

# Bilateral cryptogenic metastases to the femur and foot

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## Abstract

Organ selectivity in cancer metastasis has long been puzzling. A historical angle is that this is due to soil suitability. A personal angle is to sift the phenomenon as 12 classes. Of these classes, cryptogenicity symbolizes the blossoming of the metastasis when the primary is hidden. As that of bone is striking, both historical and epidemiological researches were indicated. Therefore, a case report involving a Nigerian woman with two such lower limb deposits was deemed to be worthy of documentation.

## Introduction

One of the important phenomena recognized by the medical masters of yester years was that cancer was the seed and the soil was the apt landing site [1,2]. Stephen Paget was erroneously held to be the discoverer of this idea [3]. However, I showed that his father was aware of it [4] and so were other medical masters [5,6].

Coming to present endeavors, I revealed in 1974 that 12 classes were definable [7]. In particular, cryptogenicity was defined as when the primary was hidden while the secondary blossomed [8]. In particular, bone was the star performer [9]. However, I am struck that the hidden source may be bones in separate parts. An example deserves 2-fold documentation.

## Investigation

The background to this report was the proposal by the Birmingham group [10] that the establishment of a histopathology data pool favors epidemiological analysis. In pursuit of this principle, when I became the pioneer pathologist at the Regional pool at Enugu, the opportunity arose repeatedly to discover interesting data hidden in copious materials obtained from the Igbo ethnic group [11]. The series has included such findings as those of the breast, including carcinosarcoma [12], intramammary lymph nodes [13] and the onchocerca nodule [14]. Accordingly, this paper illuminates the occurrence of cryptogenicity in bone not only in the femur but also in the foot.

## Case report

OM, a 65-year-old woman, attended Dr Eze's Clinic at the National Orthopaedic Hospital, Enugu. She complained of pain in the left hip of 8 months duration. She was progressively unable to bear weight. Moreover, there was occasional hematuria. There was also a cystic swelling in the dorsum of the right foot, this being attributed to trauma. X-Ray revealed osteolytic lesion of the neck, of the femur with fracture of that bone. There was also complete osteolysis of the 5th metatarsal bone. Therefore, incisional bone biopsies were carried out. Several pale wedges up to 2 cm across were received in respect of the femur while smaller fragments were from the foot.

On microscopy, the femur was riddled with epithelial malignancy in which glands were well differentiated. As regards the foot, the

appearances were the same. Accordingly, metastatic adenocarcinoma was diagnosed with the following comment: "There is a wide field of choice re primary site." However, follow up was not feasible from the clinical angle unfortunately.

## Discussion

The clue as to site of origin was the fact of "occasional hematuria" to which the patient admitted. Now, this case falls into the weighty subject of metastases of unknown origin [15]. Therefore, a heavy review with 146 references was consulted but it mentioned only a few primary organs namely, lung, kidney, breast, prostate, thyroid, ovary and liver. Thus, the kidney has been one of the suspicious sites.

However, what the kidney is best associated with is not adenocarcinoma per se but the clear cell carcinoma. Thus, it was mentioned classically with respect to the thyroid gland [16].

An odd feature was the laterality of the bone sites. Thus, the femur was attacked on the right side but the foot on the left side. Had the distribution been one-sided, lymphatic spread would have been implicated. Therefore, blood spread has to be considered. Incidentally, Batson championed the occurrence of the vertebral venous system mode of spread [17]. In my view, this is challengeable [18].

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**Key words:** cancer, metastasis, selectivity, cryptogenicity, lower limb, Nigeria

**Received:** June 30, 2018; **Accepted:** July 11, 2018; **Published:** July 13, 2018

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