

Spinal Cord Compression - Metastatic (Oncology) - Summary Clinical Guideline

Reference No: CG-ONCOL/2015/013

1. Documentation Controls

Development of Guideline:	Adapted from UKONs guidelines by Thomas Sheppard
Consultation with:	
Approved By:	Oncology - 06/09/2019 CDCS Division - 17/9/19
Review Date:	September 2022
Key Contact:	Beccy Warren, Acute Oncology Nurse

METASTATIC SPINAL CORD COMPRESSION (MSCC)/ Cauda Equina Syndrome.

IMMEDIATE medical assessment.

MSCC is due to a pathological vertebral body collapse or direct tumour growth causing compression of the spinal cord. Irreversible neurological damage ensues with resulting paraplegia. Early diagnosis and treatment is essential

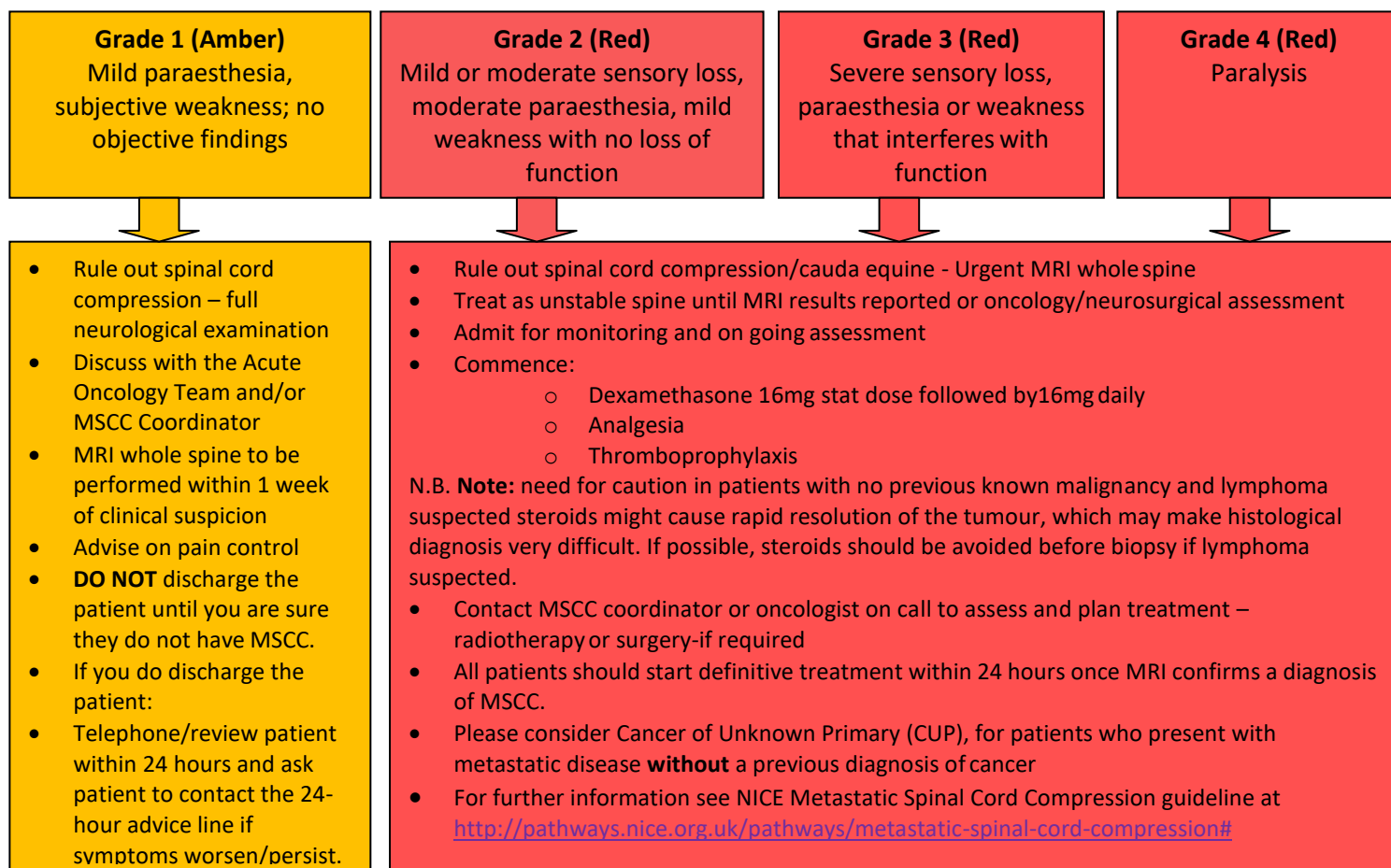
Identify:

- **Patients with known diagnosis/history of, or suspected cancer. Please note to rule out spinal cord compression, MRI scan must be performed within 24 hours of clinical suspicion.**
- **Patients who have received/receiving systemic anti-cancer treatment or are at risk of disease related immunosuppression. These patients may be myelosuppressed / neutropenic and are at risk of sepsis. If present, this should be managed as per neutropenic sepsis guideline - immediate antibiotics if sepsis suspected.**
- **Observations:** Calculate and monitor NEWS score. **Examination:** Full neurological assessment and on-going review
- **Investigations: Urgent MRI whole spine within 24 hours of clinical suspicion.** Urgent FBC, U&E, LFT, Group & Save, Ca²⁺. If considering myeloma/plasmacytoma then Immunoglobulins/electrophoresis, serum light chains and urine bence jones protein. If considering lymphoma then LDH. If new diagnosis of cancer consider appropriate tumour markers to aid diagnosis.

Key signs/symptoms:

- The patient may or may not have a cancer diagnosis/primary disease
- Referred back pain that is multi segmental or band like
- Escalating pain which is poorly responsive to treatment, including medication
- Different character or site to previous symptoms
- Funny feeling, odd sensations or heavy legs (multi segmental), pins and needles
- Lying flat increases back pain
- Pain, worsening on coughing or sneezing
- Agonising pain causing anguish and despair
- Gait disturbance, unsteadiness, especially on stairs (not just limp)
- Sleep grossly disturbed due to pain being worse at night
- Established motor/sensory/bladder / bowel disturbances incontinence are late signs

If you have suspicion of MSCC then contact the Acute Oncology team and/or MSCC coordinator for advice regarding management



Always make sure that the Acute Oncology Team are informed of the patients' assessment and/or admission as soon as possible. Immediate advice is available from the Acute Oncology Service or the 24 Hour Oncology on call rota.

WITHHOLD! SACT, including oral therapy until, you have discussed with the Acute Oncology or Site Specific Team.

Mattress Selection for patients with suspected MSCC

