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Extradural Spinal Compression



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Abstract:

100 cases of extradural spinal compression comprising 74% of all cases of spinal compression were included. Vertebral and extravertebral compression occurred with equal frequency.

1. Most of the cases occurred between 20-50 years of age, with no significant differences between various causes, except in vertebral hemangioma which tend to affect the younger age groups (10-20). Males were commonly affected.
2. The dorsal region was the commonest site encountered.
3. All patients showed the picture of progressive paraplegia with a sensory level. The initial symptom was pain, root or local pain, in almost two-thirds of the patients. Tenderness over the spine favoured the diagnosis of a vertebral lesion or an inflammatory condition.
4. Vertebral lesions were usually evident on plain radiography
5. Myelographic diagnosis was found to be more accurate in the cervical and dorsal regions (85%) than in the lumbar region.
6. Pott's paraplegia formed 20% of the cases. Laminectomy in these cases mostly mid-dorsal was thought to give a better access for decompression in the cord, rather than costotransversectomy or antero lateral decompression.
7. Operation followed by irradiation was thought to be a better treatment than irradiation alone.
8. Chondromas were found to have a tendency to recur. It is thought that was due to incomplete removal rather than due to malignant transformation.
9. Vertebral lesions, suspected to be secondary deposits, with no apparent primary focus, were explored for decompression and verification.
10. Decompression of the cord in cases of dorsal disc prolapse was found to a safer procedure.
11. Two cases of localised extradural abscess secondary to lumbar puncture encountered.
12. Extradural angioma and angio-endothelioma comprised 14%. Partial or complete excision followed by irradiation gave satisfactory result.
13. More than half the cases of extradural neurofibromas had extra spinal

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