



PP-118

Surgical treatment of sacral tumors

A. Khamdamov¹, M.-A. Gafur-Akhunov², **A. Savkin**¹

¹ *Tashkent Region Oncology Center, Tashkent, Uzbekistan*

² *Tashkent Institute for Postgraduate Medical Education, Tashkent, Uzbekistan*

Background: Newly diagnosed malignant tumors of bones are localized in pelvic bones with the rate of 10-15%. Chondrosarcoma (30%), Ewing's sarcoma (21%), osteosarcoma (7-10%) and giant cell tumor (6%) are the most common morphological forms of pelvic tumors.

According to L. Whittaker, sacrum tumors are very rare. The feature of such tumors is severe clinical course of the disease. Frequently, tumor of sacrum is diagnosed in advanced stages and surgical treatment is usually performed in non-oncological clinics, which causes frequent relapses and worsens prognosis of patients. Sacral tumor resections are one of the most traumatic surgical interventions in oncological orthopedics.

Purpose: To prove the fundamental possibility of high sacral resection performance with satisfactory functional results.

Material and Methods: 6 patients with sacral tumors were examined and treated in Tashkent regional oncology center from 2010-2014. High level (S-II) sacrum resection was performed in 5 cases. 1 patient underwent sacral bone resection with cement replacement of defect. Medical examination, including X-ray, MRI, CT angiography and 3-D modeling of affected area, CT of lungs, whole skeleton bone scan, ultrasound of affected area and regional lymph nodes and morphological verification was performed for determination of tumor prevalence. Treatment tactics and surgical intervention volume were selected by multidisciplinary team. Neoadjuvant chemotherapy was used in 1 (16%) case. Chemoembolization of deep iliac vessels 48 hours prior to surgery due to large size of the tumor was done in 1 case (16%). According to generally accepted principles of sacrum resection, it was performed one sacral segment above the rostral border of tumor. All operations were performed using posterior approach.

Results: Termination of pain was observed in 32% cases, lower paraplegia in 39% cases, paraparesis in 39% cases, full recovery of motor activity and sensitivity in 21% cases and recovery of pelvic organs functions in 50% cases.

Conclusion: Resection of sacrum affected with neoplastic lesions improves the quality of life by eliminating pain. It also improves the neurological status as the operation decompresses and leads to restoration of pelvic organs functions and lower limbs, which shows the advisability of surgical treatment in this group of patients.