

The Curse Of Lymphoma Survivor

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INTRODUCTION:

Diffuse large B-cell lymphoma (DLBCL) and osteoporotic fracture are synonymous. Patients with lymphoma have significant bone loss compared to normal general population. Lymphoma therapy with high-dose glucocorticoids and alkylating agents may result in premature bone loss, increasing risk of fragility fractures

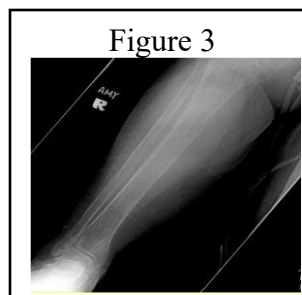
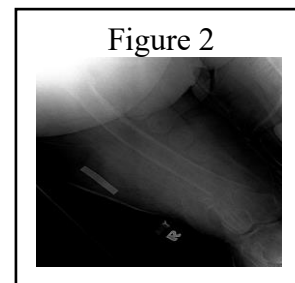
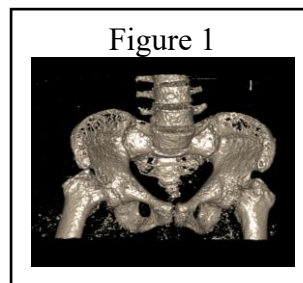
REPORT:

43 years old obese female with underlying DLBCL in remission presented after trivial fall sustaining multiple long bone fractures. She sustained wrist fracture a year prior. Radiograph revealed bilateral neck of femur fracture, bilateral femur and right tibia fracture. Bone were severely osteopenic with no obvious lucency or lytic lesion. Lab parameter revealed normal serum calcium and phosphate with elevated ALP. Subcutaneous teriparatide was initiated to increase bone density prior to definitive fixation. Screw fix bilateral hip was scheduled however was abandoned due to poor intraoperative image. We proceeded with bilateral femur nailing and left tibia nailing. Post operatively we aimed for wheelchair ambulation but patient sustained another iatrogenic fracture right tibia during movement. Right tibia nailing was performed and bone biopsy taken in same setting. Bone biopsy post-humously revealed lymphoproliferative disease. Unfortunately she succumbed to death due to hospital acquired infection.

Figure 1: CT Pelvis

Figure 2: Distal femur fracture

Figure 3: Proximal tibia fracture



CONCLUSION:

Lymphoma patients experience an assortment of late complications. The limitation we encountered here is obese body habitus with poor bone quality which hinders optimal image intraoperatively. We also did not have in-house rehab team to aid with post-op mobilization. Her cancer pain was also restricting her mobility. We can improve our management by considering fixation with cement augmented bilateral femoral neck system, bilateral femur nailing, left tibia nailing and prophylactic right tibia nailing. The combination of anabolic agent and human monoclonal antibody is more superior than used alone. Timely referral to oncology team is also beneficial to patient.

REFERENCES:

1. Mancuso, S., Scaturro, Bone damage after chemotherapy for lymphoma: a real-world experience. BMC Musculoskelet Disord 22, 1024 (2021).