

PS04 Resekcijska artroplastika kuka: uspješna metoda liječenja difuznog B-velikostaničnog limfoma kukaDavid Glavaš Weinberger^a, Mihael Grzelja^a, Inga Mandac Smoljanović^b, Tomislav Smoljanović^c^a Medicinski fakultet Sveučilišta u Zagrebu^b Zavod za hematologiju, Klinika za unutarnje bolesti, Klinička bolnica "Merkur"^c Klinika za ortopediju, Klinički bolnički centar ZagrebDOI: <https://doi.org/10.26800/LV-144-supl6-PS04>

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Ključne riječi: artroplastika; limfom, B-velikostanični, difuzni; zglob kuka

UVOD: Difuzni B-velikostanični limfomi (DLBCL) agresivni su tip B staničnih novotvorina. Limfomi čine 3 do 7% primarnih koštanih tumora, dok 40 do 50% metastaza limfoma zahvaća koštani sustav. Prikazujemo slučaj pacijenta s anaplastičnim DLBCL zdjelice, kralježnice, abdomena, femura i zglobne čahure kuka.

PRIKAZ SLUČAJA: Tridesetjednogodišnjem muškarcu, obrađivanom zbog bolova u području kuka, dijagnostiran je DLBCL stadija IVAE sa zahvaćanjem abdomena, zdjelice i kralježnice. Inicijalno je liječen kemoterapijom (R-CHOP) i radioterapijom u travnju 2018. godine. U siječnju 2019. dokazana je infiltracija središnjeg živčanog sustava (SŽS) te je terapija promijenjena na MATRIX protokol, uz deksametazon i zoledronat. Zbog pada na zahvaćeni kuk te kontinuiranih bolova, pacijent je praćen i od strane ortopeda. Magnetna rezonanca pokazala je osteolizu acetabuluma i glave femura te centralnu protruziju glave femura kroz acetabulum. Konzultacija s hematologom nakon PET-CT-a dovela je do zaključka da ne postoje sigurni znaci rezidua limfoma. Zbog jakih bolova i ankyloze kuka, učinjena je resekcijska artroplastika glave femura. Pacijent od tada hoda s hodalicom i ortopedskim cipelama s povišenjem od 12 cm. Pacijentu do sada nije detektiran recidiv limfoma.

ZAKLJUČAK: Limfomi su uspješno izlječivi kemoradioterapijom. Posljedice po lokomotorni sustav mogu uzrokovati značajnu invalidnost. Zbog lokalnih ograničenja, poput avitalnosti kostiju, gubitka mišića i fibrose, limitirana je mogućnost ortopedskog liječenja. Resekcijske artroplastike, iako mutilirajuće, dovode do poboljšanja kvalitete života u takvih pacijenata.

Resection Arthroplasty of the Hip: A Successful Treatment for Diffuse Large B-Cell Lymphoma of the Hip

Keywords: arthroplasty; hip joint; lymphoma, large B-cell, diffuse

INTRODUCTION: Diffuse large B-cell lymphomas (DLBCL) are a type of aggressive B-cell neoplasms. Lymphomas account for approximately 3 to 7% of primary bone tumors, while 40 to 50% of lymphoma metastases involve the skeletal system. We report a case of a patient with anaplastic DLBCL of the pelvis, spine, abdomen, femur, and hip joint capsule.

CASE REPORT: A 31-year-old male patient, complaining of hip pain, was diagnosed with stage IVAE DLBCL presenting as a large abdominal mass with pelvic and spinal infiltration. He underwent chemotherapy (R-CHOP) and radiotherapy in April 2018. In January 2019 CNS infiltration was detected. Treatment was switched to a MATRIX regimen with dexamethasone and zoledronate. Due to a fall on the affected hip and continuous pain, the patient was referred to orthopedics. MRI revealed osteolysis of the acetabulum and femoral head with central protrusion of the femoral head through the acetabulum. Hematologic consultation following a PET-CT scan concluded that there were no sure signs of lymphoma in the hip. Due to severe pain and ankylosis, resection arthroplasty of the femoral head was performed. The patient has since been walking with a walker and orthopedic shoes with a 12cm elevation. Relapse of the lymphoma hasn't since been detected.

CONCLUSION: Lymphomas are successfully treatable with chemoradiotherapy. The consequences of therapeutic measures on the locomotor system may cause significant invalidity. Due to local impediments, such as bone necrosis, loss of muscle, and fibrosis, orthopedic treatment becomes limited. Resection arthroplasty, despite being a mutilating procedure, improves the quality of life in such patients.