Bone Tumour and Sepsis Unit

Overview:

This unit manages primary bone tumours, soft tissue tumours involving the limbs and chronic sepsis of bone and joints.

1) Benign bone tumours:

Benign tumours, or lesions you suspect may be these, can be referred to this unit. Do **not** biopsy. A biopsy will be done by the unit if necessary. Some lesions such as small non ossifying fibroma do not require biopsy. The unit will advise whether any intervention is necessary.

Fractures through benign lesions such as simple bone cysts must be referred **as an emergency** (contact the registrar on call by telephone). Some benign conditions require long-term follow-up as they have the potential to undergo malignant change. These include multiple osteochondromatosis, and multiple or isolated enchondromas. Refer such patients even if they are not currently symptomatic.

2) Malignant primary bone tumours:

Once you have suspected a bone lesion is malignant, prompt referral is required. Take a full blood count and ESR to differentiate from septic conditions. A chest x ray will be required to rule out large pulmonary metastases. **Do not biopsy** the lesion - a biopsy will be done by this unit.

In adults myeloma is a common primary bone tumour. Do a ESR and protein electrophoresis in all adults with a suspected bone tumour.

If your x rays suggest a pathological fracture is present or likely please splint the bone appropriately. **Pathological fractures** must be referred as emergencies.

3) Metastatic bone tumours:

These are common above age 50. The Unit will manage:

- Large bony metastases from a known primary lesion. The patient may need prophylactic fixation if the lesion is over 50% of the diameter of the bone or is in the proximal femur. A Mirel's score of above 8 is an indication for prophylactic fixation.
- Bony metastasis with occult / unknown primary. The unit will investigate bony metastases that have no obvious primary lesion. Do a full blood count, ESR and chest X ray before referring.

4) Chronic Osteomyelitis:

Host factors are important and should be optimized before surgery any surgery is undertaken. Please check HbA1C, HIV status and CD4 count before referring. If a sinus is present do a pus swab, and start patient on an appropriate antibiotic. While the patient is waiting for his clinic appointment, begin appropriate treatment of the conditions undermining the patients host status.

Emergency referral:

- When an **abscess is present** the chronic osteomyelitis may require emergency drainage. The patient will be toxially ill and the limb will be acutely tender and fluctuant. Contact the registrar on call by phone if you think an abscess is complicating established chronic osteomyelitis.
- Acute osteomyelitis or septic arthritis: If the history is only days old and the child is toxically ill your patient needs to be referred as an emergency by telephoning the registrar on call.

5) Musculoskeletal tuberculosis:

Suspected tuberculosis of bone of joint will be managed by this clinic. We will manage TB of bone and the major joints. If the *spine*, *hand* or *foot* is involved please refer to the appropriate sub-specialty clinic.

Once we have confirmed diagnosis (this will include a biopsy), the patient will be referred to a day hospital for anti Tuberculous therapy. We will follow up your patient 3 monthly until the TB has been cured.

What to do before referring:

- Differential white cell count, and ESR
- Splint joints to avoid flexion contracture
- Optimize patients nutritional status - high protein diet.