



<https://www.revistaneurocirugia.com>

C0028 - SIMULTANEOUS RESECTION OF CHORDOMA AND RECTAL NEOPLASM

N. Elenwoke, L. González García, J. Alberdi Viñas, D. Rivero Celada, L. González Martínez and M. Barrera Rojas

Hospital Universitario Miguel Servet, Zaragoza, Spain.

Resumen

Objectives: Describe the pathology of chordoma. Explain the current practices in the management of chordoma. Describe a rare case of simultaneous resection of chordoma and rectal carcinoma.

Methods: A 76-year-old male patient complaining of rectal hemorrhage was diagnosed of a moderately differentiated high grade Adenocarcinoma after histologic study of a polypectomy. A rectal lesion of 25 mm of length and another osseous lesion in S4, S5 and superior portion of coccyx were seen in thoracoabdominal CT scan. A simultaneous resection of the two lesions was carried out. Firstly, laparoscopic abdominoperineal amputation was performed before a posterior approach complete dissection of rectum from sacral region. Histological studies were reviewed; the rectal lesion had cancerous bone cells formed by mucine nidus separated by fibrous tracts while in the sacral lesion physaliferous cells characteristic of chordoma were seen.

Results: In our case, a sacrococcygeal chordoma was radiologically seen during a CT scan for extension study of rectal adenocarcinoma. A sacral lesion was confirmed with MRI and early total surgical excision was performed. The absence of postoperative neurologic deficits is related to early detection, adequate radiological study and meticulous complete resection during surgery. Radiotherapy may have helped to reduce recurrence of chordoma.

Conclusions: This is a rare and interesting case of a patient diagnosed of two different tumors and treated simultaneously in the same surgical act. Including this case there are very few published cases of sacral chordoma associated with rectal neoplasm.