



Spinal Cord Compression

Some people with lung cancer can develop spinal cord compression and this is a medical emergency. It can happen at anytime during the course of the disease and needs to be acted upon immediately to reduce the risk of permanent damage. The earlier spinal cord compression is diagnosed, the better the chances are of the treatment being effective.

Causes

The spinal cord is a thin tube of nerves which travels from the brain down through the bones of the back (vertebrae). These nerves allow you to move your arms and legs, allow you to have reflexes and also to sense things such as the need to go to the toilet. Compression of these nerves can occur when cancer cells grow in or near to the spinal cord and squash them; this causes swelling and increased pressure on the cord and nerves.

Symptoms

Unexplained back pain is usually the first symptom. It may start off mild but become severe. It can be around the chest area or abdomen and can radiate into the lower back and into the buttocks or legs. Quite often the pain feels worse when lying down and may keep you awake at night.

Changes in sensation, such as numbness or pins and needles in any area, particularly arms, fingers, legs and feet.

A new feeling of being unsteady on your feet, having difficulty walking, or your legs feeling weak or giving way.

Problems passing urine such as dribbling, passing only small amounts, or passing none at all.

Constipation or not being able to control your bowels.

Although all of these symptoms can be caused by other conditions, it is **vital** to inform your Doctor or Nurse Specialist so that they can be fully investigated and appropriate treatment commenced.



Management

- Full assessment of symptoms.
- MRI (magnetic resonance imaging) scan to confirm the diagnosis.
- Commence high dose steroids, called dexamethasone, to reduce the swelling. This may also help with pain.
These will be reduced gradually after starting other treatment.
- You may be asked to remain on bed rest to prevent any further damage occurring.
- Radiotherapy (targeted x-ray treatment) should be started as soon as possible. This is usually given daily for up to 2 weeks.
- Rarely surgery may be an option but will depend upon the site of the tumour and how unstable the spine may be.
- Rehabilitation or referral to occupational therapy for assessment for aids may be needed if the cord compression has affected your ability to walk.

References

Fallon, M. Hanks, G (2006) *ABC of Palliative Care, Second Edition*. Blackwell, Oxford

Watson et al. (2009) *Oxford Handbook of Palliative Care Second Edition*. Oxford University Press, Oxford

Watson et al. (2011) *Palliative Adult Network Guidelines Third Edition*
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