

Introduction

- Spinal metastases occur in 2-14% of gastrointestinal cancers (GI CA) depending on the specific cancer type (1).
- While back pain is the most common symptom, atypical presentations lead to misdiagnosis (2).
- This case involves a patient with known GI CA with severe generalized pain and weakness that was consistently attributed to cancer fatigue and deconditioning.
- After extensive workup, she was found to have spinal metastasis from metastatic GI CA.

Assessment and Results

Patient:

- 41-year-old female with gastric adenocarcinoma and suspected peritoneal carcinomatosis presenting with progressive lower extremity weakness, contractures, and intractable widespread pain

Physical Exam:

- Significant functional deficits: worsening lower extremity (LE) weakness and hypertonia (Modified Ashworth Scale 4 tone in bilateral LEs), hyperreflexia, and positive Babinski sign bilaterally

Hospital Course:

- Neurological symptoms, including oropharyngeal dysphagia, tongue atrophy, and left upper extremity contractures, evolved rapidly over 1–3 months without a clear inciting event.
 - DDX included motor neuron disease, paraneoplastic syndrome, or functional neurological disorder,
- Despite no acute trauma, she continued with uncontrolled back and widespread pain, and developed severe LE contractures and worsening dysphagia, necessitating enteral support.

Imaging:

- MRI of the spine revealed spinal metastases throughout her spine, providing an etiology for her pain and neurological deficits (Figures 1, 2). This, combined with her entire clinical context, prompted a shift in management toward palliative care.

Spinal metastases from GI CA is rare and can present with atypical, widespread pain and neurological deficits that mimic functional or neurodegenerative disorders.

Early recognition through a thorough history and physical exam is critical to guide appropriate patient care.

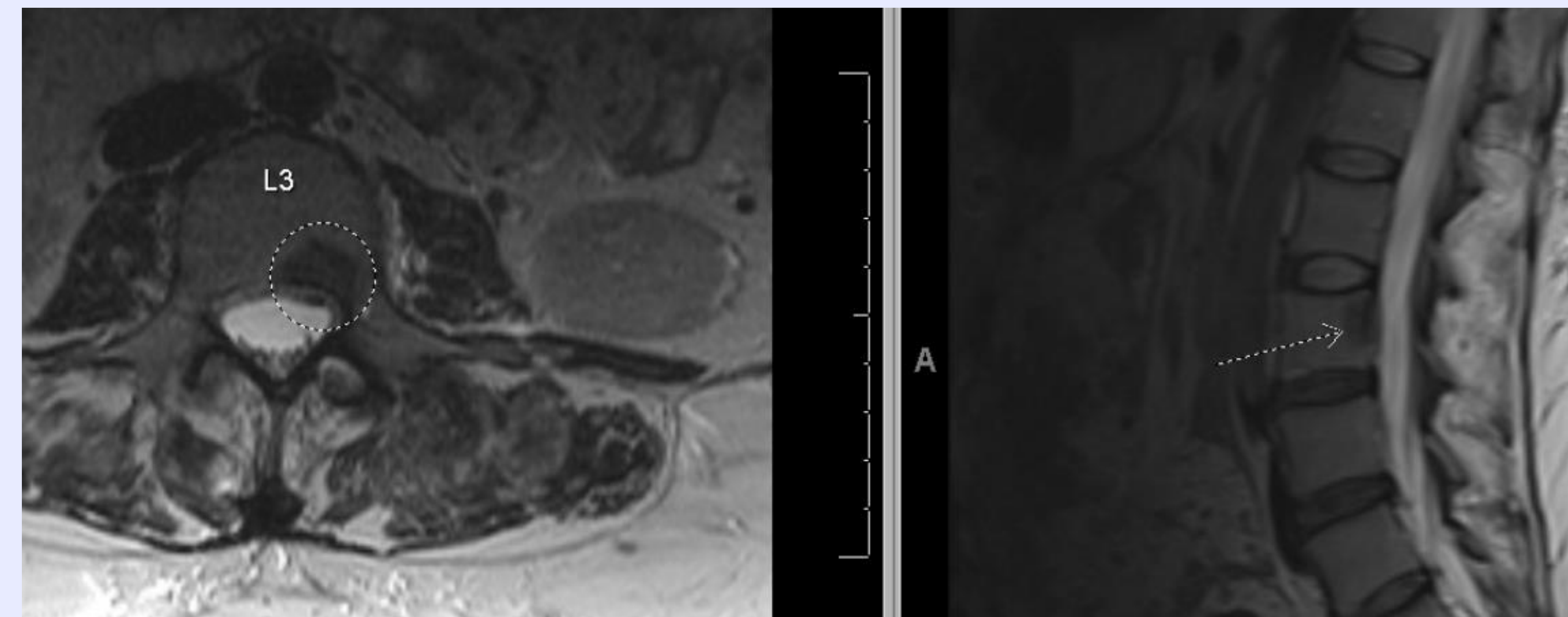


Figure 1. Lumbar paraspinal metastasis

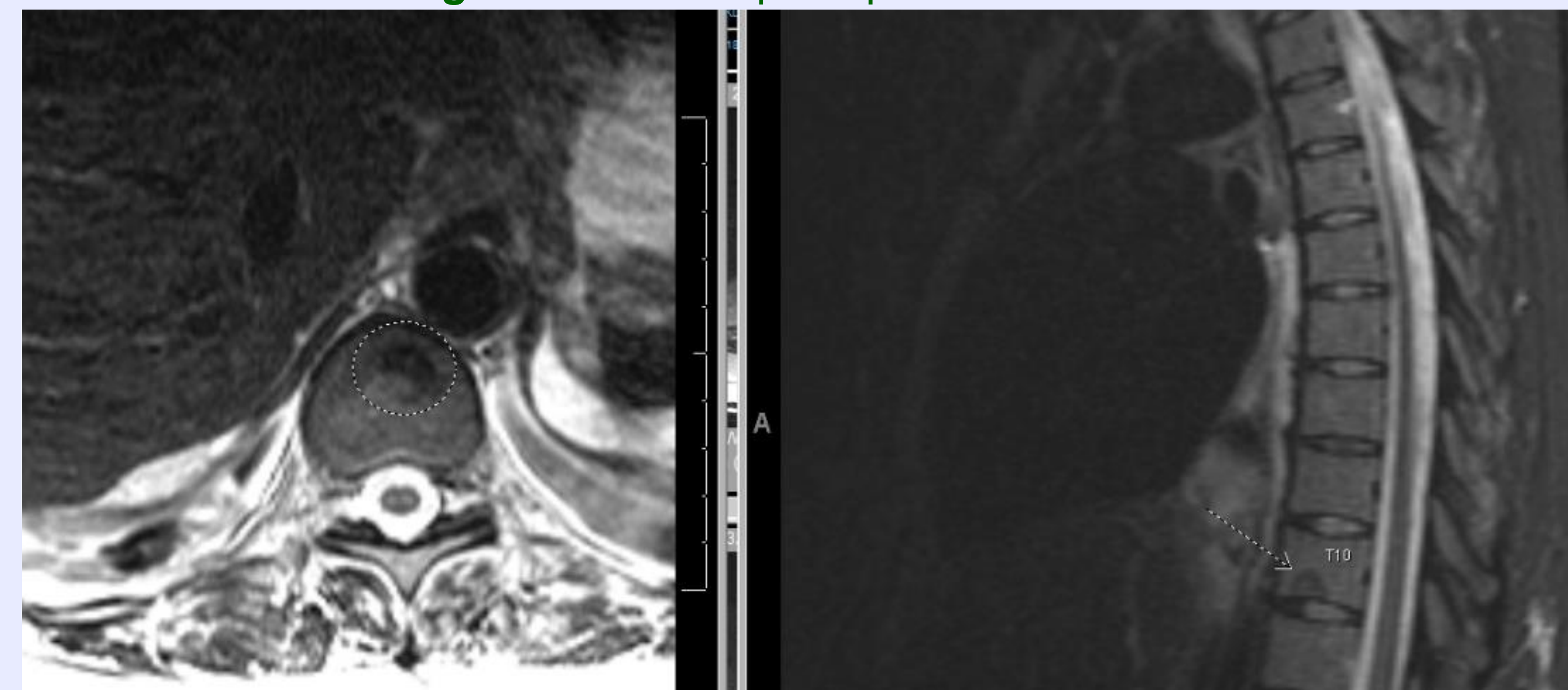


Figure 2. Metastatic lesion to T10



Figure 3. Cervical metastasis

Discussion and Conclusion

- Metastasis of gastrointestinal cancer to the spine is relatively rare and often presents with nonspecific symptoms, making diagnosis challenging (1,2).
- In this case, pain and motor deficits mimicked functional or neurodegenerative disorders, delaying recognition.
- Rapid progression and atypical findings prompted MRI, revealing spinal metastases.
- This underscores the need for early imaging and high suspicion in cancer patients with evolving neurological symptoms.
- Multidisciplinary care is essential for preserving function and improving quality of life.

References

1. Shah LM, Salzman KL. Imaging of spinal metastatic disease. Int J Surg Oncol. 2011;2011:769753.
2. Chaudhry F, Ahmed M, Nadeem M, et al. Functional neurological disorder: A complex diagnosis requiring a multidisciplinary approach. J Neurol Sci. 2021;428:117621.