Surgical treatment of spinal intradural carcinoma metastases.

Abstract:
Intradural metastases of nonneurogenic origin represent an extremely rare manifestation of systemic cancer. The respective literature is very scarce. We retrospectively evaluated nine patients with intradural metastases treated surgically from March 2006 until today at our department. Four metastases were intramedullary and five intradural extramedullary. Localisation along the spine involved: cervical n = 3, thoracic n = 3, and conus/cauda n = 3. Five patients were female and four male, with a median age of 71 years. Histology showed: breast cancer n = 2, NSCLC (non-small cell lung cancer) n = 2, SCLC (small cell lung cancer) n = 1, colon carcinoma n = 1, malignant skin melanoma n = 1, squamous cell carcinoma of the skin n = 1, and ovarian carcinoma n = 1. Holospinal dissemination in terms of leptomeningeal carcinomatosis according to MRI or positive CSF (cerebrospinal fluid) cytology, respectively, was found in four patients. Gross total resection was achieved in four patients and debulking in five. Results of surgical decompression were: six patients (67%) exhibited immediate improvement of neurological symptoms and/or pain; four of them even improved according to the McCormick Scale score (44%); two patients (22%) were unchanged, and one (11%) exhibited worsening of neurological symptoms after surgery. Median survival time after surgery was 7.3 months. Intradural metastases are associated with limited survival time.
Accordingly, the aim of surgery is strictly palliative. The majority of patients benefit with respect to neurological deficit/pain (67%) independent of the extent of resection. Thus, decompressive surgery is recommended to increase the quality of life.