

Learning Objectives:

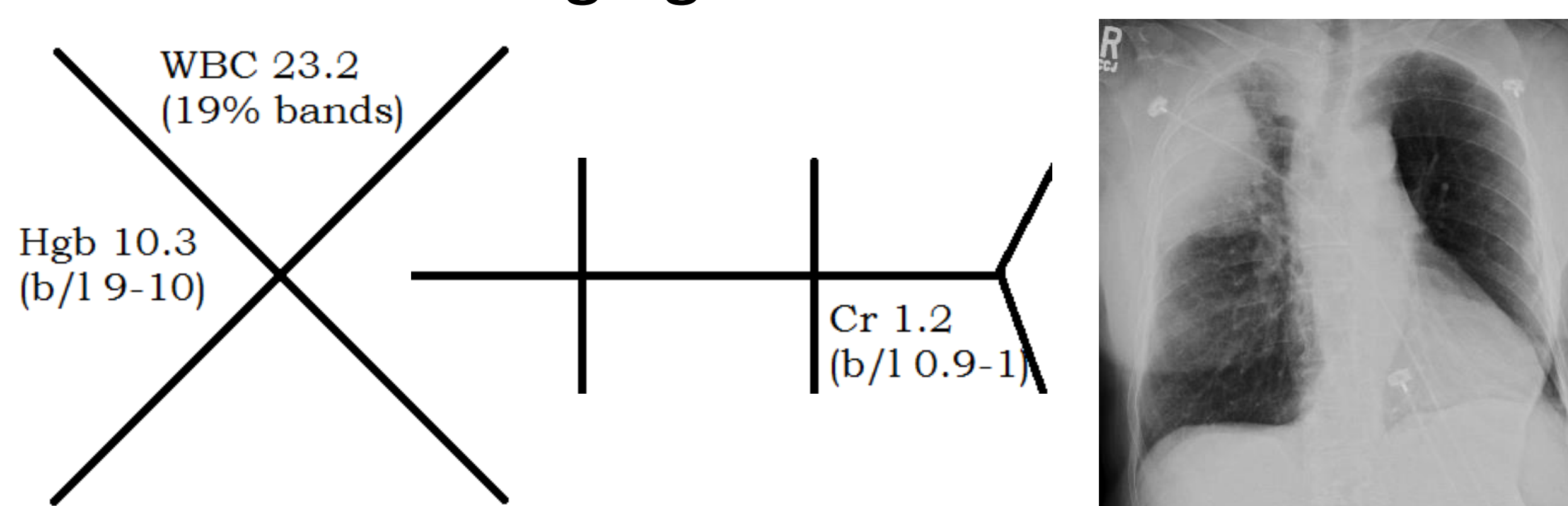
1. Generate a problem representation for an elderly person with hip pain
2. Revise a problem representation in response to new data
3. Develop a broad differential diagnosis for hip pain

Case Description:

- An 85 year-old woman with a history of hypertension, melanoma in remission, and tobacco use disorder (35 pack-years) presented with right hip pain
- Had sudden sharp pain in the right buttock three days prior to presentation
- Pain gradually became constant and throbbing, and caused difficulty in weight-bearing
- Pain was alleviated by lying down and shifting to her left side
- Had recently lifted heavy cat litter, but no trauma, falls or accidents
- Review of systems positive for unchanged chronic cough, but no fevers, chest pain or difficulty breathing

Hospital Course:

- In the ED, vital signs normal and exam notable for scattered bibasilar crackles and pain with right hip flexion
- Labs and Imaging:



- Treated for right hip musculoskeletal pain with Tylenol and a lidocaine patch
- Treated for pneumonia with ceftriaxone, doxycycline and fluids
- Admitted to Medicine service

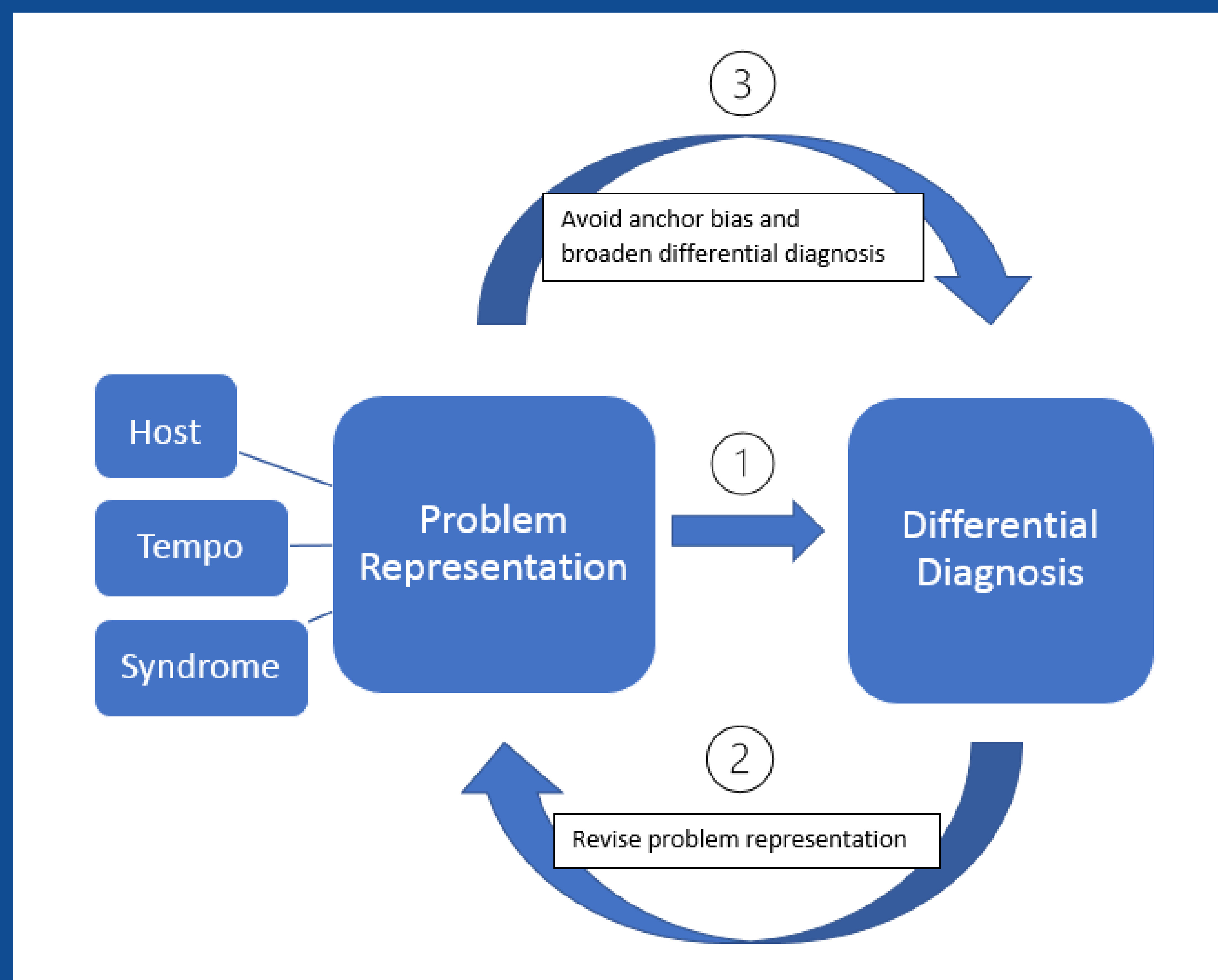
“An 85 year-old Woman with Hip Pain”

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When a patient’s initial diagnosis is not explained by the history, exam or data, clinicians should revise the original problem representation to avoid anchor bias and broaden the differential diagnosis.

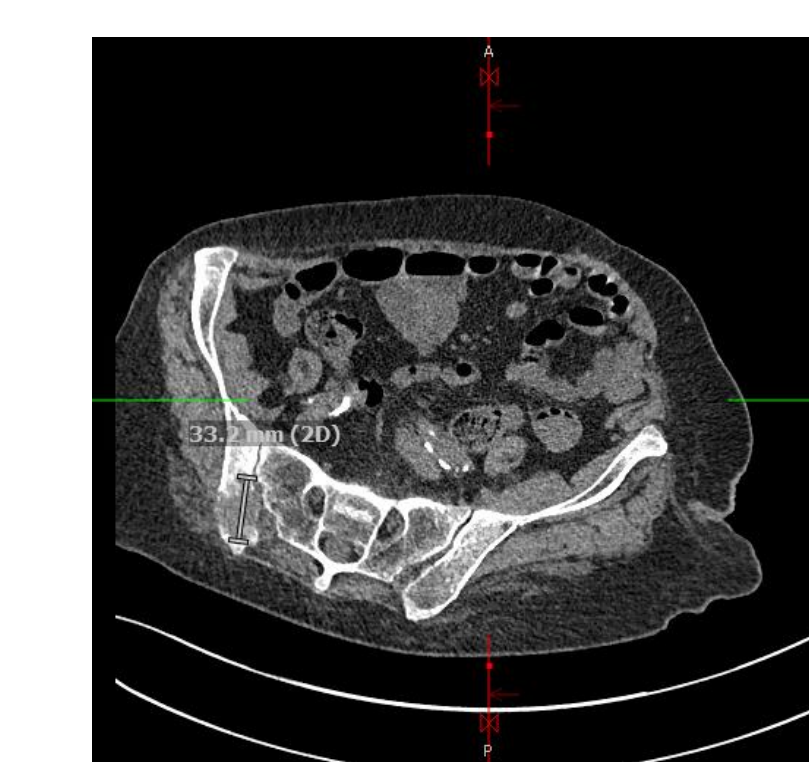


Hospital Course Continued:

- Admitting team noted unintentional weight loss of 25 pounds over the last year
- Exam notable for cachectic appearance, diffuse transmitted upper airway sounds (right>left), and pain with internal rotation of the right lower extremity
- Additional Imaging:



Right upper lobe mass/consolidation with associated interlobular septal thickening and numerous centrilobular nodules as well as intrathoracic and left axillary lymphadenopathy



Aggressive-appearing lytic lesion within right iliac bone with cortical breakthrough and suggested pathologic fracture

- Biopsy of left axillary lymph node revealed metastatic poorly differentiated adenocarcinoma of lung primary
- Underwent palliative repair of the right hip
- Supposed to start immunotherapy post-discharge, but re-admitted twice to the neurological ICU for strokes
- Discharged to hospice and died

Conclusions:

- Initial problem representation led clinicians to diagnose “musculoskeletal pain” of the hip
- When diagnosis was not explained by smoking history, chronic cough, unexplained weight loss, and large lung consolidation, revised problem representation led clinicians to broaden the differential diagnosis
- Targeted work-up resulted in life-changing diagnosis of pathologic hip fracture in the setting of metastatic lung cancer