

A CASE OF ILIAC BONE METASTASIS AS A CAUSE OF SCIATICA

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Introduction: Sciatic pain often diagnosed as spine problem in our clinic setting. A patient with sciatic pain might be missed out as presenting symptoms of a bone metastasis associated with adenocarcinoma of the lungs. Differential of a sciatic pain should include bone metastasis and proper examination and investigation must be carried out to exclude it.

Discussion: A 54-year-old woman presented to our orthopedic clinic with a 1 month history of increasing pain over the lower back, left hip and thigh whilst weight bearing and walking. At rest she was pain-free whilst holding the leg in flexion and external rotation. Lower limb neurological examination reveal reduce power over of hip flexion with no sensory deficits. She developed a unbearable pain after 1 moth and subsequently presented to A&E. Further examination in the ward revealed localize pain over the left hip. A CT of thoracic, abdomen and pelvis was carried out revealing iliac bone metastasis and soft tissue involvement with left upper lobe lung masses. Histopathological examination of the CT guided biopsy taken from the left ilium showing metastatic adenocarcinoma likely primary from lung. She was referred to pulmonologist and treated as adenocarcinoma of the lung Stage IV. She was sent to oncology center and given palliative treatment.

Conclusion: Sciatica may be caused by extraspinal bone and soft tissue tumors along the course of the sciatic nerve. Special attention should be given to patients with sciatica that had an insidious onset and is constant, progressive, nand unresponsive to analgesics. Medical history, physical examination, and the use of appropriate imaging studies can identify the site of the lesion and suggest its nature. Early detection of these unusual tumors may eliminate prolonged pain, minimize the number of unnecessary operative interventions of the spine, and may have an impact on patients' survival.