CC: 13 yo with lump on anterior L tibia with increasing pain.

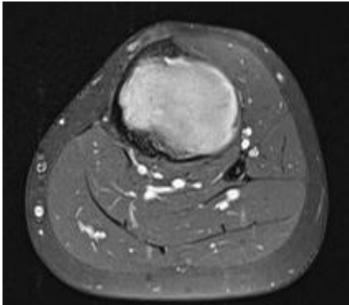
PMH: biopsy outside



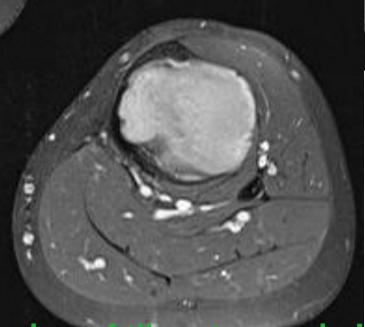


Dec 19, 2016

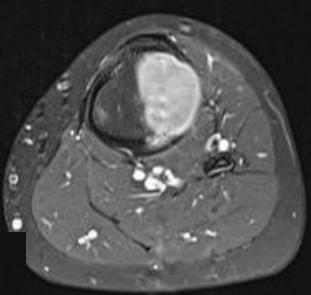




Dec 19, 2016



sparing of tib ant vessels !

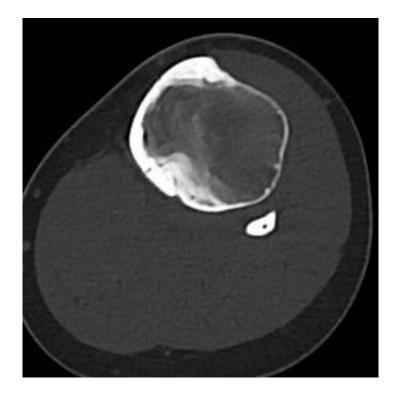








March 14, 2017



3D planning to preserve patellar tendon and growth plate





3D-SIDE

PATIENT SPECIFIC SURGICAL TECHNOLOGY

Advantage: directly affiliated with several bone banks to select optimal allograft (digital exchange)



1. Initial Situation



Figure 1.1 : CT



Figure 1.2 : MRI



2. Tumor localization

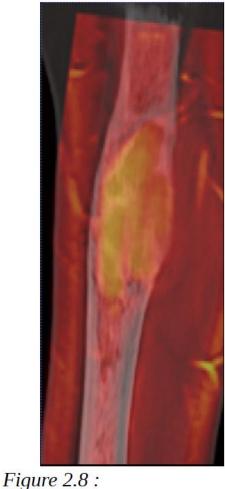
Tumor of left tibia. Coregistration of MRI and CT are OK in the tumoral zone.



CT + MRI

CT + MRI + Tumor





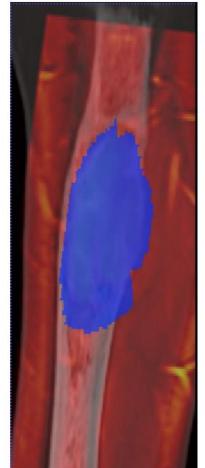
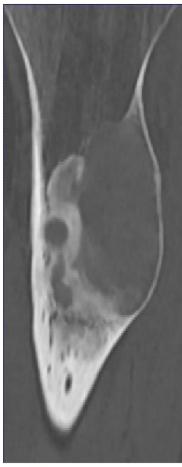


Figure 2.9 :

Surgery

Figure 2.7 :

CT



Jure 2.13 :

CT + MRI

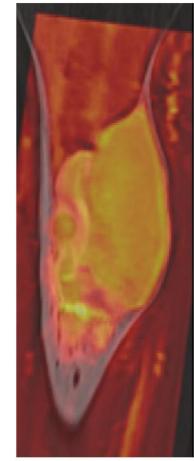


Figure 2.14 :

CT + MRI + Tumor



Figure 2.15 :



3. Resection Planning

For the tumor resection, we suggest a proximal resection in two planes and a distal resection by Step cut (3 planes). All safe margins are set at 10 mm (distance between the resection plane and the extremum of the tumor).

We don't consider the fibula, in our planning.

PREVIOUS PLANNING :





Figure 3.1 : Anterior view of 3D-model with resection in green. Proximal : 2 resection planes (following the shape of the tumor). Distal : 1 resecton plane. Figure 3.2 : Medial view



Figure 3.3 : Posterior view



Figure 3.4 : Lateral view

NEW PLANNING, WITH STEPCUT :

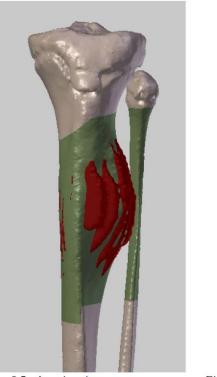






Figure 3.6 : Posterior view



diaphyseal lea: complete: alloaraft

4. Reconstruction

By allograft.

For the reconstruction, we suggest to use the **allograft with number 229484** (in yellow, on next images). As you'll see on the images, it is slightly larger/bigger than the patient's tibia.

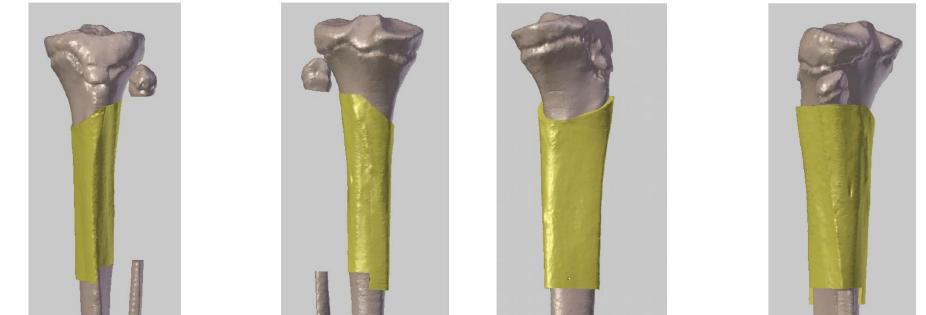


Figure 4.1 :



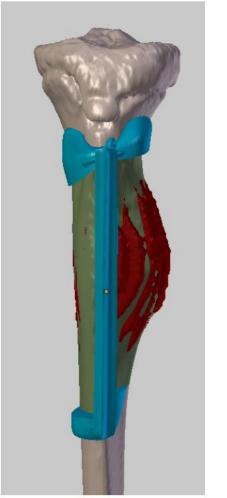
Figure 4.3 :

Figure 4.4 :



5. Design of custom-made instruments

Surgical guide for the patient :



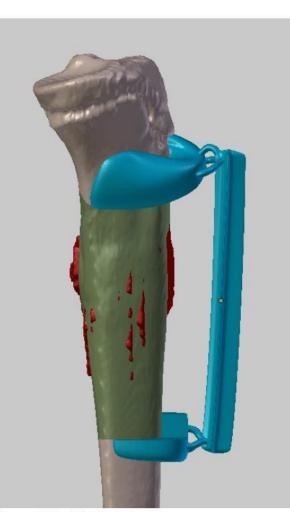
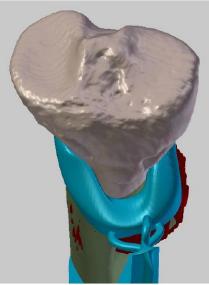


Figure 5.1 : Anterior view of the resection guide, in blue

Figure 5.2 : Medial view





the tibial tuberosity

Figure 5.5 : Transparency used, to show the area of the resection quide that is not in Figure 5.4 : Surgical guide not in contact with contact with the bone. (central part : a little bit darker : not in contact with the tibial tuberosity)

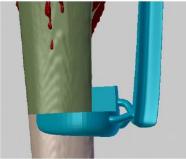
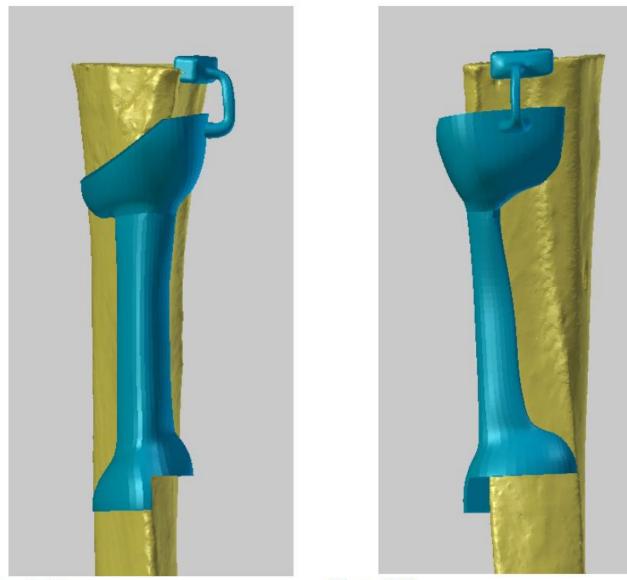


Figure 5.6 : Distal 'functional part' of the resection guide. This is connected to the bridge structure by means of 3 small 'connections' which can be cut/broken once the resection guide is fixed onto the patient's tibia









'igure 5.10 :

Figure 5.11 :







Figure 5.12 :

Figure 5.13 :





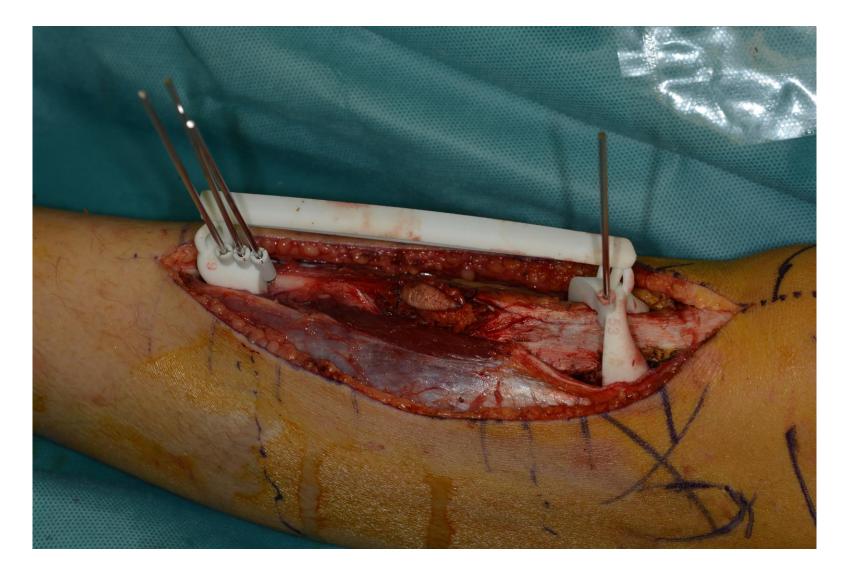


Figure 5.14 :

Figure 5.15 :



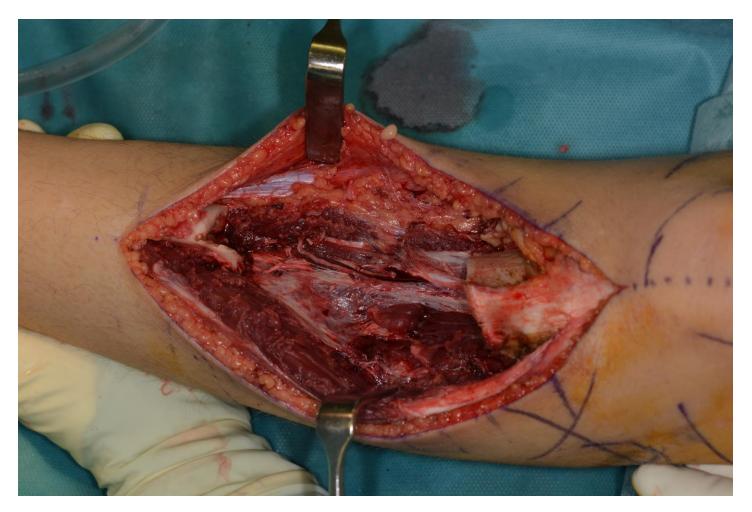












Sparing of tib ant vessels !





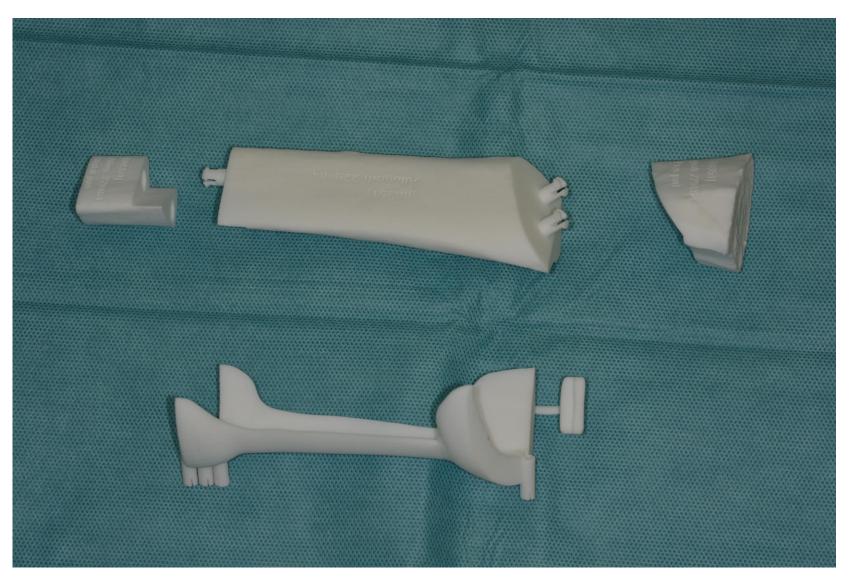


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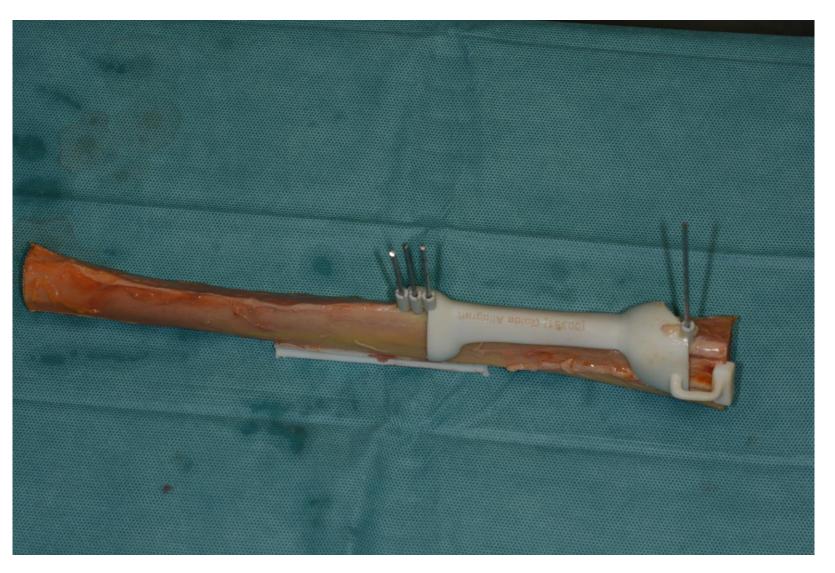


















May 4, 2017

L



SB May 11, 2017:

Completely removed, OFD like adamantinoma

