

Sacral tumor: A case report

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Abstract- Here we report a case scenario where a 19 year old female presented with complaints of Pain over bilateral buttocks radiating down to the right thigh to foot x 4 months, persistent, exaggerated by squatting/ working, Constipation x 4 months, Weight loss x 1 month, Urinary retention x 15 days, continuous dribbling and Loss of sensation over bilateral buttocks, inability to feel clothes or hot/cold sensation. She was diagnosed to have a sacral tumor and was managed a multidisciplinary approach.

I. INTRODUCTION

All sacral and presacral tumors are rare. Patients with these tumors were estimated to account for approximately one in 40,000 hospital admissions. Tumors arising from the bone of the sacrum are by far the most frequent sacral tumors; chordomas are the most common and GCTs the second most common. 2- 5% of sacral tumors are Ewing's Sarcoma.

II. CASE REPORT

A 19 year old female presented with complaints of:
-Pain over bilateral buttocks radiating down to the right thigh to foot x 4 months, persistent, exaggerated by squatting/ working.
- Constipation x 4 months
- Weight loss x 1 month
- Urinary retention x 15 days, continuous dribbling.
- Loss of sensation over bilateral buttocks, inability to feel clothes or hot/cold sensation.

III. ON EXAMINATION

- ☛ Hemodynamically stable
- ☛ Lower limb : Power grade 5/5 (Detailed assessment was not possible due to pain.)
- ☛ Reflexes within normal limit expect Right ankle jerk absent.
- ☛ Absent sensation over perianal region.
- ☛ Spine examination: No deformity/ tenderness
- ☛ PR: mass palpable along the posterior wall of the rectum, hard in consistency , tender , immobile. Mass was free from the rectal wall. Fecoliths noted. No blood/mucus on examining finger.
- ☛ PV not done.
- ☛ P/A: no distension, soft, non tender. Peristalsis good.

IV. OPERATIVE DETAILS

- ☛ Operative details:
- ☛ Through a midline abdominal incision with patient in supine position, colostomy was done.
- ☛ Common iliac vessels, Internal and External Iliac vessels were mobilised. Medial and lateral Sacral branches were divided and cut.
- ☛ Internal iliac artery was ligated and cut.
- ☛ Sacral osteotomies were done at S1, Sacro-iliac joints
- ☛ Anterior tumor surface dissected off.
- ☛ With the patient in prone position and using an inverted Y shaped incision, L2,L3,L4,L5,S1,S2,S3 were exposed.
- ☛ S1 Laminectomy was done, dura ligated and cut below bilateral S1 roots, roots sacrificed due to involvement.
- ☛ Bilateral Ala osteotomies done with S1 osteotomy.
- ☛ Specimen removed piecemeal after excising the attachments. After removing - plastic sheet.
- ☛ L3,L4, L5 bilateral pedicle screws placed.
- ☛ Bilateral iliac crest screws placed. Bilateral rod fixation done.
- ☛ Hemostasis achieved , drain kept.
- ☛ Specimen sent for histopathological evaluation.
- ☛ Intraoperatively patient received 6 PCV and 6 FFPs.

V. POST OP PERIOD

- ☛ Postoperatively patient was shifted to ICU for observation.
- ☛ Post operatively patient received 2 PCVs and 2FFPs
- ☛ Pt was turned in bed on POD 2, Made to sit on POD 8 and mobilised with support on POD 12 with support.
- ☛ Colostomy is in situ, healthy and functioning. Foleys in situ.
- ☛ Added deficit : b/l dorsiflexion weakness grade 4+. But pt is ambulant without support.

VI. DISCUSSION

- ☛ The mortality rate of Ewing's Sarcoma is extremely high only with monotherapy alone. Combination of surgery with radiotherapy/chemotherapy has shown improvement in prognosis of the patient.

- ☛ Tumor of pelvis has poor prognosis as compared to other sites.
- ☛ Role of surgery in treating Ewing's Sarcoma is controversial. However certain studies has shown resection followed by chemo radiotherapy has good overall survival rate.
- ☛ Although it is a localised disease metastasis is rapid.
- ☛ Majority of the studies have reported a range of 2- 10 years between commencing treatment and developing of recurrence.
- ☛ Current guidelines suggest initial workup with PET CT, followed by 3- 6 cycles of chemotherapy and follow up imaging every 2 – 3months for first 3 years in a localized non metastatic Ewing Sarcoma.

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