







EWING' SARCOMA: INTEREST OF BONE SCINTIGRAPHY

C. EL OUATIQ*, F. El Fartass, H.Alaoui, K. Bouikhsaine, A.Bsiss, A. Matrane.

Nuclear Medicine Service, Oncology Hematology Center, Mohammed VI University Hospital, Cadi Ayyad University, Marrakech, Morocco.

Keywords: Ewing' Sarcoma, Bone scintigraphy.

INTRODUCTION

Ewing's sarcoma is a relatively rare tumor, accounting for 6 to 8 % of malignant primary bone tumors. It primarily affects children and young adults. Its predilection sites are the long bones and the pelvis. Remarkably, this tumor is characterized by a high risk of rapid progression and bone metastasis.

Bone scintigraphy is an examination of great significance, both for the initial assessment, local and distant, and for post-therapeutic monitoring.

THE PURPOSE OF THE STUDY:

The observations reported in this study highlight the importance of bone scintigraphy in both the assessment of disease extent and the evaluation of treatment outcomes in Ewing's sarcoma.

OBSERVATIONS:

Observation n° 1:

- A female child aged 16 years old.
- · Ewing's sarcoma of the 2nd and 3rd metatarsals of the right foot.
- · Bone scintigraphy as part of the staging evaluation.

Observation n° 2:

- A 3-year-old male child.
- Ewing's sarcoma of the left femur, who has undergone surgical treatment chemotherapy.
- Follow-up bone scintigraphy.

Observation n° 3:

- A 10-year-old female child.
- Ewing's sarcoma of the right arm, who has undergone surgical excision chemotherapy.
- Follow-up bone scintigraphy.

Observation n° 4:

- A young 27-year-old patient.
- Ewing's sarcoma of the right psoas.
- Comparative bone scintigraphy.

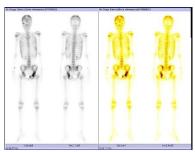
BONE SCINTIGRAPHY TECHNIQUE:

Tracer: Hydroxy-Methylene-Diphosphonate labeled with technetium-99m (HMDP -99mTc).

Injected activity: between 4 and 20 mCi (depending on the patient's weight) via intravenous route

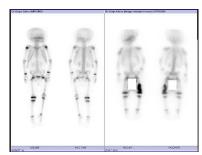
Imaging: Whole-body in anterior and •Normal bone scintigraphy. posterior views after a delay of 3 hours.

RESULTS:

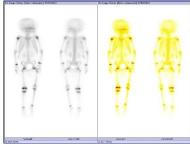


Patient n° 1:

- •Moderate uptake in the metatarsals of the right foot, related to the primary tumor.
- Areas of increased uptake in the following locations: cranial vault, right orbital rim, spine, rib cage, and pelvis, suggestive of secondary bone lesions.



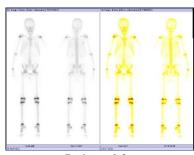
First bone scintigraphy



Follow-up bone scintigraphy

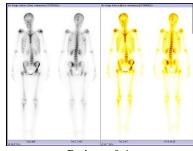
Patient n° 2:

- the primary lesion.
- •No newly appearing uptake abnormalities.



Patient n° 3:

- Absence of new secondary bone locations compared to the (unchanged initial scintigraphic examination).



Patient n° 4:

•Focal areas of moderate uptake involve the left iliac wing, sacroiliac joint, and acetabulum, as well as the right trochanteric region, suggesting secondary bone locations.

DISCUSSION

Ewing's sarcoma is categorized among primitive peripheral neuroectodermal. Before the age of 20, it ranks as the second most frequent malignant bone tumor, accounting for 30%, with osteosarcoma taking the lead at 60%. It can affect any bone but it predominantly targets flat and long bones, exhibiting a preference for diaphyseal sites, setting it apart from osteosarcoma, which more commonly occurs in metaphyseal regions.

Bone scintigraphy is routinely performed to detect bone metastases, serving as a highly sensitive examination for a thorough and accurate staging assessment. Furthermore, it aids in post-treatment monitoring and the detection of both local and distant recurrences.

CONCLUSION

Bone scintigraphy is a powerful tool in the •Disappearance of the focal uptake related to assessment of neoplastic extension, the evaluation and post-therapeutic monitoring, as well as the diagnosis of local recurrence or bone marrow metastases in Ewing's sarcoma.

REFERENCES:

- 1. Vaccani Jp, Forte v, de JongAL, Taylor g. Ewing's sarcoma of the head and neck in children. Int J pediatr Otorhinolaryngol 1999;48:209-16.
- 2.Erol FS, Ozveren MF, Ozercan IH, Topskal C, Akdemir I. primary Ewing's sarcoma of the occipital bone. Neurol Med Chir 2001;41:206-9
- 3.Brown ML, Collier BD, Fogelman I Bone scintigraphy: part 1. Oncology and infection. J Nucl Med 1993; 34: 2236-2240.