

than 25 mm/1-h) and C reactive protein of 1.4 mg/dL (normal: 0-1 ng/ml). An X-Ray of the region was done and showed no anomaly. The bone whole body scintigram was negative at the level of the lump region except for a newly diagnosed fracture rib at the level of 9th left rib which was considered also osteoporotic. A computed tomography showed the subcutaneous localisation of the lump with small calcifications and no bone involvement (Figure 2). Paget's disease of the bone was excluded and the diagnosis of menopausal osteoporosis was considered accidental. No change of prior recommendations regarding osteoporosis was done. Further periodic assessment is necessary.

DISCUSSION

Paget's disease of the bone has focal, single or multiple lesions with a relative slow progression affecting bone, joints and vascular areas (7). It has a relative high frequency in some populations but less than primary osteoporosis (7). Bone deformities as it might have been in this case are identified especially in pressure areas (8,9,10). Serum total alkaline phosphatase remains the first line of assays even less than on fifths of cases had normal values (5,10,11). In this case the bone turnover were within normal limits except for a small decrease of CrossLaps. Generally the bone turnover markers are considered with a high inter- and intra- individual variability (12,13). The derivatives from collagen are most useful in daily practice (12,13,14). A recent fracture increases the bone markers for a while and they are not useful for establishing the diagnosis of osteoporosis (12). In Paget's disease or multiple myeloma the markers may reach to extremely high values (10,12). Under

biphosphonates the markers get low opposite to teriparatide therapy as an osteoanabolic option (13,14,15). In this case we do not currently consider clinically relevant the value of CrossLaps.

Radionuclide bone scans are useful for positive diagnosis and for differential diagnosis as seen here regarding bone metabolic conditions (5,10). Even a prior undetected fracture was identified at the rib the region with deformation was not active. Yet, there are authors who do not consider that the use of bone scintigraphy is as relevant in order to change the evaluation on patients with limb pain which is suspected to be connected with a musculoskeletal condition (18).

Local pain may be the first sign that allows the condition's detection based on clinical approach (5,10). Another interesting differential diagnosis of the forearm lump might be a muscle metastasis (19,20). There are only a few reports in the literature (19,20). Direct muscle invasion from a cancer is atypical (19,20). A case of a woman with previous breast cancer identified a biceps metastasis which was treated with local radiotherapy (19). Another series of 205 patients with oesophageal cancer revealed 4 subjects with skeletal muscle metastasis based on PET/CT (positron emission tomography/computed tomography) scan (20). Fortunately this was not the case here even it was taken into consideration at the begging of re-assessment as a differential diagnosis.

CONCLUSION

The proximity with a bone disease diagnosis needs to differentiate a subcutaneous lesion from a potential bone deformity caused by a metabolic bone condition.

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