

Sacral lesions

Tumors

Sacral tumors

Primary neoplasms of the sacrum are uncommon and include:

- a) [Sacral giant cell tumor](#)
- b) [chordoma](#)
- c) [teratoma](#):

- adults: pre-sacral or sacro-coccygeal teratomas may arise from cells sequestered from Hensen's node in the caudal embryo. Rarely cause neurologic involvement (distinguishing this from chordoma). Sacrum may be normal in up to 50% (abnormal in almost all chordomas). Treatment is complete removal, usually by general surgeon

- peds: malignant pre-sacral teratoma is a rare tumor seen primarily in female children

A wide variety of disease processes can involve the sacrum either focally or as part of a systemic process. Plain radiographs, although limited in evaluation of the sacrum, should be carefully examined when abnormalities of the sacrum are suspected. Cross-sectional imaging, particularly computed tomography and magnetic resonance (MR) imaging, plays a crucial role in identification, localization, and characterization of sacral lesions. Congenital lesions of the sacrum, including sacral agenesis and meningocele, are optimally imaged with MR. The most common sacral neoplasm is metastatic disease.

Primary neoplasms of the sacrum, which include:

Chordoma, and teratoma, are infrequent. Infection of the sacrum or sacroiliac joint is most often due to contiguous spread from a suppurative focus. A wide variety of arthritic disorders such as ankylosing spondylitis and osteoarthritis can involve the sacroiliac joints as part of a localized or systemic process. Sacral fractures related to acute trauma or repetitive stress are difficult to diagnose and treat. Knowledge of these abnormalities and familiarity with the imaging of these processes will allow radiologists of all subspecialties to contribute to the diagnosis and management of sacral disorders.

Sacral infection

Sacral arthritic disorders

[Ankylosing spondylitis](#) involves [sacroiliac joint](#) almost by definition

[Osteoarthritis](#)

[Sacral fracture](#).

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Last update: **2024/06/07 02:50**

