

PLABABLE

GEMS

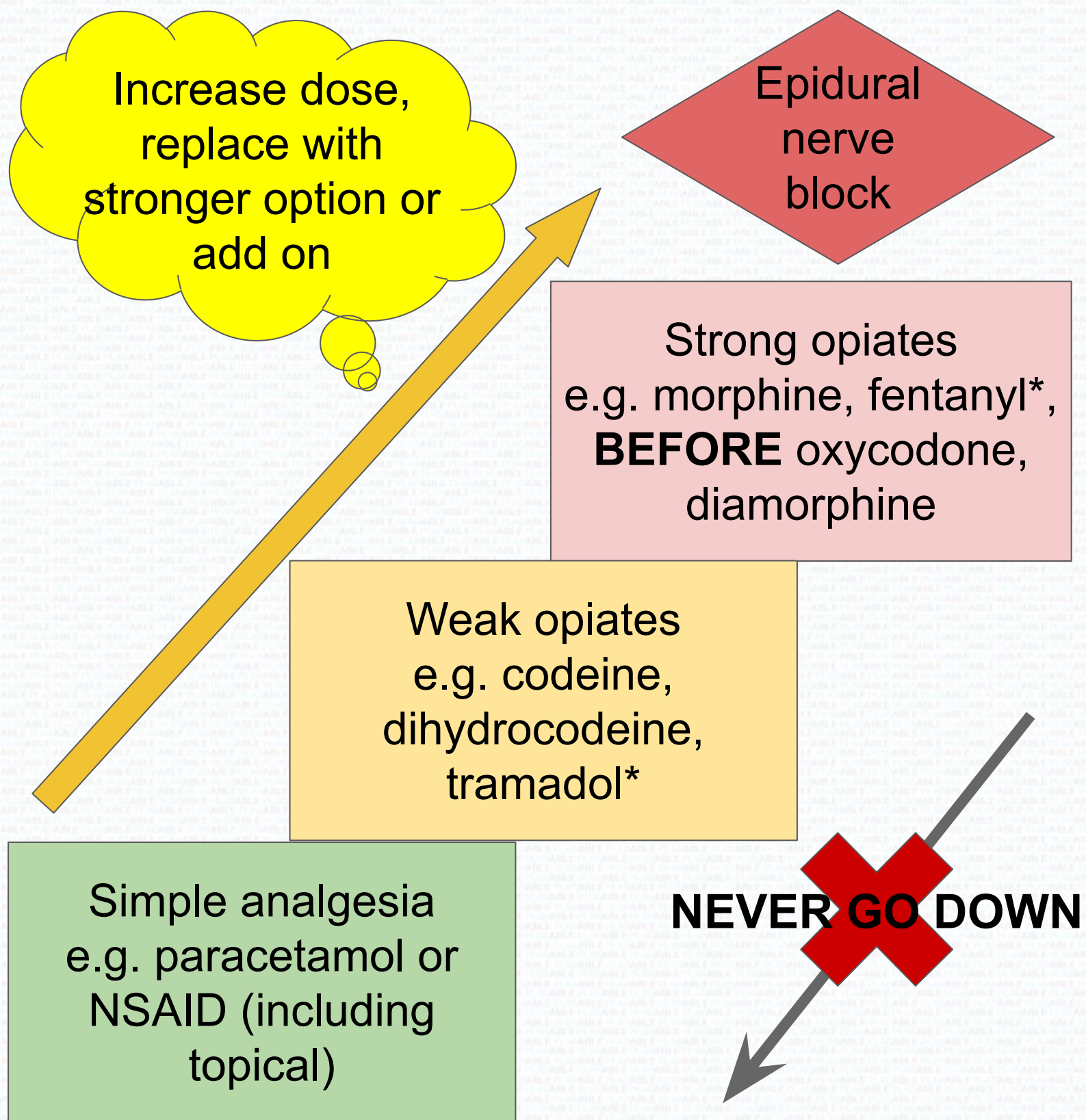
VERSION 1.9

ONCOLOGY



PLABABLE

Pain Ladder

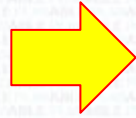


In pain caused by vertebral metastasis (e.g. breast), all 3 steps might be used at the same time as **lower vertebrae pain** can be very **severe**

*After an **open surgery**, use **morphine** as analgesic, can be weaned off after

Oncology Complications

Antispasmodic
e.g. mebeverine



Visceral pain

Haloperidol



Intractable hiccup due
to metastasis

Senna



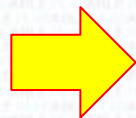
Constipation secondary
to opioids

Metoclopramide



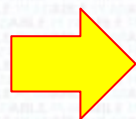
Vomiting due to opioids

Steroids



Severe anorexia

Cholestyramine



Itching due to jaundice

Nausea & Vomiting

Causes

Glioblastoma (intracranial tumour)

→ ↑ Intracranial pressure

Causing 🤢 nausea and vomiting 🤮

Treatment

First-line antiemetic for nausea & vomiting secondary to ↑ intracranial pressure is

Cyclizine

Dexamethasone

1. Shrink oedema around tumour
2. Reduce intracranial pressure
3. Relieve nausea & vomiting

Superior Vena Cava Obstruction

- It is an oncological emergency caused by compression of the SVC
- Most commonly associated with lung cancers

Features

- **Dyspnoea** - shortness of breath
- **Swelling of face, arms, and neck** - maybe conjunctival and periorbital oedema
- **Facial plethora**
- **Headache** → often worse in the morning
- Visual disturbance
- Pulseless jugular venous distention
(**distention of neck and upper chest veins**)

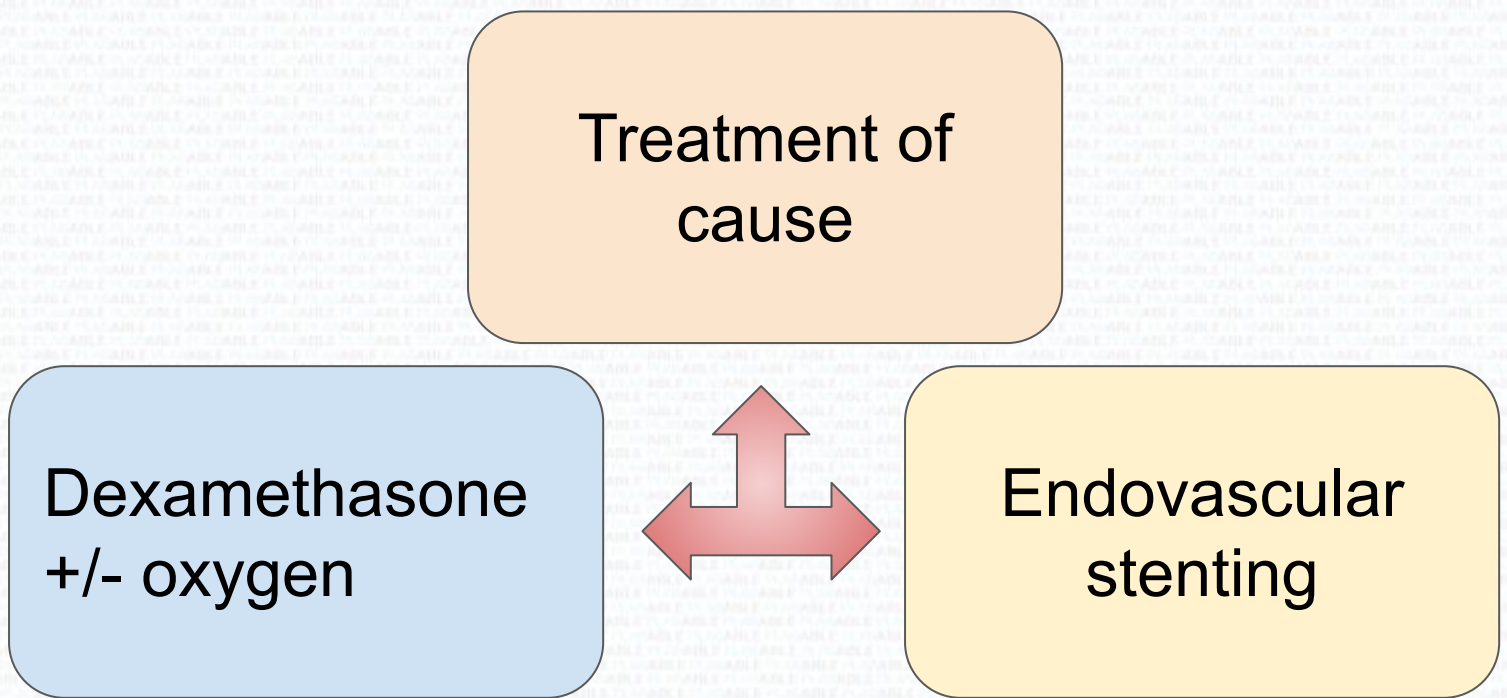
Causes

- Common malignancies e.g. small cell lung cancer, lymphoma

Investigations

- Chest x-ray (Initial)
- CT scan with contrast (most appropriate)

Superior Vena Cava Obstruction Management ONC 6



Brain trainer:

Patient diagnosed with **small cell lung cancer**, presented with **shortness of breath** and **headache** for several weeks. He has **swelling of face, neck and arms**, and **distention of his neck and veins** which has been worsening over weeks. On examination, he has **facial plethora**, no audible stridor or laryngeal oedema

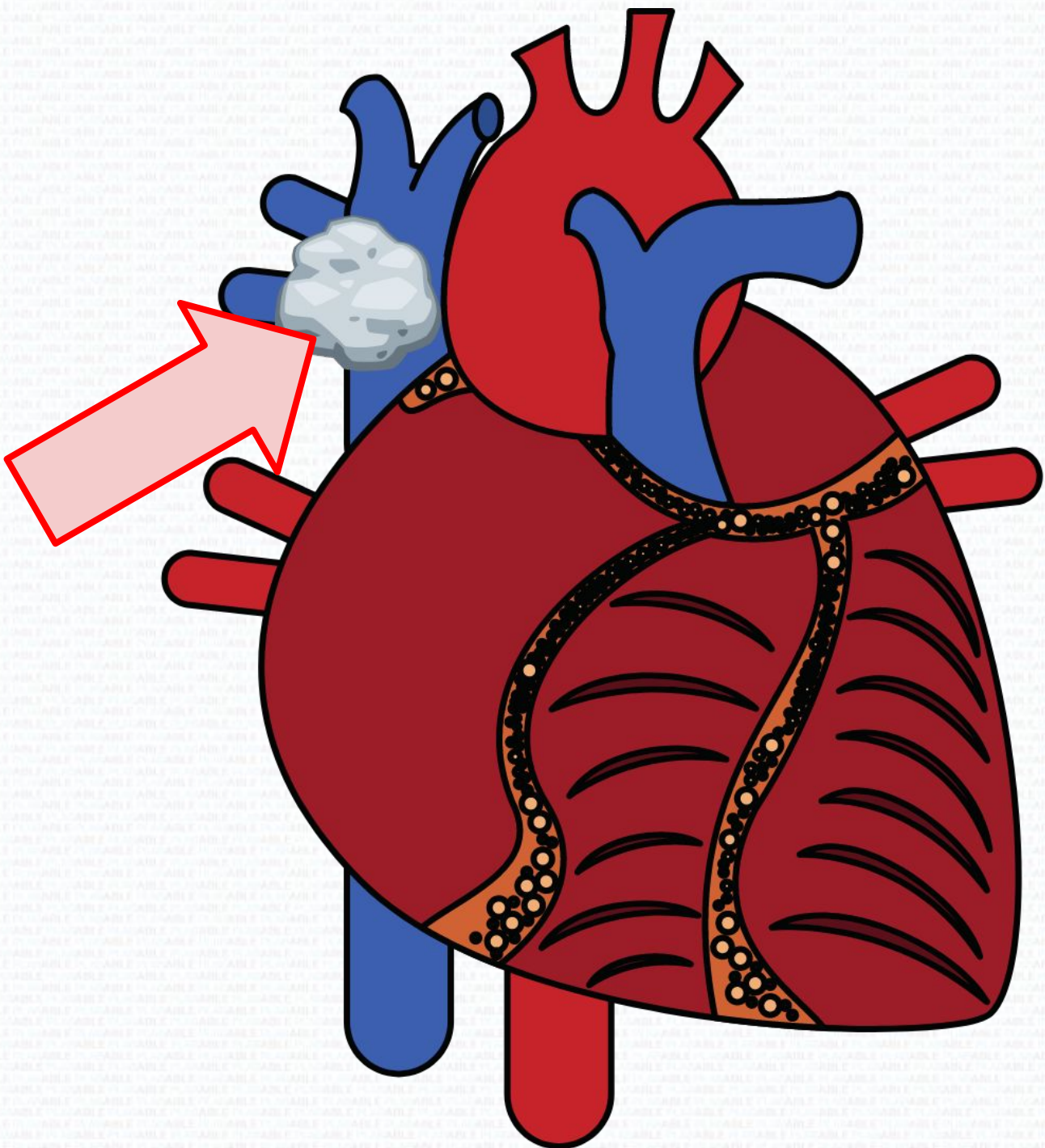
- Most likely **Dx: SVC obstruction**
- Immediate/next management: **dexamethasone +/- oxygen**
- Treatment of choice: **endovascular stenting of obstructed SVC**

Superior Vena Cava Obstruction Management

In the acute setting, manage SVC obstruction with

- Oxygen
- Dexamethasone

Then arrange for endovascular stenting by an interventional radiologist



Tumour Lysis Syndrome

Facts:

- Mainly after initiation of chemotherapy
- Mainly in **all type of leukaemia** and **lymphoma in particular Burkitt's lymphoma**
- This is due to lysis of tumour cells and released excessive amount of uric acid, potassium, phosphate into blood



Features:

Remember the mnemonic “UKPC”

- **Hyper**Uricemia (↑ Uric acid)
- **Hyper**Kalaemia (↑ Potassium)
- **Hyper**Phosphatemia (↑ Phosphate)
- **Hypo**Calcaemia (↓ Calcium)

High uric level can trigger
Gout!

Intestinal obstruction

Brain trainer:

A patient with metastatic colorectal cancer presents with severe abdominal colicky pain and vomiting of fecal content. CT scan shows diffuse intra-abdominal disease with ascites. On examination, his abdomen is distended with high-pitched bowel sounds. What is the most appropriate next management?

→ **Nasogastric tube**

In the case of faecal content, a wide-bore nasogastric tube should be used

Thyroid cancer

Brain trainer:

When a cancer patient is post thyroidectomy which laboratory parameter is most useful for screening?

→ **Thyroglobulin (Tg)**

After thyroidectomy blood thyroglobulin levels should be virtually undetectable

Biopsy results

Brain trainer:

A biopsy report for suspected testicular carcinoma shows macroscopically a greasy material which is comprised of hair and microscopically hyaline cartilage and mature squamous epithelium with keratinisation. What is the most likely diagnosis?

→ Teratoma

AFP is elevated in a teratoma

Diarrhoea

Brain trainer:

Which chemotherapy drug is used to treat a wide variety of cancers (including colon and breast) and might cause such a serious bout of diarrhoea that it may be necessary to stop?

→ **Capecitabine**

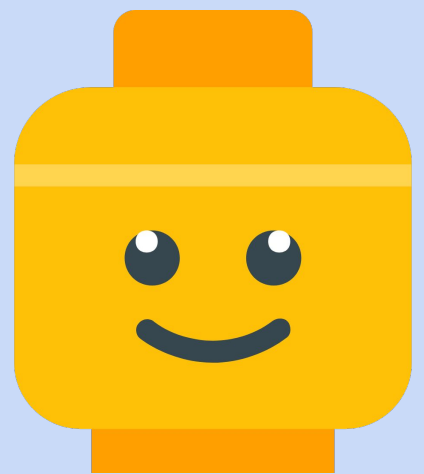
Thrombocytosis LEGO-C

Did you know that raised platelets may be due to cancer?

Most thrombocytosis are not but if you do find raised platelets, you should consider cancer as part of your differential.

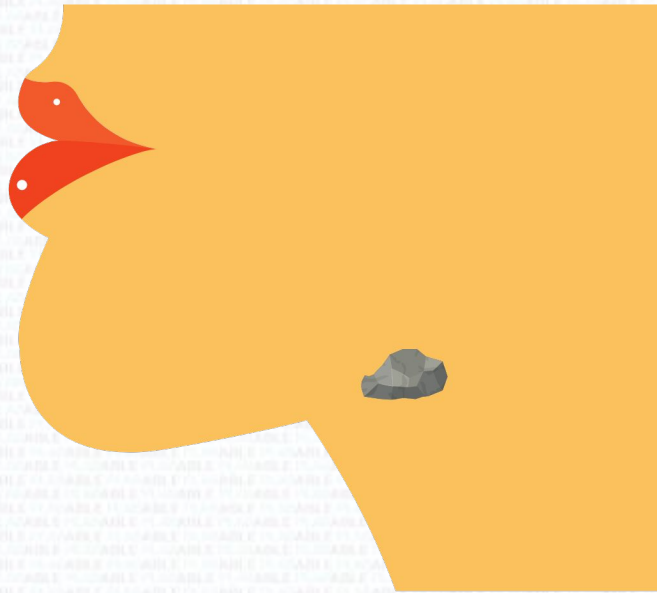
Which cancers?

Lung
Endometrial
Gastric
Oesophageal
Colorectal

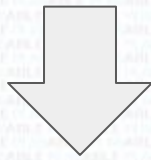


**LEGO- C
Cancers**

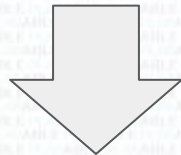
Submandibular Mass



Asymptomatic fluctuant
mass in submandibular
region



Important to check if
benign or malignant



Next investigation → **Ultrasound**

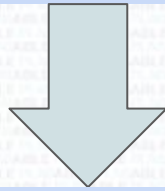
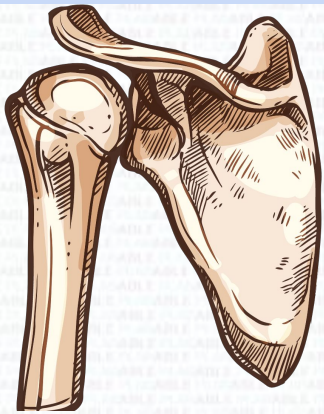
What if ultrasound is not in the options?

Then pick **fine-needle aspiration cytology**

FNAC is usually performed under USG guidance

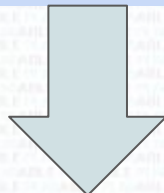
Hypercalcaemia and Bone Metastasis

Bone metastasis can cause imbalance between bone formation and bone resorption often leading to excess calcium released into blood.



Symptoms can include:

- Increased thirst
- Polyurea
- Confusion
- Depression
- Constipation



Management usually begins with intravenous fluids!



The patient urinates out the calcium!

Hypercalcaemia caused by malignancy is the most common cause of hypercalcaemia in hospitalized patients

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