

ABSTRACT

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Management of Glioblastoma Metastatic to the Vertebral Spine.

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Metastatic glioblastoma to the vertebral spine is rarely encountered. The decision to intervene surgically must consider the poor prognosis in these patients. Here we report the case of a 46-year-old woman who presented with sudden weakness of the lower extremities ten months after diagnosis of a left parietal glioblastoma. Imaging revealed osseous metastases to the thoracic and lumbosacral vertebral bodies. She initially underwent vertebroplasty with symptomatic improvement, but the progression of disease precluded further surgical interventions, and the patient was referred for chemotherapy and radiotherapy. The case illustrates that the choice of treatment modality varies throughout the time course of the disease - patients with spinal instability or few solitary metastases may benefit from intervention, but as the disease burden increases, palliative radiotherapy and chemotherapy may offer greater benefit.

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