

A Far Catch – Sacral Metastasis

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INTRODUCTION:

Cancer is a leading cause of death worldwide with 10 million deaths per year. Metastatic bone disease is becoming a major and concerning issue. It carries poor prognostic values as most of cases presented in advance stage of disease. About 30-75% of patient presented with advanced malignant tumour with bone metastasis. Prostate and breast cancer is common primary source. However, lungs cancer is the most common type of cancer that led to poorer prognosis and higher mortality rates.

REPORT:

27 years old nulliparous lady who works as a medical assistant, presented with lower back pain with radiculopathy pain to left lower limb for 2 months duration, associated with constitutional symptoms (loss of weight and loss of appetite). Still able to walk with tolerable pain. She had history seeking medical attention, however, symptoms persisted and affecting her daily activity as she could not attend work.

Initial blood investigations show elevated serum ESR and C-reactive protein. MRI was done, with given impression as osteomyelitis of sacral bone. Planned for debridement and bone curettage of sacral, but intraoperatively, no evidence of suggestive of infection. Core needle biopsy of sacrum sent for histopathological examination, result reported as metastatic bone, in favour of lung adenocarcinoma.

Further imaging were done reported malignant right lung mass with local, contralateral lung and regional nodal metastasis.

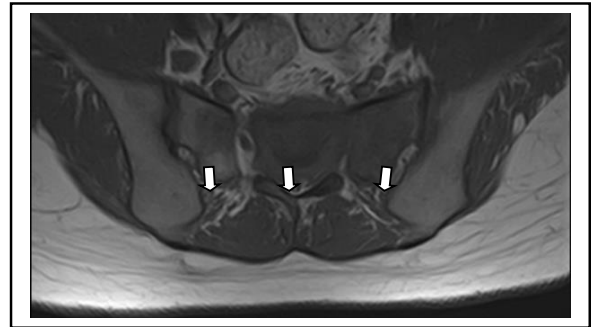


Figure 1: A T1 weighted image showing metastatic lesion at sacral ala and body

CONCLUSION:

Secondary malignant sacral tumour is more common than primary malignant tumour. Most common lung metastasis to spine is at thoracic (70%), lumbar (20%) and cervical (10%) and minute percentage to sacrum. Latest management comprises surgery with/without radiotherapy shows reasonable therapeutic options with acceptable adverse events rate.

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