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Lumbar pain in young male. Why should we not underestimate the enemy.

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Case Description: 42 year old male, active smoker, in follow up by urology in 2012 for prostate syndrome. First appointment in primary care for initially localized low back pain suffered for two weeks that he associates with excessive workload in his job as a cook. He denies recent trauma, loss of strength, numbness in lower limbs and genital region, fever, weight loss, pain at night. Initially he is given NSAIDs indicating new appointment in case of no or little improvement.

Due to the fact that our patient returns to the surgery referring a significant increase of pain and recent irradiation towards buttocks and association of dorsal pain irradiated towards both upper limbs we order lumbar NMR and refer to specialist.

Physical examination and complementary tests Physical examination: Pain in right dorsal paravertebral muscles. Lasegue (-) Braggard (-). Blood test: PSA 388. NMR of thorax and lumbar region: Numerous thoracic and lumbar vertebrae fractures, bulging of rear wall of 12th intervertebral disc that narrows the right lateral recess. Soft tissue mass on Th3-Th4 level that infiltrates posterior left costal arches. Biopsy results compatible with adenocarcinoma metastases of likely prostatic origin. Clinical trial: Adenocarcinoma of prostatic origin with bone metastases. Differential diagnosis: Osteoporotic fractures, lymphoproliferative process, plasmacytoma.

Conclusions: Lumbar pain in young patients is a quite common motive for consultation in our zone, not only in primary care but also in acute care services and it might be for this reason we sometimes tend to underestimate the symptoms. The case of our patient shows clearly that it's extremely important to pay attention to every detail even if patient's age is not within the group of risk.