

MODIFIED EXTERNAL HEMIPELVECTOMY : A SALVAGE SURGERY FOR SQUAMOUS CELL CARCINOMA

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Introduction: Hemipelvectomy or hindquarter amputation is a major orthopaedic surgery. It can be divided into external and internal hemipelvectomy. There are three subtypes of hemipelvectomy: standard, extended and modified. Complexity of this procedure associates it with extensive intraoperative blood loss, high mortality rate, flap failure and infection. We present a case of fungating squamous cell carcinoma of the hip managed with modified external hemipelvectomy.

Discussion: A 55-year-old male who presented to us with chronic fungating wound over right lateral hip for the past 15 years. It began with surgical site infection following screw fixation for neck of femur fracture, which was debrided multiple times including hardware removal. Pelvic MRI showed enhancing soft tissue mass with hip joint destruction, intratumoral necrosis with inguinal, external and internal iliac nodal metastases. CT scan excluded lung metastasis. Biopsy revealed moderate to poorly differentiated squamous cell carcinoma with infiltrative border. We applied multi-disciplinary team approach: interventional radiologist (for pre-operative embolization), urologist (for stenting of ureter), dietician and oncologist. Modified external hemipelvectomy was performed by raising anteromedial thigh flap instead of the classic posterior flap hemipelvectomy due to the location of the lateral hip fungating wound. Longer broad-spectrum antibiotic, large bore drains insertion, and Flexi-Seal® Faecal Management System were used to minimize wound infection risks. Patient underwent debridement and revision of stump at 2 weeks post-operation due to superficial flap necrosis. His wound subsequently healed well, and he was discharged home after 1-month. Unfortunately, patient passed away at day 110 post-operation due to disease progression.

Conclusion: Hemipelvectomy remains a challenging ordeal with high risk of peri-operative mortality and morbidity. It was performed for this patient as a palliative measure to improve his quality of life. Meticulous pre-operative planning, multidisciplinary team approach and a watchful eye for likely post-operative complications are required to improve patient's outcome.