10/8/20 Morning Report with @CPSolvers

Case Presenter: *Alec Rezigh(@ABRezMed)* ***Case Discussants***: *Claire Browne (@cphbrowne) and Boris Jegorovic (@Bjegorovic)*

CC: Back pain

HPI: 55y M presenting w/lower back pain over past 4 months. Started as dull pain and progressively got worse. Radiates down to R leg particularly over last 3w. Intermittent numbness and tingling over R leg. No bladder incontinence.

No fever, chills, recent trauma. 40lb unintentional weight loss over last 2 years.

PMH:
Alcohol use disorder: 6-8 beers/day over 10 years.
DM2

No surgeries

Meds:
Naproxen
Norco
Metformin

Fam Hx:NA

Soc Hx:
Originally from Mexico, lives in South USA. Visits Mexico frequently, last time 3m ago.

Health-Related Behaviors:No tobacco or drug use.

Vitals: **T**: afebrile **HR**: 84 **BP**: 120/80 **RR**:16 **SpO_2**: 96 RA
Exam:
Gen: Awake, alert, no acute distress.
HEENT: Moist mucous membranes. No oropharyngeal erythema.
CV: RR, no murmurs or gallops. **Pulm**: CTAB
Abd: Soft non tender non distended. No rebound or guarding
Neuro: 5/5 strength b/l upper and lower extremities. Sensation intact throughout. Reflexes 2+ and symmetric b/l biceps, patellar and achilles reflex.
Extremities/Skin: No lower extremity edema. Tender to palpation over lumbar spinal processes and b/l paraspinal muscles.

Notable Labs & Imaging:
Hematology: WBC:8 (Nl differential) Hgb:14.8 Plt:140
Chemistry: Na: 134 K:4.3 Cl:96 CO2:27 BUN:12 Cr:0.5 glucose:205 Ca: 9.5
AST:20 ALT:19 Alk-P: T. Bili:1.1 TP6.3 Albumin:3.9 Hb1ac: 12.6 INR: 1.1
Blood cultures: neg. Serologic fungi (Histo, Cocc, Blasto): neg. Quantiferon: neg. CA125:41 (31 nl) CA 19-9 and PSA nl. AFP nl. HIV neg. Hep serology: neg.

Imaging:
CXR Spine: Lesion of LT vertebrae.
CT AB + Pelvis: Cirrhosis + large 11.2 cm centrally necrotic mass in R hepatic lobe associated w/satellite lesions. 5.5cm mass at posterior aspect of L2 w/severe canal stenosis. Soft tissue mass around R 7th rib, lytic lesion in inferior pubic ramus. Multiple pulm nodules in lung bases. Lymphadenopathy in cardiophrenic, porta hepatic and gastrohepatic regions.
MRI: heterogeneous enhancing 6*5*5 lesion eroding into spinal process, laminae, R pedicle and transverse process of L2 that extended into spinal canal of superior aspect from L2 to L3 that severely compressed cauda equina. Extended to paraspinal soft tissue.
MRI Abdomen: multifocal necrotic masses throughout liver.
Biopsy L2 lesion: fibrous tissue w/infiltrating tumour. Tumour CK7 and CK20 positive.

Final DX: Metastatic adenocarcinoma likely intrahepatic cholangiocarcinoma.

Problem Representation:
55yM w/ PMHx of alcohol use disorder and DM2 presents w/ progressive back pain and weight loss. Further imaging revealed multiple liver masses w/satellite lesions and an L2 compressive mass. Pathology consistent w/ a metastatic adenoCa likely from an intrahepatic cholangiocarcinoma.

Teaching Points (Andrea):
- Chronic low back pain: anatomically: spinal cord, spinal column, spinal muscles, aorta and vena cava. Rules out trauma,
- Weight loss: inflammation like malignancy, autoimmune, lesions to ligaments
- Alcohol use disorder plus metformin: risk for B12 deficiency
- Tenderness: Trauma, fragility fracture, diabetes mellitus,
- MRI used for precise dx of back pain due to high sensitivity
- A study found that benign chronic back pain was due propionibacterium acnes. Patients treated with amoxicillin for 6 months noticed improvement
- Vertebral Lesion: Infection, malignancy, histiocytosis
- Most cancerous tumors in the liver are metastatic.
- The most likely diagnosis of a solid liver lesion in a cirrhotic liver is hepatocellular carcinoma, followed by high grade or low grade dysplastic nodule, and cholangiocarcinoma. Lymphoma and liver metastasis are extremely rare.
- Fibrolamellar hepatocellular carcinoma is a rare cancer of the liver. Patients affected by FL-HCC are usually in a lower age group as opposed to HCC.