

LETTER

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## Trochanteric bursa effusion heralding relapse of lung adenocarcinoma

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**Key words** Bursitis · Greater trochanter · Neoplasia

Dear Sir,

A 64-year-old woman presented in October 2006 to the Hematology Day Ward with a large, tense, and tender swelling over the right trochanter that interfered with hip movements (Fig. 1A, B). She had been diagnosed with autoimmune hemolytic anemia in August 1997, right lung adenocarcinoma in August 1998, and she underwent lobectomy. A computed tomography (CT) scan of the right hip area revealed a large cystic swelling above the trochanteric bursa; aspiration yielded 100ml of cloudy brown fluid revealing degenerate atypical cells with eosinophilic cytoplasm and multinucleated giant cells against a background of necrotic debris suggesting a metastatic spread. A CT of chest/abdomen identified numerous small opacities throughout the left lung, five large liver lesions (6cm diameter) and scattered osteoblastic metastases in the thoracic vertebrae. A planned biopsy was cancelled as the patient deteriorated rapidly and passed away 3 weeks from presentation.

Symptomatic trochanteric bursitis has been described twice as an early manifestation of metastatic disease. In a 77-year-old woman, scintigraphy revealed increased uptake in the greater trochanter later considered metastatic breast cancer for an ill-defined mass on mammography.<sup>1</sup> In a 71-year-old woman, a pelvic magnetic resonance imaging showed a high-intensity signal in the gluteus medius and minimus that represented metastatic adenocarcinoma from an unknown site on a subsequent biopsy.<sup>2</sup> These rare causes should be included in the differential diagnosis of trochanteric pain; in our patient, the unusual size of the swelling undeniably indicated a problem in the trochanteric area, later identified as a malignant effusion in the trochanteric bursa.



**Fig. 1.** Massive swelling over greater trochanter and computed tomography of hip region

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