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Chondrosarcoma of the mobile spine and sacrum. A clinical series with minimum 13,5 years follow-up.

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Background: Surgery is the primary option for treatment of chondrosarcoma. There is presently no strong evidence for the benefit of other treatments. The anatomical characteristics of the axial skeleton present difficult surgical problems in the treatment of chondrosarcoma located to the spine and sacrum. We retrospectively investigated the results of our surgical treatment of these tumors with long-term follow-up.

Patients and methods: Nineteen consecutive patients with a minimum observed follow-up of 13,5 years were reviewed. Fourteen were male, 5 female. The mean age at first surgery was 40 years. Twelve patients had tumors of the mobile spine, 7 of the sacrum. The mean tumor size was 11 cm. Tumor grades were: grade I 1, grade II 10, grade III 6 and grade IV 2 patients.

Results: Local recurrence occurred in 37 percent of the patients, metastases in 21 percent. The 5-year survival was 78 percent and 10-year survival 73 percent. The mean overall survival was 15 years (range 1,5-28,5 years). Nine patients had a tumorrelated death and 1 died with disease. Eight patients are alive with a minimum of 13,5 years tumorfree follow-up and 1 patient died of other causes 23,5 years postoperatively. Only one of the patients received radiotherapy. Out of these 9 (47 percent) cured patients 7 had spinal tumors, 2 sacral. Tumor grades were 7 grade II, 2 grade III.

Conclusions: Centralized treatment and aggressive surgical techniques may control approximately 50 percent of chondrosarcomas of the axial skeleton. Local recurrencies and metastases are compatible with long survival.

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