



FIBROCARILAGINOUS EMBOLISM

ABOUT THE DISEASE

Fibrocartilagenous embolism (FCE) is a sudden paralytic condition of the spinal cord typically seen in canine patients. This occurs when a small amount of intervertebral disk material detaches and lodges in a nearby blood vessel, obstructing blood flow to an adjacent region of the spinal cord.

This blocked blood supply causes inflammation and nerve damage of spinal cord tissue rapidly leading to weakness, incoordination, or sudden paralysis. Paralysis often develops rapidly, similar to intervertebral disc disease, but the paralysis is partially or completely reversible with long-term nursing care.

FCE patients often only have a significant pain response within the first 12-24 hours, unlike intervertebral disc disease patients that can have pain for many weeks to months.

The exact cause is not clearly understood and can occur at any age.

OBTAINING A DIAGNOSIS

The diagnostic of choice is higher order imaging, such as a CT scan or MRI.

In general, the diagnosis of an **FCE** is generally a diagnosis of exclusion based upon physical exam findings, specific changes on neurological evaluation, and a thorough clinical history.

TREATMENT

There is no specific cure for an **FCE**, and surgery is not beneficial.

The intensity of treatment varies according to the location and severity of spinal cord injury. In general, treatment is based on anti-inflammation, pain control, supportive care such as physical rehabilitation, and high nursing care for basic hygiene (urine/feces accumulation).

Many patients will be hospitalized for the first few days to facilitate IV (intravenous) fluid therapy to increase blood volume, flow, and perfusion, as well as pain medications and nursing care.

Acupuncture may also be of benefit to these patients.

TIPS FOR SUCCESS

- Patients are expected to show some improvement with nursing care, but full mobility may not be achieved.
- At-home nursing care is often the most difficult aspect of management and leads to increased stress on the household and a decrease in quality of life for the patient. Just because improvement might occur, do not feel remorseful if euthanasia is elected to end patient suffering.