

## TOTAL SURGICAL RESECTION OF SOLITARY BONE PLASMACYTOMA OF THE SPINAL COLUMN

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Solitary plasmacytomas are a hematological disorder. They can take the form of solitary bone plasmacytoma (SBP) and the form of solitary extramedullary plasmacytoma (SEP). These types tend to become multiple myeloma (MM). Treatment is predominately hematologic and radiation therapy. In most cases, SBP is detected after the destruction of the vertebrae and the occurrence of neurological deficits. It is very important to indicate the appropriate and timely surgical approach before applying further therapeutic procedures.

Eight patients in whom it was decided to apply surgical procedure of total tumor resection prior to the application of chemo- and radiation therapy were subjected to analysis. The surgical approach involved the complete removal of altered vertebral bodies with anterior and posterior reconstruction of the spinal column. The primary preoperative and post-operative neurological status was monitored.

Removing the corpus which compromises the width of the spinal canal and the removal of the spinal cord pressure allows neurological recovery or the prevention of severe neurological damage resulting from the destabilization of the spinal column. In all cases there was significant neurological improvement. In addition, in cases of SBP of vertebrae, long-term remission or healing is often achieved.

Complete removal of solitary plasmacytomas of the vertebrae allows the patient to actively continue with further treatment and the prevention of severe neurological damage. A complete 3D reconstruction of the spinal column and the achievement of its mechanical stability is a prerequisite for achieving neurological stability. A timely surgical intervention is conditioned by quality preoperative diagnostic approach and early detection.

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