

Cervical Adenocarcinoma With Metastasis To Pelvis And Left Hip

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INTRODUCTION:

Metastatic disease to bone accounts for majority of bone lesions in patients above 40 years old. Despite the prevalence of metastatic carcinoma as a cause of bone lesions in this ages group, it should never be assumed to be due to metastatic disease without compelling evidence. Because the principles for treatment differ so greatly between sarcomas and metastatic carcinomas, the specific diagnosis must be established before initiation of care.

REPORT:

We report a case of 65 year old lady presented to hospital with 1 year history of left hip pain and abdominal pain for 1 week. She had no fever, no chronic cough or recent trauma. However she had loss of weight of 5kgs in 2 months prior to presentation. On examination she was cachexic and dehydrated, there was tenderness over her left ischial tuberosity and left hip was in flexed 90 degrees. Blood investigations showed raised in CRP and ESR. Tumour markers showed raised Ca-125 and CEA. X-ray pelvis showed mixed blastic and lytic lesion of the left ischial tuberosity extending up to the left acetabulum (Figure 1).



Figure 1 Xray Pelvis

We proceeded with an MRI of the pelvis and lumbosacral spine which showed uterine cervix mass 4.8 x 5.9 x 6.7cm that is heterogenous and irregular extending into the uterine cavity and with bone metastasis to the left pelvic bone and acetabulum (Figure 2).

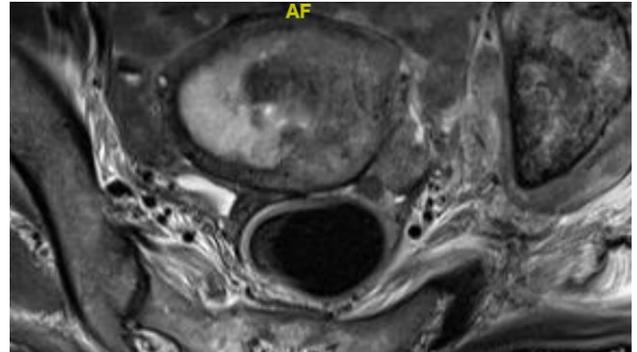


Figure 2 MRI Pelvis (axial view)

Patient subsequently underwent cervical biopsy and CT guided trucut biopsy of the left pelvis. HPE of the cervical tissue showed adenocarcinoma of cervix and bone biopsy revealed malignant infiltration. Findings was consistent with FIGO IVB adenocarcinoma of the cervix. Patient was subsequently prescribed physiotherapy, analgesics, palliative radiotherapy and chemotherapy. Pain was significantly reduced after palliative therapy.

CONCLUSION

An aggressive bone lesion in an adult above 40 year old, while frequently is due to metastatic disease, should be considered a sarcoma until proven otherwise. A proper diagnosis is paramount in determining the most effective treatment plan for the patient.

REFERENCES:

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