



P16:105

Possibility of using existing prognostic spinal scoring systems at patients with multiple myeloma and plasmacytoma

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Introduction:

The aim was analysis of possibility of modern oncological prognostic scoring systems application at patients with multiple myeloma and plasmacytoma spinal column lesion.

Materials: Based on the comparative statistical analysis of the actual and expected survival rate at patients with multiple myeloma and plasmacytoma spinal lesions there was conducted the estimation of oncological Tokuhashi and Bauer prognostic scoring systems use possibility. In the Tokuhashi prognostic scoring system multiple myeloma and plasmacytoma was included in our study in the column oethers. Feature of the lymphoproliferative disorders is diffuse plasmacytic infiltration. Owing to what at a degree of metastatic assessment it was designated as absence. In analysis were included 48 patients with the diagnosis of multiple myeloma and plasmacytoma which were underwent with vertebroplasty and surgical treatment between January 2001 and December 2011.

Results:

All patients having at the time of surgical treatment total score on a scale of Tokuhashi in the range of 12-15 that corresponds to life expectancy more than a year, endured this term. In group of patients who had a score before operation in the range of 9-11 and life expectancy more than 6 months $88\pm 5,64\%$ of patients endured this term. In group of patients with estimated life expectancy less than 6 months $50\pm 3,54\%$ patients achieve this term. Reliability of a scoring system made $79,3\pm 4,69\%$. In the real research all patients had an assessment on prognostic scoring system of Baur equal 3-4 middle term local control. Among 48 patients, 2 with the diagnosis of plasmacytoma was executed surgical treatment in volume of vertebrectomy and 11 (22,9%) palliative operations. In 73% of patients was carried mini-invasive surgery. This prognostic scoring system corresponds for 4,2% for the necessary volume of surgical treatment.

Conclusion:

The received statistical results, allows to use Tokuhashi scoring system for prognosis of estimated term of life and volume of surgical treatment. Owing to absence in a scale of Bauer the column defining possibility to carrying out mini-invasive surgery and low it correspondence, the using it in a group of patients with spinal lesion by multiple myeloma and plasmacytoma isn't possible

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