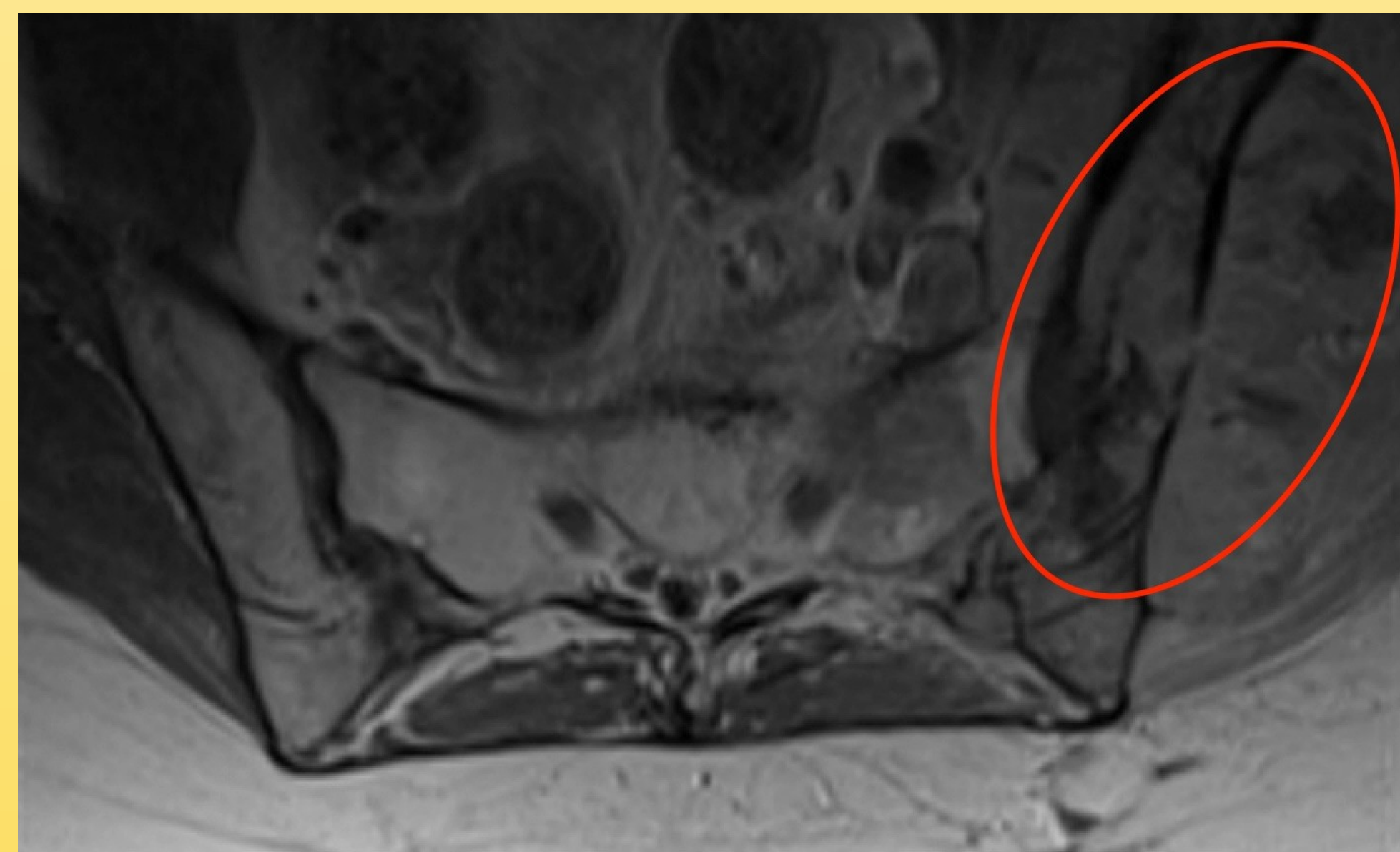


## Case Diagnosis

A 58 year old woman with a history of stage IIIB squamous cell carcinoma of the cervix was treated with chemoradiation, and considered in remission 5 years prior on PET CT. She presented to the ED with severe back pain, left sided sciatica, and paraesthesias. In the absence of cord compression or fracture, she was discharged to primary care follow-up.

A week later after telephone follow-up, her pain progressed to 10/10 with dense left leg numbness and multiple falls. Physiatry ordered a lumbar MRI for focal neurological findings. She was found to have a *large destructive lesion of the left ilium and hemisacrum with soft tissue extension*. Work-up revealed undifferentiated sarcoma, likely related to prior radiation.

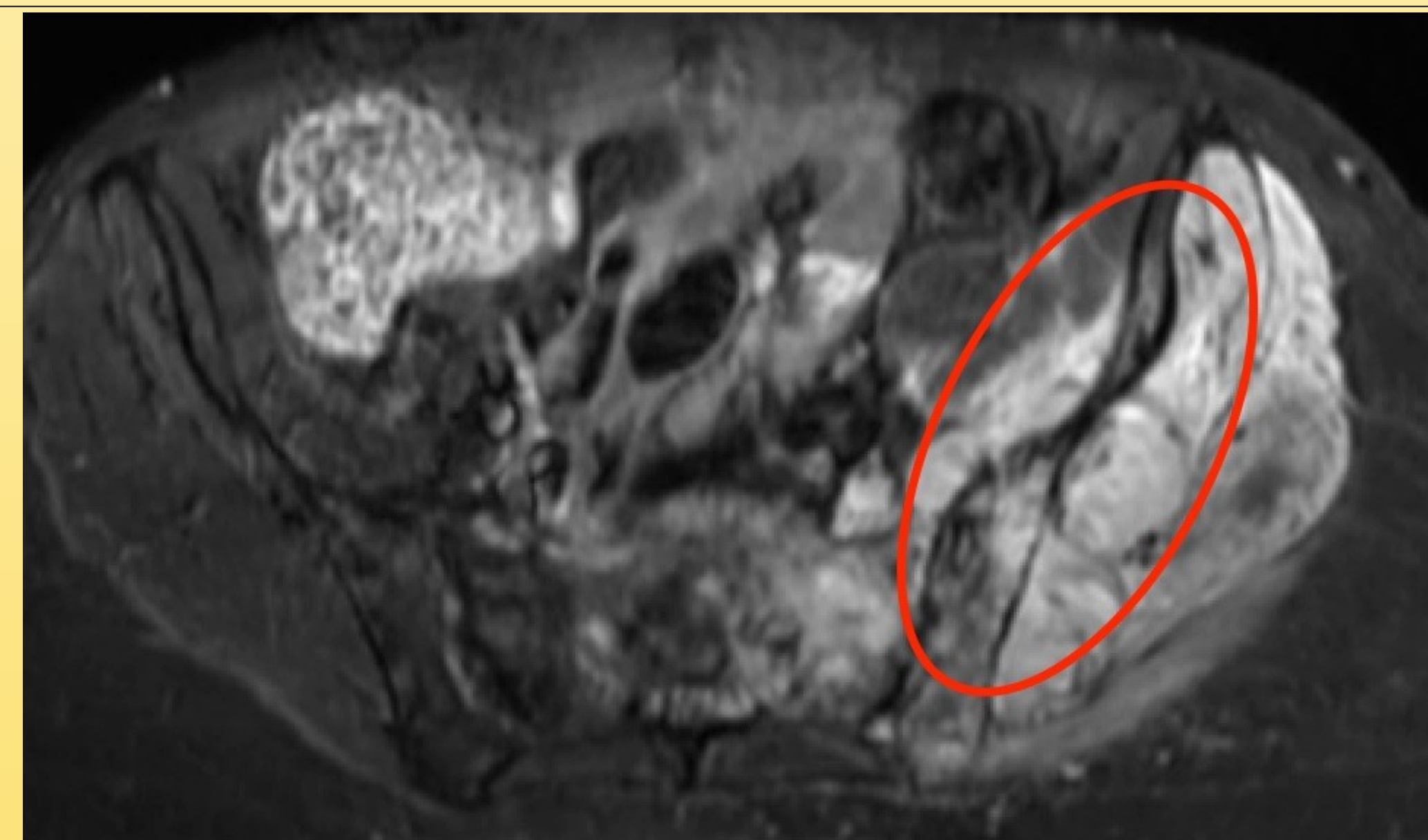


## CONCLUSION

Post-irradiation sarcomas are typically aggressive, have poor prognosis, and can develop within months of high doses of radiation therapies; clinicians index of suspicion for sarcomas in patients with a history of radiation must be high.

**Evaluation for progressive pain, weakness, and numbness may not be amenable to telemedicine until technology improves.**

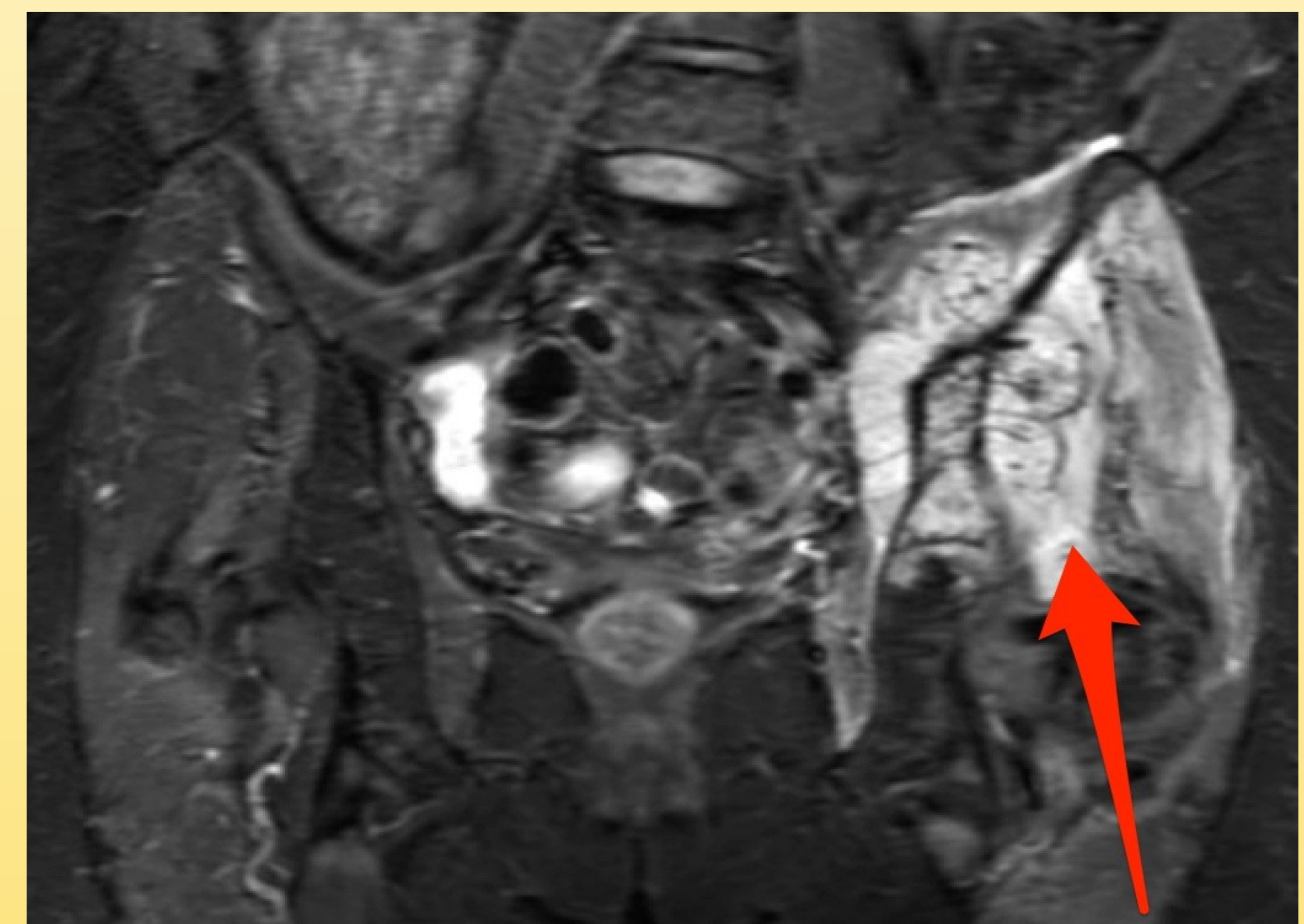
Patients that present with signs and symptoms of progressive nerve compression and bone pain should be re-examined early on.



Left: Initial MRI without contrast revealing cortical destruction most pronounced in ilium  
Above and Right: Follow up MRI with contrast revealing necrotic lesions soft tissue extension

## DISCUSSION

- Post-irradiation sarcomas (PIS) are a relatively rare event and exhibit dose dependency.
- Sarcomas can present with bone pain that can be worse at night. The pelvis is a common site for sarcoma development.
- Cases of PIS have presented in even just a few months after radiation therapy.



The prognosis of patients with PIS is poorer than those with primary sarcomas. This patient would require hemipelvectomy to attempt curative treatment. She is undergoing palliative care.