



Surgical Techniques for limb Salvage

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- Adequate surrounding soft tissue for reconstruction
- Good response to neoadjuvant therapy, if indicated
- Minimal involvement of neurovascular structures
- Surgical Techniques

Suction : Used for smaller defects or as adjuncts to primary closure or flap reconstruction.

Adhesive

Radical : Often used preoperatively or postoperatively to reduce tumor size or treat residual disease.

Cross :
wound healing.

En bloc resection

En bloc resection : Involves removing the tumor with a margin of healthy tissue to minimize the risk of local recurrence.

Partial : Used when en bloc resection is not feasible, involving removal of the tumor while preserving surrounding healthy tissues.

Resection and reconstruction

Custom-made prostheses : Involves replacing resected bone segments with custom-designed prostheses made of metal or composite materials.

Bone grafting : Utilizes allografts or autografts to reconstruct bone defects, promoting bone healing and integration.

Rearrangement : In cases where the tumor affects the distal femur or proximal tibia, the ankle joint is repositioned to function as a knee joint after resection [2].

Skin grafting

Musculocutaneous : Utilized to cover soft tissue defects and improve wound healing.

paradigm shift towards preserving limb function and improving patient outcomes compared to traditional amputation. Advances in surgical techniques, reconstructive options, and adjuvant therapies continue to evolve, offering patients personalized treatment strategies and hope for a better quality of life post-surgery.

In summary, while limb salvage surgery presents unique challenges,