Scientific letter

Chest wall osteomyelitis after breast cancer surgery. A case series

Osteomielitis de la parrilla costal en pacientes posoperadas de cáncer de mama. Una serie de casos

To the editor,

Patients with locally advanced breast cancer receiving pre-operative chemoradiation have a 45% surgical complication rate including surgical site infection, dehiscence and flap necrosis. Secondary chest wall osteomyelitis (CWO) is an infrequent, poorly described event, usually a complication of cardiothoracic surgery. After breast surgery, it has been described anecdotally.

The aim of this study was to describe a follow-up case series of patients who presented with CWO after mastectomy. Between January 2005 and August 2010, eleven patients developed CWO. Ten had tumors >5 cm, 4 (36.3%) were ulcerated at diagnosis; 10 had locally advanced breast cancer, and 1 metastatic disease. Bone scans (99mTc-MDP) prior to treatment were negative for bone

Table 1
Clinical, microbiology and outcome information related to chest wall osteomyelitis in patients with breast cancer.

<table>
<thead>
<tr>
<th>#</th>
<th>Surgical procedure</th>
<th>Nec.</th>
<th>Deh.</th>
<th>SSI</th>
<th>Culture</th>
<th>Antibiotics</th>
<th>CWO outcome</th>
<th>Cancer outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Patey RMM</td>
<td>–</td>
<td>+</td>
<td>+</td>
<td>Negative</td>
<td>Cipro + rif</td>
<td>Resolved 25 weeks</td>
<td>Alive without cancer</td>
</tr>
<tr>
<td>2</td>
<td>Madden RMM</td>
<td>+</td>
<td>–</td>
<td>–</td>
<td>MS S. epidermidis</td>
<td>Cipro + clindamycin</td>
<td>Resolved 14.5 weeks</td>
<td>DFS: 3.96 years Dead. (overall survival: 4.12 years)</td>
</tr>
<tr>
<td>3</td>
<td>Madden RMM</td>
<td>–</td>
<td>+</td>
<td>+</td>
<td>MS S. aureus</td>
<td>Cipro + rif</td>
<td>Resolved 16 weeks</td>
<td>Alive without cancer</td>
</tr>
<tr>
<td>4</td>
<td>Madden RMM</td>
<td>+</td>
<td>–</td>
<td>+</td>
<td>–</td>
<td>Cipro + rif</td>
<td>Resolved 16 weeks</td>
<td>Alive without cancer</td>
</tr>
<tr>
<td>5</td>
<td>Madden RMM</td>
<td>+</td>
<td>–</td>
<td>+</td>
<td>MS S. aureus K. pneumoniae</td>
<td>Cipro + rif</td>
<td>Resolved 13 weeks</td>
<td>Alive without cancer</td>
</tr>
<tr>
<td>6</td>
<td>Patey RMM</td>
<td>+</td>
<td>–</td>
<td>–</td>
<td>MS S. aureus C. albicans</td>
<td>Cipro</td>
<td>Resolved 12 weeks</td>
<td>Alive without cancer</td>
</tr>
<tr>
<td>7</td>
<td>Patey RMM</td>
<td>+</td>
<td>–</td>
<td>+</td>
<td>P. aeruginosa</td>
<td>Cipro</td>
<td>Improved persists with osteomyelitis</td>
<td>DFS: 4.02 years Alive without cancer</td>
</tr>
<tr>
<td>8</td>
<td>Madden RMM</td>
<td>+</td>
<td>–</td>
<td>+</td>
<td>E. coli</td>
<td>Cipro + rif</td>
<td>Resolved 24 weeks</td>
<td>Alive without cancer</td>
</tr>
<tr>
<td>9</td>
<td>Patey RMM</td>
<td>+</td>
<td>–</td>
<td>–</td>
<td>Quinolone-resistant P. aeruginosa</td>
<td>Cef + prob</td>
<td>Resolved 16 weeks</td>
<td>Alive without cancer</td>
</tr>
<tr>
<td>10</td>
<td>Madden RMM</td>
<td>+</td>
<td>–</td>
<td>–</td>
<td>P. aeruginosa</td>
<td>Cipro + rif</td>
<td>Resolved 22 weeks</td>
<td>DFS: 4.42 years Alive without cancer</td>
</tr>
<tr>
<td>11</td>
<td>Halsted RM</td>
<td>–</td>
<td>+</td>
<td>+</td>
<td>S. pyogenes</td>
<td>Oflox</td>
<td>Resolved 12 weeks</td>
<td>Lost to follow-up DFS: 2.45 years</td>
</tr>
</tbody>
</table>

RMM, radical modified mastectomy; RM, radical mastectomy; Nec, necrosis; Deh, dehiscence; SSI, surgical site infection; CWO, chest wall osteomyelitis; Cipro: ciprofloxacin; Rif, rifampin; Cef, cefitubin; Prob, probenecid; Oflox, ofloxacin; DFS, disease free survival (from cancer diagnosis to recurrence or metastasis. In patients without recurrence or metastasis is as well, overall survival).

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metastasis in all cases. Patients received anthracycline based neoadjuvant chemotherapy; none had an adequate clinical response. Nine were treated with concomitant chemoradiation and 2 received preoperative radiation; ten (91%) developed radioepithelitis. All, except one, underwent modified radical mastectomy.

Patients with a non-healing wound and excruciating pain in 1 or more costal arches, not responding to standard clinical care were evaluated for CWO. Ten patients underwent radionucleide bone scan with 99m Technetium-Ubiqicidin (99mTc-UBI) and 1 with 99mTc-MDP, being abnormal in all cases. Wound cultures were obtained through swab technique in 10 (91%) patients. The most common pathogens were: Staphylococcus aureus (3, 33.3%) and Pseudomonas aeruginosa (3, 33.3%). At CWO diagnosis, 8 (88.8%) were treated with ciprofloxacin + rifampicin, 3 with ciprofloxacin, and one with cefitunbien + probenecid. Mean duration of treatment was 19.8 weeks. Four patients (36.4%) underwent surgical lavage, 2 required infected rib extraction, and 2 underwent split thickness skin grafting for defect covering. CWO resolved in 10/11 patients. In Table 1, clinical, microbiology data and outcome related variables are shown for each case.

There are few reports of late CWO occurring years after breast irradiation. To the best of our knowledge, this is the first report of CWO after surgery in patients with breast cancer.

Patients described in this series share multiple characteristics. Most were women with tumors greater than 5 cm, without an adequate response to neoadjuvant chemotherapy that further received concomitant chemoradiation and underwent radical surgery. During the postoperative period, all developed major surgical wound complications.

Diagnosis of CWO in previously radiated patients remains a challenge. Bone biopsies for culture are barely available, and osteonecrosis can mimick a bone infection. 99mTc-UBI scintigraphy has been used in our Institution for several years for evaluating osteomyelitis. 99mTc-UBI scintigraphy is an antimicrobial peptide, which selectively binds the bacterial wall and allows discrimination between infection and inflammation. 3-7 most useful in these patients. Clinical studies have reported 96% sensitivity and 100% specificity 3,8 when compared with conventional Tc-MDP scans and bone biopsy; however, its efficacy has not been proved in large randomized controlled trials.

Treatment of chronic osteomyelitis is challenging. Despite continued research, most aspects of antibiotic treatment are still poorly understood. In our series, most of the patients (88.8%) were treated with oral ciprofloxacin, which has excellent bioavailability and bone penetration. In 8 patients, a combination of ciprofloxacin + rifampicin was used, as rifampicin enhance fluorquinolone regimens for staphylococci and to prevent resistance.

This report has several limitations. As in any retrospective study some data was missing and different clinicians treated these patients. Although considered as the gold standard for osteomyelitis diagnosis, we were unable to obtain a bone biopsy for culture in any patient due to the high morbidity related to costal arch sampling in irradiated tissue. In these patients, there is an increased risk of a non-healing wound. Despite these biases, the high specificity of 99mTc-UBI scintigraphy, along with clinical improvement, and a decrease on inflammatory markers, supports CWO diagnosis.

CWO is uncommon, but is likely underestimated. It increases health-care costs and produces such disability that warrants timely recognition. This study provides information for clinicians involved in the treatment of patients with advanced breast cancer, wound complications and CWO.

References


María Fernanda González-Lara a, Carlos Robles-Vidal b, Enrique Estrada-Lobato c, Diana Vilari-Compé a

a Infectious Diseases Department, Instituto Nacional de Cancerología, Mexico
b Breast Tumor Department, Instituto Nacional de Cancerología, Mexico
c Nuclear Medicine Department, Instituto Nacional de Cancerología, Mexico

*Corresponding author.
E-mail address: diana_vilar@yahoo.com.mx (D. Vilari-Compé).

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Varón brasileño de 19 años con anemia ferropénica grave

A 19 year old Brazilian male with severe iron deficiency anemia

Sr. Editor:

La unciniaresis es una geohelmintiasis intestinal causada por nematodos hematofágos de la familia Ancylostomidae («boca con ganchos»), principalmente Ancylostoma duodenale y Necator americanus, común en áreas tropicales y subtropicales, y que actualmente afecta a unos 740 millones de personas en el mundo (más del 10% de la población mundial) 1,2. En el siglo xix y principios del xx se describió en Europa, incluyendo nuestro país, la denominada «anemia de los mineros», producida por A. duodenale 3. Los gusanos adultos miden alrededor de 1 cm de largo, según las especies, y presentan una cápsula bucal quitinosa 4. Hoy día, la importancia de la unciniaresis en nuestro medio es como enfermedad importada 4,5. Presentamos el caso de un paciente con anemia ferropénica grave secundaria a unciniaresis intestinal.