CASE-BASED DISCUSSION

26th June 2018

The Patient

A 52-year-old female, known to the practitioner for many years, presented with some sciatica and a "screw/wringing-out" pain in her hip and down her leg along the sciatic nerve.

On Examination

The sciatic pain could be explained by mechanical causes (possible disc involvement), but there was no obvious problem with the hip.

Action Taken

Possibly as a result of a previous case-based discussion, the patient was referred directly (ie not via GP) to a BUPA hospital for LSP MRI. For info, the rough cost was £350, but the BUPA hospital staff (despite having accepted the osteopath's referral) were "off hand" with the patient because she had not been referred by a doctor.

Results

Results were sent to the osteopath (the referring clinician) two days after the scan. Here's a summary:

Examination: *MRI Spine Lumbar/Sacral*

Indication: *Right side LBP with pain and paraesthesia along the line of the sciatic nerve and the right leg.*

Findings:

Irregular destructive bone lesions in the sacrum, mainly S1/2.
Bone destruction of knee the whole of S1 and upper third S2.
Breech of cortex posteriorly at S1 extending postero-lateral on left.
No associated soft tissue masses.
Lesions show low signal intensity on T1 images, increased on T2 and STIR.
Appearance consistent with aggressive bone destruction, probably metastatic.
Multiple rounded lesions in remaining lumbar vertebrae:
- *L1 just below superior endplate*
- *L3 just above inferior endplate posteriorly*
- *L4 posteriorly just above inferior endplate*
- *Several rounded lesions in L5 posterior and anterior*
- *Lesions vary 8 - 20mm in diameter, consistent with metastases*

Left iliac lesion also demonstrated
Spinal canal and cord normal, tip of conus ends opposite L1
Neural foramina are clear
No disc protrusions or extrinsic root compression

Minor bulging of discs at lower 3 lumbar levels
Reduced signal lower LSP discs, consistent with dehydration/early degeneration
Facet arthropathy at lower 3 LSP levels

Conclusion: *Multiple bone metastases involving most of LSP, but particularly S1/S2. No obvious primary site*

Follow-Up

The osteopath immediately rang the patient with the results – not an easy task, given the findings.

The Practitioner's Concerns

What do I do next?
The family does not cope at all well with stress.
Practitioner cannot offer therapy, but wants the patient to know he can lend a sympathetic ear.
But he is neither an expert in oncology, nor a counsellor.
Practitioner is not qualified to judge the suitability of any particular counselling service.
If /when the patient dies, could his actions be questioned?
Might the General Council uphold a complaint?

The Discussion

- Make sure all communication with the patient is noted in the case history, plus any related communication with other agencies.
- Ask GOsC for guidance (then they cannot fault you for failing to follow procedure)
- Check whether the patient's GP has a copy of the MRI report. If not, forward a copy (with patient's consent). It was noted that the MRI unit are likely to have sent a copy only to the referring practitioner. The GP's involvement was agreed to be important.
- Call patient's GP to discuss the best way ahead.
- Make it clear that you are not qualified to offer oncology or counselling advice; recommend the Macmillan service.
- Necessary to contact the patient, if only to make sure that she understands the necessary steps and is taking them (or has consciously decided not to do so)

Post Script

After the case based discussion the practitioner contacted the GOsC, who could offer no specific advice other than to suggest he contact my patient in writing, so that she could choose to make contact. A phone call did not such a choice.
The practitioner has also emailed the hospital radiology department (impossible to phone) to ask if the patient's GP was sent a copy of the report. He discovered that it had not been sent because the GP's practice had refused to use the BUPA "Egress" system for secure transmission of data. After speaking to the practitioner, the hospital decided to send it via insecure means.

The osteopath sent the patient flowers. She replied with a lovely and understanding text.
Excellent patient-handling, and great clinical sense by the practitioner concerned!