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A case of sacroiliac chondrosarcoma excision and spinopelvic reconstruction

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Introduction: In this report we present a sacroiliac chondrosarcoma excision and spinopelvic reconstruction. **Objectives:** Primary malignant tumors of the sacrum are rare. Chondrosarcoma is one of the most common malignant ones. Although it is a low-intermediate grade malignancy, it is invasive and has a high potential for local recurrence.

Methods: 27 year old male patient presented with limping and hip pain. He was diagnosed with chondrosarcoma at Azerbaijan. After one year later his complaints worsened and applied to our clinic. CT studies revealed destructive lesion consisting of irregular osteogenic nodules at the left sacroiliac joint expanding to S1-S2 laminae and to iliac bone juxtaarticularly. Lesion also infiltrated the left S1 foramina. Posteriorly a large soft tissue component (approximately 10x3.5 cm) accompanied the bony lesion.

Results: We performed an incisional biopsy and validated the histopathologic diagnosis. Partial sacrum, sacroiliac joint and juxtaarticular ilium excision was performed. Neural exploration was performed by two neurosurgeons. S1 root was intact. After bone and soft tissue resection, sacroiliac instability was observed. L4-L5 transpedicular screws and two iliac screws over an iliac plate were placed and connected with a rod. 6x3 cm autologous iliac crest graft was harvested ipsilaterally and inserted to the bone defect. Afterwards stability was achieved. Soft tissue defect was evaluated and reconstructed by two plastic surgeons utilizing a rotational gluteal flap.

Conclusions: Surgical resection of pelvic chondrosarcomas can be challenging because of the complex pelvic anatomy and the frequently large tumor size. After excision sacroiliac stability should be restored using proper instrumentation.



Figure 1. Intraoperative pics



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Figure 2. Intraoperative Xray



Figure 3. Postoperative Xray