

(A Health Awareness Initiative)

NEURO NEWSLINE

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SPINAL TUMOURS..... It's treatment protocol !

Spinal tumour is a growth that develops within the spinal canal or within the bones of the spinal/vertebral column. These tumours can be cancerous or non cancerous. The tumours that affect the bone of the spine or vertebrae are called vertebral tumours. Those tumours that originate within the spinal canal are called spinal cord tumours. They are also named as intramedullary and extramedullary (intradural) tumours depending on the location within the spinal canal.

Spinal cord tumours of any type can produce pain, neurological problems and at times paralysis. Whether it is malignant or benign, a spinal tumour can be life threatening at times and cause permanent disability. Metastatic lesions cause 85% of all neoplastic spinal cord compression and it is usually from breast, prostate and lung cancer. Common intraspinal tumours we encounter are meningiomas, schwannomas, ependymomas, hemangioblastomas and astrocytomas.

SYMPTOMS & SIGNS

Most common presentation of a spinal tumour is pain due to compression of the nerves and weakening of the vertebral column. Urinary incontinence and numbness in the perianal region are warning signals of a spinal cord compression by

tumours. These imaging not only helps in identifying the tumour but also shows its relationship to the spinal cord and vertebral bodies. Steroids are used to alleviate symptoms of pain and paralysis to a certain extent, but temporarily. The role of surgery includes spinal cord decompression,



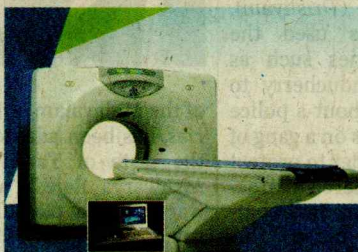
"Urinary incontinence and numbness in the perianal region are warning signals of a spinal cord compression by tumour. ."

tumour. Weakness of the limbs with sensory loss leading to numbness of the hands and legs are the other symptoms. In general, all these symptoms rapidly progress and ultimately end up in paralysis. Prompt identification and intervention is the key to maintain a good quality of life in these patients.

DIAGNOSIS & TREATMENT

MRI and Bone scan are useful tools for diagnosing spinal

restoration of spine stability, relief of pain and paralysis, and of course it gives us a histological diagnosis. This in turn can be supported by radiation therapy and chemotherapy if the biopsy is suggestive of a malignant growth. The prognosis ultimately depends on the histology of the tumour, the extent of resection and the neurological status of the patient at the time of admission.



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