Although limb amputation is currently considered the gold standard for the local management of primary bone tumours, there are some circumstances in which limb sparing surgery can be considered. Selection criteria must be very strict and include:

- The tumour must be clinically and radiographically confined to the limb and occupy < 50% of the bone
- CT scan or MRI should be used to assess the degree of bone involvement
- Pathological fracture is a contraindication due to contamination of the soft tissue envelope

The distal radius is the most amenable site for limb-sparing surgery. The following techniques have been described:

- Cortical allograft
- Pasteurised or irradiated autografts
- Vascularised autograft
- Endoprosthesis
- Distraction osteogenesis

In this presentation we will use a case based approach to highlight the available options including:

- Case selection (including staging)
- Surgical technique
- Aftercare
- Risks and complications
- Anticipated cost

References: