



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

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CLINICAL HISTORY

45 year old male with complaints of swelling in the left lumbar region since 1 month

On clinical examination the swelling was fluctuant measuring ~8x3cm with no increase in local temperature or discharging sinus/discoloration of skin.

Known case of penile carcinoma stage 3 treated with penile resection 3 years old

No other known co-morbidities

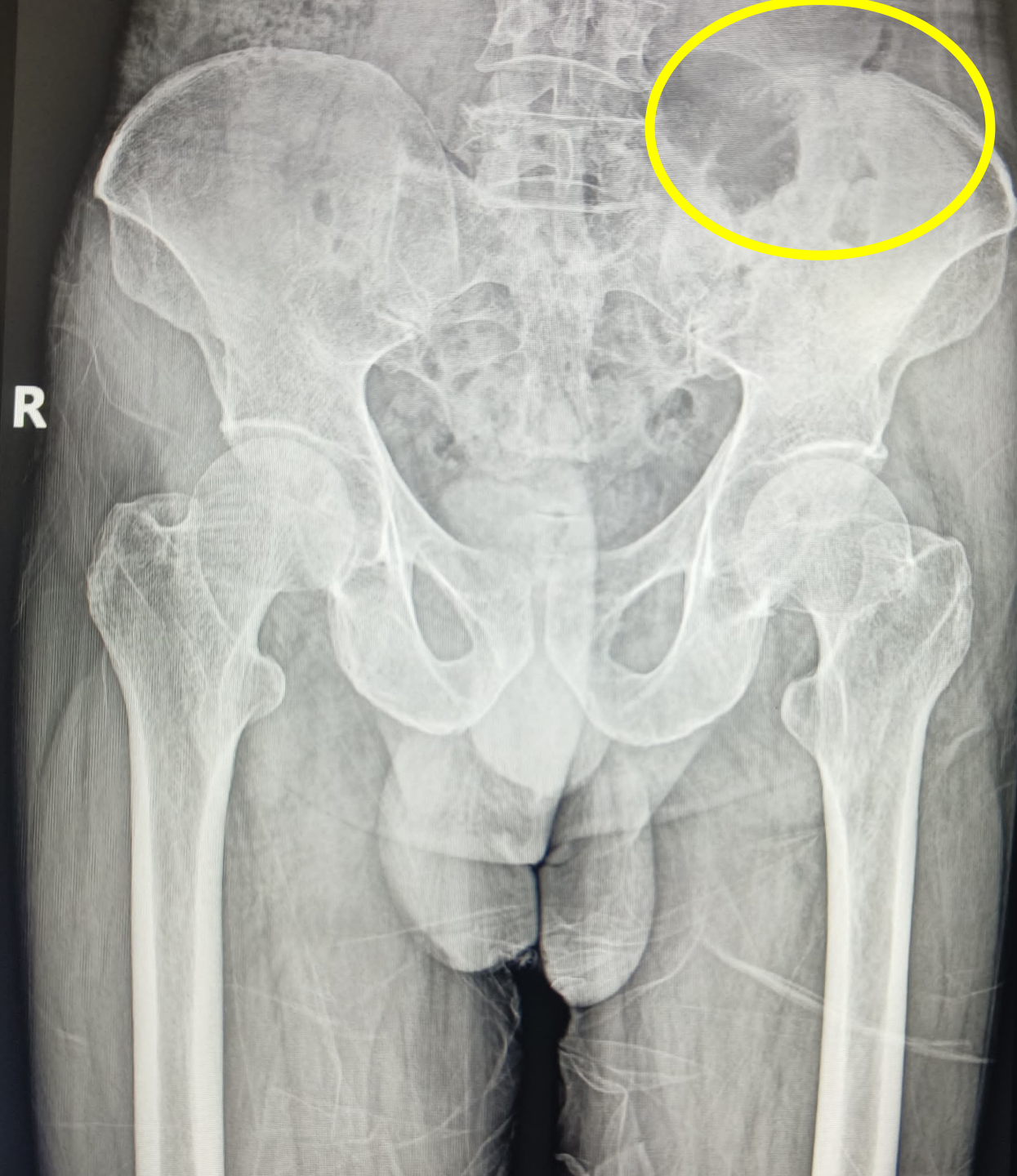
No history of fever or cough



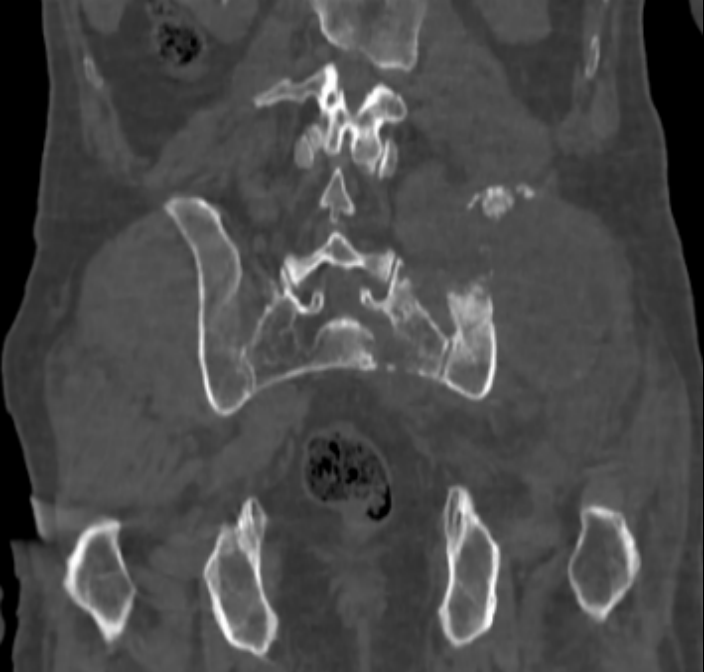
Radiograph of
thoraco-lumbar spine
AP and lateral
projection: Block
vertebra involving L1-
L2 vertebrae.

Congenital > acquired (infective
or inflammatory) due to the
following reasons:

- Wasp waist sign present
- Total height of fused
segment is equal to the
sum of involved vertebral
bodies and intervertebral
discs between them



Left iliac crest of pelvic
bone- Ill defined lytic lesion



CT Pelvis in
soft tissue
window

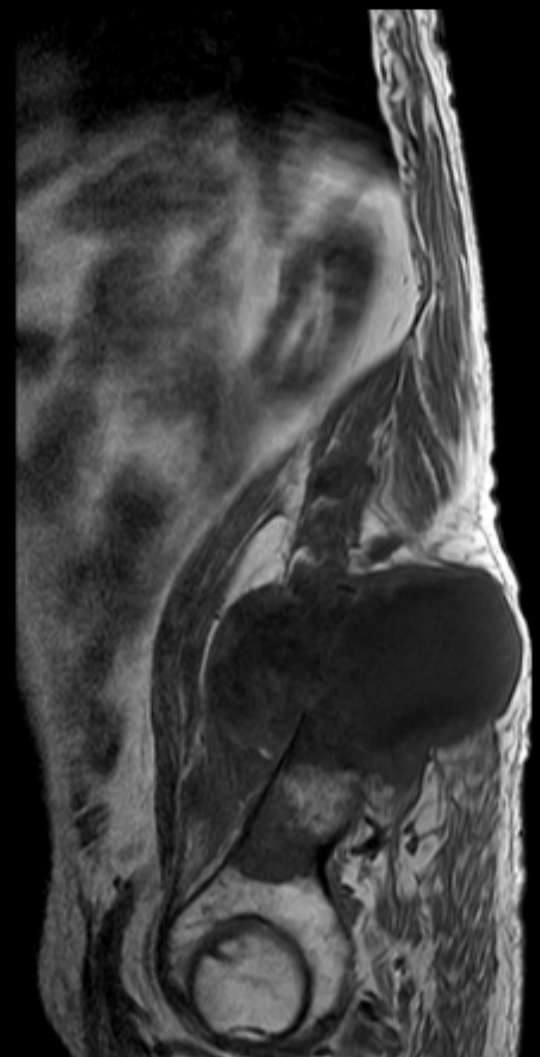
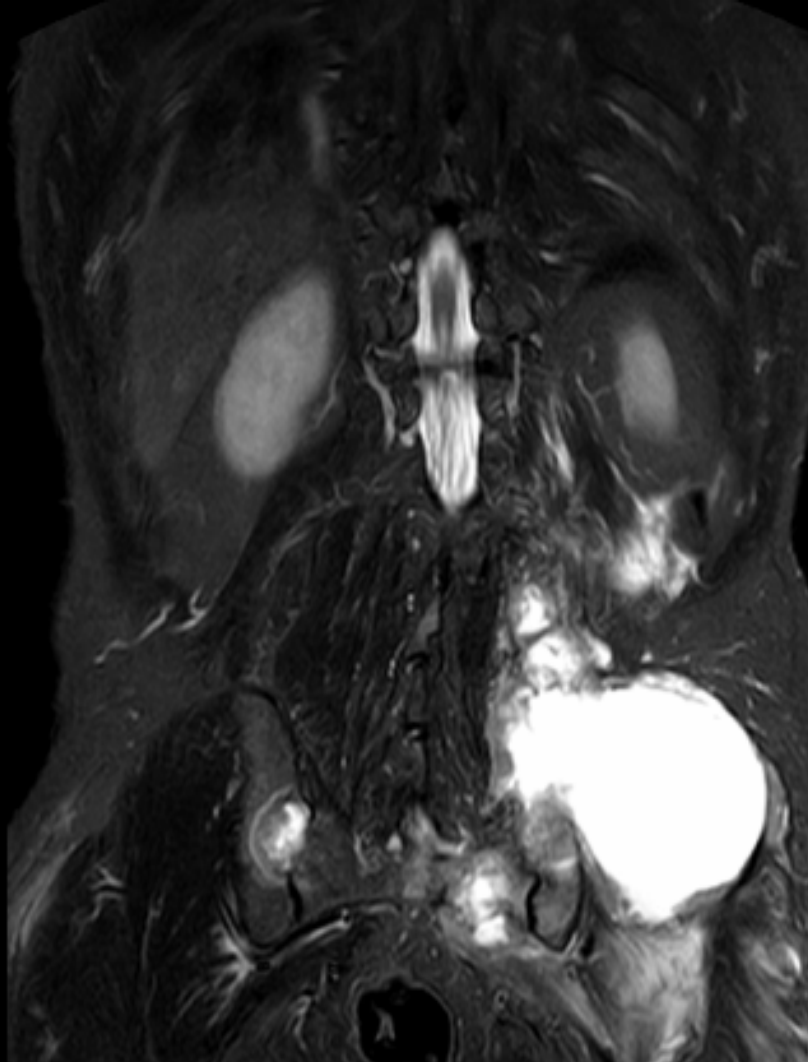
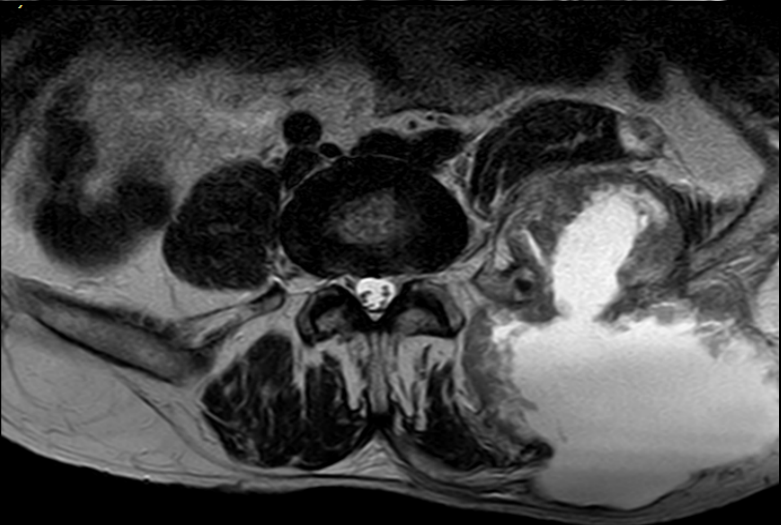
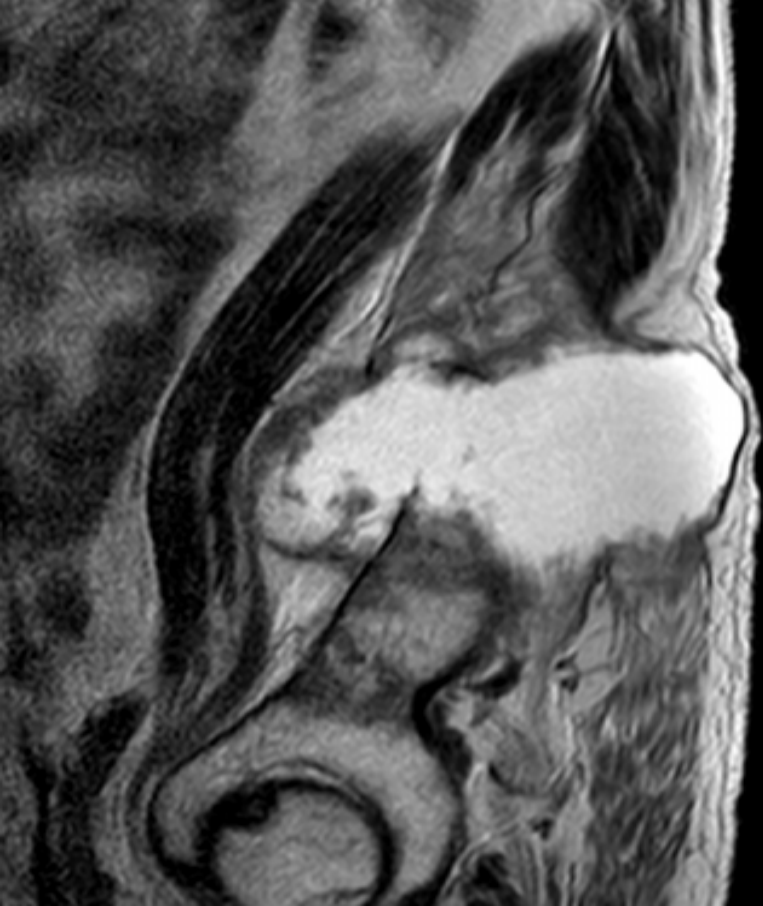


CT pelvis in bone
window

Absence of ring and arc chondroid matrix mineralization and soft tissue component- chondrosarcoma and myeloma ruled out

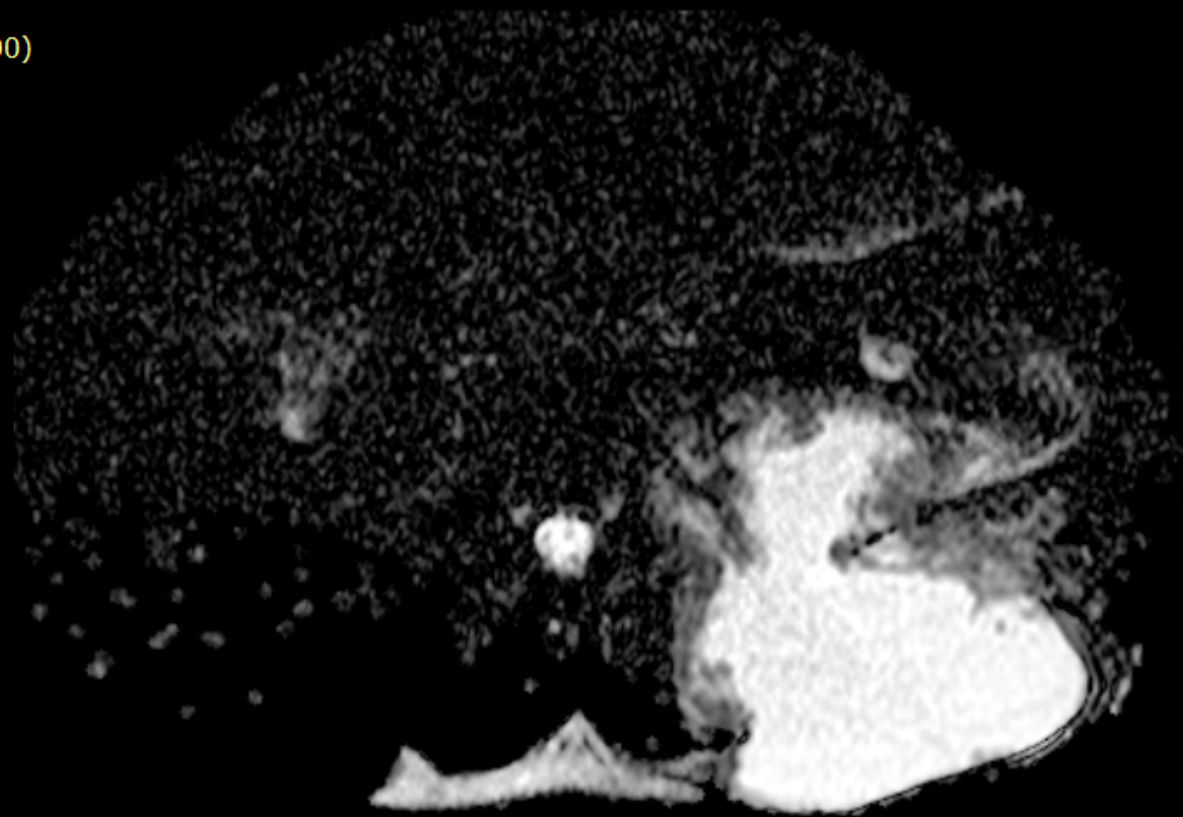
Differential diagnosis to be considered

1. Infective etiology- collection associated with bony destruction and minimal surrounding inflammatory changes- tubercular (cold abscess)>pyogenic
2. Metastasis

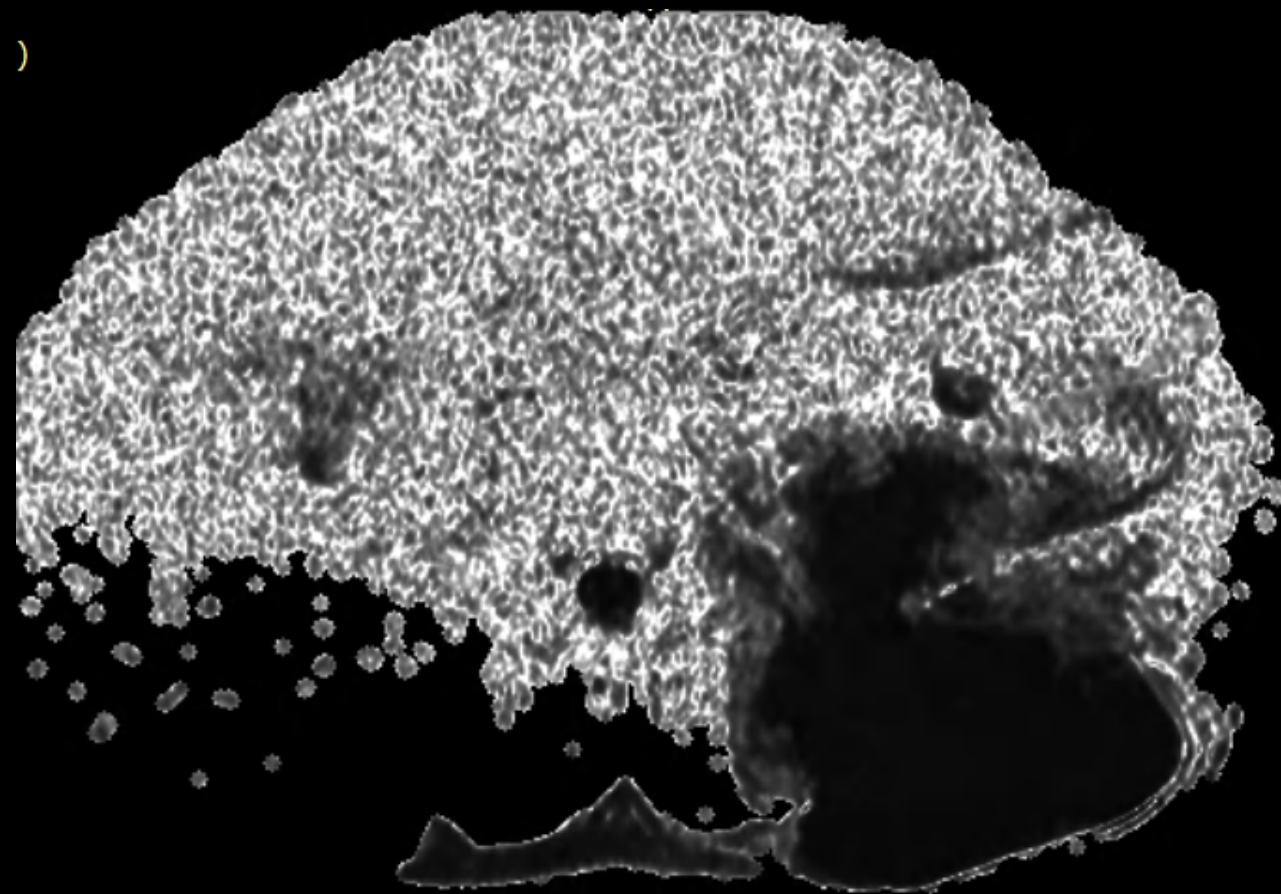


A relatively well defined peripherally enhancing collection in the intramuscular and subcutaneous plane epicentered in the left sacroiliac joint extending into the left gluteal and para-spinal region with extension into spinal canal along with similar small multiple morphologically peripherally enhancing lesions in the lumbo-sacral and cervical spine

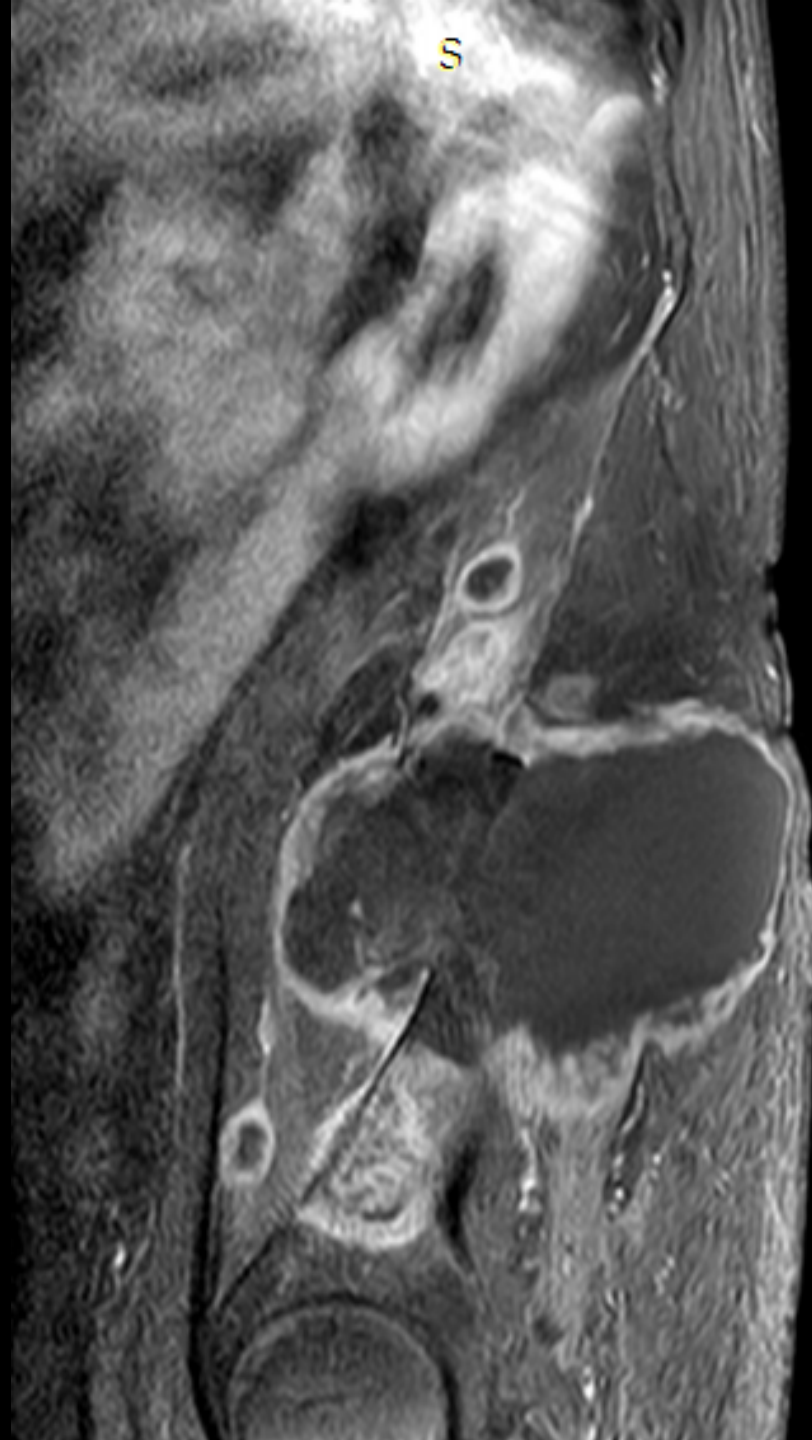
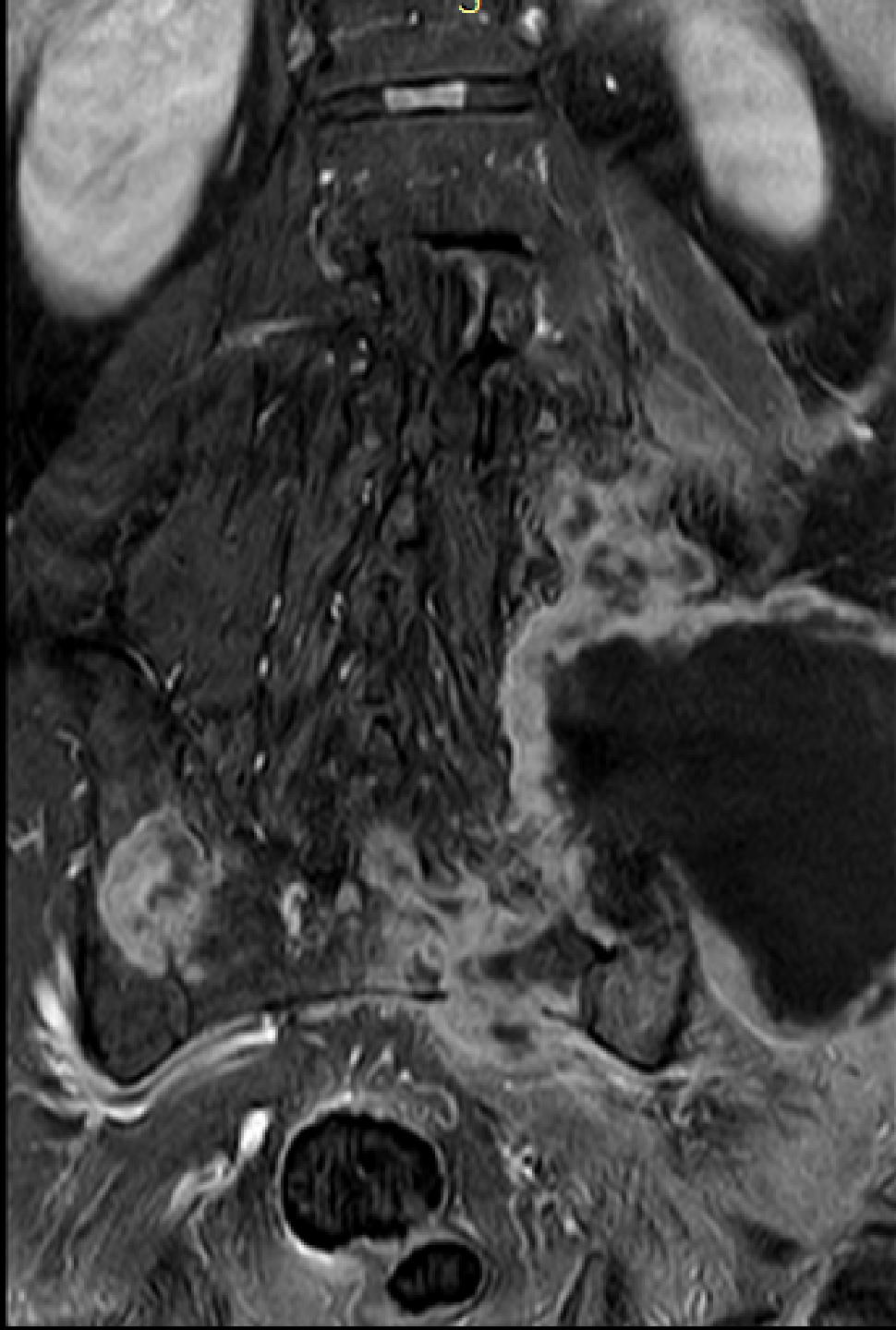
10)



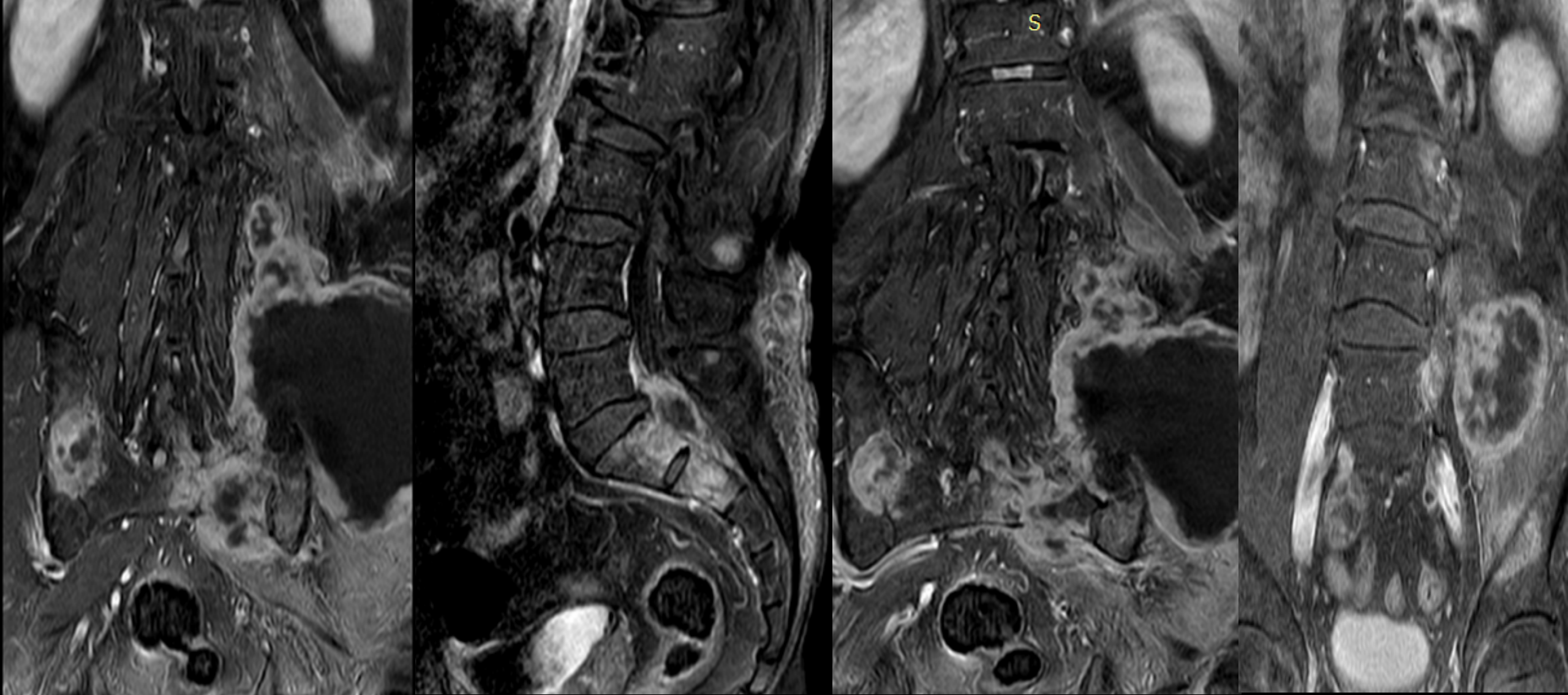
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Diffusion restriction is not noted



Peripheral
post contrast
enhancement
not noted



Similar multiple morphologically small peripherally enhancing lesions are noted in the right ilium, ala of sacrum involving right sacro-iliac joint, spinous process of L3 and L5 vertebra, dens, left quadratus lumborum, left erector spinae, left gluteus maximus and left psoas muscles. Extra-dural extension into the spinal canal at the level of S1 and S2 through the left neural foramen noted causing compression of the cauda-equina nerve roots at this level with involvement and thickening of the corresponding left exiting nerve roots with post contrast peripheral enhancement.

OSTEOLYTIC BONE METASTASIS	TUBERCULOSIS
Presence of posterior element involvement	Presence of para-spinal abscess
No involvement of intervertebral discs	TB is endemic in India
Perineural spread present	
Known case of malignancy	

Test Name
FNAC

Site
USG guided FNA from the mass of the left lumbar area over the back. (1 and 2) -from the wall and (3) - cystic area

Macroscopy
(1 and 2) - Blood tinged grey white aspirate. (3)- straw colour fluid aspirate.

Microscopy
Paucicellular smear shows occasional epithelial cells arranged in discohesive clusters with moderate eosinophilic cytoplasm , anisonucleosis , karyomegaly and fine chromatin against a background of sheets of cyst macrophages and proteinaceous material and occasional neutrophils. No granuloma seen.

Impression
Advice
Note
Suspicious for Metastatic carcinoma.
Biospy for confirmation.

***** End of Report *****

CBNAAT OF ASPIRATED
FLUID- NO MTB DETECTED

FINAL DIAGNOSIS- OSTEOLYTIC
METASTASIS SECONDARY TO
PENILE CANCER

THANK YOU