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P0279 - SECONDARY CERVICAL CHONDROSARCOMA: DIAGNOSES AND MANAGEMENT CHALLENGES

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Resumen

Objectives: We present a case of cervical spine chondrosarcoma arising over a previous osteochondroma and review of literature concerning this rare entity.

Methods: Analysis of the clinical chart of a patient with a slow growing palpable mass in the left cervical area, previously diagnosed as benign isolated osteochondroma presenting with progressive local symptoms.

Results: A 65-year old female, consulted with a slow growing left laterocervical mass, which appeared several months before. She was diagnosed by repeated core needle biopsy of a spinal chondroma/enchondroma. A few months later, the patient complained of neck pain and dysesthesia in C6 area, and progressive growing of the mass. Neck CT and MRI showed a 5 cm left paravertebral soft tissue tumour, engulfing the C6-C7 nerve root and displacing the left vertebral artery and brachial plexus. Preoperatively, an arteriography with a vertebral artery occlusion test was conducted with good tolerance. A solid and firm mass was surgically removed with neurophysiological monitoring, proceeding through a laterocervical approach. Resection was caudally limited by neural and vascular anatomical structures. Postoperative MRI revealed residual tumour, so adjuvant radiotherapy and a rescue surgery were performed, discharging the patient without symptoms. The pathology analysis revealed mostly osteochondroma tissue, however, scattered areas of trabecular infiltration suggesting secondary chondrosarcoma grade I, were also found. These findings outline the need of wide tissue samples to achieve a precise diagnosis. The literature in English was reviewed rendering 57 published cases of chondrosarcoma of the cervical spine, including only 4 secondary cases. All reviews exhibit the essential role of complete resection, followed by adjuvant radiotherapy, in case of residual tumour.

Conclusions: A case report of a secondary chondrosarcoma is presented, being the fifth published case. Cervical chondrosarcomas are a rare entity, especially those deriving from a previous osteochondroma. Gross-total resection should be achieved to correctly diagnose and treat these tumours.