



Renal Cell Carcinoma Presenting as Radiating Rib Pain: A 65-Year-Old Woman



Gregory Cofano DC^{a,*}, Meredith Meyers DC, MD^a,
Adam Sergent DC^a, Shawn LaCourt DC^b

^a Assistant Clinical Professor, Palmer College of Chiropractic Clinics, Port Orange, FL

^b Doctor of Chiropractic, Private Practice of Chiropractic, Baraga, MI

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Abstract

Objective: The purpose of this case report is to describe chiropractic management and referral of a patient with rib pain who was subsequently diagnosed with renal cell carcinoma.

Clinical Features: A 65-year-old woman presented with radiating rib pain to a chiropractic clinic. She was treated with a 2-week course of conservative care. On follow-up evaluation, she reported a deep ache over her lower ribs, wrapping around to her abdomen. Palpation under the anterior rib cage reproduced her pain, and she also had a positive Murphy Sign. She was referred for an abdominal ultrasonography.

Intervention and Outcome: Ultrasonography showed a 12-cm solid vascular mass of the right kidney. Further imaging studies using computerized tomography and magnetic resonance imaging confirmed the ultrasonography findings. She was referred to a cancer center for staging of the cancer and subsequent surgical treatment. The involved tissue, as well as the kidney and part of the inferior vena cava, was removed, and the pathology report determined that the mass was clear cell carcinoma.

Conclusion: This case describes an unusual presentation of a patient with rib pain that had previously undiagnosed renal cancer. Referral by her doctor of chiropractic resulted in detection of the tumor and treatment.

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Introduction

Renal cell carcinoma (RCC) is the most common of all renal neoplasms, and it accounts for 3% of all

neoplasms with an incidence of approximately 10 cases per 100,000 in the United States.^{1–3} Renal cell carcinoma is most often seen in patients aged 50 to 70 years old, occurs twice as often in men than women, and is most frequent in African Americans.⁴ In patients younger than 40 years, RCC is most commonly related to a hereditary syndrome.⁵ Approximately one-third of RCC is asymptomatic and is typically diagnosed when

* Corresponding author at: 4705 S Clyde Morris Blvd, Port Orange, FL, 32129. Tel.: +1 386 763 2683; fax: +1 386 763 2732.
E-mail address: Gregory.Cofano@Palmer.edu (G. Cofano).

imaging is performed for an unrelated reason.⁴ Renal cell carcinoma is the most deadly of the genitourinary malignancies, with 40% of patients dying from metastatic progression of the disease.⁶ Renal cell carcinoma has a propensity to metastasize because diagnosis is often delayed. It can metastasize to the lung (75%), regional lymph nodes (66%), bone (40%), and liver (40%).⁷ In fact, 30% of patients that have surgery will still develop metastasis.⁸

Presenting factors for RCC vary greatly. The most common presentation is the classic triad of hematuria (40%), flank pain (40%), and palpable mass (20%).⁹ Hematuria is present in approximately 75% of patients and is the most common symptom of RCC.¹⁰ Risk factors for developing RCC may include smoking, obesity, sedentary life style, exposure to certain workplace chemicals, family history, sex, and race.¹¹ Patients may also experience low back pain, sciatica, or other common conditions commonly seen in chiropractic offices.⁴

Treatment of RCC depends first on accurate staging of the cancer by imaging.^{12,13} Once the stage of RCC has been determined, the best course of treatment can be sought. For the chiropractic physician, recognition of red flags, abnormal physical examination results, and imaging findings can assist in early detection of RCC. Patients who do not respond quickly to chiropractic care should prompt the doctor of chiropractic to reexamine, obtain imaging, or refer to an appropriate provider, which can lead to early detection and treatment of underlying pathologies. The purpose of this case report is to describe chiropractic management and referral of a patient with rib pain who was subsequently diagnosed with RCC.

Case Report

A 65-year-old overweight woman sought care for right-sided posterior rib pain after an upper respiratory infection with extensive coughing. Examination findings included palpable rib pain on the sixth through eighth ribs, positive Kemp test result for reproduction of the patient's pain, and bilateral normal lung sounds. Segmental joint restriction was observed at the midthoracic spine. A chest radiograph was ordered by her primary care physician, but she had yet to receive the results. A course of conservative care was initiated to treat her presenting problem of rib pain using chiropractic manipulative therapy (CMT). The CMT consisted of Thompson drop technique where the

patient was placed in prone position with a high-velocity, low-amplitude force directed posterior-to-anterior to her midthoracic spine. She responded well to CMT, although the pain would return within 24 hours after treatment. After 2 visits a week apart, she reported mild pain radiating around her rib cage which was a new development, and she attributed this to coughing. This radiating pain subsided after CMT.

On her next visit, she reported that her pain that felt like a deep ache over her lower ribs, wrapping around to her abdomen. Palpation under the anterior rib cage reproduced her pain, and she also had a positive Murphy Sign. She was referred for an abdominal ultrasonography with focus on the gall bladder. She was hesitant to undergo any diagnostic imaging and wanted to try to alter her diet instead and use herbal supplements to treat her gall bladder. However, after the treating chiropractor strongly insisted, she reluctantly agreed to be referred to her primary care physician, and the test was performed. Ultrasonography results returned with findings of a 12-cm solid vascular mass of the right kidney, most likely representing RCC (Fig 1). No abnormalities were found in her gall bladder. She was then referred by her primary care physician for a computed tomography (Fig 2) and magnetic resonance imaging (Fig 3) scan, which confirmed the ultrasonography findings of a 12-cm mass. After the scans, she was quickly referred to a cancer center for staging of the cancer and subsequent surgical treatment. The involved tissue, as well as the kidney and part of the inferior vena cava, was removed, and it was determined that the RCC was clear cell carcinoma. Several weeks postoperation, a secondary tumor was found surrounding the phrenic nerve via positron emission tomography scan. The patient provided consent for the publication of this case report.



Fig 1. Ultrasonography of the right upper quadrant with a 12-cm solid vascular mass of the right kidney.

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