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**Last-resort lower-body amputation effective in extreme cases  
of bone infection, 25-year review by UT Southwestern surgeons shows**

DALLAS – Nov. 17, 2009 – A landmark, 25-year review of cases in which surgeons had to remove the lower portion of the body from the waist down for severe pelvic bone infections shows the therapy can add years and quality of life to survivors, say researchers at UT Southwestern Medical Center.

The rarely performed surgery is called a hemicorporectomy or translumbar amputation, and involves removing the entire body below the waist, including legs, pelvic bone and urinary system.

“It is used as a last resort on patients with potentially fatal illnesses such as certain cancers or complications from ulcers in the pelvic region that cannot otherwise be contained,” said Dr. Jeffrey Janis, associate professor of plastic surgery at UT Southwestern and lead author of the study, which appears in the October issue of *Plastic and Reconstructive Surgery*. “We determined that it can be effective and a reasonable consideration in some of these extreme cases.”

Hemicorporectomy rarely has been performed because of the very limited indications for the procedure, said senior author Dr. Robert McClelland, professor emeritus of surgery at UT Southwestern.

“An increasing number of veterans of Iraq and Afghanistan conflicts are surviving very severe injuries that frequently lead to permanent paraplegia and are often complicated by severe bedsores and intractable bone infection, which is potential a source of fatal sepsis. Because of this, the frequency of indications for hemicorporectomy may soon increase significantly,” Dr. McClelland said.

In the 1990s, Lee Burrell discovered he had the bone infection osteomyelitis while struggling with a small pressure sore that would not heal. Doctors tried patching the sore, filling it with gauze, treating it with whirlpool therapy, even other surgeries, but nothing seemed to work, the 47-year-old Dallas resident said. Mr. Burrell had to constantly care for the wound and change the dressings for nearly a decade.

“I was living with a big open sore,” he said. “It was terrible. I wouldn’t wish this on anybody.”

After struggling for years keeping the wound clean, Mr. Burrell agreed to have his right leg surgically removed in 2003 in hopes of preventing further infection. But the infection persisted and doctors gave him more dire news: his left leg also needed to be removed.

“They told me what I was up against and we did it,” he said. “It’s a difficult decision. There were

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no guarantees. But the fact is if you want to live you have to do this.”

He never entertained the thought of giving up, he said.

“I’m a really determined guy. My approach to this was optimistic and I didn’t give up,” he said.

These days, Mr. Burrell maintains his positive attitude and is glad to be alive. He is still able to get around and drive, and is an advocate for the Americans With Disabilities Act.

Only 57 cases of translumbar amputations had been recorded in medical literature worldwide, although the researchers suspect more have occurred since the initial referencing in 1960. The authors added to their review nine UT Southwestern patients who had received the procedure as a result of terminal pelvic osteomyelitis, a type of bone infection.

About a third of the 66 patients survived at least nine years after having a hemi-corporectomy. Of those who had the procedure for the bone infection, more than half survived at least nine years. Of the nine terminal pelvic osteomyelitis-driven patients treated at UT Southwestern, four remained alive after 25 years and the average survival was 11 years.

“Though it is impossible to know how the survival rate would compare had these patients not undergone the amputation, given the severe disease involved, it is reasonable to assume they survived longer than they would have without surgery. Most importantly, our survivors reported that they were satisfied with their decision to have the procedure,” said Dr. Janis, who is also chief of plastic surgery and wound care for Parkland Health & Hospital System, the primary teaching institution of UT Southwestern.

Other UT Southwestern physicians involved included Dr. Kevin Morrill, co-director of the Spine Center and assistant professor of neurological surgery; Dr. Joshua Lemmon, clinical assistant professor of plastic surgery; and Dr. Jamil Ahmad, chief resident in plastic surgery. Dr. Carlton Barnett, Jr., former assistant professor of surgery at UT Southwestern and currently an associate professor of surgery at Denver Health Medical Center, University of Colorado, also as involved.

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