THORACOSCOPIC ANTERIOR INTRALESIONAL RESECTION IN METASTATIC VERTEBERAL TUMORS

Thesis

Submitted in partial fulfillment of M.D. Degree in
Orthopedic Surgery

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Faculty of Medicine
Ain Shams University
2011

إستخـدام المنظـار الصـدري الجراحـى فى علاج أورام العمود الفقارى

رسالة

مقدمة توطئة للحصول على درجة الدكتوراه في
جراحة العظام

مقدمة من

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2011

Acknowledgement

First and for most, thanks to Allah *for giving me the well and the patience to finish this work.*

There are no words to express my feelings and deepest gratitude for Prof. Dr. Mohammed Wafa*, Professor of Orthopedics and Spine, Faculty of Medicine, Ain shams University, for building me up in life and the field of spine surgery. It was his insight, which enabled me to solve many of the problems I faced during my life and work. So, I consider myself that is I am lucky to join to him during these years.*

I would like to also to express my deepest appreciation for Dr. Mohammed Nabil Elsayed*. Assistant Professor of Orthopedics, Faculty of Medicine, Ain shams University, for valuable advices, great assistance, patience and his great support.*

There are no words to express my feelings and gratitude to my family who charged me with love and encouragement.

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INTRODUCTION

Incidence of spinal metastases:

Cancer is the second leading cause of death in the United States, and roughly two-thirds of cancer patients develop metastases. Common sites of metastasis are lung and liver, with the skeletal system the third most common. Within the skeletal system, metastases favor the spine. Vertebral body metastases are found in over one third of cancer patients. Clinical evidence of spinal cord, cauda equina, or nerve root compromise is found in 5% of all cancer cases.

The thoracic region of the spine is most frequently involved in metastatic disease, followed by the lumbar regions (20%) and cervical (10%). Intramedullary metastases occur, but are much less common.

The most common cancers involving the spine are lung, breast, prostate, and renal cell. A recent review found metastatic spinal involvement in 90% of prostate, 75% of breast, 55% of melanoma, 45% of lung, and 30% of renal cell carcinoma patients. However, symptomatic spinal cord compression is less common and is found in 22% of breast, 15% of lung, and 10% of prostate cancer patients. Either lytic or