



CASE BRIEF

Name: [REDACTED]
Age: 4 years, Male
Address: [REDACTED]
Contact no: [REDACTED]
Diagnosis: Left Proximal Femur Metastatic Ewing's sarcoma.
Date of Diagnosis: 04/09/2021
Ref by: Dr. Jalila Al Kendi
Surgery/Surgeons: Dr. Pramod S Chinder and Dr. Suraj HP
Medical Oncologist: Dr. Intezar Mehdi
Surgery: En-bloc excision with allograft prosthesis composite
(Limb salvage surgery more than 6-8 hours)
Date of Surgery: 04/04/2022

BRIEF SUMMARY OF THE EVENTS:

| DATE | EVENTS | FINDINGS |
|--|---|--|
| Sept 2021 | History of restriction of movements | Hip joint pain. |
| Sept 2021 | Evaluated radiologically and histo-pathologically | Diagnosed as Ewing's sarcoma. |
| | CT chest Scan | Oligometastasis. |
| Chemotherapy: He was on neoadjuvant chemo of VAC IE- 7 cycles. 8 th cycle chemo given at HCG. Later planned for Limb salvage surgery in view of good response to chemo. | | |
| 2 nd Mar 2022 | PET Scan | Small metabolically active extra osseous focus along the anterior surface of the proximal left thigh. 2 mm right upper lobe lung nodule. |
| 2 nd Mar 2022 | MRI Scan | Irregular T2/STIR hyperintense signal with subtle bony expansion involving the proximal left femur. As compared with prior MRI study dated 12/01/2022 (done elsewhere), the lesion is relatively stable in size. |
| 4 th Apr 2022 | Surgery | Left proximal femur tumor resection + Allograft prosthetic complex reconstruction. |



27th Apr 2022

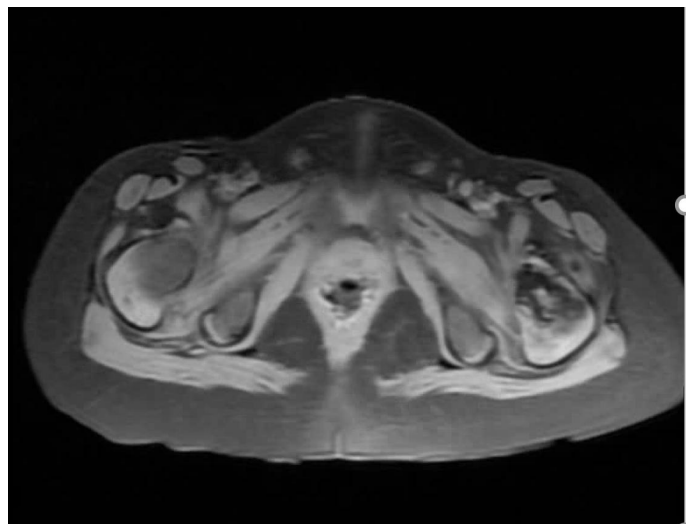
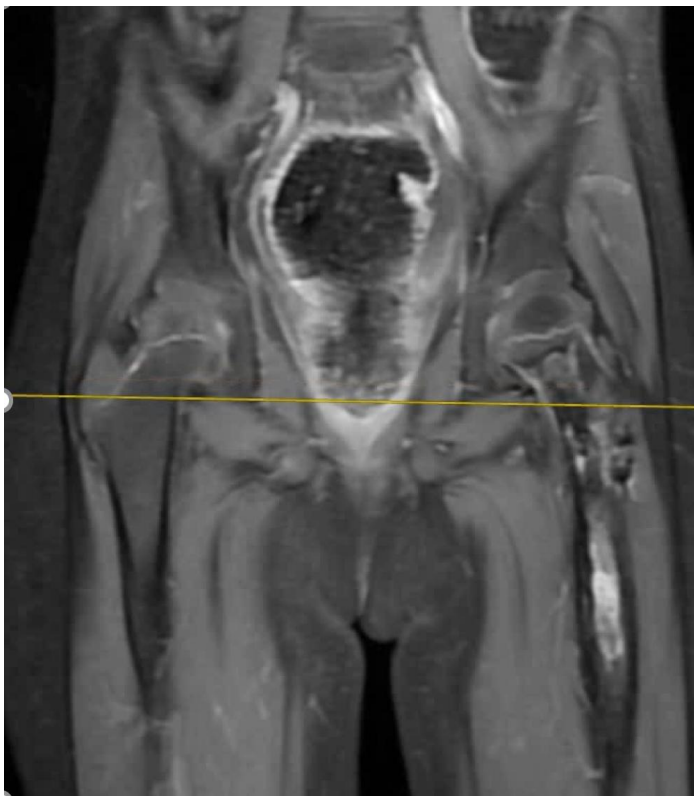
HPE

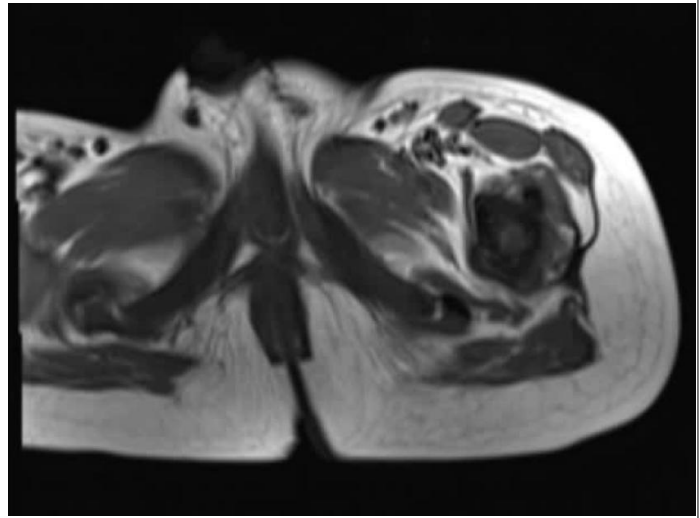
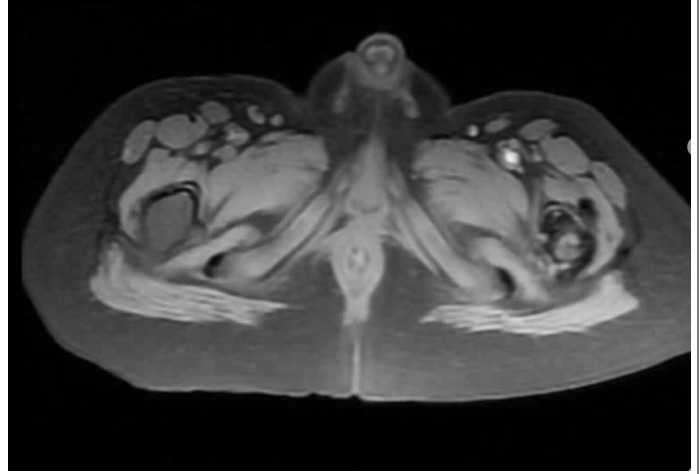
No residual sarcoma seen- Complete response.
Necrosis percentage- 100%

X-RAY IMAGES:



MRI IMAGES: 02/03/2022



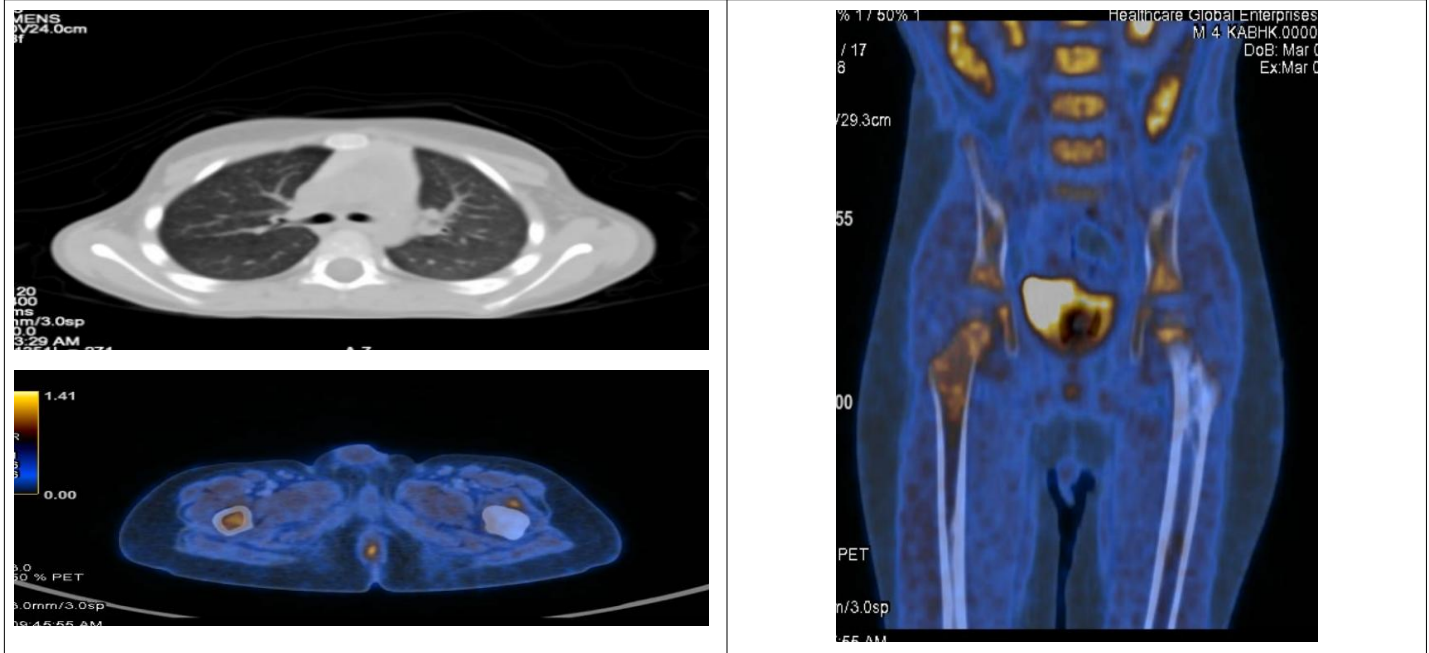


Findings:

- 1 Irregular T2/STIR hyperintense signal with subtle bony expansion involving the proximal left femur. As compared with prior MRI study dated 12/01/2022 (done elsewhere), the lesion is relatively stable in size.



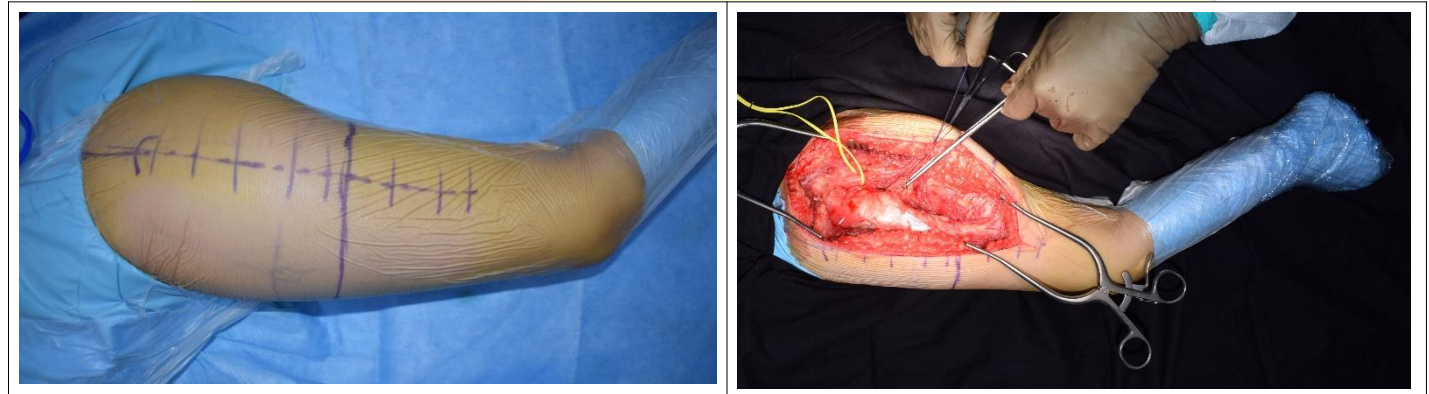
PET CT IMAGES: 02/03/2022

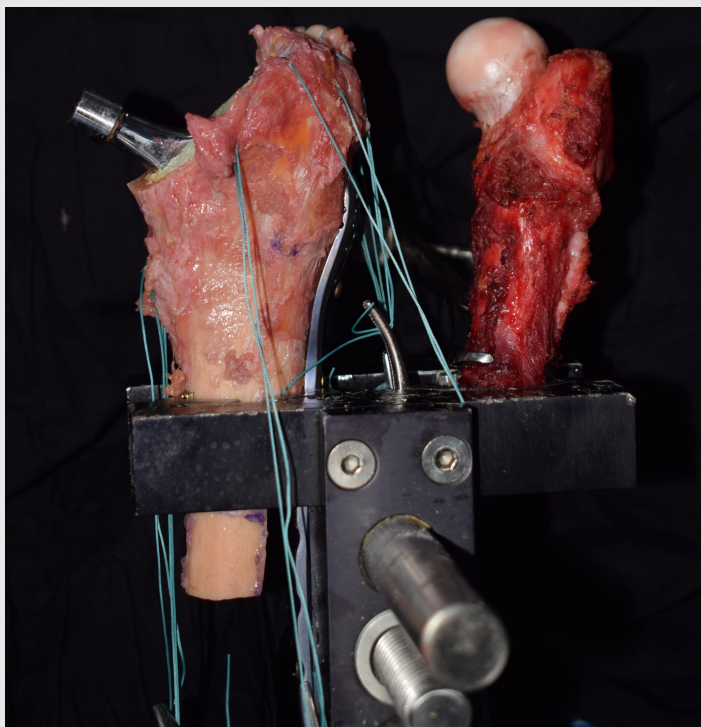
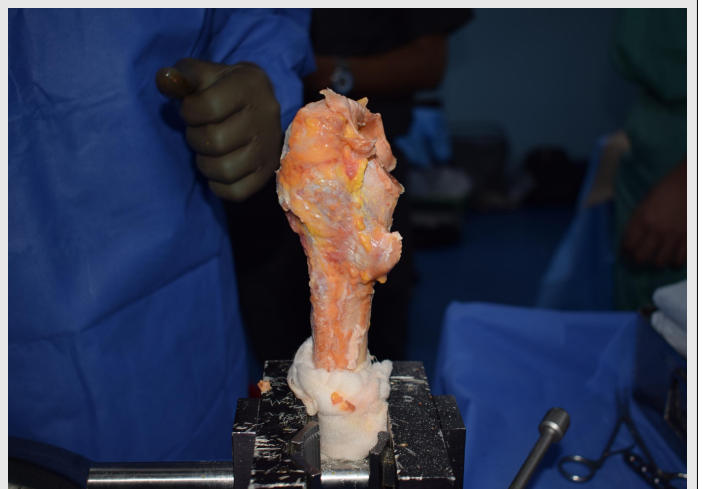
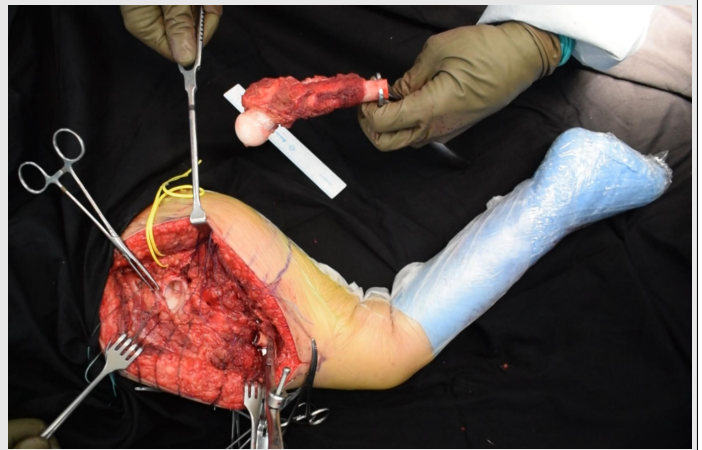
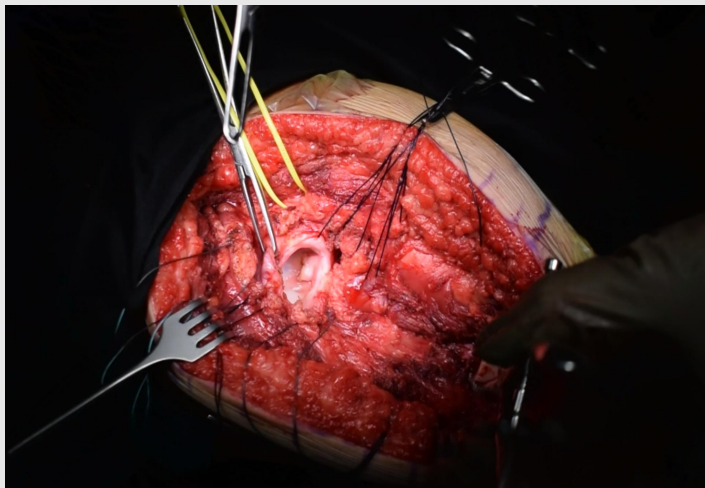


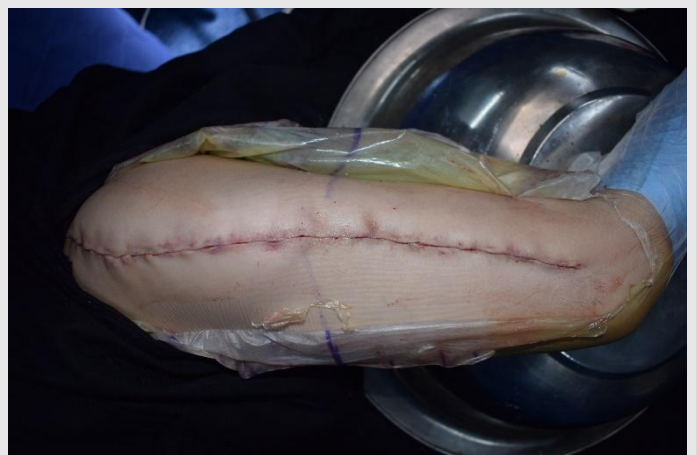
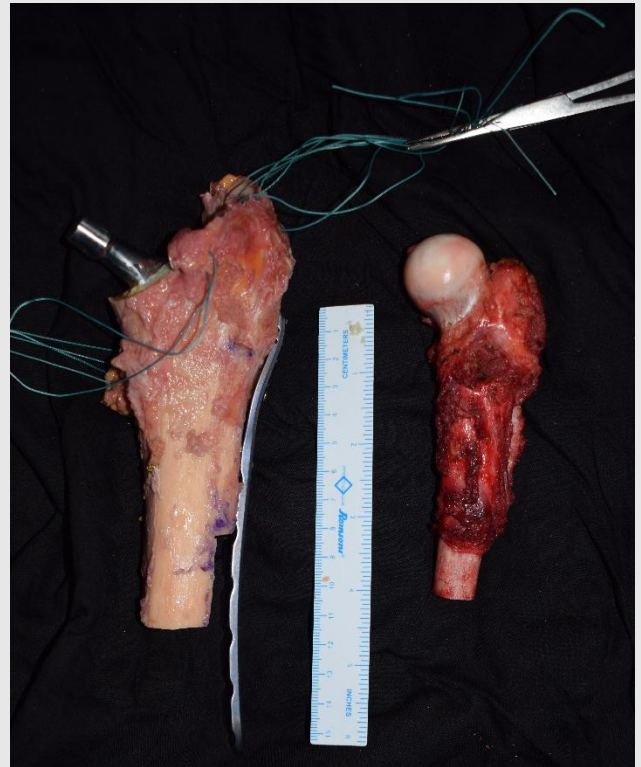
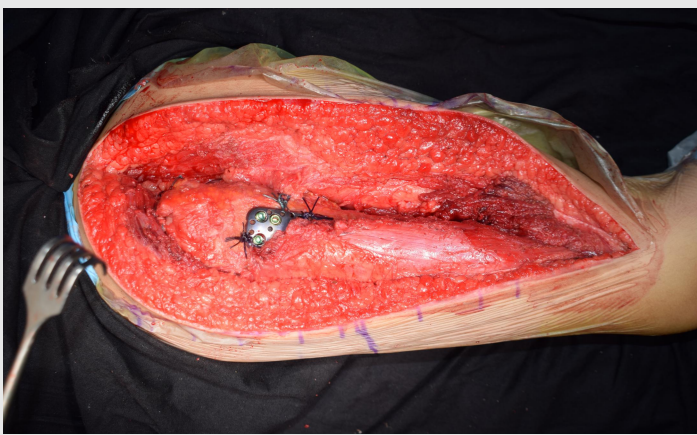
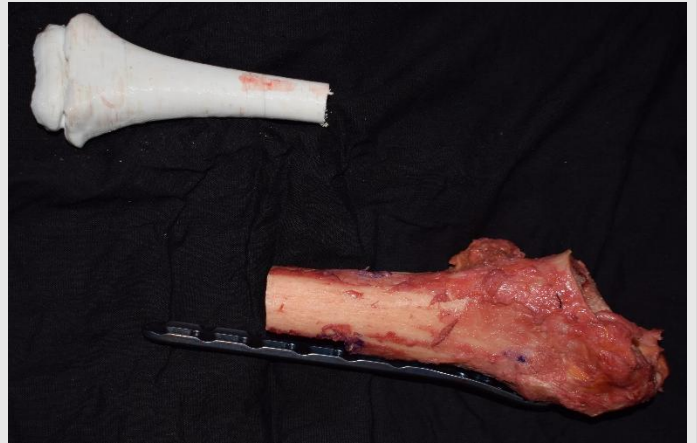
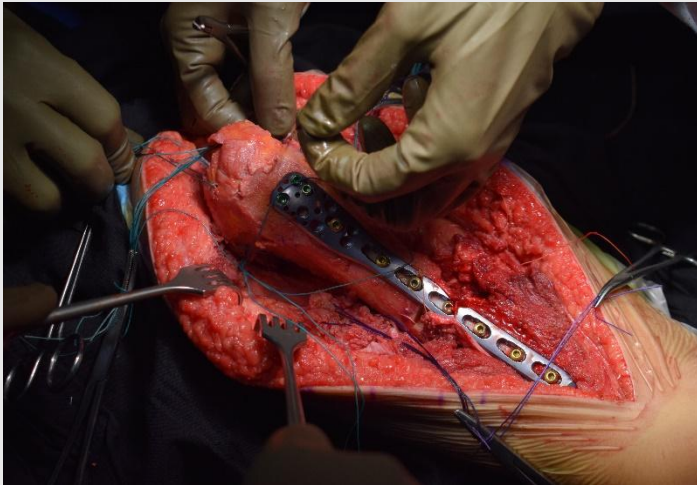
Findings:

| | |
|---|--|
| 1 | Irregular sclerosis with subtle bony expansion involving the proximal left femur. |
| 2 | Small metabolically active extra osseous focus along the anterior surface of the proximal left thigh. No lesion on the corresponding image. This is likely non-specific. |
| 3 | 2 mm right upper lobe lung nodule. |

OPERATIVE IMAGES: 04/04/2022



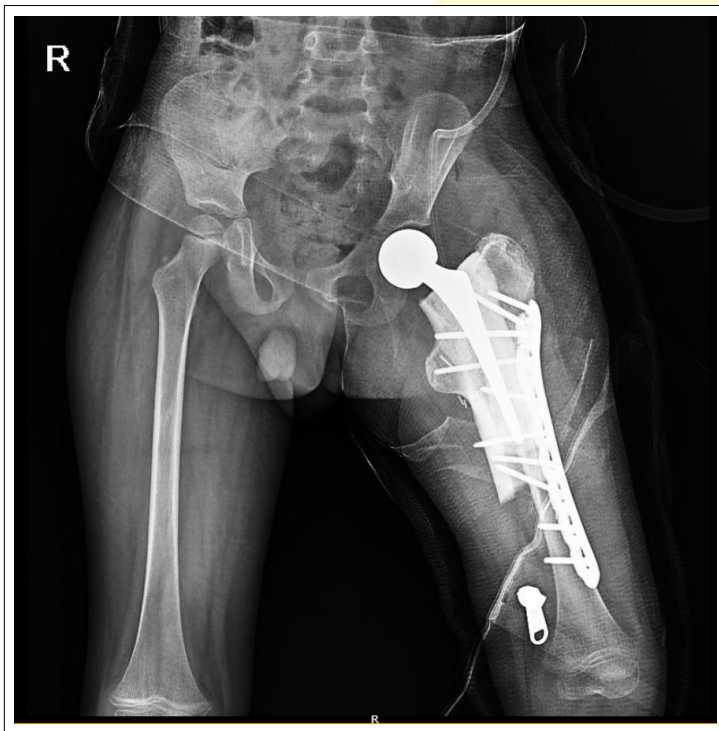




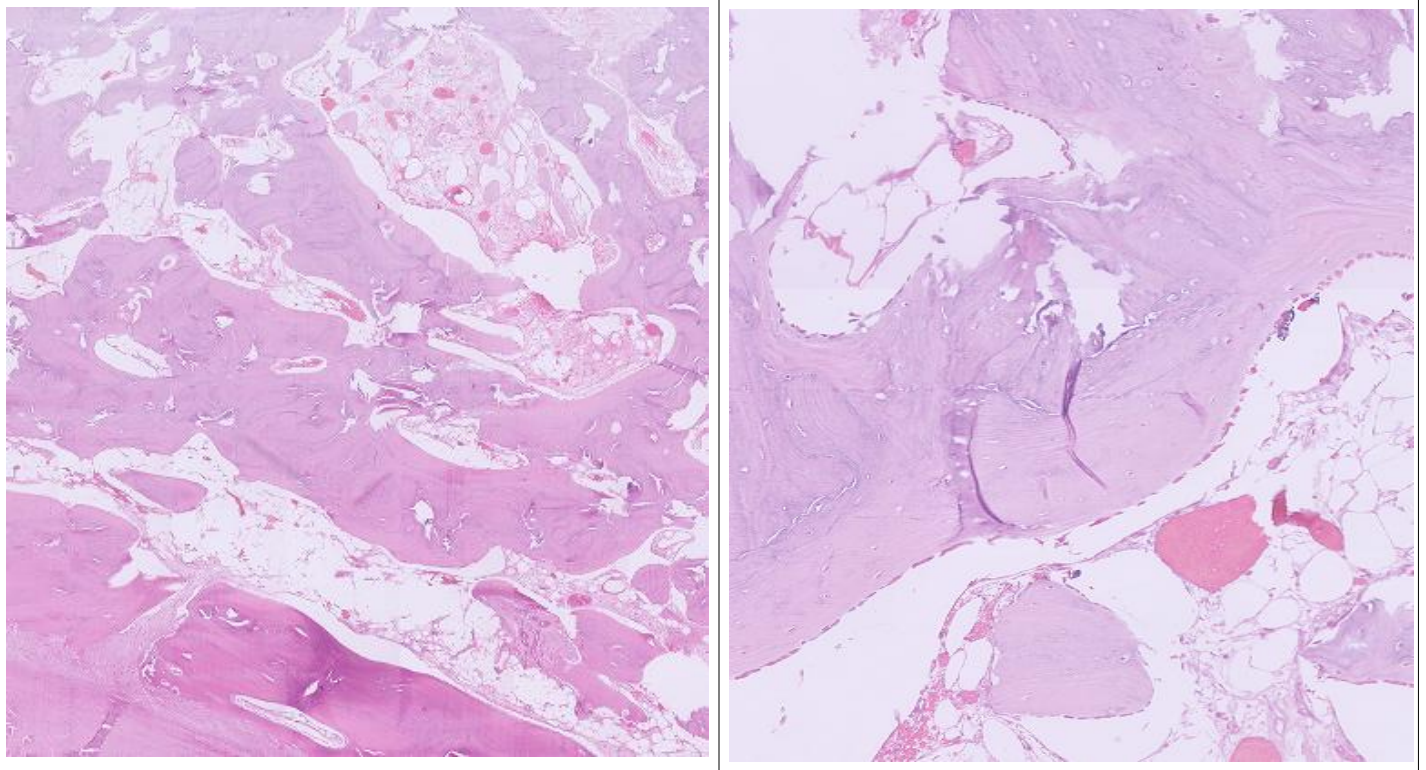
Findings:

| | |
|---|--|
| 1 | Vastus lateralis was elevated, sciatic nerve was isolated, bone cuts was taken at 11cm from the tip of GT. |
| 2 | Proximal femur allograft was prepared and cuts were taken for a prosthetic implantation of a Exeter stem (Stryker). After implantation of the prosthesis, a 28mm ceramic head was used. The allograft prosthetic complex was located in to the anatomical defect and it was fixed to the distal femur with a 6 holed philos plate (Synthes). |
| 3 | Soft tissue and muscle reattachments were done and wound was closed in layers. Postoperatively, the patient was observed and he was put on abduction splint. On day 5 wound inspection was done and hip spica application was carried out. Wound had no necrosis or discharge. |

POST-OP X-Ray: 05/04/2022



HISTOPATHOLOGY IMAGES: 04/04/2022



Findings:

- | | |
|---|---|
| 1 | No residual sarcoma seen- Complete response. Necrosis percentage- 100% Known case of proximal femur Ewing's sarcoma. |
|---|---|

PROPOSED RECOMMENDATION AS DISCUSSED IN TYR MULTIDISCIPLINARY SARCOMA TUMOUR BOARD:

| | |
|---|---|
| 1 | The resected specimen had 100% necrosis with no evidence of tumour tissue demonstrating excellent response to chemotherapy. The resected specimen also had adequate wide margin when correlated to the preoperative radiological extent of the tumour. |
| 2 | Patient was advised to continue remaining chemotherapy at the centre at his home country (Remaining 7 cycles of VAC-IC regimen). |
| 3 | Discussion: Considering doubtful lung nodule that was present in the PET-CT scan on presentation, close follow-up was advised. Since prior (pre chemo) lung images were not available for comparison, patient is advised CT scan of the chest now and also after completion of chemotherapy. If there is progression, adjuvant RT (whole lung bath)/ resection to be considered in the future if needed. |
| 4 | Hip spica cast to be continued for 2months after the surgery, following which abduction of the hip to be maintained for another 2months. Gradual progressive weight bearing to be initiated after 3months from surgery with walker support. Full weight bearing (with support) to be achieved by 6 to 8months from the date of surgery. Guarded assisted ambulation and avoiding strenuous activities to be strictly followed till completion of chemotherapy |
| 4 | To review once in 3 months for every 2 years and for every 6 months for next 3 years. |



OUR MDT TEAM MEMBERS:

| NAME | DESIGNATION |
|-------------------|--|
| Dr.Pramod Chinder | Consultant Orthopaedic Oncosurgeon |
| Dr Suraj H P | Orthopaedic Oncosurgeon |
| Dr. Anto | Fellow- Orthopaedic Oncology |
| Dr. Amar | Fellow- Orthopaedic Oncology |
| Dr. Kunal | Consultant Oncopathologist |
| Dr. Aparna | Consultant Oncopathologist |
| Dr. Imran | Consultant Oncopathologist |
| Dr. Shivakumar | Consultant Radiologist |
| Dr. Kumaraswamy | Consultant Radiation Oncologist |
| Dr. Vikram Maiya | Consultant Radiation Oncologist |
| Dr. Vijay Agarwal | Consultant Medical Oncologist |
| Dr. Intezar Mehdi | Consultant Paediatric Medical Oncologist |

OUR TEAM MEMBERS:

| NAME | DESIGNATION | CONTACT NUMBER |
|-----------------------|------------------------------|--------------------------------|
| Dr.Pramod S Chinder | Orthopaedic Oncosurgeon | +91 9945106676 |
| Dr.Amrithlal M | Spine Surgeon | |
| Dr.Suraj H P | Orthopaedic Oncosurgeon | |
| Dr. Anto | Fellow- Orthopaedic Oncology | |
| Dr. Amar | Fellow- Orthopaedic Oncology | |
| Mr. Roofus Mohan | Nurse Practitioner | 8197859696 |
| Mr. Aasim Mohammed | Nurse Practitioner | 9060178007 - 9632419696 |
| Ms. Tejashvini Anchan | Secretary | 9535832969 – 7996907996 |
| Mrs. Kavya | MSW | 9632971901 |
| Mrs. Veena | Coordinator | 9148663925 |

Prepared by: Tejashvini.

Checked by: Dr.Pramod.S.Chinder