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Laparascopic assisted resection of an ileosacral chondrosarcoma

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Rationale:
According to contributions of Yonamine we have begun to resect sacral tumors with video-laparascopic exposure of the anterior structures.

Patient:
A 33year old woman 6 weeks after her second normal vaginal delivery complained of lumbosacral dysesthesia. Imaging showed a mass of the sacrum crossing the ileosacral joint suggestive of a chondrosarcoma, after biopsy graded GI, calculated volume 700 cc.
Technique:
The procedure was performed in an unstable lateral decubitus starting with the anterior laparascopic exposure of the os sacrum and the right pelvic sidewall by passing through right pararectal space and full mobilization of the rectum from the promontorium downwards to the pelvic floor. After transection of the sacral hypogastric fascia, the medial and caudal limits of the tumor and as well as the sacral nerve roots were identified. The sacral nerve roots L5 - S2 attached on the tumor, while S3 and S4 were free. Full exposure of the pelvic ureter followed by the coagulation and transection of the internal iliac and the lateral sacral vessels. All cardinal vessels below the tumor were also transected including the pudendal and inferior gluteal vessels. The dissection of the lumbosacral space enabled the exposure of the lateral limits of the tumor and identification of both the obturator nerve and the sciatic just before it entry through the great sciatic foramen. 2 Gigli saws were inserted from anterior to posteriorly, one through foramina L5 and S1, the other through S1 and S4 for transection of the sacrum under visual endoscopic control. The resection of the ileum was performed in analogy to a Judet approach externally.
For reconstruction the defect was replaced with a massive allograft and stabilisation performed by lumbo-ischial screw and rod fixation.
The total blood loss was judged to be about 1000 cc; the total replacement were 2 units of blood.
Results:
Pathologic examination showed uncontaminated margins.
Conclusion:
We have got the impression, that the anterior video-laparascopic approach presents several advantages by giving a superior view, higher precision and decreased blood loss for tumors in this anatomical difficult location of tumors.

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