

Lumbar spinal metastases

Resection of thoracolumbar [vertebral metastases](#) by an anterior/anterolateral approach, despite its considerable risk of morbidity and mortality, offers the possibility of significant improvement in the quality of life of the patient; and it does so not only by preserving or restoring their ability to walk but also by ameliorating pain. Preoperative angiography, considering the embolisation of the lesion, is an important tool ¹⁾.

The technique of using [percutaneous posterior fixation](#) combined with the anterior or lateral approach is the most accepted option when surgically treating lumbar metastases. However, there are limitations to these approaches. For instance, it is extremely difficult to perform minimally invasive lateral corpectomies at L4 and L5.

Typically, we employ a posterior only approach for patients with anterior spinal cord compression from metastatic tumors, followed with central single cage placement with posterior fusion two levels above and below. Regrettably, this approach necessitates a long incision and extensive muscular dissection, which are hazards when wound healing is tenuous. Our patient's circumstances, end-stage metastatic sarcoma, recent exposure to radiation, cachexia and intractable pain, favored an unconventional approach to managing the surgical treatment of his metastatic spine tumor ²⁾.

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Vargas López AJ, Fernández Carballal C, Panadero Useros T, Aracil González C, Garbizu Vidorreta JM, González Rodrigálvarez R. [Anterior and anterolateral approach in the treatment of thoracic and lumbar vertebral metastases causing spinal cord compression.]. Neurocirugia (Astur). 2014 Dec 30. pii: S1130-1473(14)00151-1. doi: 10.1016/j.neucir.2014.11.003. [Epub ahead of print] Spanish. PubMed PMID: 25555335.

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<http://www.ncbi.nlm.nih.gov/pubmed/23248755>

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