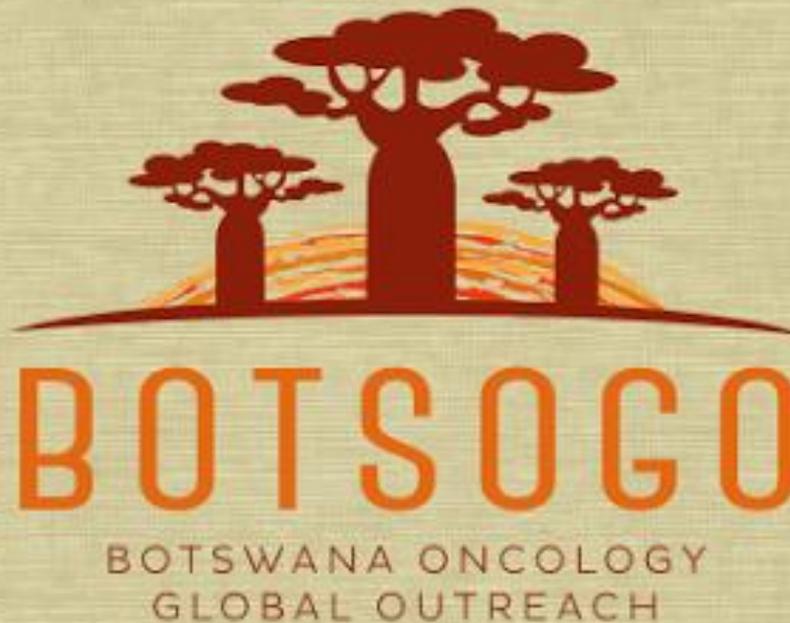


Two young patients with unusual masses

Dr. Musimar Zola

Dr. Waziba

19 April 2016



History of Present Illness

- A 21 Y.O.F HIV negative.
- Noticed a lump on her left breast in August 2013. She was pregnant by then.
- She then consulted at a hospital in the Kgaladigadi district, was given painkillers and antibiotics
- She delivered two months later, but only went to the hospital in October 2014, a year later, when the mass became very big.



History of Present Illness

- Transferred to PMH/MSF in November 2014, and a biopsy of the lump in December 2014 was reported in January 2015 as a Fibrocystic change.
- A new biopsy confirmed malignant phyllode tumor.
- A simple mastectomy was performed in May 2015
- D/C home after few weeks



History of Present Illness

- She stayed at Kgaladigadi until December 2015: when she started having progressive backache.
- Consulted at Kgaladigadi, and was again given pain killers
- End of February 2016, she couldn't walk at all, had low limb weakness, numbness and urinary incontinence, not passing stool.



History of Present Illness

- Transferred to PMH, then admitted to FMW
- Will then be referred to Spinalist few weeks after
- A laminectomy, decompression of the spine, and biopsy was done in beginning of April 2016
- Transfer to Oncology ward a few days later for further management



Breast description before mastectomy

- Left breast appears large, about 20cm x 15cm, with visible veins, engorged, the breast skin was shiny
- The breast shape was irregular, no peau d'orange
- On palpation, it wasn't tender, with a large mass occupying the entire breast, firm in consistence, not lobulated.
- There were about 4 enlarged lymph nodes on the left maxillary
- Right breast was normal.



Past Medical History

- HIV negative
- No history of cancer in their family
- No history of T.B, no HTN, no D.M
- No known allergies
- Had tree C/sections first when she was 17 years
- Medication: paracetamol, Brufen, Amoxy....
- Donnie alcohol and tobacco used.
- Single mother of 3 children.
- Not working.
- Parents a life at Kgaladigadi district

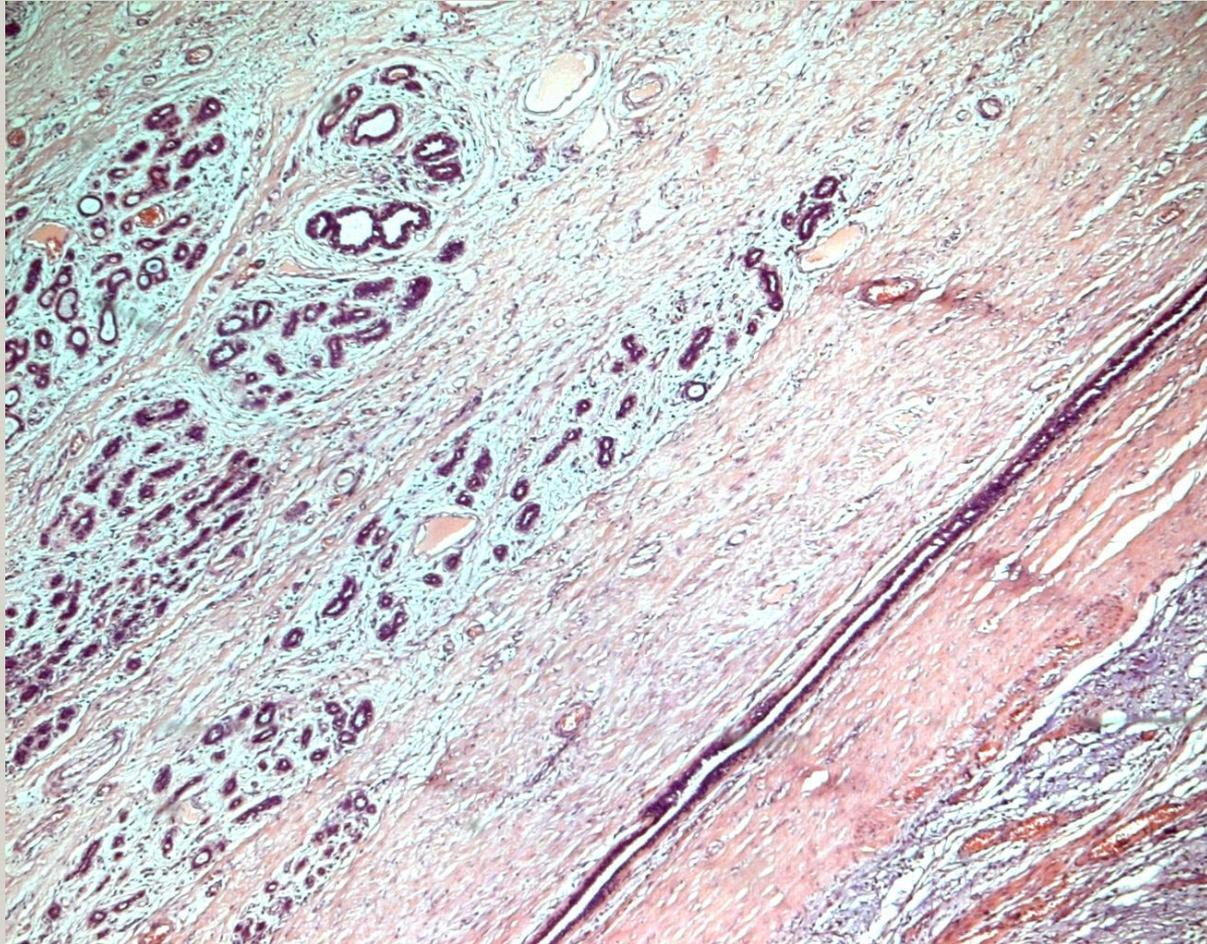


Histology

- Histologic picture is consistent with a malignant phyllode tumor.
- All margins are free of malignant cells.



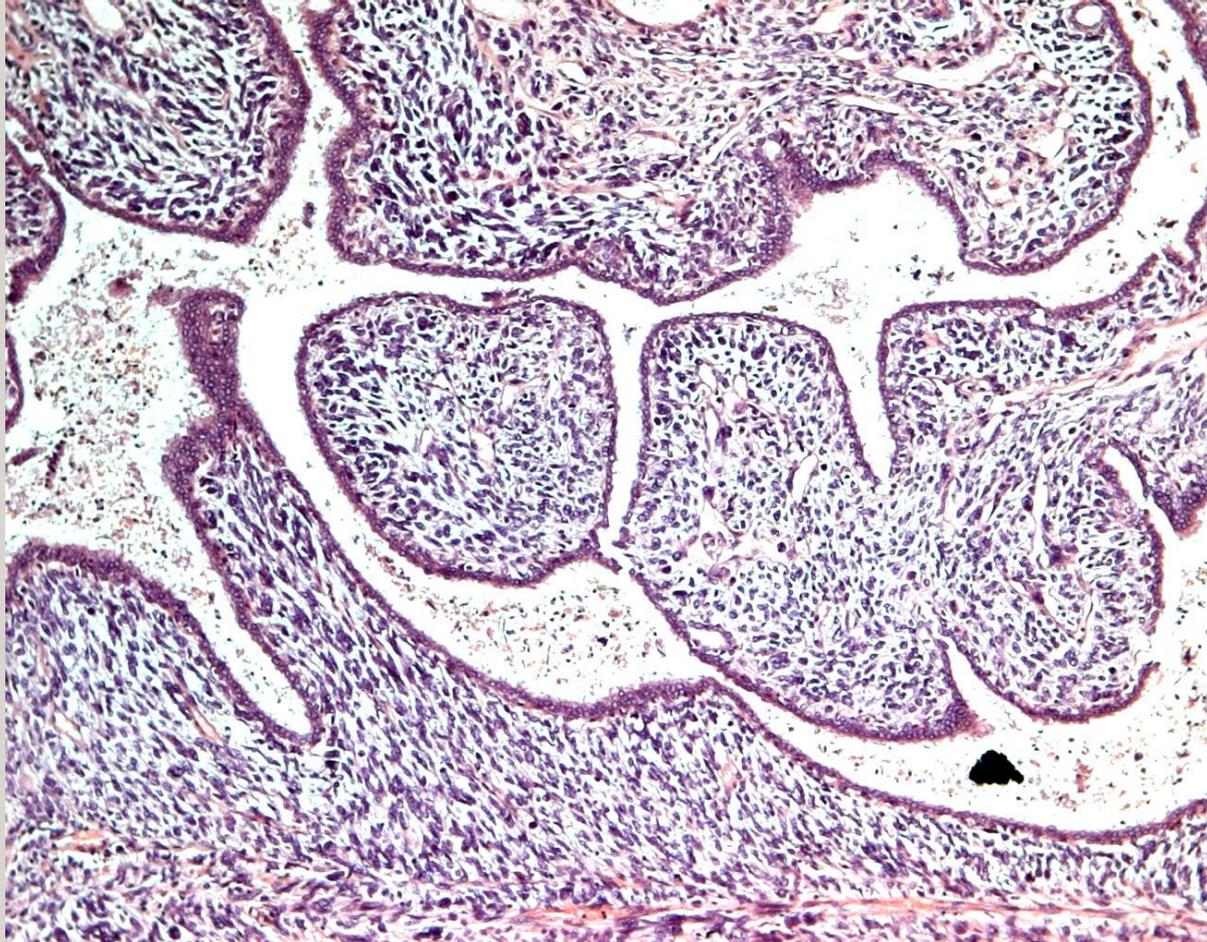
Breast photomicrographs



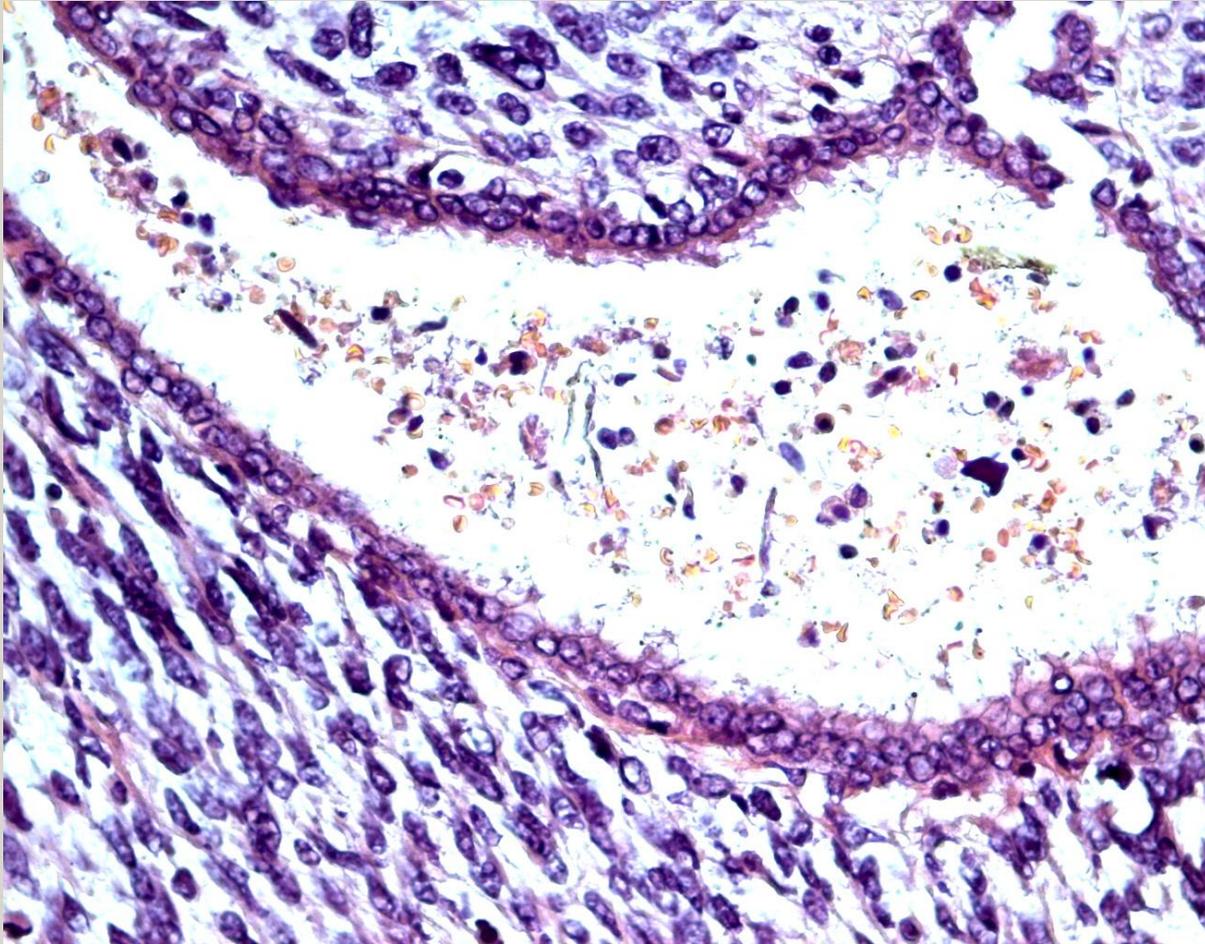
Breast photomicrographs



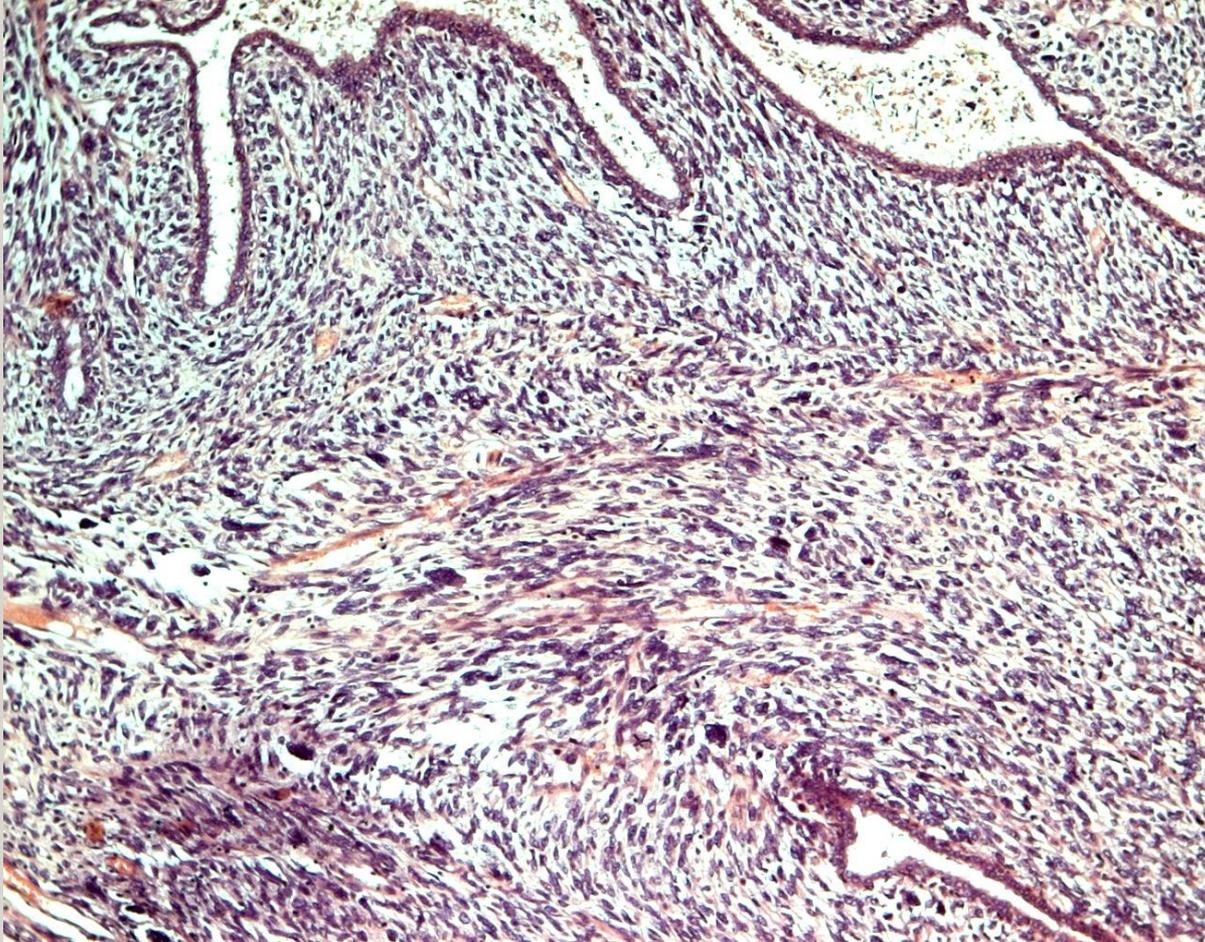
Breast photomicrographs



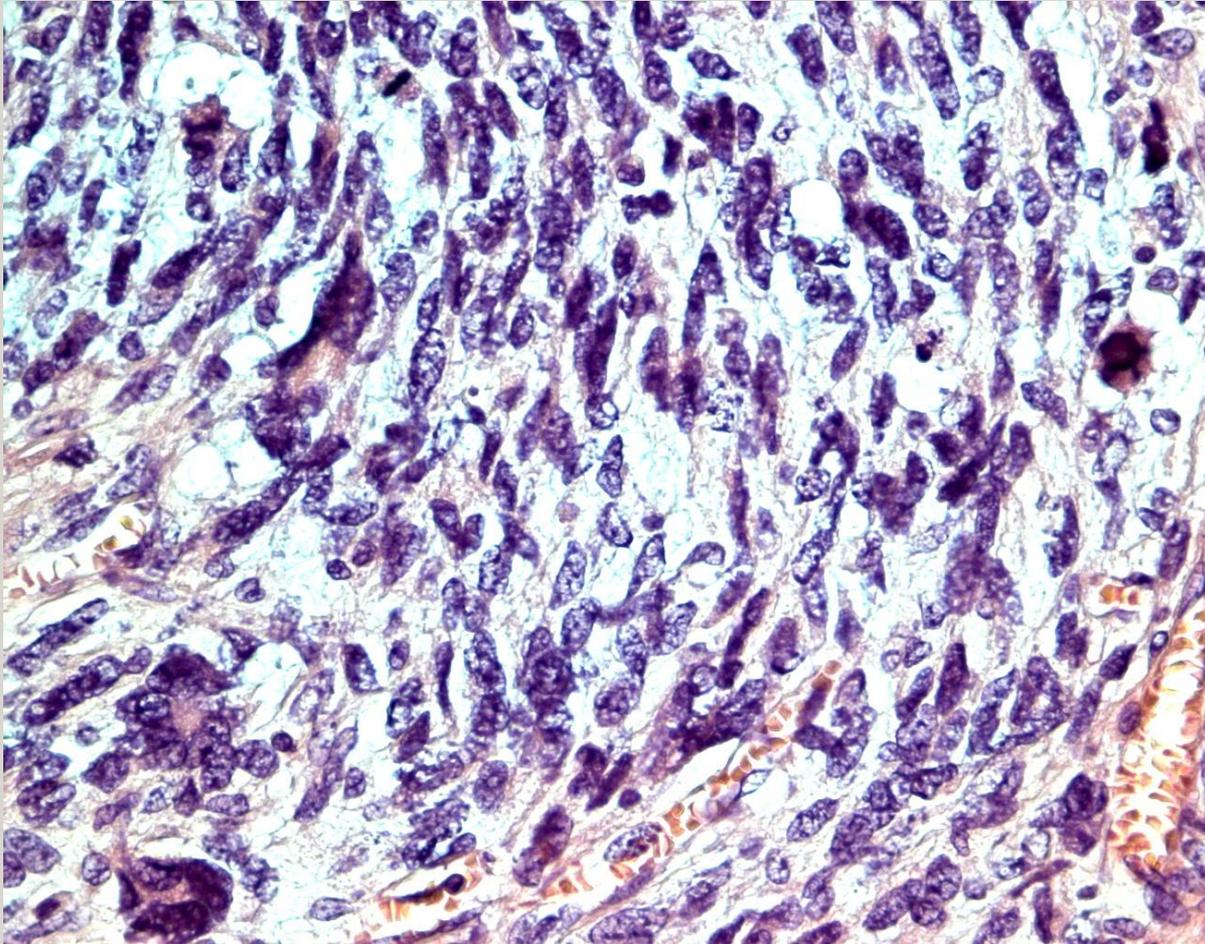
Breast photomicrographs



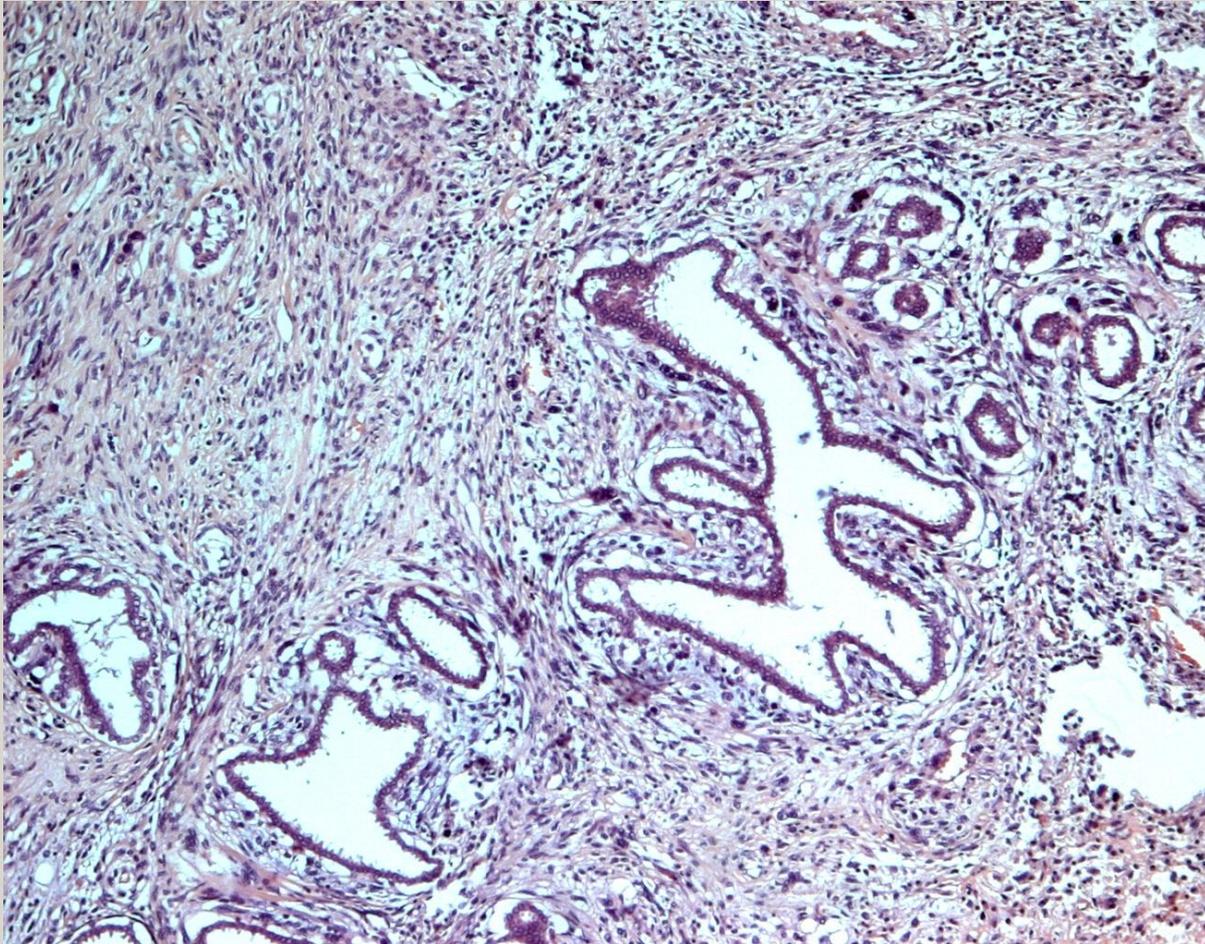
Breast photomicrographs



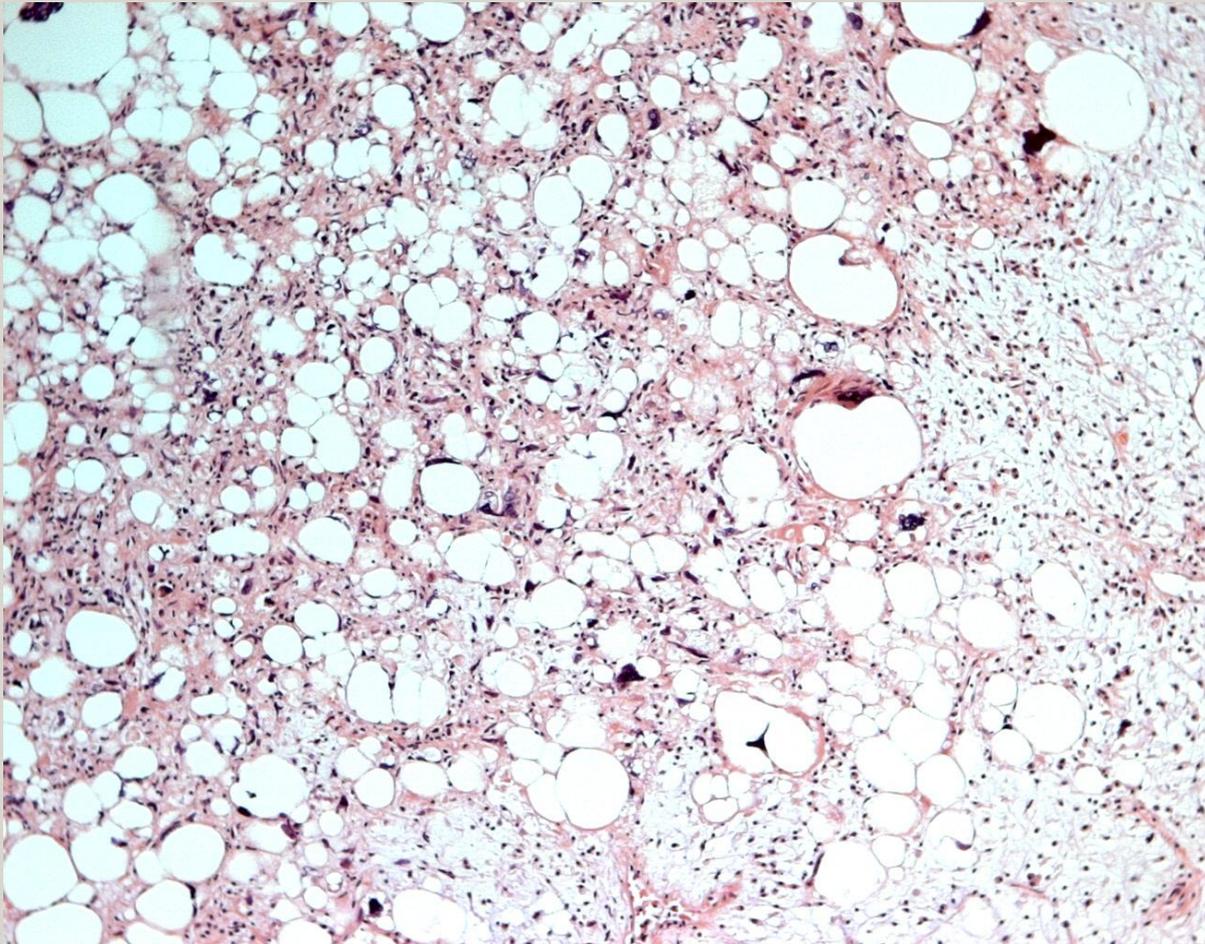
Breast photomicrographs



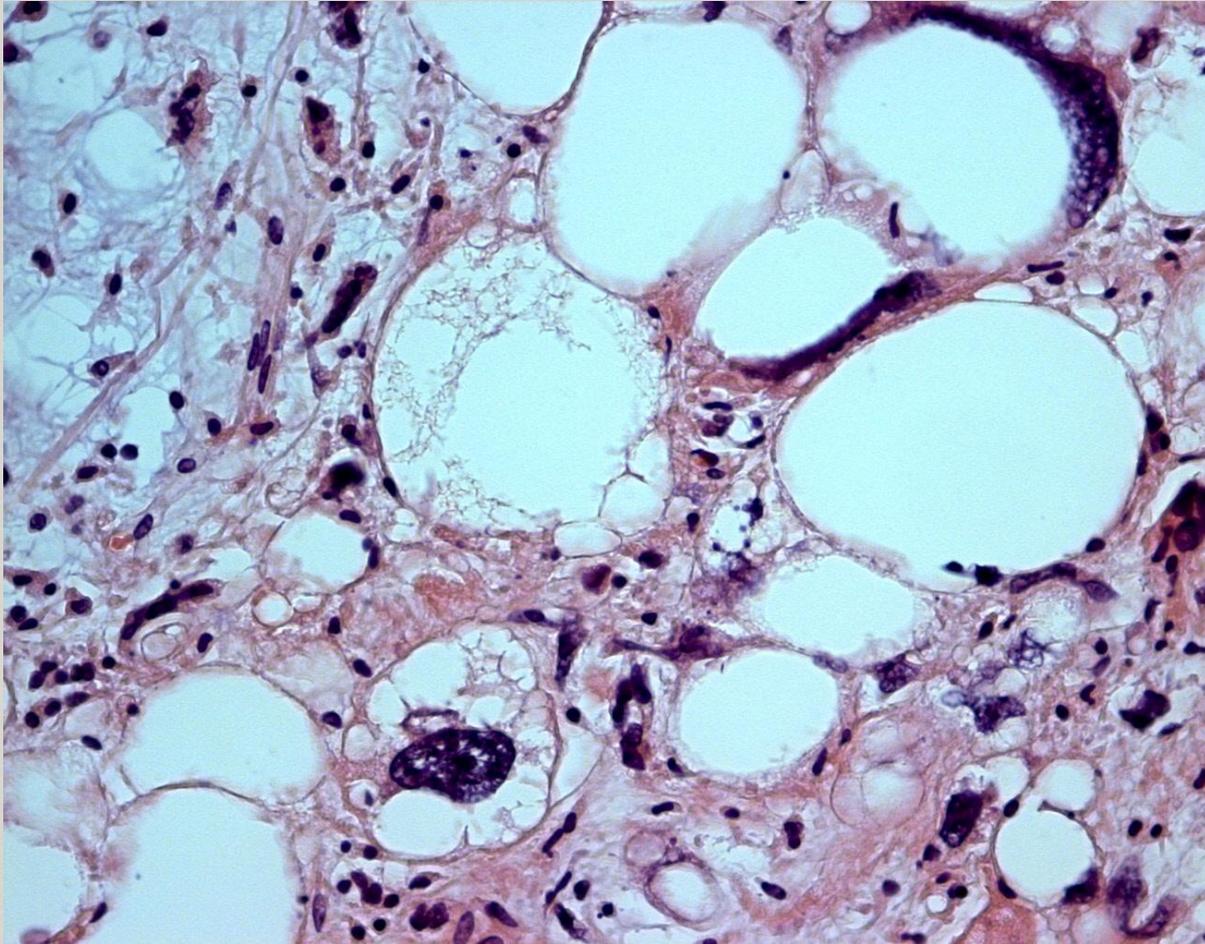
Breast photomicrographs



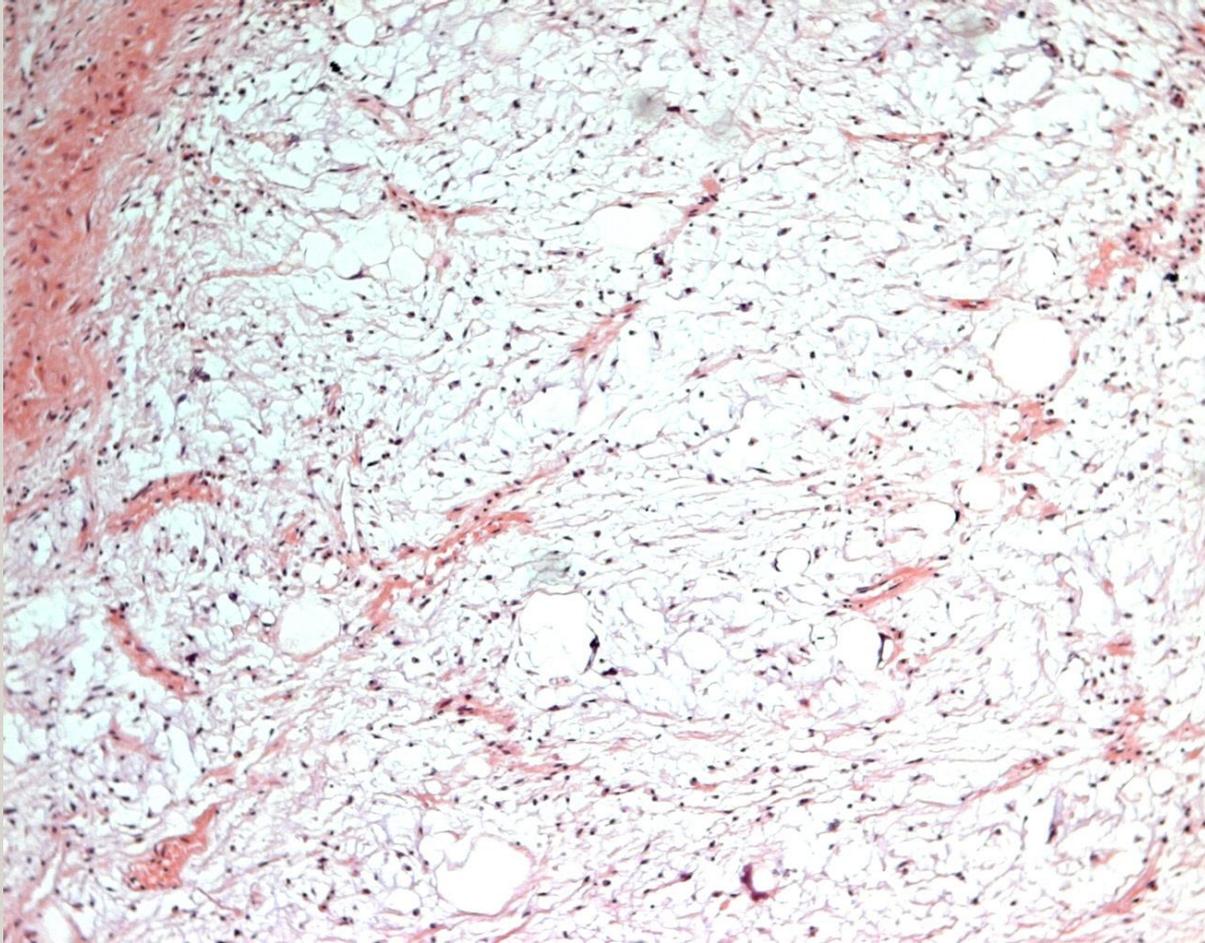
Breast photomicrographs



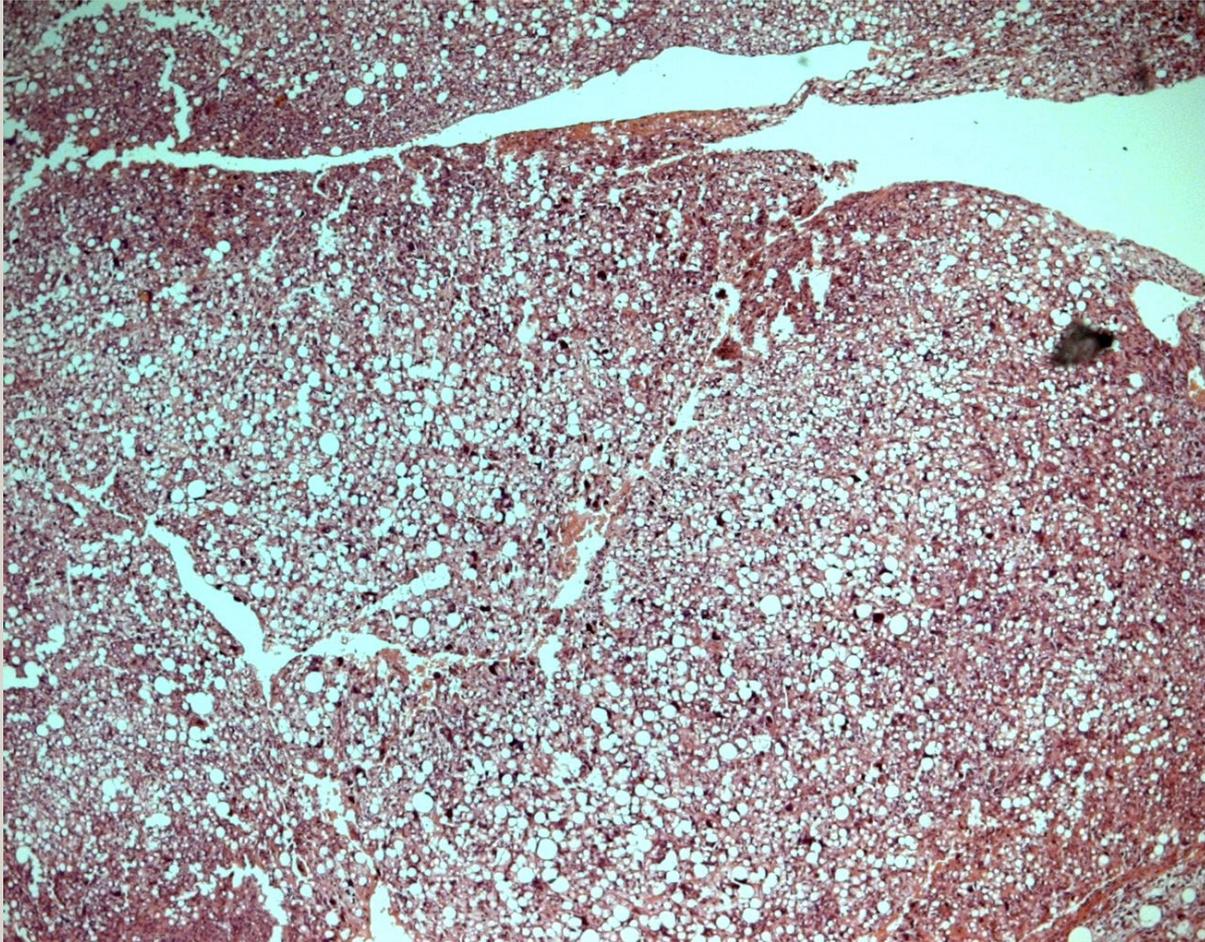
Breast photomicrographs



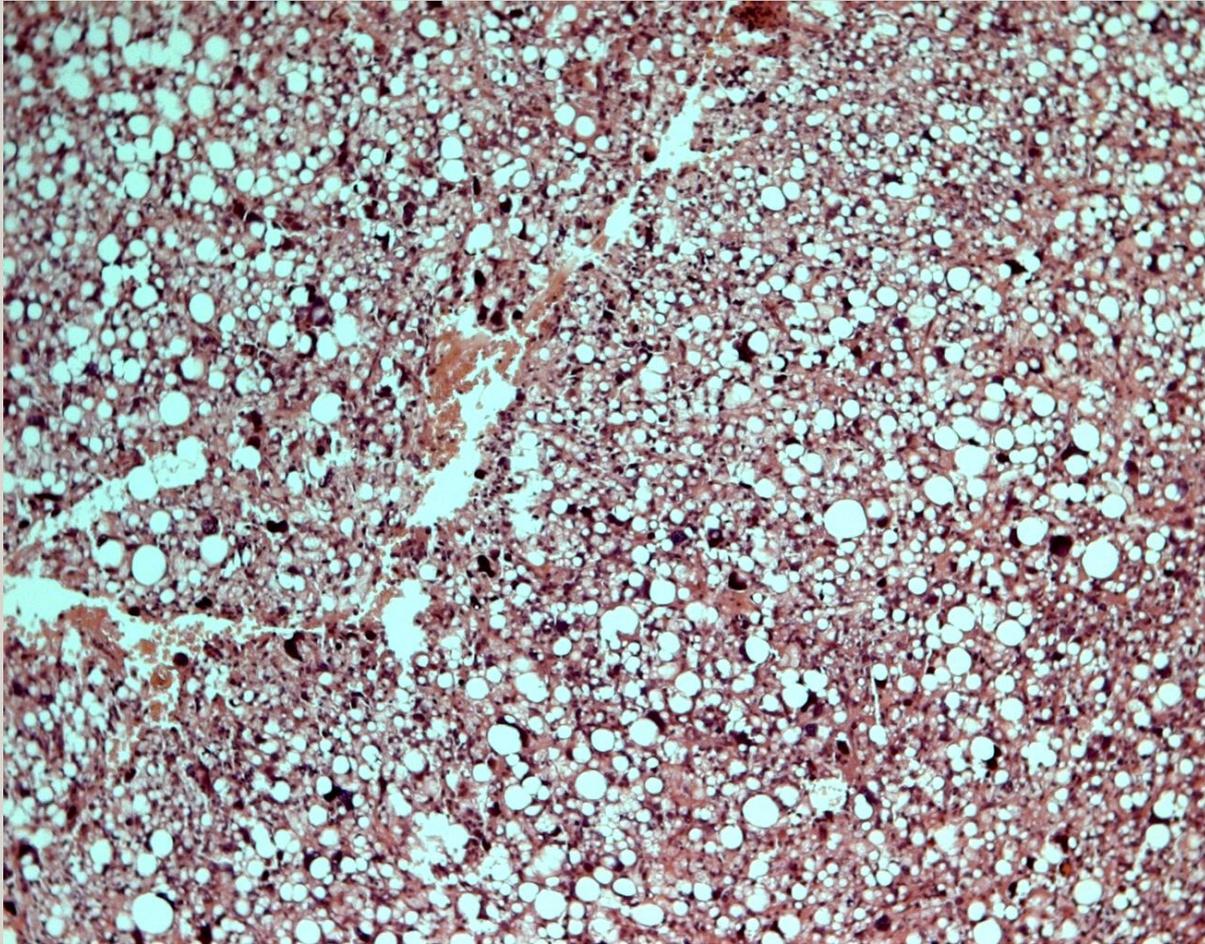
Breast photomicrographs



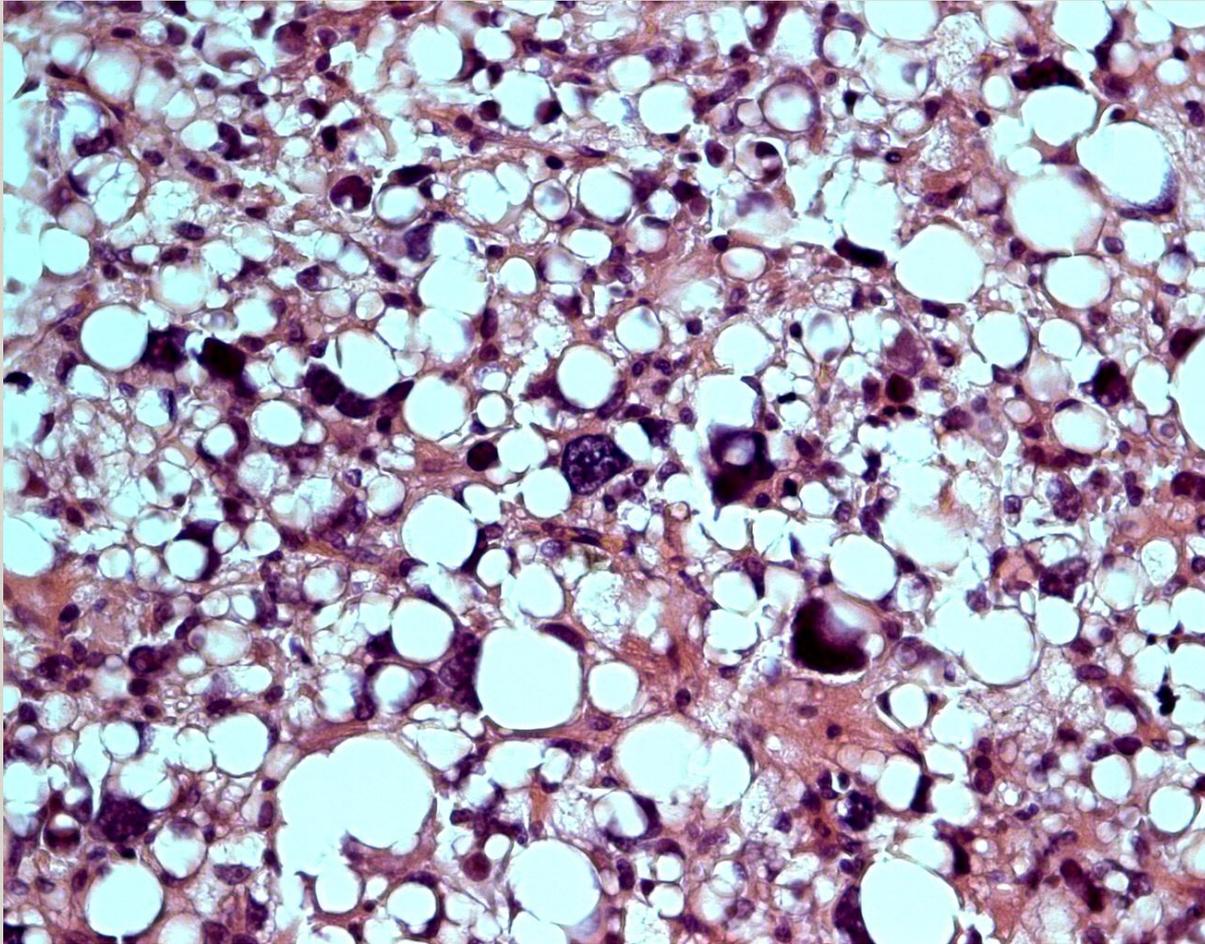
Spine photomicrographs



Spine photomicrographs



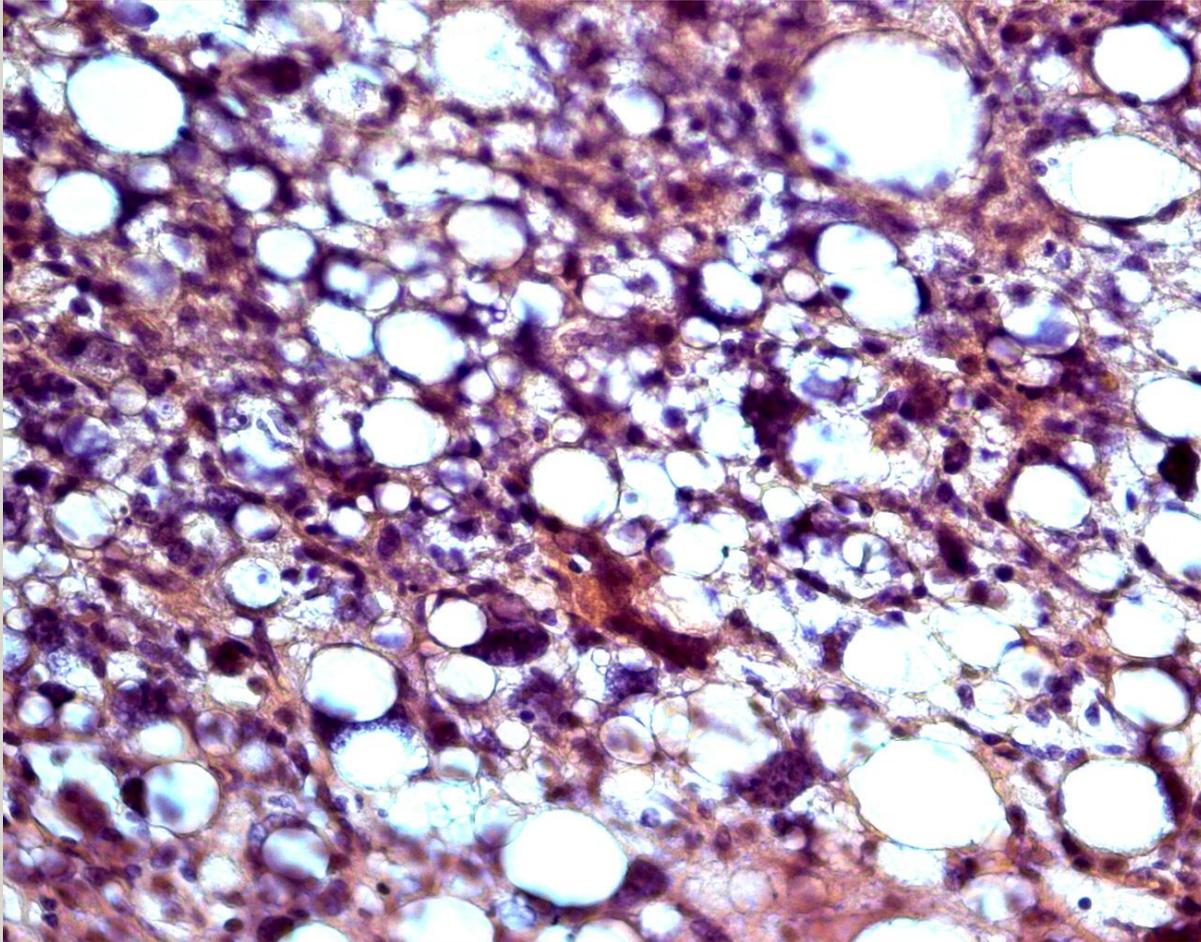
Spine photomicrographs



Spine photomicrographs



Spine photomicrographs



Imaging

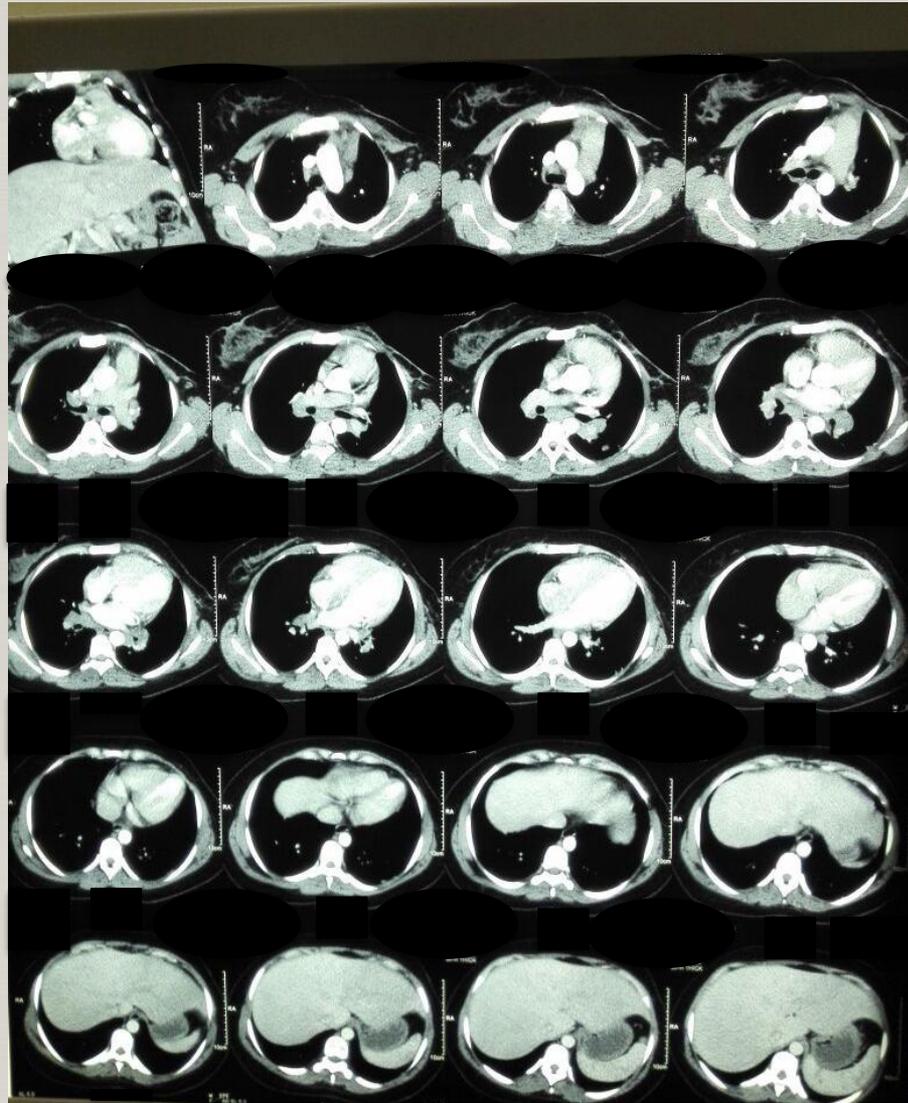
- C.T Scan of the chest: bilateral hilar nodal masses
- Pre carinal, subcarinal and Aortopulmonary nodes.
- Left basal lower lobe patchy densities and probable scarring.
- No discrete lung mass
- No pleural effusion
- No paraspinal mass or gross bony abnormality.



Imaging



Imaging

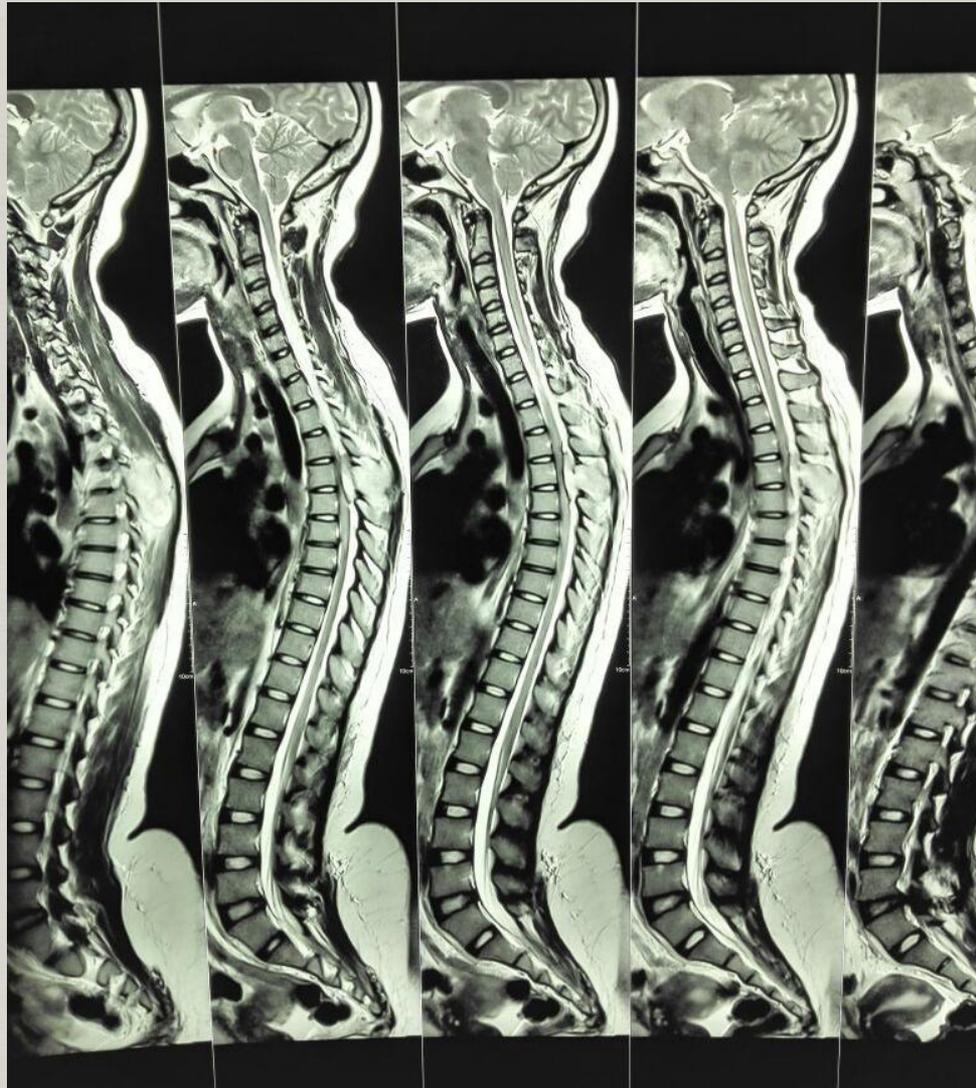


Imaging MRI Brain and Spine

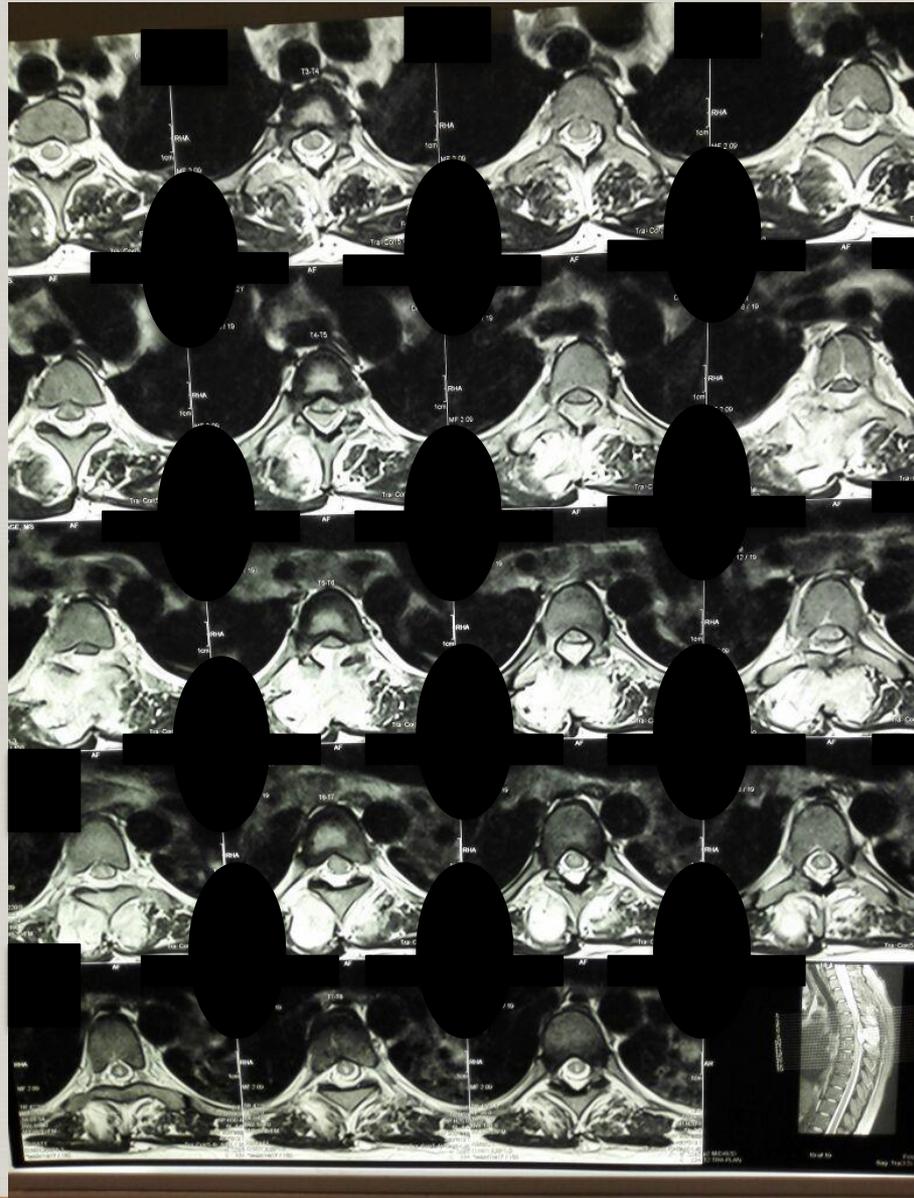
- Para vertebral mass lesion 5,0 x 3,4cm at level T4-T6 with spinal cord compression. With corp. malacia.
- Meditational , parahilar and posterior aspect of left scapula metastases.
- Brain MRI was normal.



Imaging



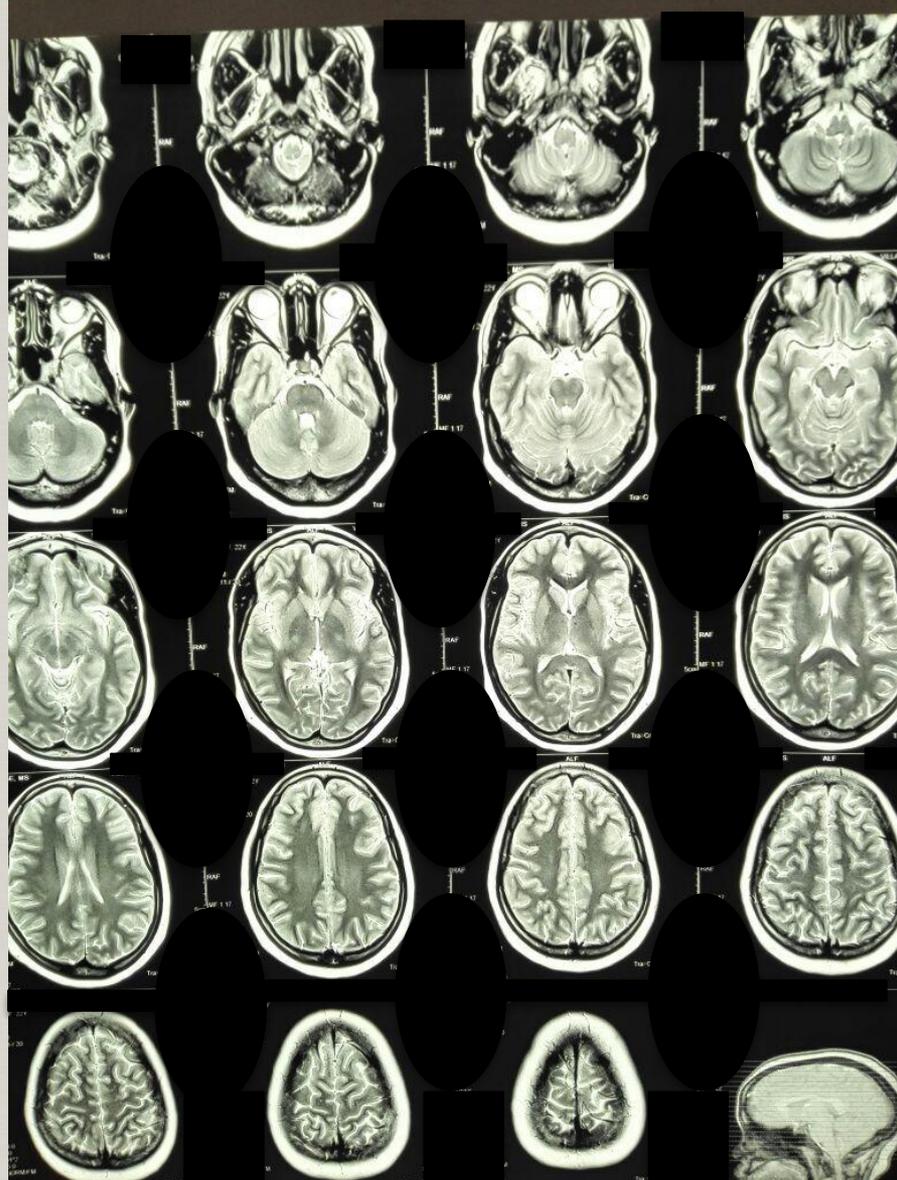
Imaging



Imaging



Imaging



Examination

- Stable patient, alert, oriented, unable to sit, turn or walk. Has stable vitals signs.
- Not pale, not febrile, not cyanotic, not icteric.
- Good nutritional status. No weight lost
- CVS: S1, S2 Normal,
- Chest clear air entry bilaterally.
- Abdomen soft, not distended, no organomegaly
- No pedal edema.
- With a left breast amputation, healed scar.



Examination

- Paraplegia, from the embolic
- Neurologic Exam
- Alert, oriented in time and space.
- Motricity bilaterally. Law limbs: 0/5 (bi)
- Sensitivity. Law limbs 1/5 bilaterally.
- Tonus: bilaterally good
- Reflexes, where abnormal on the law limbs
- Anal and Urinary not working
- Normal cranial nerve examinations.
- No bed sores



Examination

- Upper limbs motricity and sensitivity were completely normal.



Treatment

- After the laminectomy and decompression of her spine...
- We plan to send her to GPH for R.T, the guarantee form was already made and she will be starting soon
- The next plan will be physiotherapy and rehabilitation.



Discussion and Questions



Case II

- 17 year old male patient from Ghanzi district who presented to Princess Marina Hospital (Orthopedic OPD) in the beginning of March
- 10 month history of right knee pain and swelling associated with stiffness of the knee



History of presenting complaint

- Sustained injury to right knee in May 2015, kicked by opponent to the knee while playing soccer
- Onset of pain but no instant swelling, no open wound, and he continued to play soccer that day
- Pain worsened towards end of May 2015, presented to health post and referred to Ghanzi primary hospital
 - Unremarkable Xray, given analgesia



History of presenting complaints

- Went to Namibia, Xrays were done and were abnormal, referred back to Ghanzi primary hospital
- Seen at Ghanzi primary hospital in July 2015 and full POP (above knee) was applied for 4 weeks and mobilized with crutches
- Reviewed after 4 weeks in August 2015 and full POP was removed and found to have limitation of knee flexion but no swelling noted
 - Diagnosed with ankylosis of knee post trauma



History of presenting complaint

- Patient noted progressive swelling of knee from October 2015 and diagnosed as osteomyelitis and initiated on antibiotics for 1 week
- Had multiple presentations to local hospital complaining of pain, swelling, and stiffness of the knee but managed with analgesia
- Finally booked for PMH Ortho OPD and seen beginning of March 2016



Systemic Enquiry

- Denied loss of weight
- No joint pains prior to injury



Past Med/Surgical and Family history

- HIV negative
- Mum reported history of malignancies from maternal grandfather



On Examination

- Clinically stable systemically with no stigmata of chronic illness
- No inguinal lymph nodes

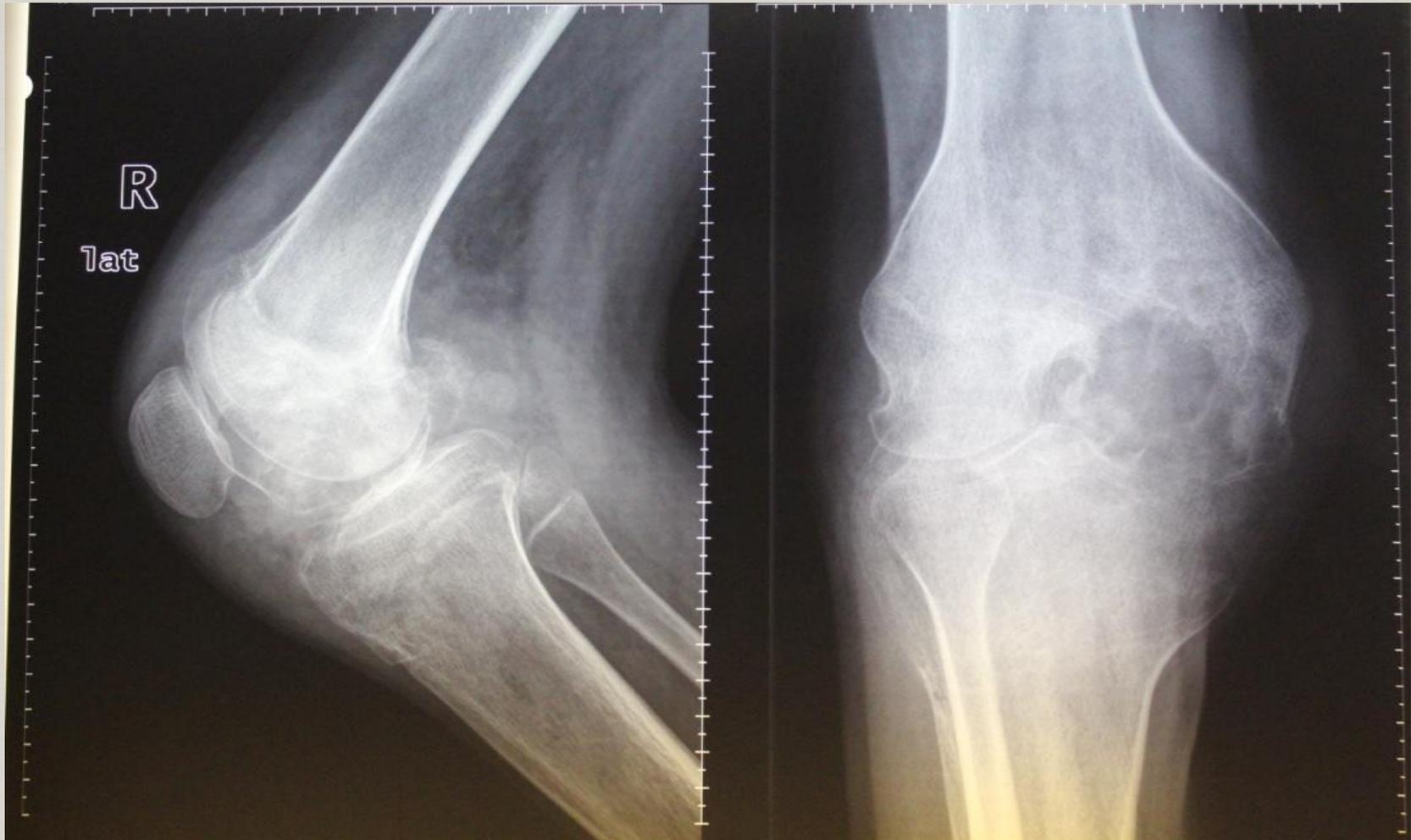


Local Examination

- Deformity of knee due to swelling and knee held in flexion (90 degrees), no open wound/abrasions. No skin discolouration or erythema on knee
- Palpable hard mass on the knee, i.e enlarged distal femur and proximal tibia with tenderness
- Neurovascularly intact distally with no sensory deficit on foot
- Unable to flex or extend knee but with full range of motion at ankle and hip



Imaging



Imaging



Radiology

- X-ray lytic lesions of medial condyle of femur and tibia noted with destruction of joint space
- CT knee (Mid-March) showed large destructive lesion at the distal end of medial femoral condyle, extending into the articular surface, lesion is trabeculated but no punctuate calcification within lesion
- Impression: Giant cell tumour? Unicameral bone cyst? Chondroblastoma?

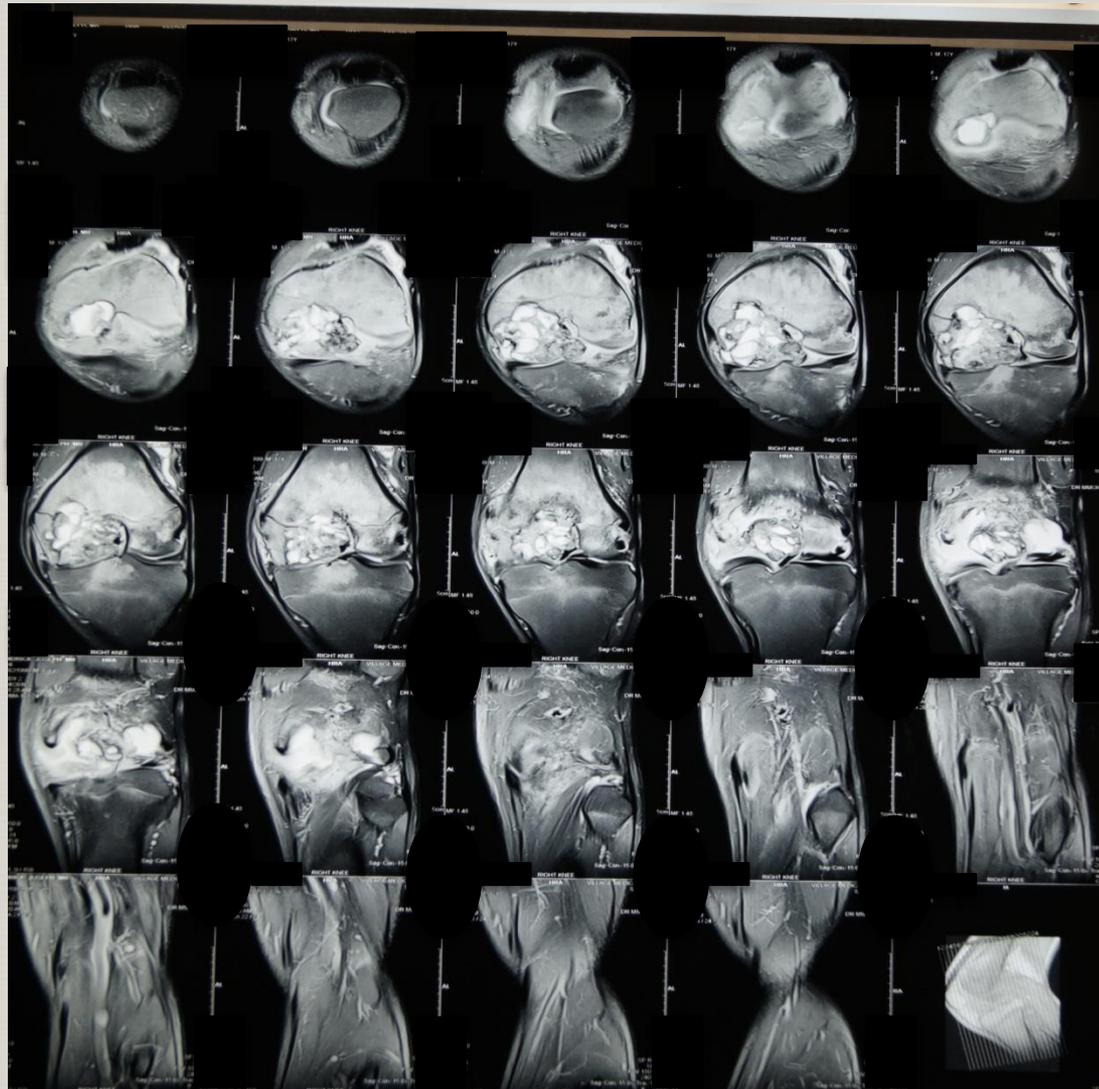


Radiology

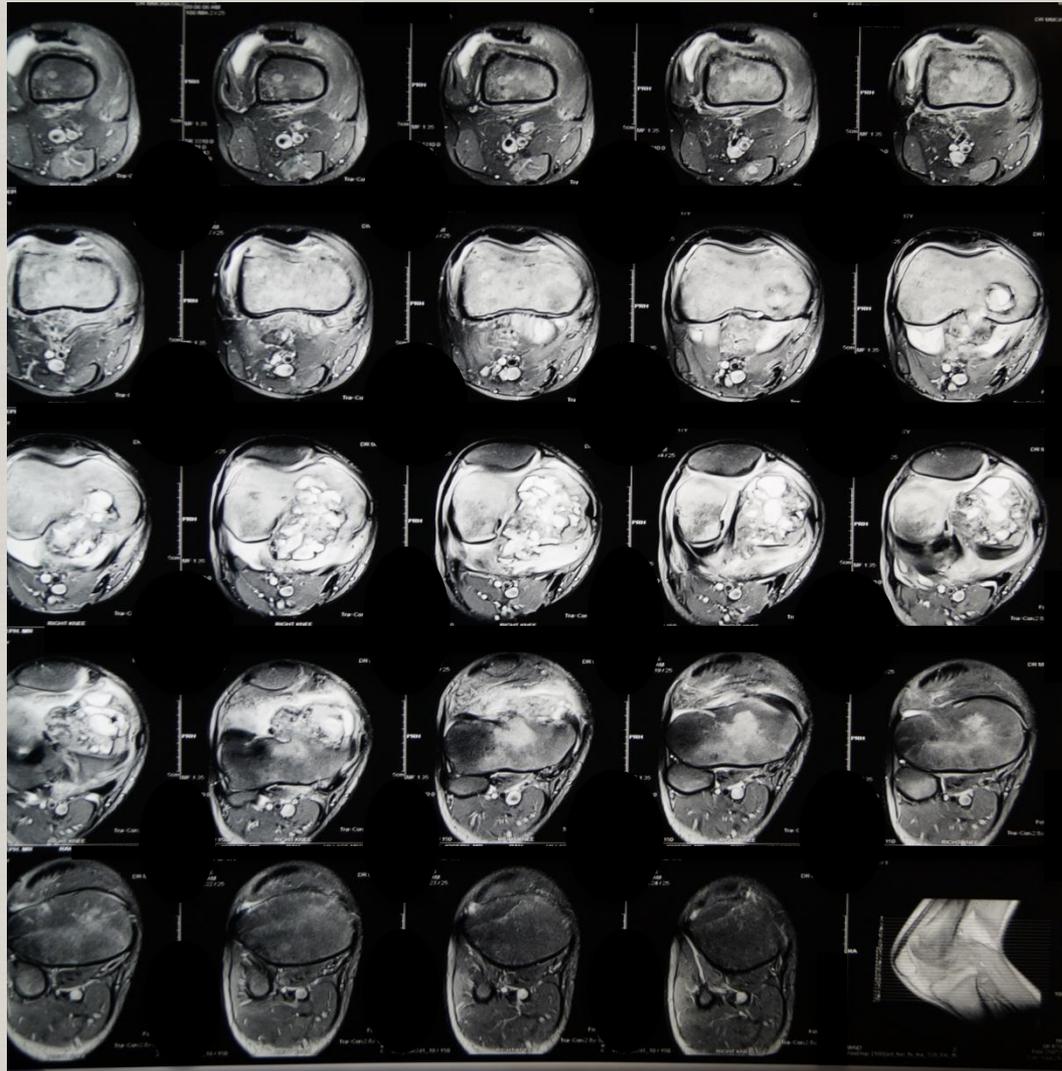
- MRI (Early April) showed heterogeneous lesion in the lateral aspect of right medial femoral condylar epiphysis extending to the metaphysis, possibility of aneurismal bone cyst vs/ giant cell tumour merit consideration



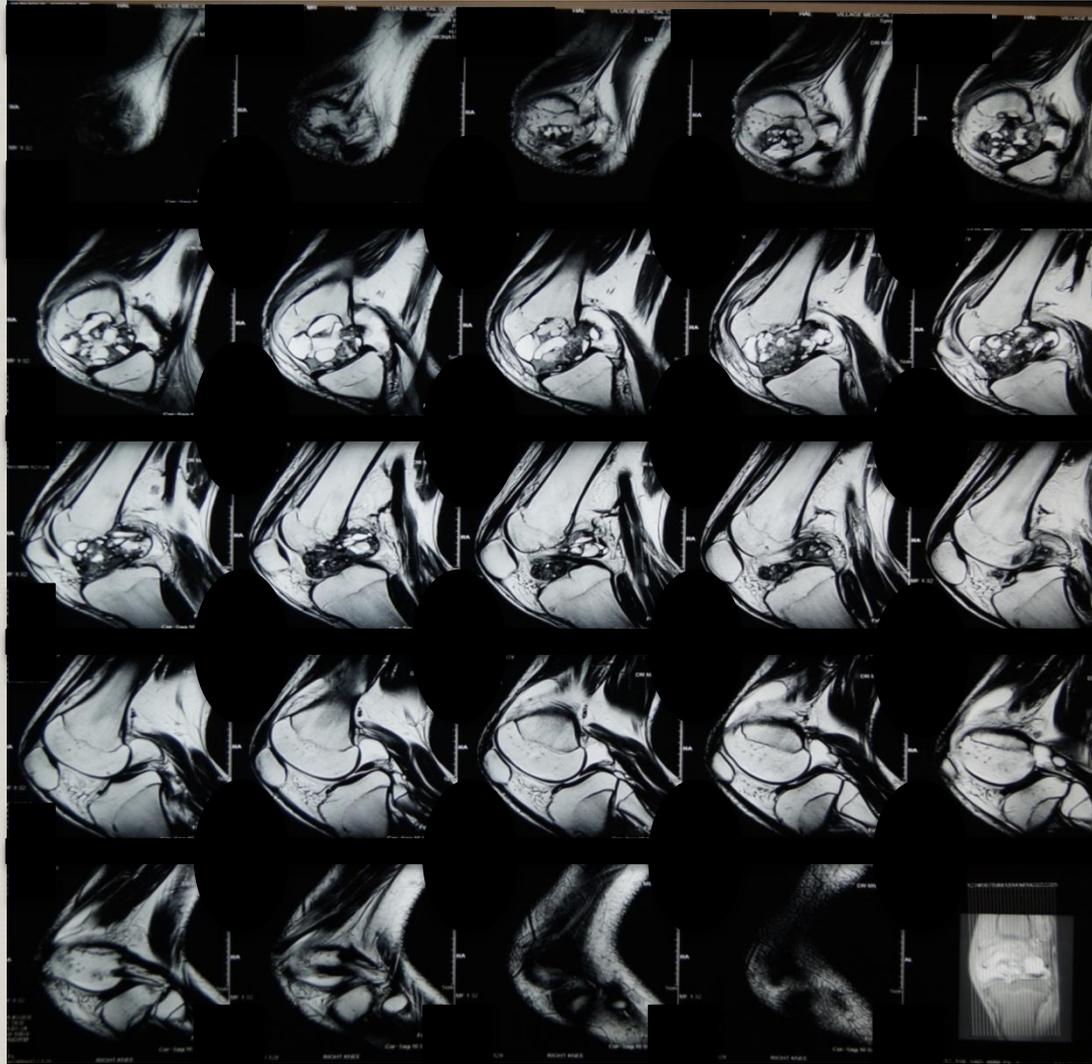
Imaging-MRI



Imaging-MRI



Imaging-MRI

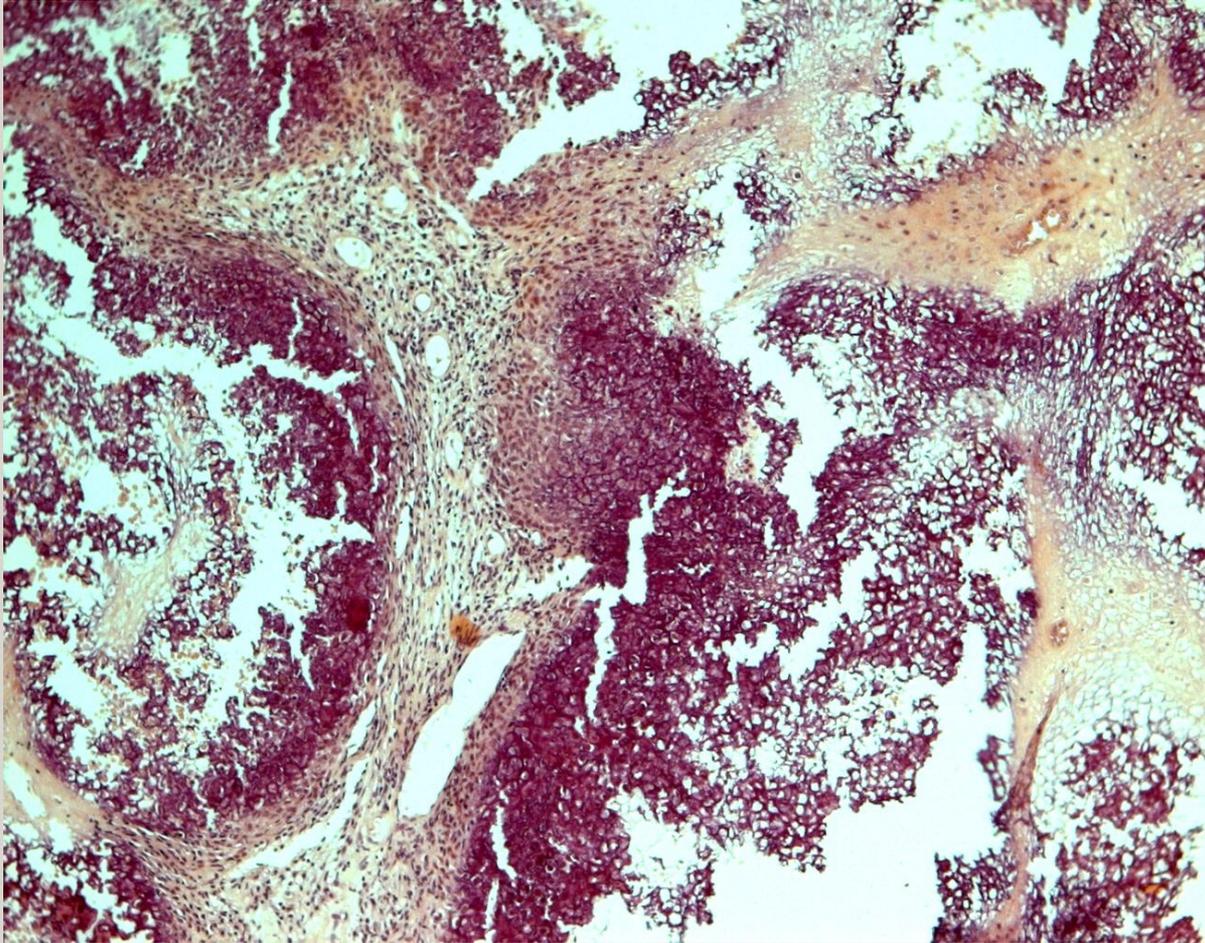


Histopathology

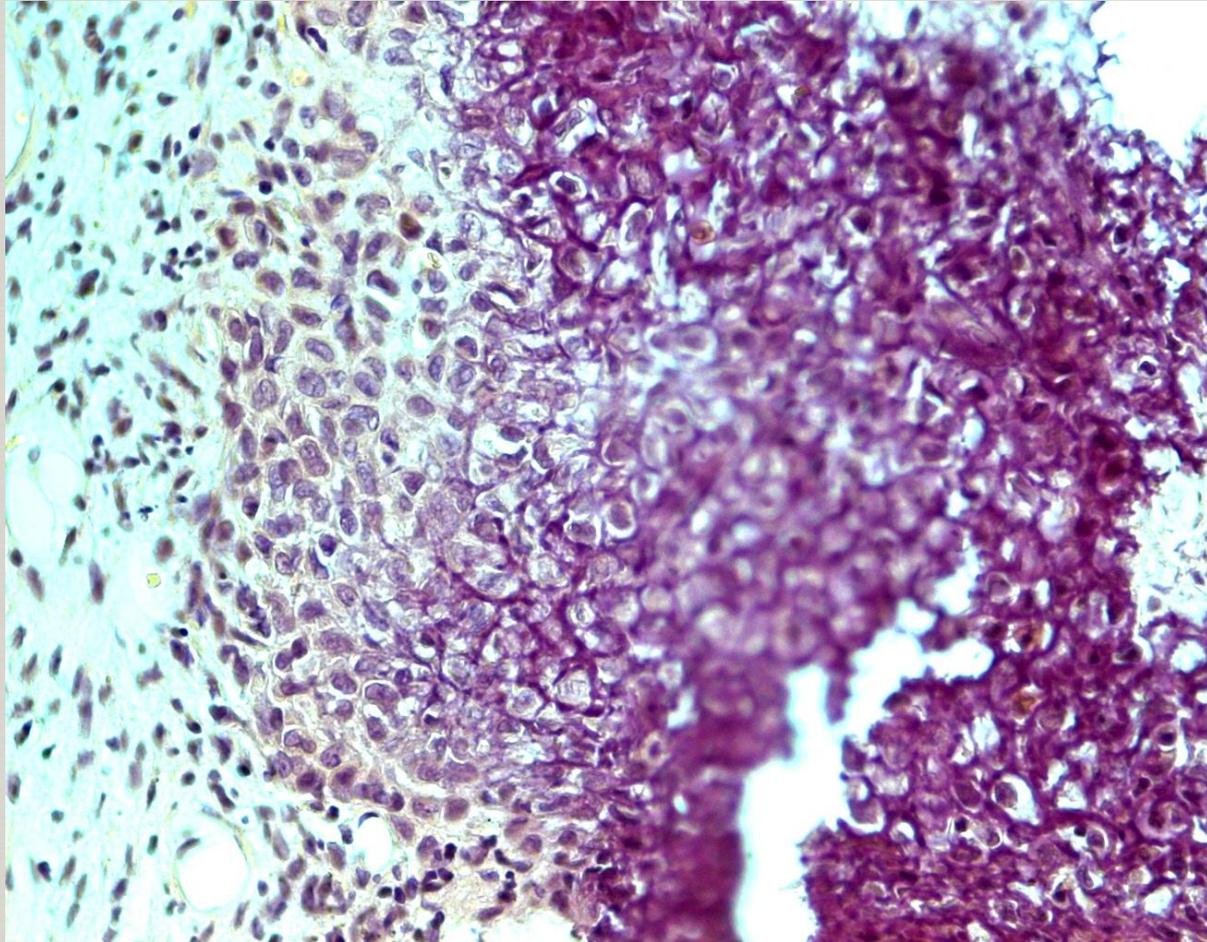
- Bone biopsy done in Mid-April



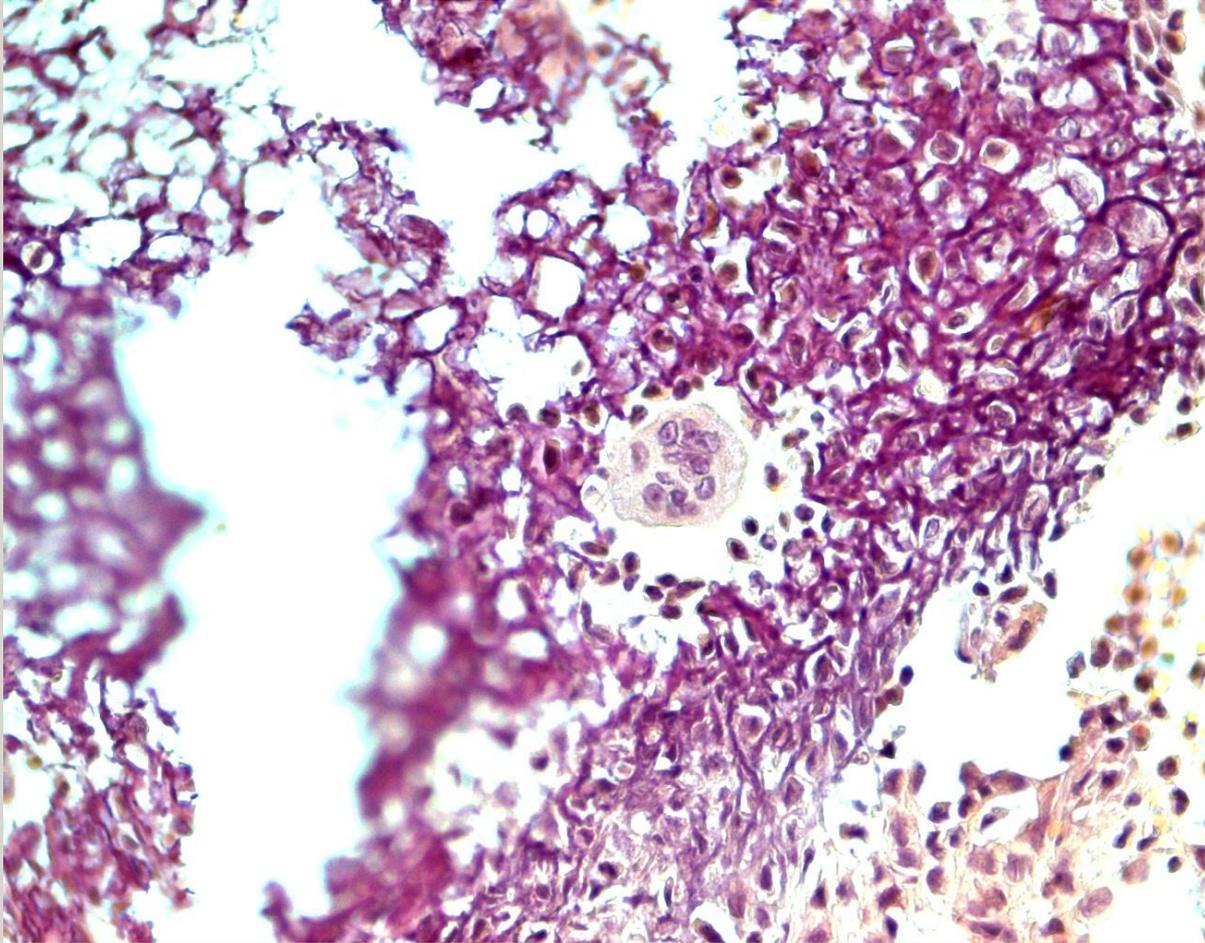
Bone photomicrographs



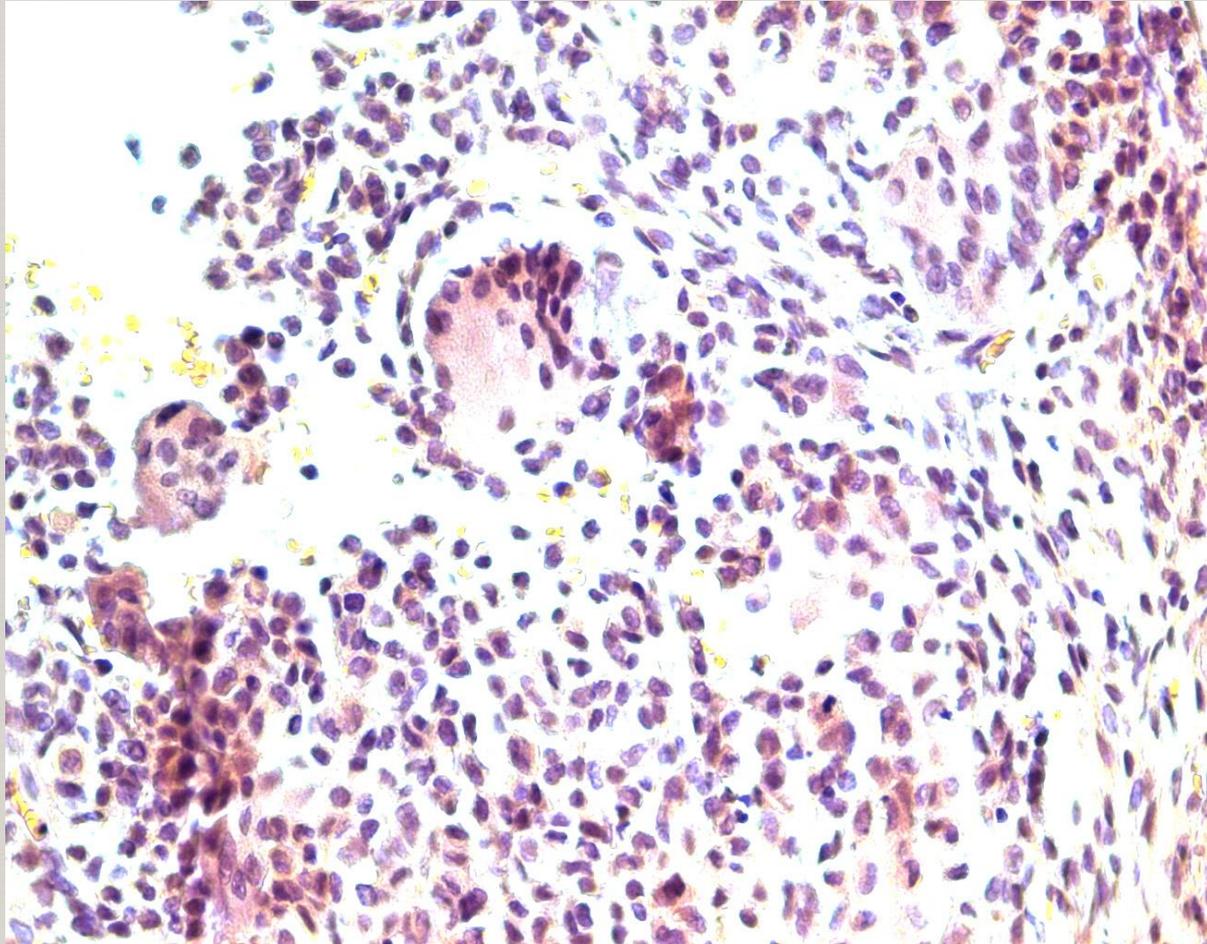
Bone photomicrographs



Bone photomicrographs



Bone photomicrographs



Discussion and Questions



Case III

- A 27 Y.O.M HIV negative.
- Noticed a growing cervical mass in September 2014
- He consulted at PMH in January 2015, a CT neck pre & post contrast was ordered and done in February 2015 ruling out an aneurysm, while a mass started growing on the scalp.
- March 2015, a biopsy was done but insufficient for diagnosis due to non representativity of the biopsy
- May 2015, the biopsy as repeated and confirmed a fibrosarcoma



History of Present Illness

- July 2015, MRI brain and neck was done
- From April 2015 to end of September 2015, he receive three cycles of doxorubicine and cisplatine
- From Mid October 2015 to Mid November 2015 he was started on rt neck mass and scalp mass respectively 3.750Gy and 2,1 Gy
- Followed by two cycles of docetaxel et gemcitabine from December to January without a significant response to the tumors that kept on growing



Past Medical History

- HIV negative
- No history of cancer in to their family
- No history of T.B, no HTN, no D.M
- No known allergies
- medication: paracetamol ...
- Non smoker & does not drink alcohol.
- Single.
- Not working.

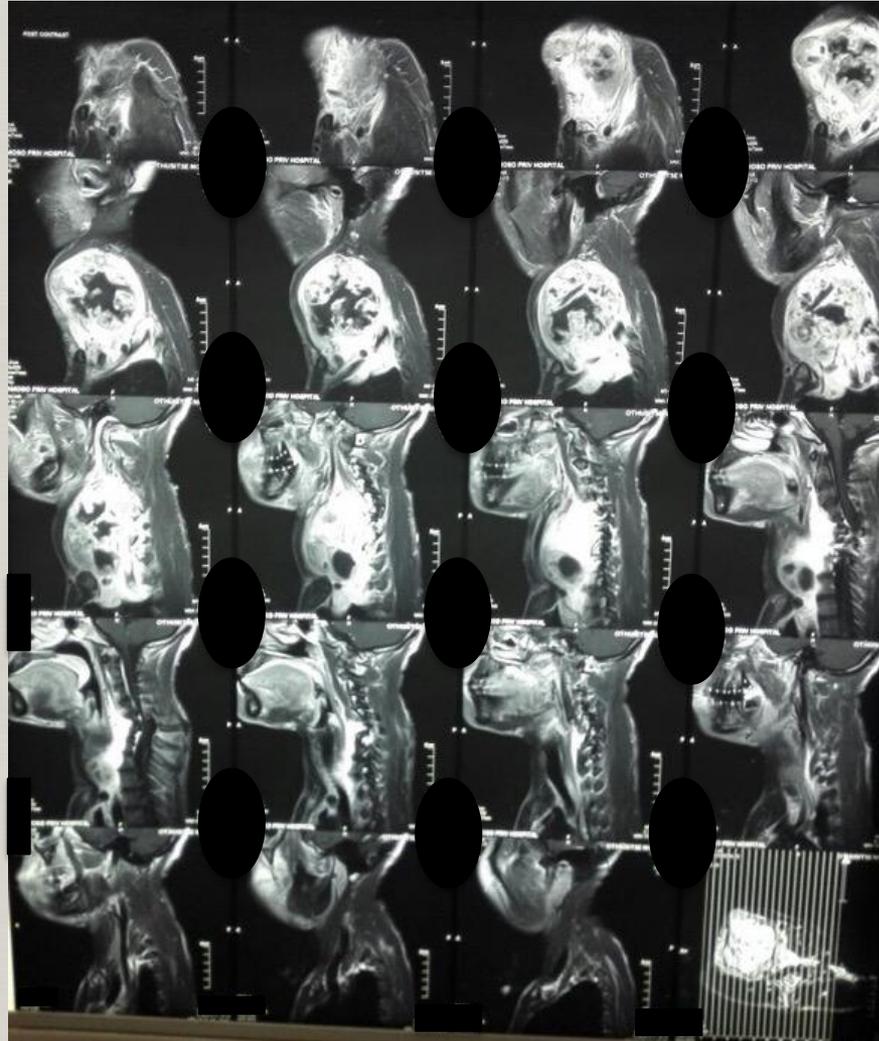


Histology

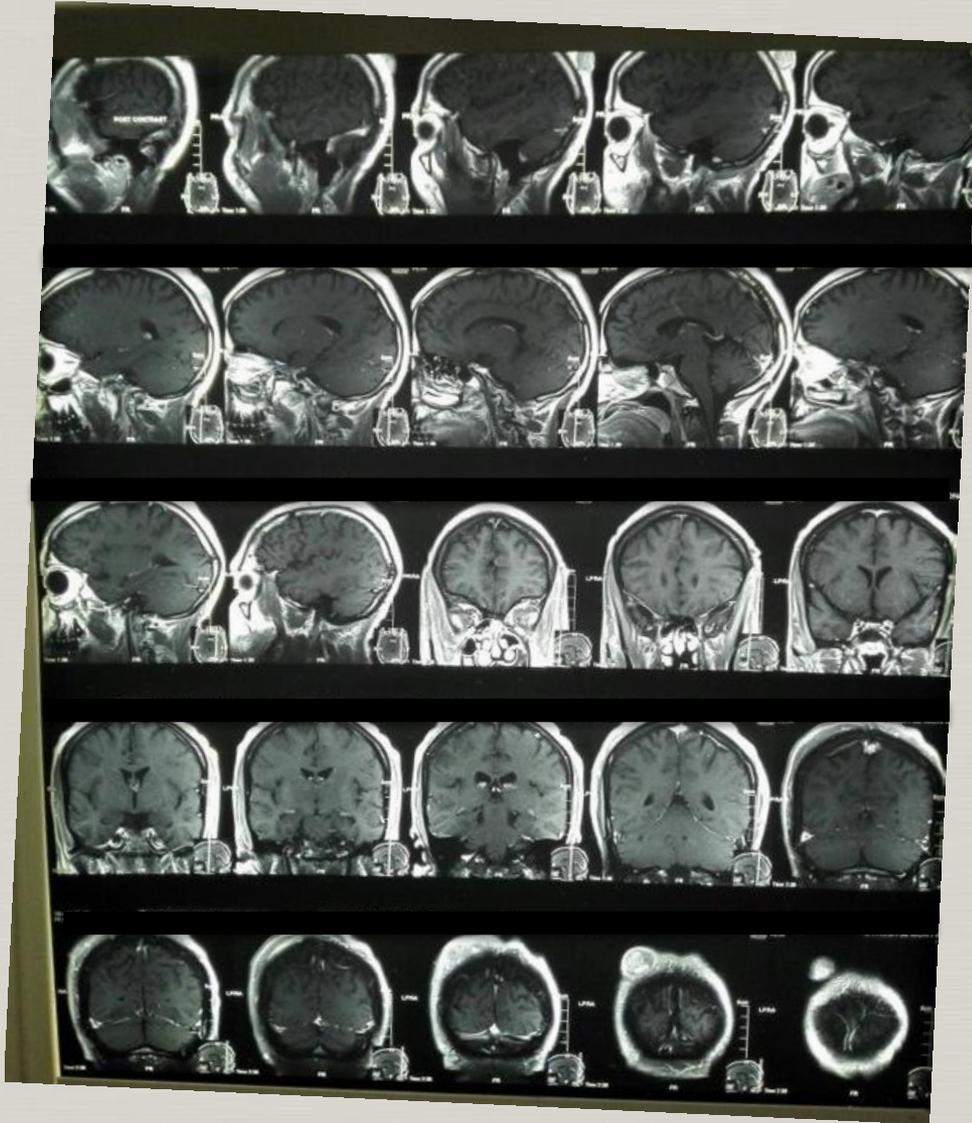
- Features confirm a high grade sarcoma.
Histologic picture is suggestive of fibrosarcoma.



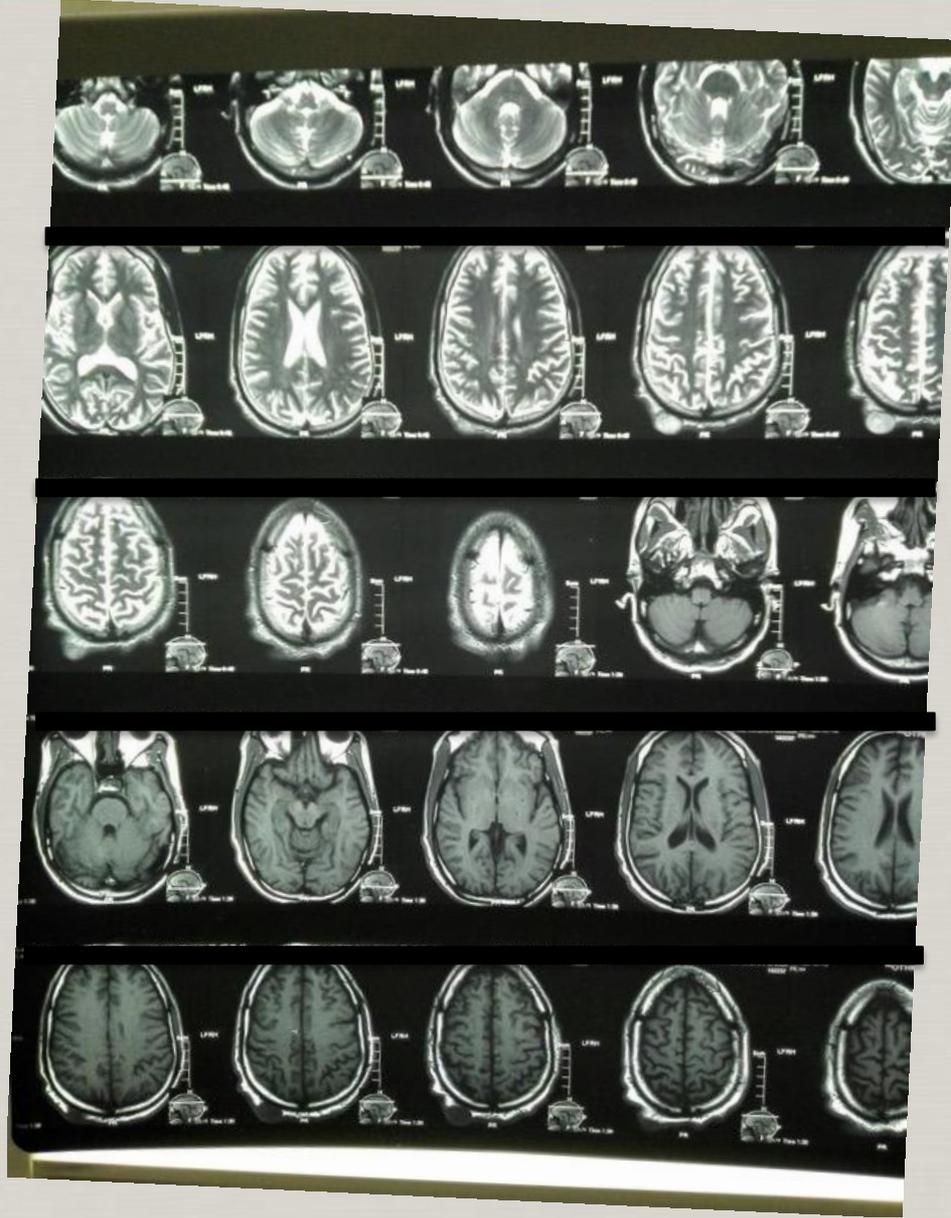
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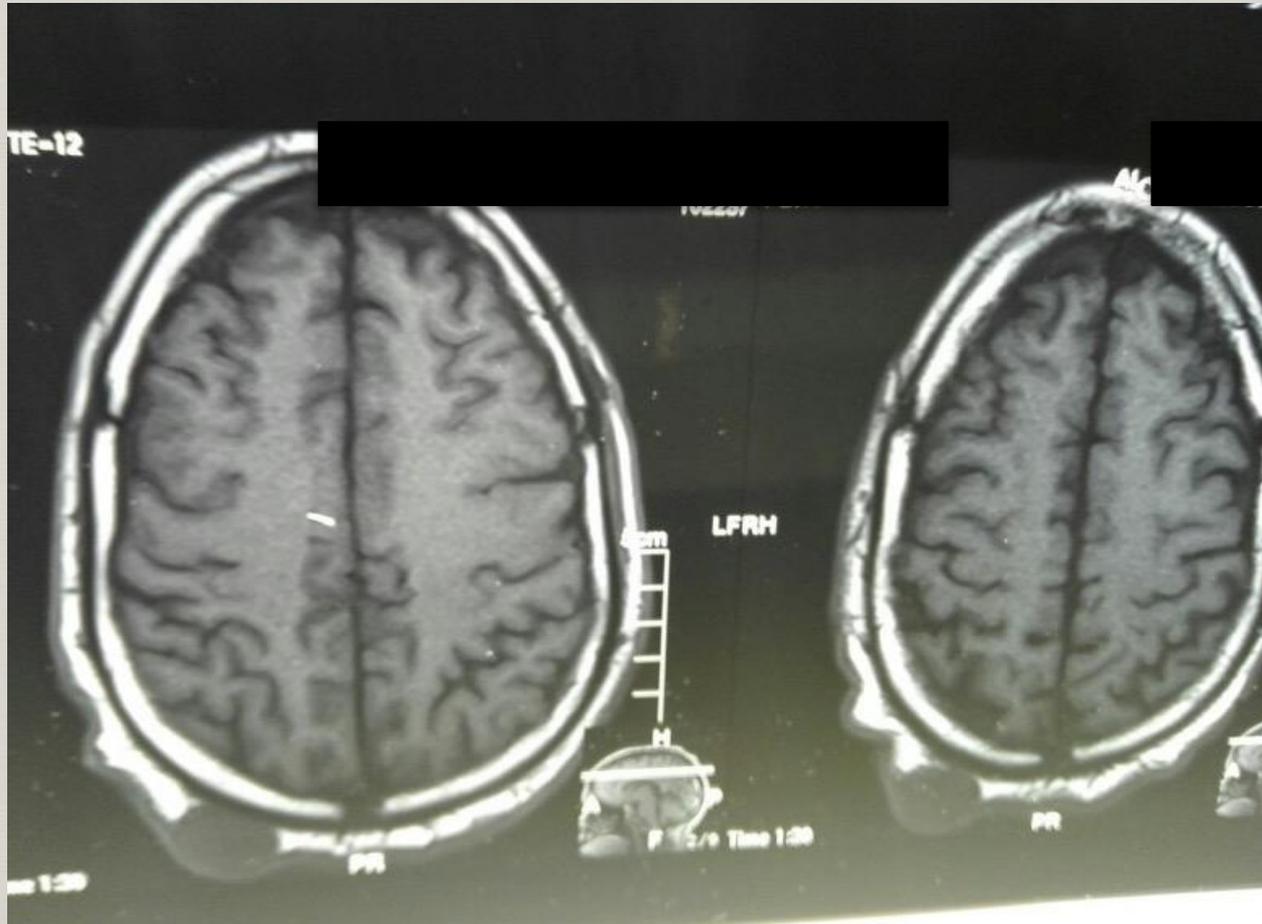
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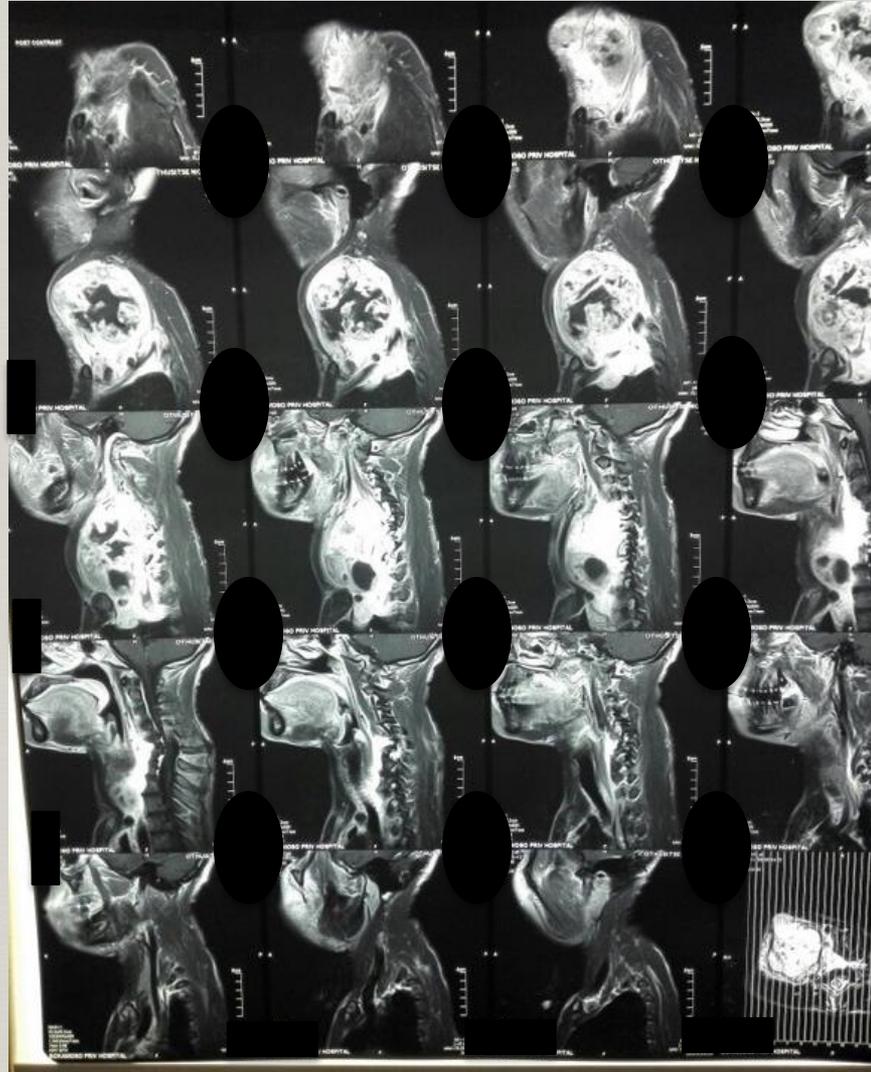
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Imaging



Imaging



Imaging

- Large right neck mass causing mass effect and angular kyphosis of the cervical spine C5-C7 probably benign
- No evidence of aneurysm.
- Malignant soft tissue tumor (rhabdomyosarcoma, fibrosarcoma)
- Brain MRI was normal.



Examination

- Stable Patient, alert, oriented. With stable vitals signs.
- Good nutritional status. No weight lost
- Scalp mass firm not pulsating width 5cm, height 3,5cm
- Right cervical mass ,size 10×12cm above the supra clavicular depression. Tender
- CVS: S1, S2 Normal,
- Chest Clear air entry bilaterally.
- Abdomen soft not distended no organomegaly
- No Pedal edema.



Examination

Neurologic Exam

- Alert, oriented in time and space.
- Motricity bilaterally. Law limbs: 0/5(bi)
- Sensitivity: normal bilaterally.
- Tonus: bilaterally good
- Reflexes, were normal on the lower limbs
- Normal cranial nerve examinations.
- Upper Limbs Motricity and sensitivity were completely normal.



Treatment

After the department discussion patient was started on

- doxorubicine 15 mg/m² D1-D4 (3 previous dose to be considered not exceeding maximum dose)
- Ifosfamide 2g/m² D1-D4
- Mesna 2.5g/m² D1-D4
- DTIC 250g D1-D4
- we plan to stop doxorubicine once the maximum dose is reached.



Discussion and Questions

