

The Atlantic Provinces Medical Peer Review



MANAGEMENT OF SPECIFIC DISEASE ENTITIES

Orthopaedics #5

BONE TUMOUR, PRIMARY MALIGNANT

It is important to note that these guidelines are meant to be of assistance to assessors in making observations. They should not be taken as standards of any of the Atlantic Provinces Licensing Authorities.

Risk factors: multiple enchondromatosis: chondrosarcoma; multiple hereditary exostosis: chondrosarcoma; previous irradiation: risk for malignant fibrous histiocytoma; previous history of bilateral retinoblastoma: osteosarcoma

Epidemiology: malignant fibrous histiocytoma: teens & elderly; osteogenic sarcoma: teens & early 20's; chondrosarcoma: very young & very old; Ewing sarcoma: children, teens & early 20's

Signs & Symptoms:

- ✓ pain with weight bearing at rest & at night; swelling; tenderness
- ✓ fracture with minor trauma; minor injury may call attention to lesion

Diagnosis:

- ✓ history & physical
- ✓ tests: alkaline phosphatase, ESR, CBC, PSA, calcium, phosphate, TSH, serum protein & urine electrophoresis
- ✓ imaging: plain radiograph, CT, MRI, CT chest, mammogram
- ✓ diagnostic procedure: bone biopsy
- ✓ differential diagnosis: solitary metastatic lesion or myeloma; lymphoma; infection; benign bone TUMOUR; metabolic bone or synovial disease; myositis ossificans; avascular necrosis

Treatment:

- ✓ treatment & follow-up are diagnosis dependent

	N/A	E	S	D
Clinical history and physical exam are documented.				
It is evident that appropriate tests have been ordered and completed.				
Appropriate therapies are used and regularly reviewed.				

COMMENTS: _____
