ERRATUM TO:

Thoracic chordoma with epidural extension: a case report of total en bloc spondylectomy

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61-year-old male

- 5 months history of back pain
- Paraparesis (Frankel Grade D)

No history of carcinoma

CT-axial at T12

T1 fat suppression enhancement (+)

MRI

MRI

MRI

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Bone Scan:
Negative

PET: Negative

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What is the diagnosis?

Interactive vote

1. Solitary metastasis: origin unknown
19%
2. Malignant fibrous histiocytoma
13%
3. Chondrosarcoma
8%
4. Chordoma
25%
5. Plasmacytoma
24%
6. Lymphoma
12%

8

Needle biopsy:
Chordoma

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What is the treatment?

Case: 61-year-old male
Diagnosis: Chordoma at T12

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What is the treatment?

Interactive vote

1. Palliative surgery
3%
2. Piecemeal excision including margin
5%
3. En bloc resection with tumor margin
92%

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Chordoma of the mobile spine

"The only treatment protocol associated with patients that are continuously disease-free (CDF) at follow-up longer than 5 years is **margin free en bloc resection.**" [1]

① Boriani S et al. (2006) Chordoma of the mobile spine: fifty years of experience. Spine 31(4): 493-503

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How to remove the tumor vertebra?

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How to remove the tumor vertebra?

Interactive vote

1. Posterior laminectomy followed by anterior corpectomy
42%
2. Anterior dissection followed by posterior removal
42%
3. Posterior approach alone
17%

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MRI (T2 image)

Which level of the anterior column should be osteotomized?

Left

Middle

Right

15

Which level of the anterior column should be osteotomized?

Left

Middle

Right

16

Which level of the anterior column should be osteotomized?

Interactive vote

1. 1 15%
2. 2 30%
3. 3 56%

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Cranial

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How to remove the tumor vertebra keeping margin without injuring the spinal cord?

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Cutting line

Cutting line

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Our message

This procedure allowed:

- en bloc marginal resection
- with no neurologic degradation

in our patient with encapsulated epidural tumor.

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