Simple presentations of sinister pathology to an upper limb orthopaedic clinic Bassett JW^{1,2}, Chan S¹, Sharma E¹, Dias RG^{1,2}



Introduction – Bone and soft tissue tumours present to orthopaedic clinics in district general hospitals with diverse signs and symptoms. Delays in diagnosis and subsequent treatment adversely affect prognosis. Centralised care of these complex and rare tumours helps to improve outcomes.

Methods – We present a series of 7 interesting cases presenting to an elective upper limb orthopaedic clinic over a period of 3 years and managed through the appropriate regional referral pathway.









Case 1 – 3 month history of firm shoulder swelling found to be malignant RCC and treated accordingly with nephrectomy and chemotherapy.

Case 2 – Referred with shoulder pain to the rheumatologists and found to have a solitary scapula follicular dendritic cell sarcoma treated by scapulectomy.

Case 3 – 2 year history of variable pain and swelling in the forearm found to be a malignant alveolar soft part sarcoma treated palliatively.

Case 4 – 2 month history of forearm swelling, referred due to increasing size and found to be a spindle cell sarcoma treated with wide local excision.





References

Cancer Research UK (2014) Bone sarcoma incidence statistics. Cancer Research, UK. National Collaborating Centre for Cancer (2006) Improving outcomes for people with sarcoma. NICE, UK Grimer, R, Briggs T (2010) Earlier diagnosis of bone and soft-tissue tumours. J Bone Joint Surg Br 92:1189-1492

Case 5 – 3 month history

of increasing forearm

swelling with difficulty of

wrist flexion. An epithelioid

sarcoma with positive

axillary lymph nodes was

found and a forequarter

amputation was performed.

Metastasis occurred at 9

Case 6 – 3 year history of

a mass over the olecranon

previously treated with

excision and recurred with a

discharging sinus. Referred

due to the persistence of

the lesion. Biopsy revealed

tumoural calcinosis, a

metabolic disorder

syndrome and referred to

the paediatricians.

months post-op.



Case 7 – 9 month history of mobile painless swelling with no neurovascular change biopsied and found to be nodular fasciitis and treated conservatively.

Conclusion –

Referral to specialist centres is well defined however the history associated with milk-alkali offers clues as to the nature of the lesion. If there is concern referral to the tumour unit is advised.

The Royal Wolverhampton NHS View publication Nas Trust