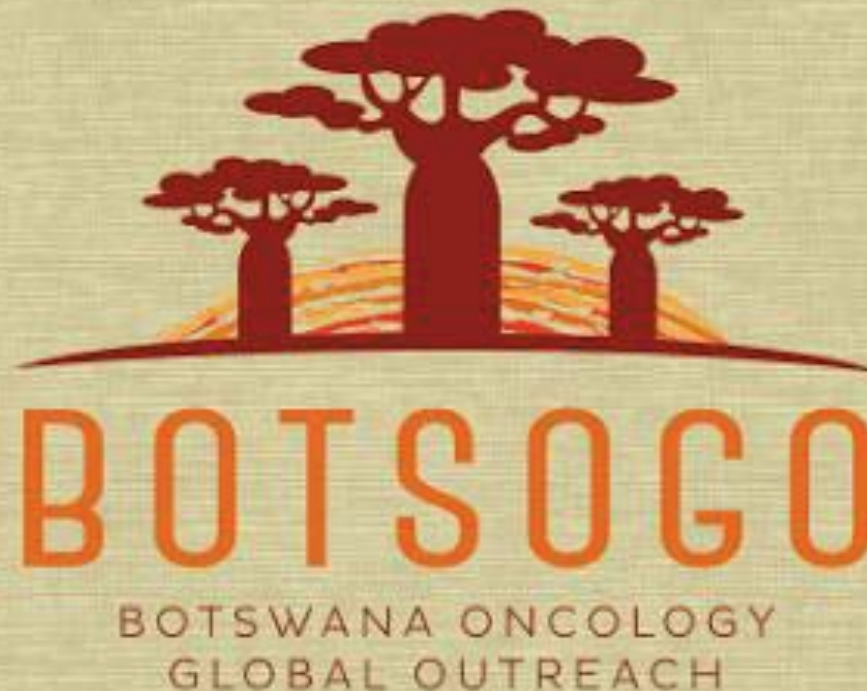


# Two patients with advanced cancer and difficulty walking

20 January 2015



# Patient 1

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- 39 year old female
- Single mother of three children
- HIV neg
- 2012 - Felt lump in left breast
- Biopsy confirmed invasive ductal carcinoma
- Immunohistochemistry not available



# Patient 1

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- Was not keen on treatment – sought spiritual help
- 2014 auto amputation left breast
- Had 6 chemo CAF at Sekgoma – completed August 2014



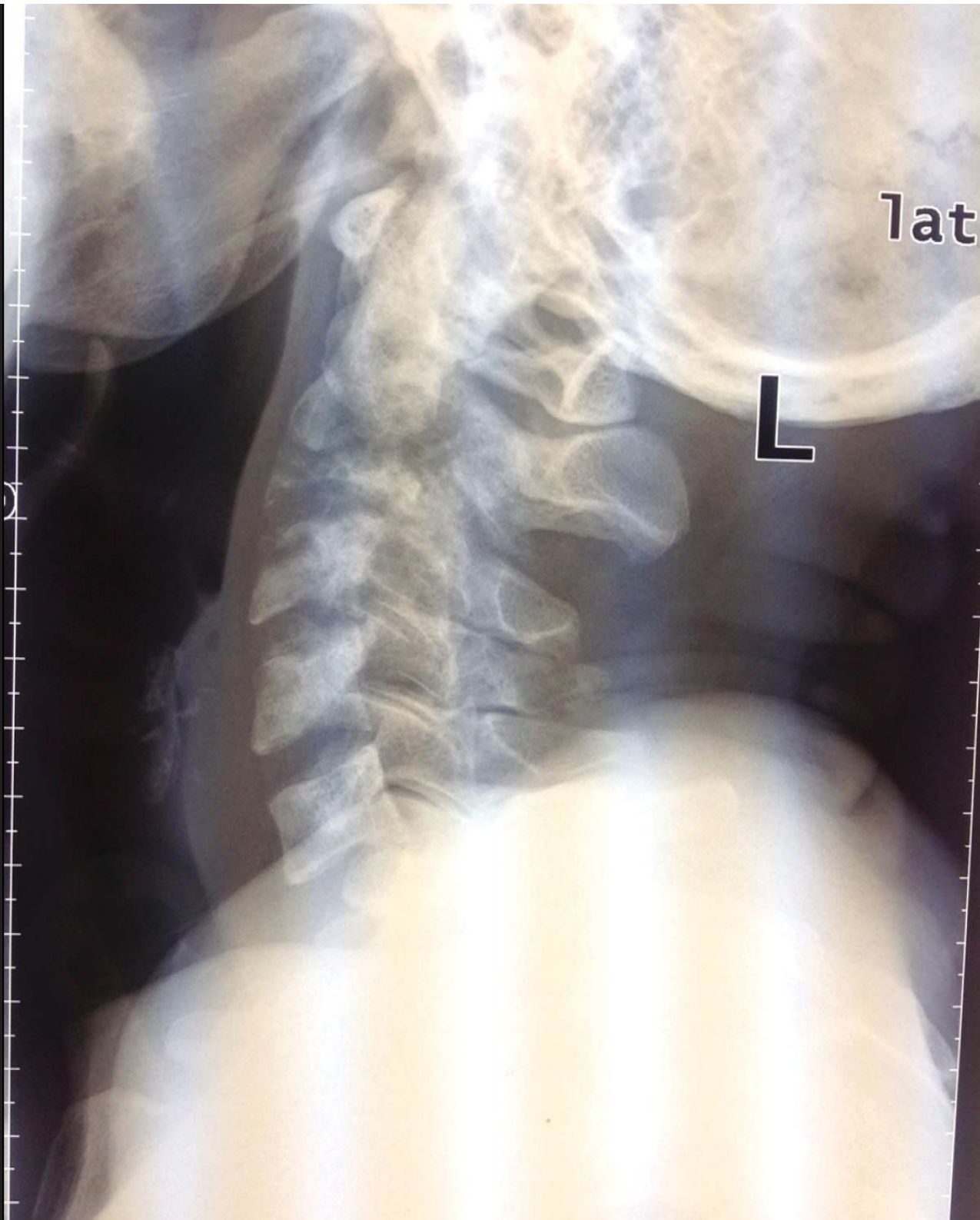


# Patient 1

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- Presented with back pain, neck waist, hips. Bilateral leg weakness.
- X rays provided
- No MRI
- Imaging of liver not provided
- Blood tests non-contributory





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5.15)



# Patient 1

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- Examination showed a stable patient in a wheelchair
- Slightly breathless on exertion
- Alert and responding intelligibly to questions
- Complained of severe neck and pelvic pains
- Left chest wall peau d'orange

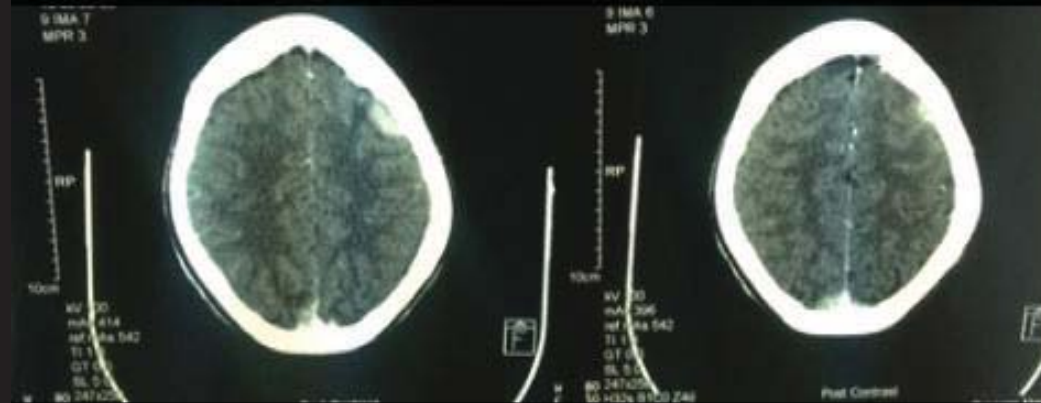


# Patient 1

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- Commenced on dexamethasone
- Morphine/Dulcolax
- RT commenced to C-spine
- After 5 days complained of headache
- CT of brain confirmed brain mets









# Patient 1

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- Received whole brain radiation/steroids
- 20Gy/5#



# Patient 1

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- Single fraction RT to T-spine and pelvis
- 8Gy
- Discharged with some improvement in pain, able to walk without support



# Patient 2

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- Mr. CN
- 68 years old
- HIV negative





# Patient 2

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- Seen by physicians November 2012 on treatment for hypertension
- Asymptomatic, but routine PSA found to be 28.83
- Prostate – small but hard and nodular
- Lower backache
- X-rays said to be normal



# Patient 2

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- Was referred for oncological opinion
- April 2013 – patient seen at oncology
- Reported 2 day history of bilateral leg weakness and cramps.
- Unable to stand
- Complained of flank pain and lower abdominal pain for 2 days
- Bowel and bladder function was preserved



# Patient 2

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- On examination he was stable and seated in a wheelchair – PS 3
- Mild bipedal pitting edema, otherwise nil generally
- Unable to stand without support



# Patient 2

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- Neurological exam: upper limbs showed normal power reflexes, tone and sensation
- Lower limbs power was 2/5 right and 3/5 left all muscle groups.
- Reflexes normal, tone normal, bilateral reduced sensitivity to light touch
- There appeared to be a sensory level around T6





# Patient 2

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- Impression: acute cord compression
- Management: IV dexamethasone and urgent MRI for whole spine





WILLIAMS MEDICAL CENTRE  
Symphony Tim  
MR B15  
HFS  
+LPH  
DR BVOCHORA  
↓

Symphony Tim  
MR B15  
HFS  
+LPH  
DR BVOCHORA  
↓

0  
2  
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S2D

112

AR  
10cm

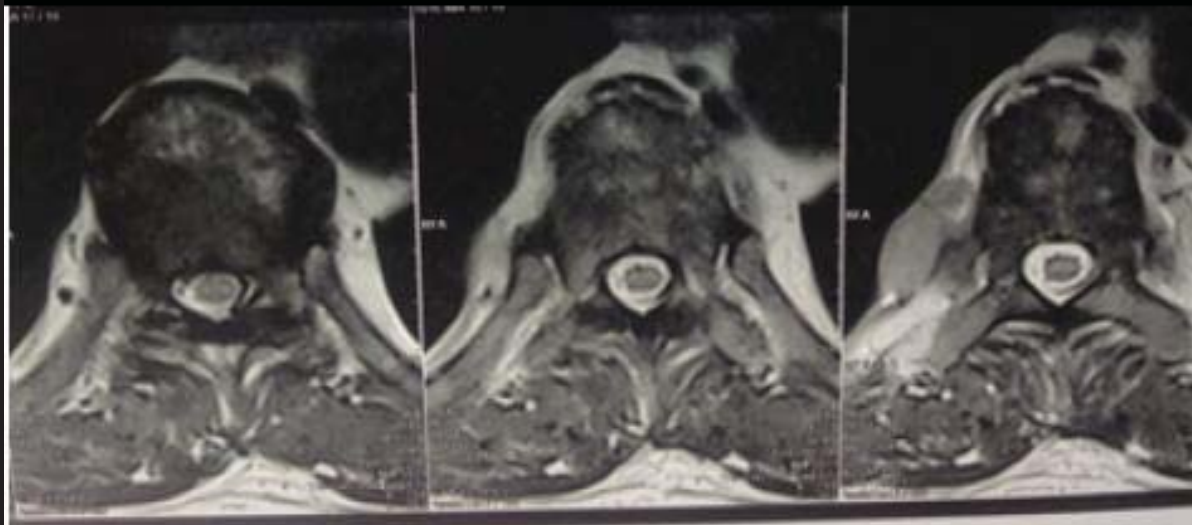
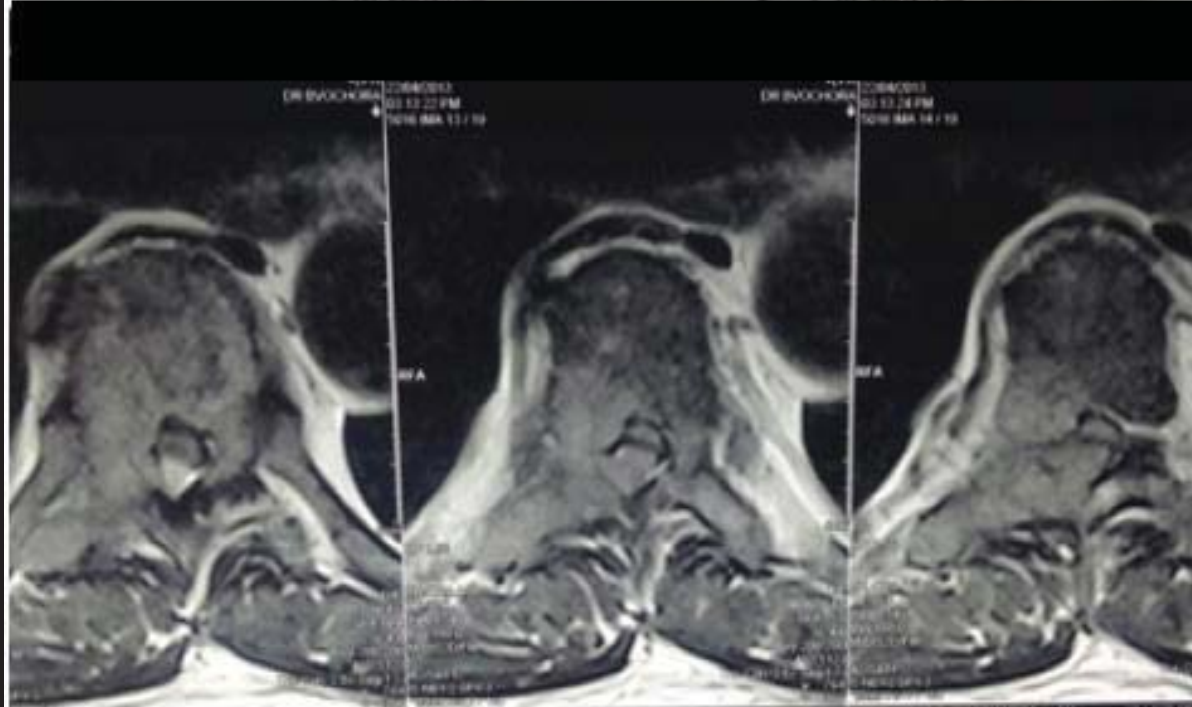
MF 2 24

D/E TR 4000.0  
TP 0 TE 102.0  
SP R 14.7 TA 02.12  
SL 3.0 BW 200.0  
FOV 350\*350 p2 M0K3D  
320\*320s  
AZ/SAT MFS  
T NE 12 SP1-4

10cm

D/E  
TP 0  
SP R 11.4  
SL 3.0  
FOV 350\*350  
320\*320s  
T NE 12 SP1-4  
w 560  
c 271

# MRI





# Patient 2

## IMPRESSION:

- ❖ Metastatic changes, cortical expansion and soft tissue component involving the body, posterior element and pedicles of T8 causing significant spinal canal narrowing (AP diameter = 0.2 cm) and cord compression associated with cord edema from level of T6-T8.
- ❖ Multilevel thoracic, cervical and lumbar spinal metastases with spondylosis.
- ❖ Incidental note of an enhancing mass involving the right 8 to 9<sup>th</sup> ribs measuring 5.2 x 4.4 cm suggestive of ribs metastases.
- ❖ Posterior disc osteophyte complex, T8-T9, slightly narrowing the spinal canal and both neural foramina.
- ❖ Posterior disc osteophyte complexes, C4-C5 and C5-C6, indenting the ventral sac and slightly narrows both neural foramina and spinal canal.
- ❖ Disc disease, C3-C4.
- ❖ Posterior disc protrusion, L4-L5, with Grade 1 spondylolisthesis moderately narrowing the spinal canal (AP diameter = 0.8 cm) and also narrows both neural foramina.

*Thank you for the referral.*

*Warm regards,*

*Dr. Canuto Silava, MD, DPBR, FUSP, FCT-MRISP*

*Consultant Radiologist*





# Patient 2

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- MRI confirmed cord compression at T6-T8.
- 04/2013 patient admitted for surgical decompression and operated on
- Assessed by physio. Commenced on active upper limb physio, passive lower limb.
- Discharged in the beginning of May



# Patient 2

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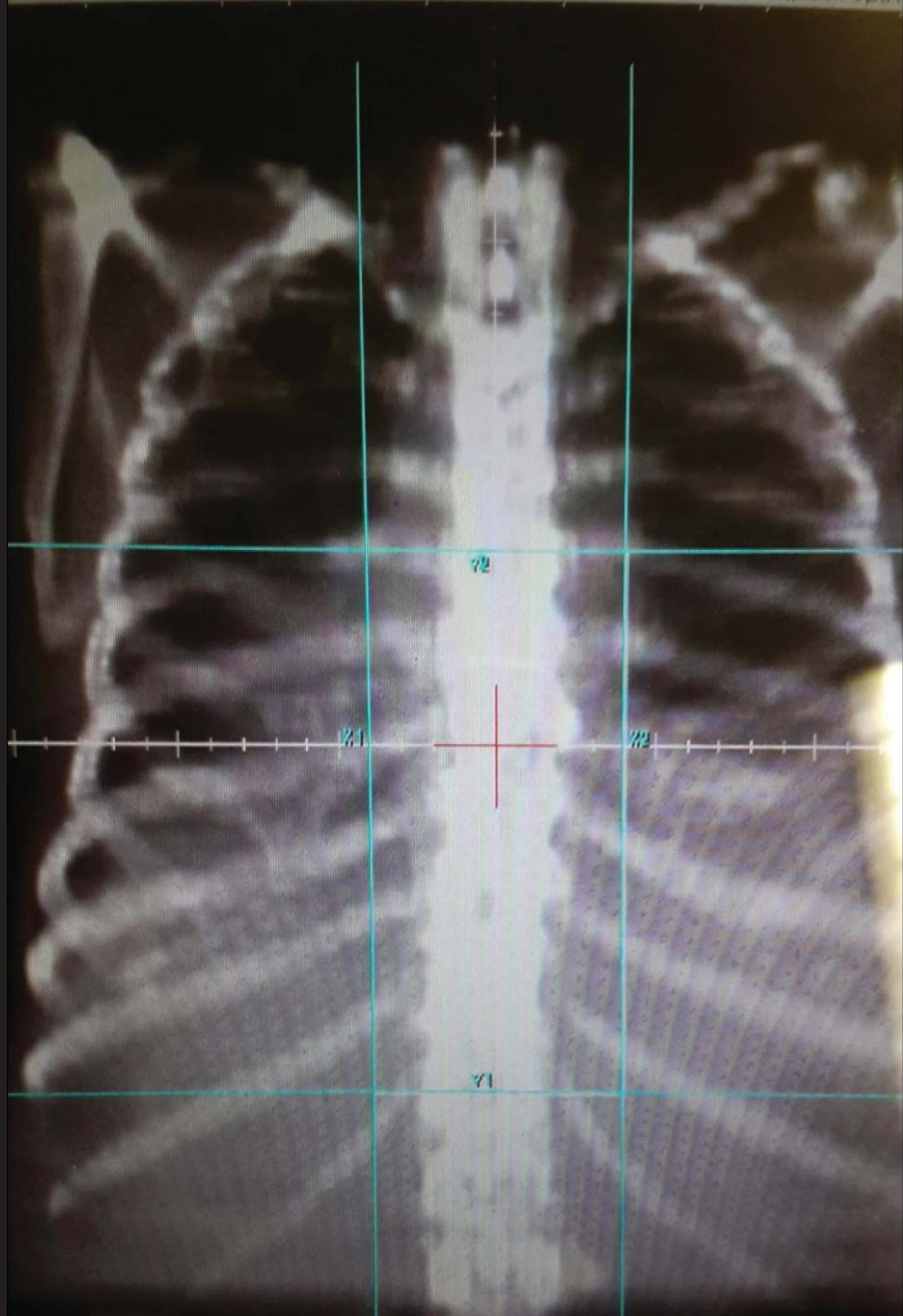
- Stable but dense hemiplegia
- Commenced Zoladex/ Casodex
- Sent to Marina to guarantee Radiation
- Commenced RT 30Gy/ 10#



02:03 PMIDRR

0.01

post spin



# Patient 2

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- Commenced bisphosphonates and continued physio.
- Urinary catheter removed June 2013 with good control
- June 2013: mass scapular and rib pain
- RT to relieve pain
- Option for chemotherapy introduced. No consent





# Patient 2

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- July 2014 walking with a walker.
- PSA Feb 2014: 0.31
  - Walking without support. Peripheral neuropathy. On Neurontin.
- Renal function normal. Continue biphosphonates, Zoladex
- 10/2014: Asymptomatic. Rising PSA 20. Discussed second line ADT, chemo. Patient has social problems.

