6/22/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Kris (@)* ***Case Discussants****: Alec (@ABRezMed) & Austin (@RezidentMD)*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Simmy and Lera)

CC: 59/F with subacute (3 weeks) **B/L lower back pain**

HPI:

Prior imaging showed compression fracture Abdominal CT - unremarkable. Over weeks pain more diffuse. Tremor UE + LE and head. -> epidural nerve block w/o improvement

ROS: anorexia, vomiting, urinary frequency, generalized weakness, difficulty ambulating and sitting upright, mild confusion and decreased verbal output

PMH: —

Meds: —

Fam Hx: —

Social Hx: —

Health-Related Behaviors: —

Allergies: —

Vitals: T: 36.6 C **HR**: 104 **BP**: 102/60 **RR**: **Sat**:99

Exam: Gen: nl skin turgor

Neuro: ⅘ strength UE and LE bl, hyporeflexia

Extremities/skin: ecchymosis over forearms

Notable Labs & Imaging:

Hematology: WBC: 6300 Hgb:10.4 Plt:38000 MCV: 92

Segment:41.0, Lymphocyte: 41.0, Monocyte:11, E:1, B:0

Smear: metamyelocytes 1%, atypical lymphocytes, nucleated RBCs

Chemistry: Na: K: 4.4 Cr: 2.85 Ca: 13.4 Albumin: 4.38 Total Protein: 6

ESR: 39 CRP: 31.3 ALP: 136 Uric acid: 11.4

IMAGING:

CXR: mild basilar atelectasis

Spine x ray: multiple compression fractures, diffuse osteopenia.

UA: WBC 6, RBC 9, nitrites neg, protein 1+, ketone neg,

SPEP: monoclonal light chain reactivity.

MRI: Moderate compression # over T12, L1, L3, L5, spondylosis over T12 and L3 , Paraspinal L3 lesion, Spondylolisthesis of L4/L5.

Skull x ray: salt and pepper.

Myeloma Workup: FLCKappa: 267, FLC Lamda: 10.14, FLC K/L: 26.36, B2 Microglobulin: 17893

BM Bx: diffuse plasma cell infiltration

Dx: MULTIPLE MYELOMA

Problem Representation: 59 yo F with subacute B/L LBP found to have multiple compression #, hyporeflexia, ecchymosis over forearms, hypercalcemia, paraspinal L3 lesion, elevated microglobulin levels and positive BM Biopsy.

Teaching Points (Glen)

-Subacute Back Pain: R/O red flags (IV red flags, B symptoms[inflammation from autoimmune dx, malignancy], neurological deficits, referred pain), associated symptoms.

-Compression fracture: Occurred early. Underlying bone lesion e.g osteoporosis.

-Progression to Systemic Dysfunction: Other unrelated systemic abn(substance/structural) or involvement of other system from an inflammatory disorder.

-Hyporeflexia and 4/5 Strength: could be nl with age.

-Labs: Inflammatory disorder(high ESR).

-Low plt and anaemia: Bone marrow problem(dysfunction /infiltration): with hypercalcemia, renal dysfunction(r/o multiple myeloma). Severe thrombocytopenia(leukemia?)

-Tremors: essential tremor, parkinsons, molecules/physiologic (e.g caffeine)

-Diffuse reduced mineral bone density: ?due to low hormones(estrogen, cortisol, thyroid, vit D), paraproteins.

-SPEP: monoclonal light chain reactivity out of proportion to bone findings(lambda:kappa ratio and free light chains will help). Or biopsy.

-B2 microglobulin: used for prognosis. FLC K/L: need >100 for dx.