

## **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. <sup>5,6</sup>
- 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).<sup>7,8</sup>
- 1.3 MRI of the spine should be performed in all patients with suspected MSCC, unless contraindicated.<sup>7,8</sup>
- 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.<sup>7-9</sup>
- 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. 8,9

## **REFERENCES**

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