

# DONT FORGET THE BACK: EWING SARCOMA

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## INTRODUCTION:

Ewing sarcoma of the sacrum is the second commonest primary sacral tumour. Peak incidences are between 10 to 20 years old but younger or older age groups account for almost 30% of cases.

## REPORT:

We report the case of a 28-year-old man complaining of lower back pain for two weeks that radiates to the left lower limb. The pain is shooting in nature, and he is unable to ambulate or sit up. Furthermore, he denied any fever or constitutional symptoms and there is no family history of malignancy. He had no neurological deficit as well. The pain gets worse and he is only able to lie prone on the bed. On physical examination, there is a large hard swelling over the lower back overlying sacral region. It is tender but not warm. However, there is no neurological deficit. MRI lumbosacral shows locally aggressive large enhancing solid sacrococcygeal tumour with bony destruction measuring 11x10x 11cm with areas of necrosis. CT scan abdomen shows large locally aggressive sacrococcygeal mass encasing bilateral internal iliac artery. Biopsy was then performed and initial results were inconclusive but the second attempt showed round cell sarcoma keeping with Ewing sarcoma. He was then referred to the oncology team for neoadjuvant chemotherapy before planning for surgery.

**Figure 1:** Lumbosacral x-rays showing a mass arising from the sacrum.



**Figure 2:** T1-weighted MRI lumbosacral showing the large sacrococcygeal tumour which is enhancing with bony destruction and areas of necrosis.

## CONCLUSION:

Tumours of the pelvis have a poorer prognosis when compared with other sites. It is a challenge for the oncology surgeon to achieve local control avoiding the important deep structures. The triad of chemotherapy in conjunction with surgery with radiation therapy has substantially improved survival.

## REFERENCES:

1. Khalid et al Ewing Sarcoma: A case report of a 52 year old woman with recurrent tumour and literature review *Oncology Letters* 2012; Pg 155-158.

