

Spinal Cord Compression as a Consequence of Spinal Plasmacytoma in a Patient with Multiple Myeloma: A Case Report

Rishi Trivedi

University of Bristol, UK

Abstract

The incidence of metastatic spinal cord compression (MSCC) is up to 80 cases per million people each year. MSCC may be a feature of advanced primary cancer particularly in cancers of breast, lung, and prostate, however it could be a presenting complaint in up to 20% of malignancies. Treatment in MSCC usually involves a multidisciplinary approach with corticosteroids, radiotherapy, and surgery all playing a role. However, evidence has suggested that only 50% of patients have a positive response. Multiple myeloma (MM) is a B cell malignancy resulting in osteolytic lesions. Vertebral collapse and soft tissue extension of tumour into the spinal canal in multiple myeloma may cause neurological deficit and mechanical instability leading to pain and deformity. To date, there are no definitive guidelines for the treatment of spinal cord compression as a consequence of MM. Radiotherapy has frequently been the preferred form of treatment. Some surgeons, however, feel that spinal lesions in multiple myeloma should be treated in the same manner as spinal metastases from solid organs. I report the management of a 46-year-old gentleman with MM that had resulted in neural compression in the lumbar and thoracic areas. Emergent treatment in this patient consisted of spinal decompression and stabilisation.

Biography:

Rishi Trivedi is currently a fifth year medical student at the University of Bristol. He has recently published papers exploring various topics within the field of trauma and orthopaedics. A budding surgeon, he is to begin his foundation programme within the South Thames deanery as of August.

Recent publication data:

1. Meyerding H. Spondylolisthesis. *Surg Gynecol Obstet.* 1932;54: 371–377.
2. Phalen GS, Dickson JA. Spondylolisthesis and tight hamstrings. *J Bone Joint Surg Am.* 1961;43:505–512.
3. Newman PH. A clinical syndrome associated with severe lumbosacral subluxation. *J Bone Joint Surg Br.* 1965;47:472–482.
4. Shelokov A, Haideri N, Roach J. Residual gait abnormalities in surgically treated spondylolisthesis. *Spine.* 1993;18:2201–2205.
5. Meyers L, Dobson SR, Wiegand D, et al. Mechanical instability as a cause of gait disturbance in high-grade spondylolisthesis: a pre- and postoperative three-dimensional gait analysis. *J Pediatr Orthop.* 1999;19:672–676.
6. Mahaudens P, Banse X, Mousny M, et al. Gait in adolescent idiopathic scoliosis: kinematics and electromyographic analysis. *Eur Spine J.* 2009;18:512–521.

Citation: Rishi Trivedi ; Spinal Cord Compression as a Consequence of Spinal Plasmacytoma in a Patient with Multiple Myeloma: A Case Report; *Critical Care* 2021; May 24, 2021