

Spinal hepatocellular carcinoma (HCC) metastases are increasing with improved survival of patients with HCC. However, its treatment outcome, particularly regarding functional outcome, has not been adequately investigated. OBJECTIVE:

To present the surgical outcome of spinal HCC metastases and demonstrate prognostic factors for survival and ambulation time. METHODS:

Thirty-three patients (30 males, 3 females) were retrospectively reviewed. Child-Pugh classification was used to assess hepatic function. Preoperatively, 19 patients could ambulate (group A) and 14 patients could not (group B). Preoperatively, 18 patients received conventional fractionated radiotherapy. RESULTS:

The spinal metastases were removed to achieve sufficient neural decompression. If destabilization developed, instrumentation and/or vertebroplasty were performed. Postoperatively, conventional radiotherapy was administered to 13 patients. Patients survived for 203 ± 31 days. Child-Pugh classification and preoperative/postoperative ambulatory ability were correlated with survival time, with Child-Pugh classification being the most significant factor (hazard ratio, 3.75; 95% confidence interval: 1.38-10.22). After the operation, ambulatory ability was maintained in all group A patients and was recovered in 4 in group B. Twenty-three patients could ambulate for 285 ± 62 days. Preoperative ambulatory status and Child-Pugh classification were correlated with a longer ambulatory period, with preoperative ambulatory status most significant (hazard ratio, 8.62; 95% confidence interval: 2.39-31.04). Patients died 81 ± 71 days after the loss of ambulatory ability, regardless of postoperative ambulatory status.

In spinal HCC metastasis, ambulatory status and hepatic function were significantly correlated with survival and ambulation time. Both ambulatory status and hepatic function should be considered in the selection of surgical candidates ¹⁾.

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Kim CH, Chung CK, Jahng TA, Kim HJ. Surgical outcome of spinal hepatocellular carcinoma metastases. Neurosurgery. 2011 Apr;68(4):888-96. doi: 10.1227/NEU.0b013e3182098c18. PubMed PMID: 21221023.

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