

Zebras

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CASE PRESENTATION

JM is a 42-year-old woman with a working diagnosis of fibromyalgia. You have been her primary care provider for several years. You have been considering a referral to psychiatry for somatization disorder. JM has a multitude of complaints that you investigated fruitlessly in the past. Her teenage daughter is starting to present with similar complaints. You are concerned that JM's somatization is starting to affect her daughter. As you review her (extensive) chart, you note the following:

Head, Ears, Eyes, Nose, Throat

She has mild myopia for which she wears glasses. No hearing concerns. She has complaints of intermittent temporomandibular joint disorder with chewing. She reports her jaw has occasionally popped out. She has commented that she hates going to the dentist because local anesthesia has not worked well despite repeated injections. She had many problems with her teeth when she was younger and continues to have bleeding gums. The dentist tells her she needs to floss more, but she claims she has bleeding gums despite flossing. She had braces as a teen but did not wear her retainer, and her teeth are again rather crowded and crooked.

Hematology

In addition to bleeding gums, she complains of easy bruising. A hematology workup has been normal.

Endoscopy

No diabetes, thyroid, or other endocrine concerns.

Pulmonary

Mild asthma as a child but no acute problems.

Cardiovascular

She has a long history of complaints of palpitations and near syncope. A Holter monitor has been read as within normal limits, as has a stress test. There is no peripheral edema. She complains that at times her feet look rather purple and feel cold, but you have not seen this personally.

Gynecology

Before a hysterectomy last year, she complained of heavy painful periods. She had been on oral contraception for these complaints. She has had 2 children, a boy and a girl. During her pregnancies, she complained a lot of hip and pelvic pain and difficulty walking. She did have somewhat heavier bleeding than usual postpartum, but otherwise labor and delivery were uncomplicated with both children. Both deliveries were vaginal at 38 weeks.

Neurologic

Neurologic examinations have always been completely normal, although she claims she is rather clumsy. She has sumatriptan for a history of chronic migraine headaches, although these are gradually improving. She had magnetic resonance imaging 10 years ago for her headaches. No intracranial pathology was noted.

Genitourinary

She complains of stress incontinence, and you have recommended Kegel exercises. Oxybutynin has caused dry mouth.

Gastrointestinal

She has irritable bowel syndrome, primarily constipation. Without laxatives, she may stool only once or twice a week. She reports large hard stools that have plugged the toilet. She is on omeprazole for reflux. She has abdominal pain at least twice a week.

Skin

No concerns other than the easy bruising. She has very soft skin.

Sleep

She reports no significant snoring. She has difficulty both getting to sleep and staying asleep. She states this is related to pain in her hips and shoulders. She is on zolpidem but does not feel this helps much.

Musculoskeletal

Her biggest problem is joint pain. She complains especially of pain in her feet, knees, hips, and shoulders. X-rays have shown no evidence of degenerative joint disease. You have never seen swelling; there is no recurrent fever or redness, and range of motion has been within normal limits. She has been to the rheumatology department and that evaluation showed no evidence of an autoimmune problem. Pain is generally reported to be 7 out of 10 but can be higher than that. Changes in weather and active days can push the pain closer to 8 to 9 out of 10. She is overweight with a body mass index of 32 but reports that trying to exercise leads to worsened pain. She misses a lot of work as a secretary because her shoulder and hip pain worsen with prolonged sitting. She also complains that her hands start feeling tingly if she types a lot. She is wondering if she should pursue disability.

Psychiatry

You are concerned about anxiety and depression. However, she gets very upset whenever you indicate she might benefit from psychiatry or psychotropic medication.

Questions to Consider

- What information from her personal past (childhood and teen years) would be helpful?
- What information from her family history would be helpful?
- What might you find in the medical history that would help with diagnosis (although, given her age, the relevant findings may no longer be present)?

DISCUSSION

What information from her personal past (childhood and teen years) would be helpful?

Did she have significant problems with growing pains as a child? Could she do joint tricks, put her feet

behind her head, or do splits? Did she have problems with sprains, subluxations, or dislocations? Did she have a hard time keeping up with other children?

JM states that she started having some problems with pain as a child. She remembers severe growing pains at night as a child. She was a bit of a klutz and seemed to tire faster than other children. She was a cheerleader in high school and could do splits. She was able to put her feet behind her head as a child but can't do that anymore.

What information from her family history would be helpful?

Is there anyone else with a diagnosis of fibromyalgia, joint pain, or joint hypermobility, especially parents, siblings, and children? What about easy bruising, poor wound healing, and heavy periods? Bear in mind that families with joint hypermobility may not realize that not everybody can do things they consider typical.

Her father has a history of joint pain, and there is a sister who has complaints similar to those of JM. JM's daughter could put both feet behind her head when she was 7 and is now able to do splits both ways.

What might you find on physical examination that might be diagnostic?

Beighton score (see below) of 5 or more. For a person her age, a personal history of meeting the Beighton criteria or current joint hypermobility in a variety of joints may meet the criteria for joint hypermobility. Her skin may feel very soft and doughy, and her hands may feel a bit like a bag of bones when you shake her hand.

Think you know the diagnosis and treatment for this patient? Test yourself and then go to page 286 to read the final diagnosis and treatment recommendations.

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