

The surgical management of metastatic spinal disease: prospective assessment and long-term follow-up



Click here for immediate access to the latest key research articles

Authors: R. J. Mannion ^a; M. Wilby ^a; S. Godward ^b; G. Lyrazopoulos ^b; R. J. C. Laing ^a

Affiliations: ^a Academic Neurosurgery Unit, Addenbrooke's Hospital Foundation Trust, ^b East of England Strategic Health Authority, Cambridge, UK

DOI: 10.1080/02688690701593579

Publication Frequency: 6 issues per year

Published in:  **British Journal of Neurosurgery**, Volume 21, Issue 6 December 2007, pages 593 - 598

Subject: Neurosurgery;

Formats available: HTML (English) : PDF (English)

Abstract

The last decade has witnessed a resurgence of interest in the surgical treatment of metastatic spinal disease to compliment radiotherapy. A recent randomized controlled trial looking directly at this issue concluded strongly in favour of a combination of surgical decompression and radiotherapy, and there is now growing enthusiasm for surgery to play a role in the management of these patients. We present a prospective cohort study of 62 patients who presented with metastatic cord or cauda equina compression, and were treated with surgical decompression and fixation where necessary. Patients were treated by one surgeon working in a single unit. They were followed-up long term and were assessed objectively, by clinical assessment and prospective questionnaires that included SF36, visual analogue pain scores and Roland Morris back pain scores. Sixty-two patients with a median age of 62 (22 - 79 years, 27 male) were included in the study. The commonest primary tumours were breast (26%) and lymphoma (13%). The majority of patients had involvement of thoracic vertebrae (58%). 56% of patients were alive at 1 year and 28% at 3 years, with significant improvements observed in both walking and continence. Similarly, significant improvements were seen in SF36 quality of life scores as well as pain. With careful patient selection, long-term survival and good quality of life can be achieved. However, not every patient is suitable or appropriate for surgery, and the discussion focuses on where the surgical threshold should be set.

Keywords: Metastatic spine; outcome; surgery