

Spine Metastasis of Pancoast Tumour with Concomitant Pulmonary Tuberculosis: A Case Report

¹Nor Fatini M.Mordani, ¹Muhammad Hilmi Mohd Pazli, ¹Muhd Husyaini Hasni, ¹Mohd Zaim Mohd Rashid

¹Orthopaedic Department, Hospital Enche' Besar Hajjah Khalsom, Kluang, Johor, Malaysia.

INTRODUCTION

Metastatic cancer and spinal tuberculosis (TB) are commonly diagnosed spine pathology in developing country. Diagnosis between these pathologies are tricky due to similar clinical and radiographic presentation ⁽¹⁾. We present a case of pulmonary tuberculosis with concomitant spinal metastasis of Pancoast tumour right lung.

REPORT

A 54-year-old gentleman prisoner with back pain with bilateral lower limb weakness after a fall due to a slippery surface. He denies any exposure to person with TB nor any constitutional symptoms.

During presentation he has back pain with neurological level T2 bilaterally, Frankel classification D. Unfortunately, his neurology progressed to Frankel B with partial sacral preservation.

TB work-up shows positive AFB sputum with elevated ESR (102-110 mm/hr) and CRP (102-178 mg/L). MRI whole spine revealed circumferential lesion at T1 to T3 region with T2 vertebral body collapse. Chest x-ray did not show any remarkable findings.

Initial anti-TB treatment failed to show improvement in his biomarkers and neurology. He then proceeded with posterior open biopsy, decompression, and instrumentation of cervicothoracic spine. HPE reveals high-grade invasive carcinoma with squamous differentiation. Other investigations are negative for TB.

Further investigation PETCT revealed the primary tumour to be right lung Pancoast tumour. He was then referred and reviewed by

oncology team however he refused all treatment and defaulted.



Figure 1: Sagittal view of cervicothoracic region showing severe involvement of T1-T3 vertebra involvement with anterior and posterior extension of collection.

CONCLUSION

Spine metastasis and TB spine infection may have similar radiographic presentation which may complicate diagnosis. Tissue diagnosis is mandatory in making accurate diagnosis. Clinicians however must always keep an open perspective towards other possibilities to prevent delay in treatment.

REFERENCES

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