

CASE DESCRIPTION

A 74-year-old male with history of anxiety disorder presented with acute low back pain.

- Patient had a BMI of 24
- He took acetaminophen as needed
- Pain described as tightness
- Localized to the mid thoracic spine, non radiating
- Severity of 6/10
- Pain different from previous chronic low back pain
- Worse at night when lying supine

PHYSICAL EXAM/IMAGING

- Physical exam significant for thoracic paraspinal tenderness
- Thoracic X-Ray showed mild degenerative disc disease

FURTHER INVESTIGATION

- Thoracic MRI was ordered to rule out malignancy

Beyond Back Pain: The Importance of a Comprehensive Differential Diagnosis

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Figure 1: MRI Thoracic Spine showing several enhancing lesions suspicious for metastatic disease. Suspected pulmonary right hilar mass

RESULTS / ASSESSMENT

MRI Thoracic Spine: Enhancing lesions suspicious for metastases (figure 1)

TREATMENT / OUTCOME

- The patient was promptly referred to oncology
- At the time of writing, this patient has not yet seen an oncologist for further diagnostics and treatment

DISCUSSION

- Low back pain is a heterogenous condition with a myriad of potential sources
- Differential diagnosis includes musculoskeletal, neurological, visceral, and psychosocial factors
- The presentation of back pain worse at night can be an indicator of malignancy
- This case highlights the importance of accurate and timely diagnosis of back pain while keeping a broad differential diagnosis

