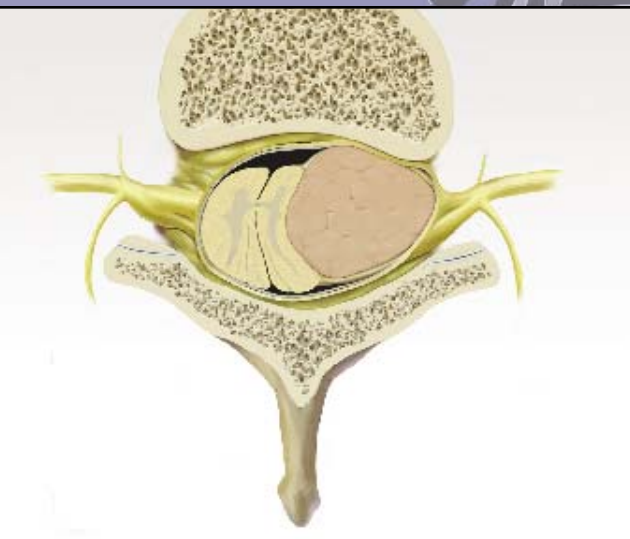


# SPINAL TUMOR



NORTH AMERICAN  
SPINE SOCIETY  
PUBLIC EDUCATION  
SERIES

## WHAT ARE SPINAL TUMORS?

Spine tumors may arise from any of the structures of the spine or the spinal column. They may arise in the cervical (neck), thoracic (mid-back) or lumbosacral (low back) regions. They may originate in the spinal cord itself, the spinal roots, the dural sac which surrounds the spinal cord, or the vertebrae (bones). They may be primary—originating from the spine or spinal cord, metastatic, or originating elsewhere (i.e. lung, breast, etc).

## WHAT ARE THE SYMPTOMS?

Neck or back pain are common presenting symptoms of spinal cord tumors. The pain is often present at night and is worsened with physical activity. The symptoms associated with spinal cord tumors may also vary depending on the level of involvement. Cervical (neck) tumors may cause weakness or numbness in the arms or legs. Thoracic (mid-back) and lumbosacral (low-back) tumors may cause weakness or numbness in the chest area or legs. Also, difficulty walking is a common complaint.

## HOW IS A SPINAL TUMOR DIAGNOSED?

The diagnosis of a spinal tumor begins with the history and physical examination. Patients may present with a past medical history of cancer and new, severe back pain.

Your doctor may order imaging studies that include plain X-rays, computerized tomography (CT or CAT) scans and MRIs.

Sometimes it is necessary to undergo additional, more specialized testing in order to clearly define a suspected tumor. Positron emission tomography (PET scans) and nuclear medicine bone scans may be ordered by your doctor to aid in the diagnosis.

In many cases it is necessary to obtain a tissue specimen of the tumor to determine the exact type. This is most often done by means of a needle biopsy. This allows your doctor to determine the exact type of the tumor, which will assist in determining the surgical and nonoperative treatment options.

## WHAT ARE THE TREATMENT OPTIONS?

The nonoperative options for treating spinal tumors include observation, chemotherapy and radiation therapy.

Some tumors that are not causing major symptoms and do not appear to be aggressive in their behavior may be observed and followed with serial imaging (usually MRI). Additionally, some tumor types are sensitive to chemotherapy and/or radiation therapy. For these tumor types, a course of chemo- or radiation therapy may be the first line of treatment.

Surgery for a spinal tumor is generally indicated for progressive motor weakness or loss of bowel or bladder control of short duration. In addition, surgery may be required in situations where the spine has become unstable because of the tumor. Surgery may be the only available intervention for some tumors that are insensitive to radiation or chemotherapy.

## WHAT ARE THE SURGICAL OPTIONS?

Surgical options for the treatment of spine tumors varies from complete to partial removal. Your surgeon will weigh the risks of surgical removal against the other treatment options that may be available.

Surgical stabilization of the spine may be necessary as a result of instability caused by the tumor itself or the surgery to remove it. This may be done by a surgical approach from the front or back of the spine. This may involve going through the neck, chest or abdomen.

## WHAT CAN I EXPECT AFTER SURGERY?

The typical hospital stay after surgery to remove a spinal tumor ranges from approximately 5-10 days.

A period of physical rehabilitation is required after surgery to remove a spinal tumor. This may require a stay in a rehabilitation center for a period of time to work with physical and occupational therapists as well as doctors who specialize in physical recovery following major operations. Physical therapy may also take place as an outpatient or in home.

The total recovery time after surgery often depends on the complexity of the surgery. The healing process continues for several months after surgery and may last up to a year or more.

Your doctor will follow you for a period of time to detect any evidence of recurrence of your tumor. This is usually done with periodic MRI scans. The likelihood of your tumor recurring depends of the type and whether it has spread from elsewhere in the body (metastatic).

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FOR MORE INFORMATION,  
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