

Vertebral metastases treatment

see also [Spinal metastases treatment](#).

A modern approach to the patients affected by [spinal metastases](#) in fact requires a multidisciplinary contest where oncologists, radiotherapists, surgeons and physical therapists cooperate with shared vision to provide the best possible integrated treatments available ¹⁾.

The multiplicity of clinical presentations and the lack of consensus explain that the treatment of spine metastasis remains controversial.

Management of these patients is challenging and traditionally involves a combination of radiation and chemotherapy in adjunct with analgesics. Surgery has remained a mainstay of treatment in patients with neurologic deficit, instability requiring stabilization, or with a longer life expectancy.

Surgical options in these patients with decreased life expectancy are often morbid and present a therapeutic dilemma. Minimally invasive procedures, including thermal ablation, are safe and effective treatments of painful osseous metastatic lesions in patients who are not surgical candidates or choose not to undergo surgery ²⁾.

Treatment options have been limited in their effectiveness and scope.

Early treatment is mandatory to prevent or treat any neurological compression.

Due to the high variability of clinical and radiological presentations, best care requires a multidisciplinary team, involving oncologists, radiation oncologists, interventional radiologists and spine surgeons.

Surgery

see [Vertebral metastases surgery](#).

Radiotherapy

Recent advances in radiotherapy and interventional radiology have offered various efficient therapeutic solutions with relatively low morbidity rate in the management of symptomatic [spine metastases](#).

For vertebral metastases, radiotherapy coupled with neurosurgery for unstable pathological fractures are indicated.

¹⁾

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