11/15/24 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Akaansha Varma (@) Case Discussants: Rabih (@rabihmgeha) and Prof. Reza (@DxRxEdu)

CC: 69 YO M presenting w/ **right lower back and buttock pain**

HPI: started **7 weeks ago** after receiving **enema** for diverticulitis. Worsened over past 7 days **limiting mobility**. Describes **pain 7/10, sharp in right lower back and radiating to the front to anterolateral region**. Numbness in right lower quadrant and thigh. Pain worsening in bowel movement and straining. Relieved by bending forward. **Unwanted weight loss of 35 pounds** (patient thought related to diverticulitis). Mild constipation related to pain meds.

No pain, fever, chills, rash, kidney stones, or urinary issues.

PMH:
Shingles
Diverticulitis
HTN
DYS
CAD
RCA
OSA (on CPAP)
GERD
OA
BPH
Bilateral knee replacement

Meds:
Metoprolol
Ketorolac

Fam Hx:
Family hx of gout

Soc Hx:
Able to perform all ADL, ABLE TO PERFORM MODERATE ACTIVITY EXERCISE

Health-Related Behaviors:
Tobacco use
Drinks 6 beers a month

Allergies: NKA

Vitals: T: nl **HR:** nl **BP:** nl **RR:** nl
Exam:
Gen: laying flat on back, alert and oriented
HEENT: nl
CV: reg rate rhythm normal S1/S2
Pulm: Chest clear to auscultation bilaterally
Abd: Soft, tenderness in right lower quadrant
Neuro: Strength 5/5. Decreased sensation over right anterior lower thigh region. 5/5 strength. Negative straight leg test.
Extremities/skin: Pain upon palpation in lower back. D2/2 pedal pulses. No rashes in back region. No swelling in extremities.

Notable Labs & Imaging:
Hematology:
WBC: nl (WBC 10.1) Hgb: Plt:
Chemistry:
Na: nl K: nl Cl: nl HCO3: nl BUN: nl Cr: nl glucose: nl Mag: nl
AST: nl ALT: nl Alk-P: nl Albumin: nl
CMP: nl, LFTs: nl, Ca 9.7, UA: nl, Procal: 0.07
B12: nl, vit D: nl, PSA: nl, ESR: 20 (nl), LDH: 153 (nl), **CRP: 10.1 (mildly HIGH)**. SPEP (w/ immunofixation): nl, UPEP (w/ immunofixation): nl, Kappa/lambda: nl, Vit D 125: LOW, quantiferon: negative, Histo: negative, HIV: negative, ACE: nl
Imaging:
MR: **multiple enhancing osseous lesions concerning for mets (myeloma or lymphoma). Largest seen at T12. Stenosis at L2 and L3.** NEUROFORAMINAL NARROWING AT L3 AND L4.
CT CAP: Multifocal lytic lesions in thoracic spine. Few scattered CALCIFIED granulomas, no suspicious pulmonary nodules or lymphadenopathy. **Osseous lesions in thoracic spine and mild prostatomegaly.**
MRI: Compression fracture of T12, scattered enhancing lesions in thoracic spine.
Nuclear imaging: two areas of increased uptake in second rip, increased uptake in bilateral ilia. Increased uptake in T12.
Biopsy: IR-guided bone biopsy of T12 —> mets showing high grade prostatic adenocarcinoma **Dx: Prostate adenocarcinoma w/ mets**

Problem Representation: 69 YO M presents w/ right lower back and buttock pain. No concerning lab features. Mild prostatomegaly on abdominal CT and T12 fracture on spine MR. Diagnosed w/ prostatic adeno on bone biopsy.

Teaching Points (Zakariyya)

1. **Back Pain** - not always in the lower spine & not always MSK. Can be retroperitoneal or neurologic in nature
2. **Red Flags**: 1) *Isolated back pain* : Location; Post-trauma; Duration 2) *Back Pain + syndrome:* Inflammation; Neurologic deficits; Cancer; Immunodeficiency
3. **Neurologic exam** is vital in back pain
4. **Back Pain Imaging**: MRI for cord (with gadolinium please); CT for the bones
5. **Back Pain Labs**: ESR, CRP, ALP are useful.
6. **Baston's plexus:** Road between the Genitourinary system and the back
7. **Myeloma: BARC!** Bone Pain; Anemia; Hypercalcemia and then Renal Failure
8. **Bone Lesions Workup:** 5 P's: PSA; ALP; Paraproteins; PTH; RPR