


P2004 - Bone Metastasis in Appendicular Skeleton: Rare Occurrence in Colorectal Cancer

 Tuesday, October 29  10:30 AM - 4:00 PM

 Location: Exhibit Halls 3 and 4 (Street Level)

Presenting Author(s)



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Introduction: Colorectal cancer (CRC) is considered as preventable cancer if diagnosed in the early stage. It is also second leading cause of death from cancer in US. Bone metastases (BM) is uncommon presentation with CRC and if it occurs, it involves axial skeletal more than extremities. Many case studies also reports that survival after BM is considerably poor than without BM. Cancer type and genetic mutations also play an important role in such metastasis.

Case Description/Methods: 62-year-old female with pertinent Past Medical History of adenocarcinoma of colon with 5.4 cm Cecal lesion s/p right hemicolectomy with 0/14 positive lymph nodes. She received Capecitabine post-operatively. Approximately one and a half year later, patient developed progressive left knee pain. MRI knee showed left medial femoral condyle mass with associated soft tissue and bone scan showed increased uptake in the same area. She ultimately underwent biopsy which revealed adenocarcinoma consistent with colon primary. Subsequent PET CT showed parotid gland nodule and lung nodule. There was also a central mesentery node and a soft tissue density in T9-T10 anterior vertebrae. She was referred for palliative Radiation and chemotherapy- FOLFOX-Bevacizumab and bisphosphonate.

Relevant labs:

Adenocarcinoma type CRC - positive for CK-20 and CDX-2.

K-RUS mutation in codon 12 and 13

No NRAS, BRAF V600E or V600K mutation

CEA- Within Normal Limit

Discussion: CRC is considered as a curable cancer if diagnosed in the early stage, but it can be deadly if it gets metastasize to other organ system. Some studies show that prognosis dependents on the site of metastasis. If metastases to liver or lung present and if they are resectable then it can have good prognosis. Nonetheless, bony metastasis is characterize as poor prognosis. Cancer type also matters in BM. Vatandoust & coworker suggested that with signet ring cell cancer, chances of getting BM is higher than other types of CRC (up to 23.7%). In our case, patient had adenocarcinoma type CRC and it is not commonly associated with BM. Our patient also had unusual type of BM that involves appendicular skeleton. To add, patient had K-RUS mutation and that is also not much common mutation type associated with BM. Thus, more molecular studies related to K-RUS and other mutations, and their association with BM need to be done. It can also help deciding appropriate treatment option at the early stage.

Disclosures:

Pratikkumar Vekaria indicated no relevant financial relationships.

Chandrika Raiyani indicated no relevant financial relationships.

Ravish Patel indicated no relevant financial relationships.

Devin Vaishnani indicated no relevant financial relationships.

Tejas Raiyani indicated no relevant financial relationships.

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