

“Partial sacrectomy by single posterior approach”

Dear Dr. Bersusky,

I write this letter in reference to Dr. Pablo N. Ortiz' Letter to the Editor, published in the Vol. 82, Issue # 2, about the work “Partial sacrectomy by single posterior approach”.

First of all, we would like to thank Dr. Ortiz, who has taken the trouble to write his letter upon reading our publication, what shows that the management of tumors involving the sub-axial sacral portion is a fascinating issue and one of current importance.

With respect to the need of surgical biopsy in sacral tumors and especially sacral chordoma, that is to be dealt with sometime in a future presentation, but we can anticipate that the specialized international bibliography as of 2006 until today,¹⁻³ supports NOT carrying out CT scan-guided puncture biopsy when there are clear MRI images, acknowledging that block resection is the treatment of choice. This behavior decreases potential tumor spread in the biopsy path and, many times, the biopsy is not even carried out by the surgeon— this path is oftentimes not included in the incision and it is not even near it.

The arteriography is systematically carried out for the planning of the total surgical resection of the sacrum or in large tumors, where pre-surgical embolization is added.^{1,4,5} This work shows resections below S2, where artery ligation of the medial sacral artery is not necessary and the injury of the iliac arteries is less frequent.

Although bleeding was not quantified in every patient (not exceeding 300 cc in anyone of them anyway), neither intra- or post-operative transfusions were required, and we did not use blood recovery or tranexamic acid either.

We used post-operative blood drainage during 48 to 72 h for the management of the subfascial pocket, with the patient in ordinary ward in three out of the four cases; the remaining patient received a catheter for CSF fistula prevention, and stayed at the Intensive Care Unit during 28 h.

Without further comments and with apologies for the delay of our response, we thank Dr. Pablo Ortiz for his remarks.

Yours sincerely,

Pedro L Bazán, M.D.

Bibliography

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