

 **IMAGES OF SPINE CARE**

Multiple metastases to vertebrae after surgical management, chemotherapy, and bone marrow transplantation for granulocytic sarcoma of the spine

A 50-year-old man presented to us with back pain of 50 days' duration but without neurological symptoms in both lower extremities. Magnetic resonance imaging (MRI) showed a mass lesion extending from the left paravertebral soft tissue to the spinal canal (T9, T10) (Fig. 1). He underwent tumorectomy and pedicle screw internal fixation from T8 to T11. A histopathologic diagnosis of granulocytic sarcoma was made. After chemotherapy and bone marrow transplantation, his symptoms resolved, and the MRI showed no abnormality in other vertebrae (Fig. 2). However, the patient again complained of back pain 2 months later. The MRI was recommended, which revealed multiple metastases to vertebrae (Fig. 3). Granulocytic sarcoma, also called myeloid sarcoma, is an extramedullary tumor of immature granulocytic cells. It rarely presents in the absence of acute leukemia, and multiple metastases to vertebrae are also uncommon. To

prevent misdiagnosis, immunohistochemistry is obligatory [1,2].

References

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- [2] Lama S, Lui SU, Xiao Y, Zhang H, Karki M, Gong Q. Sacral myeloid sarcoma involving multiple metastases to the brain: a case report. *Exp Ther Med* 2015;9:1429–32.

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FDA device/drug status: Not applicable.

Author disclosures: **YL:** Nothing to disclose. **XL:** Nothing to disclose. **HW:** Nothing to disclose. **JC:** Nothing to disclose. **HY:** Nothing to disclose. **WJ:** Nothing to disclose.

The authors declare no conflicts of interest associated with this study.

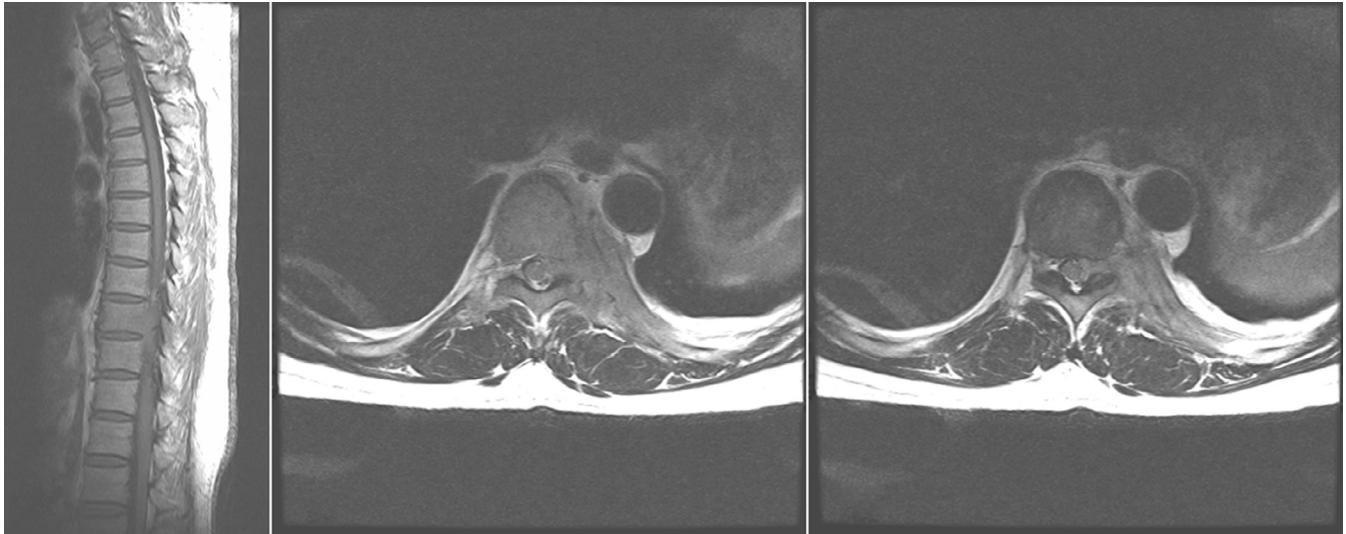


Fig. 1. (Left, Middle, Right) Sagittal and axial magnetic resonance images showed a mass lesion within the left paravertebral soft tissue extending from T9 to T10. The lesion extended from the paravertebral soft tissue to the spinal canal.

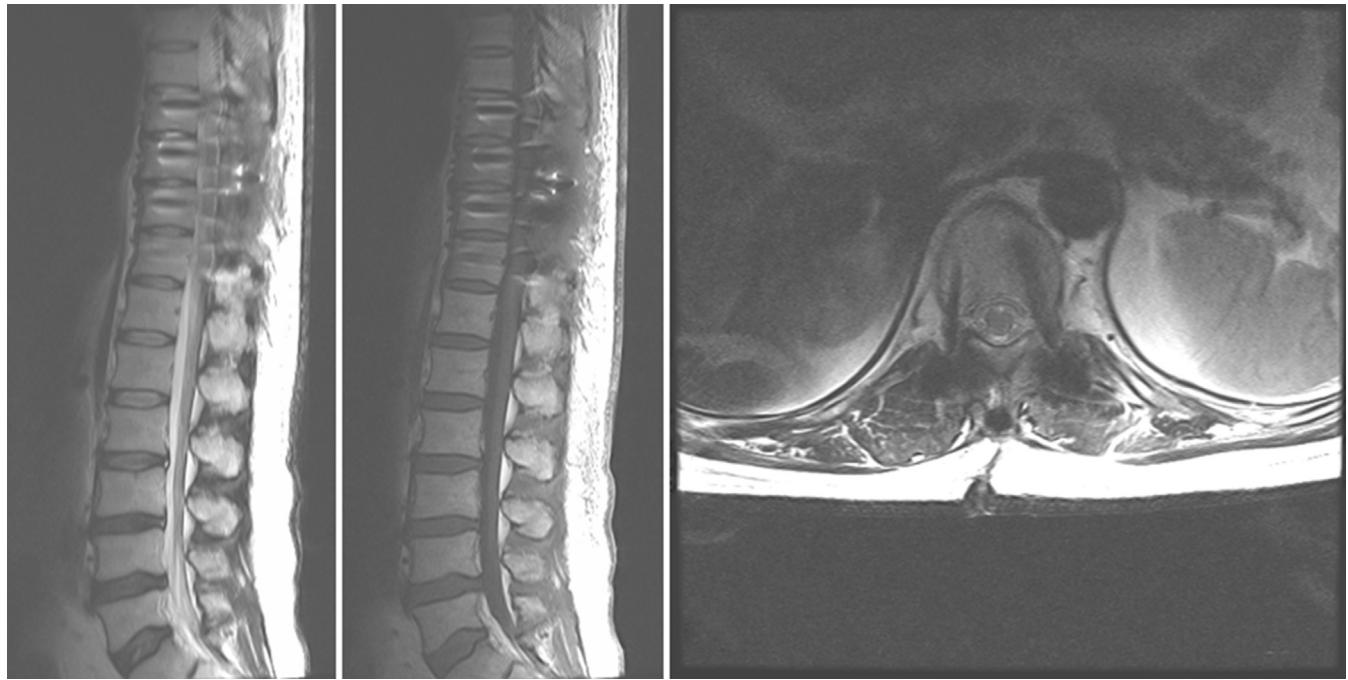


Fig. 2. (Left, Middle, Right) Sagittal and axial magnetic resonance images showed no abnormality in other vertebrae after surgical management, chemotherapy, and bone marrow transplantation.

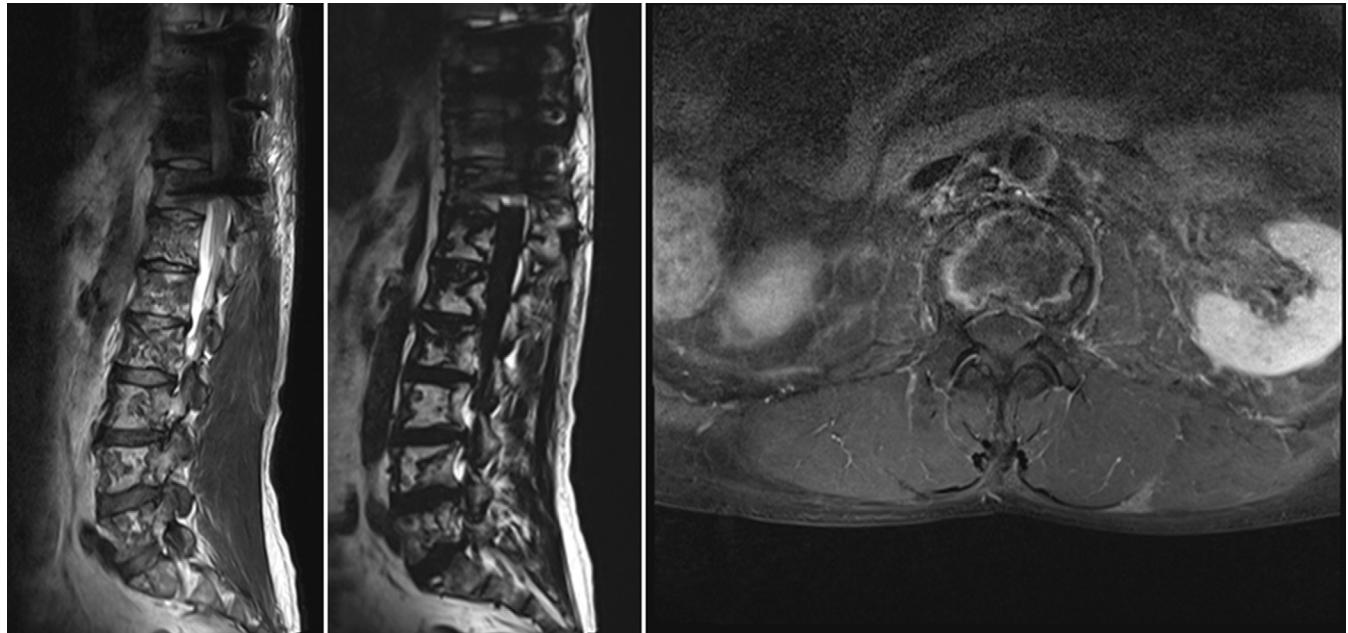


Fig. 3. (Left, Middle, Right) Sagittal and axial magnetic resonance images showed multiple metastases to other vertebrae of the spine.