



02/12/25 Morning Report with @CPSolvers

"One life, so many dreams" Case Presenter: Jasdeep Bajwa (@JasBajwa18) Case Discussants: Sharmin (@Sharminzi) and Noah (@Noah_Nakajima)



CC: 77 y female c/o several weeks of left sided neck and shoulder pain. Pain is sharp stabbing and radiating to left shoulder

HPI:
Was dealing with left osteoarthritis of shoulder, received steroids and it did not help
7 weeks of pain - never had pain like this before

ROS: (-) HA, fever, abdominal pain, no numbness or tingling, no weakness, vomiting

PMH: T2 DM(A1c:9.2), uncontrolled associated with neuropathy retinopathy, glaucoma, renal cell carcinoma underwent radical nephrectomy in 2021 for RCC no complications, free scans, post-ablation hyperthyroidism, CKD stage 4, HTN, tuberous adenoma on colonoscopy 6 months ago

Meds: Glargine, Lispro, amlodipine, labetalol, levothyroxine

Fam Hx:

Soc Hx: Never smoker/ alcohol, lives with husband, no pets

Health-Related Behaviors:

Allergies:

Vitals: T: Afebrile BP: 150/90 RR: HR:92 Sat: 98%RA
Exam:
Gen: Normal
HEENT:Normal
Neck: ROM is intact, no reproduction of pain in the cervical flexure
CV: Normal
Pulm: Normal
Abd: Normal
Neuro:normal strength,normal sensation
MSK: mild tenderness to palpation in C2-C4

Notable Labs & Imaging:

Hematology:
WBC: 12.9 (left shift, neutrophil predominant) Hgb: 10 -> 8.1 Plt:236 Hct: 25% MCV:

Chemistry

Na: K:5.2 Cr: 2.1 (bl 1.2) Glu: 300 Cl: HCO3: 20
CRP:44 ESR: 54 LDH: 239 AST: N ALT: N ALP:175

Imaging:

Mammogram: Normal 2yrs back
CT neck: C3 pathological fracture
PanCT: Nodularity of pancreatic tail, negative for lung masses/nodules
MRI: C3 pathological fracture with osseous retropulsion- mod to severe spinal stenosis between C2 and C3, extension of tumor into epidural.
MRCP: Normal
Colonoscopy: couple of hyperplastic polyps
Bone scan: No other bone lesion
Blood culture: Negative
Tumor resection pathology: indicative of clear cell RCC

Dx Clear cell renal cell carcinoma

Problem Representation: 77y female with several weeks of sharp and stabbing pain in neck radiating to left shoulder. OA Left shoulder, DM uncontrolled,RCC, CKD. +tenderness C2-C4, Neutrophil leukocytosis, anemia

Teaching Points (Maryana):

- Neck pain and shoulder pain: layer by layer -> skin (Zoster), soft tissue (infection - Ludwig angina), muscles (polymyalgia, myosites, vasculitis), nerves (nerve compression, myelopathy), joint problems (septic arthritis)
- Referred pain: diaphragmatic issues, cardiovascular diseases.
- Diabetes complications: high cardiovascular risk, infections
- Characterization of the pain: exacerbated with motion (MSK - OA, e.g.)
- Pain that did not get better with steroids: chronic issue? Malignancy? Steroid injections can be complicated by infections
- Bone pain -> metastasis of RCC?
- Red flags for back pain: elder, history of cancer, small tenderness to palpation, pain not getting better with medication
- Neck and shoulder pain are associated or are different problems?
- Bacteremia -> epidural abscess -> blood culture is necessary
- Pathological fracture: metastasis of RCC or new primary tumor metastasizing to bones (breast, GI)? Osteoporosis!
- Increased Alk-P makes us think more about lytic disease (cancer, Paget's disease, primary bone cysts).
- Tumor in the spinal cord: tissue is the issue - melanoma, RCC metastasis.
- While there is no biopsy: pain control & comfort
- Metastasis of RCC to bones without local recurrence - microscopic residual disease (stage IV disease - compromising vasculature) -
- Clear cell type is the most common type of RCC- paraneoplastic phenomena: hypercalcemia, non-metastatic cholestatic liver dysfunction, increased erythropoietin
- Bone healing from lesions: 44% RCC, breast 37%, lung 0% (lung attack the bone by osteoclasts with no blood supply - no recovery).