

RARE METASTASIS TO SPINE FROM BASAL CELL CARCINOMA OF THE MANDIBLE: A CASE REPORT

Kishaani P¹, Logheswaran A/L Suppiah¹, Khoh Phaik Shan¹

¹ [Department of Orthopaedic Surgery](#), Hospital Sultanah Bahiyah.

INTRODUCTION:

Basal cell carcinoma (BCC) is most prevalent form of neoplasm worldwide. It is locally invasive neoplasm, rarely metastatic. Metastasis to bone is uncommon and only a few cases of invasion into facial bones reported. We are reporting on a case of BCC of mandible with metastasis to spine.

REPORT:

A 47 years old man, with anterior mandibular BCC who was planned for tumour resection by the Oral Maxillofacial (OMF) team, presented with thoracic and lower back pain for 1 month. The pain radiated to both his lower limbs. Due to the pain and bilateral lower limb weakness, he has been ambulating with walking frame. He initially sought traditional massage for two weeks, however pain did not resolve. Clinical assessment revealed bilateral L2,L3 power of 3. L4-S1 was 4. Sensation was intact. Abdominal reflex was absent and hyporeflexia bilateral lower limb. Anal tone, bulbocavernosus reflex was still intact. Radiograph revealed old compression fracture of L2 level. We then proceeded with MRI whole spine which revealed multiple spine metastasis with cord compression at T3 & L2 level. His neurology drastically worsened in ward as bilateral lower limb power was zero. Sensation was reduced T10 level onwards. He then underwent tracheostomy, tumor resection with anterior segmental mandibulectomy by the OMF team. After two days, we proceeded with palliative surgery of posterior instrumentation T11-L4, T2-T4 level, decompression at L2 level and hemilaminectomy left left L3 vertebra. Intraoperatively, dural layer was intact.

RESULTS:

Postoperatively, he was referred to the palliative team. He was also under rehabilitation team for bedside and wheelchair ambulation. His wound healed well and he was discharged home.

CONCLUSION:

First stage surgery helped in airway maintenance of the patient and the second stage surgery was the palliative posterior instrumentation. Patient underwent two staged surgery. This has reduced operative time & intraoperative anaesthesia risk which helped in better optimisation and recovery of the patient.

REFERENCES:

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