

Surgical Options Of Metastatic Bone Disease: How Do I Do It

Mohammad Anwar Hau Abdullah

Department of Orthopaedic, Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia.

Metastatic bone disease (MBD)- the final pathway in many malignancies. Even though it is seldom the cause of fatality, but It can dramatically and deleteriously affects quality of life of the unfortunate patients.

About 50% of all cancer cases are at risk of developing MBD; as the incidence and the no of cancers patients in our country are increasing, thus the no of MBD is on the rise as well.

The commoner sites for MBD are spine, pelvic, proximal and shaft of humerus and proximal and shaft of femur.

The aims of treatment in patients with MBD are pain relief and improved function. Therefore, the construct must outlive the patient.

The options of treatments will depends mainly on the prognosis (related to the primary), location and as well the solitary or multiple metastasis.

The spine lesions are normally handled by the spine surgeon.

The treatment options for periarticular lesions is endoprosthesis, for disphyseal leasions in long bone is either plate or nail augment with bone cement.

In patients with poor prognosis and to reduce the cost of reconstruction I proximal femur MBD, I preferred to use construct using Austin More unipolar prosthesis, K-nail and Rush rod as well as bone cement to increase strength and stability of the construct as well as able to tackle disphysis lesions.

Radiotherapy is non-surgical option of treatment.