

A Sinister Case of Low Back Pain with Radiculopathy Arthroplasty in non-Hodgkin B-Cell Lymphoma

¹Abd Rahim, Mohd Zuhail; ¹MK. Nadia; ¹AA. Aziah; ¹A. Anuar

¹Orthopaedic Department, Hospital Cyberjaya, 63000 Cyberjaya, Selangor

INTRODUCTION:

Low back pain (LBP) with radiculopathy usually associated with lumbar disc herniation. LBP and radiculopathy as the first symptoms and signs in primary bone lymphoma is rare, occurring in less than 1% of patients. The purpose of this case report is to describe the deceiving presentation and the diagnostic journey of a patient with LBP and radiculopathy in primary bone lymphoma.

REPORT:

86-year-old gentleman visited Emergency Department six times complaining of LBP and right buttock pain. Examination revealed limited external rotation and extension of the hip. Lumbosacral radiograph shows hypertrophy of the L5 transverse process abutting the iliac crest. Pelvic radiograph was unremarkable. He was treated for musculoskeletal pain secondary to Bertolotti Syndrome.

One month later, patient presented with worsening LBP and buttock pain radiating to right proximal thigh with reduced hip range of motion and tenderness at lower lumbar spine.

The right hip flexion and knee extension muscle power, and sensation right L1-S1 was reduced. Magnetic resonance imaging (MRI) of the lumbosacral spine shows L5/S1 annular tear but no significant spinal canal stenosis.

Repeated pelvis radiograph noted right neck of femur fracture thus right bipolar hemiarthroplasty performed. Intraoperatively, the capsule was thickened with a contained defect of the acetabulum. Femoral head and neck bone consistency were soft and friable while distal to trochanteric region was normal. Histopathological examination (HPE) sent for assessment.

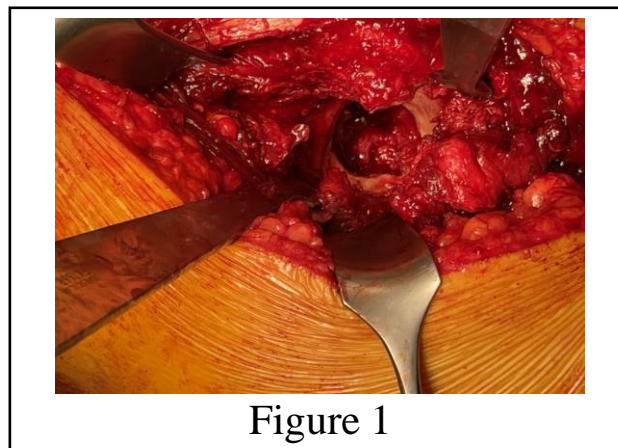


Figure 1

Figure 1: Contained acetabular defect

Result shows diffuse large B cell lymphoma thus patient referred to Hematology Department for management.

At 5 months follow up, patient ambulating independently with tolerable pain, and completed 6 cycles of chemotherapy. Hip flexion was 0- 110 degrees while extension up to 30 degrees.

CONCLUSION:

Primary bone lymphoma is a rare occurrence. The deceiving presentation of LBP and radiculopathy ushered the investigation towards spine when in fact it was a hip pathology. This is a reminder to always be suspicious when clinical findings and investigations do not coincide.

REFERENCES:

1. Roug IK, J Chiropr Med. 2012 Sep;11(3)
2. Vadivelu R, Arch Orthop Trauma Surg. 2002 Dec;122(9-10)