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Soft tissue sarcomas may be treated with limb-sparing procedures in the majority of cases; however, certain cases involving significant tumor spread and fungation may call for amputation. In the thigh, hip disarticulation typically involves a pedicled gluteus maximus flap or a pedicled anterior quadriceps flap.

Hip disarticulation with pedicled total leg fillet flap ...

CONCLUSION: Disarticulation of the hip remains a disabling procedure usually carried out for high grade sarcomas with extensive involvement of bone and soft tissues in the thigh. Long term survival is possible if wide margins of excision can be achieved.

Outcome after disarticulation of the hip for sarcomas.

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records of all patients undergoing hip disarticulation from 1966 to 1989 were reviewed for surgical indication, perioperative wound complications, and postoperative deaths. Fifty-three patients underwent hip disarticulation for limb ischemia (10), infection (12), infection and ischemia (14), or tumor (17).

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Hip disarticulation: Factors affecting outcome

Standard hip disarticulation or hemipelvectomy makes use of a posterior gluteus maximus-based flap that is swung anteriorly to close the wound. However, tumor contamination from proximity to a large lesion, from previous surgery, or through tumor arising from the gluteus muscle precluded the use of this posterior gluteus flap.

Adductor Myocutaneous Flap Coverage for Hip and Pelvic

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tumor extension into the pelvis and usually indicates the need for a hemipelvectomy. (B) Partial sectioning of a gross specimen following a hemipelvectomy. Chondrosarcoma can be seen (small and curved arrows) extending below the ilium into the sciatic notch and involving the adjacent sciatic nerve. Tumor involvement of the sciatic notch almost

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The hip joint capsule is then circumferentially incised and the ligamentum teres divided to complete the disarticulation (Fig 21A-1. ,B). The wound is closed by suturing the gluteus maximus to the remnants of the adductor muscles and approximating the skin edges (Fig 21A-1. ,B).

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En bloc removal of the tumor is performed by either hip disarticulation or hemipelvectomy. The long adductor myocutaneous flap is brought up laterally and proximally to close the wound.

(PDF) Adductor Myocutaneous Flap Coverage for Hip and

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This is the most current surgical text describing and illustrating: step-by-step descriptions of surgical techniques for the management of bone and soft-tissue tumors of the extremities shoulder and pelvic girdle sarcomas new, sophisticated, multimodality procedures for truncal and abdominal sarcomas.

Bone Cancer Textbooks : Orthopedic Oncology : Sarcoma

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The residual limb of the transfemoral amputee with hip joint contracture provides only a small posterior thigh platform for sitting and a short lever arm for transfer (Fig 19A-2.,A and B). The residual limb in the knee disarticulation amputee is muscle balanced, so these patients rarely develop early or late hip joint contracture.

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Osteogenic sarcoma 4 Chondrosarcoma 4 Ewing's sarcoma 1 Rhabdomyosarcoma 4 Fibrosarcoma 3 ... 14-21. Higinbotham, N. L. & Coley, B. L. (1956) Hcmi- ... Hip joint disarticulation (with and without deep iliac dissection) and sacro-iliac disarticulation (hemipelvectomy).

THE SUKGTAL TECHNIQUE FOR HINDQUARTER AMPUTATION

Hip Disarticulation is a major complex surgery and should be part of the armamentarium of the orthopaedic surgeon who is treating severe lower limb infections, dealing with lower limb sarcomas and...

Outcome after disarticulation of the hip for sarcomas ...

Hip Disarticulation Predictably, when undertaken for ischemia, gangrene, or an infected nonhealing transfemoral amputation, the hip disarticulation procedure is associated with high mortality and accounts for fewer than 1% of all major amputations. 94 In summary, it is based on a large gluteal myocutaneous flap running posteriorly from 3 cm ...

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