

TRANSARTERIAL EMBOLIZATION TREATMENT OF SACRAL TUMORS

doi: 10.2478/rojost-2018-0046

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Objectives. Sacral tumors represent about 1-4,3% of all bone tumors. They typically present with an abundance of blood vessels. Due to their anatomical localization, they are hard to approach surgically. Thus, a presurgical neoadjuvant therapy is indicated. The preoperative angiography with the embolization of the nutritive arteries decreases the perioperative blood loss and the symptomatology, and even decreases the volume of the tumors that cannot be surgically approached.

Materials and methods. The principle of embolization consists in the targeting of the nutritive tumoral artery and in obturating it with embolic agents (polyvinyl alcohol, embospheres, etc.) through selective catheterization under angiographic control.

The biopsy of the tumor is essential for certain diagnosis. The histological type of the tumor and the degree of differentiation influence the tumor's physiopathology and often influence the therapeutic decision regarding its degree or recurrence. In some cases in which the tumor's degree of extension increases the surgical risk, serial embolization can be used as a primary method of treatment. Because of the late onset symptomatology, when they are discovered they are extended and the degree of invasion in adjacent tissues is so high that it requires en bloc resection with nerve root sacrifice to assert complete excision and low recurrence rates.

Results. The patients who undergo surgical treatment usually bleed, and the perioperative blood loss and the need for blood transfusion volumes were halved in the cases in which presurgical transarterial embolization was performed.

Conclusions. Transarterial embolization of sacral tumors is a procedure indicated as a neoadjuvant presurgical therapy to decrease the blood loss risks and for the tumors that cannot be surgically removed it is used in the palliative treatment to reduce symptomatology.

Keywords: sacral tumors, transarterial embolization