

Surgical Images

Imagier chirurgical

COMPLETE FEMORAL OSTEOLYSIS ASSOCIATED WITH PATHOLOGIC FRACTURE

Adenocarcinoma of the breast commonly metastasizes to the skeleton, resulting in bone pain and pathologic fractures. After palliative internal fixation

of these fractures or joint reconstruction for juxta-articular metastases, it is very unusual for progression of the disease process to result in failure

of the prosthetic fixation, but in the case described here and in the images shown, rapid continued growth of the metastatic disease caused failure



FIG. 1



FIG. 2

Section Editors: David P. Girvan, MD, and Nis Schmidt, MD

Submitted by Thomas Hupe, MD, MSc, Resident in Orthopedic Surgery, Eric L. Masterson, BSc, MCh, Fellow in Musculoskeletal Oncology, Robert S. Bell, MD, Associate Professor, University of Toronto, University Musculoskeletal Oncology Unit, Mount Sinai Hospital, Toronto, Ont.

Submissions to Surgical Images should be sent to Dr. David P. Girvan, Victoria Hospital Corporation, PO Box 5375, Station B, London ON N6A 5A5 or to Dr. Nis Schmidt, Department of Surgery, St. Paul's Hospital, 1081 Burrard St., Vancouver BC V6Z 1Y6, with a copy of the submitting letter to Dr. Jonathan L. Meakins, Rm. S10.34, Royal Victoria Hospital, 687 Pine Ave. W, Montreal QC H3A 1A1

© 1997 Canadian Medical Association



FIG. 3



FIG. 4

of fixation on 2 occasions due to bone erosion, culminating in amputation.

A 60-year-old woman underwent mastectomy for an infiltrating ductal carcinoma of the right breast. She remained well for 5 years, when an intertrochanteric metastasis developed in the right proximal femur. This was stabilized prophylactically with a dynamic compression screw and plate (Fig. 1).

Three years later she had symptoms from recurrence of metastatic disease at the lower end of the plate, and this was treated by conversion to a long-stemmed cemented hemiarthroplasty (Fig. 2). However, 4 months later she again had symptoms in the right thigh. A radiograph revealed near-complete disappearance of the entire right femur with complete loss of fixation of the

cemented stem (Fig. 3). A biopsy confirmed recurrent metastatic disease. Because she had severe pain from movement of the prosthesis within the soft tissues, we carried out a hip disarticulation. The excised specimen confirmed the complete absence of bone down to the level of the femoral condyles and the prosthesis lying freely within the soft tissues (Fig. 4).