

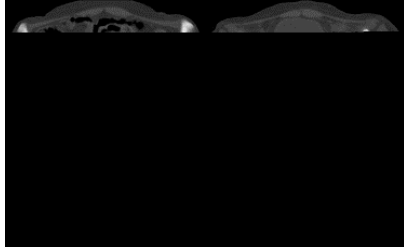
# Rectal Carcinoma with Osteosclerotic Metastases-A Rare Occurrence

FU<sup>1</sup> i<sup>1</sup> FUghc [ ]<sup>1</sup> z<sup>1</sup> ; i<sup>1</sup> nUf] @U<sup>1</sup> AYYbU<sup>2</sup> z<sup>1</sup> 5g]z<sup>1</sup> AU<sup>1</sup> X<sup>1</sup> KUb] <sup>1</sup> z<sup>1</sup> Mi\_h]\_U<sup>1</sup> ; i<sup>1</sup> dhU<sup>1</sup> z<sup>1</sup> DUkUb<sup>1</sup> >c**cb**<sup>1</sup> UbX<sup>1</sup> J<sup>1</sup> U] DfUuUd<sup>1</sup> G]b [ \ <sup>1</sup>

<sup>1</sup>Teerthanker Mahaveer Medical College and Research Center, Moradabad, Uttar Pradesh, 244001, India

<sup>2</sup>Sardar Patel Medical College and PBM Hospital, Bikaner, Rajasthan, India

\*



**Figure 2** Transaxial CECT images in bone window settings show osteosclerotic pelvic bone metastases.

## Discussion

Osseous metastases from colorectal carcinoma are rare with higher rarity in absence of pulmonary or hepatic metastases [4,7]. As the postulated route of spread is direct invasion of paravertebral venous plexus of Batson, the common sites of metastases are vertebrae followed by pelvic bones, sacrum, skull and long bones in the decreasing order of frequency.

Nozue et al. reported very low overall incidence of skeletal metastases in colorectal cancers i.e. 1.3% with majority of them being coexistent with hepatic/ pulmonary metastases and 0.32% incidence of isolated skeletal metastases with majority associated with rectosigmoid colon metastasis [8].