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C0394 - CLINICAL OUTCOMES OF SURGICAL INTERVENTION IN INTRADURAL METASTASIS OF THE SPINE

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Resumen

Objectives: Intradural metastasis are a rare finding in oncological patients. The poor status of the patient when they are diagnosed usually precludes operative intervention, and the published evidence would suggest these patients do poorly. We examined our experience in all patients undergoing intervention for spinal intradural metastasis.

Methods: Retrospective review of notes, imaging and pathology results.

Results: We operated on 10 patients with intradural metastasis of the spine during a ten year period. The identified primaries were breast (3), melanoma (2), lung (2), oesophageal (1), sarcoma (1) and renal (1). Both melanomas and one lung were the initial presentation of malignancy, with the remainder having known disease. All but one were extramedullary lesions. 8 were Frankel D pre operatively, and 2 Frankel C. 5 patients improved neurologically post operatively, one was unchanged and 4 deteriorated. 3/10 had died after 3 months, 8/10 after six months. One patient survived 3 years, and the final patient remains alive three years later.

Conclusions: Surgical intervention carries significant risks of exacerbating neurological decline and even in selected patients the prognosis is poor. Much like MSCC, there are occasional patients who survive for several years following resection of intradural metastasis but there is little evidence to help guide patient selection for this considerable rarer condition.

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