

Clinical pathologic conference

06JAN2017

Patient profile :	Presented by :	血液科	林棟樑 醫師 01 05
年齡 : 40			
性別 : 男	Discussed by :	泌尿科	楊佩珊 醫師 02
國籍 : 台灣		影像診療科	林勝彥 醫師 03
種族 : 台灣		放射腫瘤科	林信吟 醫師
婚姻 : 已婚		解剖病理科	吳桂芳 醫師 04
職業 : 公	Moderator :	解剖病理科	薛 純 教授

First visit: 25MAR2016

Chief complaint:

Bilateral inguinal pain for 2 days

Present illness:

This 40-year-old male suffered from bilateral inguinal pain about 2 days ago. The character of the pain was dull. It was aggravated by walking and standing and relieved by lying down. No radiation of the pain was complained. No symptoms of urination were noted. He did not complain of abdominal discomfort. He did not have injury to his legs. There was no fever, body weight loss, or night sweating.

Tracing back his history, he has gouty arthritis. It attacks infrequently. He does not have regular medication for gouty arthritis. He also has hyperlipidemia. He is under diet control only for hyperlipidemia.

Past history:

1. gouty arthritis, no regular treatment
2. hyperlipidemia

Personal history:

No food or drug allergy history, smoking (-), alcohol (-), betel nuts (-)

Family history:

No diabetes mellitus, hypertension or cancer

Physical examination finding:

Vital signs: BT 36.2 °C; PR: 80/min; RR: 13/min; BP: 114/79 mmHg

Body height: 169.6 cm; Body weight: 76 kg

GENERAL APPEARANCE:

Fair looking

CONSCIOUSNESS:

Clear

HEENT:

Sclera: not icteric

Conjunctivae: not pale

Oral cavity: Intact oral mucosa

NECK:

Supple

No jugular vein engorgement

Trachea not deviated

No lymphadenopathy

CHEST:

Breath pattern: smooth, bilateral symmetric expansion

No use of accessory muscles

Breathing sound: bilateral clear and symmetric breathing sound

HEART:

Regular heart beat without audible murmur

No audible S3; no audible S4

ABDOMEN:

Soft and flat, no palpable mass

No tenderness, no rebounding pain

No muscle guarding
Bowel sound: normally active

BACK:

No knocking pain over bilateral flank area

EXTREMITIES:

No joint deformity
Freely movable
No leg pitting edema

SKIN:

No petechiae or ecchymosis
No abnormal skin rash
Skin intact

Bilateral testis showed varicocele, left > right

Bilateral axillary areas: no lymphadenopathy

Bilateral inguinal areas: no mass palpable, no tenderness, no lymphadenopathy

Lab data: (2016/05/02)

檢驗項目(單位)	檢驗值	檢驗項目(單位)	檢驗值
Hb (g/dL)	14.0	BUN (mg/dL)	10.0
Hct (%)	41.6	Cr (mg/dL)	0.88
MCV (fL)	81.4	AST (U/L)	21
RDW (%)	12.6	ALT (U/L)	20
Platelet (1000/mcL)	271	ALK-P (U/L)	46
WBC (/mcL)	5300	Bili-T (mg/dL)	0.63
Segment (%)	61.6		
Lymphocyte (%)	27.7		
Monocyte (%)	7.5		
Eosinophil (%)	2.6		
Basophil (%)	0.6		

Image and pathology study: To be presented

Clinical course:

He was treated with bortezomib, thalidomide and dexamethasone according to the clinical practice guideline. Local radiotherapy to the tumor was done with a total dose of 1800 cGy from 01JUN2016 to 17JUN2016. Autologous stem cell transplantation was performed smoothly on 17OCT2016. The response to the treatment is very good partial response. Further consolidation treatment will be given later.

Lab data:

2016/05/19:

Protein electrophoresis: a monoclonal spike at gamma region; M-protein: 2.3 g/dL

Immunofixation electrophoresis: IgG-kappa

Bone marrow aspiration: plasma cells: 8.2% of total nucleated cells

檢驗項目(單位)(正常範圍)	檢驗值
IgG (mg/dL) (700-1600)	3570
IgA (mg/dL) (70-400)	269
IgM (mg/dL) (40-230)	107
kappa light chain (mg/L) (3.3-19.4)	199.94
lambda light chain (mg/L) (5.71-26.3)	13.37
kappa/lambda ratio (0.26-1.65)	14.954

檢驗項目(單位)(正常範圍)	檢驗值
Albumin (g/dL) (3.5-5.5)	4.48
Total protein (g/dL) (6.3-8.0)	9.5
Beta 2-microglobulin (ng/mL) (\leq 2366)	2137
Ca (mg/dL) (7.9-9.9)	9.0
Uric acid (mg/dL) (< 7.0)	8.8
LDH (U/L) (135-260)	180

Issue to be discussed :

1. Differential diagnosis of a pelvic mass.
2. Management of younger patients with multiple myeloma.

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