

PS1.030

Neck pain as a symptom diagnosis of lung cancer. Warning signs

Luis Antonio Calleja Cartón(1), I Mayorga Chamorro(2), JP Garcia Paine(3), J Paz Galiana(4), M del Carmen Faz García(5), S Ruz Portero(5), G Martinez Alonso(5)

(1) Basic Health Unit of Sant Llorenç des Cardassar (Illes Balears, Spain)

(2) Manacor Hospital Foundation; Otorhinology Department. (Illes Balears, Spain)

(3) Civil Hospital (Málaga, Spain)

(4) General Hospital of Tomelloso. (Tomelloso, Spain)

(5) El Palo Health Center (Málaga, Spain)

Corresponding author: Dr Luis Antonio Calleja Cartón, CS Son Servera (Illes Balears), UBS Sant Llorenç Des Cardassar, Sant Llorenç des Cardassar, Spain. E-mail:

luisantcalleja@hotmail.com

Background: Superior sulcus tumors account are 3-5% of lung tumors. Have as initial and most common symptom back pain (90%) due to involvement of the chest wall. As they grow affect the brachial plexus and sympathetic nerve chain. Usual symptoms of lung cancer are generally absent, being derived erroneously or trauma/rehabilitation consultation, or treated as musculoskeletal pathology, unnecessarily delaying the completion of a chest radiograph, also given the location of the tumor is more difficult to observe.

Case: 49 years woman, active smoker asking for neck pain radiating to the left arm cubital region, mechanical characteristics of a month of evolution that has worsened in the last week, without previous trauma. Physical examination -> Lump left supraclavicular 3cm. No painful or adhered to deep planes, attributed to muscle spasm.

Evolution: Rest and local heat is pattern with NSAIDs. Return in two weeks for persistent symptoms, so chest radiographs and cervical spine revealed a left apical mass is requested, so it is derived ER for urgent assessment by Pneumology. TAC Thoracic shows a mass in left apex with destruction posterior arches 2nd/3rd left ribs, left transverse processes of D1/D2 and D2 vertebral body, with a left adrenal mass infiltrating the psoas muscle. One puncture aspiration is performed Transthoracic FNA of soft tissue mass resulting in large undifferentiated cell carcinoma parties. Bronchoscopically no alterations were found. She was referred to oncology treatment with chemotherapy and radiation. Histological Diagnosis: Pancoast tumor Stage.-IV-T4N1M1.

Conclusions: Shoulder pain and neck pain are common complaints in primary care should conducts a detailed history and physical examination, paying particular attention to situations in which pain is not played against the movement the shoulder joint and/or accompanied by radiculoplexular semiotics, when to take into account the different possibilities of referred pain intrathoracic or cervical cause.