

# Oncology Emergencies

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# Case 1

- 60M
- Lethargic, reduced function 1-2 months
- Unable to work as lawyer
- Struggling to ride bike/pick up heavy objects
- Thoracic Back/leg pain, worse at night
- Presented with new lower abdominal pain
- Bladder scan >999ml, reduced anal tone



# MSCC

New diagnosis or complication of known cancer  
Can have classical neurology but may have more subtle findings with impending compression

Key Ix/Mx \*Within 24h\*

Steroids + PPI

MRI

Bed Rest

Don't forget – analgaesia/catheter/breaking news

**Options – Surgery/RT**



# Case 2

- 59f
- 6 week history lethargy/nausea/reduced activity
- Unable to work as nurse
- Increased freq urination decreased freq stool, needing laxatives.
- General aches and pains
  
- Hb 98 Ur 12 Cr 199 Na 138 K 2.7 Bicarb 14 cCa 3.94  
Phos 1.3

# Malignant Hypercalcaemia

2 Mechanisms – Destructive or Paraneoplastic  
(although don't forget non-malignant)

Ix – PTH/VitD/Bone/Mag/K, ECG  
CT(n)CAP, Myeloma screen

Mx

Fluids Fluids Fluids

Bisphosphonates/Calcitonin

Treat the Cause

**Don't Forget** – analgaesia/laxatives/BBN, prognosis



# Case 3

- 51M
- Lethargic, poor intake, unwell for several weeks but worse for last few days
- Fevers 38.1, slightly muddled
- Known Oesophageal Ca, having chemo before surgery in 6 weeks time
  
- Obs – HR 110 BP 95/50 RR 22 SaO2 89% on 6l T 38.1
- Bloods – Neuts 0.1 Lymph 0.1 CRP 247 AKI1
- Otherwise grossly NAD





# Neutropenic Sepsis

- Easy to remember the basics

Sepsis 6

Broad Cover

Early senior discussion

Considerations

- Ix – viral/fungal screening, cultures ++
- Discussion with ITU
- **What treatment/when/high risk cancers**

# Patients on Treatment

- What can present to an unselected take for patients on treatment (i.e. what to know exists)

# Patients on Treatment

- Progression -> pain, SBO, ascites, pleural effusion, confusion/evolving neurology
- Dehydration/N+V
- PE/DVT
- Non-septic infections

## **TLS**

High volume tumors/rapid rate of destruction

High K High Phos High uric acid Low Ca

Rarely seen due to prevention -allopurinol/rasburicase



- <https://www.royalsurrey.nhs.uk/chemotherapy-policies-and-protocols/>

