

## **Case 2 Summary: Metastatic Disease**

### History

1. Pain – most salient features:
  - a. For 2 months
  - b. Worse in the last week
2. Minimal Trauma – rolled over in bed and heard a crack
3. Type B symptoms: tired, weight loss, night sweats
4. Previously well

### Examination

1. Leg is short and externally rotated. Classic appearance for a fractured femoral neck
2. 2 cm breast lump present with suspicious appearances
3. Otherwise normal

Fractures that occur with such minimal trauma are always suspicious for underlying abnormality in the bone. This could be due to osteoporosis, but with the breast lump we are getting very suspicious of metastatic breast cancer.

### Radiology

1. 'Moth-eaten' appearance
2. Multiple lesions
3. Fracture in the femoral neck

Highly suggestive of metastatic carcinoma

### Management

1. This patient should be referred urgently to an orthopaedic surgeon for fracture fixation. She is immobile in bed due to her pain and this needs to be addressed.
2. A biopsy should be arranged. This will be done according to the exact circumstances of the patient and the treating physician. In this situation it was felt the diagnosis was clear enough that biopsies were taken at the time of fixation of the fracture.
3. Radiation therapy can be considered post-operatively.
4. Breast cancer can be treated by various chemotherapy agents, and she should be referred to a medical oncologist.
5. Long-term survival will depend on definitive diagnosis and subtyping.

### Final Outcome

This patient's disease progressed slowly on chemotherapy.