♂ 10 yo, student

1st referral: 19.01.2011

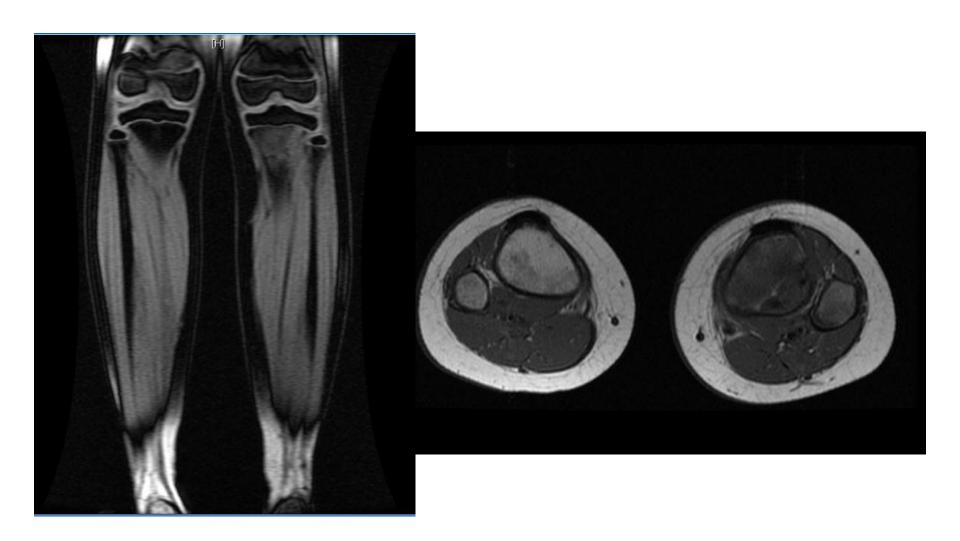
HPI:

Left knee pain since december No trauma

PMH:

non contributory

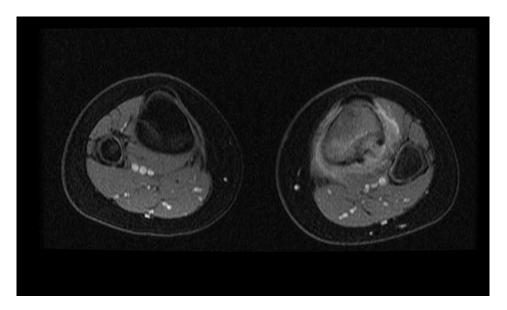






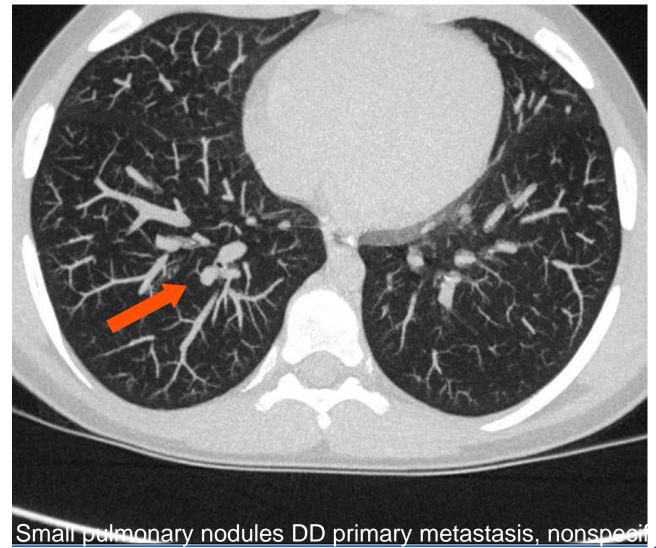
proximal leg; epiphysis sparing; grower MRI lower leg, Dec 09, 2010







proximal leg; epiphysis sparing; grower CT-Chest, Dec 09, 2010



Sarc maSurgery

proximal leg; epiphysis sparing; grower biopsy, Dec 14, 2010

High grade Osteosarcoma (Biopsy antero-medial)



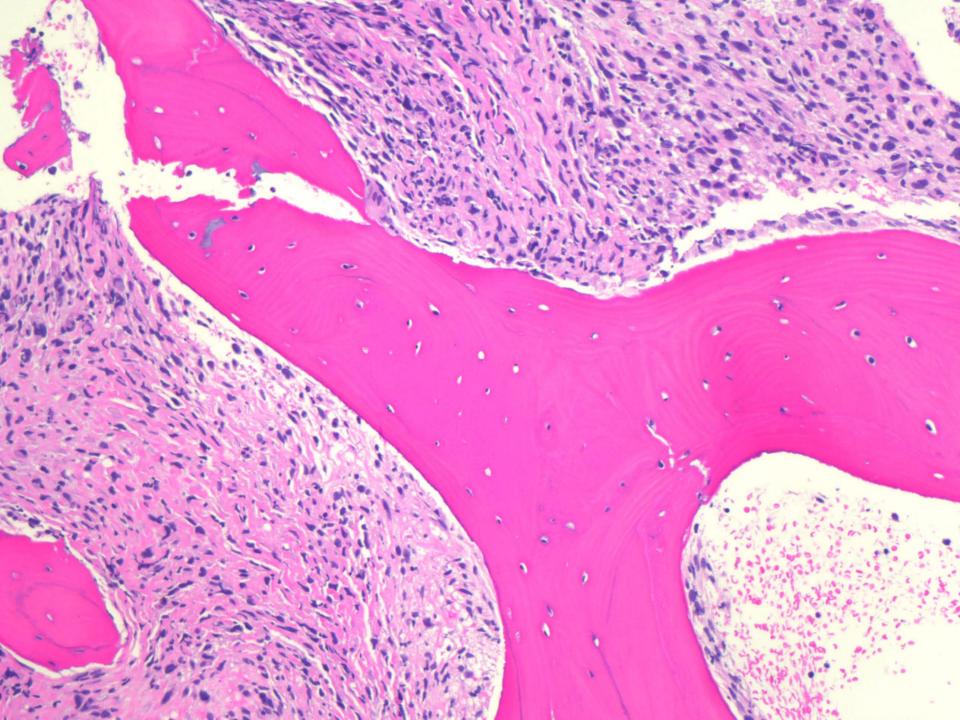
S.C.; M; 10j

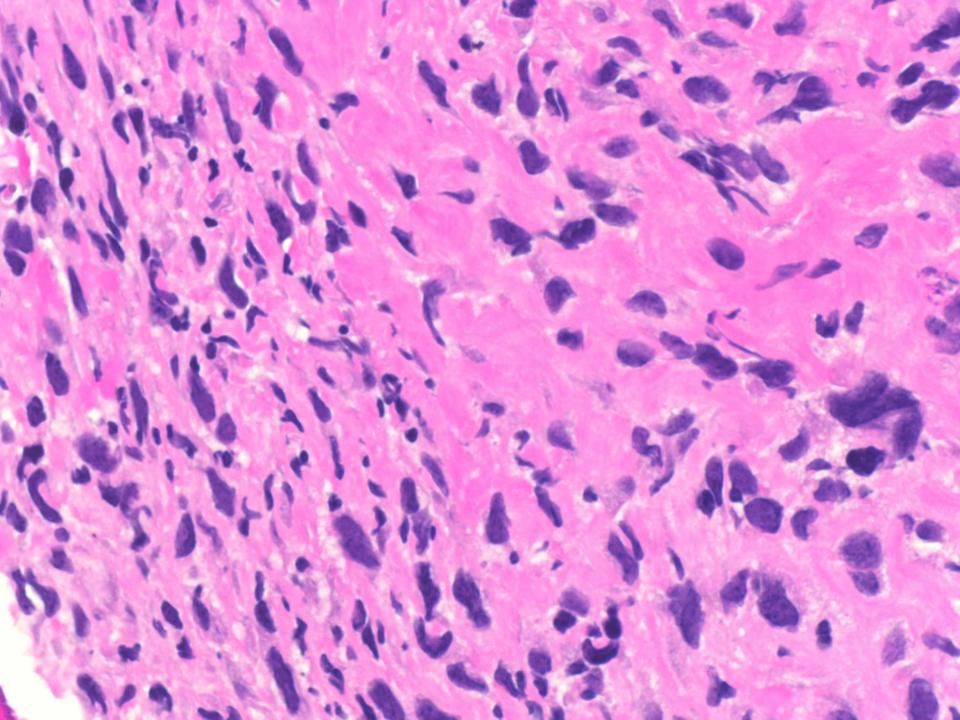
Klinische Angaben Pathologische Fraktur proximale Tibia links. Radiologisch sklerosierende Veränderungen. Tumor: Sarkom, anderes?

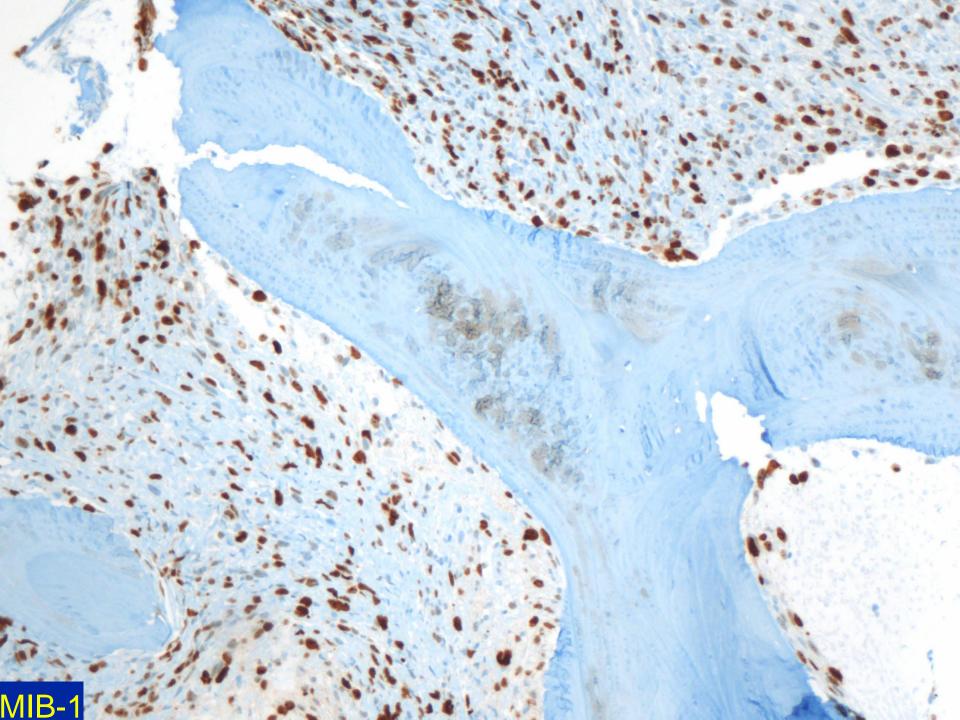
Angaben zur Probe Proximale Tibia links

Makroskopischer Befund Eine 0,7cm lange bis 0,1cm blass-braun-graue Knochenstanze.







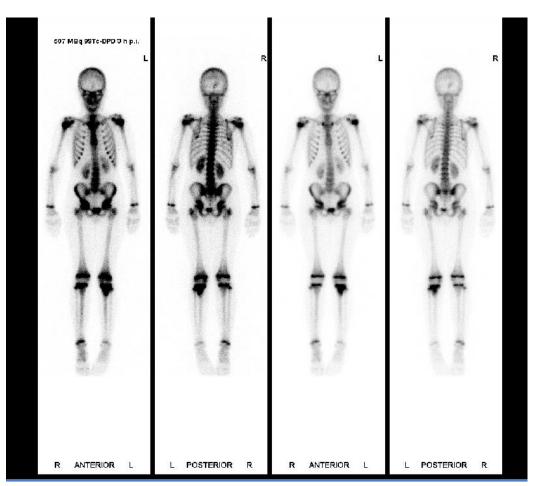


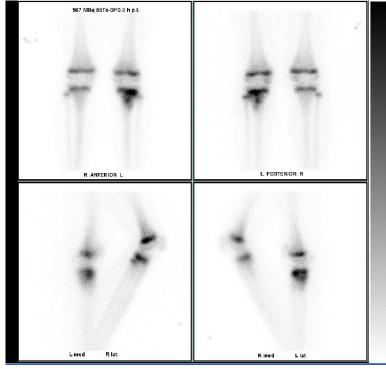
Diagnose

Knochenstanzbiopsie (proximale Tibia links): High grade Osteosarkom, überwiegend fibroblastärer Typ (siehe Kommentar).



proximal leg; epiphysis sparing; grower scintigraphy, Jan 04, 2011







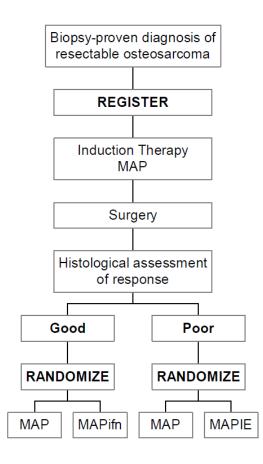
planned action:

- neoadjuvant chemotherapy
- Limb salvage procedure
- Joint-preserving
- Keep growth potential
- minimizing risk of recurrence



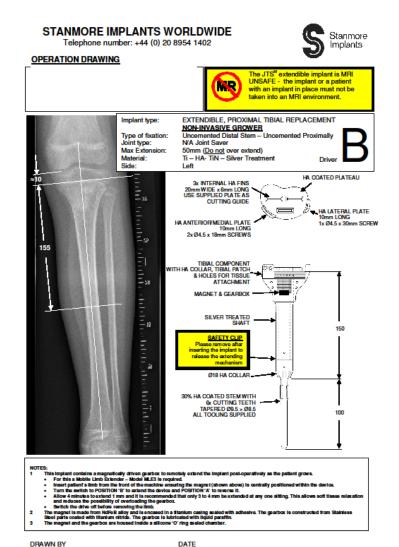
proximal leg; epiphysis sparing; grower neoadjuvant chemotherapy 28.12.-4.3.2011

EURAMOS 1

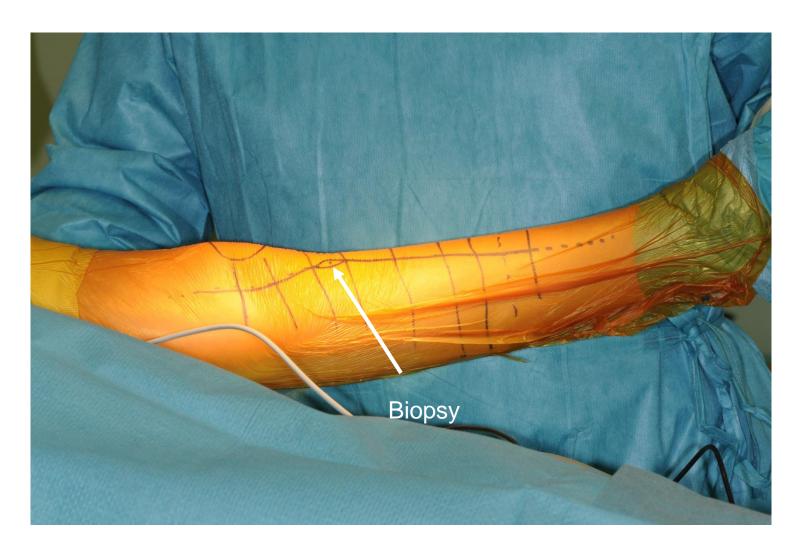




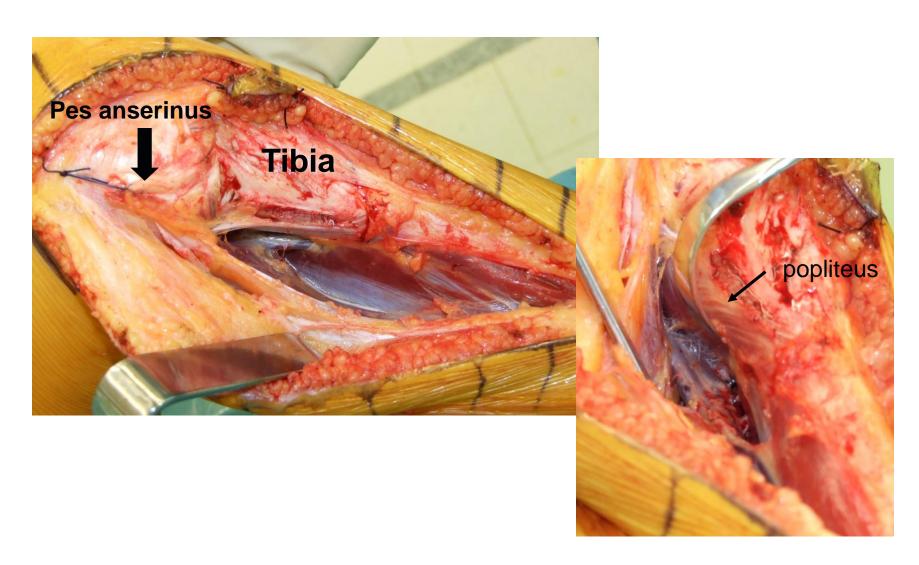
surgical planning:



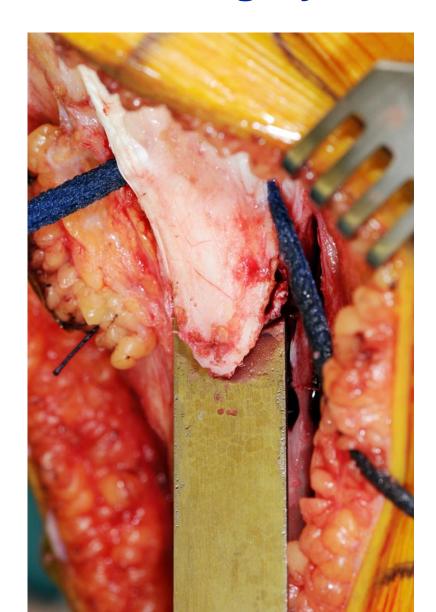




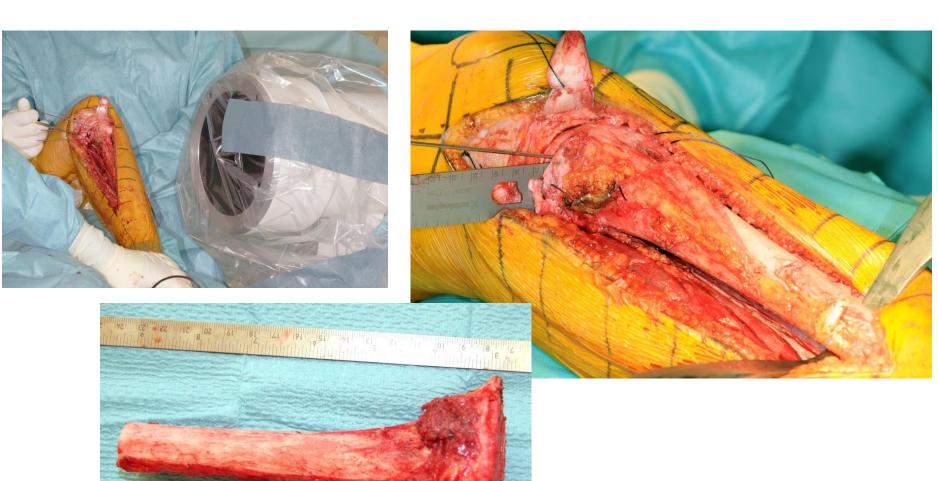


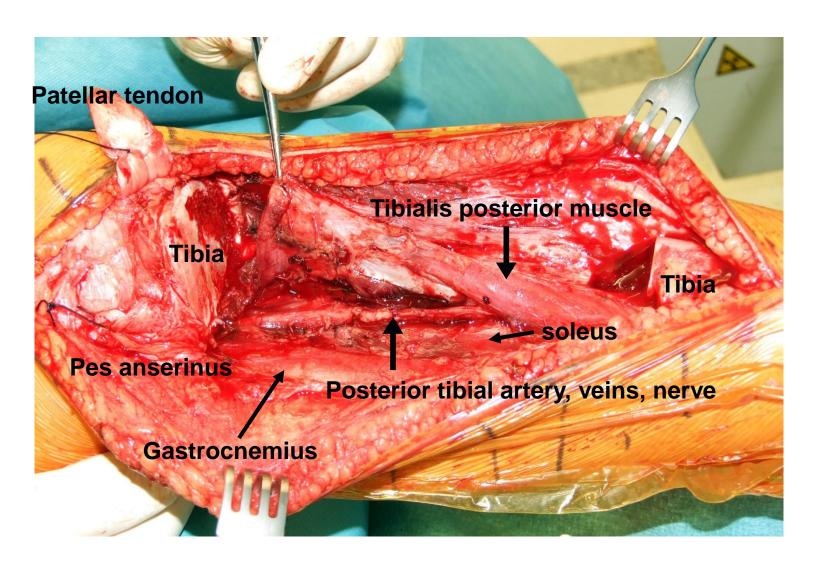










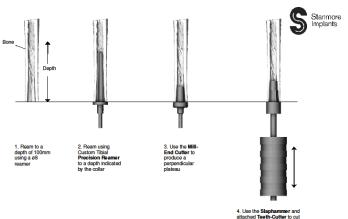


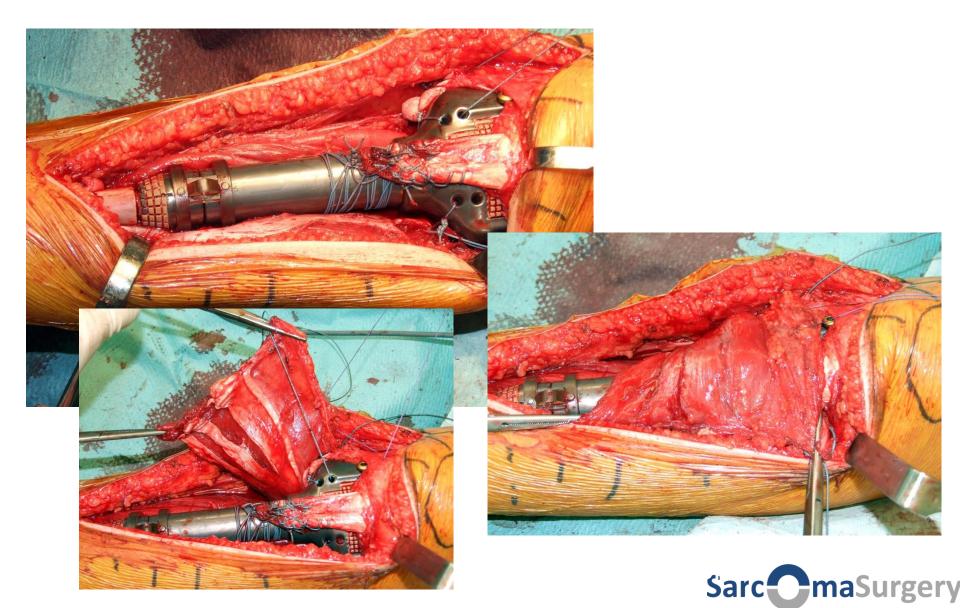






.naSurgery





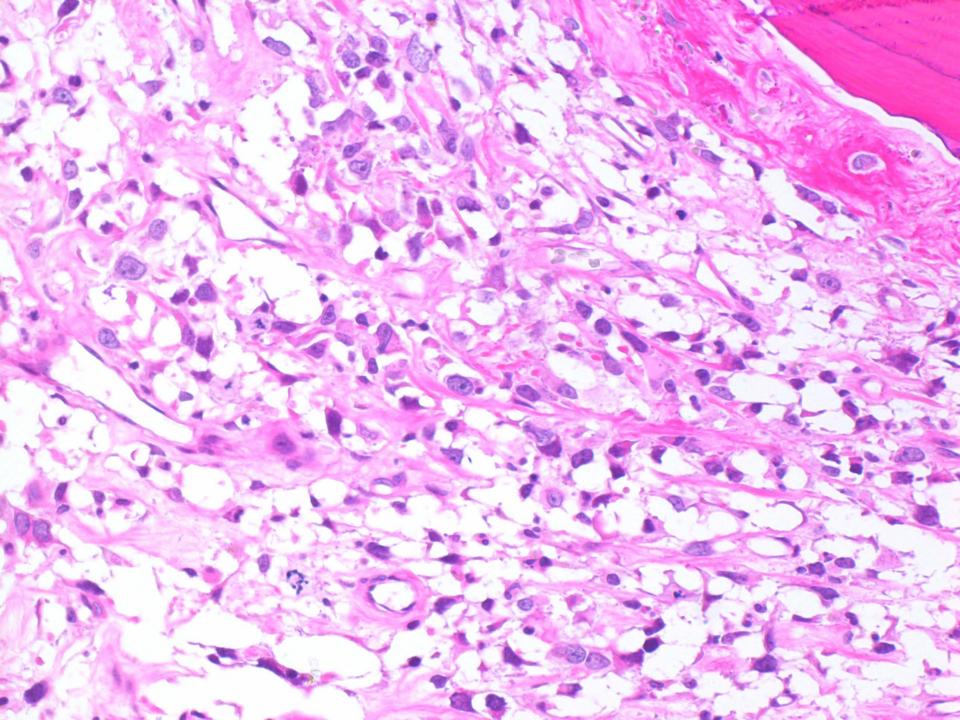


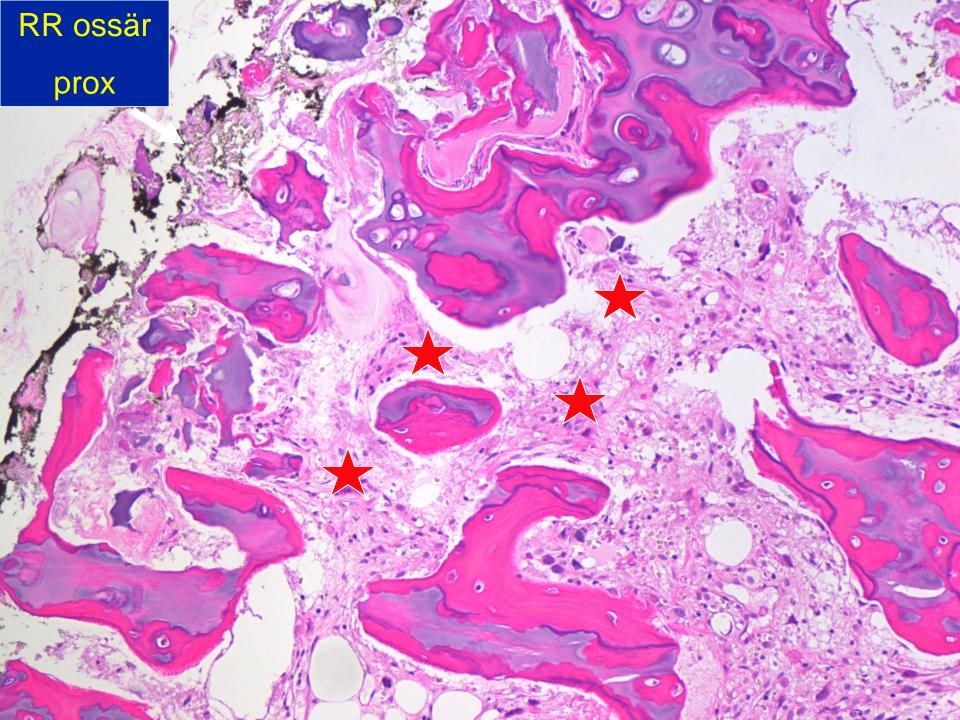
Klinische Angaben

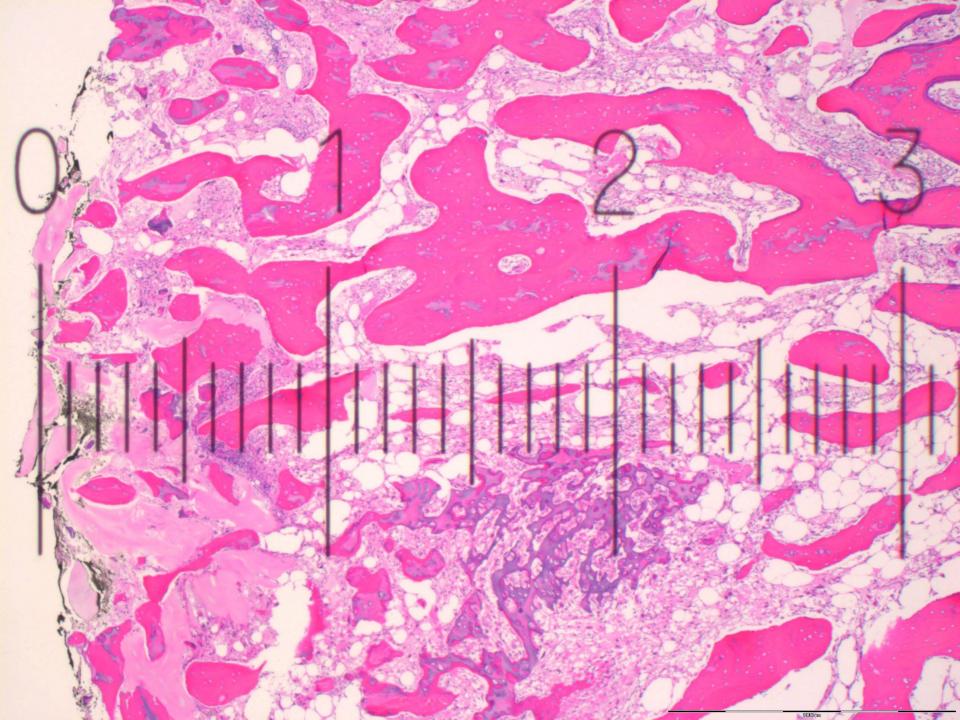
High grade-Osteosarkom proximale Tibia. Histo. / Ausdehnung? St. n. Chemotherapie. Bemerkung: Biopsie-Entnahme durch Tibiaplateau erfolgt.

Angaben zur Probe Tibia proximal links











Diagnose

Proximales Tibiaresektat von links mit kleinen vitalen Herden des vordiagnostizierten high-grade Osteosarkoms (<10% der untersuchten Tumorschnittfläche), bei St.n. neoadjuvanter Chemotherapie, einem Regressionsgrad III, nach Salzer-Kuntschik (Responder) entsprechend.

Tumordurchbruch durch die Kortikalis und Infiltion der subperiostalen Weichteile (nach dorsal) ohne Nachweis eines Periostdurchbruchs. Vorwachsen bis unmittelbar unterhalb der Epiphysenfuge mit einem minimalen Abstand der vitalen Tumorherde zum proximalen ossären Resektionsrand im dorsolateralen Bereich von < 0,5 mm. Minimaler Abstand zum tumorfreien distalen ossären Resektionsrand: >10 cm. Tumorfreier Weichteilresektionsrand.



proximal leg; epiphysis sparing; grower postop Xrays





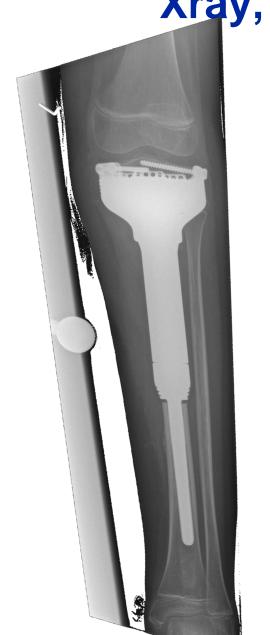
maSurgery







proximał leg; epiphysis sparing; grower Xray, Apr 13, 2011





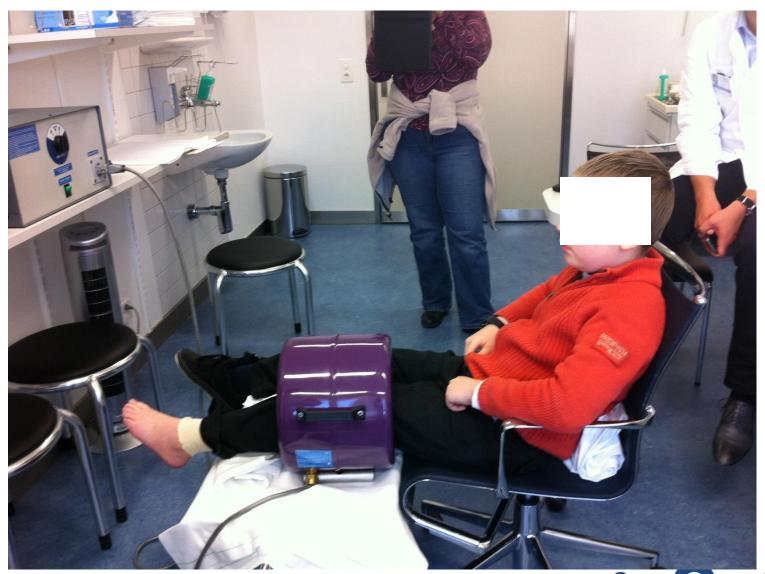


6 months postop





proximal leg; epiphysis sparing; grower Prosthesis extension, Nov 16, 2011



Sarc maSurgery

proximal leg; epiphysis sparing; grower Follow-up: x-ray: February 08, 2012







proximal leg; epiphysis sparing; grower Follow-up: CT March 08, 2012



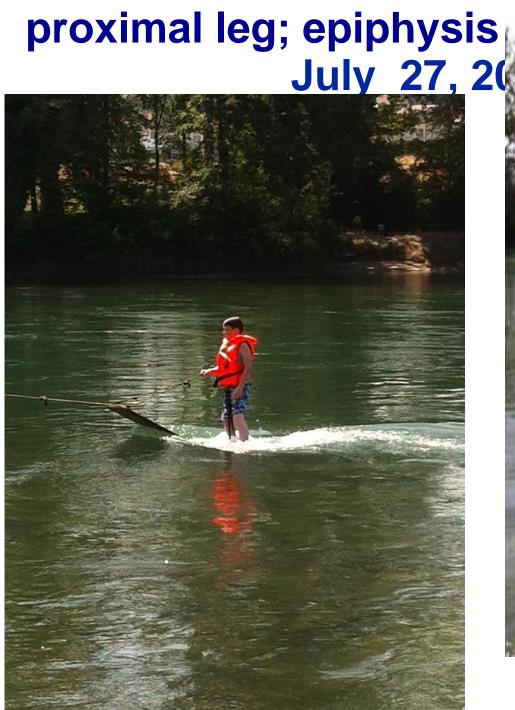


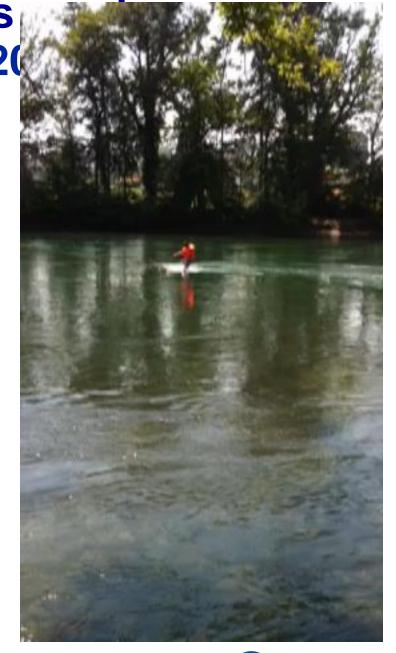


proximal leg; epiphysis sparing; grower April 18, 2012









Sarc maSurgery

proximal leg; epiphysis sparing; grower Follow-up: July 5, 2012







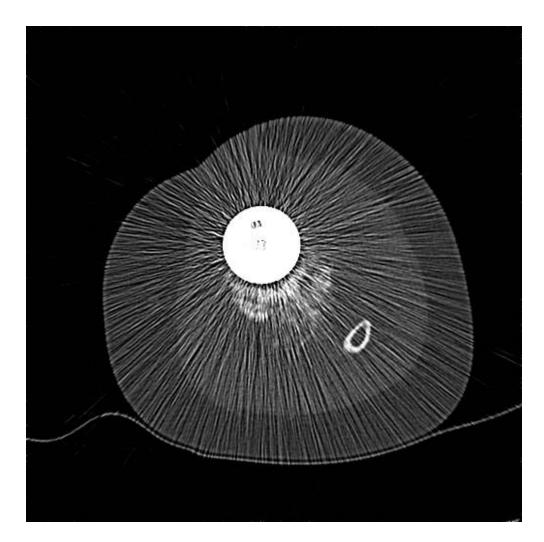
proximal leg; epiphysis sparing; grower CT left lower leg: Oct. 4, 2012





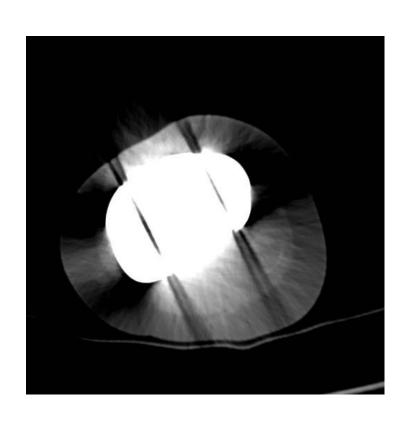


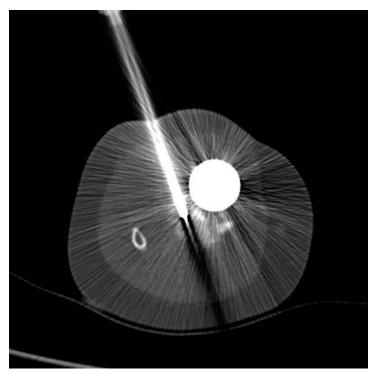
proximal leg; epiphysis sparing; grower CT left lower leg: Oct. 4, 2012





proximal leg; epiphysis sparing; grower CT-guided biopsy: Oct 31, 2012







Klinische Angaben

Myositis ossificans. DD: Osteosarkom-Rezidiv.

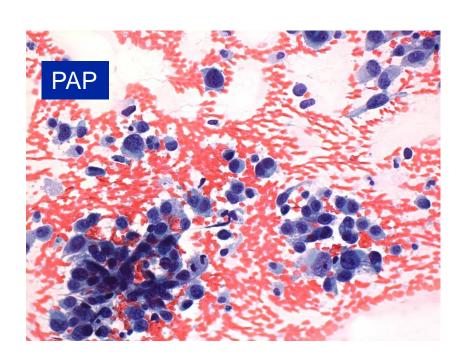
Angaben zur Probe

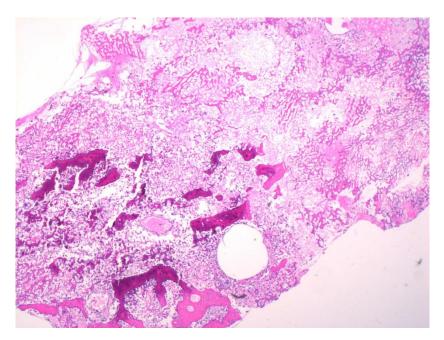
Paraossäre Ossifikation bei Status nach Osteosarkom-Op der Tibia links, Osteosarkom Tibia links ED 12/10

Makroskopischer Befund

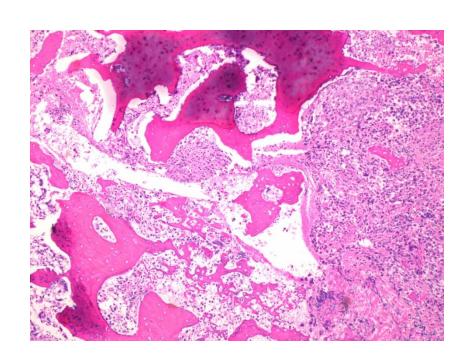
Knochenstanze, gelb-rot, 2,2 cm lang und 0,3 cm Durchmesser. Einseitig leicht fragmentiert mit Blutkoageln. Blutkoageln mit 0,8 x 0,5 x 0,5 cm. Zytoabklatsch angefertigt. Auf 2 Kapseln verteilt. Alles eingebettet. VOGAL/sre

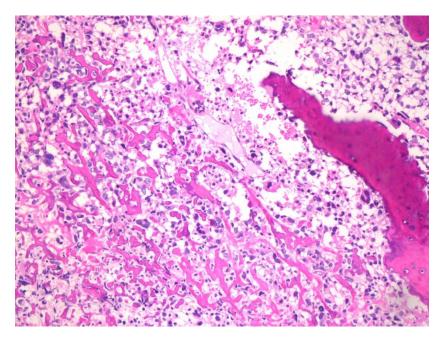




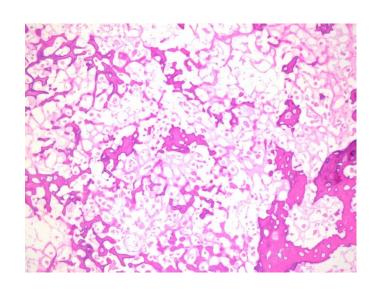


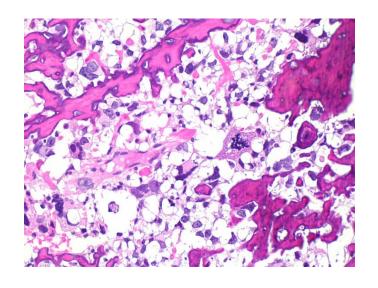


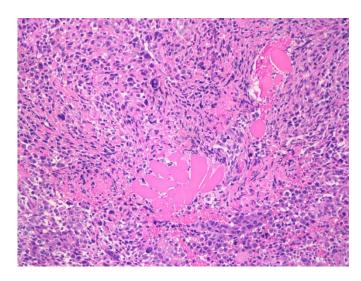














Diagnose

Anteile eines partiell nekrotischen, high grade, überwiegend osteoblastischen Osteosarkoms (Tibia links; vgl. Kommentar).

Kommentar

Histologisch findet sich zweifelsohne malignes Tumorgewebe eines hochgradig malignen osteoblastischen Osteosarkoms. Die Biopsie besteht hauptsächlich aus Tumorgewebe mit nur spärlich erfassten nekrotischen Fasern der Skelettmuskulatur und lamellären reifen Knochengewebe.



proximal leg; epiphysis sparing; grower Discussion: October 2012

- Tumor recurrence

 Above knee amputation recommended
- Patient's family preferred "alternative" treatment ("Hypervitaminosis", "Healer",…)



proximal leg; epiphysis sparing; grower Follow- up: January 17, 2013





proximal leg; epiphysis sparing; grower Follow- up: January 17, 2013





proximal leg; epiphysis sparing; grower Follow- up: January 17, 2013







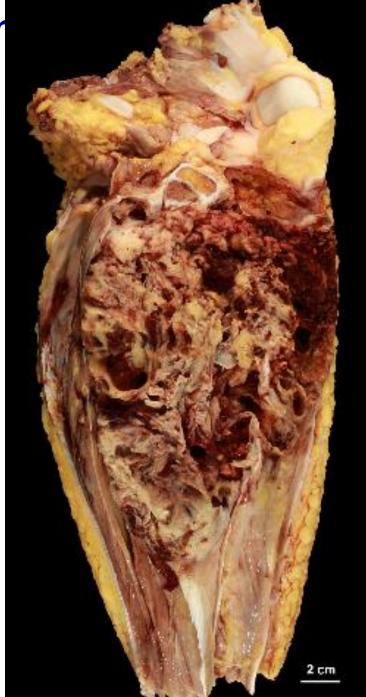












wer

maSurgery



Sarc maSurgery





proximal leg; epiphysis sparing; grower Sarcoma- Board: February 07, 2013

Therapeutic decisions:

Radiotherapy:

No

Chemotherapy:

No, the family and the patient will not do any further chemotherapy

Surgery:

currently no further indication



proximal leg; epiphysis sparing; grower May 26, 2013





