

**PP-115****Primary vertebral leiomyosarcoma: double lumbar one time en bloc spondilectomy****A. Vaquero-Picado**, J.M. Sanchez-Marquez, E.J. Ortiz-Cruz, G.N. Fernandez-Baello*Hospital Universitario La Paz, Madrid, Spain*

Introduction: Primary vertebral tumors are a rare entity that can pose diagnostic and management challenges. Diagnosis is difficult and often delay an adequate treatment, even it is not easy to perform when a curative treatment is still possible.

Methods: A sixty-four- year-old female presents low back pain irradiated to the hip and the thigh with 5-6 months of evolution without previous trauma. She only has been operated of a uterine myoma five years ago. There were not relevant injuries at simple X-rays. At the MRI, it informed about an expansive osteolytic lesion on L2, L2-L3 disc and superior plateau of L3. Biopsy of the lesion was done. A primary vertebral leiomyosarcoma moderately differentiated was described. Some slices of previous uterine myoma were reviewed excluding metastatic disease. As a surgery was initially desestimated, radiotherapy cycle was completed as cytoreductor treatment. The size of the tumour decreased on MRI, therefore we decided to operate. A total lumbar en bloc spondilectomy L2-L3 and L2 rooth resection were performed. First, we utilized a posterior lumbar standard approach to do a T12-S1 vertebral instrumentation, resection of posterior elements of the vertebra, and protection of spine cord with cortical tibial allograft. Intervertebral spaces L1-L2 and L3-L4 section were done too. Posteriorly, a left lateral lumbo-toracotomy was performed to extract L2-L3 vertebral corps together. A two level cage filled of allograft and the 10th rib of the patient reinforced by a lateral bridge plate was implanted across the lumbotoracotomy. Osteoporotic T10-T11 fractures occur 4 month after surgery. They were resolved by percutaneous cementation. One year after surgery, patient is totally independent. She can walk without any help. She has an Oswestry Score for lumbar pain of 20%, and Visual Analogic Scale of 2 with daily activities. She remains free of sickness in the last clinic control.

Conclusions: Primary vertebral leiomyosarcomas are extremely rare. Vertebral tumours are a challenging entity. Double vertebral spondilectomy is a reproducible method to treat tumours affecting two lumbar vertebrae with good results, even when some complications can occur.