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Low back pain - an unusual presentation of acute lymphoblastic leukemia in a child – a case report

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Keywords: ALL, chemotherapy, LDH, pancytopenia, sacroileitis

INTRODUCTION/OBJECTIVES: Acute lymphoblastic leukemia is the most common malignant disease in children. Common inital symptoms are fatigue, pallor, bleeding tendency and bone pain. Laboratory findings show cytopenia with or without leukocytosis and often elevated lactate dehydrogenase. First line therapy is corticosteroids, chemotherapy and in high-risk cases with non - favorable outcome hematopoietic stem cells transplantation.
CASE PRESENTATION: A 9.5-year-old girl initially presented with back pain. She had immense pain after she fell during physical activity. Her pain increased so that she was physically restricted. First the orthopaedic diagnosed the child with asymmetrical pelvis and treated the patient conservatively, which didn´t help. In the next weeks she had severe thoracolumbar spine pain, that spread to the right side of the abdomen. One month from beginning of the low back pain, she was admitted in the hospital. The MRI of the thoracolumbar region showed signs of spondylitis and stress fractures. Scintigraphy showed inhomogeneous pronounced accumulation of radionuclides in regions Th10 and Th11. The findings of pancytopenia and moderate increase in ESR, raised the suspicion of lymphoproliferative disease. Bone marrow aspiration confirmed the diagnosis of ALL. FISH showed chromosome 21 tetrasomy in 51% of interphase nuclei and ETV6 gene deletion in 33% interphase cores, while PCR showed the IgH clonality. LDH values were normal. Two months after the diagnosis our patient is in good condition, in first complete remission after induction treatment.
CONCLUSION: This case report presented an ALL patient with normal LDH values and pancytopenia. The low back pain delayed the decision about the correct diagnosis.

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Meningoencephalic herniation of the temporal bone

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Keywords: cranial meningoencephalocele, mastoidectomy, otitis media with effusion, tympanoplasty

INTRODUCTION/OBJECTIVES: Meningoencephalocele is a potentially life-threatening condition in which meningeal or enchephalic tissue is herniated into the middle ear or mastoid through the bony defect in the tegmen plate.
CASE PRESENTATION: A 55-year-old woman presented to the ENT department with a headache around the left ear, ear fulness, and conductive hearing loss. She had previously had a tympanomastoidectomy two years ago. Otoscopy showed effusion behind the intact tympanic membrane. Although more common conditions such as otitis media with effusion or eustachian tube dysfunction present with such symptoms, a history of salty taste in her mouth lead us to suspicion of iatrogenic meningoencephalocele. The diagnosis of brain tissue herniation was confirmed via radiographic imaging. She was treated surgically with a reconstruction of the skull base defect and made a full recovery.
CONCLUSION: This condition is rare and serious and one has to be suspicious when there is otitis media with effusion in a previously operated ear. Potential complications include cerebrospinal fluid leak, epilepsy and intracranial infection. The treatment of choice is surgery and the approach is chosen depending on the size of the bone defect.