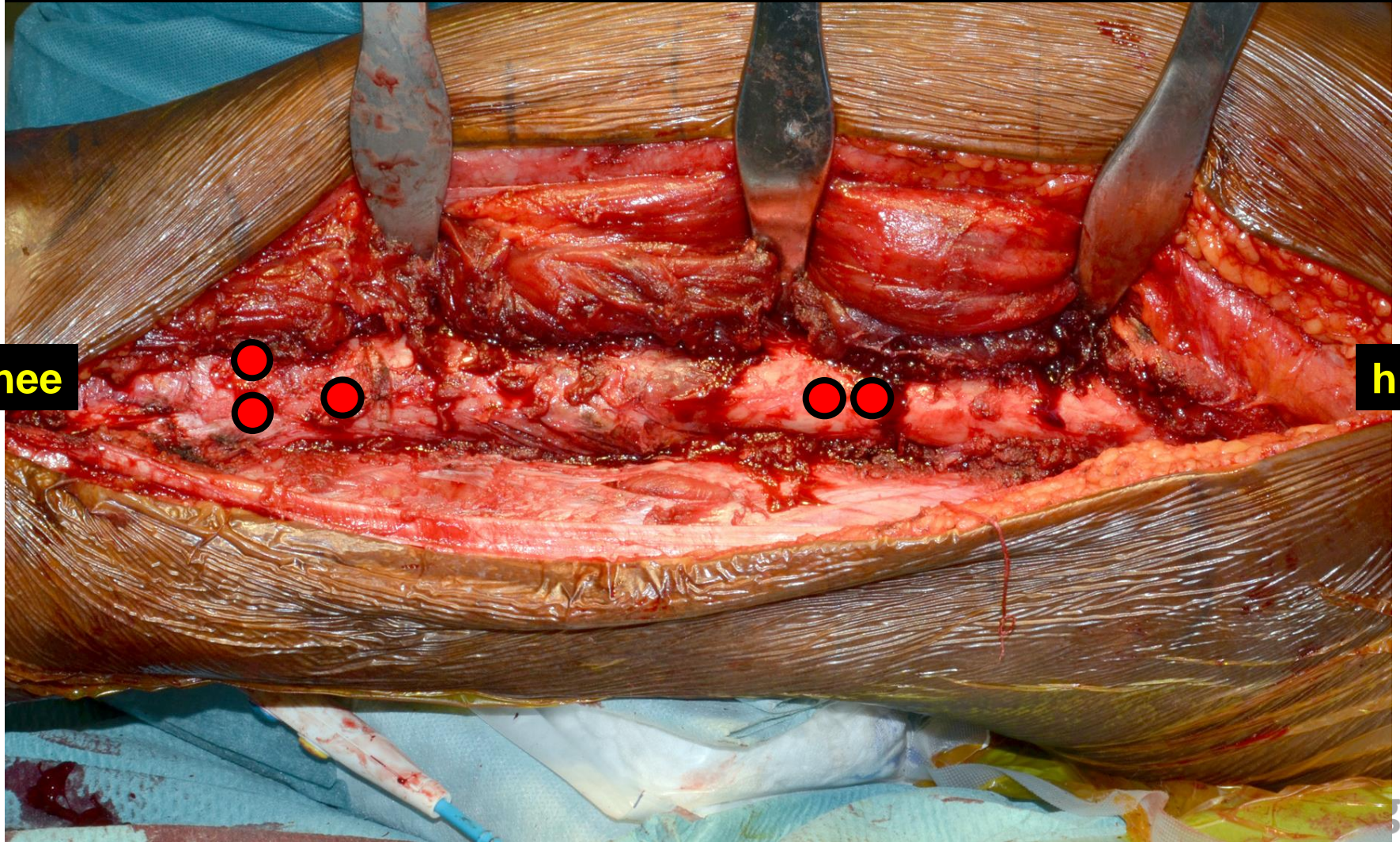


knee

hip

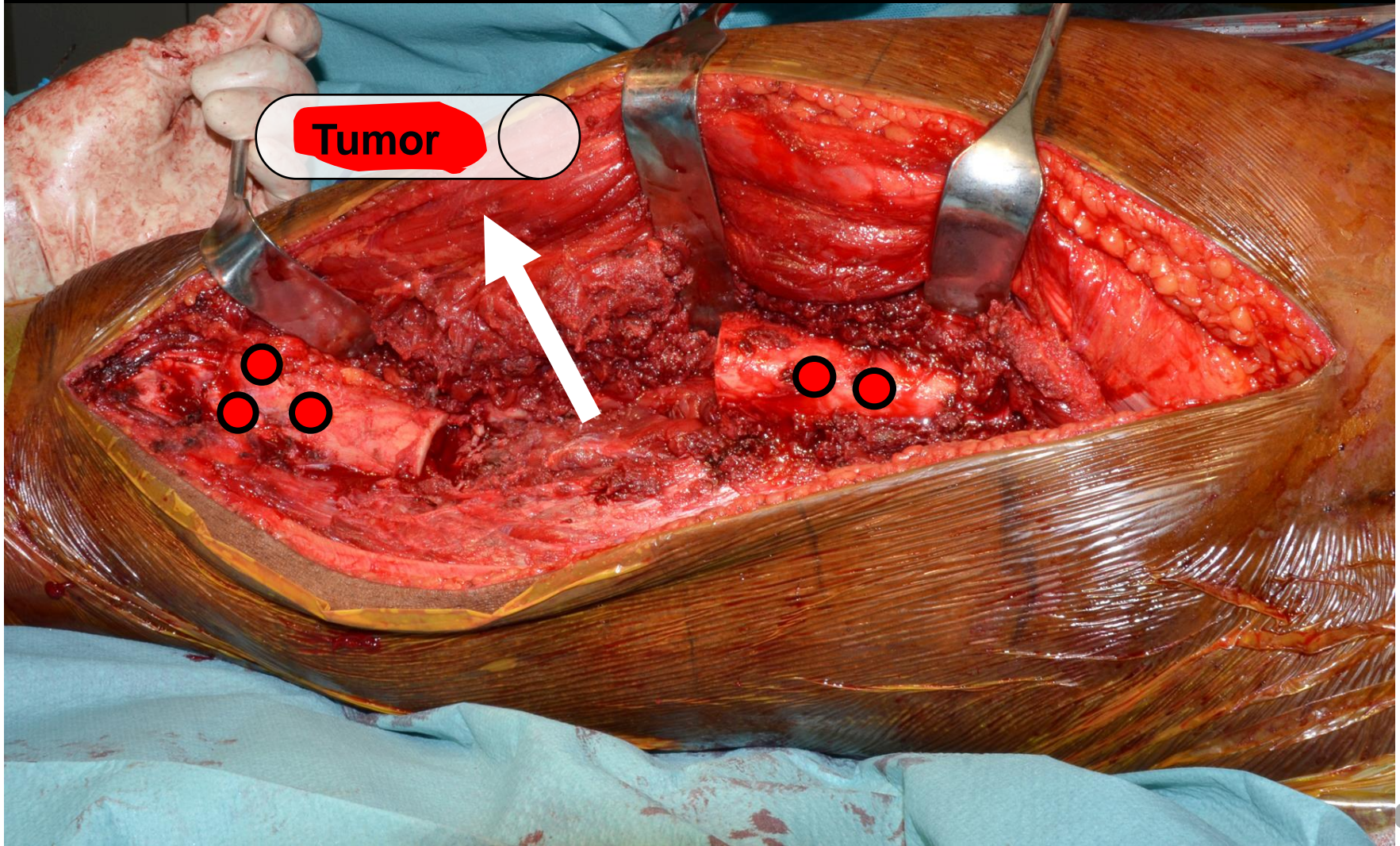
diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

Remove the plate



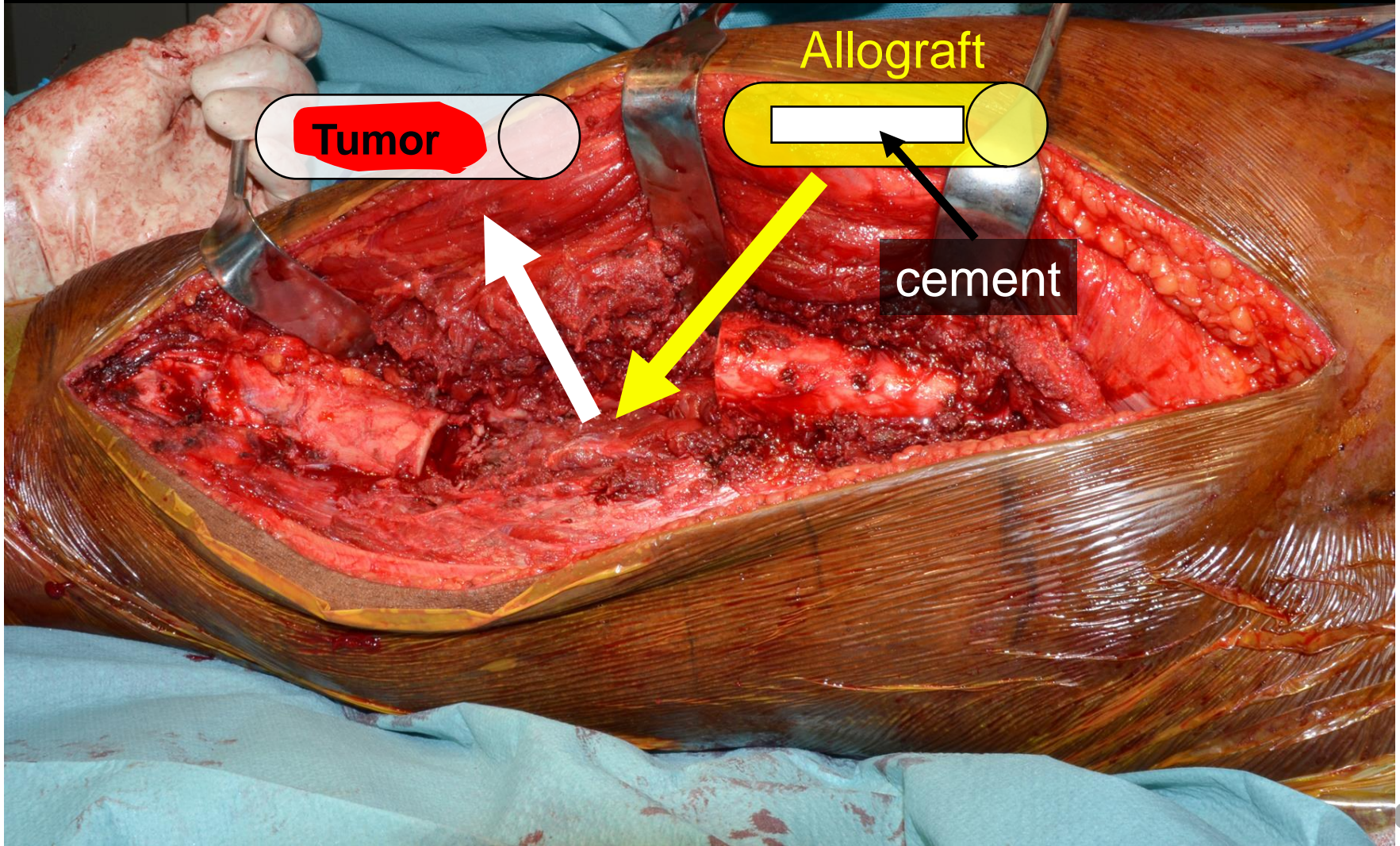
diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

Remove the tumor



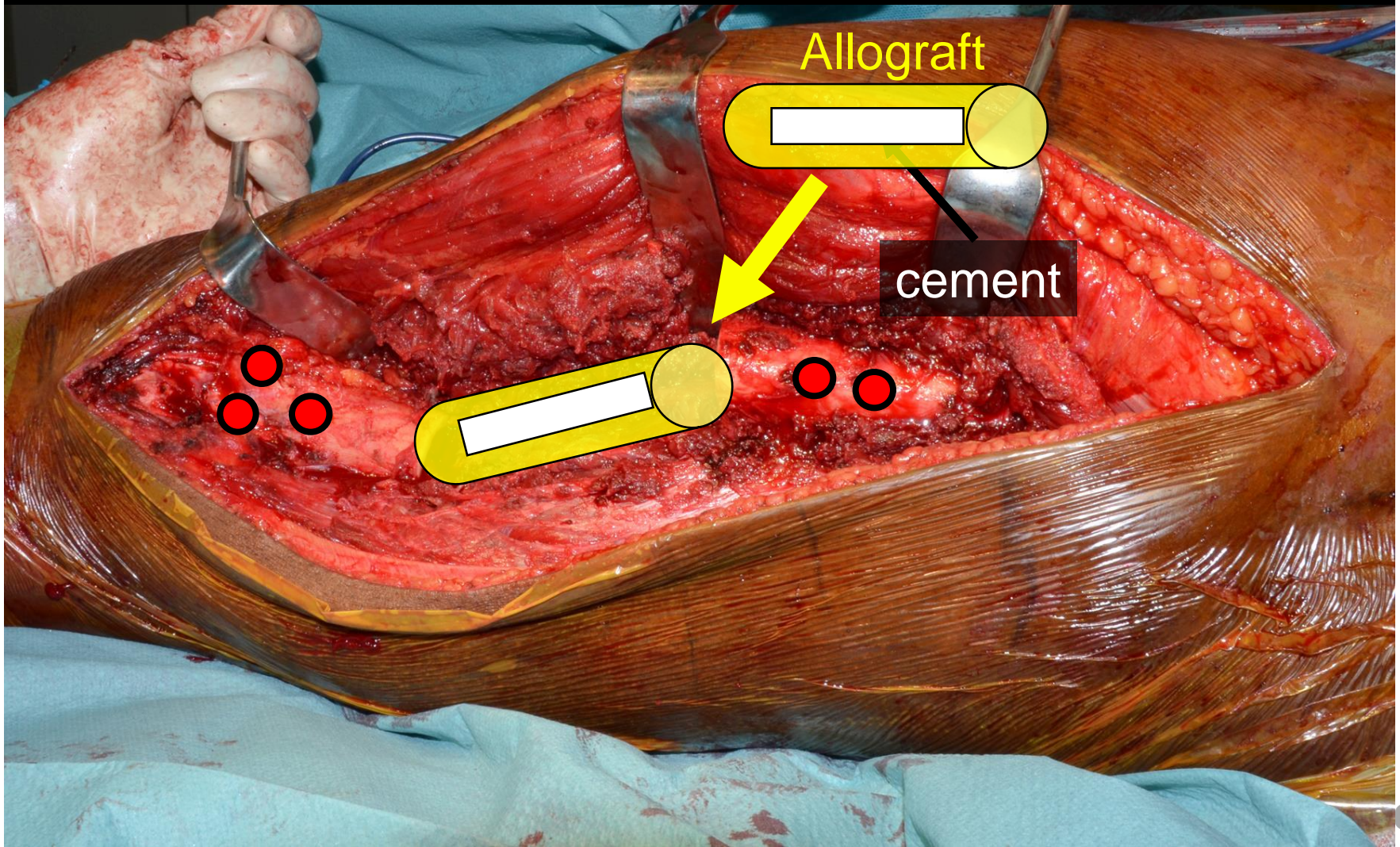
diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

Allograft with cement



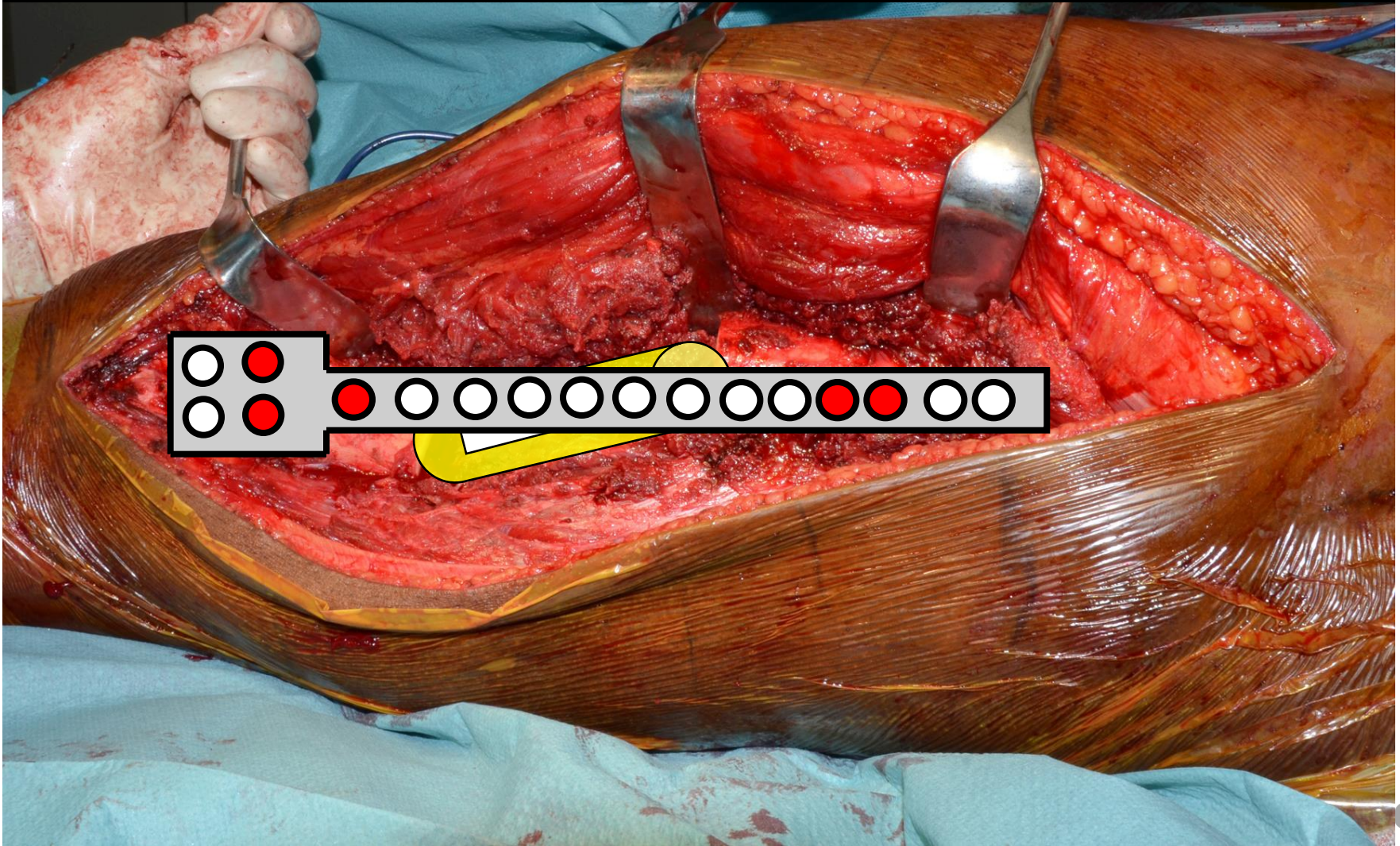
diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

Allograft with cement



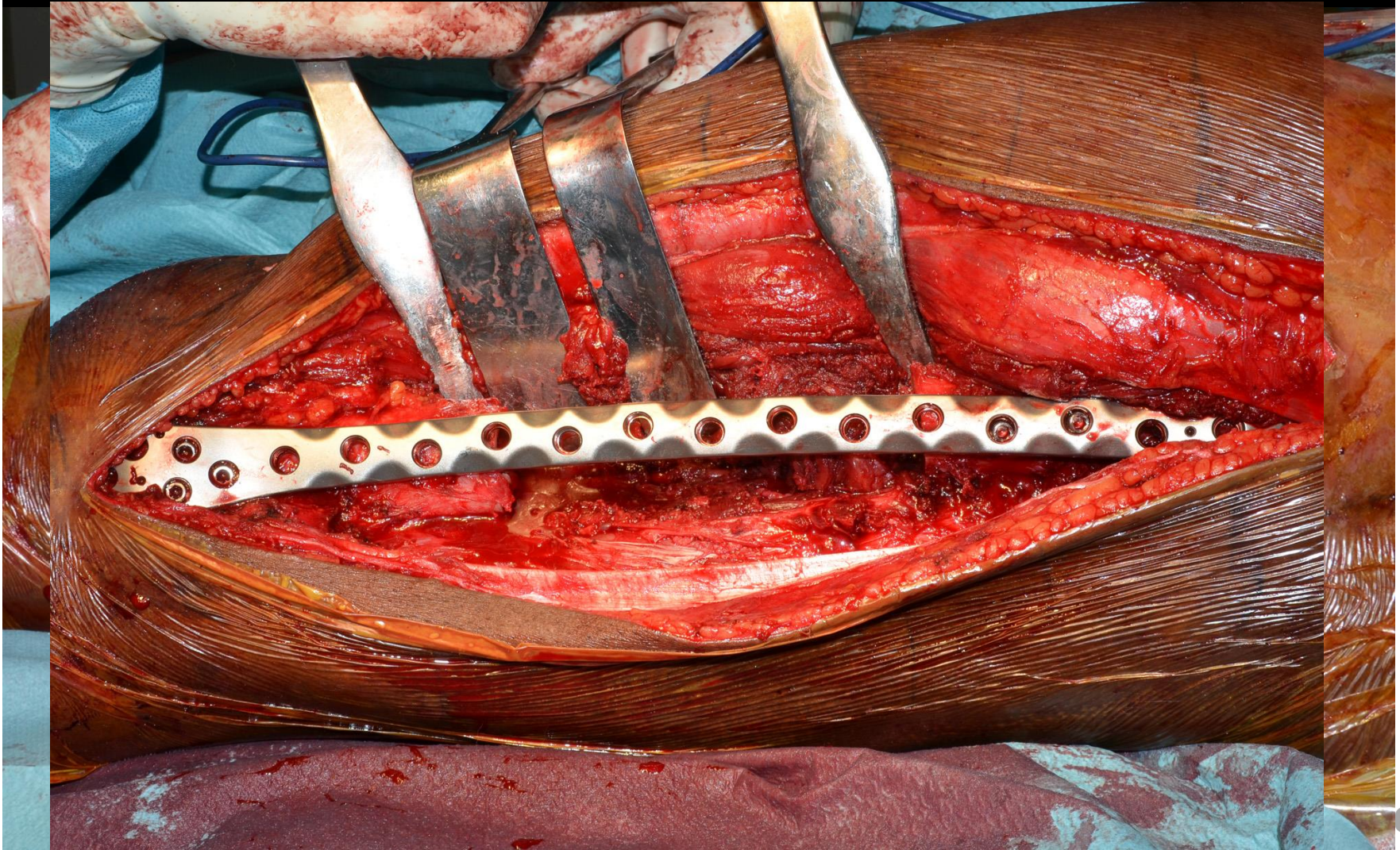
diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

Fixation the NCB-locking plate



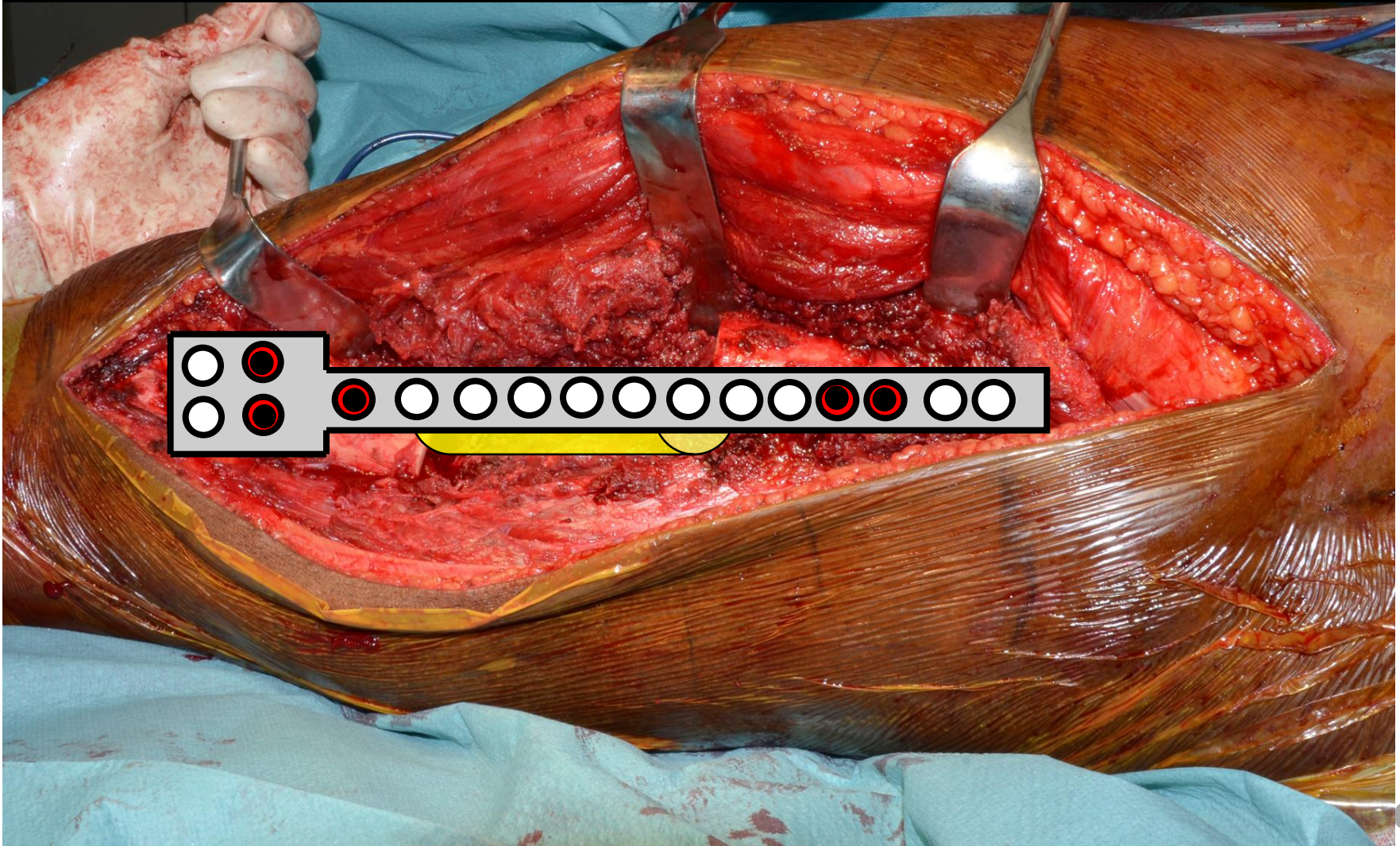
diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

Fixation the NCB-locking plate



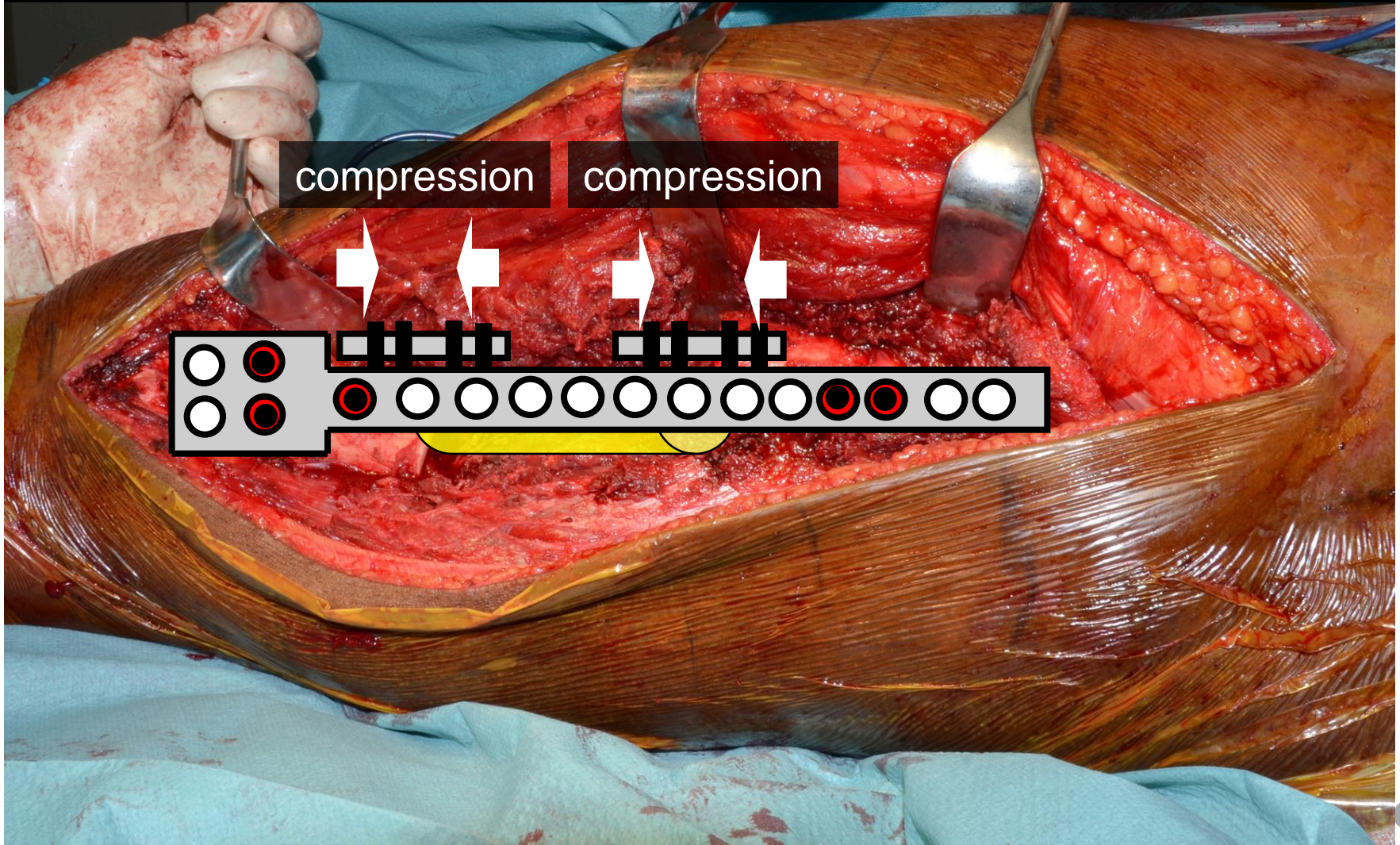
diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

Fixation the NCB-locking plate

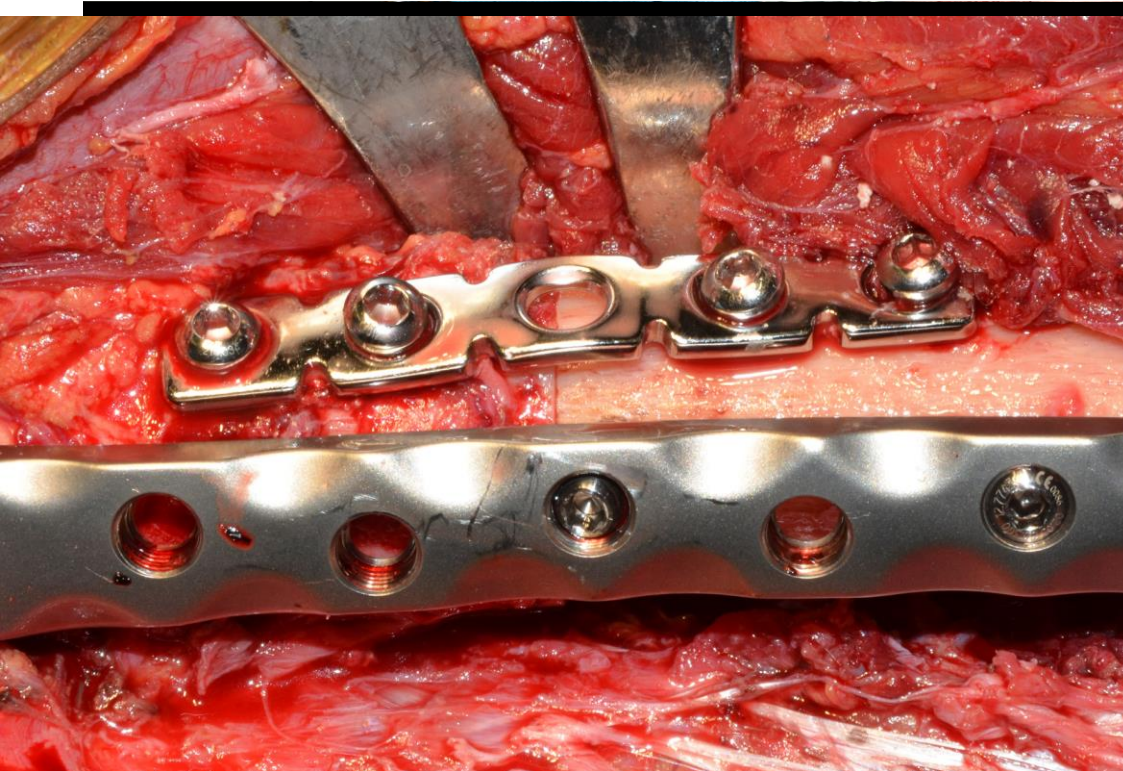


diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

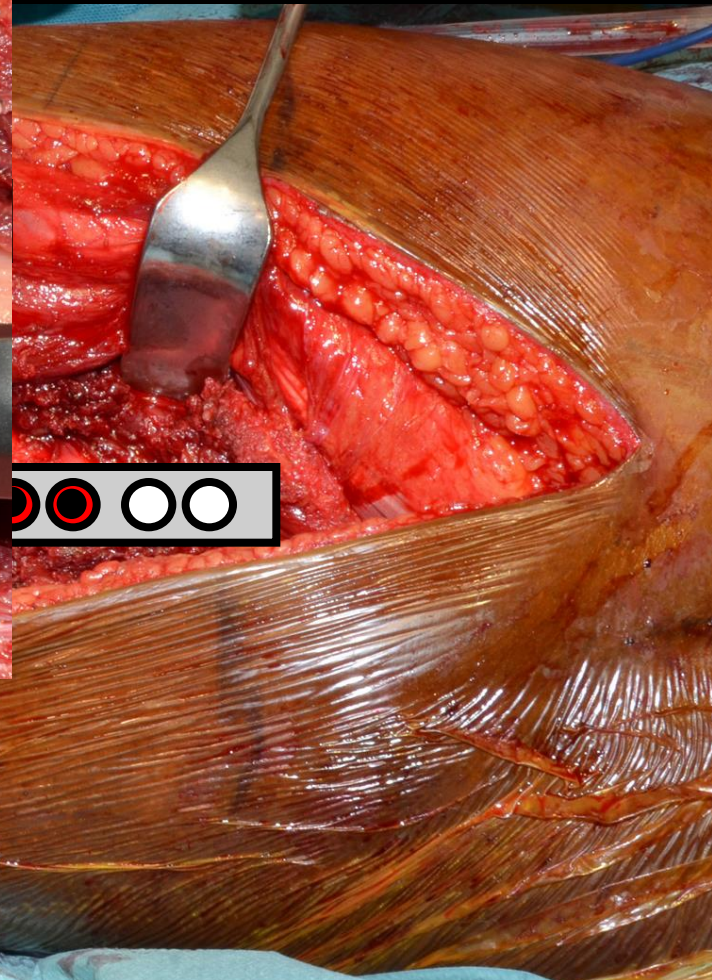
Compression bone-allograft with two small plates



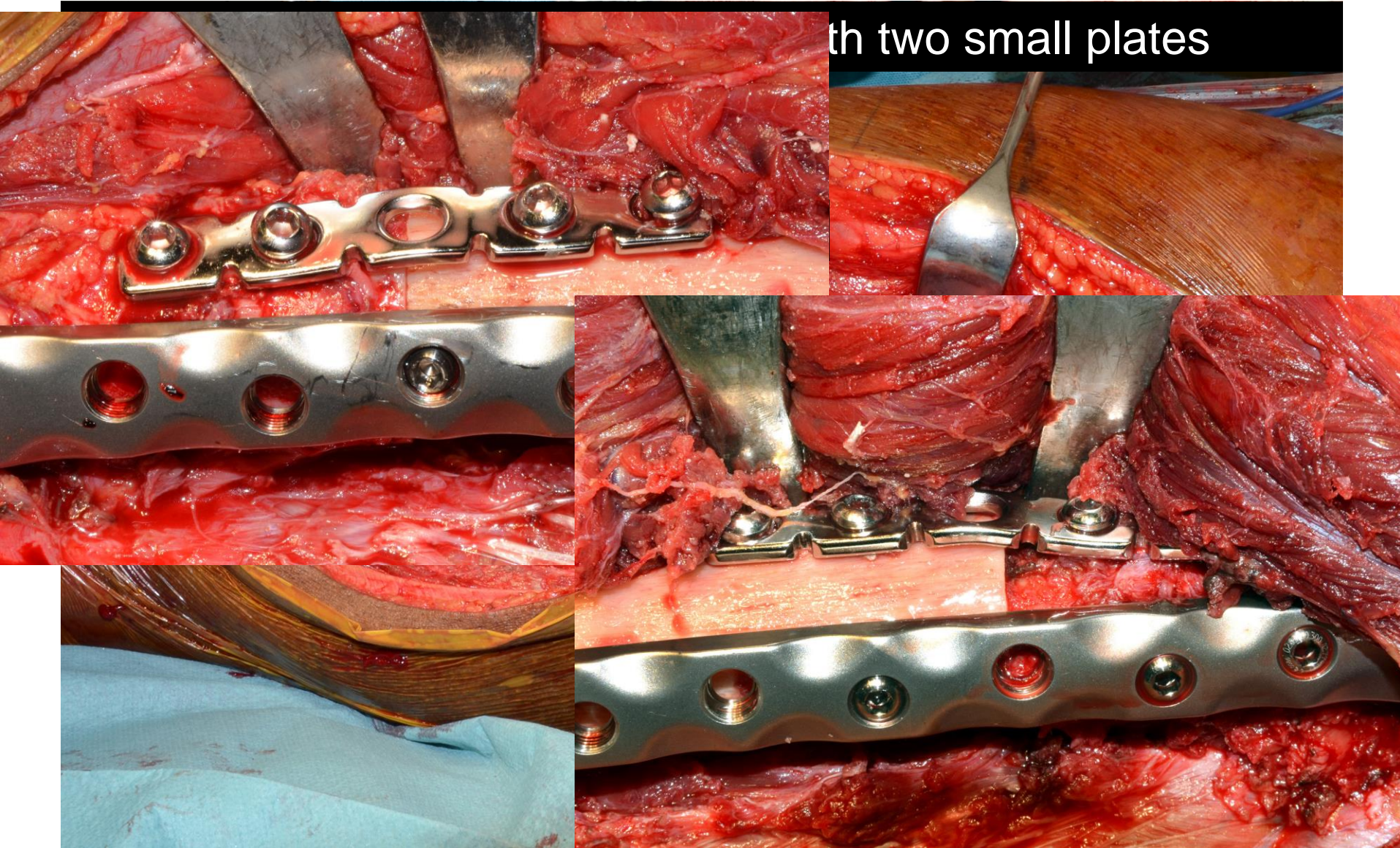
diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013



with two small plates

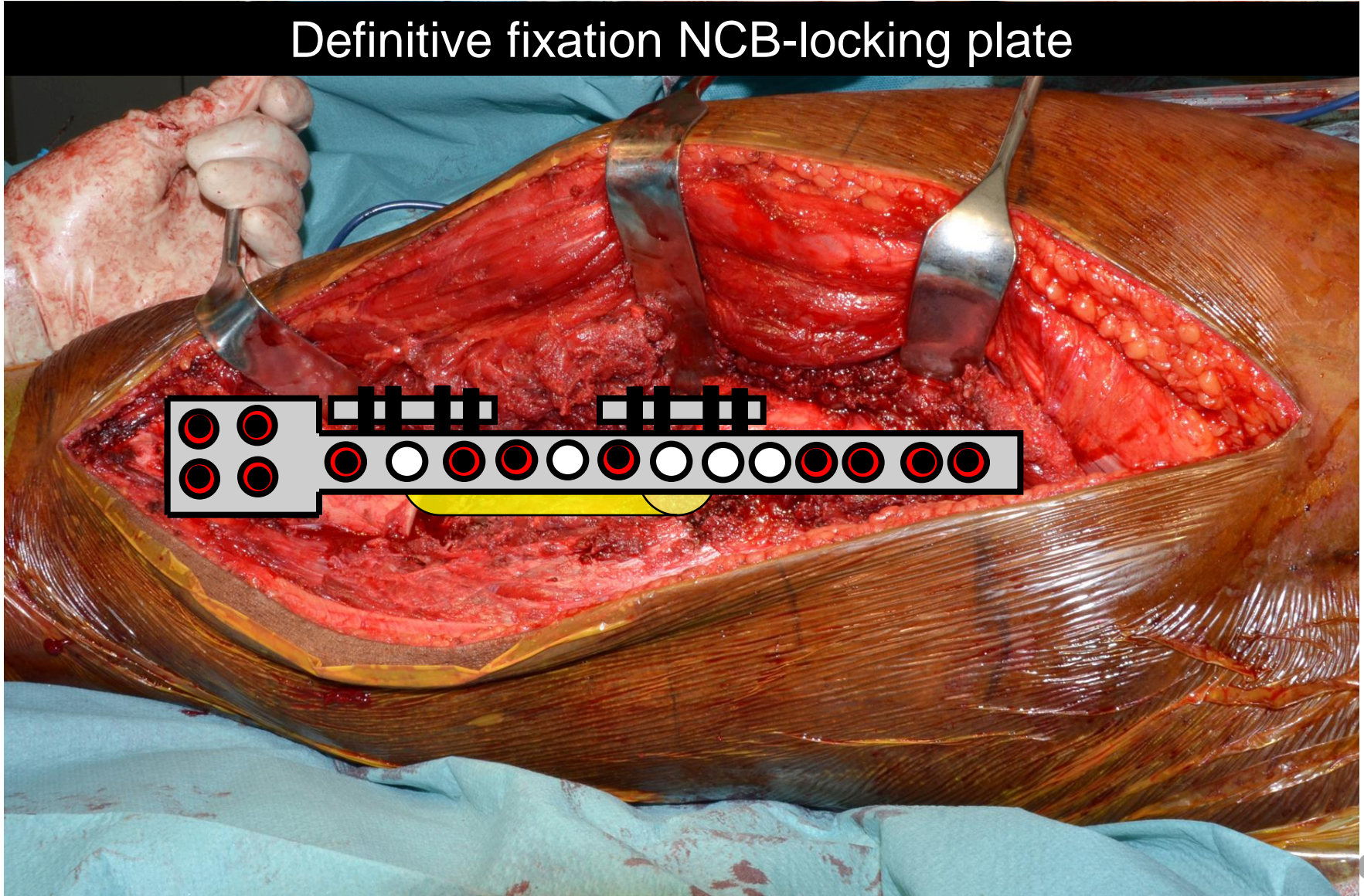


diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013



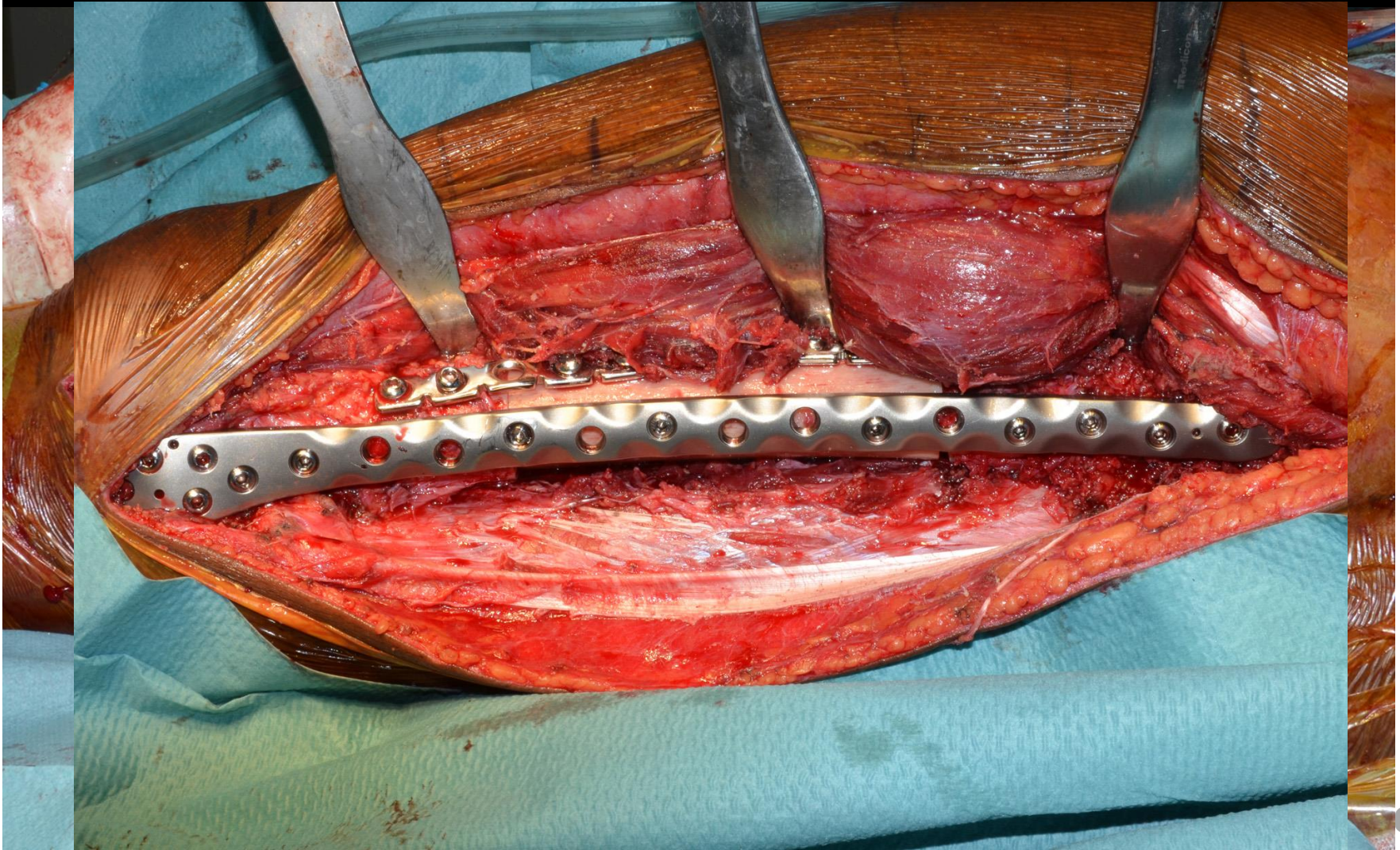
diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

Definitive fixation NCB-locking plate

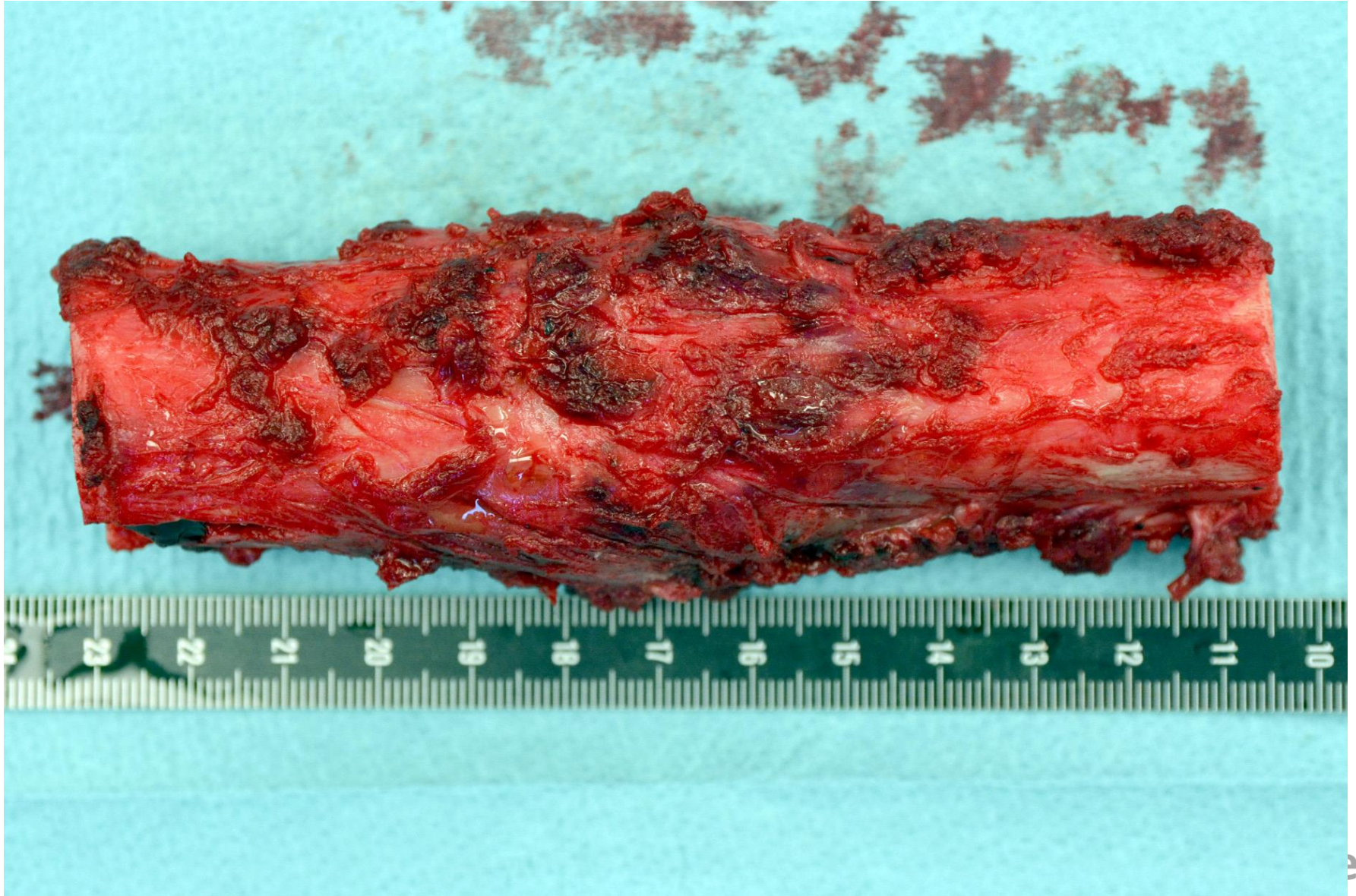


diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013

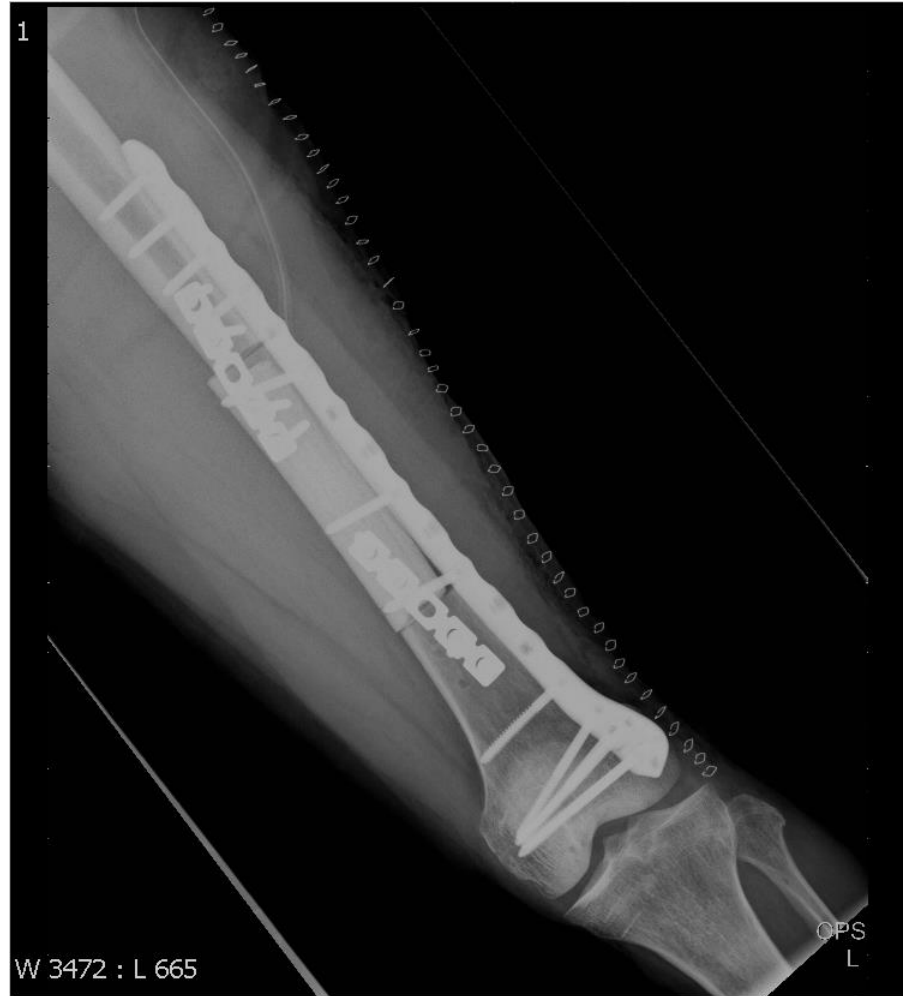
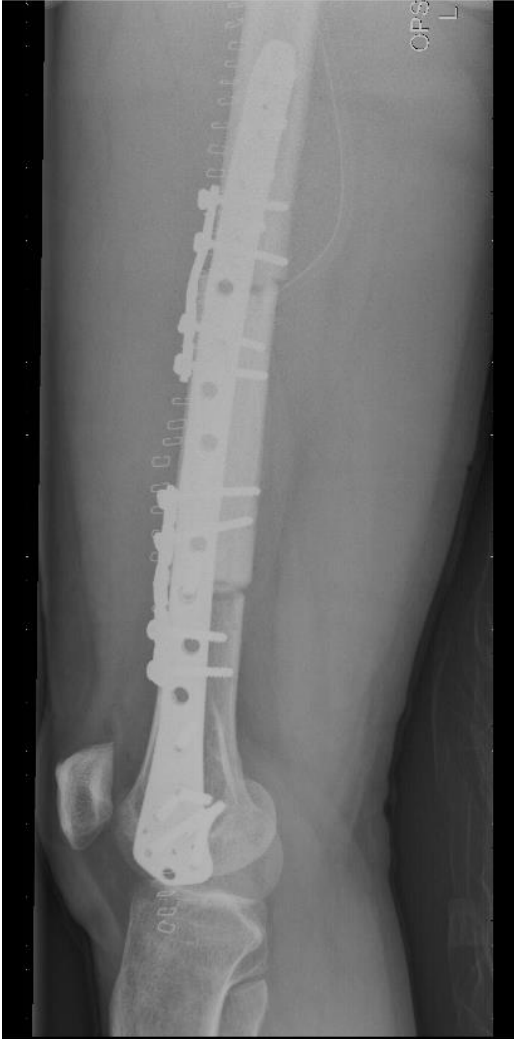
Definitive fixation NCB-locking plate



diaphyseal femur; allograft-fibula Surgery: Jun 18, 2013



diaphyseal femur; allograft-fibula x-ray left femur, June 18, 2013



diaphyseal femur; allograft-fibula

Histopathology, June 18, 2013

Klinische Angaben

Singuläres Plasmozytom Femurschaft links. Status nach neoadj. Radiotherapie 50,4 Gy.
Malignität? Resektion im Gesunden?

Angaben zur Probe

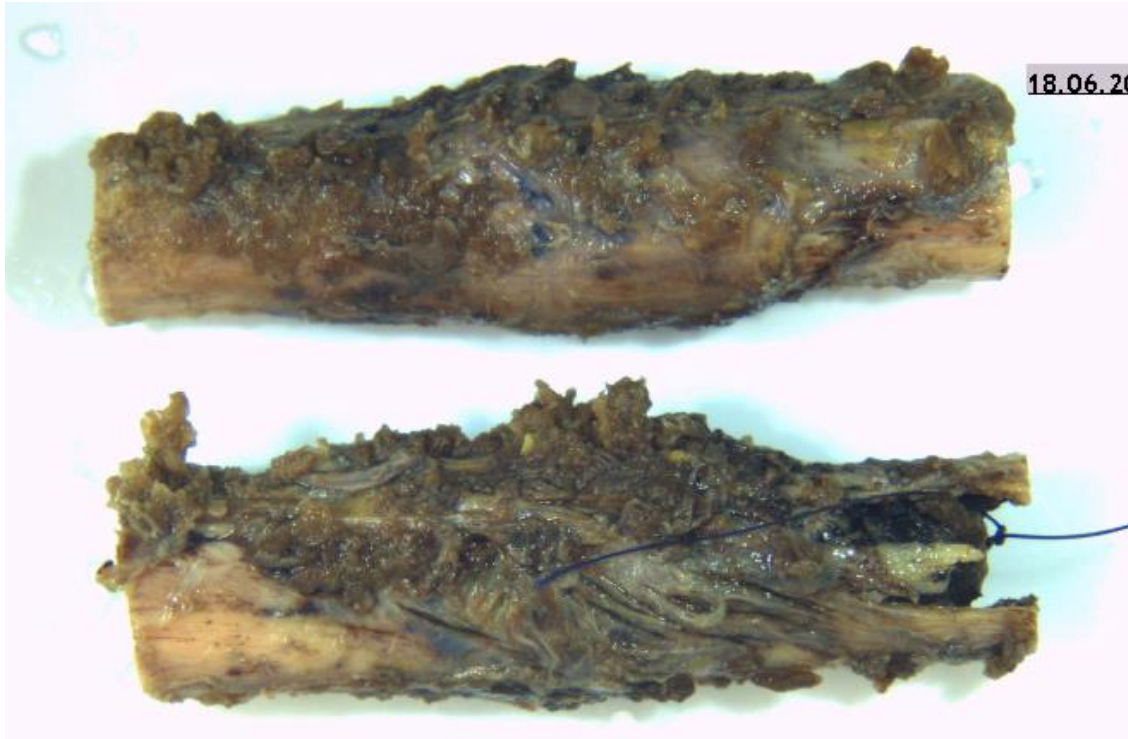
Femurschaft links Faden lang distal



Entnahme: . . .

Eingang: 18.06.2013

diaphyseal femur; allograft-fibula Histopathology, June 18, 2013



Makroskopischer Befund

Unfixiert eingesandtes Femurschaftteilresektat 12 cm lang, max. Durchmesser 3,3 cm, das eine Ende fadenmarkiert, hier ist das Knochengewebe bis zu einer Tiefe (in der Längsachse) von 2,6 cm unregelmässig ausgebrochen. Dem Knochengewebe aussen anhaftend etwas rot-braun gefiedertes Gewebe. Auf Schnitt zeigt sich der Markraum grösstenteils ausgefüllt mit hämorrhagisch brüchigem Material, bis in den Bereich des fadenmarkierten Resektatrandes reichend, Mindestabstand zur gegenüberliegenden (nicht fadenmarkierten Seite) 1,9 cm. Die Kortikalis ist teils bis auf eine Breite von 1,1 cm aufgetrieben und mehrfach arrodirt, ein Durchbruch ist nicht erkennbar. Referenzielle Einbettung (siehe Videoprint-Dokumentation). IKKR/liru

diaphyseal femur; allograft-fibula Histopathology, June 18, 2013

Entnahme: . . .

Eingang: 18.06.2013

Diagnose

Femurschaftteilresektat (links) mit ausgedehnter Infiltration durch das überwiegend vitale, vordiagnostizierte Plasmozytom mit Arrosion der Kortikalis. Tumornachweis im ausgebrochenen, distalen (fadenmarkierten) Resektatrand. Kein Tumornachweis im proximalen ossären Resektatrand.

Klinische Angaben

Singuläres Plasmozytom Femurschaft links. Status nach neoadj. Radiotherapie 50,4 Gy.
Malignität? Resektion im Gesunden?

diaphyseal femur; allograft-fibula Sarcoma- Board: July 11, 2013

Therapeutic decisions:

Radiotherapy:

No

Chemotherapy:

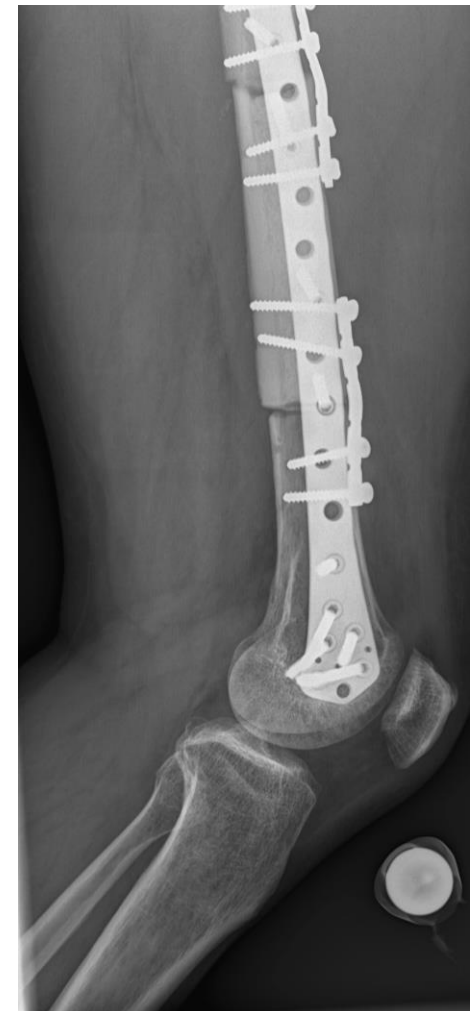
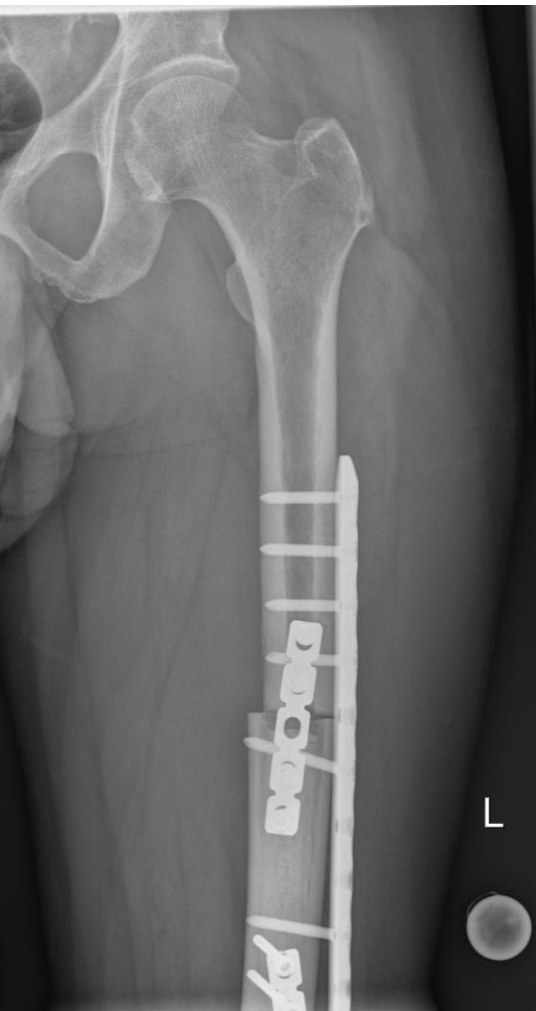
Yes, the tumor is considered as a systemic disease, therefore, adjuvant chemotherapy is Recommended

Surgery:

tumor resection

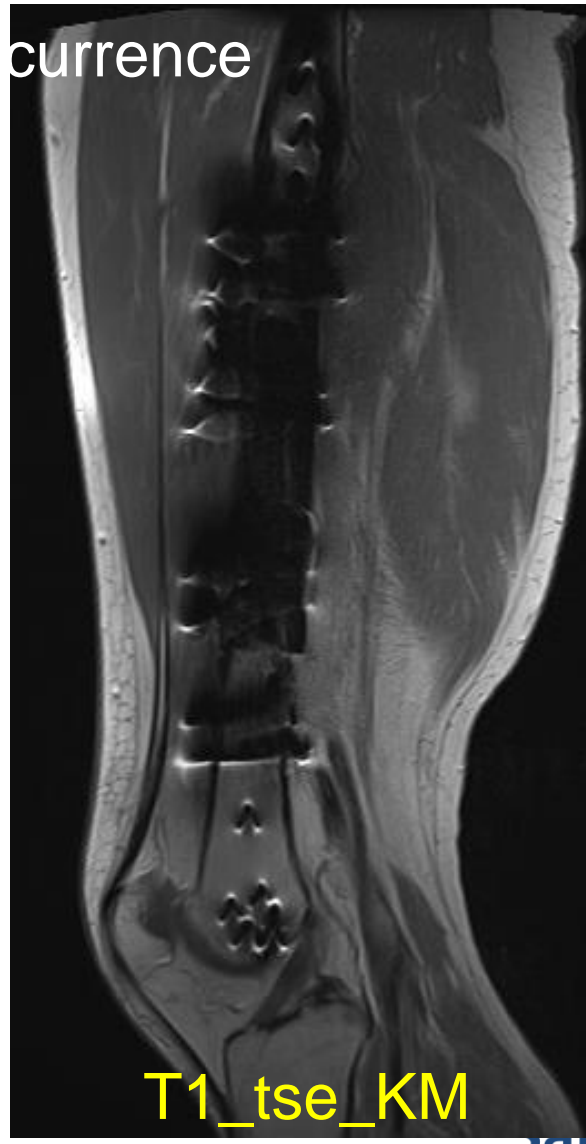
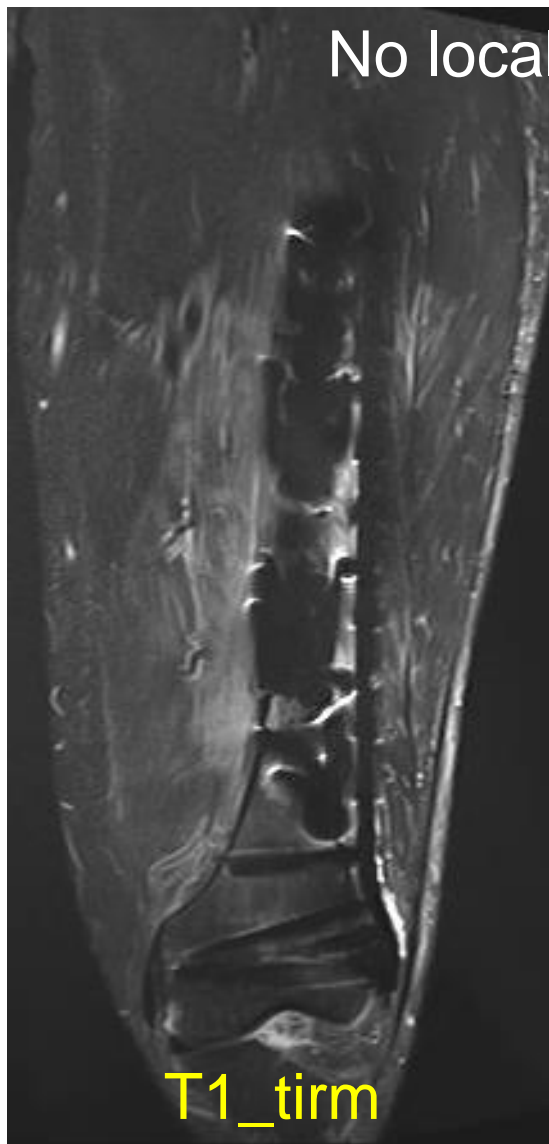
diaphyseal femur; allograft-fibula

Follow up X-Ray: October, 23th, 2013



diaphyseal femur; allograft-fibula

Follow up MRI thigh: October, 23th, 2013



diaphyseal femur; allograft-fibula

Clinical findings: November, 5th, 2013

HPI:

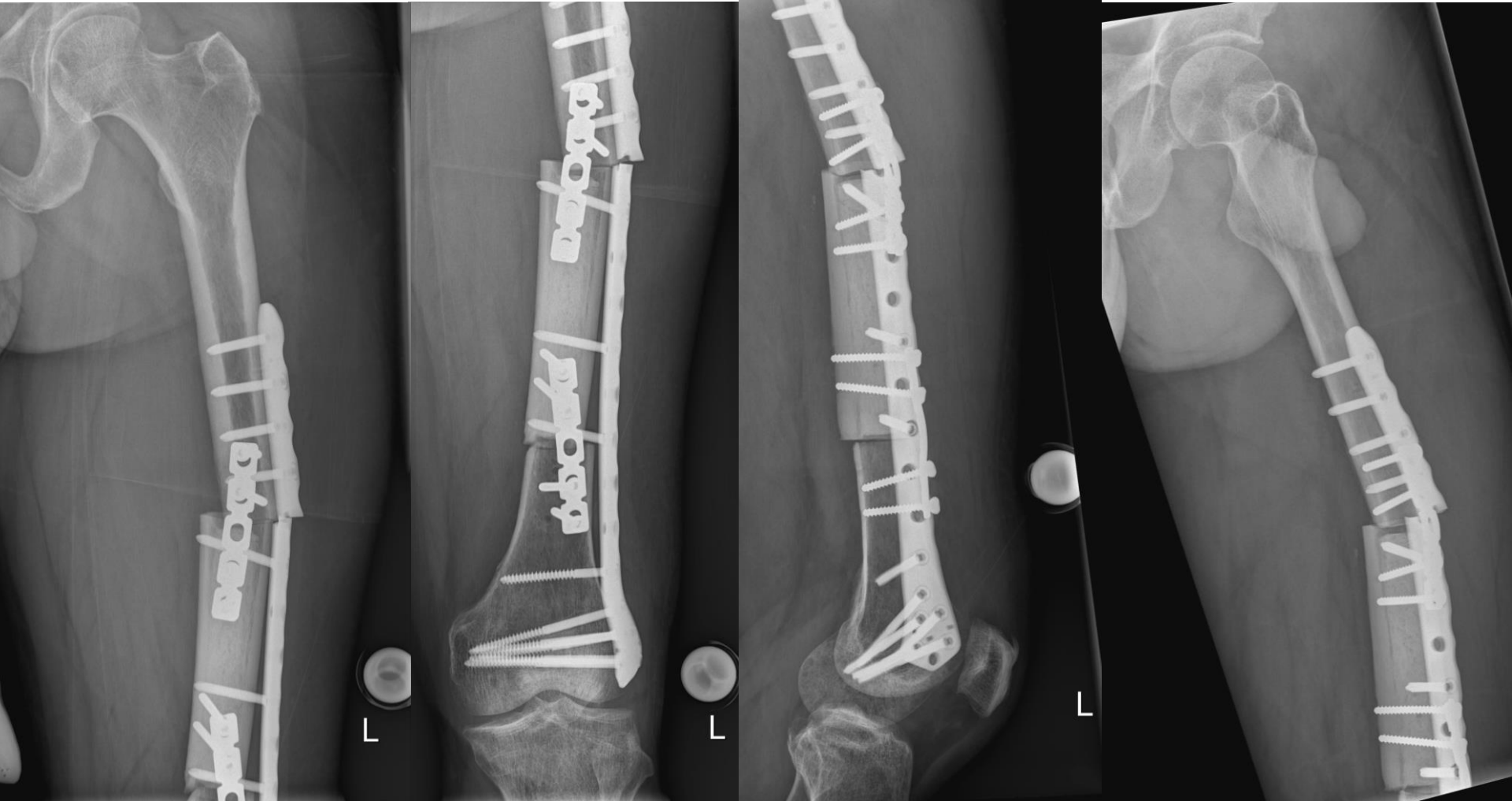
Suddenly pain in the left thigh after change from sitting to up right position.

clinical findings:

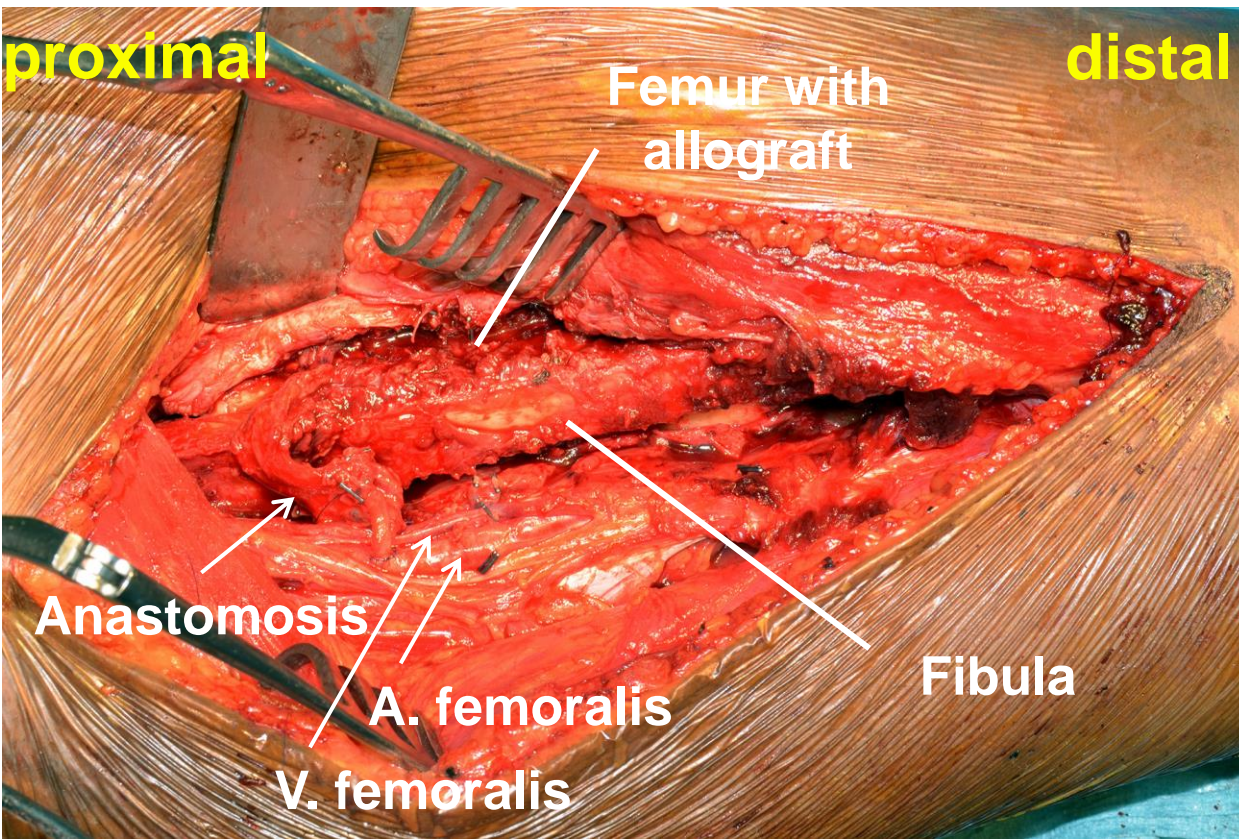
Dolent distal third of the left thigh. Normal sensibility and motoric control.

diaphyseal femur; allograft-fibula

X-Ray: November, 6th, 2013



diaphyseal femur; allograft-fibula Re-Surgery: November, 7th, 2013



diaphyseal femur; allograft-fibula intra-op X-Ray: November, 7th, 2013



diaphyseal femur; allograft-fibula clinical pic: November 13, 2013

