# Article information:

A long‐term follow‐up study of extracorporeal irradiated autografts in limb salvage surgery for malignant bone and soft tissue tumors: A minimum follow‐up of 10 years after surgery - Outani - 2020 - Journal of Surgical Oncology - Wiley Online Library  
<https://onlinelibrary-wiley-com.proxy.westernu.edu/doi/full/10.1002/jso.25918>

# Article summary:

1. The study reviewed patients who underwent limb salvage surgery using extracorporeal irradiated (ECI) autografts for malignant bone and soft tissue tumors, with a minimum follow-up of 10 years.

2. The long-term durability of reimplanted grafts was assessed, including graft survival, modes of failure, and functional and radiological outcomes.

3. The study found that ECI autografts had a graft survival rate of 83.9% at 10 years, with infections and local recurrences being the main reasons for graft removal. Functional and radiological outcomes were generally satisfactory in the long term.

# Article rating:

Appears moderately imbalanced: The article provides some useful information, but is missing several important points or pieces of evidence that would be required to present the discussed topics in a balanced and reliable way. You are encouraged to seek a more balanced perspective on the presented issues by exploring the provided research topics and looking at different information sources.

# Article analysis:

The article titled "A long‐term follow‐up study of extracorporeal irradiated autografts in limb salvage surgery for malignant bone and soft tissue tumors: A minimum follow‐up of 10 years after surgery" presents a retrospective study on the use of extracorporeal irradiated (ECI) autografts in limb salvage surgery for malignant musculoskeletal tumors. The study aims to assess the long-term durability, modes of failure, and functional and radiological outcomes of these grafts.

One potential bias in this article is the lack of comparison with other treatment options. The authors mention that endoprosthesis is the most common option for reconstruction after resection of malignant musculoskeletal disease, but they do not provide any comparison or discussion on the relative effectiveness or drawbacks of using ECI autografts compared to endoprostheses or other methods. This omission limits the reader's ability to fully evaluate the benefits and limitations of ECI autografts.

Additionally, the article does not provide information on potential risks or complications associated with ECI autografts. While it mentions disadvantages such as graft fracture, resorption, and nonunion, it does not discuss potential infection risks or long-term complications that may arise from using irradiated tissue. This lack of information could be misleading for surgeons considering this technique for limb salvage surgery.

Furthermore, the article does not explore counterarguments or alternative perspectives on the use of ECI autografts. It presents only positive outcomes and survival rates without discussing any potential limitations or criticisms of this approach. This one-sided reporting may give an overly optimistic view of ECI autografts and fail to provide a balanced assessment for readers.

The article also lacks detailed information on patient selection criteria and surgical techniques used in the study. While it briefly mentions that patients were selected based on having more than 10 years of follow-up and provides a general description of the surgical procedures, it does not provide specific inclusion or exclusion criteria or detailed information on how patients were selected for ECI autografts. This lack of transparency makes it difficult to assess the generalizability of the study's findings and raises questions about potential selection biases.

In terms of unsupported claims, the article states that ECI autografts offer advantages such as patient-specific sizing, soft tissue attachments, preservation of adjacent joint, and lower costs. However, these claims are not supported by any evidence or references. Without supporting data or comparisons to alternative methods, these claims remain unsubstantiated.

Overall, this article presents a limited and potentially biased view of the use of ECI autografts in limb salvage surgery for malignant musculoskeletal tumors. It lacks comparison with other treatment options, fails to discuss potential risks and complications, omits alternative perspectives and counterarguments, and makes unsupported claims. A more comprehensive and balanced analysis would provide a more accurate assessment of the benefits and limitations of using ECI autografts in this context.

# Topics for further research:

* Comparison of ECI autografts vs. endoprostheses in limb salvage surgery for malignant musculoskeletal tumors
* Risks and complications of using extracorporeal irradiated autografts in limb salvage surgery
* Criticisms and limitations of using ECI autografts for malignant bone and soft tissue tumors
* Patient selection criteria for ECI autografts in limb salvage surgery
* Surgical techniques and approaches for ECI autografts in limb salvage surgery
* Evidence supporting advantages of ECI autografts in limb salvage surgery (patient-specific sizing
* soft tissue attachments
* preservation of adjacent joint
* lower costs)

# Report location:

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