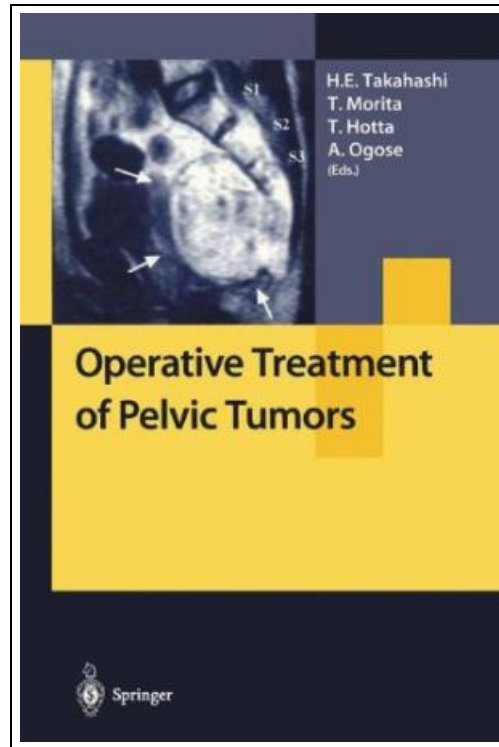


Operative Treatment of Pelvic Tumors (Hardback)



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Very good e-book and beneficial one. I am quite late in start reading this one, but better then never. I am effortlessly could get a pleasure of looking at a written book.

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OPERATIVE TREATMENT OF PELVIC TUMORS (HARDBACK)



Springer Verlag, Japan, Japan, 2002. Hardback. Condition: New. 2003 ed.. Language: English . Brand New Book ***** Print on Demand *****.

This book presents our experience in the operative treatment of bone and soft-tissue tumors arising in and around the pelvis, from 1970 to 1999 in the Department of Orthopedic Surgery at the Niigata University Medical Hospital. Histological diagnoses included both benign and malignant tumors. Surgical planning was difficult to perform in our early experience in operative treatment, when only angiography and barium enemas were in use. In the meantime, computed tomography scanning and magnetic resonance imaging became available. Subsequent improvement in the quality of these images made three-dimensional surgical planning for pelvic tumor removal much easier. Such progress in diagnostic methodologies, together with advancements in microsurgical techniques, methods of irradiation, and various adjuvant chemotherapies has led to significant improvements in the treatment of pelvic tumors. Furthermore, these advancements were enhanced by the availability of various conventional and custom-made endoprostheses, plates and screws, spinal instruments, and external fixators made of 316L stainless steel, titanium, high-density polyethylene, and ceramics. Because sacral tumors are so silent and symptomless, they may grow to a large size and be difficult to excise. Removal of sacral tumors might make subjective symptoms worse because the sacrum contains the cauda equina. Excision of a tumor that involves the ilium and sacroiliac joint may interrupt the structural stability of the pelvic ring. A tumor affecting the hip joint may require reconstruction to re-establish the function of the hip and to provide stability for gait after operative treatment.



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