

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.^{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).^{7,8}
- 1.3 MRI of the spine should be performed in all patients with suspected MSCC, unless contraindicated.^{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.^{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.^{8,9}

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