

Ovarian carcinoma metastasis to the little finger

A case report

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Endometrioid carcinoma is the second most common carcinoma of the ovaries. We report the first case of a poorly differentiated endometrioid ovarian carcinoma that metastasized to bone.

Case report

A 43-year-old woman presented with tenderness and edema of her right little finger. Radiographic examination showed resorption of the proximal part of the middle phalanx (Figure 1), interpreted as an undisplaced fracture, although there was no trauma. Radiographs 6 weeks later showed complete resorption of the middle phalanx. She was referred to our hospital under the preliminary diagnosis osteomyelitis.

At this time, the finger was swollen and warm, but painless. A routine laboratory investigation was normal with exception to an elevated ESR (62 mm/h). Massive osteolysis (Fornasier 1970) was suspected, but angiography showed pathologic vessels in almost the entire finger. Chest radiographs showed multiple metastases. The patient had two subcutaneous lumps on the thorax. Malignant, low-differentiated ovarian carcinoma cells were found at biopsy from one of these tumors.



A. Resorption of the proximal part of the middle phalanx.



B. Six weeks later, the middle phalanx is destroyed. There is also some destruction of the cortex of the distal part of the proximal phalanx and in the middle of the distal phalanx.



C. Angiography showed pathologic vessels of the finger tumor.

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Figure 1. A 43-year-old woman with metastases from an endometrioid carcinoma to the right little finger.

The patient was hysterecto-oophorectomized, and the little finger was amputated through the metacarpophalangeal joint. When the finger was divided longitudinally, a tumor mass was visualized destroying the bony part of the proximal, middle, and most of the distal phalanx. Upon microscopy, it was seen that the carcinoma cells infiltrated the bony structures and surrounding soft tissues including the hypodermis. The tumor was classified as a poorly differentiated endometrioid carcinoma of the ovaries. The malignant cells found in the finger were identical in appearance with those of the primary tumor of the ovary. One week after the oophorectomy, the patient died of a pulmonary embolism.

Discussion

We have been unable to find a previous report of bone metastasis of endometrioid carcinoma. Our case shows the rapid bone resorption due to malignancy: the middle phalanx was completely resorbed in 6 weeks.

Reference

- Fornasier V L. Haemangiomatosis with massive osteolysis. *J Bone J Surg.* 1970; 52 (Br): 444-451.