Thoracic Spinal Metastases

- Thoracic spine metastases from lung cancer with incomplete paralysis treated by endoscopic spinal surgery: a case report
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Thoracic Spinal Metastases refer to the spread of cancer cells to the thoracic (mid-back) region of the spine from a primary cancer in another part of the body. The most common types of cancer that spread to the spine include lung, breast, prostate, and kidney cancers.

Symptoms of thoracic spinal metastases may include back pain, weakness, numbness or tingling in the arms or legs, difficulty walking, and loss of bowel or bladder control. These symptoms are caused by the compression of the spinal cord or nerves by the tumor.

Treatment options for thoracic spinal metastases depend on the extent and location of the tumor, as well as the overall health of the patient. Treatment may include surgery, radiation therapy, chemotherapy, or a combination of these approaches. The goal of treatment is to relieve pain, stabilize the spine, and prevent further damage to the spinal cord and nerves.

It is important for patients with a history of cancer to monitor for symptoms of spinal metastases and inform their healthcare provider if they experience any back pain or neurological symptoms. Early detection and treatment can improve outcomes and quality of life for patients with thoracic spinal metastases.

The follicular variant of papillary thyroid carcinoma (FV-PTC) often follows nodal spread, and hematogenous spread is rare.

A 77-year male presented to the Neurosurgery Outpatient Clinic with complaints and examination findings of spinal cord compression (SCC) by a thoracic spinal metastases at the 11th thoracic vertebra (T11). Subtotal resection, thoracic corpectomy with cage reconstruction, laminectomy, and posterior spinal stabilization were performed. The patient, whose pathology result suggested follicular carcinoma metastases, underwent total thyroidectomy two months after spinal surgery. The pathology of the thyroid was compatible with FV-PTC. Even four years after the total thyroidectomy, the neurological status of the patient was still stable and neither tumoral recurrence nor a new metastases was detected. In the literature, the number of cases with FV-PTC presenting with SCC due to spinal metastases is limited [1)].

Thoracic Vertebral osteolytic metastases

Diagnosis

Ando et al. analyzed axial cross-sectional computed tomography (CT) images of cervical and thoracic spinal metastases in patients with and without lower limb motor paralysis, neuropathic pain, and local nociceptive pain. We distinguished regions of the spine associated with these respective symptoms, and explored their inferable performance using images obtained before symptom onset. In addition, we analyzed the imaging features and type of bone metastasis (osteolytic and osteoblastic).

Results: Spinal lesions occupied the area in and around the spinal canal and around the pedicle in patients with motor paralysis. Lesions around the pedicle and in the most posterior vertebral body part before symptom onset were inferable. In patients with neuropathic pain, spinal metastases spread along the pedicle before symptom onset, and had surrounded the spinal canal circumferentially at symptom onset. Local nociceptive pain was more common near the center of the vertebral body either at or before symptom onset. There was no difference in the imaging features according to the type of bone metastasis.

Conclusions: Lesions in certain regions in the asymptomatic metastatic spine can indicate the onset of spinal metastasis-related symptoms in the next few months. Early therapeutic intervention might be applied to prevent neurological disorder [2].

Treatment

Thoracic Spinal Metastases treatment

1)
Ozger O, Kaplan N. Follicular Variant of Papillary Thyroid Carcinoma Presenting with Thoracic Vertebral metastases: A Rare Phenomenon. J Coll Physicians Surg Pak. 2022 Mar;32(3):395-397. doi: 10.29271/jcpsp.2022.03.395. PMID: 35148600.
2)
Ando M, Sumitani M, Fuyuki M, Abe H, Shinoda Y, Matsubayashi Y, Oshima Y, Inoue R, Tsuchida R, Uchida K. Imaging features inferring symptom onset due to spinal metastasis progression: a preliminary study. Ann Palliat Med. 2022 Jul;11(7):2247-2256. doi: 10.21037/apm-21-3909. Epub 2022 Mar 16. PMID: 35306825.