



**Table 1: Demographics and General Outcomes**

**Demographic/Outcome**

Average Age	50.75
% Female	59%
% White	55%
% D/C to Non-Home Destination	33%
% Requiring Fusions	13%
% Experiencing Complications	31%

**Table 2: Tumor Pathology Distribution**

Tumor Pathology	Cases (%)
Total Cases	54 (100)
>>Adenocarcinoma	1 (1.9)
>>Ependymoma	13 (24.1)
>>Hemangioblastoma	2 (3.7)
>>Meningioma	15 (27.8)
>>Metastatic Neuroendocrine Carcinoma	1 (1.9)
>>Neurofibroma	3 (5.6)
>>Schwannoma	19 (35.2)

**Table 3: Tumor Region Distribution**

Region	Cases (%)
Cervical	13 (24.1)
Cervicothoracic	2 (3.7)
Thoracic	16 (29.6)
Thoracolumbar	4 (7.4)
Lumbar	17 (31.5)
Lumbosacral	2 (3.7)
Sacral	0 (0)

## Results

54 cases met the inclusion criteria. Patients with intramedullary tumors, as compared to extramedullary tumors, were 3.36 (95% CI [1.89 – 5.96]) times more likely to be discharged to a non-home destination. Tumors involving the cervical region had a 7.60 (95% CI [1.02 - 56.5]) times greater likelihood of having undergone instrumentation and arthrodesis at the time of resection than tumors involving the lumbar and/or sacral regions. Patients with neurofibroma resections were found to have a greater risk of complications (3/3) than patients with schwannomas (5/19), ependymomas (4/12), and meningiomas (2/15). Due to the small number of neurofibromas identified, however, statistical significance could not be declared with confidence.

## Conclusions

Though this analysis is limited by the small number of tumors identified, it is one of the largest of its kind to date. Tumor resections involving the intramedullary region were more likely to result in discharge to a non-home destination than entirely extramedullary resections. Patients undergoing resection of tumors involving the cervical spine were more likely to undergo fusion upon resection than those with tumors involving the lumbar and/or sacral regions. Neurofibroma resections had a higher risk of complications than schwannoma, ependymoma, and meningioma resections.

## Introduction

Intradural spinal cord tumors are rare. A retrospective analysis was conducted on patients who underwent total resection of an intradural spinal cord tumor between 8/1999 and 12/2009 at Emory University Hospital Midtown by the same surgeon.

## Methods

Cases included were adults (>18 years old) who had undergone total spinal tumor resections. Endpoints examined included complication rates, discharge destinations, and whether arthrodesis was performed. Data was obtained via chart abstraction. Contingency tables were created, and estimates of relative risk (RR) with 95% confidence intervals (CIs) were calculated to determine the relationship between the endpoints of interest and a variety of variables (e.g., spinal region, intramedullary involvement, tumor type).