Palliative Care Emergencies: Malignant Spinal Cord Compression

Malignant Spinal Cord Compression (MSSC) is considered a medical emergency!
Early detection and treatment are essential to prevent permanent loss of function.
MSSC:

- Compression of the thecal sac at the level of the spinal cord or the cauda equina (lumbar and sacral roots which descend below the distal tip of the vertebral column)
- Occurs in 5 to 10% of all cancer presentations, with over 85% of cases result from a tumor directly compressing the spinal cord
- May occur as a result of the tumor interrupting the cords' vascular supply or due to vertebral collapse or compression which leads to entrapment of nerves
- More commonly associated with metastatic disease from tumors of the breast, lungs, prostate, kidney and lymphoma.

Signs	Symptoms	Education and Nursing Management includes:
Back Pain * most common presenting symptom*	✓ can be localized at first and progress to radiating band-like pain ✓ worse when lying flat, sneezing or coughing ✓ improved with sitting or standing	• identifying patients at risk • knowing the signs and symptoms • educating patients and families about the importance of reporting early signs and symptoms • If you suspect a MSCC contact the physician **immediately** • provide emotional support
Motor Weakness	✓ sense of weakness, heaviness or stiffness in extremities ✓ can be experienced as a loss of coordination, a change in gait or difficulty walking ✓ difficulty lifting or holding objects	
Sensory Loss	✓ can experience numbness, tingling, loss of sensation or feeling of coldness in affected limbs	
Motor Loss	✓ autonomic dysfunction such as urinary hesitancy or retention, constipation and/ or sexual dysfunction ✓ can progress to permanent motor function loss below the level of the compression	

The patients' condition, goals for care, and the potential for therapy success will define both the urgency and nature of the interventions undertaken. Immediate treatments may include: surgery, high doses of corticosteroids, and/or palliative radiation to decrease pain and preserve function.

References: Ferrell, B.R. & Coyle, N. (2006). *Textbook of Palliative Nursing* (2nd Ed.). New York, NY: Oxford University Press Inc.
Abrahm, J. (2004). Assessment and treatment of malignant spinal cord compression. The Journal of Supportive Oncology. 2(5), 377-388.