"MEDICINE IS A SCIENCE OF UNCERTAINTY AND AN ART OF PROBABILITY."

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INTRODUCTION

Pancoast Tumor or superior sulcus tumor occurs with an incidence of less than 5% of all lung cancers. Because it is a tumor with nonspecific manifestations and associated with musculoskeletal disorders the diagnosis is delayed. Pancoast tumor is highly invasive and therefore has a poor prognosis. It is a rare and difficult to diagnose tumor. The discussion of this case report reminds us of the importance of thinking of Pancoast tumor when facing musculoskeletal manifestations.

CASE DESCRIPTION

Patient Identification
Name: L.M.L.
Age: 75 years
Gender: Male
Race: Caucasian
Birth place: Figueira da Foz
Adress: Figueira da Foz (imigrated to France)
Marital status: Married
Ocupation: Retired (Construction worker)
Religion: Agnostic

Physiological Past Medical History
Nutritional Habits: diversified
Smoking: ceased smoking (TL 22 PUY)
Alcoholic Habits: 1 glass of wine per meal
Drugs: denied
National Vaccination Plan: updated
Alergies: denied
Exercise: denied
Regular Medication:
Cilazapril+HCT 5mg+12.5mg, oral, 1 id

Pathological Past Medical History
Medical:
-HBP - 2011
-Chronic Sinusitis - 2010
-Cervical Degenerative Disease - 2007
-Vertiginous Syndrome - 2007
Surgical:
-D12 and left calcaneal fracture - 2004
-Left and right inguinal herniorrhaphy - 2002

Family Medical History
Irrelevant

Family Assessment
Nuclear Family
Duvall Cycle Stage 8
Adapted Graffard's Scale: average-low
Family Apgar: Highly functional family

(13.06.2011)
S: A60 - Exams' results
L01 - Cervical pain

O: Normal physical examination
Normal blood and urine analysis
Normal Toracic X-ray

A: K86 - Uncomplicated High blood pressure
L86 - Vertebral Syndrome with pain irradiation

P: L50 – thiocolchicoside 4mg + meloxicam 15mg
A45 – General Health Advice

(05.09.2011)
S: A04 – Tiredness/Fatigue
R02 – Dyspnoea
R05 – Cough
R25 – Expectoration/Abnormal mucosity
L09 – Pain mobilizing LUL

O: Weight: 67 Kg Height: 169 cm; BMI: 23.5 kg/m^2
Temp: 37,5ºC
BP: 162/91 mmHg Pulse: 87 bpm
Adenopathies absent
CA: normal
PA: lowered VM LPF, without adventitious sounds.
Oedema of the LUL and LIL (Godet Sign+).
Ecocardiogram: Mild aortic and mitral insufficiency.

A: L28 – Functional limitation of the LUL
L86 – Vertebral Syndrome with pain irradiation (cervicobrachialgia with irradiation)
K86 – Uncomplicated High blood pressure – not controlled
R78 – Acute bronchitis (?)

P: L41 – Cervical spine CAT scan
R41 – Thoracic CAT scan
R50 – Acetylcisteine + Clarithromycin 500mg + Amoxicyllin 875mg + Clavulanic Acid125mg for 8 days.
L50 – Tramadol 100mg

(13.09.2011)
S: A61 – Exams' results
R23 – Signs/symptoms of the voice (hoarseness)
Maintains previously described symptoms.

O: Weight: 65 Kg; BMI: 22,7 kg/m^2
Inspection of thorax: presented with slight elevation of the sternal manubrium (never seen before; Fig 1 and 2).

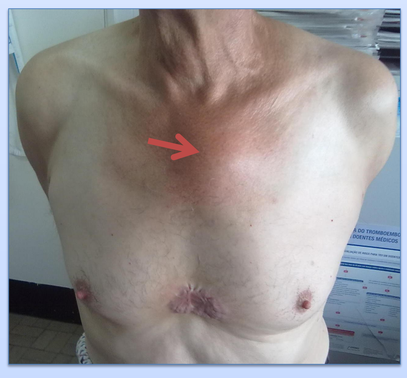

Fig.1 – Elevation of the sternal manubrium: front view.

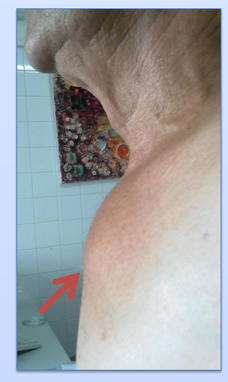

Fig.2 – Elevation of the sternal manubrium: left side view.

CPA: similar
Cervical spine CAT scan: degenerative changes.
Thoracic CAT scan: large tumoral mass occupying the left pulmonary apex (9.5x6.5x5.5 cm), with destruction of the sternal manubrium, left sternoclavicular joint and 1st sternochondral joint; no cleavage plane with the descending aorta, arch of the aorta, main trunk of the left pulmonary arteries and pulmonaly veins. →**PANCOAST TUMOR**

A: R84 – Pulmonary malignant neoplasm

P: R67 – Referred to the Emergency Department of Internal Medicine of the Hospital Distrital da Figueira da Foz.

Bronchofibroscopy and biopsy were performed at the Hospital and the biopsy reveled pulmonary epidermoid carcinoma.
A Pain Consultation was scheduled and the patient was submitted to 2 palliative sessions of radiotherapy, as surgical treatment was not indicated.
Unfortunately, the patient died 5 months after being diagnosed with a Pancoast tumor.

CONCLUSION

This is a case of cervical pain in a patient with a history of degenerative pathology of cervical spine, however he had a Pancoast tumor and quoting William Osler "Medicine is the science of uncertainty and the art of probability.".

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