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EDİTÖRE MEKTUP
LETTER TO THE EDITOR

Tibia Metastasis from Small Cell Lung Cancer

Koichi KURISHIMA¹
Katsunori KAGOHASHI¹
Takeo MAMMOTO²
Hiroaki SATOH¹

¹ Department of Respiratory Medicine, Mito Medical Center, Tsukuba University, Ibaraki, Japan

¹ Tsukuba Üniversitesi Mito Tıp Merkezi, Solunum Hastalıkları Anabilim Dalı, Ibaraki, Japonya

² Department of Orthopedic Surgery and Sports Medicine, Mito Medical Center, Tsukuba University, Ibaraki, Japan

² Tsukuba Üniversitesi Tıp Fakültesi, Mito Tıp Merkezi, Ortopedik Cerrahi ve Spor Hekimliği Bölümü, Ibaraki, Japonya

Tibial bone metastasis from lung cancer is extremely rare (1). This report describes metastasis to the tibial bone of the left, arising from a small cell carcinoma of the lung (SCLC).

A 64-year-old man with lung tumor referred to our hospital due to pain adjacent to right ankle. Chest computed tomography (CT) scan showed a mass with ipsilateral hilar and mediastinal lymph node swelling and pleural fluid (Figure 1A). Pathological specimens, which were obtained from the tumor bronchoscopically, confirmed as SCLC. 99Tc-MDP bone scintigram and CT scan showed solitary tibia metastasis (Figure 1B,1C). He received irradiation to the metastatic site of left tibia, but he did not receive chemotherapy because of his poor renal function and performance status. He died of the disease one month after the diagnosis.

Most common bone metastatic sites are those adjacent to the primary tumor site. Therefore, the most common bone metastatic sites from lung cancer are rib and thoracic vertebrae (2). Pelvic and femur metastasis were sometimes found, however, bone metastasis to the distal part of the lower extremity is very rare (1,3-5). Interestingly, histopathological type of them was adenocarcinoma (1,3,5). To our knowledge, there has been only one case with lung adenocarcinoma had tibial metastasis in the English-language literature, but there has been no such a patient with SCLC (1). Our patient had intrapulmonary metastases, but he had no bone metastatic sites than tibia. This distant spread may imply that cancer cells may reach many sites of the whole body via the bloodstream and the lymphatic system. The reason the isolated solitary bone metastasis to tibia was beyond our knowledge.

This is the first documented case of tibial metastasis from SCLC. Although very rare, chest physicians should keep in mind the possibility of such a rare metastasis in patients with SCLC.

Yazışma Adresi (Address for Correspondence)

Dr. Hiroaki SATOH
Tsukuba Üniversitesi Mito Tıp Merkezi, İç Hastalıkları
Anabilim Dalı, Miya-machi 3-2-7, Mito, 310-0015,
IBARAKI - JAPAN
e-mail: hirosato@md.tsukuba.ac.jp

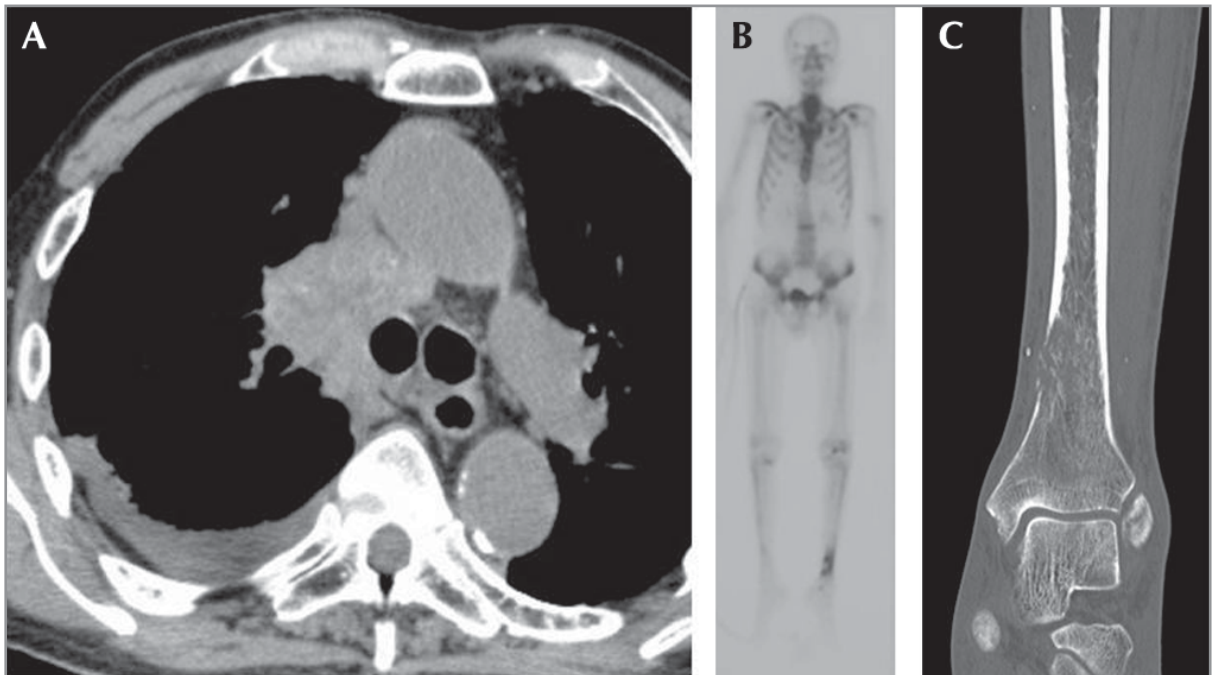


Figure 1. Chest CT scan showed a mass with ipsilateral hilar and mediastinal lymph node swelling and pleural fluid (A). 99Tc-MDP bone scintigram (B) and CT scan (C) showed solitary tibia metastasis.

CONFLICT of INTEREST

None declared.

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