

Sacral chordoma outcome

Chordoma in the **sacrum** is an aggressive, locally invasive neoplasm, and has a poor prognosis.

The presence of **subcutaneous** fat extension was an independent **predictor** of decreased **OS**. Other MRI findings with potential for future evaluation include size, presence of soft tissue tail, extension above L5/S1, and **sacroiliac joint** and **piriformis muscle** invasion ¹⁾.

A study identified two predictive variables for local **recurrence-free survival** (LRFS) (previous tumor surgery and type of surgical **resection**) and two for **overall survival** (OS) (age and impaired **motor function**) in surgically treated SC patients. The results indicate that **en bloc resection** reduces LR but does not influence OS. However, this was likely due to short follow-up (3.2 years) ²⁾.

Dedifferentiated chordomas are aggressive malignant tumors with a higher risk of local recurrence, metastases, and early mortality than conventional chordomas. Tumor diameter >10 cm, marginal resection, and **sacroiliac joint** infiltration may be associated with increased risk of local recurrence and mortality. Those with a smaller burden of dedifferentiated disease (<1 cm) within the primary chordoma have a better prognosis. Patients should be counseled about these risks before surgery and should have regular follow-up for the detection of local recurrence and metastases ³⁾.

¹⁾

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