

Images in clinical medicine



Infected metastatic carcinoid of the sacrum



Hassan Baallal^{1,&}, Ali Akhaddar¹

¹Department of Neurosurgery, Avicenne Military Teaching Hospital, University Kaddi Ayyad, Marrakech, Morocco

[&]Corresponding author: Hassan Baallal, Department of Neurosurgery, Avicenne Military Teaching Hospital, University Kaddi Ayyad, Marrakech, Morocco

Received: 10 Apr 2020 - Accepted: 23 Apr 2020 - Published: 24 Apr 2020

Domain: Surgical oncology

Key words: Infected, metastatic carcinoid, sacrum

Images in clinical medicine | Volume 2, Article 158, 24 Apr 2020 | 10.11604/pamj-cm.2020.2.158.22781

Available online at: <https://www.clinical-medicine.panafrican-med-journal.com/content/article/2/158/full>

©Hassan Baallal et al. PAMJ - Clinical Medicine (ISSN: 2707-2797). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Images in clinical medicine

Sacral bone tumors usually remain clinically silent for a long period and are often discovered in the context of nerve root compression (S1 or S2 radiculopathy or inflammatory sciatica) or pelvic organ compression. The most common sacral tumors in adults are metastases and intraosseous locations of hematological malignancies (lymphoma or multiple myeloma), while primary bone tumors and meningeal or nerve tumors are less common. Metastatic lesions of the sacrum are rare, but pose a complex problem for surgical management. The clinical pattern of presentation depends on the anatomical location of the tumour and whether it invades or compresses neighbouring structures. We report the case of a

67-year-old man who presented with a 2-year history of intermittent low back pain with sudden urinary retention. Additionally, he was under care for chronic constipation and fecal impaction. A lumbar computed tomography (CT) scan and magnetic resonance imaging shows a heterogenous mass occupying the sacrum to the coccyx with 12-10-8 cm in size (A). A needle biopsy revealed that this lesion was an infected metastatic carcinoid (B). Sacral tumors usually have reached an advanced stage and a large size by the time that they are diagnosed, and these conditions make the resection of the tumor technically demanding and the chance of achieving a wide margin less likely. The achievement of an adequate margin often leads to pelvic instability as well as to a loss of neurological function.

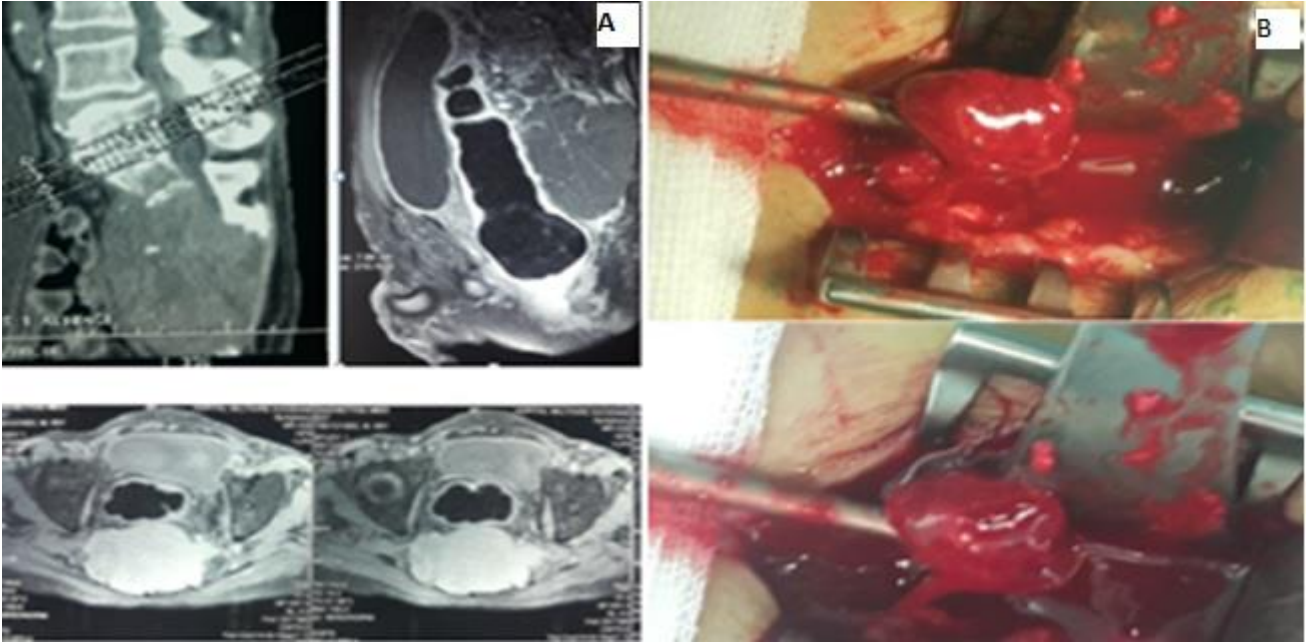


Figure 1: (A) a lumbar computed tomography (CT) scan and magnetic resonance imaging shows a heterogenous mass occupying The sacrum to the coccyx with 12-10-8 cm in size; (B) a needle biopsy revealed that this lesion was an infected metastatic carcinoid