Suspected acute non-traumatic cord compression

MRI contraindicated

CT +/- Myelography

Cord compression confirmed

Consider Targeted CT for pre-op planning

Ref 7,8

MRI available

Urgent MRI spine

No evidence of cord compression

Follow-up

Treatment
REMARKS

1 General

1.1 Cord compression is to be suspected when there is presence of motor deficit or sensory disturbance. Though pain is a common symptom, it is not an essential feature of cord compression.\textsuperscript{5,6}

1.2 Do not perform plain radiographs of the spine either to make or to exclude the diagnosis of spinal metastases or metastatic spinal cord compression (MSCC).\textsuperscript{7,8}

1.3 MRI of the spine should be performed in all patients with suspected MSCC, unless contraindicated.\textsuperscript{7,8}

1.4 MRI of the whole spine in patients with suspected MSCC should include sagittal T1, and / or short T1 inversion recovery (STIR) and sagittal T2 weighted sequences. Perform supplementary axial imaging through any significant abnormality noted on the sagittal scan.\textsuperscript{7,9}

1.5 Consider targeted CT scan with 3-plane reformats to assess spinal stability and plan vertebroplasty, kyphoplasty or spinal surgery in patients with MSCC.\textsuperscript{8,9}

REFERENCES