

Sacral tumor

1. [Sacral metastases](#): the most common sacral neoplasm
2. primary neoplasms of the sacrum are uncommon and include:
 - a) [Sacral giant cell tumor](#)
 - b) [Sacral chordoma](#)
 - c) [Sacroccoccygeal 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

see [Sacral Spinal Schwannoma](#)

The evaluation and complex treatments of sacral tumors require a multidisciplinary approach. Because of the complex anatomy conditions and biomechanics of the lumbo-pelvic junction, surgical treatment of sacral neoplasms is one of the most challenging fields in spine. Diagnostic process and surgical and nonsurgical treatment options for sacral tumors are summarized based in the article of Varga PP, Bors I, Lazary A. Sacral tumors and management. Orthop Clin North Am. 2009 Jan;40(1):105-23, vii. doi: 10.1016/j.ocl.2008.09.010. Review. PubMed PMID: 19064059 ¹⁾.

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Varga PP, Bors I, Lazary A. Sacral tumors and management. Orthop Clin North Am. 2009 Jan;40(1):105-23, vii. doi: 10.1016/j.ocl.2008.09.010. Review. PubMed PMID: 19064059.

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