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SURGICAL INTERVENTION FOR C2 METASTATIC LESIONS – A RETROSPECTIVE REVIEW

Purpose

Metastatic spine disease is an ever-increasing burden on healthcare systems. Certain levels in the spine confer unique biomechanical charactristics and hence are of interest. Isolated C2 lesions are rare. We aimed to review our results in surgical management of C2 lesions.

Methods

We reviewed all surgical stabilisations of metastatic spine lesions over the preceding four years. Six patients with C2 lesions were identified and the case notes and radiology reviewed to determine presentation, outcomes and complications.

Results

Three cases were a result of metastatic breast disease. Two presented with occipttal neuralgia while three presented with mechanical pain. Most cases were treated primarily by posterior instrumentation from occiput to subaxial cervical spine. One case was managed with vertebroplasty alone and another with surgery in addition to vertebroplasty. The mean survivorship after surgery was 390 days. There were no cases of infection, VTE or implant failure. There were no cases of neurologic deterioration with all patients' maintaining Frankel E grading post-operatively.

Conclusion

This small series suggests that posterior stabilisation for C2 metasatstic lesions results in lasting, satisfactory outcomes.