

Secondary Bone Tumor With Osteomyelitis: A Case Report

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INTRODUCTION:

Distant metastases of nasopharyngeal carcinoma have caused major mortality despite better locoregional control, accounting about 28.1% with bone metastasis consists of 75% (1) (2). We report a case with rare infected metastasis of distal femur.

CASE REPORT:

A 16 years old lady with nasopharyngeal carcinoma, completed concurrent chemoradiotherapy, presented with localised left knee pain for 3 months. Clinically it shows swollen left knee, tender but no local sign of inflammation. ESR was 29 and CRP was 2.4. Radiograph shows subperiosteal elevation of the left distal femur with loss of cortex regularity. MRI shows left distal femur intramedullary lesion with surrounding marrow oedema, to rule out an infective cause. CT TAP was done, shows left external iliac lymph node metastasis. Bone biopsy was taken, and the result was consistent with metastatic nasopharyngeal carcinoma over left femur with acute osteomyelitis changes. She was started with cefuroxime and responded well as shown in improved blood parameters and clinical symptoms.



Figure 1: Left knee x-ray at early stage.

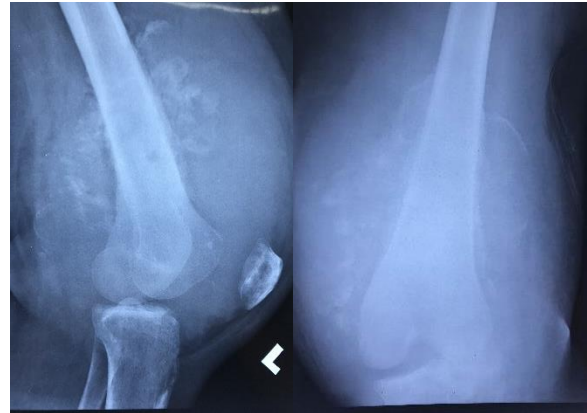


Figure 2: left knee x-ray after 4 months.

DISCUSSION:

Bone metastasis secondary to nasopharyngeal carcinoma complicated with acute osteomyelitis is rare. We often overlook the possibility of double pathology because their treatments are different. Thus timely referral to oncology surgeon for biopsy is essential in the prognosis of the patient if the clinical suspicion is high. When metastases are diagnosed, the prognosis is poor with median survival less than four months and a fatality rate of 91% within a year. However, if the infection is missed, the prognosis is even worse with a poor quality of life.

CONCLUSION:

In conclusion, double pathology in nasopharyngeal carcinoma should be detected early with prompt treatment to improve the quality of life of the patient.

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