

## Metastatic Cancer of the Toe Presenting as an Abscess in a Nigerian

Wilson IB Onuigbo<sup>1\*</sup> and Chukwuemeka B Eze<sup>2</sup>

<sup>1</sup>Department of Pathology, The National Orthopaedic Hospital, Enugu, Nigeria

<sup>2</sup>Department of Surgery, The National Orthopaedic Hospital, Enugu, Nigeria

### Abstract

Metastasis is uncommon in the toe. In the present case, the problem was differential diagnosis primarily as regards infection. However, radiology revealed a metastatic lesion. This merits publication on account of its reality.

**Keywords:** Toe; Infection; Radiology; Metastasis

### Introduction

The selection of sites for secondary involvement has long been of considerable interest. For instance, Stephen Paget [1], in his widely recognized 1889 work on the distribution of deposits in breast cancer, remarked, "Who has ever seen the bones of the hands or the feet attacked by secondary cancer?"

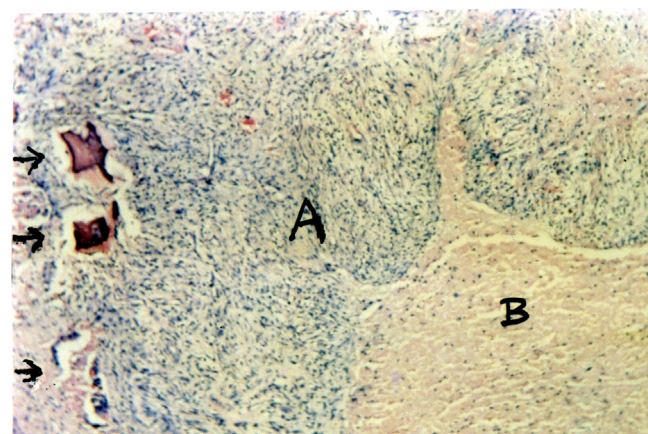
Cancer has, indeed, since then been encountered in these two sites. Thus, they have appeared in the recent literature in respect of the foot. In fact, the reprints in the possession of the senior author (WIBO), who believes in the tracer tool function of reprints [2], are worthy of citation. In his collections, metastatic carcinoma simulated gout in a 67-year-old man [3]. In a 79-year-old woman [4], several bones of the foot were involved on account of rectal carcinoma. Wu and Guise's reports contained 3 carcinomas which arose in the cecum, sigmoid colon and kidney. A single case report [5] followed left upper lobectomy and was associated with ipsilateral cuboid bone deposits. From the Internet, there are also recent cases [6-11]. Therefore, it was deemed useful to add an example from Nigeria.

### Case Report

A 65-year-old woman of the Igbo Ethnic Group [12] attended the Out-Patient Clinic at The National Orthopaedic Hospital, Enugu, under the junior author (CBE). The complaints were of pain in the left hip of 8 months duration. There was progressive inability to bear weight as well as occasional hematuria. Spongy swelling of the dorsum of the right foot was observed. X-Ray examination revealed osteolytic lesion of the neck and trochanter with pathologic fracture of the femur. Complete osteolysis of the 5th metatarsal bone was also noted. Incisional biopsy of the femur was undertaken while both incisional biopsy and drainage of what was thought to be the wall of an abscess were carried out in respect of the foot.

The pathological specimens of the femur consisted of several pale wedges measuring up to 2 cm across. On section, there was gritting. Fewer much smaller fragments were submitted from the foot. Microscopic examination of formol-saline fixed specimens followed classical procedures ending in H&E staining. The femur showed bone riddled with epithelial malignancy in which there were well differentiated glands. With regard to the foot, bone was scarcely present, much of the tissue being so necrotic that cancer cells were few and scattered among the abundant purulent materials. Figure 1 depicts the following appearances. The arrows point to the diminishing remnants of bone, while "A" indicates the malignant lesion whereas "B" is the necrotic portion.

It was concluded that there was metastatic carcinoma whose primary source was open to a wide field of choice but was probably



**Figure 1:** Few bony elements are present as arrowed among the malignant lesion labeled "A", while the necrotic materials are labeled "B". Magnification X 100.

renal. The clinical impression was, as in the case of the thumb [13], a toe abscess which was actually metastatic cancer. Unfortunately, the patient discharged herself and has been lost to follow up as so often happens in this environment.

### Discussion

The problem of the phenomenon of soil selectivity is of long standing [14]. Perhaps, it is the distance from the site of origin that is responsible here. After all, the foot was readily attacked when the near thigh was the source [15]. Accordingly, since there are circulating millions of cancer cells in the blood stream [16], they are generally ineffective in the foot. Consequently, the other transportation system, the lymph stream, must be considered. In all probability, a distinct answer may well come from "lymphangiogenesis" which solved one such riddle [17]. Work on it could be successful through the current translational research approach [18].

**\*Corresponding author:** Wilson IB Onuigbo, Department of Pathology, The National Orthopaedic Hospital, Enugu, Nigeria, E-mail: [wilson.onuigbo@gmail.com](mailto:wilson.onuigbo@gmail.com)

**Received** August 14, 2014; **Accepted** August 28, 2014; **Published** August 30, 2014

**Citation:** Onuigbo WIB, Eze CB (2014) Metastatic Cancer of the Toe Presenting as an Abscess in a Nigerian. J Med Diagn Meth 3: 163. doi: [10.4172/2168-9784.1000163](https://doi.org/10.4172/2168-9784.1000163)

**Copyright:** © 2014 Onuigbo WIB, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

## References

1. Paget S (1889) The distribution of secondary growths in cancer of the breast. *Cancer Metastasis Rev* 1: 571-573.
2. Onuigbo WIB (1985) Reprint requests – a tool for documentation. *Int Forum Inform Document*, 10: 7-9.
3. Bevan DA, Ehrlich GE, Gupta VP (1977) Metastatic carcinoma simulating gout. *JAMA* 237: 2746-2747.
4. Sworn MJ, Buchanan R, Moynihan FJ (1978) Rectal carcinoma presenting as massive metastatic involvement of foot bones. *Br Med J* 2: 98-99.
5. Wu KK, Guise ER (1978) Metastatic tumors of the foot. *South Med J* 71: 807-808, 812.
6. Rinonapoli G, Caraffa A, Antenucci R (2012) Lung cancer presenting as a metastasis to the carpal bones: a case report. *J Med Case Rep* 6: 384.
7. Cooper JK, Wong FL, Swenerton KD (1994) Endometrial adenocarcinoma presenting as an isolated calcaneal metastasis. A rare entity with good prognosis. *Cancer* 73: 2779-2781.
8. Sebag-Montefiore DJ, Lam KS, Arnott SJ (1997) Tarsal metastases in a patient with rectal cancer. *Br J Radiol* 70: 862-864.
9. Sahinler I, Erkal H, Akyazici E, Atkavar G, Okkan S (2001) Endometrial carcinoma and an unusual presentation of bone metastasis: a case report. *Gynecol Oncol* 82: 216-218.
10. Perdonà S, Autorino R, Gallo L, DE Sio M, Marra L, et al. (2005) Renal cell carcinoma with solitary toe metastasis. *Int J Urol* 12: 401-404.
11. Ghandur-Mnaymneh L, Mnaymneh W (1982) Solitary bony metastasis to the foot with long survival following amputation. *Clin Orthop Relat Res* : 117-120.
12. Basden GT (1966) *Niger Ibos*. London: Cass.
13. Moss AL (1984) Secondary carcinoma simulating a pulp infection. *Injury* 16: 196-197.
14. Onuigbo WI (1975) Origins of the soil theory of cancer metastasis. *Mater Med Pol* 7: 254-255.
15. Wani I (2009) Metastatic squamous cell carcinoma of foot: case report. *Oman Med J* 24: 49-50.
16. Mavroudis D (2010) Circulating cancer cells. *Ann Oncol* 21 Suppl 7: vii95-100.
17. Onuigbo WI (2010) Lymphangiogenesis may explain adrenal selectivity in lung cancer metastases. *Med Hypotheses* 75: 185-186.
18. Woolf SH (2008) The meaning of translational research and why it matters. *JAMA* 299: 211-213.