

Winter ESIM 2014 - Saas-Fee

***4 months in bed***

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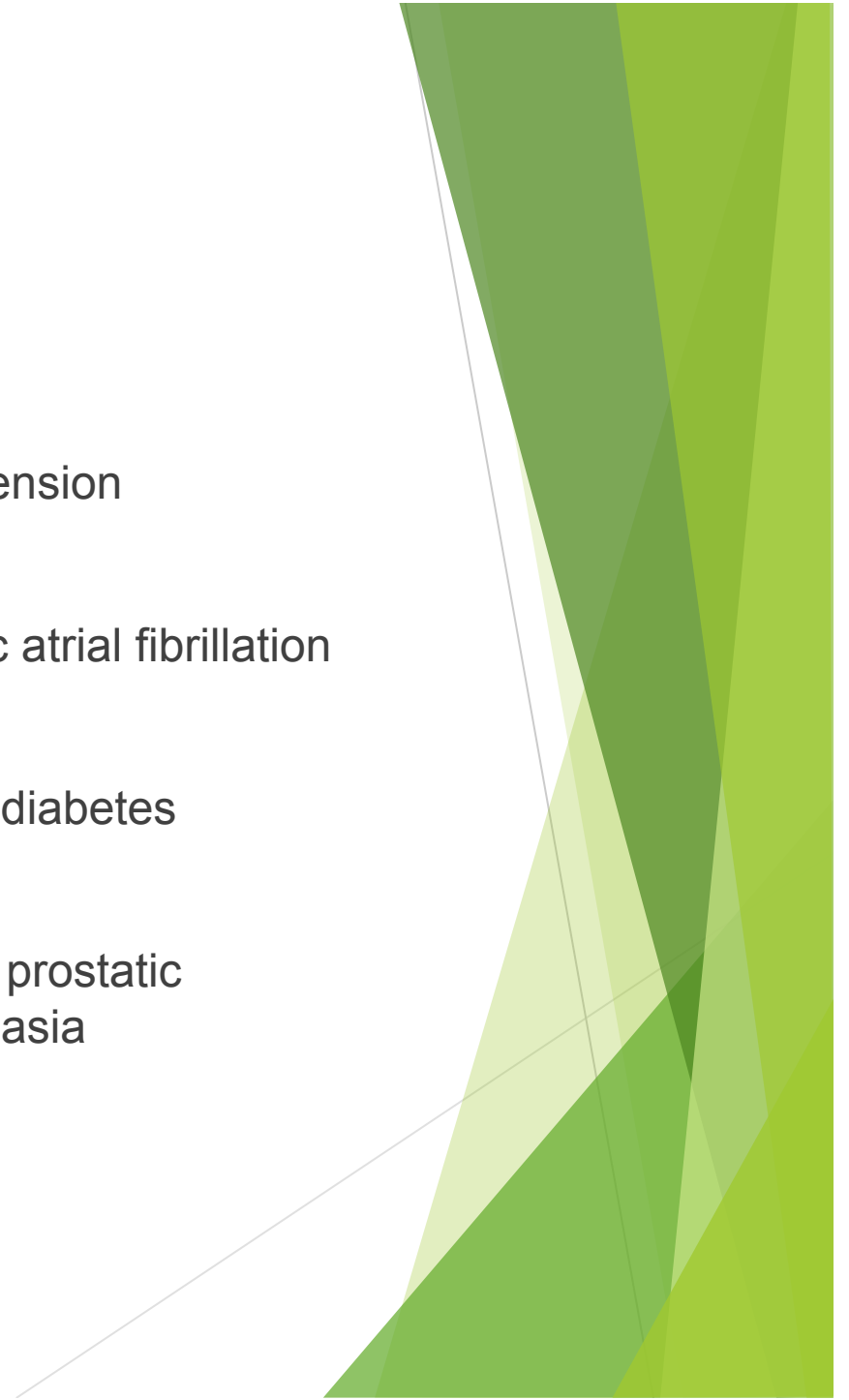
Portugal

Centro Hospitalar de Setúbal



# Patient identification

- ▶ Male
- ▶ 76 years
- ▶ Rural worker
- ▶ Hypertension
- ▶ Chronic atrial fibrillation
- ▶ Type 2 diabetes
- ▶ Benign prostatic hyperplasia



# Clinical presentation

- ▶ Symptoms 4 months earlier
  - ▶ Muscle-skeletal pain
  - ▶ Lumbar column and lower limbs
  - ▶ Functional incapacity
  - ▶ Asthenia, anorexia and weigh loss (10Kg)

# Clinical presentation

- ▶ Previous admission at an Internal Medicine ward
  - ▶ Microcytic and hypochromic anaemia
  - ▶ Chronic gastritis
  - ▶ Analgesics



# Emergency department

- ▶ 124/75 mmHg    89bpm    SatO<sub>2</sub> 98%    36,3°C
- ▶ BMI 23,7
  
- ▶ Arrhythmic heart sounds, no murmurs
- ▶ Pulmonary and abdominal examination normal
  
- ▶ Joints without inflammatory signs
- ▶ No peripheral oedema

# Emergency department

- ▶ Neurological examination
  - ▶ Lower limb paralysis (grade 3/5)
  - ▶ No sensory deficits
  - ▶ Normal reflexes
  - ▶ Cranial nerves normal

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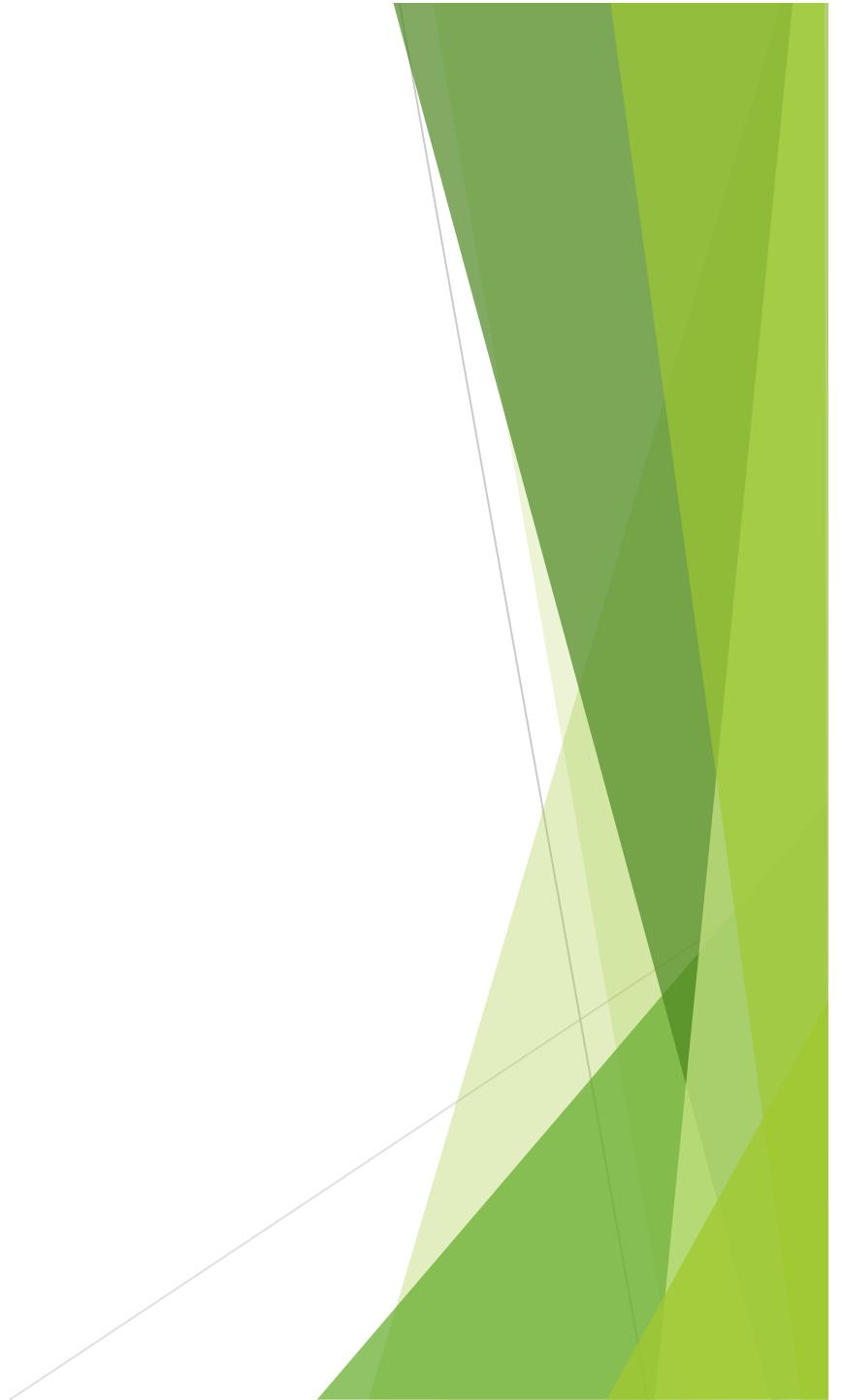




# Investigation

- ▶ Blood analysis
  - ▶ Microcytic and hypochromic anaemia
    - ▶ Hg 10,2 g/dL
    - ▶ MGV 80,2 fL; MGH 25,9 pg
  - ▶ Thrombocytosis (583.000/ $\mu$ L)
  - ▶ No leukocytosis
  - ▶ CRP 13,9 mg/dL; ESR 110 mm/h; ferritin 883,8  $\mu$ g/L
  - ▶ Renal function, transaminases, sodium, potassium, calcium within normal range
- ▶ Chest, waist and lumbar x-ray normal

?...



# Differential diagnostic



# Work-up

- ▶ Spinal cord compression
  - ▶ CT lumbar scan: no significant abnormalities
- ▶ Neuropathy
  - ▶ Vit. B12 and folic acid seric levels: normal
  - ▶ Thyroid function: normal
  - ▶ EMG...
- ▶ Auto-immune disorder
  - ▶ ANA, ENA, anti-DNA, ANCA, RF, anti-CCP: all negative

# Work-up

- ▶ Multiple myeloma
  - ▶ Normal serum protein electrophoresis
  - ▶ Normal serum calcium
  - ▶ Normal renal function
- ▶ Other neoplasms
  - ▶ Upper and lower GI endoscopy: normal
  - ▶ PSA 2,6
  - ▶ CT scan thorax, abdomen, pelvis: no significant abnormalities

# Work-up

- ▶ Tuberculosis
  - ▶ Mantoux test: no positive reaction (3 mm)
- ▶ Other infections
  - ▶ Blood and urine cultures: sterile
  - ▶ Huddleson test: negative
  - ▶ HIV negative

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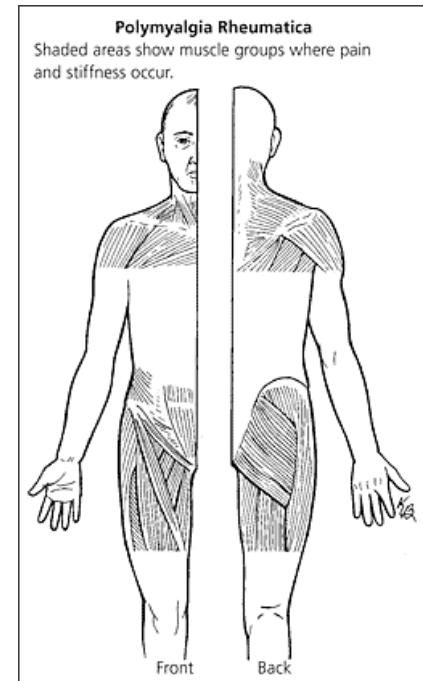


***Polymyalgia  
Rheumatica***



# Polymyalgia rheumatica

- ▶ What's left when everything else is normal
- ▶ No diagnostic criteria
- ▶ Related to Giant-cell arteritis
- ▶ Pain and stiffness



# Polymyalgia rheumatica

- ▶ Blood analysis
  - ▶ Elevated CRP (more common)
  - ▶ Elevated ESR (more specific) – 93% >40mm/h
- ▶ Treatment
  - ▶ Low-dose corticosteroids
  - ▶ Quick improvement within 72 hours
- ▶ Good prognosis

# Clinical Case

- ▶ Prednisolone 10mg daily
- ▶ Daily physical therapy
  
- ▶ Normalization of ESR and CRP
- ▶ Gradual correction of anaemia
  
- ▶ Significant clinical improvement



# Clinical Case



# Clinical case

- ▶ 10 months later
  - ▶ Still on steroids, progressive smaller doses
  - ▶ No relapses



