NEUROBLASTOMA: COMMONLY MISSED COMMONEST PAEDIATRIC METASTATIC BONE DISEASE

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Introduction: Neuroblastoma is the third most common extracranial solid tumour in childhood next to lymphomas and brain tumours. We are presenting two cases in our practice of skeletal lytic lesions that was presumed to be osteomyelitis. The diagnosis was only made after bone marrow trephine aspirate (BMAT) was done. Delayed diagnosis was due to rareness of the disease and presentation that rather mimics osteomyelitis.

Discussion: We did a retrospective review of two patients aged 6 at presentation who was referred for fever associated with pain at the affected limb. The first patient had solitary lesion on the metaphyseal area of proximal left humerus while another had multiple lytic lesions on metaphyseal are of both distal femurs. White cells were mildly elevated on both patients while ESR and CRP were markedly raised. MRI of both patients were reported as osteomyelitis. Both patients underwent debridement and curettage of the lesions but HPE was reported as osteomyelitis. Despite antibiotics, both patients remained ill and had persistent temperature spikes. Multidisciplinary teams' approach was unable to detect the problems. BMAT was finally done and both cases were confirmed to be secondary bone metastases due to neuroblastoma. Both patients showed to be in stage IV neuroblastoma upon presentation with distant bony metastasis. Despite diagnosis, we lost our first patient. Our second patient is currently under treatment by chemotherapy as well as 131I-MIBG.

Conclusion: Neuroblastoma is one of the commonest childhood solid tumour. Bone metastasis is rare but is a known presentation. Our cases illustrate that this diagnosis can be missed. Even with negative histopathology from open biopsy, a high index of suspicion is needed to aid diagnosis. Hence, a multidisciplinary team should be involved in tackling these cases so that delay in diagnosis and treatment does not occur.