

Metastatic spine tumor: An update

Spine tumors are very important reason for back pain, especially in elderly population. Metastatic tumor in the spine accounts for 70% of all spinal tumors. The majority of the tumors involving the spinal column are secondary from the breast, prostate, and visceral organs. Primary musculoskeletal system sarcomas involving the spinal column are rare. The incidence of benign tumors is predominantly seen in young patients.

Metastatic tumor of the spine represents a lot of challenges to the surgeon as well as to the patients. Management requires early diagnosis and multidisciplinary review. Early diagnosis of metastatic spinal disease is a key to get better functional outcome. Functional outcome largely depends on the involvement of neural tissue and vertebral column at the time of presentation. However, appropriate basic scanning and timely advanced imaging helps in the early detection of tumor.

In the last few years, there has seen profound progress in the imaging and management of secondary tumor of the spine. Recent advent in surgical techniques, new chemotherapeutic agents, and sophisticated radiotherapy has increased the survival and quality of life of THE patients with metastatic spine tumor. This prolonged survival, often measured in weeks or months, has also produced improved functional outcomes and decreased pain. Spine surgery is usually considered as last salvage option once nonoperative management has failed. There are lot of literature that supports that surgery is no better than radiotherapy in the treatment of metastasis of the spine and it has only been regarded as a palliative therapy.

Factually outcomes are much better when surgical procedure combined with radiotherapy or chemotherapy together. In selected patients, surgery may be regarded

as preferred method of therapy before radio- or chemotherapy. However, the best outcome can be observed when diagnosis and treatment started well before significant neurologic and functional deficits. Nevertheless, few metastatic tumors in the spine do not respond well to the treatment despite being in the hand of best spine surgeon and radiation oncologist.

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