**Delayed Bowel Perforation: A Pitfall Of Surgical Management Of Sacral Chordoma**

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**INTRODUCTION:**
Chordomas are rare primary, locally invasive tumors of the bone. Although metastasis is uncommon, chordoma is difficult to treat as the patient normally presents late and the tumor is often insensitive to chemotherapy and radiotherapy, making neo-adjuvant and adjuvant therapy not feasible in the management of chordoma. Here, we would like to highlight a pitfall in the surgical management of a sacral chordoma.

**CASE REPORT:**
Mdm L, a 65-year-old Chinese lady with no known medical illness, presented with 3 years history of low back pain with right-sided lumbar radiculopathy. There was L5/S1 myotomal neurological deficit at bilateral lower limbs. Plain radiographs of the lumbosacral spine revealed a large, ill-defined soft tissue shadow overlying the sacral region. Magnetic resonance images showed a lobulated mass measuring 10.4 (width) x 13.0 (anteroposterior) x11.2 (craniocaudal) cm arising from the second sacral vertebra with post-contrast heterogenous enhancement, in keeping of a sacral chordoma. A wide local excision was done via a combined anterior and posterior approach which was complicated with delayed perforated ileum. Despite the attempts to save the patient, she subsequently succumbed to the severe complication.

**DISCUSSIONS:**
In our opinion, the delayed bowel perforation is associated with the sacrum osteotomy. The sharp edge produced by the ultrasonic bone scalpel serves as a risk which causes bowel perforation when the peristalsis resumes. Resection of the tumour through osteotomy should leave a smooth edge to avoid puncturing the internal organs. Coverage with soft tissue over the edges during flap closure over the posterior defect can be considered and planned together with the plastic surgery team.

**CONCLUSION:**
Extra precaution must be practiced during resection of the chordoma and a thorough examination of all the vital organs must be made prior to closure of the wound intraoperatively. If there is any suspicion on bowel perforation, an exploratory laparotomy is often urgent for both diagnostic and therapeutic purposes.

**REFERENCES:**