

# Spinal Cord Compression (SCC)



## BE AWARE

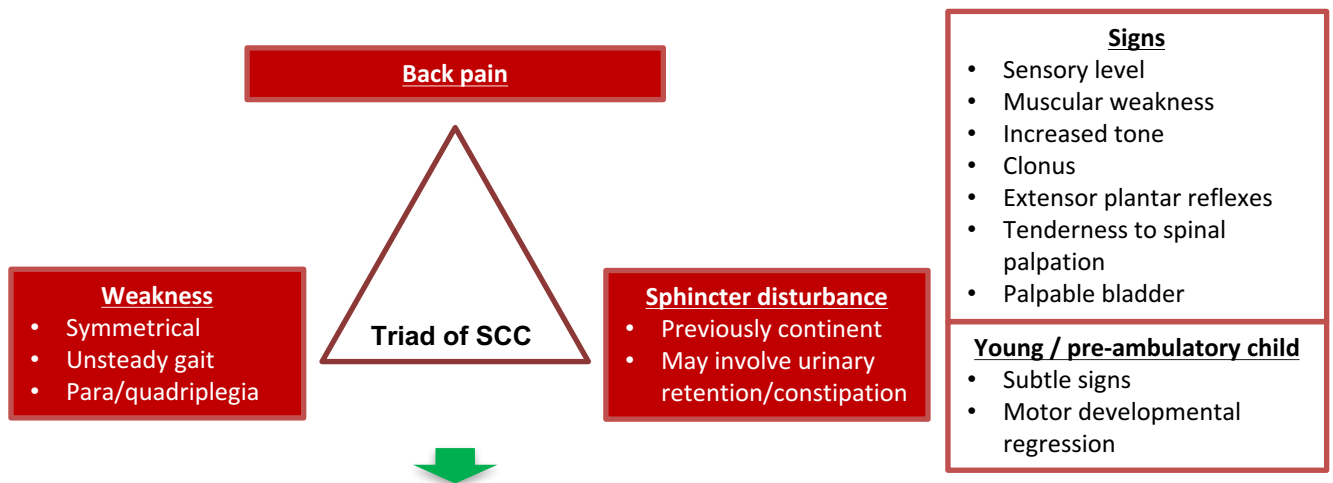
Earlier diagnosis = better outcome.

## Definition

Impingement of the spinal cord most commonly due to direct tumour extension through intervertebral foramina



## Signs & Symptoms



## Management

**EARLY DISCUSSION WITH PTC CONSULTANT (ONCOLOGY & NEUROSURGERY)**  
**DOCUMENT A FULL NEUROLOGICAL EXAMINATION**  
**URGENT TRANSFER TO PTC**

- ✓ Analgesia (see 'Symptom Management Section')
- ✓ Avoid constipation
- ✓ Catheterise to support bladder function if necessary

### Investigations:

- ✓ **CXR:** perform AP/PA & lateral to establish if mediastinal mass present
- ✓ **Bloods:** FBC, film, U&E, LDH, phosphate, urate, clotting
- ✓ Serum alpha-feto protein, beta-HCG & urinary VMAs to aid a new diagnosis
- ✓ **MRI spine:** the 'gold standard'
- ✓ **CT spine:** if normal this does NOT exclude intra-spinal pathology
- ✓ **USS abdomen:** looking for adrenal tumour / abdominal mass

**If there are no features of lymphoma (in itself a rare cause of SCC and more likely if there is an anterior mediastinal mass on CXR or CT, hepatosplenomegaly or blasts on a peripheral film) then URGENTLY commence dexamethasone on discussion with the PTC Consultant**

## Causes

### Undiagnosed 1<sup>st</sup> presentation

#### Common

**Neuroblastoma / Ewing's**

#### Less common

Rhabdomyosarcoma, soft tissue sarcoma, wilms, osteosarcoma, lymphoma, leukaemia, germ cell tumour

### Post-diagnosis

**Terminal phase of relapsed/ progressive cancer, metastatic disease due to any primary**

#### Other

Infection (osteomyelitis, spinal / paraspinal abscess), vertebral collapse, spinal cord infarction, intraspinal haematoma, radiation myelopathy

## Decisions to be made upon arrival at the PTC

Definitive treatment plan (chemotherapy / radiotherapy / neurosurgical decompression) following discussion with neurosurgical team