

Painful Shoulder

MD. SHAHRIAR MAHBUB¹, MOHAMMAD ASHIK IMRAN KHAN¹, HAM NAZMUL AHASAN²



Fig.-1: Multiple lytic areas in humerus, clavicle, scapula and ribs



Fig.-2: Magnified view of lesions in figure 1

A 54 year old male presented with diffuse pain involving the shoulders, upper limbs and chest for the last 3 months. The pain was dull aching and worse on movement. The patient denied any history of fall. Physical examination revealed tender areas in the upper limb particularly around the upper arm. X-ray of the upper limb showed multiple lytic areas in the humerus, scapula and clavicle (Fig.-1). Chest X-ray also revealed several lytic lesions of the ribs (Fig.-2). Complete blood count was normal except hemoglobin 9 gm/dL and the ESR 95 mm in 1st hour. Serum calcium level was normal. Serum protein electrophoresis detected M band in the γ globulin region. Bone marrow aspirate showed 20% mature plasma cell count.

Following diagnosis of multiple myeloma, the patient was started on chemotherapy with thalidomide and dexamethasone regimen. The patient showed clinical improvement with decreasing bone pain on follow-up. Punched-out lytic lesions, osteoporosis, or fractures are common findings on conventional radiography in multiple myeloma. The vertebrae, skull, ribs, sternum, proximal ends of the humerus and femur are involved most frequently.¹ Pain in the extremities is a less common feature in multiple myeloma than the typical back pain.²

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References

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1. Post-graduate trainee, Department of Medicine, Dhaka Medical College
2. Professor, Department of Medicine, Dhaka Medical College