



Screening Clinic for Extremity Lumps – Worthwhile Or Waste Of Time?

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A screening clinic for all lumps in the extremity was set up to improve the care pathway for all lumps considered by general practitioners as possibly benign and therefore not requiring urgent referral according to the NICE guidelines under the '2-week cancer wait' pathway. The main aim of the clinic was to allow early diagnosis and treatment of potentially cancerous tumours while providing early re-assurance to those with benign lesions. The clinic was run by an orthopaedic surgeon with an interest in musculoskeletal tumours. We have reviewed the first 60 patients assessed in the clinic to determine the care received and lessons learnt.

There were 27 males and 33 females. The mean age of the patients was 46 years. The average time from referral to review in the clinic was 4 weeks. 17 patients (28.2%) were diagnosed as with ganglia and reassured immediately with 3 discharged after the first consultation, 23 patients had MRI or USS scans of which 8 showed no significant problem and the patients were discharged but 16 showed significant lesions needing surgical excisions. The pathology of the patients who underwent surgical excisions included one soft tissue sarcoma, one necrotic tumour completely excised but not histologically classifiable, 1, fibromatosis, 7 ganglia, 1 nerve sheath tumour, 2 giant cell tumour of tendon sheath, 1 dermatofibroma and 2 epidermal inclusion cysts. There was no surgical complication and none of the patients with serious lesions such as soft tissue sarcoma, necrotic tumour or fibromatosis had contaminated margins requiring further surgery.

Our early experience leads us to believe that a screening extremity lump improves the care pathway of patients, prevents unnecessary anxiety or inappropriate treatment of serious lesions.