

 IMAGES OF SPINE CARE

Endometrial cancer metastasis mimicking spondylodiscitis and psoas abscess

A 51-year-old female patient was admitted to the hospital with lumbago for 3 weeks. Lumbar vertebral magnetic

resonance imaging was performed. Magnetic resonance imaging showed heterogeneous lesion with peripheral enhancement in the right psoas muscle associated with bone involvement of the lumbar vertebrae (Figs. 1 and 2). It was interpreted as psoas abscess associated with spondylodiscitis. At this time the patient underwent endometrial biopsy for the vaginal discharge. Histopathologic diagnosis was endometrium cancer. Psoas abscess percutaneous drainage was

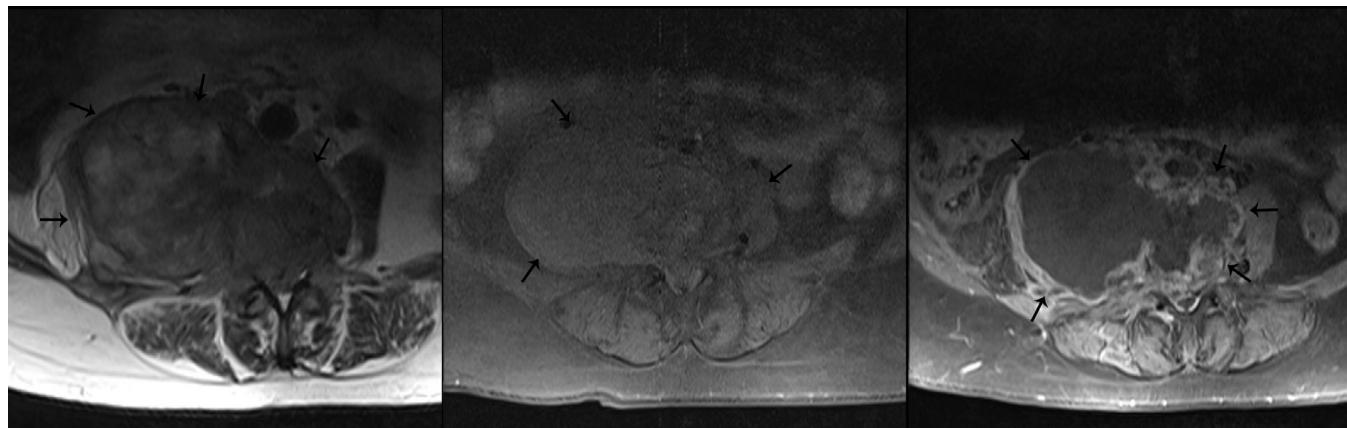


Fig. 1. Axial T2-weighted (Left), non-contrast fat-saturated T1-weighted (Middle) and contrast-enhanced fat-saturated T1-weighted (Right) MR images show heterogeneous lesion with peripheral enhancement in the right psoas muscle associated with bone involvement of the lumbar vertebrae (arrows).

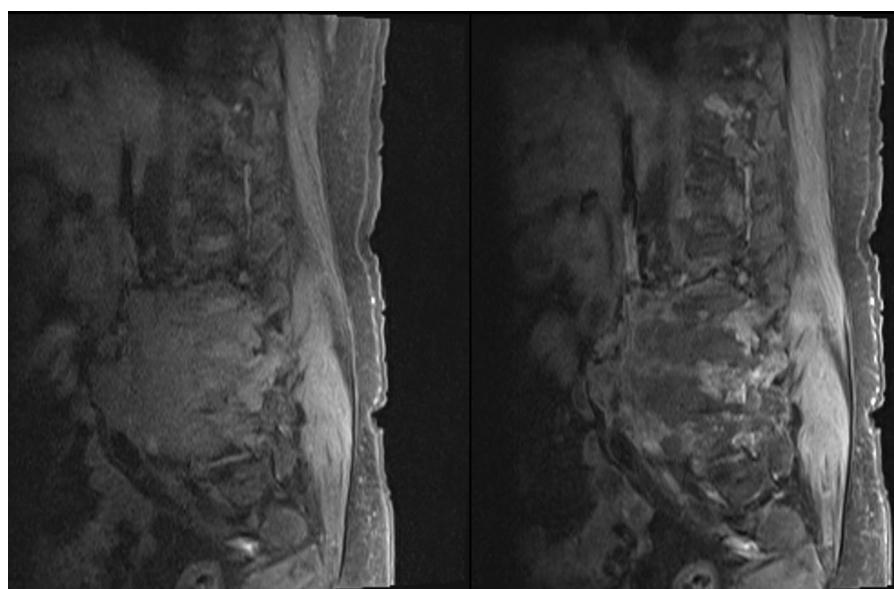


Fig. 2. Sagittal non-contrast fat-saturated T1-weighted (Left) and contrast-enhanced fat-saturated T1-weighted (Right) MR images show heterogeneous lesion with peripheral enhancement in the right psoas muscle associated with bone involvement of the lumbar vertebrae.

performed, and on histopathologic examination she was diagnosed with squamous cell cancer metastasis. Consultations with radiation therapy and medical oncology suggested no additional therapy.

Endometrial cancer is the most common gynecologic malignancy in United States and primarily afflicts postmenopausal women who are 40 years or older. When metastases develop, they frequently affect the lungs and liver but very rarely involve the skeletal muscle. Radiologically and clinically, these lesions can be mistaken for abscesses especially in the absence of a known primary tumor.

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