

Bone Metastases in Elderly Subjects: Experience of the Rheumatology Department

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Please cite this article as: Khalifa D et al. Bone Metastases in Elderly Subjects: Experience of the Rheumatology Department. Middle East Journal of Age and Ageing. 15(3):57. DOI: 10.5742MEJAA.2018.93569

ABSTRACT

Introduction: Bone metastases are common in elderly subjects. Bone lesions can be the first sign of a primitive tumor and the occurrence of bone metastasis signifies a negative shift in the disease.

Patients and methods: A retrospective descriptive study aims to determine the epidemiological, clinical and radiologic profile of bone metastases in the elderly in our rheumatology department. We collected 45 files of patients aged 65 years or older with bone metastases between 2004 and 2018.

Results: We studied 32 men and 13 women with an average age of 73.17 years. Symptoms leading to diagnosis of bone metastasis were an impairment of the general state in 64.4% of cases, radiculalgia in 46.6% of cases, inflammatory rachialgia in 28.8% of cases, bone pain in 17.7% of cases. Radiological analysis showed lytic bone lesions in 57.7% of cases with a high frequency of vertebral fractures (31.1%), mixed lesions in 37.9% of cases and condensing in 4.4% of cases. The predominance of multiple lesions was noted. Diagnosis of bone metastasis was easy when the primary cancer was already known in 11 patients, and in 10 patients, etiological investigation was unsuccessful. The etiological survey revealed prostate cancer in 14 patients, 10 cases of lung cancer, 3 cases of digestive cancer, 4 cases of urothelial cancer, 2 cases of breast cancer. Almost all patients

were transferred to a specialized anti-cancer service. 48.9% of the patients required morphine for pain management, three patients received radiotherapy for analgesic therapy and 11 patients for bisphosphonates.

Conclusion: Discovery of bone metastases in elderly subjects involves heavy and expensive examinations for a palliative treatment offering little to no chance for recovery, making their care a real multidisciplinary challenge. The therapeutic choice in the elderly remains difficult because of co-morbidities and pain management being an important factor in preventing autonomy loss.