

Case	(210) Bilateral costal pain like multiple myeloma presentation
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CASE PRESENTATION

We report the case of 83-year-old patient with no relevant clinical history who came to our Emergency Department with three months pain in both hemithorax without prior trauma.

Pain worsened with movement and deep breath. There was no fever, dyspnea or cough. No expectoration. Laboratory tests were normal. Chest radiographs revealed two extrapulmonary lesions in upper right lobe (URL) so a contrast enhanced CT scan was requested. Extrapulmonary lesions were really the soft tissue component associated to two lytic and expansile osseous lesions in second and fourth right ribs.

In addition, it was detected multiple well defined lytic bone lesions predominantly affecting axial skeleton so differential diagnosis included haematological disease versus bone metastasis. A lateral radiograph of skull was made and confirmed multiple lucent lesions in the calvaria (raindrop skull) and mandible so final diagnosis was multiple myeloma.

DISCUSSION

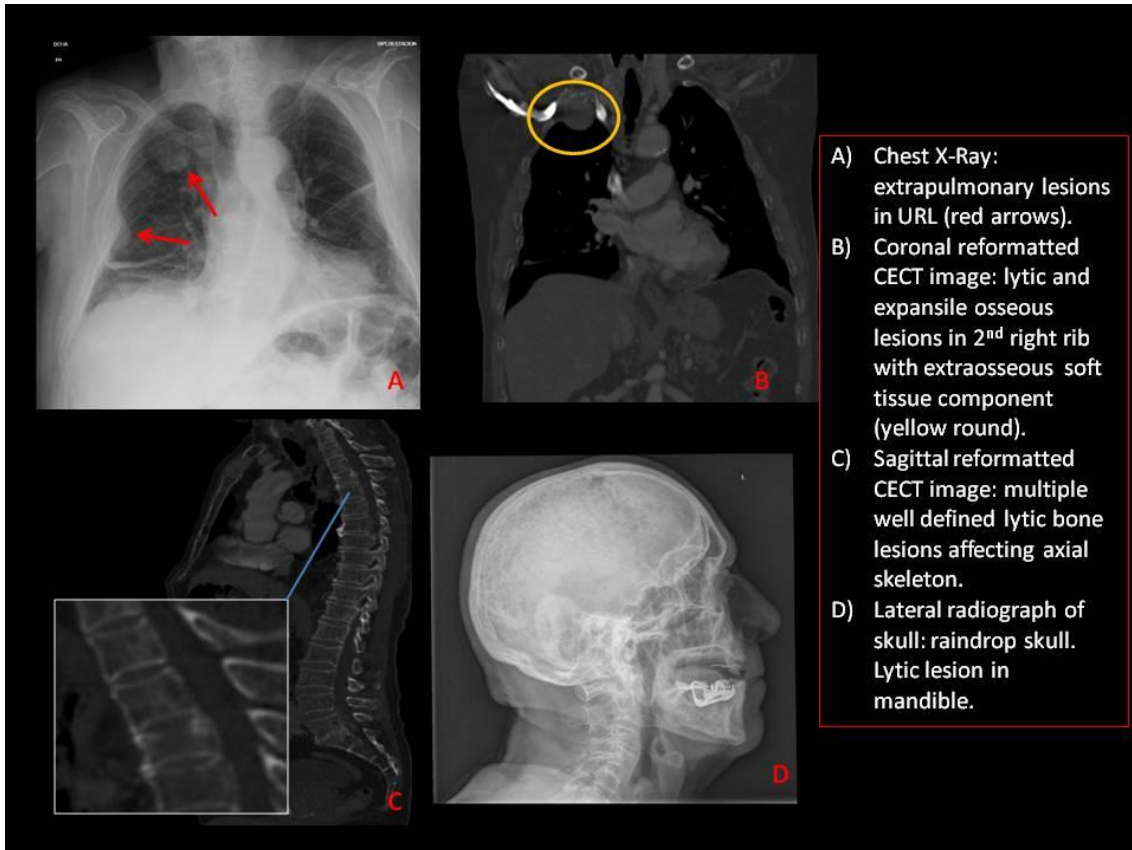
Multiple myeloma is a common primary malignant bone neoplasm in adults with male predilection between ages 50 and 70 (mean age 62 years). Histologically multiple myeloma is characterized by an infiltration of bone marrow for monoclonal plasmatic cells which cause immunoglobulin overproduction.

The diagnosis of multiple myeloma is based in clinical manifestations, laboratory criteria and imaging techniques (plain radiographs, CT and MRI) where it is describe a wide range of radiographic abnormalities. Typical imaging findings are multiple lytic lesions with or without soft tissue component, pathological fractures and vertebral destruction, affecting axial skeleton, skull, mandible, ribs and osseous pelvis.

The main differential diagnosis is bone metastasis and the clue is that metastasis rarely involve skull and mandible like happened in our patient. Key learning points: lytic lesions, myeloma multiple, raindrop skull, mandible.

CONCLUSION

Multiple myeloma is a common bone neoplasm that we can diagnose in emergency radiology due to its non specific symptoms and signs. A lytic bone pattern in spine is the most common radiologic finding. Diagnosis can be confirmed if raindrop skull and jaw lesions are detected.



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