7/25/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter:Yuki (@tevzi00475) Case Discussants:Rabih(@rabihmgeha) and Parisa(@parisabediii)

CC: 65 F presenting w/1 wk right flank pain

HPI:
1wk prior, had tingling pain on R flank which was similar to zoster she experienced before.
6/10 pain, gradual, tingling quality.
Difficulty sleeping at night. No radiation.
Heating pad did not help. Deep breathing & exercise did not make it worse.

PMH:
HTN controlled
HLD
Zoster, LL back 15 yr ago

Meds:
Losartan 25
Atorvastatin 10
None new in last year

Soc Hx:
Lives with husband, worked as farmer
No pets

Health-Related Behaviors:
Nonsmoker, no drinking/drugs
No tick bites, exposure to farm animals, or recent travel

Allergies:
None

Vitals: T: 97.7 F HR: 88 BP: 133/88 **RR: 12** , 98% on RA
Exam:
Gen: awake, alert, NAD
HEENT: nl **CV:** nl **Pulm: nl Abd:** nl **Neuro: nl**
Extremities/skin: Exposed skin normal with no rashes, but slight redness on R flank. No rib tenderness.

Notable Labs & Imaging:
Hematology:
WBC: 3.2 Hgb: 12 Plt: 202

Chemistry:
Na 141: K: 4.4 Cl: 101 BUN: 19 Cr: 0.72
AST: 36 ALT: 26 Alk-P: 117 Albumin: 4.4
LDH 308 CK 133 CRP 0.05 (nl) CXR: normal

At this point, ddx included prodromal herpes zoster; rx'd acyclovir, pregabalin, consider CT chest if symptoms persisted.
1wk after d/c, experienced exacerbation of pain & re-presented.

Imaging:
CT w/o contrast: mass extending into spinal canal from T2/3 intervertebral foramen.
MR: tumor extending from T2/3 epidural space to the paravertebral region, involving vertebral body & arch and ribs.
T2 sequence: high intensity lesion, significant diffusion restriction w/heterogeneous enhancement from an early stage.
Needle biopsy: malignant DLBCL

Dx: **Diffuse large B cell lymphoma**

Problem Representation: 65F hx zoster p/w persistent tingling R flank pain, found to have T2/3 vertebral mass with pathology c/w DLBCL

Teaching Points (Hee):
65-year-old with right flank pain, tingling quality, past herpes zoster, a significant R.flank pain- Approach
Deep vs Surface :Kidney with pain (vascular obstruction (thrombosis, stone) vs parenchyma(RCC) vs Muscular issue(movement) //lung and retroperitoneal issues. **Tingling:nerve irritation(neuropathy)**

Pain predominant syndrome - further looking at physical exam and lab results.
Skin redness: infection, irritation, and venous hypertension or due to scratch

Mild leukopenia(HIV), mildly elevated LDH (rhabdomyolysis, hemolysis, or malignancy), and mild ALP(bone) —consider further investigation necessary or symptomatic treatment(clinically watching 1-2 weeks

If a patient is symptomatic (e.g., skin redness, bony process compressing a nerve, paget, nerve related issue), consider an abdominal CT scan to evaluate abdominal and retroperitoneal issues- if negative - MRI

CT/ MRI: Tumor (DLBCL)extension affecting the spinal canal and paravertebral region, involvement of the vertebral body, arch, and ribs, leading to localized pain, nerve compression

Myelopathy (immediate imaging for spinal cord compression) vs. **Radiculopathy** (this patient - nerve root /tingling or VZV coexistence with Herpes zoster so treat first).