# Importance of knowing the normal from abnormal: a case of missed osteosarcoma

<sup>1</sup>XY Ng; <sup>2</sup>CY Lim; <sup>1</sup> Mohd Yusof ND; <sup>2</sup> Azid A, <sup>1</sup> Orthopaedic Department, Hospital Sultanah Bahiyah, Alor Setar, Kedah, <sup>2</sup> Orthopaedic Oncology Unit, Hospital Pulau Pinang, Malaysia

### **INTRODUCTION:**

Telangiectatic osteosarcoma is an unusual variant of osteosarcoma, forming 3% to 10% of all osteosarcomas. The usual difficulties encountered while dealing first visiting cases in casualty is to distinguish between traumatic and trivial injury. Thus it is crucial for healthcare personnel to identify and diagnosis accordingly in order to choose steps of management.

### REPORT:

29 years old gentleman with unknown medical illness, active smoker, working as a farmer came to casualty complained of pain and swelling over left shoulder for 4 months after history of heavy lifting. Pain started after lifting paddy machine. He heard cracked sound subsequently unable to lift up his left arm. Initially went for traditional massage however pain persisted and swelling increased in size. He visited casualty 3 weeks later after injury and treated as closed fracture left proximal humerus, planned for operation however patient undecided and subsequently defaulted follow up. He came again as blister developed over left shoulder, ruptured and bleeding. Upon further history, he lifted paddy machine without fall, trauma or hit. He started having pain at the moment he lifted up machine. On examination, noted swelling 35cmx 35cm in baseball size with dilated vein. Fungating mass over centre of swelling measured 3cmx 4cm which was firm consistency, warm and erythematous.





Figure 1: Xray of left shoulder during first visit





Figure 3: Series of Imaging

Series of imaging done and features suggestive of aggressive bone tumor of left proximal humerus with pathological humeral fracture with adjacent soft tissue infiltration, left glenohumeral joint intra-articular involvement and left axillary nodal metastasis.

Trucut biopsy of left shoulder showed consistent with osteosarcoma, telangiectatic subtype. Family conference held and counselled for forequarter amputation over left upper limb. However, they strongly refused for operation and discharged back home. Weeks later he was pronounced death at home.

## **CONCLUSION:**

Proper and detailed history taking is important in order to differentiate fracture from significant injury or trivial injury with subsequent required management.

#### **REFERENCES:**

1. https://meridian.allenpress.com/aplm/article/136/5/572/65131/Telangiectatic-Osteosarcoma