The surgical treatment of Pelvic Osteosarcoma is extremely challenging. Only a few centers in the country have the expertise necessary to safely and adequately remove these tumors. Dr. John Abraham, chief of the division of Orthopedic Oncology at the Rothman Institute, and Director of Jefferson’s Musculoskeletal Oncology Center, has pioneered the use of technology known as surgical navigation to assist in the resection of complex tumors such as this one. Using this system, a highly precise 3 dimensional image of the tumor and surrounding tissues can be seen intra-operatively in real time. This makes the resections not only safer, but also increases the surgeon’s ability to achieve a negative margin resection, which is critical to the patient’s disease free survival. Preoperative planning was done at the weekly Sarcoma and Musculoskeletal Oncology treatment planning conference, with the input from the Musculoskeletal Radiology and Bone and Soft Tissue Pathology teams. In this case, an extremely complex 12 hour operation was performed by Dr. Abraham. A navigation assisted resection including the right hemipelvis, right hemi sacrum, and the right half of the L5 vertebral body was performed.

The tumor was evaluated by the Bone and Soft Tissue Pathology service. The resection demonstrated a negative margin in all planes of the resection. This is the best surgical result that can be achieved when dealing with these aggressive tumors, and significantly improves the patient’s chance for survival.

The Orthopedic Oncology service at Rothman Institute is the only center in the region with expertise in the utilization of surgical navigation for resection of bone tumors. As demonstrated by this case, achieving a negative margin is extremely challenging, yet is absolutely critical to the best patient outcome. Dr. Abraham believes this technology has increased his ability to safely and completely remove even the most challenging of skeletal tumors like this one, and is thrilled about the benefits that it can offer his patients with difficult bone tumors.

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Surgical Treatment

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Final Pathology

The tumor was evaluated by the Bone and Soft Tissue Pathology service. The resection demonstrated a negative margin in all planes of the resection. This is the best surgical result that can be achieved when dealing with these aggressive tumors, and significantly improves the patient’s chance for survival.

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