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 country. It is estimated that two thirds of patients will develop bone metastases, with 80% attributed to cancers of the breast, lung and prostate.

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 Tokuhashi 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 Tokuhashi score has been proven accurate in determining the prognosis and need for palliative surgery. 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 life, as opposed to conservative management.

REFERENCES: