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# Letter to the Editor

## “Partial sacrectomy by single posterior approach”

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Dear Dr. Ernesto Bersusky,

I would like to congratulate the authors of the study on the four patients with this condition so difficult to address from both the medical and the surgical points of view; however, I would like to make some observations.

With respect to biopsy in these types of tumors, I agree on the fact that intra-injury incisional biopsy increases significantly the risk of local recurrence; therefore, what is recommended is CT-guided biopsy with trans-cutaneous trocar, because this is a safe and accurate procedure, which should be followed by the very surgeon who will carry out major surgery on an area which later will be subject to resection. These authors did not do so; conversely, they relied on the tumoral image which we know can make us make diagnosis mistakes—there are benign tumors that can undergo intra-injury curettage with complete healing of the condition. Therefore, I believe it is important to follow this procedure in the future; it is essential to count on a study to analyze the tumor, its histological type and its stage, and to determine if healing takes block resection or if intra-injury curettage is enough.

I cannot see in this study that they used angiography as a useful method either—many times, there are afferent vessels to the iliac arteries and, if we do not address them, we may jeopardize a potential isolated posterior approach.

Pre-sacral tissues bleeding can be serious, especially in the case of medial and lateral sacral arteries and veins; in this study, however, I failed to see how this issue was managed.

Neither do they state how they addressed bleeding in the whole procedure—for example, if their strategy was based on blood recovery, tranexamic acid, aminocapric acid, etc.

I have also failed to see in this study how the post-operative management was. Was the patient referred to the intensive or the intermediate care unit? How was pain managed? What was the post-operative antibiotic and anti-coagulant approach?

Except from these observations related to the aforementioned aspects of the procedure, I believe that the publication of this study was quite positive, given the low frequency this condition occurs and the scarce local bibliography.

Yours sincerely,

*Pablo N. Orti, MD*