

The Outcome Of Operative Treatment Modalities In Patients With Spinal Metastases

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INTRODUCTION:

Cancer is increasingly becoming a major health problem globally. It is one of the leading causes of medically certified death in the country¹. It is estimated that two thirds of patients will develop bone metastases, with 80% attributed to cancers of the breast, lung and prostate².

MATERIALS & METHODS:

51 patients who presented to a single centre from July 2014 to July 2016 with spinal metastases were included. Each patient was scored accordingly. The patients or their next of kin were then interviewed 1 year from the time of admission or surgery.

RESULTS:

The highest types of primary malignancy was breast and lung carcinoma with 23.5% and 21.6%. The modified Tokumashi predicted survival rates of 60.8% (less than 6 months), 29.4% (6 to 12 months) and 9.8% (more than 1 year). A total of 37 patients underwent a surgical procedure such as posterior instrumentation with laminectomy (12, 46.2%) and posterior instrumentation with vertebrectomy (10, 38.5%). The other 14 were treated conservatively. From those who underwent surgical palliation, 69.2% showed improved SF 36 and Karnofsky's performance status, as compared to 27.3% among the biopsied patients and 21.4% from those treated conservatively. Those who underwent surgical palliation but deteriorated, was due to disease progression.

DISCUSSIONS:

The modified Tokumashi score has been proven accurate in determining the prognosis and need for palliative surgery³. The assessment of quality of life was done using the SF-36 survey. The Karnofsky's Performance Status was also used.

CONCLUSION:

Palliative surgery in patients with spinal metastases was associated with improved quality of life⁴, as opposed to conservative management.

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