



10/17/25 Morning Report with @CPSolvers



"One life, so many dreams" Case Presenter: (@) Case Discussants: Rabih (@) and Lera (@)

<https://clinicalproblemsolving.com/present-a-case/>

Scribing (Zakariyya G)

CC: 60 yo Male with a progressively growing chest mass

HPI:

5 years prior: fell and hit his chest with a small bump since then that waxes and wanes in size. Improved with ice but never really disappeared. But over last 6 months, it began increasing in size with associated weight loss; occasional difficulty breathing (especially when supine), associated dysphagia (solids). No other constitutional symptoms, no GIT symptoms. No peripheral edema.

PMH:

No allergies

Meds:

None

ROS:

Fam Hx:

Social Hx:

Works in construction. Previously incarcerated. Not sexually active

Health-Related

Behaviors: Smoking, 40 pack year.

Allergies:

Family Hx of cancer on the dad's side

Vitals: Temp 36.8 BP 117/74, Pulse 95, RR 20, O2 98% on RA. BMI 27

Exam: Gen: Not in acute distress

CVS: Normal. No peripheral edema **Pulm:** Normal. Equal chest rise. No dyspnea **Abdo:** Normal **Neuro:** Normal

Extremities/skin: Large anterior mass from the lower neck, down into the chest with overlying vessels. No warmth or tenderness. Mildly tender to touch

No lymphadenopathy besides axillary

Notable Labs & Imaging:

Hematology: WCC 6.5 normal diff. Hb 10.4, MCV 93, Plat 218,

Chemistry:

Creat 0.8. **Calcium** 9.6, **Protein** 7.9, **albumin** 4.3 AST, ALT, ALP all normal

HIV, Hep B, Hep C all negative TSH, BHC, AFP normal.

Ferritin 600. B12 200 (lowish) LDH 442, Uric acid 8.1

SPEP, immunofixation normal

Imaging: CT Lung parenchyma: Mild apical emphysema.

Axillary lymphadenopathy bilaterally + subpectoral

15x18c16 lobulated soft tissue mass in the mediastinum

with coarse calcifications, eroding through sternum

Severe tracheal compression

Mass effect on the right brachiocephalic artery/vein

Great vessels maintained.

3x4cm mass in posterior extending from the larger mass

Extensive venous collaterals **Scrotal U/S:** Normal Axillary biopsy: plasma

cells with kappa light chain restriction, **Serum Free light chains:** Kappa

level 2000 lambda 16. B2 microglobulin 5.9 **UPEP** positive

Final Dx: Plasmacytoma



Problem Representation: 60 year old male, previously well, with massive, progressively increasing chest wall mass causing mass effect on the trachea and brachiocephalic artery. Serum free light chains were massively increased with a positive UPEP, with the diagnosis of a massive Plasmacytoma

Teaching Points (Zakariyya E)

- 1) Chest wall mass: anatomical approach,(in-out) : skin, muscle, vascular, lung
- 2) Complications: mass effect , Airway compromise, vascular compression
- 3) Orthopnea: Dysfunction Diaphragm, Muscle weakness , Orthopnea + chest mass : ? systemic complications
- 4) Weight loss : Systemic disease, local disease in GI tract (prox. >>distal)
Cancer + weight loss: mets or involvement of upper GI tract(some exceptions)
- 5) Three C 's : Causal , Co-existing, coincidence
- 6) Mediastinal mass: CT with contrast
- 7) Large mass : exclude malignancy extensively then consider other causes
- 8) Mediastinal masses : T's
- 9) Solid tumours + elevated UA: exclude TLS
- 10) Tissue always the issue