

INTRAMEDULLARY SPINAL CORD METASTASIS TO THE CONUS MEDULLARIS: A CASE DISCUSSION

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Intramedullary spinal cord metastasis (ISCM) although uncommon, is becoming more frequently encountered. Treatment for this condition remains controversial. Options may include palliative or conservative measures, steroids, chemotherapy, radiation therapy or surgery. We report our experience in managing a patient with an intra-axial conus medullaris metastasis from periurethral adenocarcinoma. To our knowledge, there have been no other reports of such a case in the literature.

A 44 year old female with a previous history of mucinous adenocarcinoma of the urethra, presented with a history of progressively worsening bilateral radicular pain, sensory disturbances and weakness of her lower limbs as well as urinary and bowel incontinence. Magnetic resonance imaging revealed an intra-axial mass at the level of the conus medullaris. Staging computed tomography of the chest revealed multiple pulmonary metastases. The patient underwent a laminectomy and microsurgical gross total resection of the conus medullaris tumour. Histological examination confirmed a metastatic adenocarcinoma consistent with the patient's previous periurethral carcinoma. The patient subsequently underwent post-operative radiation therapy and chemotherapy. Her neurological symptoms had improved markedly at most recent follow up of five months post-operatively.

Although ISCM is generally associated with a poor prognosis, selected patients may have substantially increased survival and quality of life with appropriate diagnosis and treatment. We discuss the clinical features, possible pathophysiological mechanisms as well as management options and dilemmas for ISCM, particularly to the conus medullaris.