



Case Report

Carcinoma of Left Breast with Secondary Metastatic Cord Compression- A Case Report

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Abstract

A 45-year-old female presented with weakness of lower extremities with history of simple mastectomy one year back. On myelographic examination showed complete block at mid thoracic level which is extra-dural in nature. On operation extra-dural large mass compressing the spinal cord at T₅ level was detected.

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Introduction

Over all incidence of primary spinal tumor is 2 per 100000 population¹. Spinal cord tumors found in order of frequency are extradural 25%, subdural-extramedullary 50% and subdural intramedullary 25% respectively².

Extradural tumors are principally metastatic and origins of these are carcinoma lungs, and carcinoma breast in male and female respectively³. In adult the ratio between intraspinal and intracranial tumors are 1:4 MRI scan, myelography and CT myelography enhanced our ability to detect the lesion.³.

Case history

A 45-year-old female was admitted in the Neurosurgery ward RMCH with complaints of total loss of sensation below chest for 2 months, inability to move both lower limbs for 25 days and incontinence of urine for 10 days. According to her statement she was all right 2 months back following total mastectomy of left breast and

radiotherapy. All on a sudden she developed numbness and tingling sensation below chest, which progresses to total loss of sensation within a few days. Then she experienced inability to move both lower limbs followed by incontinence of urine for the last 10 days. She had history of breast lump and swelling of axillary lymph nodes for 8 months. About 1 year back the patient underwent for total mastectomy on the left side with axillary clearance in a local clinic at Rajshahi. Histopathology of axillary lymph nodes showed metastatic ductal carcinoma. Thereafter the patient got regular radiotherapy and chemotherapy for 3-4 months post operatively before development of her present complaints. None of her family member ever suffered from carcinoma of breast.

On examination, she she was normocardic, normotensive with moderate anaemia. Local examination revealed severe muscle wasting, loss of muscle power (grade-1) in both her lower limbs with absolute loss of movement and reflexes were absent. There was total loss of all kinds of sensation below chest.

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Investigations

X-ray chest postero-anterior view showed multiple small shadows in both lung fields (secondary metastasis). Myelogram of the spinal cord revealed extra-dural compression of spinal cord at the level of T₅ vertebra due to secondary metastasis in the vertebral column. Other investigations revealed no significant abnormality.

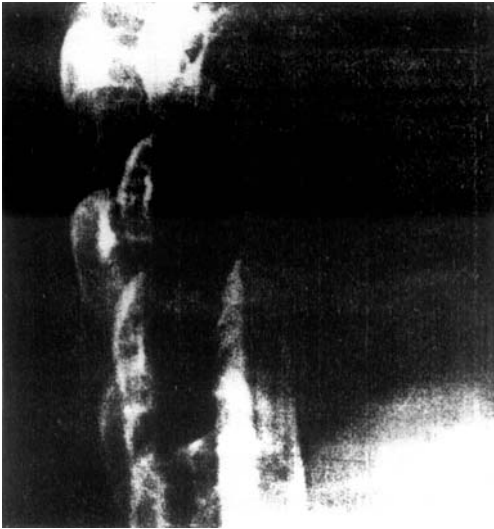


Fig: Myelogram of spinal cord

Treatment

The patient immediately underwent laminectomy with decompression operation and post operatively recovery was well and uneventful. She could move her legs though there was some shooting neuralgic pain. Her urinary problems also seemed to be improved than before.

Follow up

Post-operative bone scan of whole body revealed multiple focal areas of increased radiotracer concentration throughout skeletal system (extensive skeletal metastasis). After blood count and necessary investigation the patient was referred radiotherapy department where she received radiotherapy for 1 month, regularly followed up by chemotherapy MCF (Methotrexate, Cyclophosphamide, 5-Fluorouracil). The patient there after discharged with advice to follow up in radiotherapy OPD regularly.

Discussion

Carcinoma breast is one of the commonest cause of death in middle aged women worldwide of which ductal variety is the commonest¹. The prognosis is grave² even after all aggressive chemo and radiotherapy 5 years survival is very poor³.

Acknowledgement

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