

Surgery remains the standard treatment for patients with rapidly progressive spinal cord compression or significant osteolytic lesion leading to a high risk of fracture. However, conventional surgical strategies are associated with significant morbidity and contraindicated in patients in poor general condition. In addition, postoperative complications are likely to affect patient's quality of life and delay the initiation of anticancer therapies. In order to reduce iatrogenic lesions, new “minimally invasive” techniques were developed to achieve immediate stabilisation and decompression while reducing the morbidity of the approach <sup>1)</sup>.

Percutaneous fixation with cement-augmented [pedicle screws](#) in patients with pathological spine fractures provides an improvement in mechanical back pain, with a low incidence of failure, and in some patients, spontaneous facet fusion was observed. Further research is necessary with regard to both short-term benefits and long-term outcomes <sup>2)</sup>.

<sup>1)</sup>

Zairi F, Marinho P, Allaoui M, Assaker R. [New advances in the management of thoracolumbar spine metastases]. Bull Cancer. 2013 May;100(5):435-41. doi: 10.1684/bdc.2013.1748. Review. French. PubMed PMID: 23644526.

<sup>2)</sup>

Meleis A, Larkin MB, Bastos DCA, Muir MT, Rao G, Rhines LD, Cowles CE, Tatsui CE. Single-center outcomes for percutaneous pedicle screw fixation in metastatic spinal lesions: can spontaneous facet fusion occur? Neurosurg Focus. 2021 May;50(5):E9. doi: 10.3171/2021.1.FOCUS20671. PMID: 33932939.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

[https://neurosurgerywiki.com/wiki/doku.php?id=vertebral\\_metastases\\_surgery](https://neurosurgerywiki.com/wiki/doku.php?id=vertebral_metastases_surgery)

Last update: **2024/06/07 02:49**

