

## Secondary Metastatic Focus

Robert D. Thurlow, DC, DABCR, FCCR\*

The patient's presenting complaint, during one of her regular visits, was a feeling that something wasn't quite right with the elbow. There had been a previous history of arthrosis in other peripheral joints as well as chronic, recurring lower back pains. Of greater significance was a past history of removal of a cancerous kidney many years previously.

The radiographs of the right elbow of this 70 year old female reveal an expansile lesion of the proximal radius. The borders of the lesion are ill-defined and the cortex is very ragged. The medullary portion shows numerous punched-out areas of bone destruction. A disuse osteoporosis is seen in the radius and ulna. Arthrotic spurs at the head of the radius and at the coronoid process of the ulna with some loss of joint space between the radial head and the capitellum is seen but is of lesser importance to the major lesion which is a secondary focus of metastatic carcinoma.

Metastatic osteolytic bone tumors have a variety of appear-

ances that vary from fine granularity of bone to well-defined punched-out areas in both the cortex and medulla.

After the attending chiropractor discovered the lesion and referred the patient to her family physician, further investigations eventually revealed multiple metastases.

The majority of bone tumors after the third decade of life are metastatic carcinoma. The spread is usually via the hematogenous route. Metastases to bone occur from breast cancer in 50% of cases, prostate in 60% of cases, kidney in 20 to 30% of cases, thyroid in 25% of cases and lung in 25% of cases. Approximately 65% of patients with malignancies show metastasis when first seen, with 50% metastasizing to the lymph nodes, 30% to the liver, 20% to the lungs and 10% to bone. Of the 10% that metastasize to bone, 80% will occur in the spine. While metastases distal to the knees and elbows are rare, this case is evidence that they do occur and may be seen in general practice.

I wish to thank Dr. Ronald Oswald for permitting me to use this most interesting case.

\*970 Main St. West. Hamilton, Ontario, L8S 1B2

