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Curettage alone not advised for sacral giant cell tumors

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For patients with sacral giant cell tumors, curettage alone is not recommended for surgical management, according to a study published online July 16 in *The Spine Journal*.

(HealthDay) -- For patients with sacral giant cell tumors (GCTs), curettage alone is not recommended for surgical management, according to a study published online July 16 in *The Spine Journal*.

To develop an optimal treatment strategy for GCTs, Guodong Li, M.D., from the Tongji University School of Medicine in Shanghai, and colleagues reviewed a case series of 32 patients (18 women and 14 men) with sacral GCTs who underwent surgery between August 1996 and August 2008.

The researchers found that the patients underwent either wide resection,

marginal resection, marginal resection plus curettage, or curettage alone (two, 11, 12, and seven patients, respectively). The highest and lowest amount of blood loss was seen for the curettage and wide resection groups, respectively. During a median of 42 months of follow-up, local recurrence was noted in 12 patients, including five of seven in the curettage group. The rate of recurrence was significantly lower in the marginal excision group versus the curettage group (18.2 versus 71.4 percent; P = 0.049). Of all the patients, bladder and bowel dysfunction were seen in five and two patients, respectively, while lower limb dysfunction was noted for four patients who underwent marginal resection. The overall and two-year recurrence-free survival was 93.6 and 84.4 percent, respectively.

"Choosing an optimal surgical margin in the treatment of sacral GCTs is of great importance for local recurrence control and sacral nerve root preservation," the authors conclude. "Curettage alone should not be used to treat sacral GCTs."

More information: Abstract
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