

SUMMARY AND CONCLUSION

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The aim of this study is to determine the possible relationship that does exist between musculoskeletal disorders and malignancy, thus enhancing the probability of an early and correct diagnosis in a patient with cancer presenting with musculoskeletal complaints.

Seventy one (71) patients with different malignant diseases presenting with musculoskeletal complaints were thoroughly examined at the National Cancer Institute, Cairo over a period of six months. Their diagnoses were verified by clinical examination, laboratory investigations including: complete blood picture, ESR, RF, synovial fluid analysis, serum uric acid, and plain X-ray of the affected parts.

Special investigations were included: EMG, and NC studies, creatinine kinase enzyme, computerized tomography (CT Scans), and bone scans.

Of these patients 35 were suffering from common degenerative diseases (osteoarthritis, spondylosis, . . . etc). The other 36 patients had miscellaneous musculoskeletal complaints associated with their malignant disease. Twenty three (63.8%) had their musculoskeletal complaints directly related to their malignancy. The other 13 patients (36.2%) had their musculoskeletal symptoms indirectly related to their malignancy. The malignant diseases were:- breast cancer, lung cancer, multiple myeloma, testicular carcinoma, non Hodgkin's lymphoma, leukemia, colon cancer, Ewing's sarcoma, hemangio

pericytoma and metastases of unknown primaries. The spectrum of musculoskeletal disorders included: brachial radiculopathy in 8.3%, patients, low back pain in 22%, paraparesis in 11%, metastatic arthropathy in 13.8%, and other miscellaneous presentations in 8.3%. Hypertrophic osteoarthropathy was reported in 5.5%, arthritis in 16.6%, rheumatoid arthritis in 8.3%, and DM/PM in 5.5% of patients.

From our study it is concluded that malignancy should be considered in the differential diagnosis of musculoskeletal complaints particularly in patients with histories or risk factors suggestive of neoplastic diseases. The presence of malignancy is suggested by the patients symptoms, physical findings or abnormalities noted on blood or stool examination. Patients presenting with musculoskeletal complaint unresponsive to usual medical therapy should be critically reevaluated. This should include ESR, plain radiograph up to standard or computerized tomography and bone scan. If these tests suggest a bone or synovial lesion arthroscopy and biopsy are indicated.