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Sacral giant cell tumors – To operate or not to operate!

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Introduction: Primary sacral tumors are rare. Sacral giant cell tumor (GCT) accounts for 3% to 4% of all GCTs. Although sacral GCTs are histologically benign, their optimal management is controversial in view of their aggressive behavior which is further complicated by the local anatomy and associated neurological deficit.
Methods: We treated 27 cases of GCT of sacrum between Jan 2003 to Dec 2011. The median age at presentation was 28 years (range - 20 to 60 years). Patients were treated with definitive angioembolisation or surgery decided on a case to case basis.
Results: 19 patients were planned for definitive treatment with angioembolization. The average no: of embolizations performed for each patient was 3 (range 2 - 6) at an average interval of 2 months. Bladder/ bowel function was absent in one case pre treatment which did not improve and three cases lost bladder/bowel function due to disease progression post embolization. 8 of the 19 patients treated with angioembolization had disease progression. 5 underwent subsequent surgery, two patients received radiotherapy and one patient died. 13 patients had surgery (including five cases which progressed on angioembolization). 11 patients underwent curettage and 2 had a partial sacral amputation. 3 cases who had loss of bladder/bowel function prior to treatment did not regain it. Of the ten patients with intact bladder/bowel function, eight retained their function after surgery .At average follow up of 45mths (median 37mths), 3 patients developed local recurrence. 2 were reoperated and one underwent radiotherapy.
Conclusions: Sacral GCTs present a management dilemma and are best managed on a case by case basis using various options. A treatment algorithm for these complex lesions is presented based on our experience.