
What is malignant spinal cord compression?

Malignant spinal cord compression (MSCC) occurs when cancer cells grow in or near the spine and press on the spinal cord and nerves.

This causes a reduction in the blood supply to these areas causing the symptoms associated with MSCC.

This is most commonly seen in people with breast, lung or prostate cancers and people who have lymphoma or myeloma; however it can happen in other forms of cancer.

MSCC occurs in only a small number of people with cancer.

How is MSCC diagnosed?

Before we can be sure if you have MSCC we need to do some tests, these may include one or all of the following:

MRI (magnetic resonance imaging) scans

This scan uses magnets to get detailed pictures, during the scan you will be asked to lie very still on a couch inside a long tube this scan lasts for around 30 minutes. It is painless but some people feel a bit claustrophobic, please feel free to speak to the people doing your scan if you feel nervous about this. It can be noisy but you will be given earplugs or headphones to wear during the scan. You may be given an injection of dye into a vein but this does not usually cause discomfort.

CT (computerised tomography) scans

This scan uses multiple x-rays to build up a three dimensional picture. It is painless and usually lasts between 10-30 minutes. CT scans use a small amount of radiation; this is very unlikely to harm you and will not harm anyone you come into contact with. You may be given a drink or an injection to improve the images.

Bone scan

This scan is not used to diagnose MSCC but is used to check for any abnormal areas within the bone.

Treatment

Treatment should be started as soon as possible after diagnosis of MSCC. The aim of this is to prevent permanent damage to the spinal cord.

There are different treatments available and the decision which is best depends on several factors including the type of cancer, the area of the spine affected and your general fitness. The most commonly used treatment is radiotherapy. Before any treatment is given a doctor will explain any risks associated with the treatment with you whilst they complete a consent form (a form saying you give permission for the treatment to be done).

The aim of any treatment is to shrink the tumour and/or relieve pain.

Bed rest

You will usually be advised complete bed rest and initially be asked to lie flat on your back, this is to reduce the pressure in your back and prevent further damage being done to the nerves. A physiotherapist will guide the process of sitting up and mobilising as able depending on your symptoms.

Steroids

Dexamethasone will usually be used if MSCC is suspected, this helps reduce swelling and pressure on the nerves and can quickly help symptoms. They are then gradually reduced over time depending on your symptoms and treatment given.

Radiotherapy

This is the use of high-energy rays to destroy cancer cells and is the most common form of treatment for MSCC. It is given by directing the rays at the tumour from outside your body and involves lying on a hard bed whilst the machine moves around you. This process is painless.

Surgery

Only a small number of people have surgery for MSCC. The aim of surgery generally is to remove as much of the tumour as possible and relieve pressure within the spinal cord, it can also be used to stabilise the spine with metal rods or bone grafts.

Chemotherapy

Chemotherapy uses anti-cancer drugs to destroy cancer cells. It can occasionally be used to treat MSCC, usually for cancers that respond very well to chemotherapy such as lymphoma.

Where will I have my treatment?

If you require radiotherapy you may have to attend Velindre Cancer Centre which provides specialist cancer services to people in South East Wales. Patients referred to Velindre Cancer Centre come under the care of Clinical and Medical Oncologists. Oncologists specialise in the non-surgical treatment of cancer. Velindre Cancer Centre is the main centre for these services, however they also provide outpatient clinics and out-patient based chemotherapy services at other sites included the Royal Gwent Hospital & Nevill Hall Hospital.

Patients with haematological (blood) cancer can receive chemotherapy within the haematology wards and day centres within these hospitals under the care of a Haematologist.

After treatment

MSCC affects everyone differently, the care you need after treatment will depend on the outcome of the treatment and your ability to mobilise with or without help.

Some people who have lost the ability to walk will not regain this even after treatment.

Before you leave hospital the team will arrange any help or support you will need at home, this can include adaptations to your home, equipment you may need to increase independence and any nursing care.

The Acute Oncology Service is here to help answer your questions, address your concerns and support you through this difficult time. Throughout the investigation phase you will have a key worker from the Acute Oncology Service. This means you can contact them for any problems or questions you may have.

Contact number: 01633 234877 (Monday to Friday)

Can I find out more?

Information can be found on the internet, but should always be read in relation to what you have been told by your cancer specialist. The charities below provide trustworthy information; you are able to search for cord compression on the Macmillan Cancer Support and Cancer Research UK websites for more information. Tenovus can provide telephone support, counselling and financial advice.

Macmillan Cancer Support: www.macmillan.org.uk
0808 808 0000

Cancer Research UK: www.cancerresearch.org

Tenovus Cancer Care: <http://www.tenovuscancercare.org.uk/>
0808 808 1010

Velindre Cancer Centre: <http://www.velindrecc.wales.nhs.uk/home>
02920615888

St David's Hospice Care: www.stdavidshospicecare.org
01633 851079

Hospice of the Valleys: www.hospiceofthevalleys.org.uk
01495 717277