

Abstract Form

Hospital Affiliation:	Kern Medical Center
Presenter Name (Last, First):	Lawrence Okumoto
Co-Authors:	Lawrence Okumoto, Kishan Ghadiya, Arash Heidari, Everardo Cobos
Project Title:	Missed Opportunities, A Case of Giant Cell Tumor Masquerading as Back Pain.

Research Category (please check one):

<input type="checkbox"/>	Original Research	<input checked="" type="checkbox"/>	Clinical Vignette	<input type="checkbox"/>	Quality Improvement	<input type="checkbox"/>	Medical Education Innovation
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Abstract

Introduction
Large giant cell tumors of the sacrum are rare and bring diagnostic challenges due to vast differential diagnoses that can delay the proper intervention in a timely manner.

Case Description
The patient is 29 years old female who presented with nighttime back pain that started a year prior. The pain was intermittent that radiated to the posterior side of her thighs bilaterally. The pain was aggravated by laying on her side and alleviated by placing several pillows under her legs for elevation. She had multiple visits to emergency rooms over the next following 2 months due to worsening frequency and affecting her sleep. She was diagnosed with "sciatica" with supportive care. For the following 2 months after that, she started to have urinary incontinence and was diagnosed with "urinary tract infections" and received antibiotics. Later she started to experience numbness in her mons pubis area that spread to her vulva and vagina. Subsequently, she started to have dark red rectal bleeding with rectal pain. She was diagnosed with "uterovaginal prolapse, cystocele, and rectocele" causing her mixed urinary incontinence after consultation with gastrointestinal and urogynecologist. Hysterectomy and reconstructive pelvic surgery were discussed with the patient. Six months into her initial presentation, her numbness expanded to a saddle shape, she became incontinent to stool, and she developed acute onset left lower extremity weakness with decreased plantar flexion. Computer Tomography showed a large expansile and destructive lesion of the sacrum with mild diffuse enhancement, invading the lumbar canal extending from S1 to S4. MRI showed a large mass 10x5x7 cm, centered within the S1-4 vertebral bodies and bilateral sacral ala with significant extraosseous extension, obliterating almost all sacral neural foramina and terminal thecal sac. Involvement of the bilateral piriformis muscles with likely compression of the sciatic nerves. Giant cell tumor of the bone is a locally aggressive tumor that rarely metastasizes. The tumor is most found in the metaphysis and the epiphysis of long bones. In the axial skeleton, it is most commonly found in the proximal sacrum. Surgical debulking of the tumor was performed by Neurosurgery at UCSF. She started adjuvant chemotherapy when she returned to Kern Medical Center. Treatment was initiated with denosumab.

Conclusion
Clinicians should be aware of occult malignancies presenting with simple symptoms. Even though a large cell tumor of the sacrum