



CASE BRIEF

Name: [REDACTED]

Age: 67 years, Female.

Address: [REDACTED]

Contact no: [REDACTED]

MRD No: 193270

Diagnosis: Sacral chordoma

Date of Diagnosis: 14/04/2021

Surgery: Anterior laproscopic adesiolysis and posterior en-bloc partial sacrectomy using 3D printed JIG

Date of Surgery: 20/05/2021

BRIEF SUMMARY OF THE EVENTS:

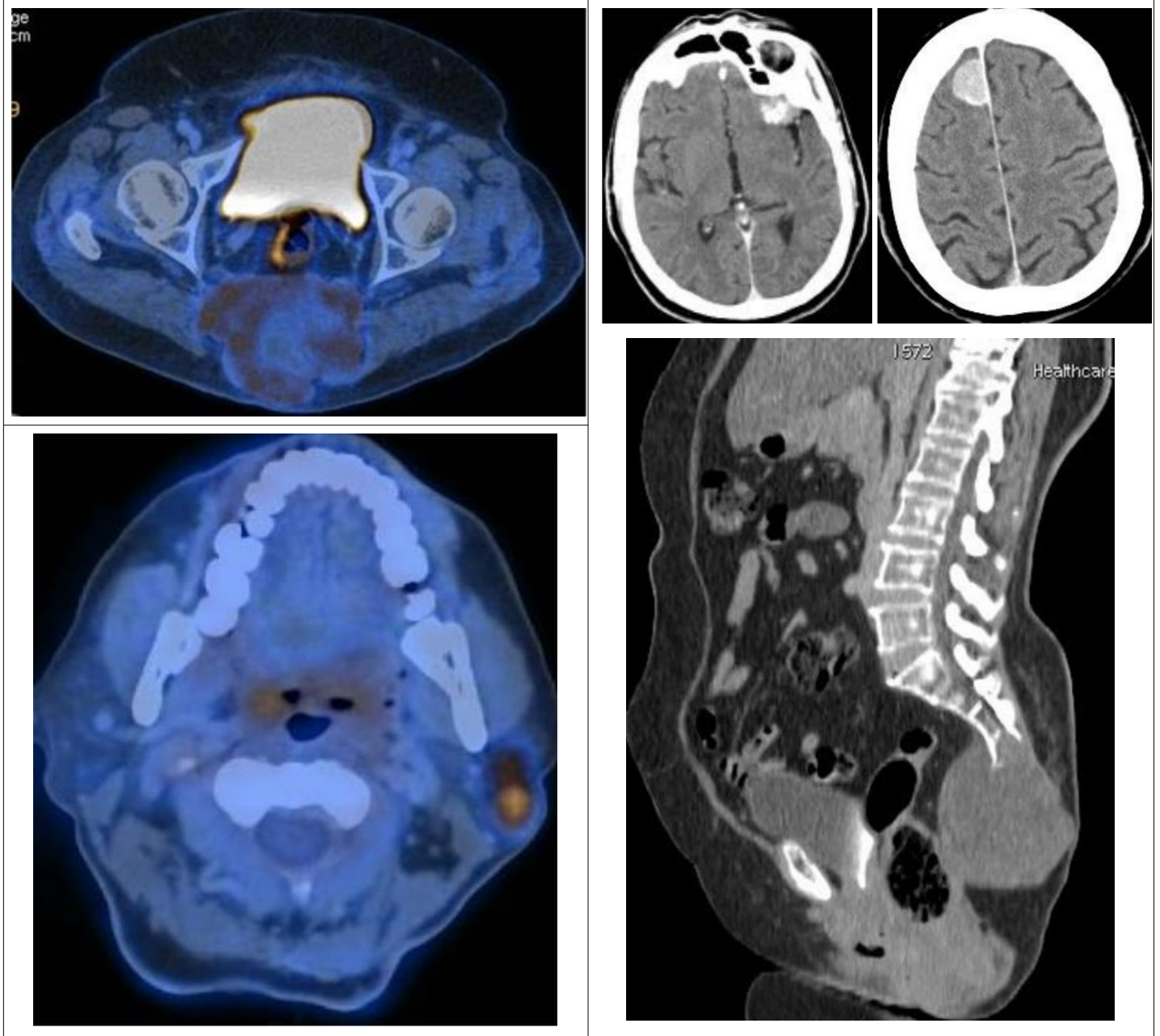
DATE	EVENTS	FINDINGS
2017	Pain while passing stool	Gradually progressive- treated with analgesics.
2019	Pain while passing stool	Gradually increased- treated symptomatically.
Jan 2021	C/o pain & swelling- Low back	Advised PET and biopsy.
10 th Apr 2021	PET Scan	Likely chordoma
14 th Apr 2021	J-Needle Biopsy	Features are consistent with Chordoma.
16 th May 2021	MRI	Sacrococcegeal chordoma
19 th May 2021	Procedure	Pre-op embolization of tumor
20 th May 2021	Surgery	Anterior laproscopic adesiolysis and posterior en-bloc partial sacrectomy using 3D printed JIG

Past Surgical History: Patient underwent hysterectomy 10years ago.

Known case of hypertension and diabetes mellitus- On medications.



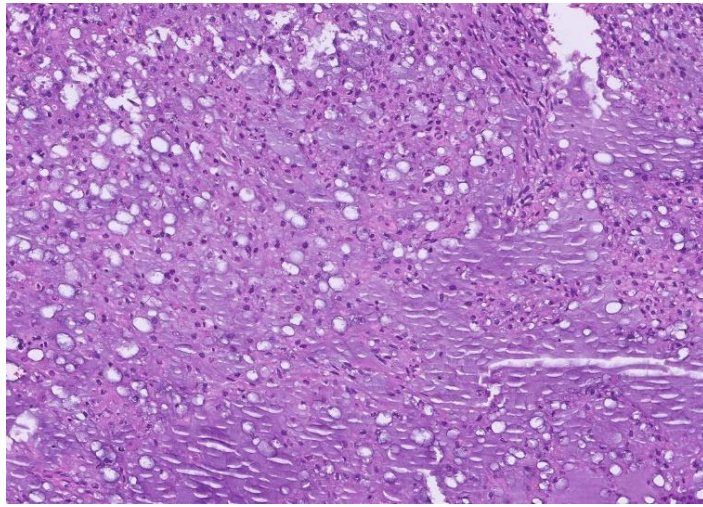
PET CT IMAGES: 10/04/2021



Findings:

1	10 x 8.5 x 9.8 cm metabolically active expansile lytic lesion involving the lower sacrum and coccyx with bony destruction and extraosseous soft tissue extension likely chordoma.
2	Left sphenoid wing and right anterior parafalcine meningiomas.
3	1.5 x 1.3 cm well defined homogeneously enhancing lesion in the superficial left parotid gland-likely representing benign parotid neoplasm.
4	Bulky thyroid gland with multiple nodules.

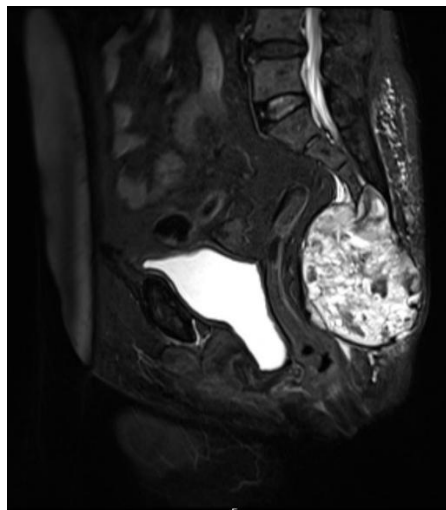
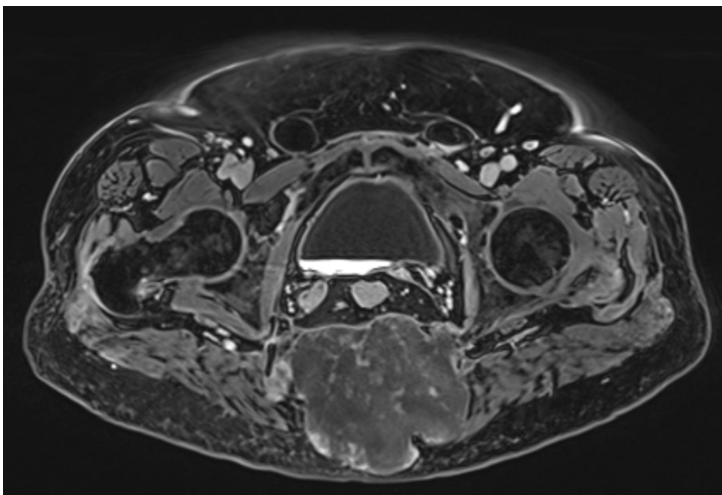
HISTOPATHOLOGY IMAGES (J Needle Biopsy) 14/04/2021:



Findings:

1 | Features are consistent with Chordoma.

PRE-OP MRI IMAGES: 16/05/2021

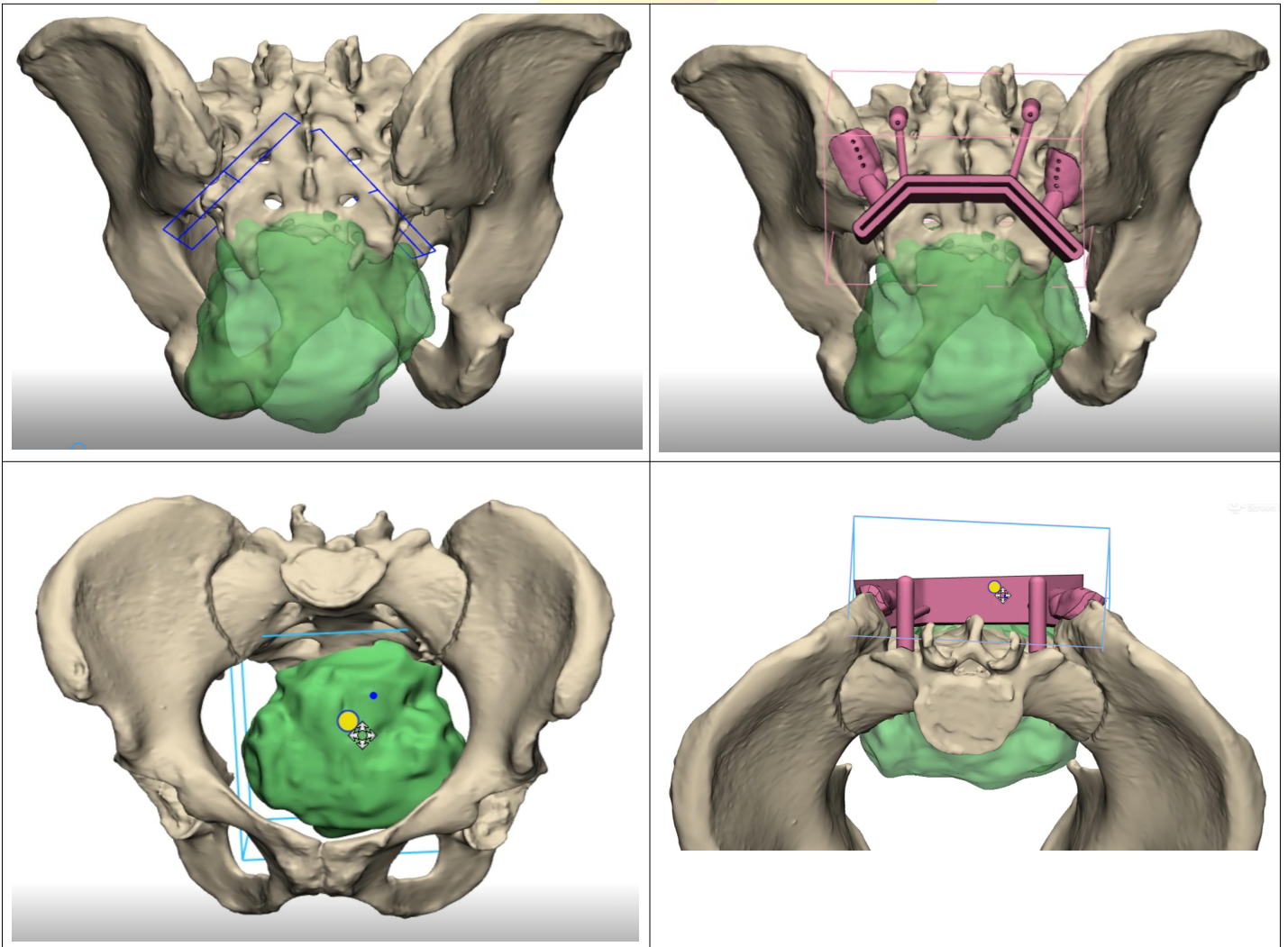




Findings:

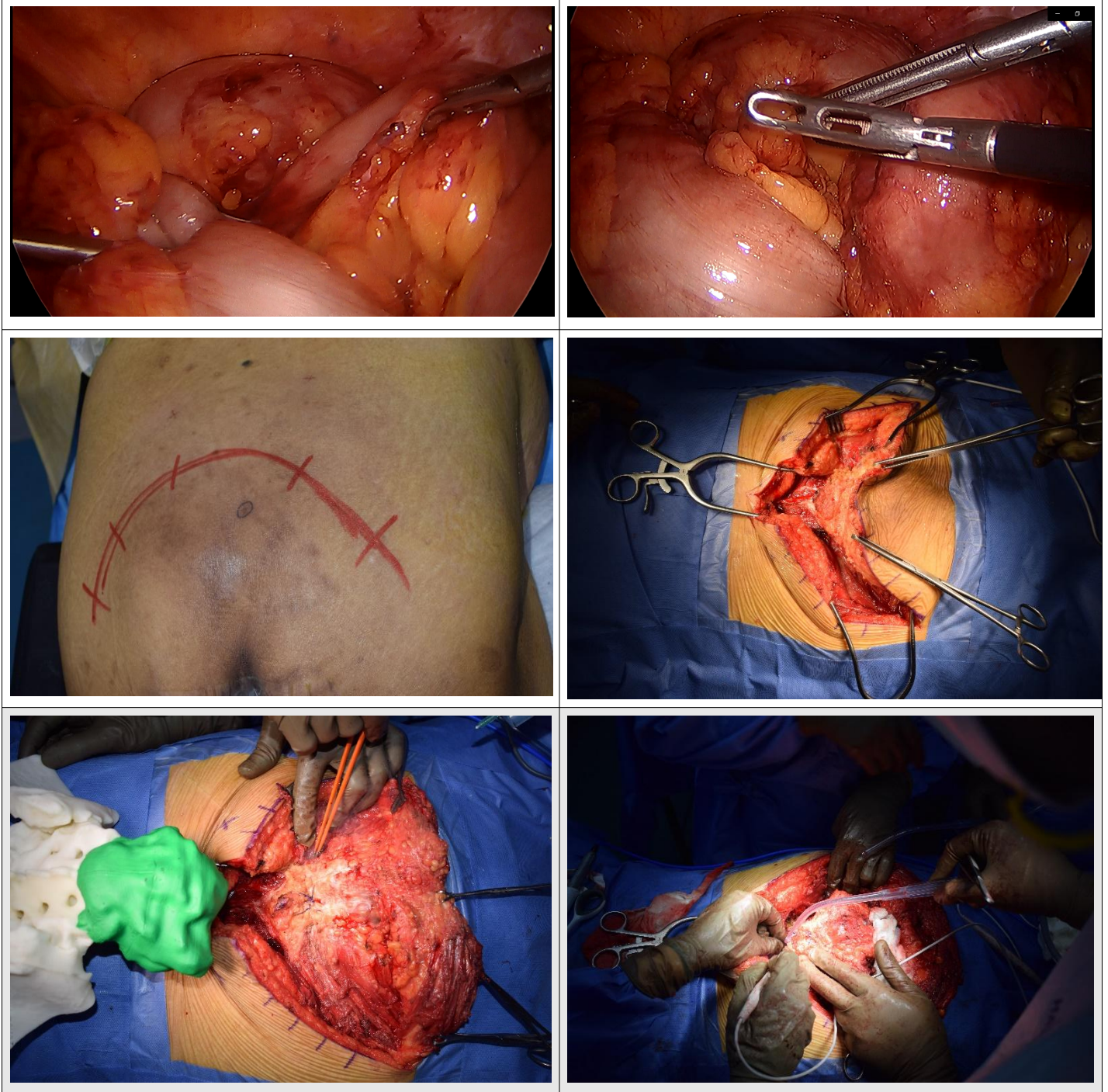
1	10.2 x 8.9 x10 cm expansile lytic lesion with extrasosseous soft tissue involving the lower sacrum and coccyx from the level of S 3-4 disc downwards above neoplastic etiology – likely sacrococcegeal chordoma.
2	No evidence of significant pelvic lymphadenopathy. Inferior descent of the urinary bladder and rectum with weakness of the pelvic floor.

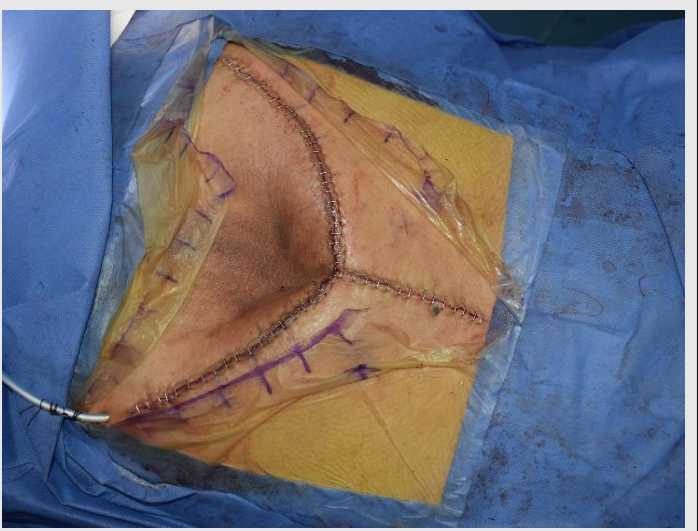
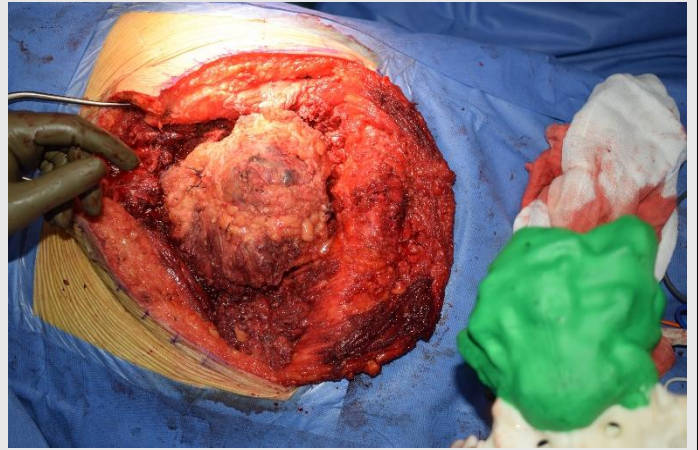
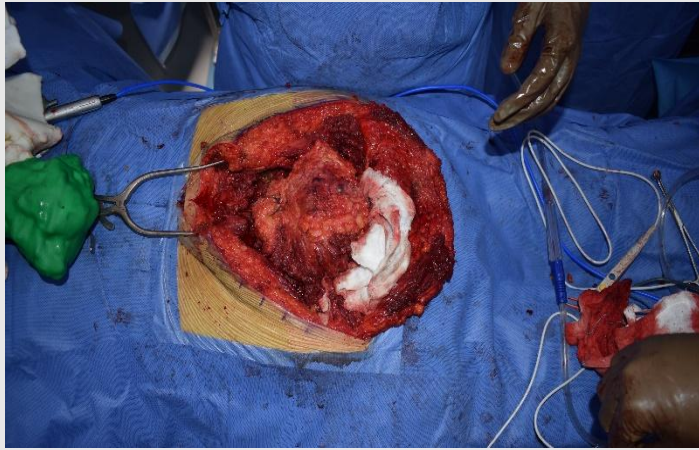
3D PLANNING IMAGES





OPERATIVE IMAGES: 20/05/2021

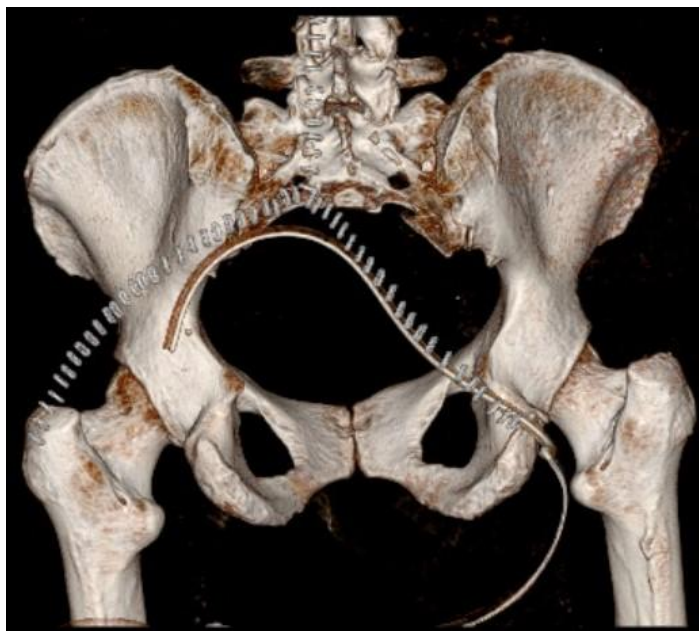




Findings:

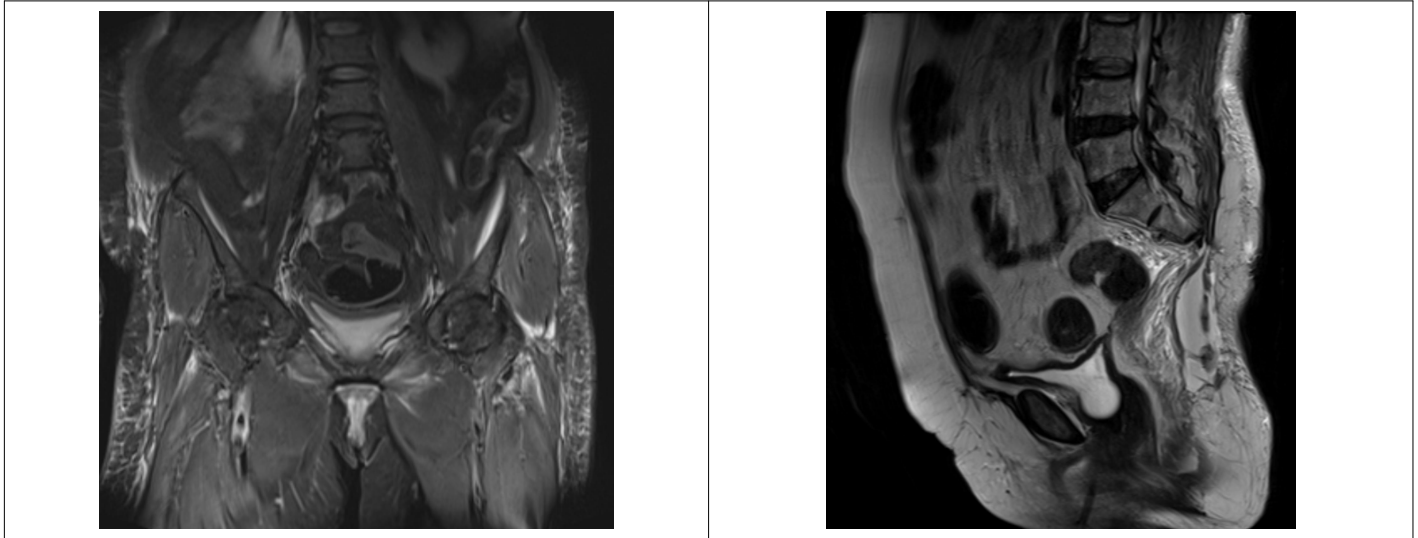
1	Laparoscopic was done by Dr. Prabhu and the rectum was mobilized. Adequate anterior laproscopic mobilization of tumour. Good skeletonization of tumour with adequate surrounding margins from posterior aspect
2	Jigs fit well on PSIS, cut planes confirmed under C-ram B/L S2 sacral nerve roots isolated and protected Soft tissue surrounding tumour released and tumour mass removed in toto following bone cuts. No tumour bed contamination. Dead space obliterated, tensionless soft tissue closure obtained after reconstructing wall with prolene mesh
3	As planned before, S3, S4 and S5 nerve roots was cut as the tumor was encroaching the nerve roots, the tumor was removed with adequate wide margins as planned before Dr. Prabhu was called and the floor was reconstructed using mesh. Hemostasis achieved and after thorough wound wash, closure was done and dead space obliterated and then drain was applied. Sterile was done.
4	Patient underwent preoperative embolization of the tumor by Dr. Indushekar on 19.05.2021

POST-OP CT: 24/05/2021





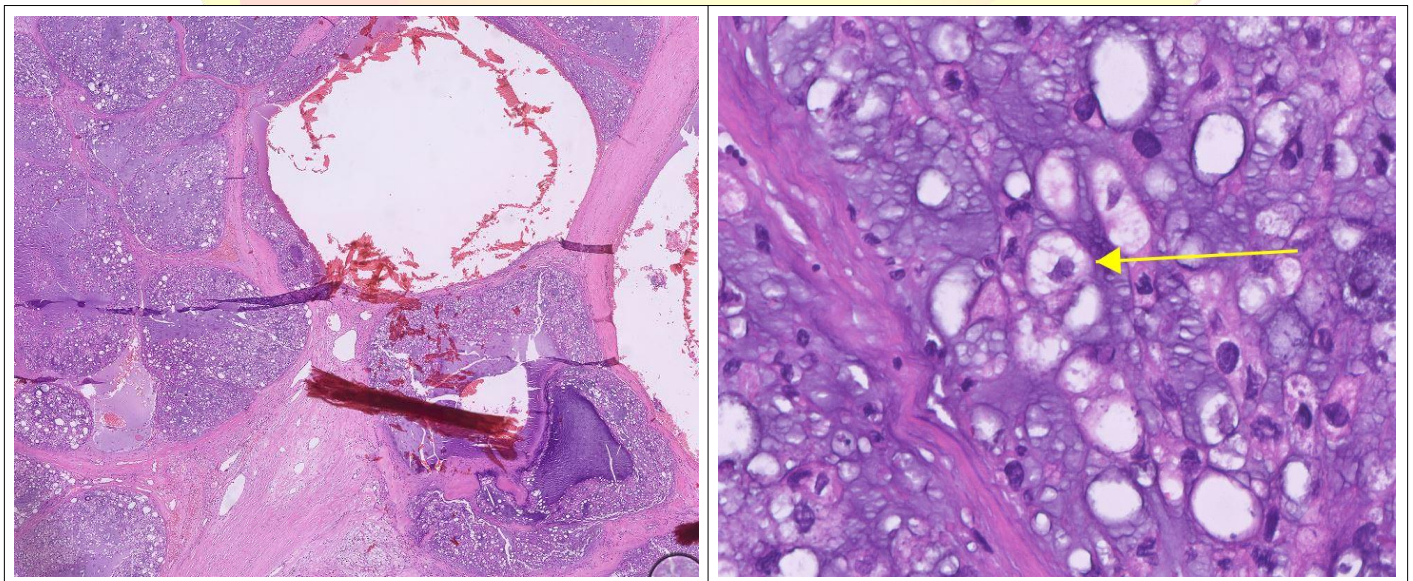
POST OP MRI IMAGES: 24/05/2021



Findings:

1	Interval resection of previously seen expansile lytic lesion with extrasosseous soft tissue involving the lower sacrum and coccyx. No evidence of local recurrence.
2	No evidence of significant pelvic lymphadenopathy.
3	Inferior descent of the urinary bladder and rectum with weakness of the pelvic floor.

HISTOPATHOLOGY IMAGES 20/05/2021:



Findings:

1	Features are of Chordoma with free margins.
2	Pathological stage: pT3bN0

PROPOSED RECOMMENDATION AS DISCUSSED IN TYR MULTIDISCIPLINARY SARCOMA TUMOUR

BOARD:

1	In view of good clinical margins attained during surgery and free pathological margins, no adjuvant therapy is currently recommended.
2	In view of size of the lesion, close follow-up is recommended.
3	To review once in 3 months for every 2 years and for every 6 months for next 3 years.

OUR MDT TEAM MEMBERS:

NAME	DESIGNATION
Dr.Pramod Chinder	Consultant Orthopaedic Oncosurgeon
Dr Suraj H P	Orthopaedic Oncosurgeon
Dr.Srinath D	Orthopaedic Oncosurgeon
Dr. Sreeraj.	Orthopaedic Oncosurgeon
Dr. Aparna	Consultant Oncopathologist
Dr. Kunal	Consultant Oncopathologist
Dr. Imran	Consultant Oncopathologist
Dr. Kumaraswamy	Consultant Radiation Oncologist
Dr. Vikram Maiya	Consultant Radiation Oncologist
Dr. Shivakumar	Consultant Radiologist
Dr. Vijay Agarwal	Consultant Medical Oncologist



OUR TEAM MEMBERS:

NAME	DESIGNATION	CONTACT NUMBER
Dr.Pramod S Chinder	Orthopaedic Oncosurgeon	+91 9945106676
Dr.Amrithlal M	Spine Surgeon	
Dr.Suraj H P	Orthopaedic Oncosurgeon	
Dr.Srinath D	Orthopaedic Oncosurgeon	
Dr. Sreeraj.	Orthopaedic Oncosurgeon	
Mrs. Margaret	Nurse Practitioner	8310865520 - 8197859696
Mr. Aasim M D	Nurse Practitioner	9060178007 - 9632419696
Ms. Tejashvini	Secretary	9535832969 – 7996907996
Ms. Kavya	MSW	9632971901
Mrs. Veena	Secretary	9148663925

Prepared by: Tejashvini.

Checked by: Dr.Pramod.S.Chinder