HISTORY
A 63-year-old male presented with a history of 6-month low back pain. Physical examination failed to demonstrate any pathology of his lumbar spine or hip joints, but revealed an edematous left lower extremity.

INVESTIGATION
Magnetic resonance imaging did not show any significant disk herniation, but exhibited an elongated area of soft tissue abnormality involving the left paraspinous muscle. The expanded field-of-view demonstrated another similar lesion in the left gluteus area. Concurrent workup with ultrasonic examination of the left lower extremity revealed no evidence of deep venous thrombosis; however, another similar abnormality was seen in the deep femoral muscles. The MRI confirmed a lesion in the left vastus intermedius.

What is the nature of these multifocal muscle lesions?
The appearance of these multifocal intramuscular metastases was suggestive of inflammatory or infectious etiologies, although pyogenic abscesses were unlikely given the duration of the illness and the presentation. The suspicion of primary or metastatic muscular neoplasms with necrosis was also raised.

CT guided aspiration and tissue sampling of the left gluteal lesion was performed. The smear and the cultures were negative for any infectious disease. The pathology showed poorly differentiated metastatic adenocarcinoma and the immunohistochemical patterns suggested pulmonary versus upper digestive origin.

Extensive GI workup with endoscopy and biopsies from a suspicious lesion in duodenum was negative.

Subsequently, CT imaging of the thorax revealed a spiculated 1.4 x 1.4 cm mass in the right upper lobe of the lung. TTF staining confirmed the diagnosis of Lung Cancer. The patient refused any further workup and he enrolled in a hospice program.

DISCUSSION
This case illustrates the rare entity of multiple intramuscular metastases as the first manifestation of a neoplasia. In the setting of an unknown primary, malignancy, the lung is frequently reported to be the source. Despite the obscure prognosis, in the case of a solitary muscle mass, local radiation, surgery and chemotherapy have been used. No optimal treatment strategy has yet to be investigated in the rare case of multiple intramuscular metastatic lesions.