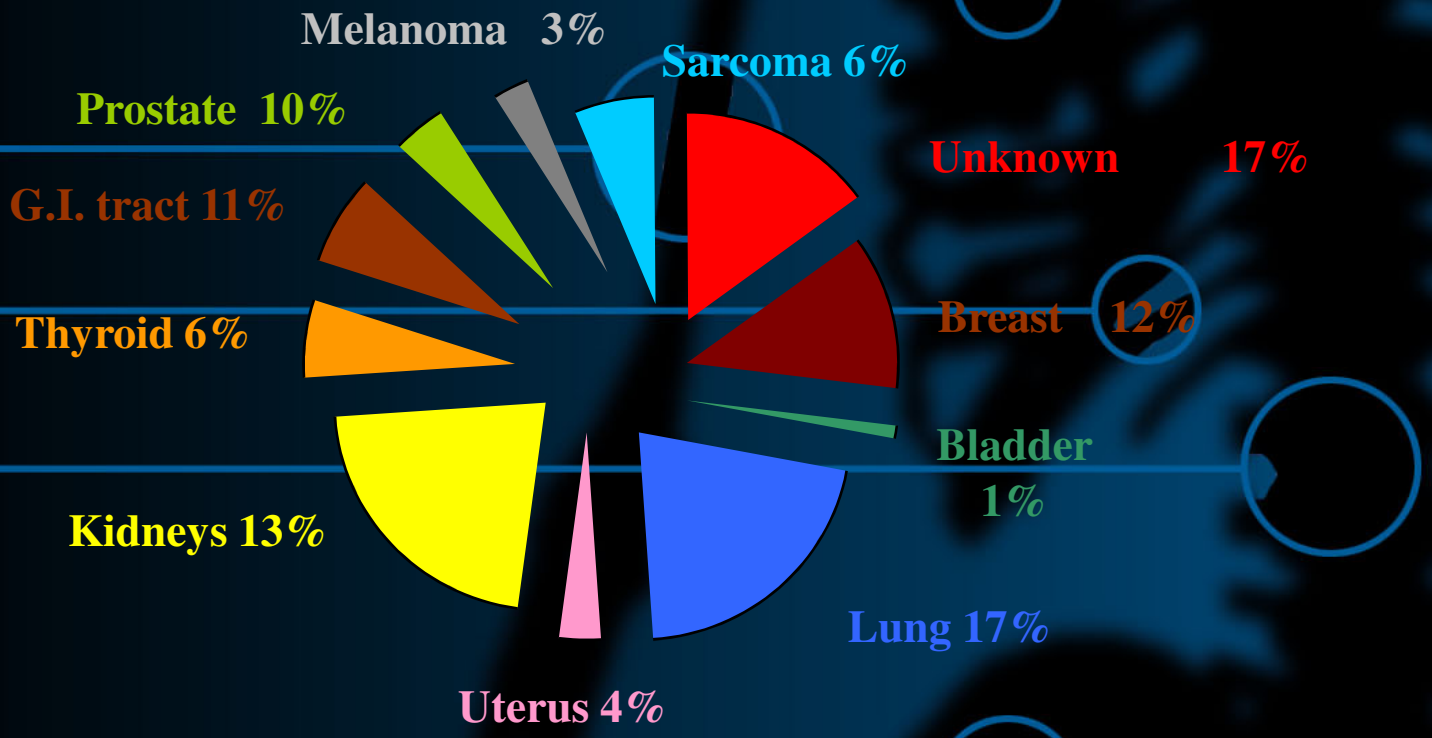

Carcinoma Tiroideo Avanzato
La Gestione delle Metastasi Scheletriche
Gasbarrini A., Cappuccio M., Boriani S.
UNITA' OPERATIVA DI ORTOPEDIA, TRAUMATOLOGIA E CHIRURGIA VERTEBRALE, OSPEDALE MAGGIORE BOLOGNA

349 SPINE METASTASES

1997-2005

Primary tumor:



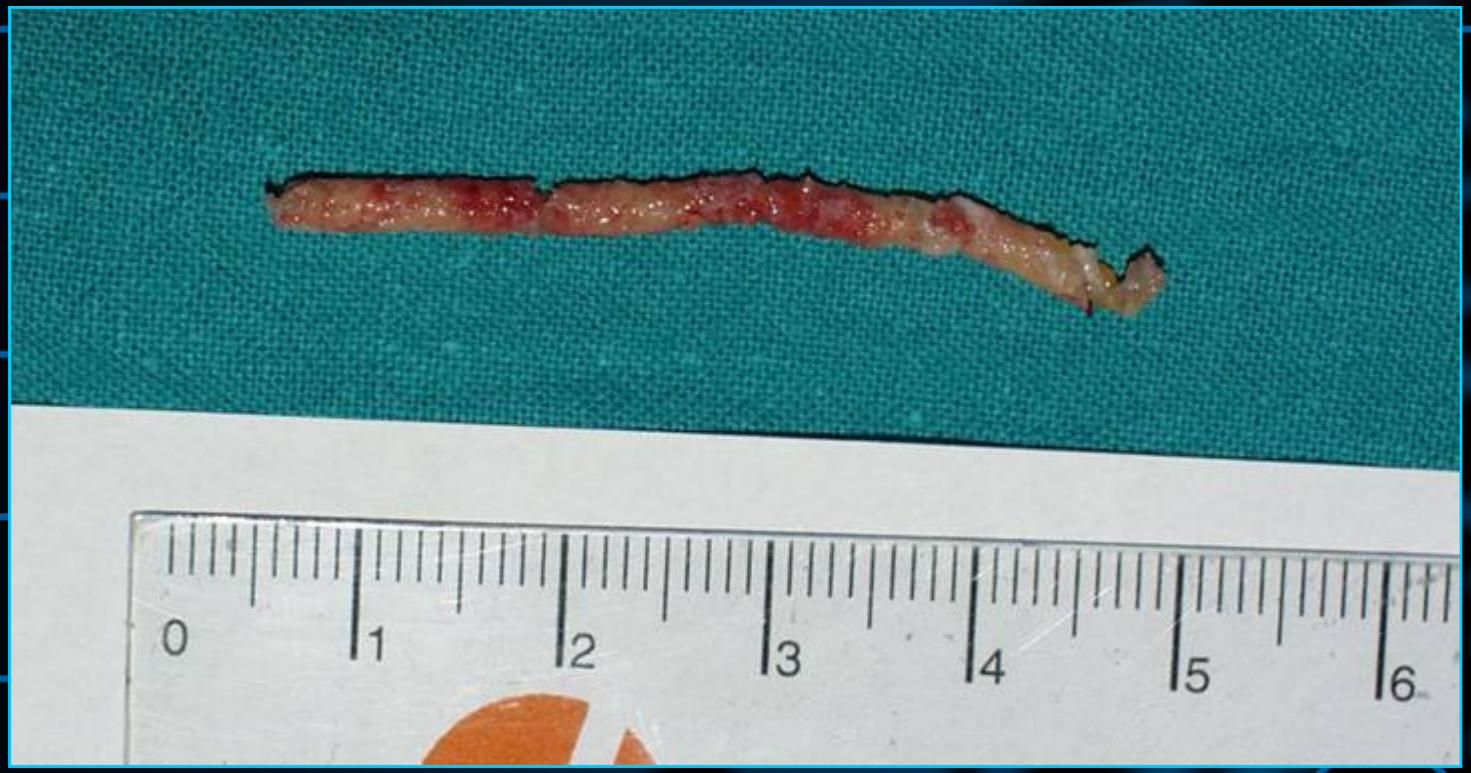
Plasmacytoma: 57 Lymphoma: 9

METASTASI OSSEE

- ***MALATTIA SISTEMICA***

Target Oncologico:
controllo locale della malattia

Target Clinico:
Qualità di vita



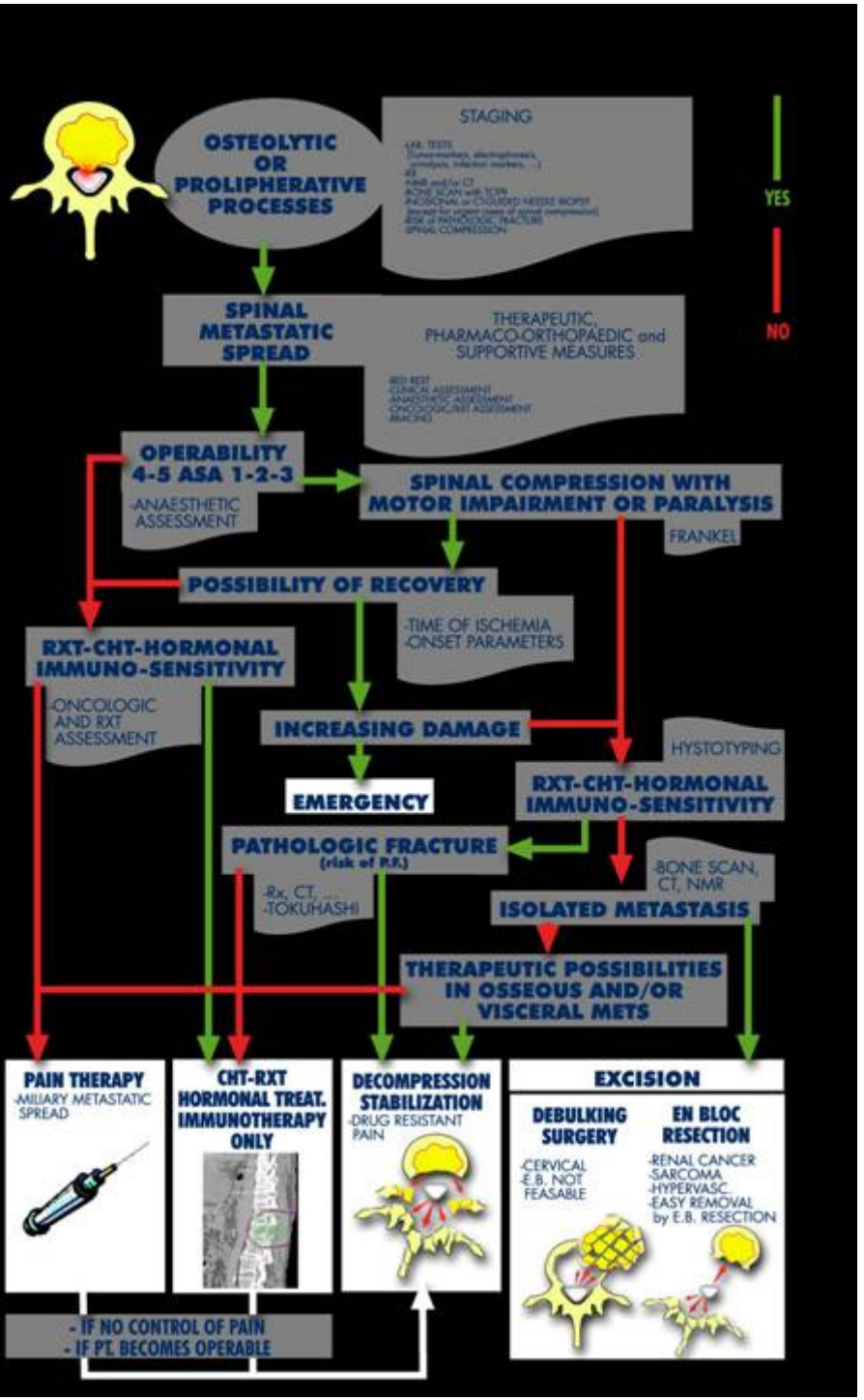
La biopsia nelle metastasi ossee

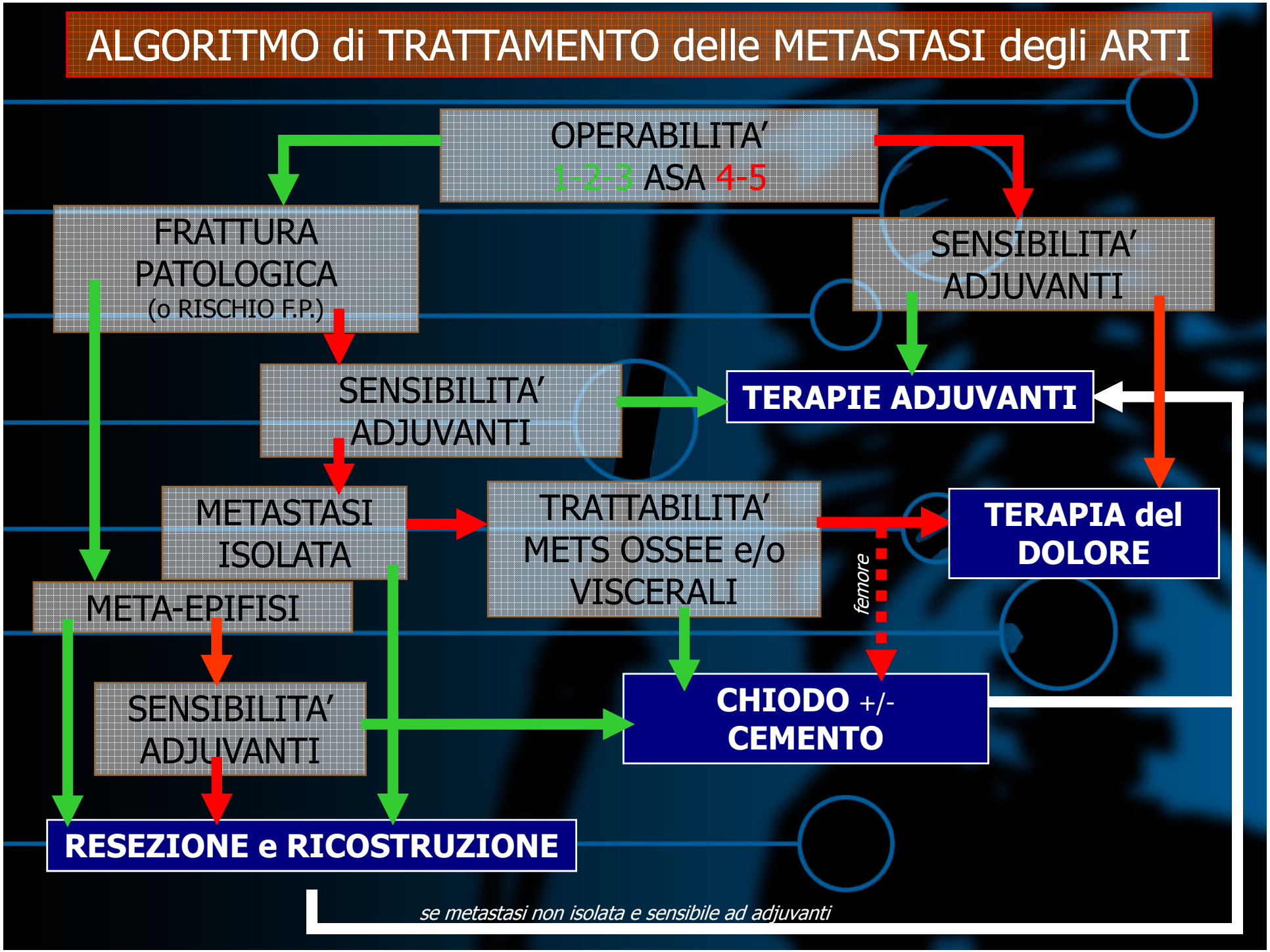
obbligatoria nella maggior parte dei casi

FLOW-CHART
for TREATMENT
of SPINAL METASTASES

EurRevMedParmacolSci 2004; 8: 265-274

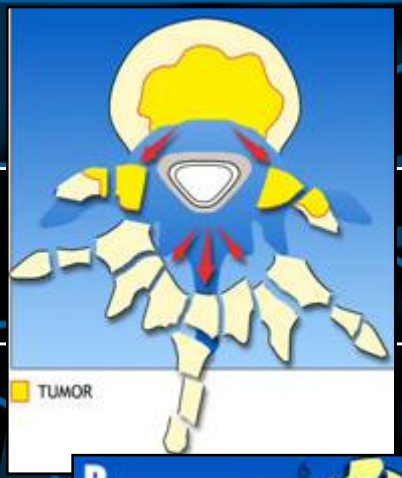
SPINE 2005; 30: 2227-2229



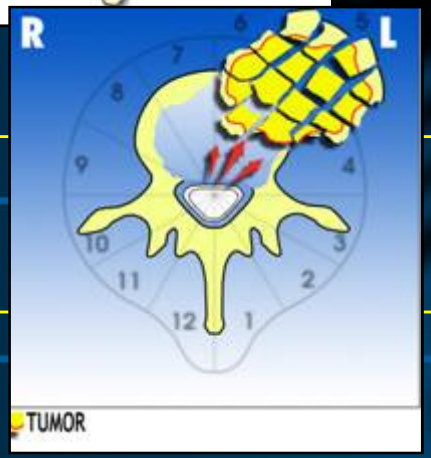

ALGORITMO di TRATTAMENTO delle METASTASI degli ARTI
OPERABILITA'
1-2-3 ASA 4-5
FRATTURA PATOLOGICA
(o RISCHIO F.P.)
SENSIBILITA' ADJUVANTI
SENSIBILITA' ADJUVANTI
TERAPIE ADJUVANTI
METASTASI ISOLATA
TRATTABILITA' METS OSSEE e/o VISCERALI
TERAPIA del DOLORE
femore
META-EPIFISI
SENSIBILITA' ADJUVANTI
CHIODO +/- CEMENTO
RESEZIONE e RICOSTRUZIONE
se metastasi non isolata e sensibile ad adjuvanti

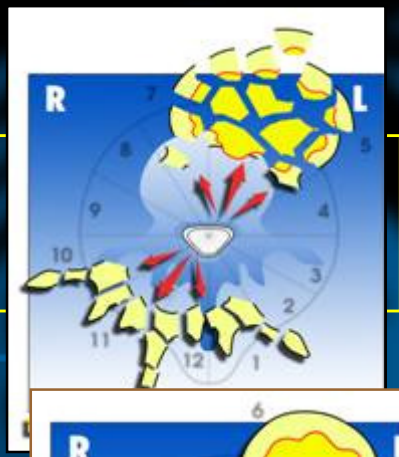
OPZIONI di TRATTAMENTO CHIRURGICO

CHIRURGIA PALLIATIVA
Decompressione e Stabilizzazione

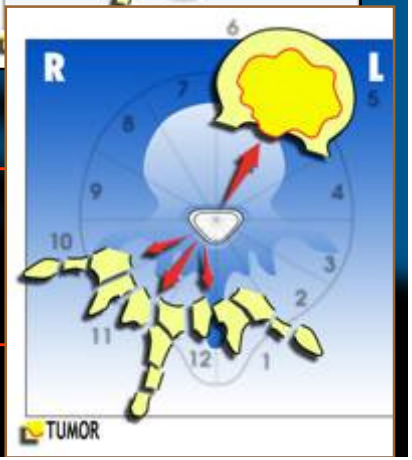


ESCISSIONE INTRALESIONALE
Curettage o Debulking





ESCISSIONE EXTRALESIONALE
Resezione in blocco



European Review for Medical and Pharmacological Sciences 2007; 11: 91-100

Vertebroplasty in the treatment of vertebral metastases: clinical cases and review of the literature

G. BARBANTI BRÒDANO, M. CAPPUCCIO, A. GASBARRINI, S. BANDIERA
F. DE SALVO, F. COSCO, S. BORIANI

Unità Operativa di Ortopedia e Traumatologia, Chirurgia del Rachide, Ospedale Maggiore "C.A. Pizzardi" – Bologna (Italy)

The main indication of VP in metastatic patients is to achieve local pain control[15]. Many authors agree with the opinion that a good result may be a 50% pain reduction.

The option to perform VP in local anesthesia make possible his employment also in those patients who are in bad health conditions (ASA 4), for whom endo-tracheal intubations were too dangerous. In such patients affected by plurimetastatic disease with short life expectancy, VP may be helpful in pain control and improvement the quality of life. We treated a young

Neurologic Deficit Following Percutaneous Vertebral Stabilization

Alpesh A. Patel, MD,* Alexander R. Vaccaro, MD,† Gregg G. Martyak, MD,

Potential causes for neurologic deterioration following vertebroplasty or kyphoplasty range from mechanical mass effect to thermal or chemical neurotoxicity.

2004-2006: 12 thermoablations

PRELIMINARY CONSIDERATIONS

✓Radio-frequency thermoablation leads to ischemic necrosis of the tumor.

✓In hypervascularized tumors (renal carcinoma) it is necessary to take care to reach and maintain the required temperature for as long as needed to achieve necrosis.

✓There is probably no modification of the actual properties of the tumor and the necrotic tumor is still present.

✓And so the tumor does not disappear and there is no cavity to be filled.

CONCLUSIONI

- SPESSO IL PRIMO TRATTAMENTO DETERMINA LA PROGNOSI
- BIOPSIA SE DIAGNOSI INCERTA
- IL TRATTAMENTO DI UN PAZIENTE AFFETTO DA METASTASI OSSEE DEVE MIRARE AD UN MIGLIORAMENTO DELLA QUALITA' DI VITA
- LA CHIRURGIA DEVE MIRARE AD OTTENERE UN CONTROLLO LOCALE DELLA LESIONE METASTATICA

CONCLUSIONI

- IL TRATTAMENTO DEVE ESSERE MULTIDISCIPLINARE IN ACCORDO CON MEDICO DI BASE, ENDOCRINOLOGO/ONCOLOGO, RADIOTERAPISTA ED ANESTESISTA

- TRATTAMENTO IN CENTRI DEDICATI E POLISPECIALISTICI