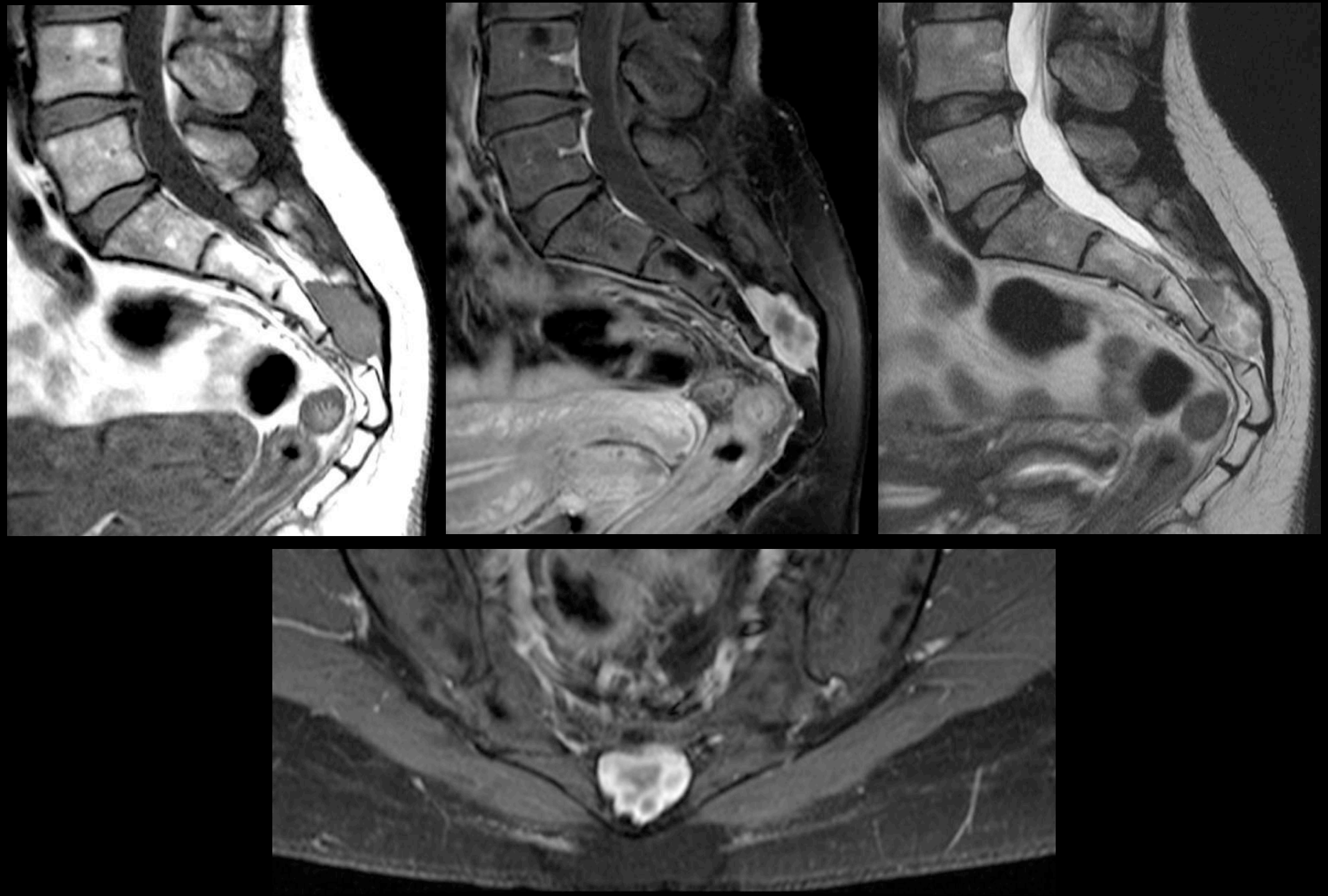
Femenino, 46
Peso 63kg Talla 160

Motivo de consulta:
Coccigodinia a la sedestación de varios años de evolución.

Examen físico:
Neurológico normal.
Dolor a la palpación sacra y coccigea.

Tratamiento médico recibido:
Antineuriticos (Pregabalina), Aines.
Medidas conservadores tipo uso de cojín en dona.



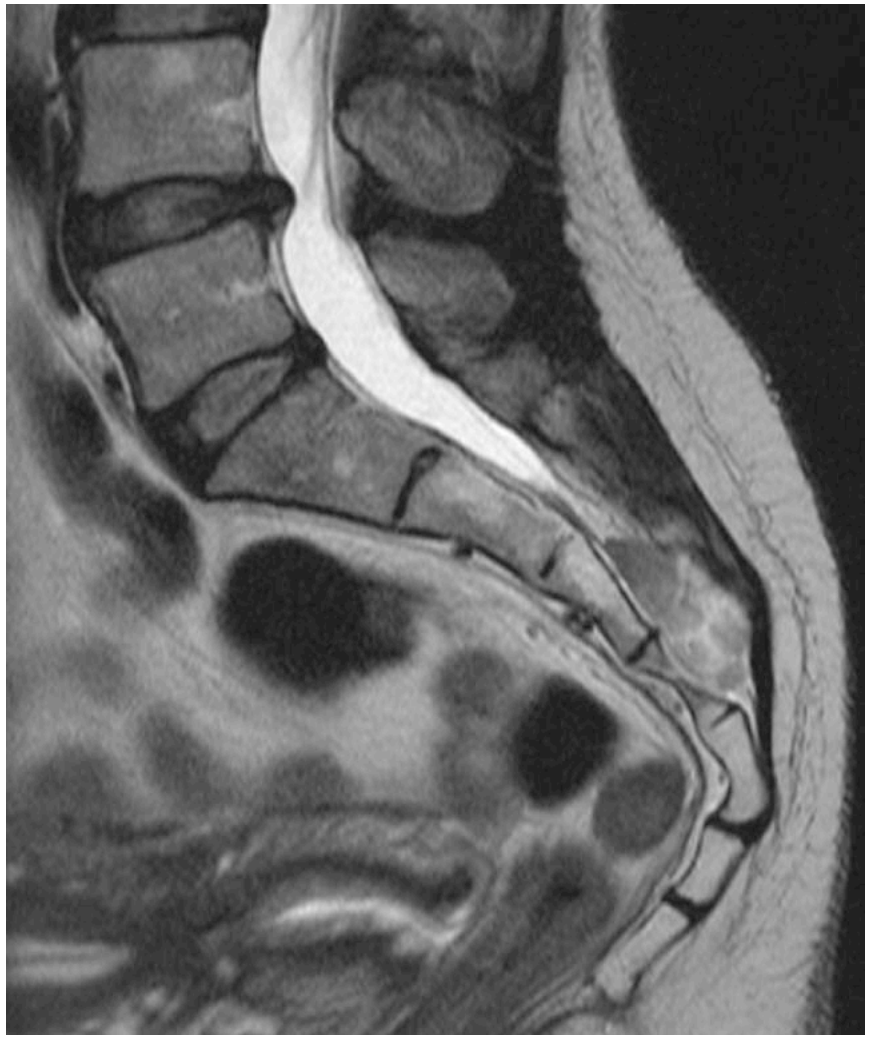
Femenino, 46

Motivo de Consulta: Coccigodinia crónica.

Examen físico: Neurológico normal.
Dolor a la palpación sacra y coccigea.

Tratamiento médico recibido: Rines.
Medidas conservadoras tipo uso de cojín en dona.

Diagnóstico:
Lesión expansiva, de aspecto tumoral, hipointensa en T1 e hiperintensa en T2, con áreas de aspecto quístico y septos en su seno, polilobulda, irregular y de límites bien definidos, que se extiende hacia el canal raquídeo comprimiento el fondo del saco dural de 25 mm de diametro.



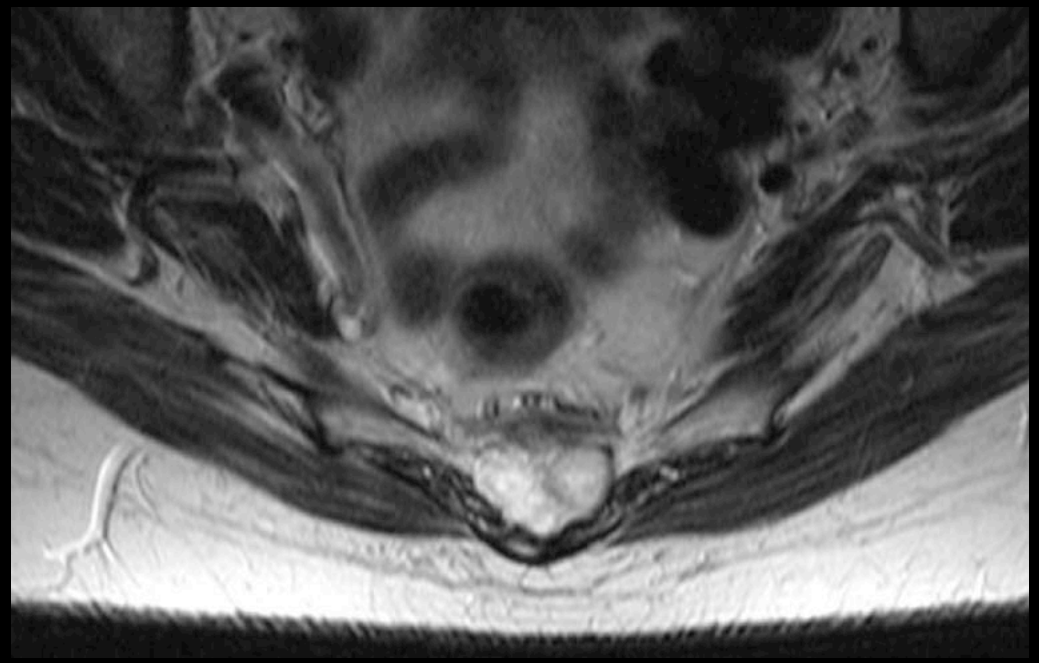
1. Tratamiento médico?
2. Tratamiento quirúrgico?
3. Tratamiento oncológico? (Radioterapia y/o quimioterapia)
4. Tratamientos combinados?

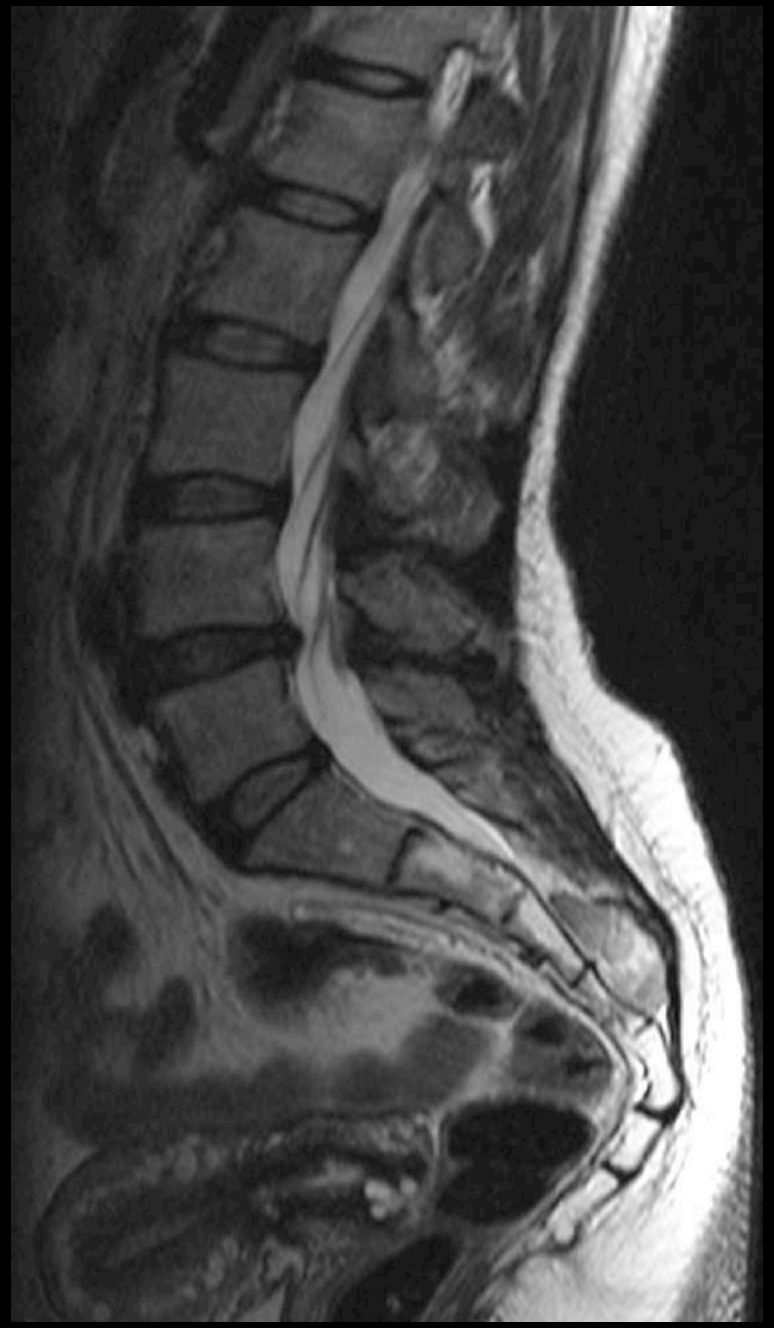
Diagnóstico:
Tumor heterogéneo sacro, con remodelación ósea

Plan de tratamiento:
Se indicó cirugía para exéresis total y posterior análisis en anatomía patológica para evaluar coadyuvantes.

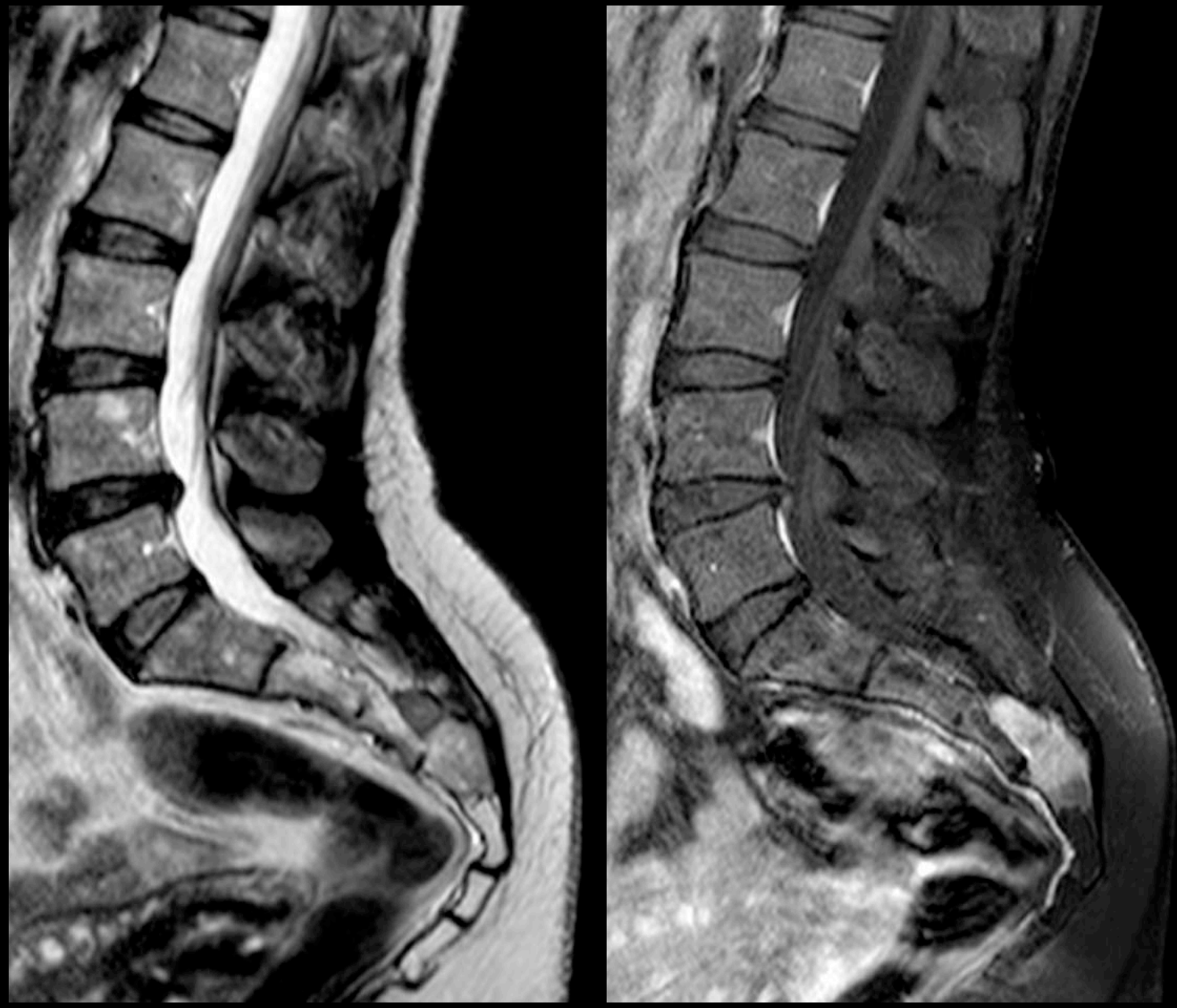
La paciente rehusa indicación quirúrgica.
Se decide controlarlo periódicamente.

Control (+ 6 meses)

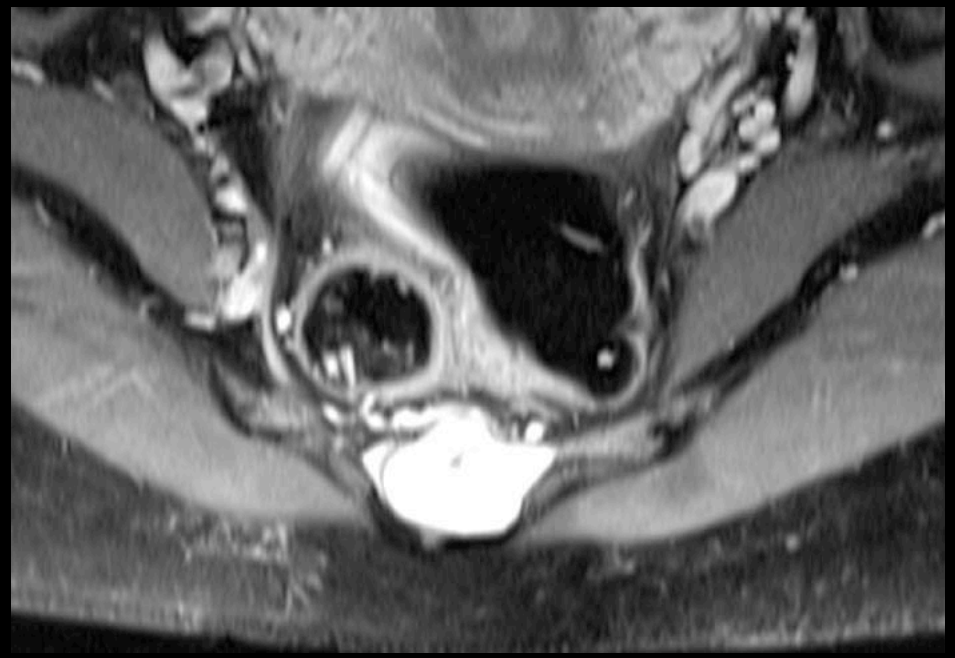


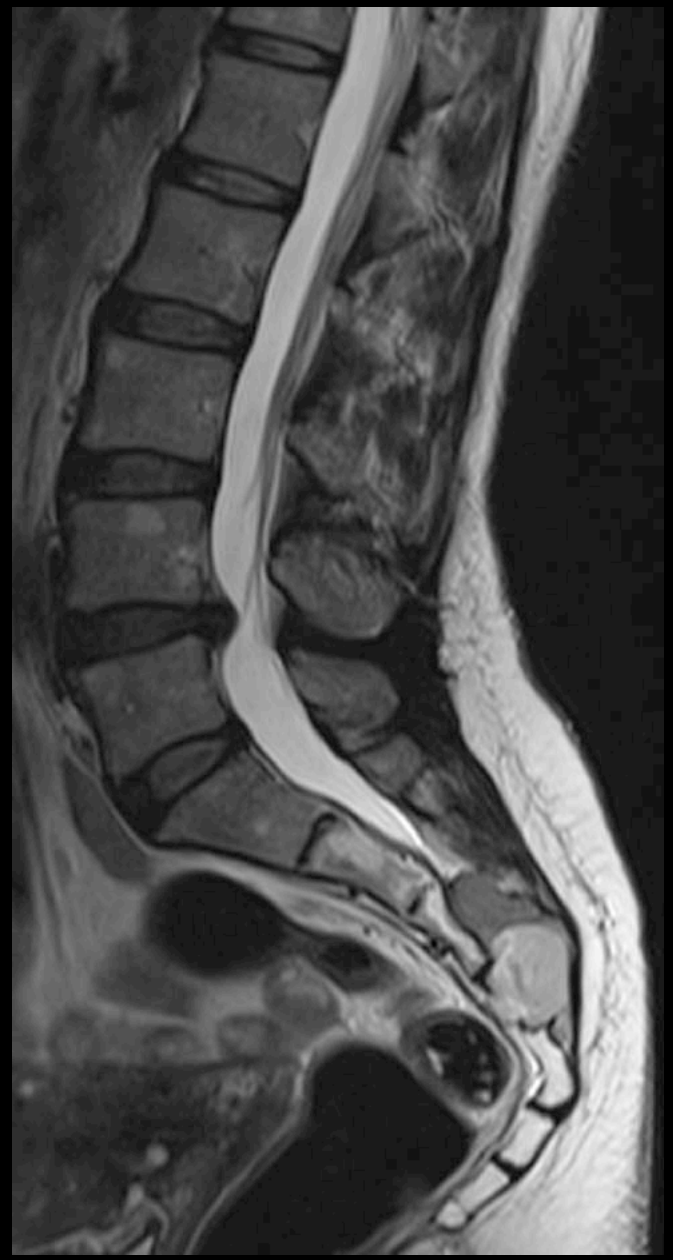


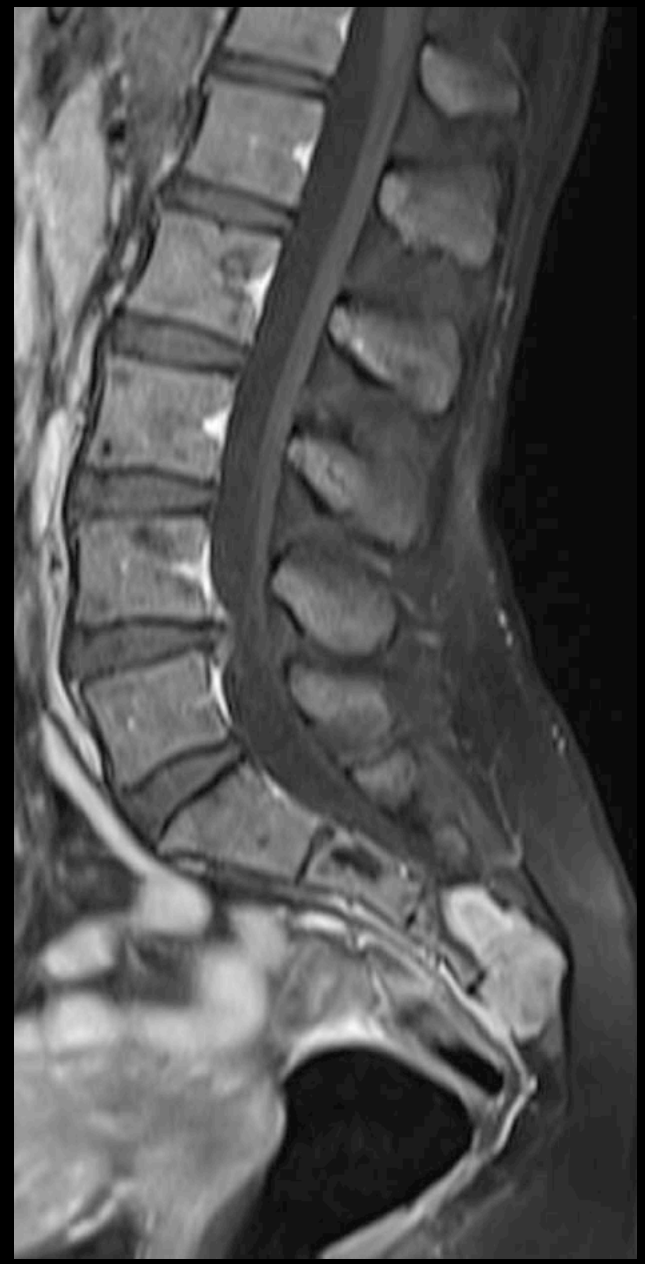
Control (+ 12 meses)



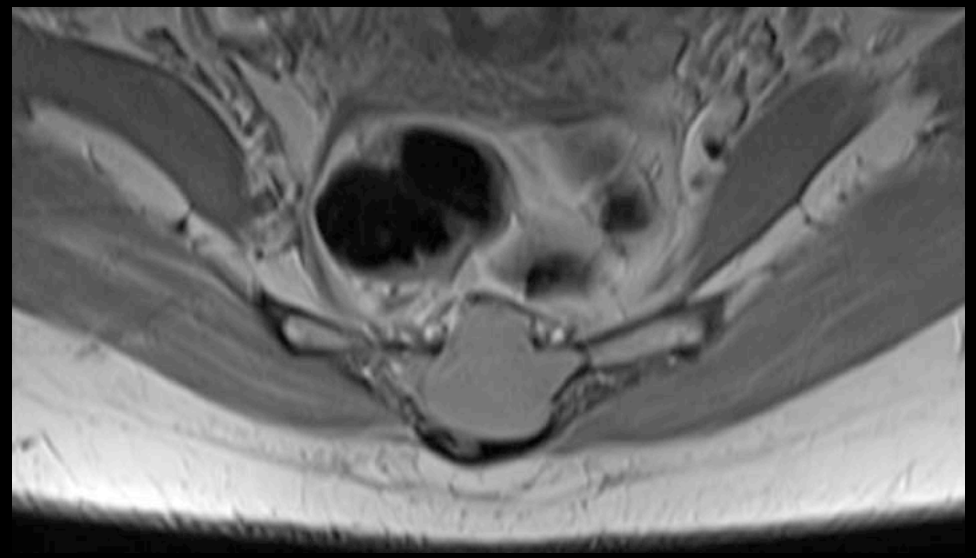
Control (+ 12 meses)

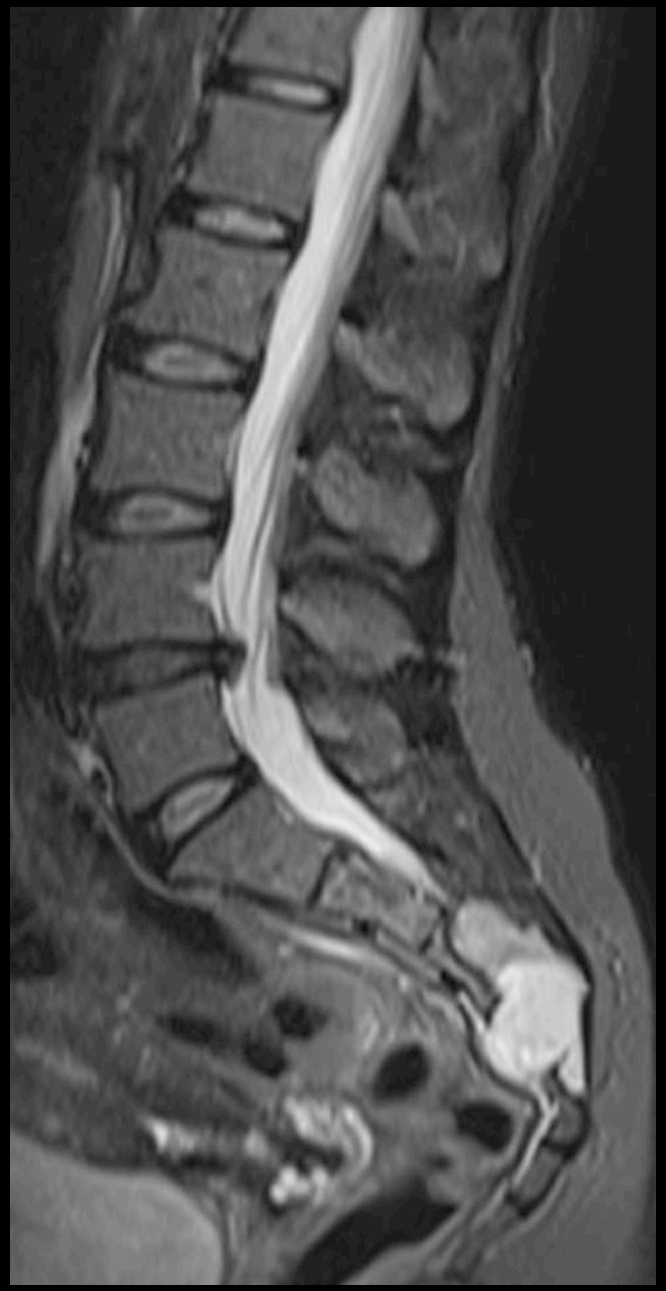


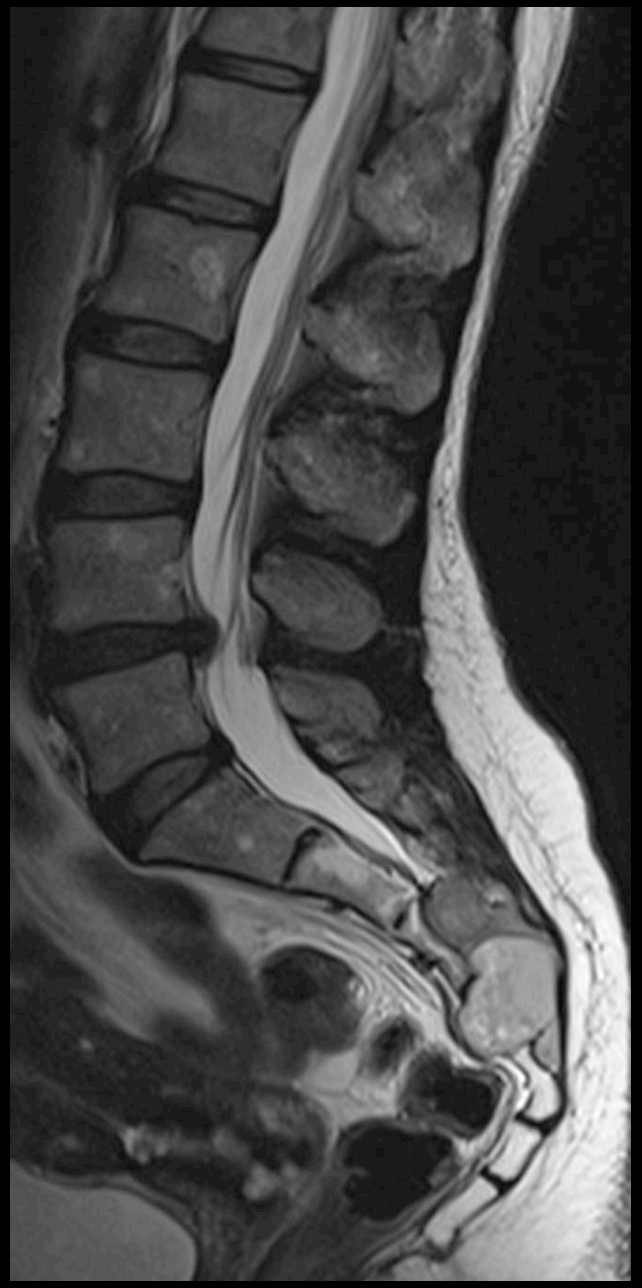




Control (+ 6 meses)







Femenino, 46

Motivo de Consulta: Coccigodinia.

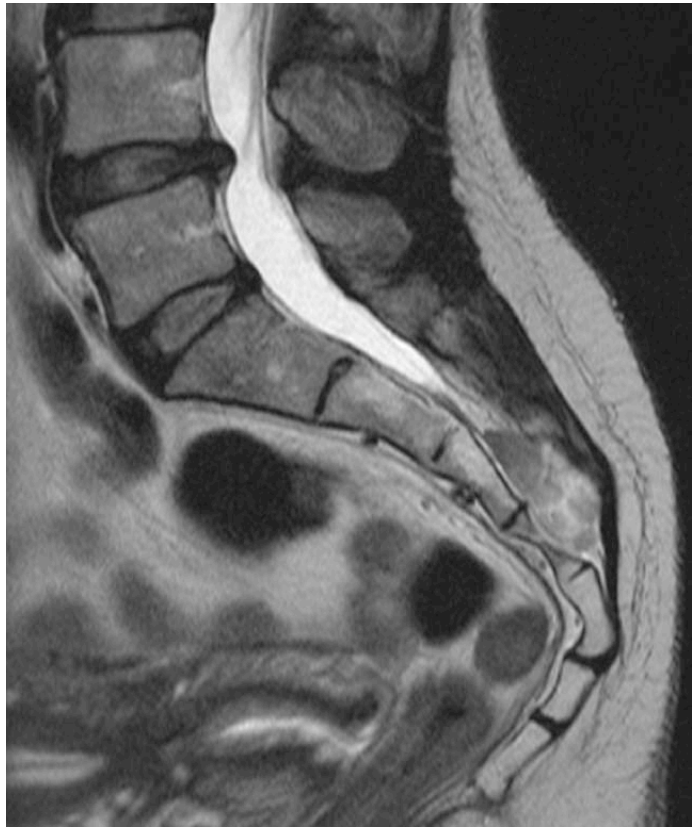
Examen físico:
Neurológico normal.
Dolor a la palpación sacra y coccígea.

Tratamiento médico recibido:
Aines. Medidas conservadoras.

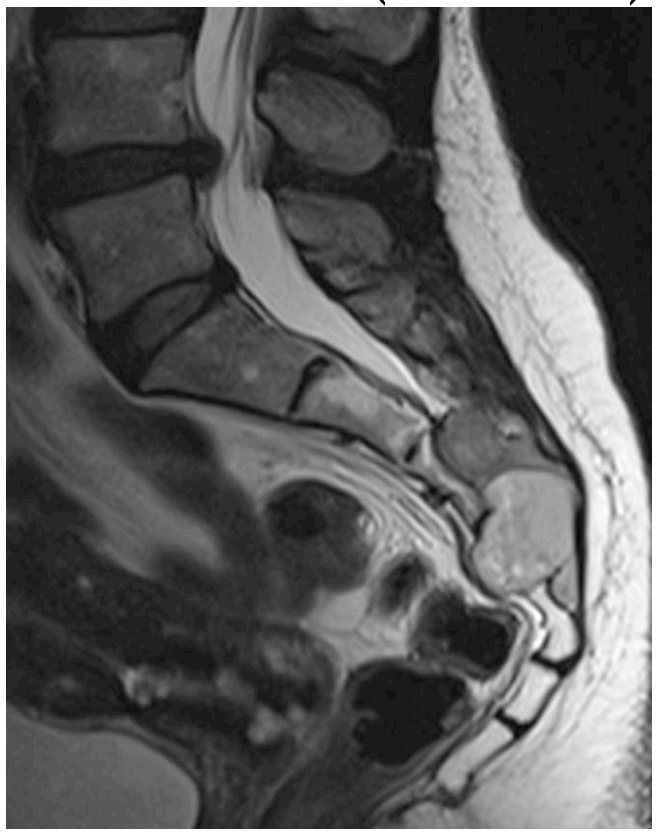
Diagnóstico:
Lesión de sacro expansiva, heterogénea.

Evolución:
Triplica su volumen e invade la tabla anterior del hueso en el lapso de 36 meses.

Marzo 2014



Marzo 2017 (+ 3 años)



1. Tratamiento médico?
2. Tratamiento quirúrgico?
3. Tratamiento oncológico? (Radioterapia y/o quimioterapia)
4. Tratamientos combinados?

Clin Orthop Relat Res. 2010 Nov;468(11):2939-47. doi: 10.1007/s11999-010-1472-8.

Surgical margins and local control in resection of sacral chordomas.

Ruggieri P[1], Angelini A, Ussia G, Montalti M, Mercuri M.

Author information

Abstract

BACKGROUND: The treatment of choice in sacral chordoma is surgical resection, although the risk of local recurrence and metastasis remains high. The quality of surgical margins obtained at initial surgery is the primary factor to improve survival reducing the risk of local recurrence, but proximal sacral resections are associated with substantial perioperative morbidity.

QUESTIONS/PURPOSES: We considered survivorship related to local recurrence in terms of surgical margins, level of resection, and previous surgery.

METHODS: We retrospectively reviewed 56 patients with sacral chordomas treated with surgical resection. Thirty-seven were resected above S3 by a combined anterior and posterior approach and 19 at or below S3 by a posterior approach. Nine of these had had previous intralesional surgery elsewhere. The minimum followup was 3 years (mean, 9.5 years; range, 3-28 years).

RESULTS: Overall survival was 97% at 5 years, 71% at 10 years, and 47% at 15 years. Survivorship to local recurrence was 65% at 5 years and 52% at 10 years. Thirty percent of patients developed metastases. Wide margins were associated with increased survivorship to local recurrence. We found no differences in local recurrence between wide and wide-contaminated margins (that is, if the tumor or its pseudocapsule was exposed intraoperatively, but further tissue was removed to achieve wide margins). Previous intralesional surgery was associated with an increased local recurrence rate. We observed no differences in the recurrence rate in resections above S3 or at and below S3.

CONCLUSIONS: Surgical margins affect the risk of local recurrence. Previous intralesional surgery was associated with a higher rate of local recurrence. Intraoperative contamination did not affect the risk of local recurrence when wide margins were subsequently attained.

PMID: 20635173 PMCID: PMC2947680 DOI: 10.1007/s11999-010-1472-8

[Indexed for MEDLINE] **Free PMC Article**

EJC
EUROPEAN JOURNAL OF CANCER

Prognostic factors in chordoma: Role of postoperative radiotherapy

C. Thieblemont, P. Biron, F. Rocher, D. Bouhour, J.-Y. Bobin, J.-P. Gérard, J.-Y. Blay

European Journal of Cancer , Volume 31 , Issue 13 , 2255 - 2259

DOI: https://doi.org/10.1016/0959-8049(95)00458-0

Abstract

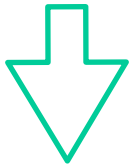
We have investigated prognostic factors for survival in a series of 26 patients with chordoma treated in Lyon, France, between 1979 and 1993. In this series, the median progression-free (PFS) and overall survival (OS) were 10 and 90 months, respectively. In univariate analysis, PFS, but not OS, was found significantly longer in males as compared to females (median: 19 versus 7 months, $P = 0.05$); and patients under 60 years of age had a longer PFS (median: 18 versus 6 months; $P = 0.06$) and OS (median: 108 versus 47+, $P = 0.05$) than older patients. A favourable prognostic subgroup including male patients under 60 years and a poor prognostic group including female patients and male over 60 years were thus defined (median PFS: 36 versus 6 months, $P = 0.001$; median OS: 108 versus 55+, $P = 0.15$). Primary treatment combining surgery and postoperative radiotherapy was associated with a longer PFS than surgery only (median: 36 versus 7 months, $P = 0.002$) in the whole series and in both prognostic subgroups.

Keywords:
chordoma, multivariate analysis, prognostic factors, radiotherapy surgery

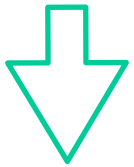
Diagnóstico: Tumor sacro

Diagnóstico presuntivo: Cordoma

Plan de tratamiento:
Cirugía. Objetivo remoción total.

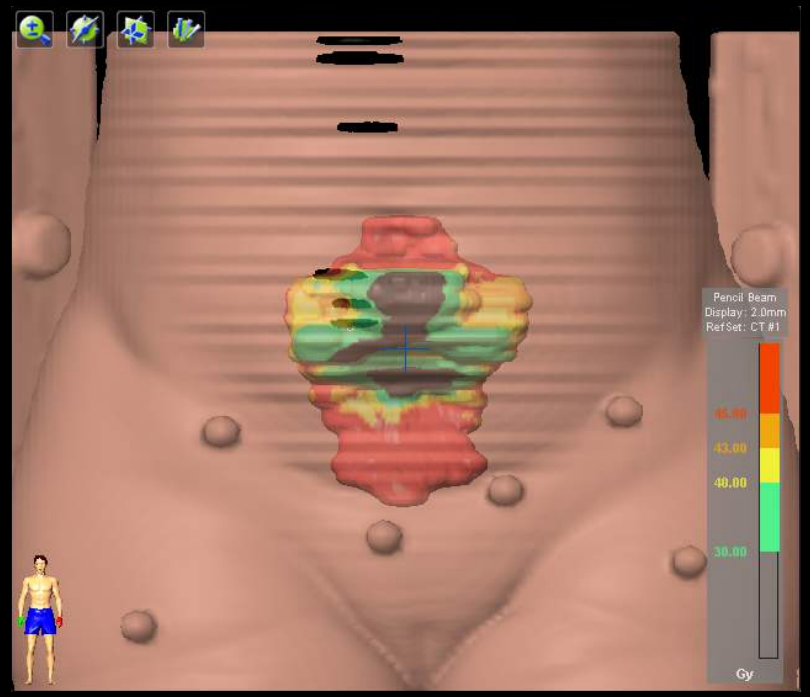


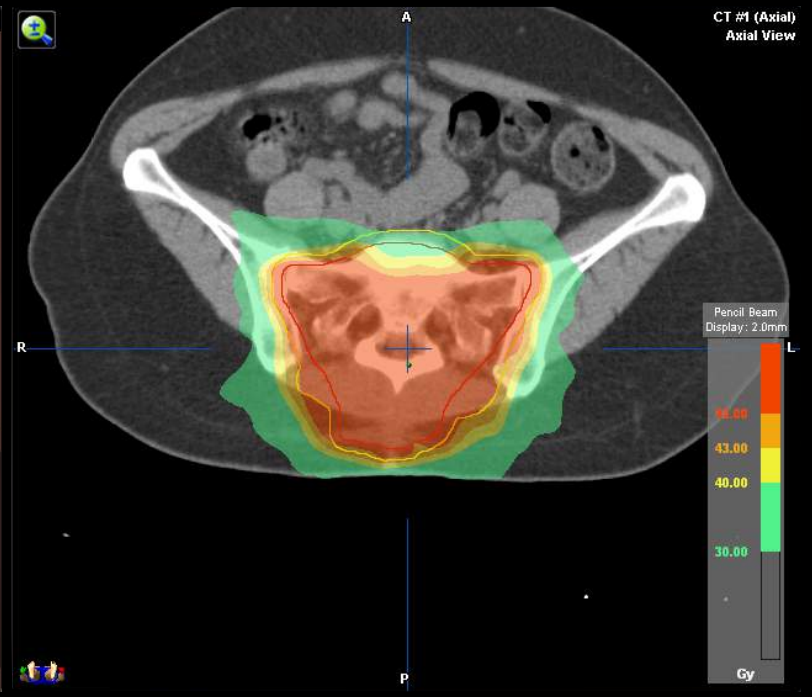
Cirugía: Exéresis completa



Diagnóstico histopatológico:
Cordoma sacro.
S100 positivo, AE1/AE3 positivo

Plan de tratamiento: Radioterapia


Pencil Beam
Display : 2.0mm
Ref Set : CT #1
46.00
43.00
40.00
30.00
Gy


CT #1 (Axial)
Axial View
A
R
L
P
Pencil Beam
Display : 2.0mm
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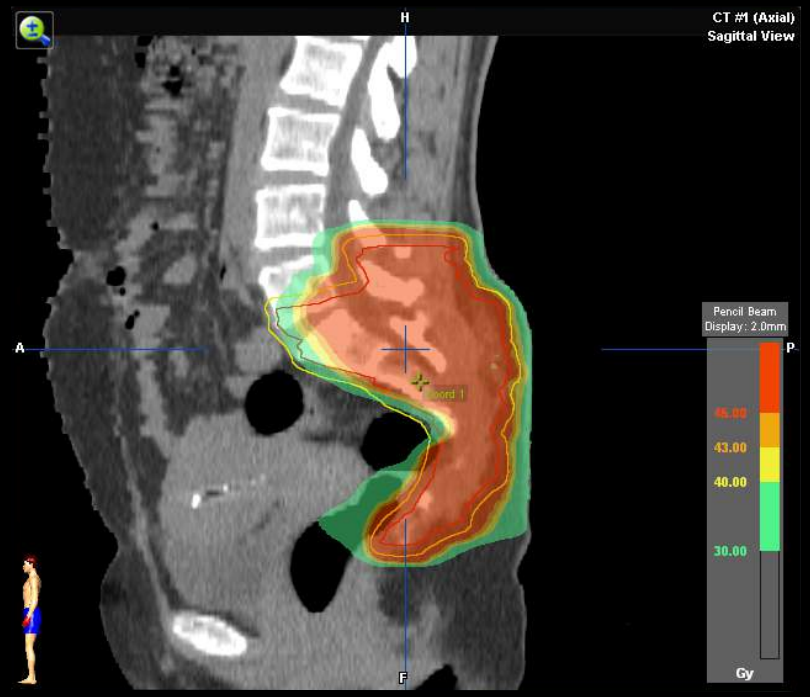
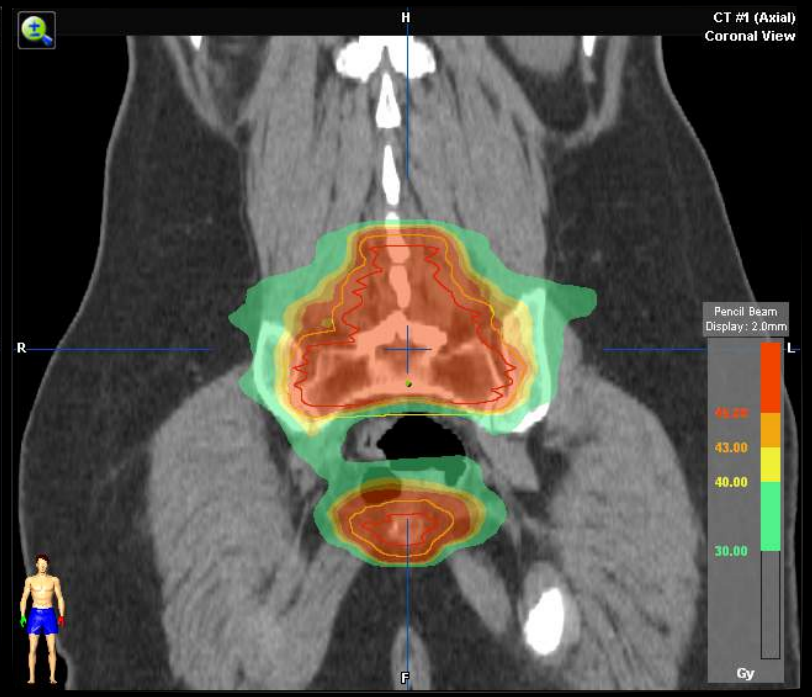
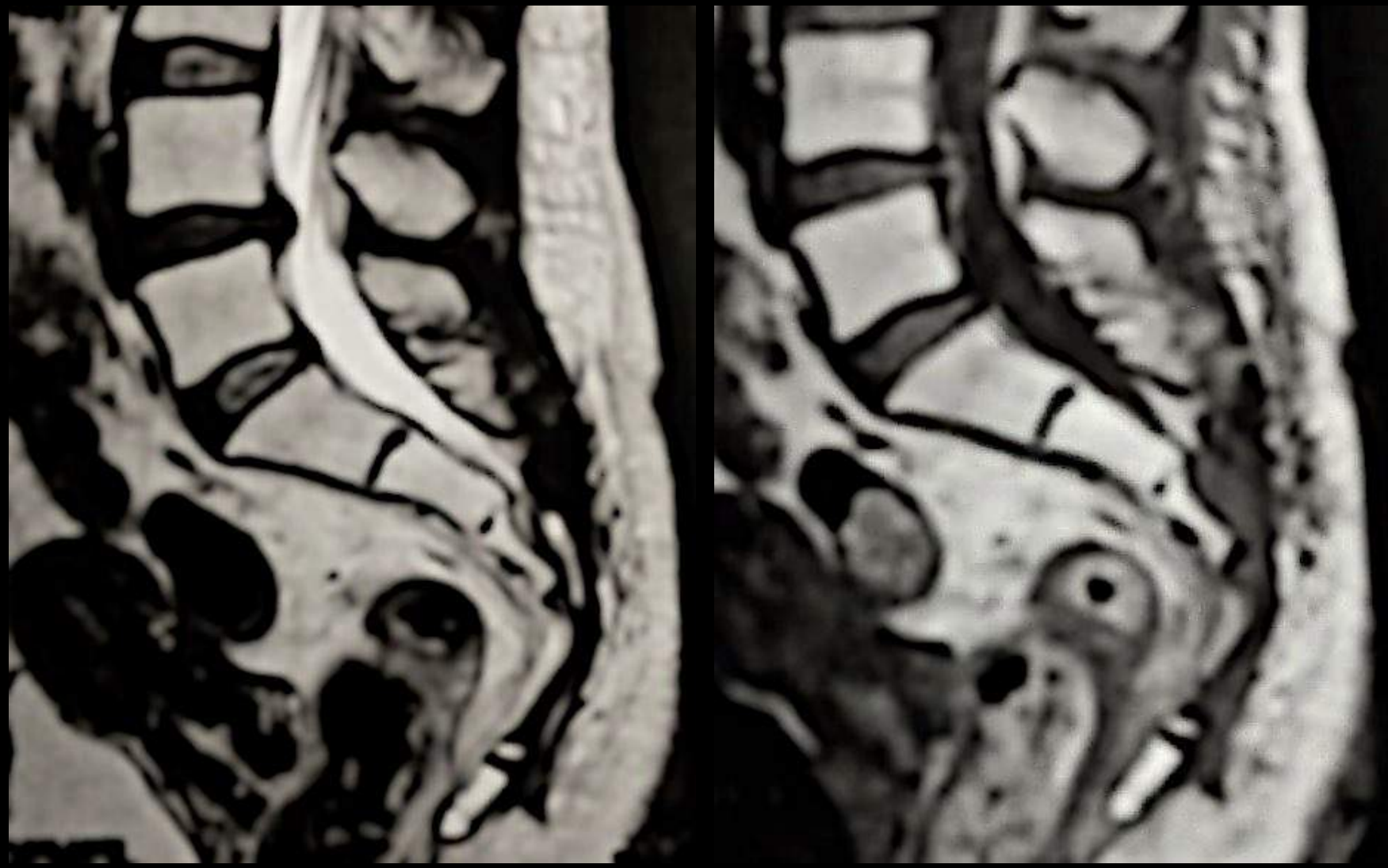
43.00
40.00
30.00
Gy


CT #1 (Axial)
Sagittal View
H
A
P
F
Pencil Beam
Display : 2.0mm
46.00
43.00
40.00
30.00
Gy


CT #1 (Axial)
Coronal View
H
R
L
F
Pencil Beam
Display : 2.0mm
46.00
43.00
40.00
30.00
Gy

Post op 10 meses



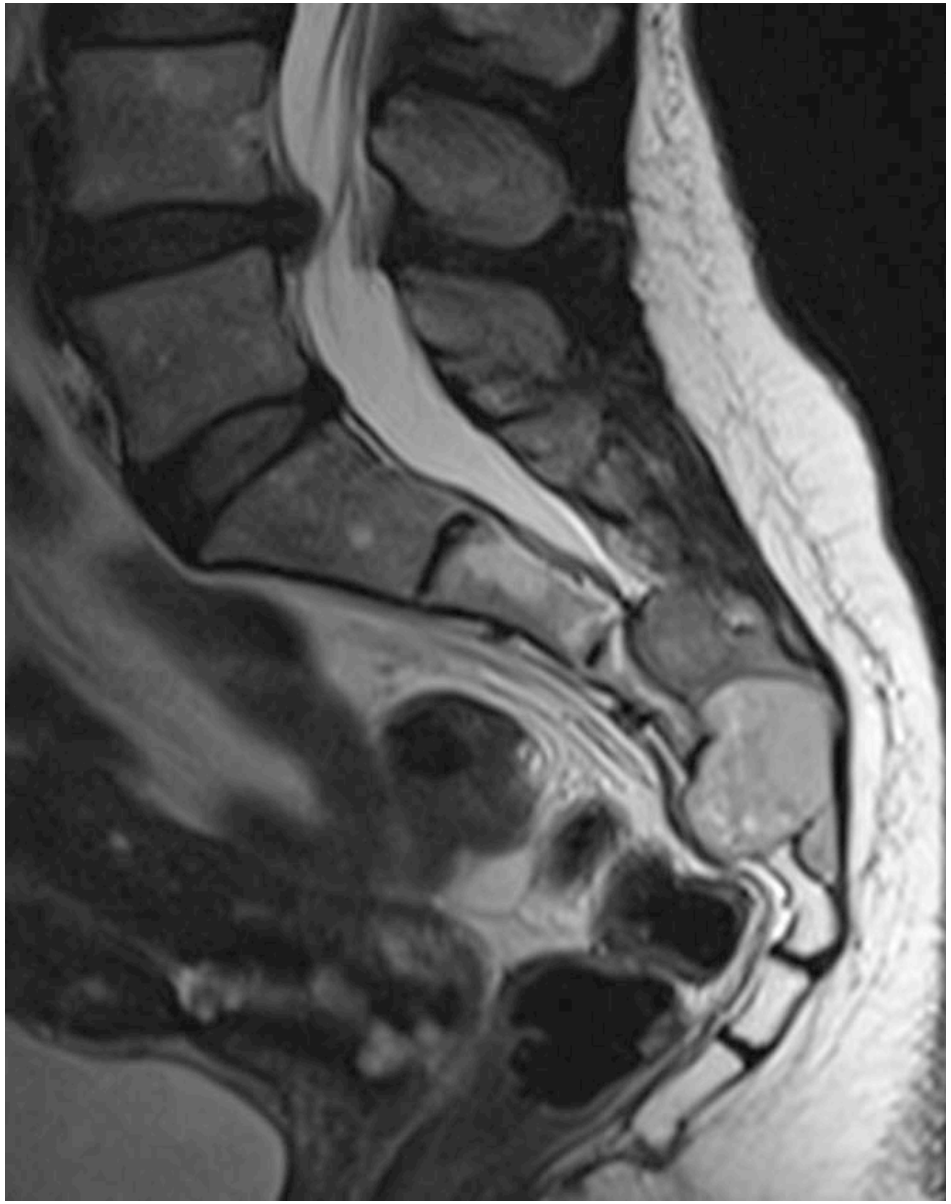
Evolución:

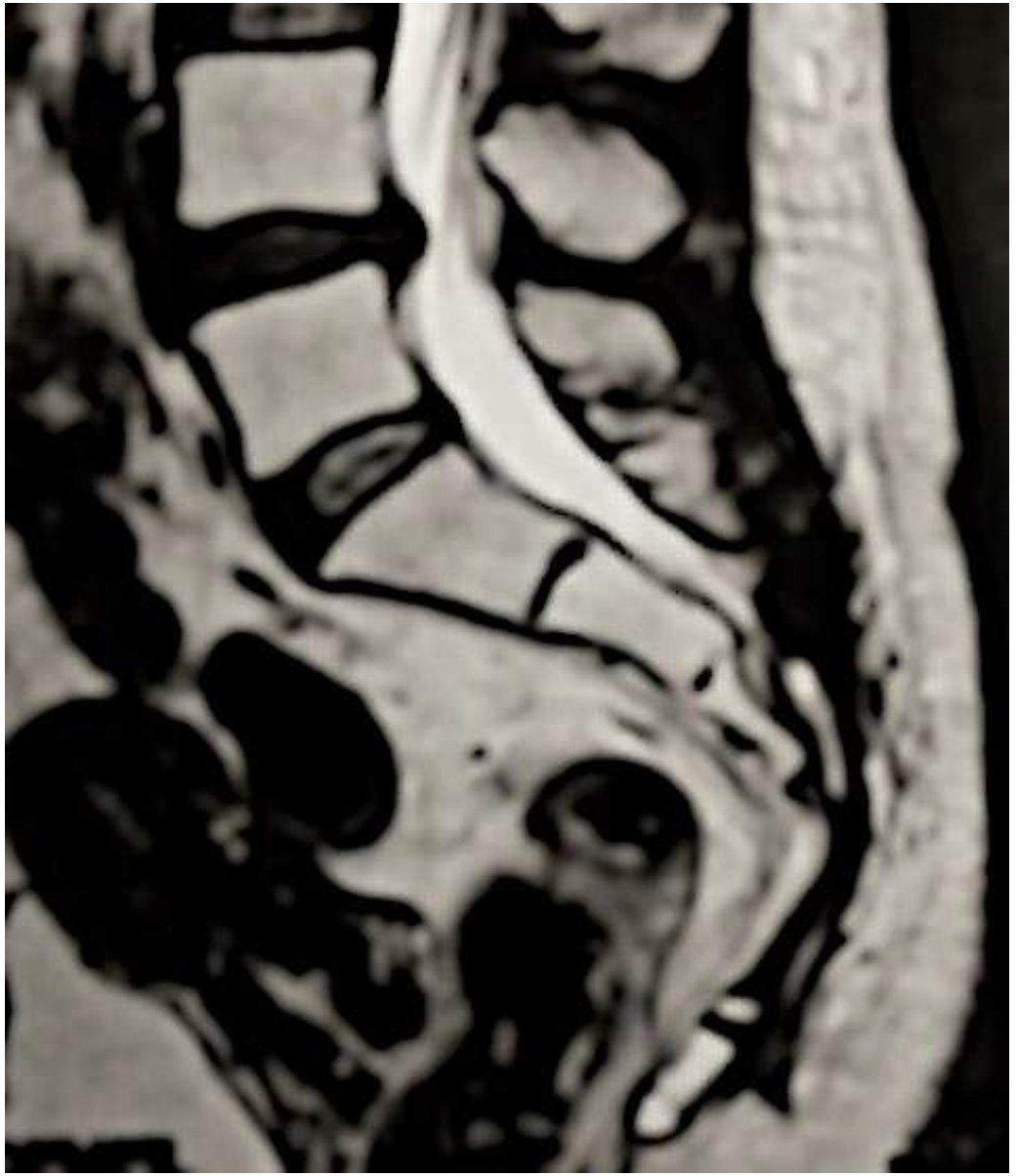
Sin dolor sacro.
Si alteración neurológica.

TAC Toraco abomino pelviana sin lesiones asociadas.

Control a los 10 meses sin recidiva.
La paciente quedará bajo vigilancia regular durante 5 años.

Resumen.





- Dx: Cordoma sacro.
- Tto: Excéresis quirúrgica + radioterapia.