

Sacrococcygeal Malignant Germ Cell Tumour [SC-MGCT] with Intraspinal Extension

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Aim

- To evaluate patients of sacrococcygeal malignant germ cell tumour having intraspinal extension for:
 - Incidence
 - Presentation
 - Management
 - Outcome



Materials and Methods

- Retrospective Study:
 June 2001-Dec 2008
 - Tertiary care Pediatric Surgery Oncology Department
 - All MGCT's diagnosed and treated (<12yrs age)



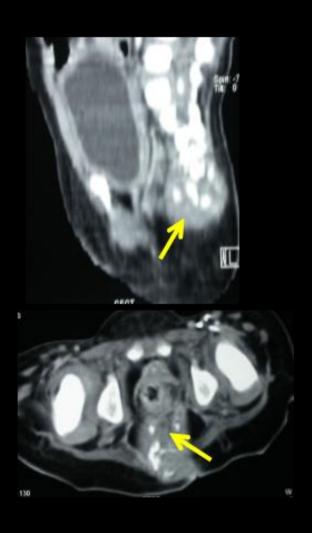
Materials and Methods

- Intraspinal extension: CECT / MRI scan
- Treatment:
 - Chemotherapy: 4 courses of PEB both pre and post-operatively
 - Surgical resection with/without partial sacral excision



Results: Presentation

- 31 cases of SC-MGCT
 - 5 (16%): intraspinal extension
 - Age 12 84 months (median- 24 m)
- Altman:
 - Altman 4: 4
 - Altman 3: 1
- POG stage:
 - Stage 4: 4 (80%)
 - o Stage 3: 1 (20%)





Results: Presentation

- Neurological presentation:
 - o Paraparesis: 3
 - Paraplegia: 1
 - Ourinary incontinence: 1
 - o Fecal incontinence: 1
 - No neurological symptoms: 1
- Duration of Neurological symptoms
 - o 15-70 days



Results: Outcome

- Surgical resection:
 - o Complete: 4
 - Complete Resolution Pre-operatively:
 - Partial Sacral Excision: 1
 - Gross Intraspinal Residue: 1
 - Post-op Chemotherapy





Results: Outcome

- Histology
 Endodermal Sinus Tumor
- Follow up
 3-32 months (median 21months)



Results: Outcome

- Neurological recovery
 - -Lower limb weakness:

Improved completely in all

-Bowel and bladder incontinence:

Bowel incontinence improved
Persistent Bladder Incontinence



Conclusions

- SC-MGCT with Intraspinal Extension present:
 - Altman 3 or 4 disease
 - Neurological involvement- lower limbs/ bladder/ bowel
 - Advanced stage- metastasis



Conclusions

- Respond well to Chemotherapy
- Complete Surgical Resection
- Complete Neurological Improvement

Discussion

- Late Presentation
- Feasibility of resection
- Effect of chemotherapy on Surgical outcome
- Hydro-Ureteronephrosis
 - Use of Cisplatin

Literature Review

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Thank You