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Starting from back pain as symptom, to a diagnosis of lymphoma. A clinical challenge.

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Case description: 59 year old woman, obese, dysthymic, who asks for lumbar back pain. It began 15 days ago and has been worsening, linking it up to forced positions while working: she's a seamstress. The pain starts in left gluteal area and radiates to left limb.
Exploration and complementary tests: No warning signs. Mobility, sensibility and strength preserved in column and lower limbs. Lassegue sign negative, Bragard sign negative. No improvement with NSAIDs and muscle relaxant drugs.
Lumbar Xray: degenerative signs, generalized osteoarthritis.
She comes three months later claiming for a worsening in pain, higher in recent days. The pain wakes her up at night. She also refers weight loss and asthenia, but she´s dieting and relates these symptoms to it.
Analytical with blood count, biochemistry, and rheumatoid reactants normal, except for C-reactive protein (25.3mg/mL) and erythrocyte sedimentation rate (21 sg)
As back pain remains, she starts with abdominal pain
Exploration: globular abdomen, soft, depressible, painful epigastric tenderness, no masses or organomegaly, no signs of peritoneal irritation. Murphy sign is negative.
Abdominal pain accentuates during the following weeks, radiating back. Also complaints anorexia and dysphagia. Weight loss is up to 12 Kg in 4 months and keeps going, despite she quited dieting 2 months ago.
Abdomen ultrasound is requested as well as being referred immediately to Gastroenterology.
Oral endoscopy: Normal. Abdomen US: left pyelocalyceal dilatation with suggestive images of lymphadenopathy. Abdominal CT: mass surrounding vena cava and renal vessels and including left ureter.
Diagnosis by biopsy: Diffuse High-grade lymphoma B CD20
Conclusions: Symptoms refractory to treatment should make us wonder if there is something more than what a first-visit clinical symptoms may seem. Family doctors need sometimes to redirect the clinical case in light of the development of the case.