

Emerging fields in Orthopedic Oncology

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EDITORIAL

As of our latest Issue of 2020, the volume gives us an amazing opportunity to thank all the Journal's collaborators and supporters. On behalf of the Editorial Office, I would be pleased to express my gratefulness to all the authors who have published their novel research work in the past six years.

The last few decades have seen rapid developments in the field of musculoskeletal oncology, with amputation no longer being the only option malignant bone tumors to gain local control. One of the fairly recent sub specialties of orthopedics is Orthopedic Oncology or the art and science of musculoskeletal tumor control.

Our attempt over the last few issues has been to emphasize on publishing original work than invited or review articles so as to make the journal the chosen one for all those working in the field of bone and soft tissue tumors. We continue to bring to the readers the current concept in management of common bone and soft tissue tumors and tumor like conditions through sections like Students corner which is very useful for residents and consultants alike.

Orthopedic Oncology which is the branch of medical science that studies the malignant osteoid, multilobular tumour of bone, Chondrosarcoma, Chordoma, Osteosarcoma, Ewing's sarcoma, Metastatic bone cancer, Adamantinoma, Osteonecrosis, Primary bone tumors, Osseous and chondromatous neoplasia, Tumours of bone, Secondary bone tumors, Primary bone tumors, Enchondroma, Aneurysmal bone cyst, Giant cell tumor of bone, Cryosurgery, Osteoma, Fibrous dysplasia of bone, Osteochondrodysplasia, Osteocartilaginous exostoses is leading the world to publish novel research in all the above fields which is being accomplished by our authors and supporters.

The latest Issue is opened with "Intra-prosthetic Polyethylene Liner Dislocation of a Dual Mobility Mega-Prosthesis in an Osteosarcoma Patient: A Case Report and Literature Review" by David Slawaska-Eng, Motaz Al Aqeel, Humaid Al Farii, Cyril Boulila, Abdulrahman Al Aseem and Robert Turcott. The authors reported this to be the first case of an intra-prosthetic dislocation by the "bottle opener" effect following an attempted closed reduction of a dual mobility system in an orthopedic oncology patient [1-3]. They have clearly mentioned possible problems of dual mobility cups in oncology patients and suggested type of management for such problems. Dual mobility (tripolar) cup prostheses were created to address the issue of joint instability and have even become very popular for hip joint reconstruction following hemipelvectomy. Despite their increased stability, dislocations will still inevitably occur and need to be managed. In these cases, a closed reduction must be executed diligently as excessive levering may cause the "bottle opener" effect and

dislocation of the polyethylene liner, an event also known as intra-prosthetic dislocation.

"Hemostasis with Woundclot Hemostatic Gauze in Orthopedic Oncology Surgery" was the contribution of Ortal Segal and Solomon Dadia who stated that the subspecialty of orthopedic oncology is concerned with the diagnosis and treatment of musculoskeletal tumors, both primary and secondary, both benign and malignant [4,5]. Nearly 50 types of procedures, ranging from short biopsies to lengthy 12 hour hemi-pelvectomies, are performed by orthopedic oncologists [6]. They can require significant neurovascular dissection, removal of substantial bone and muscle, replacing large sections of bone with cement or 3D-printed prostheses, or total joint replacement. Patients who undergo orthopedic oncologic surgery often have received substantial medical treatment prior to surgery. Chemotherapy or radiation therapy can result in anemia and thrombocytopenia. In addition to these side effects, there may be significant co-morbidities which have been discussed in detail by our authors in their published articles.

We also take this opportunity to invite all delegates to submit to Journal of Orthopedic Oncology, which is one of the few journals that publish bone tumor research. We have a great editorial board and an online submission and review system. Journal of Orthopedic Oncology has completed six years now and we are committed to make our Journal the best resource for publishing Osteosarcoma, Ewing's sarcoma, chondrosarcoma, chordoma, and soft tissue sarcomas etc research in the world. This can be only achieved by co-operation and collaboration from all of you.

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