CASE REPORT: SACRAL CHORDOMA

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INTRODUCTION:

Chordoma is a malignant, slow-growing, and locally aggressive tumor. It arises from the notochord remnants and accounts for 1-4% of all bone tumours. Chordoma is not sensitive to both chemotherapy and radiotherapy. Due to the poor response to adjuvant therapy, complete tumor resection is the treatment of choice(1).

REPORT:

This is a case of incidental findings of sacral chordoma. Mr. Y is a 65 years old pensioner who is under surgical team review for irreducible inguinal hernia and incision hernia. The case was referred to the ortho team because of incidental findings of the CT abdomen noted huge sacral bone erosion suggestive of a giant cell tumor or chordoma.

Further MRI scan noted well-defined lobulated tissue mass from the superior level of S4 extending to coccyx with obliteration of S4 and S5 nerve roots. The size of the mass is 4.2 x 6.0 x5cm. CT TAP shows bilateral sub-centimeter lung nodules suggestive of bilateral lung metastasis.

Intraoperatively, Mercedes Benz incision was made, an approach done from the tip of the coccyx and resection of the sacrum done till level S3. Bilateral S3 nerve root was preserved. Subsequently, the canal was closed with bone wax, and no cerebrospinal fluid leakage was seen. Closure was done with standard fashion.

Postoperatively, His vitals were normal. No immediate complication such as was seen. His histopathological report was noted to have sacral chordoma with clear resection margin. Upon follow up, Patient was able to control urination normally, ambulating well and series chest x-ray shows no worsening of his lung nodules.

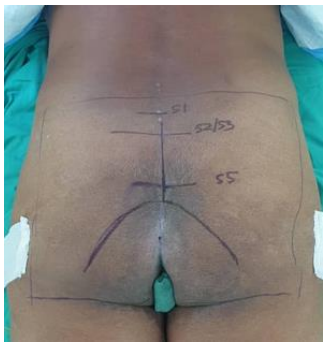

Figure 1: Skin landmark identified with image intensifier.

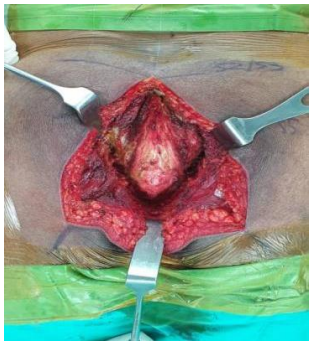

Figure 2: Incision made via mercedes bens pattern exposing the tumour

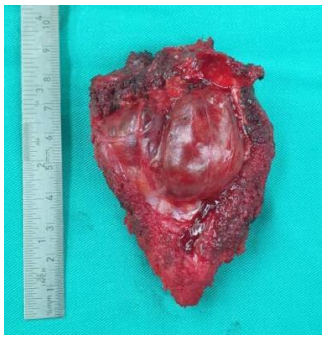

Figure 3: Tumour post excision.

Conclusion:

There are a few tumours which is commonly mimicking sacral chordoma, including osteochondroma, giant cell tumor and plasmacytoma (2). It can only be differentiated by biopsy. The goal of managing sacral chordoma is surgical resection with clear margin while retaining as much functions as possible.

Reference :

1. Junho M et al (2022). The single posterior approach for resection of sacral chordoma: A case report
2. Pillai, S.; Govender, S. (2018). Sacral chordoma: A review of literature. Journal of Orthopaedics, 15(2), 679–684. doi:10.1016/j.jor.2018.04.001